HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
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STEERING COMMITTEE

AGENDA
12 noon, Thursday, October 4, 2018
2223 W. Loop South, Suite 240
Houston, Texas 77027

I. Call to Order — Cecilia Oshingbade, Chair, RW Planning Council
- A. Welcoming Remarks
- B. Moment of Reflection
- C. Select the Committee Co-Chair who will be voting today
- D. Adoption of the Agenda
- E. Adoption of the Minutes

II. Public Comment and Announcements – **SEE 4 ATTACHED WRITTEN COMMENTS**

(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. All information from the public must be provided in this portion of the meeting.)

III. Reports from Committees

A. Comprehensive HIV Planning Committee — Ted Artiaga and Steven Vargas, Co-Chairs

Item: Achieving Together: A Community Plan to End the HIV Epidemic
Recommended Action: FYI: The Committee reviewed a final draft of *Achieving Together: A Community Plan to End the HIV Epidemic in Texas.* This is the Department of State Health Services (DSHS) plan for ending the HIV epidemic across the state of Texas. *Achieving Together* will be formally launched at the Texas HIV/STD Conference in Austin on November 27-29, 2018. See the attached slides from the *Achieving Together* overview presentation. Please help yourself to copies of the full draft of the plan at the sign-in table.

Item: Social Determinants of Health Special Study
Recommended Action: FYI: Dr. Osaro Mgbere submitted Houston Medical Monitoring Project data on social determinants of health to the Office of Support. Staff are working to summarize primary findings.

Item: Out of Care Special Study
Recommended Action: FYI: The Office of Support is beginning final data collection for the Out of Care Special Study. Eight interviews are still needed to reach the sampling goal. Candidates for the study have a history of two or more periods of 12 months or longer during which they did not receive HIV medical care. The final eight interviews should consist mostly of women and transgender individuals, though qualified candidates of any gender will be accepted. See and broadly share the attached study flyer. See the Houston Ryan White Planning Council Facebook page or Diane Beck for an electronic copy to share broadly online and through social media.

Item: Epidemiological Profile
Recommended Action: FYI: The Office of Support is working closely with Houston Health Department (HHD) surveillance and epidemiology staff to complete the next full joint Epidemiological Profile for the Houston Area. Completion is set for the end of the 2018 calendar year.

Item: Comprehensive Plan Year 1 Evaluation
Recommended Action: FYI: The Comprehensive Plan Evaluation Workgroup completed its review of Year 1 (2017) implementation in September, and responsible parties for the 2017 joint Comprehensive Plan submitted final data for 2017 benchmarks last week. Staff are working to draft the Year 1 implementation report, complete with modified recommendations from the 2018 Project LEAP class project.

Item: African American MSM 2016 Needs Assessment Profile
Recommended Action: FYI: The Office of Support is working to create a profile of service needs and barriers among African American men who have sex with men (MSM) using data collected in the 2016 Consumer Needs Assessment. The profile will reflect the needs and barriers of cis-gender MSM, as a similar profile of transgender individuals was completed in 2017 and is available on the Houston RWPC website.

Item: 2019 Needs Assessment
Recommended Action: FYI: Data collection for the next Consumer Needs Assessment will take place in 2019. See the attached proposed Needs Assessment timeline. The first meeting of the Needs Assessment Group will tentatively take place in November 2018. See Diane Beck to be added to the Needs Assessment Group meeting and email list.

B. Affected Community Committee — Rodney Mills and Tana Pradia, Co-Chairs
Item: FY 2019 Standards of Care & Performance Measures
Recommended Action: FYI: Members of the Affected Community Committee hosted a consumer-only workgroup to provide input into how Ryan White funded services can be strengthened or improved.

Item: Community Events
Recommended Action: FYI: See the attached list of 2018 Community Events.

Item: Road 2 Success
Recommended Action: FYI: The Council is partnering with the Houston Health Department, Harris County Public Health Ryan White Grant Administration, Harris County Office of Emergency Management and The Resource Group to provide *Emergency Preparedness Training for the Houston HIV Community*. To date, the Committee has hosted ten presentations, with plans to host at least four additional training sessions. See Tori or Rod if you wish to participate in a training since most are open to the public. Those who have attended have found the activities and handouts to be useful and fun.

Item: Greeters
Recommended Action: FYI: See the attached list of 2018 greeters.

C. Quality Improvement Committee — Denis Kelly and Gloria Sierra, Co-Chairs
Item: Reports from the Administrative Agency – Part A
Recommended Action: FYI: See the attached:

- FY 2018 Part A and MAI Procurement Report, dated 09/18/18
- FY 2018 Part A and MAI Service Utilization Report, dated 09/18/18

Item: Reports from the Administrative Agency – Part B
Recommended Action: FYI: See the attached:

- FY 18/19 Part B Procurement Report, dated 09/10/18
- FY 17/18 DSHS State Services Procurement Report, dated 09/10/18
- FY 17/18 DSHS State Services REBATE Procurement Report, dated 09/10/18
- Health Insurance Assistance Service Utilization Report 9/1/17-7/31/18, dated 09/10/18
- Health Insurance Assistance Service Utilization Report 9/1/17-5/31/18, dated 08/06/18

Item: FY 2019 How To Best Meet the Need: Non-Medical Case Management Targeting Substance Use Disorder
Recommended Action: Motion: Approve the attached FY 2019 Non-Medical Case Management service definition that targets Substance Use Disorder.

D. Priority and Allocations Committee — Peta-gay Ledbetter and Bruce Turner, Co-Chairs
No report.

F. Operations Committee — Ella Collins-Nelson and Johnny Deal, Co-Chairs
Item: Alternative Ryan White Meeting Times and Days
Recommended Action: **Motion:** Based upon the attached survey results, continue to schedule Ryan White Planning Council and Committee meetings during regular daytime hours, Monday through Friday.

Item: Legislative Updates
Recommended Action: **Motion:** Remove legislative updates from the Planning Council's agendas and encourage members to discuss these issues during their personal time.

IV.	Report from Ryan White Office of Support	Tori Williams, Director
V.	Report from Ryan White Grant Administration	Carin Martin, Manager
VI.	Report from The Resource Group	Sha'Terra Johnson-Fairley, Health Planner
VII.	Announcements	
VIII.	Adjournment	

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
<<>>
STEERING COMMITTEE

MINUTES

12 noon, Thursday, September 6, 2018
2223 W. Loop South, Suite 240; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Cecilia Oshingbade, Chair	Tana Pradia, excused	*The Resource Group*
Skeet Boyle, Vice Chair	Ella Collins-Nelson, excused	Sha'Terra Johnson-Fairley
Carol Suazo, Secretary	Johnny Deal, excused	
Rodney Mills	Denis Kelly, excused	*Ryan White Grant Administration*
Ted Artiaga		Carin Martin
Steven Vargas		
Peta-gay Ledbetter		*Office of Support*
Bruce Turner		Tori Williams
Gloria Sierra		Amber Harbolt
		Diane Beck

Call to Order: Skeet Boyle, Vice Chair, called the meeting to order at 12:03 p.m.

During the opening remarks, Oshingbade said the Affected Community continues to host Emergency Preparedness Trainings for the HIV Community, with four more scheduled in September. The trainings have received rave reviews. Many thanks to Tana and Rodney for spearheading that project, and to all the volunteers who make it possible to do the events. Krystal Perez has been our HOPWA representative on the Council for the past two years. She recently got married and moved to Austin. Since we are required to have a HOPWA representative on the Council, Judge Emmett has appointed Krystal's supervisor, Melody Barr, to serve on the Council until the City has hired and trained someone to fill Krystal's position. The Planning Council will not meet next week. All business conducted at the September and October Steering Committee meetings will go before the Council at the October 11, 2018 meeting.

After calling for a Moment of Reflection, Oshingbade invited committee co-chairs to select the co-chair who would be voting on behalf of their committee at today's meeting. Those selected to represent their committee were: Mills for Affected Community, Boyle for Operations, Ledbetter for Priority and Allocations and Sierra for Quality Improvement.

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

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Boyle, Turner) to approve the August 2, 2018 minutes.* **Motion carried.** Abstentions: Artiaga, Mills, Vargas.

Public Comment and Announcements: None.

Reports from Committees

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following:
2018 Quarterly Committee Report: See the attached 2018 Quarterly Committee Report.

Affected Community Committee: Rodney Mills, Co-Chair, reported on the following:
Training: Standards of Care & Performance Measures: The members of the Affected Community Committee received training on the purpose of Standards of Care and Performance Measures. See the attached presentation. There will be a consumer-only workgroup to review the FY 2019 Standards of Care and Performance Measures at 12 noon on Monday, September 17, 2018. See Rod if you would like to attend.

Transgender Medical Care: ***Motion #3****: It is recommended that the Ryan White Planning Council actively advocate for the availability of hormones for transgender patients at Ryan White funded clinics. Since there are no Health and Human Services, American Medical Association or other similarly credentialed guidelines for transgender medical care, advocacy for this critical component of care must come from Planning Councils and other groups.* **Motion Carried.**

Road 2 Success: The Council is partnering with the Houston Health Department, Harris County Public Health Ryan White Grant Administration, Harris County Office of Emergency Management and The Resource Group to provide *Emergency Preparedness Training for the Houston HIV Community.* To date, the Committee has hosted six presentations, with plans to host at least four additional training sessions. See Tori or Rod if you wish to participate in a training since most are open to the public. Those who have attended have found the activities and handouts to be useful and fun.

Community Events: See the attached list of 2018 Community Events.

Greeters: See the attached list of 2018 greeters.

Quality Improvement Committee: Gloria Sierra, Co-Chair, reported on the following:
Reports from the Administrative Agency – Part A: See the attached:

- FY 2018 Part A and MAI Procurement Report, dated 08/22/18

Reports from the Administrative Agency – Part B: See the attached:

- FY 17/18 Part B Procurement Report FINAL, dated 08/14/18
- FY 18/19 Part B Procurement Report, dated 08/06/18
- FY 17/18 Part B Service Utilization Report FINAL, dated 08/14/18
- FY 18/19 Part B Service Utilization Report, dated 08/11/18
- FY 17/18 DSHS State Services Procurement Report, dated 08/14/18
- FY 17/18 DSHS State Services REBATE Procurement Report, dated 08/06/18
- Health Insurance Assistance Service Utilization Report 9/1/17-6/30/18, dated 08/07/18
- Health Insurance Assistance Service Utilization Report 9/1/17-5/31/18, dated 08/06/18

FY 2019 How To Best Meet the Need – Service Linkage Targeting Substance Use Disorders: See the attached draft copy of the service definition for Service Linkage Targeting Substance Use Disorders (page 8 of the packet enclosed packet). This draft copy will be reviewed and discussed at the September 18, 2018 meeting of the Quality Improvement Committee meeting. Public comment is welcome.

Training: Standards of Care and Performance Measures: Members of the Quality Improvement Committee also received training in Standards of Care and Performance Measures.

Quarterly Committee Report: See the attached Quarterly Committee Report.

Priority and Allocations Committee: Bruce Turner, Co-Chair, reported on the following:
FY 2018 Reallocations: ***Motion #4:*** *Approve the attached, detailed list that reallocates $703,670 in Ryan White Part A funds; $130,830 in Minority AIDS Initiative funds; and $325,800 in Ryan White Part B funds.* **Motion Carried.**

Operations Committee:
Legislative Updates: After a careful review, ***Motion #5:*** *it was moved and seconded (Turner, Vargas) to send the committee's motion to remove legislative updates from the Planning Council's agendas and encourage members to discuss these issues during their personal time back to the committee for further discussion.* **Motion Carried.** The Steering Committee suggests having a written report at everyone's place and no verbal report.

Report from Office of Support: Tori Williams, Director, summarized the attached report.

Report from Ryan White Grant Administration: Carin Martin, Manager, summarized the attached report.

Report from The Resource Group: Sha'Terra Johnson-Fairley, Health Planner, summarized the attached report. The report is dated August so she will email a corrected report.

Announcements: Oshingbade said that Collins-Nelson's brother recently passed away. Vargas stated that this weekend is the one year anniversary of Oshingbade's wedding. Mills thanked Isis Torrente and Rod Avila for providing translation assistance for several Road 2 Success presentations. He also thanked all of the volunteers who have helped with the program as well as those who hosted presentations at the different agencies. Johnson-Fairley said that this Sunday, Texas Black Women's Initiative is having a beYOUtiful health and hair show at the Ensemble Theatre designed to empower Black women to embrace self-care. The event will honor several women, including Ryan White external committee member Amana Turner.

Adjournment: The meeting adjourned at 1:11 p.m.

Submitted by: Approved by:

Tori Williams, Director Date Committee Chair Date

2018 Steering Committee Voting Record for Meeting Date 09/06/18

C = Chaired the meeting, JA = Just arrived, LM = Left the meeting, VP = Participated via telephone, nv = Non-voting member

Aff - Affected Community Committee, Comp - Comprehensive HIV Planning Committee, Op - Operations Committee,
PA - Priority and Allocations Committee, QI - Quality Improvement Committee

MEMBERS	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** Transgender Medical Care **Carried**				**Motion #4** FY 2018 Reallocations **Carried**				**Motion #5** Legislative Updates **Carried**			
	Absent	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**
Cecilia Oshingbade, Chair				C				C				C				C				C
Skeet Boyle, Vice Chair		X				X				X				X				X		
Carol Suazo, Secretary		X				X				X				X				X		
Rodney Mills, Aff		X						X		X				X				X		
Steven Vargas, Comp		X						X		X				X				X		
Peta-gay Ledbetter, PA		X				X				X				X				X		
Gloria Sierra, QI		X				X				X				X				X		
Non-voting members at the meeting:																				
Ted Artiaga, Comp																				
Bruce Turner, PA																				
Absent members:																				
Ella Collins-Nelson, Op																				
Johnny Deal, Op																				
Denis Kelly, QI																				
Tana Pradia, Aff																				

Public Comment

In an effort to save paper, see attached two sided copies

Public Comment

As of August 14, 2018

In response to questions raised by committee members at the August 14, 2018 Quality Improvement Committee meeting, Ann Robison submitted the following information about the Department of State Health Services (DSHS) block grant. Funds from this grant will no longer be available specifically for HIV care as of September 2019. Since 1994, the funds have been used to provide substance use disorder case management services. The following was sent to the Office of Support via email:

- The system has been in place since 1994 and fully participated in the Ryan White case management system. The agency opted to coordinate with Part A and The Resource Group and upload all of the data from clients on this grant to CPCDMS so that all would be coordinated. This is not a new system, just new funding. There have been substance use disorder (SUD) case managers since 1994 giving out bus passes and coordinating with medical case managers.

- Our agency has put all of the data into CPCDMS so that the Ryan White Program can see how many people have been served. For the recently completed contract of 9-1-17 through 8-31-17 the count is 356. One other agency using the block grant funding for case management may not have entered their data in CPCDMS, but they only have 1 case manager, so this shouldn't be more than an additional 80-100 individuals.

- DSHS a max caseload of 40 clients per case manager. Some clients have greater or lesser needs at different times so the caseload varies based on acuity.

- These case managers are specialists in working with clients reentering the community from jail and prison and clients with substance use disorder history. Clients are not required to be in treatment during case management because clients need to choose their own path for recovery and there are many ways to do that. While case managers do work with clients on daily living

(continued)

needs, they also work with clients on harm reduction techniques and motivational interviewing to move them towards recovery. There is no time limit for working with a client. They may or may not be licensed but they do have specialized training. They are not deployed in the same way that SLW are in clinics.

PUBLIC COMMENT

as of 09-24-18

Dear Operations Committee:

Sorry I am unable to attend today due to illness.

I kindly ask that this comment be included in your Tuesday, September 25th meeting. It has been requested that at future council meetings "Legislative Updates" be removed from task force reports. I completely concur it could be construed as lobbying. I am sorry I may have contributed to that appearance, which I also attempt to avoid even the perceived appearance of doing so at council meetings. Please accept my apology.

This subject brought to mind a suggestion for consideration of better time management at council meetings. In order to maintain quorum, member attendance, as well, considering time constraints to the public who may desire to attend but are restricted by too many lengthy meetings. After 10 years of reviewing council agendas, it has been my observation that task force reports have at least doubled since 2008 when I began as an external member. 2017 was a year I was not on council so I can only recall 9 years with much fewer verbal reports. My justification below should address how to be more effective for the public and members.

In an effort to remain focused on Ryan White funded services only, I suggest removing task force reports which are not originating from a Ryan White funded agency, and care-service related reports only. In previous years many groups, coalitions, task force information were left on the sign-in table, or under FYI documents. I too am involved in serveral coalitions and task forces which serve a need to our community but not in HRSA guidelines. I attempt at council meetings to keep my involvement in those groups away from council discussions. However, I often needed a reminder by Tori to keep my focus on RW services. I appreciate those reminders.

The verbal reports, while given a time limit, often do not observe the time, or have very little content addressing on needs assessment, barriers to care, standards of care, or "care related" matters. Many task forces sole purpose is social groups, trips to conferences, advocacy of public policy, prsentations held at restaurants, party rooms, coffee house socials, the list goes on. They all are good outreach in our HIV community, however, they do not fall in line with the focus of the Ryan White funding mandate. L.E.A.P. is an excellent educational curriculum that addresses most of the opportunities in our community. The L.E.A.P. panels are usually comprised of speakers from the task forces and coalitions. My susuggest we utilized what little time thecouncil has to address it's intended mission and work products

Sorry this is lengthy. I felt it merited time for consideration.

Ruth Atkinson

FROM DETROIT EMA

September 16, 2018

Tori,

I feel awful it's taken us this long to reach back out to you. The good news is we've been off and running creating a 6 week LEAP pilot program for this fall. It'll run Thursdays from 10a-2p starting October 18 and finish with graduation at our Full Council meeting the day before Thanksgiving!

As you suggested last we talked, we narrowed down our focus to some of the best concentrated RW topics and set our minimum and maximum student size. *It looks like we're going to max out at 25! SO EXCITING!* Even better, we have applicants from the bulk of our service area; evenly distributed amongst all of our age brackets; six different ethnicities identified; including male, female and trans. At least a third are currently employed in the HIV sector and are looking for LEAP to help expand their careers. Two thirds of the applicants are getting introduced to SEMHAC for the first time. All around we couldn't have asked for better results!

BIG THANKS to you and your team! We certainly couldn't have accomplished this to the degree it is without your help!

Take care!

Mark

Public Comment

September 17, 2018

Greetings, everyone. My name is Morénike and I would like to ask you to consider joining the Community Advisory Board of the Houston AIDS Research Team.

The Houston AIDS Research Team has over 500 individuals enrolled right here in Houston in nearly 50 different HIV research trials focusing on areas such as HIV cure, hepatitis, heart health, neurocognitive impairment and more, and for over ten years the site has worked to improve the lives of people living with HIV. And for just as long, the Community Advisory Board (CAB) of the Houston AIDS Research Team has been an active voice for community input in HIV clinical trials locally and beyond. The voice of the community is so important that NO research site is allowed to exist if there is not a CAB - the site will literally stop receiving funds from the NIH and close down. Nothing about us without us is more than just words; it needs to be a lived reality.

Due to some structural changes, the former CAB is no longer operating - and that is unacceptable to us. So this fall the CAB is relaunching and we are looking for members of the community, both HIV positive and HIV negative, to join in our volunteer efforts to make sure the research reflects the needs of the people. We need YOU; please consider joining our CAB! You don't have to know a lot about HIV research or anything at all; we can teach you what you want to know. We just want your honest opinions so the research will be done right.

Membership is free and training will be provided to all CAB members. We especially welcome individuals from diverse backgrounds to join, but we are open to all. Most importantly, we NEED people living with HIV. People who are not living with HIV but care about the community are welcome to join, but the most important members are the people with lived expertise of surviving with HIV.

If you are interested, there are opportunities for active Houston CAB members to travel to Washington DC free of charge in the summers to speak with researchers and to attend educational workshops. There are also opportunities to run for community leadership positions and to present at conferences and webinars if you are interested.

Please contact me at MGiwa.Onaiwu@gmail.com if you are interested. You can also text me 281-942-8782 if that is easier than email. Or if you'd rather communicate with a staff person about the CAB instead of me, you can contact Anastasia Teper. Her cell phone number is 832-770-0480, office number is 713-500-6797 and her email is Anastasia.Teper@uth.tmc.edu.

I am providing a handout and some applications for the CAB if you already know you want to join. You can fill them out and I will pick them up from the RWPC Office of Support staff.

I also want to invite you to an Open House for our CAB on October 9th at the Montrose Center in room 326, from 6-8 pm. You can come and learn more about the CAB, ask any questions you might have and meet some of the Houston research team. Free dinner will be provided. I hope to see you there! Thanks!

Sincerely,

Morénike Giwa Onaiwu
Houston HART CAB Chair
mgiwa.onaiwu@gmail.com
September 17, 2018

Thank you for your interest in helping to provide a strong community voice for HIV research in Houston!

The Houston AIDS Research Team coordinates a number of different HIV research protocols in the areas of treatment, heart health, eradication (cure), HIV prevention, and more! One key component of ALL HIV research is community engagement, especially through the development of a strong, active community advisory board (CAB) to provide vital input on the research as well as the needs, questions, perspectives, strengths, and challenges of our local community with regard to HIV.

Our Houston research site is re-launching its CAB, and we would love for you to consider joining us and/or to spread the word to other individuals (people living with HIV/stakeholders/consumers ESPECIALLY, but also interested professionals) so that we can ensure that our research best reflects community interests!

Our CAB is having an Open House **at the Montrose Center the evening of October 9th from 6 pm - 8 pm** (a flyer is attached). You are welcome to attend if you can to learn more about being part of this CAB. I will be in attendance at this Open House along with various staff and researchers from our site and would love to share with you the various benefits of CAB involvement and some of the ways you can get involved!

In addition to the flyer, I have also attached the handout and application for the CAB. PLEASE NOTE THAT THE EMAIL ADDRESS ON THE APPLICATION AND HANDOUT IS INCORRECT. I apologize for that. Please instead send any emails to me at mgiwa.onaiwu@gmail.com

If you are interested, I would also like to share the following links with you that provide some details about the site and some of our studies. You don't have to review these links; it's just FYI.

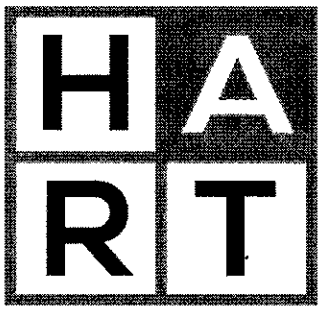
Those links are:

AIDS Clinical Trials Group (ACTG, our major HIV treatment research network) main site: https://actgnetwork.org/ and the link to the Houston ACTG studies: https://actgnetwork.org/site/houston-aids-research-team-hart-crs

Our site's Facebook page: https://www.facebook.com/houstonaids/

I am also providing the contact information for one of our hardworking site staff, Anastasia Teper, (cc'd on this email) who helps to coordinate CAB meetings and provide support to community members in addition to other duties:

Anastasia Teper, MA
Research Assistant III
6431 Fannin Street, MSB 2.112
Houston, Texas 77030
Anastasia.Teper@uth.tmc.edu
Work: 713.500.6797
Cell: 832.770.0480



What is the Houston HIV Cross-Network Community Advisory Board?

Originally founded in 1999 by the Center for AIDS Information & Advocacy, the Houston HIV Cross-Network Community Advisory Board (CAB) is an independent group of advocates, both HIV positive and HIV negative, who strive to be an active voice for community input in HIV clinical trials locally and beyond. We primarily focus on research in the areas of HIV treatment and prevention (including PrEP) as well as HIV-related cancer and family-centered HIV services.

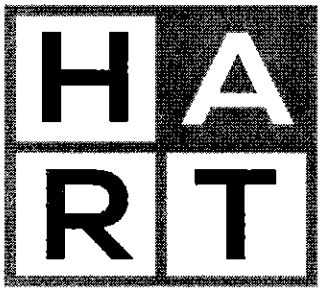
What are HIV Community Advisory Boards (CABs)?

HIV Community Advisory Boards (CABs) exist to make sure that the voice of the community is included in all HIV research. As volunteers, we partner with researchers by providing important input from the community perspective in order to advance HIV/AIDS research. CABs provide an opportunity for stakeholders in HIV communities, especially clinical trials participants to:

- Connect with other people living with HIV and/or allies within the HIV community
- Share ideas and concerns about studies from the development stage through implementation
- Provide suggestions to assist with accrual and retention of trial participants
- Advocate for clinical trial participants, especially those from marginalized groups
- Improve our knowledge of HIV/AIDS, of research, and of community involvement
- Ensure that community involvement is prioritized in local HIV research
- Promote ethical research

What Does the CAB Do?

CAB members, which includes individuals living with HIV, caregivers, professionals, and concerned members of the community meet face to face and via email and conference call 4-6 times per year to hold trainings, review protocols and offer feedback, discuss research trends, share resources and advocacy opportunities, commemorate HIV awareness days, and learn more about HIV science. HIV clinical trial participants are especially encouraged to join.



When and Where are CAB Meetings Held?

Meetings have often been held evenings in a conference room of Legacy Community Health, the Montrose Center, the Resource Center, and other places in the heart of town that are easily accessible by vehicle or bus). However, as a commitment to the CAB's inclusiveness and diversity, CAB meetings are also held during non-traditional meeting times at other community locations and via concurrent conference call to accommodate local consumers unable to attend our meetings due to scheduling conflicts and/or transportation/mobility issues.
Dinner is provided free of charge for all participants at most CAB meetings and attendees are given various meal options, including vegan/vegetarian selections.

CAB Inclusivity Statement

The CAB seeks to represent the diversity of culture, gender, race, sexual orientation, language, and socioeconomic status in the local HIV community and the greater Houston metropolitan area. As such, we welcome new CAB members from the transgender community as well as those who identify as women, young adults, people of color, and gender diverse individuals.

Want More Information?

Would you like more information about the joining and/or connecting with the Houston HIV Cross-Network CAB? We would love to invite you to visit one of our meetings, learn about available HIV clinical trials that are open to enrollment, review requests from potential guest speakers, and/or discuss CAB membership. Please feel free to contact us via email at mgiwa.onaiwu@gmail.com and we will be happy to get back in touch with you soon!

Houston AIDS Research Team

Houston Cross-Network Community Advisory Board Application

We are a small group of Houston volunteers who meet 4-6 times per year working to improve the lives of people living with HIV through providing a community voice and perspective into HIV research. To join us, please complete this application and email to mgiwa.onaiwu@gmail.com

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Name: Date:

Address:

Telephone: E-mail:

Preferred Pronouns: Gender Identity:

Date of Birth: Racial Identity:

HIV status (positive, negative, unknown, prefer not to state):

Please provide the name and email and/or phone number of a reference:

Please briefly state why you are interested in HIV volunteer work:

Comprehensive HIV Planning Committee Report

Achieving Together
A Community Plan to End the HIV Epidemic in Texas

Start where you are.
Use what you have.
Do what you can.
~ Arthur Ashe

Ending HIV as an epidemic...

...is about supporting people
who are living with HIV
and
preventing others from getting it.

Texas will become a state where HIV is rare & EVERYONE will have access

4 Goals:

- Reduce HIV transmission and acquisition
- Increase viral suppression
- Cultivate a stigma-free climate
- Eliminate health disparities

90/90/90/50 by 2030

- Priority populations receive combination prevention
- 90% of people living with HIV know their status
- 90% of PLWH are retained in care
- 90% of those retained in care are virally suppressed
- 50% decrease in HIV incidence

We have the experience

We have the tools

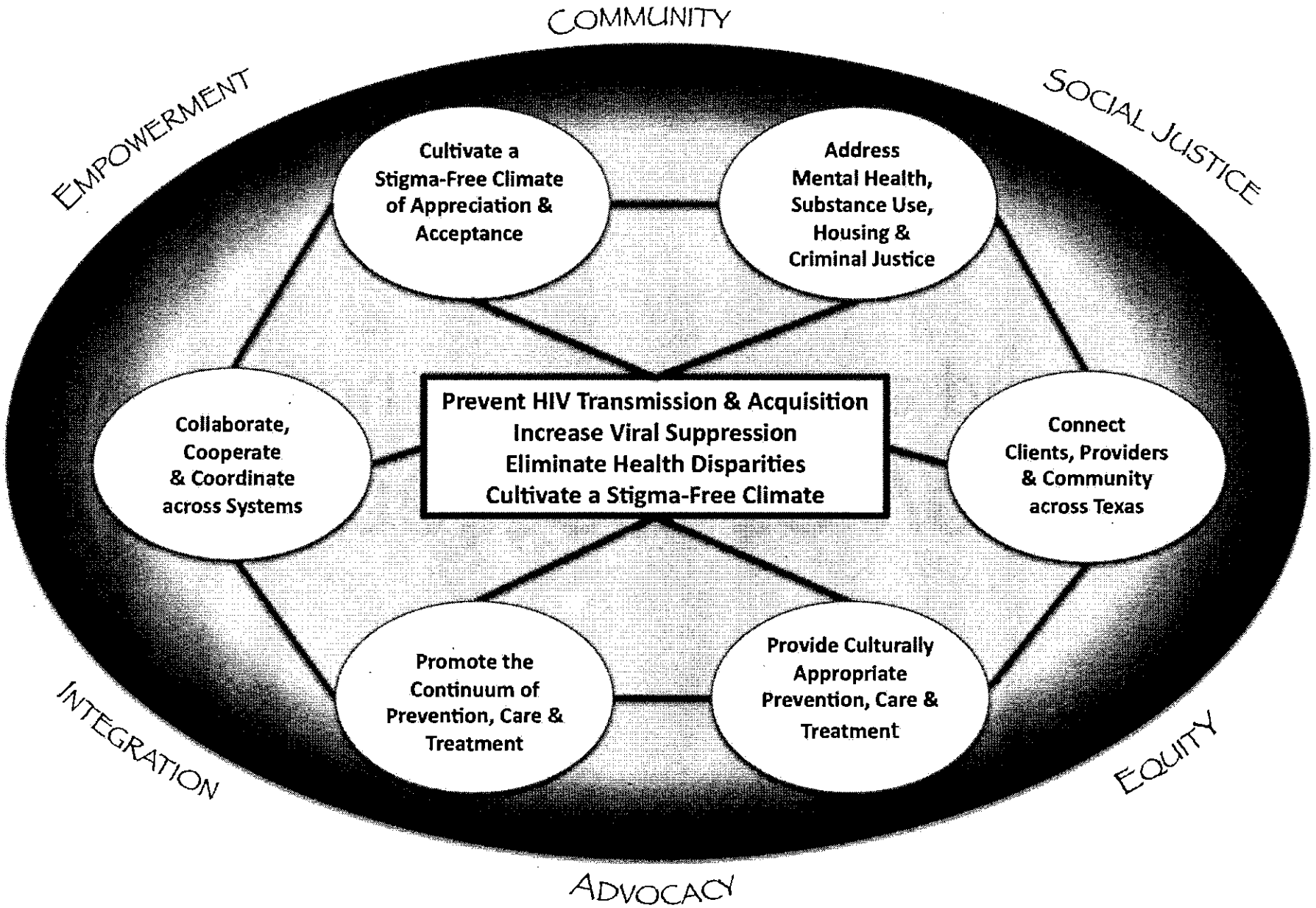
- Testing
- PrEP (pre-exposure prophylaxis)
- nPEP
- Anti-retroviral therapy (ART)
- Treatment as Prevention (TasP)
- More on the horizon…

We have the technology

- Communication
- Networking
- Data
- Electronic health records
- Others on the horizon…

We have the people & passion

How can you connect to the movement?



Achieving Together: A Community Plan to End the HIV Epidemic in Texas

What matters to you?

How do you connect to the plan?

Reflection:

- What is something you heard today that concerns you?
- What is something you heard today that excites you?

Creating a movement with a plan

- https://youtu.be/RXMnDG3QzxE

Share Your Experience and Earn a $10 Gift Card

Participate in the Houston Area Out of Care Special Study

If you are a woman or transgender individual living with HIV, and have had at least two periods of 12 months or longer when you did not get HIV medical care, we want to hear about your experience!

Your answers are 100% anonymous. Participation in the study consists of a friendly 30-35 minute interview about your experiences leaving and getting back in to HIV care; we will provide a gift card and a meal for your time.

Our hope is that this study will generate several recommendations to enhance the Houston HIV system to help keep people healthy and in care.

To see if you qualify to participate in this study, call or email our office:

Phone: (832) 927-RYAN (7926)

Fax: (713) 572-3740

Email: Amber.Harbolt@cjo.hctx.net

(Put "Special Study" in the subject line)

Remaining spots in the study and gift cards are extremely limited, so act soon!

If you have any questions about the study, the Ryan White Planning Council, or how you can be involved in planning HIV services in the Houston Area, please give us a call or send us an email. We would love to hear from you!

Houston Area Ryan White Planning Council Office of Support
2223 West Loop South, Suite 240
Houston, Texas 77027
Phone: (832) 927-RYAN (7926) Fax: (713) 572-3740
www.rwpcHouston.org

Proposed Needs Assessment Group Activities Timeline
November 2018 – December 2019

Draft
Updated 09-06-18

Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019
Needs Assessment Group (**NAG**) meets to design Needs Assessment (**NA**) process	Survey Workgroup creates survey tool	NAG approves survey tool and sampling plan	Analysis Workgroup adopts of principles for data analysis	NA data collection and entry continues	NA data collection and entry continues	NA data collection and entry continues
	Epi Workgroup convenes to create sampling plan	NA data collection and entry begins	NA data collection and entry continues	**Focus Group:** Case Management Staff		**Focus Group:** Prevention / Linkage / Outreach Staff

Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019
NA data collection and entry ends, cleaning and analysis begins	Analysis WG convenes to review preliminary findings	No activities [HRSA Grant Application / EIIHA Process]	Analysis concludes, staff write report	**Committee approve NA report**	**Council approves NA report**	No activities
Focus Group: HSDA/Rural consumers	**Focus Group:** EMA/Urban consumers		NAG reviews/approves NA report			

Affected Community Committee Report

Rev: 09-27-18

ROAD 2 SUCCESS and CAMINO HACIA TU SALUD

Schedule of Emergency Preparedness Trainings for the HIV Community

CONFIRMED:

Oct. 3, 2018, set up 9 am	Legacy Community Health Staff at Montrose Clinic – anticipated attendance: 150 individuals
Oct. 17, 2018, set up at 9 am	SPRY Montrose Diners – anticipated attendance: 20 consumers
Date to be determined	Legacy Community Advisory Board – anticipated attendance: 30+ consumers

COMPLETED:

July 23, 2018, 12 noon	Ryan White Affected Community Committee – 39 attendees and 6 staff
Aug. 1, 2018, 11 am	Transition Summit for HIV-positive youth transitioning from pediatric to adult medical care – 29 attendees (youth, caregivers and case managers) and 4 staff
Aug. 16, 2018, 12 noon	Thomas Street Health Center – 14 consumers and 4 staff
Aug. 20, 2018, 2:00 pm	HIV and Aging Coalition – 15 consumers and 4 staff
Aug. 27, 2018, 5:00 pm	Positive Support Group (Spanish only) - attendance: 26 consumers and 5 staff
Aug. 29, 2018, 10:00 am	Catholic Charities HOPWA Housing Meeting – Two sessions. attendance: 42 attendees and 7 staff (am session in Spanish, pm session in English)
Sept. 20, 2018, 12 noon	Thomas Street Health Center – attendance: 30 consumers
Sept. 21, 2018, 6:30 pm	Living Large, Living Without Limits – attendance: 14 consumers
Sept. 26, 2018, 12 noon	Case Manager Meeting, Legacy Community Health – attendance: 13 case managers.

TO BE SCHEDULED:

St. Hope Foundation – they want a January date

Rural clinics - The Resource Group would like to work with us to set up presentations in some of their rural clinics.

Affected Community Committee
2018 Community Events (as of 09-27-18)

Point Person (PP): Committee member who picks up display materials and returns them to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 4 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	Tana, Allen & Mona – distribute LEAP flyers
Sunday, June 3 Before 1 pm start time	Long-Term HIV Survivors Event	11410 Hempstead Road	**Need 10 volunteers (3 for PC booth):** Council: Johnny D., Ronnie, Cecilia, Veria, Crystal, Skeet, Herman, and Ma'Janae LEAP: Calvin, Roy, Erika, Felipe, Mel, Prince, Tony
Wednesday, June 20 6:00 – 9:00 pm	Pride Month Volunteer Day	Houston Food Bank 535 Portwall Street Contact Person: Mary Bethal – 832 369-9390 x 9251	**Need 3 volunteers: PP: Herman**, Crystal, Ma'Janae
Saturday, June 23 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	Shift 1 (11:30 am-2 pm): **PP:Skeet,** Tana, Rod Shift 2 (2-4:30 pm): Allen, Skeet, Tana Shift 3 (4:30-7 pm): **PP: Skeet,** Allen
July 23, 2018 Set up: 11 am	*Dress Rehearsal* Road 2 Success: Emergency Preparedness for HIV Community	Affected Community Committee 2223 W. Loop South, 77027	
Wed, August 1, 2018 Set up: 10:30 am	Road 2 Success: Emergency Preparedness for HIV Community	Youth Transition Summit	**No volunteers needed**
Thurs, August 16, 2018 Set up: 11 am	Road 2 Success: Emergency Preparedness for HIV Community	Thomas Street Health Center 2015 Thomas Street, 77009	**Need 5 Volunteers:** Rosalind, Michael B., Steven
Mon, August 20, 2018 Set up: 1:30 pm	Road 2 Success: Emergency Preparedness for HIV Community	HIV and Aging Coalition the Montrose Center 401 Branard St., 77006	**Need 6 Volunteers:** Steven, Michael B., Skeet
Mon, August 27, 2018 Set up: 4:45 pm	Camino hacia tu Salud: Emergency Preparedness for HIV Community	Positive713 Leonel Castillo Community Center 2101 South Street, 77009	**Need 4 Volunteers:** Isis, John P, Steven, Skeet, Johnny, Herman

(Continued on next page)

Day, date, times	Event	Location	Participants
Wed., August 29, 2018 Set up: 9:15 am	Camino and Road 2 Success: Emergency Preparedness for HIV Community	Catholic Charities Miles Chapel 4315 Lyons Avenue, 77020	**Need 4 Volunteers:** Isis, Skeet and Cecilia
Thurs, September 20, 2018 Set up: 11 am	Road 2 Success: Emergency Preparedness for HIV Community	Thomas Street Health Center 2015 Thomas Street, 77009	**Need 6 Volunteers:** Steven, Isis, Eddie, Crystal, Amber and Cecilia
Fri. September 21, 2018 Set up: 6 pm	Road 2 Success: Emergency Preparedness for HIV Community	Living Large Support Group the Montrose Center 401 Branard St., 77006	**Need 5 Volunteers:** Crystal, Skeet, Isis, Cecilia and Herman
Wed., October 17, 2018 Set up: 9 am	Road 2 Success: Emergency Preparedness for HIV Community	SPRY Montrose Diners the Montrose Center 401 Branard St., 77006	**Need 5 Volunteers:** Skeet, Roy, Isis and Amber
October	MISS UTOPIA	Crowne Plaza Northwest-Brookhollow 12801 Northwest Freeway Houston, TX 77040	**Volunteers: PP: Skeet,** Cecilia, Ronnie, Johnny DISTRIBUTE LEAP FLYERS
Saturday, December 1	World AIDS Day Events		Most committee members attend events DISTRIBUTE LEAP FLYERS

Greeters for 2018 Council Meetings

(Revised: 08-21-18)

2018 Meeting Dates (**Please arrive at 11:45 a.m.** Unless otherwise noted, the meetings are held at 2223 W. Loop South)	**Greeter #1** External Member	**Greeter #2**	**Greeter #3**
Thurs. March 8	Mona	Skeet	Tana
Thurs. April 12	Eddie	Rodney	Allen
Thurs. May 10 **CANCELLED**	Lionel	Allen	Johnny
Thurs. June 14	Crystal	Tana	Ronnie
Thurs. July 12	Lionel	Allen	Johnny
Thurs. August 9	Tana	Rodney	Allen
Thurs. September 13 **CANCELLED**	Crystal	Herman	Ma'Janae
Thurs. October 11	Eddie or Tana	Skeet	Allen
Thurs. November 8 External Committee Member Appreciation	Eddie	Skeet	Tana
Thurs. December 6	Michael	Rodney	Eddie

Quality Improvement Committee Report

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

FY 2018 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**	**9,634,415**	**391,824**	**0**	**0**	**0**	**10,026,239**	**46.85%**	**10,026,239**	**0**		**3,339,971**	**33%**	**50%**
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	0	0		3,591,064	16.78%	3,591,064	0	3/1/2018	$499,330	14%	42%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	0	0		1,021,370	4.77%	1,021,370	0	3/1/2018	$555,722	54%	50%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	0	0		867,347	4.05%	867,347	0	3/1/2018	$455,350	52%	50%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	0	0		1,104,720	5.16%	1,104,720	0	3/1/2018	$302,847	27%	50%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0		1,149,761	5.37%	1,149,761	0	3/1/2018	$427,898	37%	50%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0			1,874,540	8.76%	1,874,540	0	3/1/2018	$945,008	50%	42%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2018	$3,600	23%	50%
1.h	Vision	402,000	0	0	0		402,000	1.88%	402,000	0	3/1/2018	$150,215	37%	50%
2	**Medical Case Management**	**2,535,802**	**0**	**0**	**0**	**0**	**2,535,802**	**11.85%**	**2,535,802**	**0**		**734,165**	**29%**	**50%**
2.a	Clinical Case Management	488,656	0	0	0		488,656	2.28%	488,656	0	3/1/2018	$147,850	30%	50%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.26%	482,722	0	3/1/2018	$32,060	7%	42%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0		321,070	1.50%	321,070	0	3/1/2018	$166,863	52%	50%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0		321,072	1.50%	321,072	0	3/1/2018	$73,993	23%	50%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0		107,247	0.50%	107,247	0	3/1/2018	$39,484	37%	50%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.63%	348,760	0	3/1/2018	$109,719	31%	50%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.84%	180,311	0	3/1/2018	$66,743	37%	42%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0		160,051	0.75%	160,051	0	3/1/2018	$48,680	30%	50%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.37%	80,025	0	3/1/2018	$42,667	53%	50%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2018	$6,107	13%	42%
3	**Local Pharmacy Assistance Program (a) (e)**	**1,934,796**	**256,674**	**0**	**0**	**0**	**2,191,470**	**10.24%**	**2,191,470**	**0**	3/1/2018	**$846,776**	**39%**	**50%**
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.78%**	**166,404**	**0**	3/1/2018	**82,700**	**50%**	**50%**
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	0.78%	166,404	0	3/1/2018	$82,700	50%	50%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,244,551**	**28,519**	**0**	**0**	**0**	**1,273,070**	**5.95%**	**1,273,070**	**0**	3/1/2018	**$518,968**	**41%**	**50%**
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**	3/1/2018	**$16,919**	**37%**	**50%**
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**	**1.60%**	**341,395**	**0**	3/1/2018	**$135,122**	**40%**	**50%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Outreach Services**	**420,000**	**39,927**				**459,927**	**2.15%**	**459,927**	**0**	**3/1/2018**	**$83,309**	**18%**	**50%**
13	**Non-Medical Case Management**	**1,231,002**	**0**	**0**	**0**	**0**	**1,231,002**	**5.75%**	**1,231,002**	**0**		**442,412**	**36%**	**50%**
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.52%	110,793	0	3/1/2018	$28,100	25%	50%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			0		100,000	0.47%	100,000	0	3/1/2018	$31,625	32%	50%
13.c	Service Linkage at Public Clinic (a)	427,000		0	0		427,000	2.00%	427,000	0	3/1/2018	$107,856	25%	42%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		0	0		593,209	2.77%	593,209	0	3/1/2018	$274,832	46%	50%
14	**Medical Transportation**	**482,087**	**25,824**	**0**	**0**	**0**	**507,911**	**2.37%**	**507,911**	**0**		**141,808**	**28%**	**50%**
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0		252,680	1.18%	252,680	0	3/1/2018	$109,020	43%	50%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.45%	97,185	0	3/1/2018	$32,788	34%	50%
14.c	Transportation vouchering (bus passes & gas cards)	132,222	25,824	0	0		158,046	0.74%	158,046	0	3/1/2018	$0	0%	0%
15	**Linguistic Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	$0	**0%**	**0%**
16	**Emergency Financial Assistance**	**450,000**		**0**	**0**	**0**	**450,000**	**2.10%**	**450,000**	**0**	3/1/2018	$13,880	**0%**	**50%**
17	**Referral for Health Care and Support Services (c)**	**0**	**0**	**0**			**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
BES27516	**Total Service Dollars**	**18,486,129**	**742,768**	**0**	**0**	**0**	**19,228,897**	**87.71%**	**19,228,897**	**0**		**6,258,840**	**33%**	**50%**
	Grant Administration	**1,675,047**	**0**	**0**	**0**	**0**	**1,675,047**	**7.83%**	**1,675,047**	**0**	**N/A**	**0**	**0%**	**50%**
BES27517	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.36%	1,146,388	0	N/A	$0	0%	50%
PC	RWPC Support*	528,659			0	0	528,659	2.47%	528,659	0	N/A	0	0%	50%

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

FY 2018 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	0	0	0	0	495,000	2.31%	495,000	0	N/A	$0	0%	50%
		20,656,176	742,768	0	0	0	21,398,944	97.85%	21,398,944	0		6,258,840	29%	50%
								Unallocated	Unobligated					
	Part A Grant Award:	21,398,944	***Carry Over:***	0		***Total Part A:***	21,398,944	0	0					

	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)	15,903,040	677,017	0	0	0	16,580,057	86.40%	16,580,057	86.40%
Non-Core (may not exceed 25% of total service dollars)	2,583,089	25,824	0	0	0	2,608,913	13.60%	2,608,913	13.60%
Total Service Dollars (does not include Admin and QM)	18,486,129	702,841	0	0	0	19,188,970		19,188,970	
Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	0	0	0	0	1,675,047	7.83%		
Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.31%		

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**	1,797,785	49,060	0	0	0	1,846,845	85.23%	1,846,845	0		792,275	43%	50%
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530		0	0	934,693	43.13%	934,693	0	3/1/2017	$472,175	51%	50%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530		0	0	912,152	42.09%	912,152	0	3/1/2017	$320,100	35%	50%
2	**Medical Case Management**	320,100	0	0	0	0	320,100	14.77%	320,100	0		$52,016	16%	50%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.39%	160,050	0		$36,873	23%	50%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.39%	160,050	0		$15,142	9%	50%
	Total MAI Service Funds	2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		792,275	43%	50%
	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 27518	**Total MAI Funds**	2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		792,275	43%	50%
	MAI Grant Award	2,166,944	***Carry Over:***	0		***Total MAI:***	2,166,944							
	Combined Part A and MAI Orginial Allocation Total	22,774,061												

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

Prepared by: Ryan White Grant Administration

FY 2018 Ryan White Part A and MAI Service Utilization Report

SUR - 1st Quarter (3/1-5/31)

Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Outpatient/Ambulatory Primary Care (excluding Vision)**	**6,467**	4,362	**73%**	**27%**	**45%**	**15%**	**2%**	**38%**	**0%**	**0%**	**4%**	**25%**	**27%**	**14%**	**28%**	**2%**
1.a	Primary Care - Public Clinic (a)	2,350	2,129	68%	32%	48%	10%	2%	40%	0%	0%	2%	18%	26%	15%	36%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	797	67%	33%	99%	0%	1%	0%	0%	0%	8%	40%	27%	11%	13%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	695	85%	15%	0%	0%	0%	100%	0%	0%	5%	29%	33%	14%	18%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	415	89%	11%	0%	88%	11%	1%	0%	0%	5%	24%	21%	16%	31%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	376	71%	29%	44%	25%	2%	29%	0%	0%	7%	32%	25%	11%	23%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	675	0%	100%	57%	9%	2%	32%	0%	0%	1%	13%	28%	17%	35%	5%
1.g	Primary Care - Pediatric (a)	7	6	83%	17%	17%	17%	0%	67%	17%	50%	33%	0%	0%	0%	0%	0%
1.h	Vision	1,600	724	73%	27%	49%	17%	2%	32%	0%	0%	4%	26%	20%	14%	34%	2%
2	**Medical Case Management (f)**	**3,075**	**2,416**														
2.a	Clinical Case Management	600	300	74%	26%	64%	16%	2%	18%	0%	0%	4%	23%	19%	12%	37%	4%
2.b	Med CM - Targeted to Public Clinic (a)	280	265	94%	6%	63%	11%	1%	25%	0%	0%	2%	31%	22%	12%	29%	4%
2.c	Med CM - Targeted to AA (a)	550	733	71%	29%	100%	0%	0%	0%	0%	0%	8%	35%	24%	11%	20%	2%
2.d	Med CM - Targeted to H/L(a)	550	327	86%	14%	0%	0%	0%	100%	0%	1%	5%	31%	32%	9%	20%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	183	90%	10%	0%	90%	10%	0%	0%	0%	3%	25%	19%	12%	36%	5%
2.f	Med CM - Targeted to Rural (a)	150	330	68%	32%	52%	25%	2%	20%	0%	0%	7%	25%	20%	10%	33%	5%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	125	0%	100%	66%	8%	4%	22%	0%	0%	0%	14%	34%	23%	24%	4%
2.h	Med CM - Targeted to Pedi (a)	125	67	63%	37%	75%	6%	0%	19%	61%	34%	4%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	80	98%	3%	78%	16%	0%	6%	0%	0%	0%	1%	3%	6%	68%	23%
2.j	Med CM - Targeted to Youth	120	6	100%	0%	83%	0%	0%	17%	0%	0%	100%	0%	0%	0%	0%	0%
3	**Local Drug Reimbursement Program (a)**	**2,845**	**2,177**	**77%**	**23%**	**46%**	**17%**	**2%**	**36%**	**0%**	**0%**	**4%**	**25%**	**29%**	**16%**	**25%**	**1%**
4	**Oral Health**	**200**	**136**	**63%**	**38%**	**39%**	**32%**	**3%**	**26%**	**0%**	**0%**	**3%**	**14%**	**29%**	**12%**	**38%**	**4%**
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	136	63%	38%	39%	32%	3%	26%	0%	0%	3%	14%	29%	12%	38%	4%
5	**Mental Health Services (d)**	**NA**	**NA**														
6	**Health Insurance**	**1,700**	**576**	**84%**	**16%**	**36%**	**34%**	**3%**	**27%**	**0%**	**0%**	**2%**	**14%**	**15%**	**16%**	**45%**	**9%**
7	**Home and Community Based Services (d)**	**NA**	**NA**														
8	**Substance Abuse Treatment - Outpatient**	**40**	**9**	**100%**	**0%**	**11%**	**33%**	**11%**	**44%**	**0%**	**0%**	**0%**	**56%**	**11%**	**11%**	**22%**	**0%**
9	**Early Medical Intervention Services (d)**	**NA**	**NA**														
10	**Medical Nutritional Therapy/Nutritional Supplements**	**650**	**295**	**79%**	**21%**	**38%**	**21%**	**3%**	**37%**	**0%**	**0%**	**1%**	**10%**	**14%**	**19%**	**47%**	**9%**
11	**Hospice Services (d)**	**NA**	**NA**														
12	**Outreach**	**NA**	**126**	**66%**	**34%**	**63%**	**7%**	**1%**	**29%**	**0%**	**0%**	**4%**	**32%**	**24%**	**13%**	**25%**	**2%**
13	**Non-Medical Case Management**	**7,045**	**2,700**														
13.a	Service Linkage Targeted to Youth	320	60	73%	27%	70%	3%	3%	23%	0%	8%	92%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	50	60%	40%	72%	4%	2%	22%	0%	0%	0%	58%	20%	10%	12%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	1,144	65%	35%	63%	9%	2%	26%	0%	0%	0%	18%	22%	13%	41%	5%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	1,446	77%	23%	53%	12%	2%	33%	0%	0%	7%	29%	25%	14%	23%	2%
14	**Transportation**	**2,850**	**942**														
14.a	Transportation Services - Urban	170	200	66%	35%	59%	15%	3%	24%	0%	0%	8%	27%	22%	14%	27%	4%
14.b	Transportation Services - Rural	130	61	70%	30%	43%	30%	2%	26%	0%	0%	7%	18%	20%	16%	38%	2%
14.c	Transportation vouchering	2,550	681														
15	**Linguistic Services (d)**	**NA**	**NA**														
16	**Emergency Financial Assistance (e)**	**NA**	0														
17	**Referral for Health Care - Non Core Service (d)**	**NA**	**NA**														
Net unduplicated clients served - all categories*		11,657	8,017	**74%**	**26%**	**51%**	**15%**	**2%**	**32%**	**1%**	**1%**	**4%**	**23%**	**24%**	**13%**	**31%**	**4%**
Living AIDS cases + estimated Living HIV non-AIDS (from FY 17 App) (b)		**NA**	**22,830**	**74%**	**26%**	**49%**	**23%**	**3%**	**25%**	**0%**	**6%**		**18%**	**27%**	**30%**	**18%**	

Available Data As Of: 9/18/2018

Prepared by: Ryan White Grant Administration

FY 2018 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report

Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	880	73%	27%	100%	0%	0%	0%	0%	0%	9%	36%	26%	11%	18%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	553	89%	11%	0%	0%	0%	100%	0%	0%	5%	33%	33%	12%	16%	1%
2	**Medical Case Management (f)**																
2.c	Med CM - Targeted to AA (a)	1,060	133	75%	25%	54%	17%	1%	28%	0%	1%	6%	29%	35%	11%	17%	1%
2.d	Med CM - Targeted to H/L(a)	960	27	85%	15%	52%	22%	7%	19%	0%	0%	4%	37%	22%	7%	26%	4%

RW Part A New Client Service Utilization Report

Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/12 - 2/28/13)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Primary Medical Care**	2,100	564	79%	21%	52%	15%	2%	31%	0%	1%	9%	34%	26%	10%	20%	2%
2	**LPAP**	1,200	133	75%	25%	54%	17%	1%	28%	0%	1%	6%	29%	35%	11%	17%	1%
3.a	Clinical Case Management	400	27	85%	15%	52%	22%	7%	19%	0%	0%	4%	37%	22%	7%	26%	4%
3.b-3.h	Medical Case Management	1,600	288	77%	23%	54%	16%	2%	28%	3%	1%	8%	36%	26%	9%	17%	1%
3.i	Medical Case Manangement - Targeted to Veterans	60	8	100%	0%	63%	38%	0%	0%	0%	0%	0%	0%	0%	38%	38%	25%
4	**Oral Health**	40	7	57%	43%	71%	14%	0%	14%	0%	0%	14%	0%	57%	0%	29%	0%
12.a. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	3,700	604	72%	28%	59%	12%	2%	26%	0%	1%	6%	28%	23%	10%	28%	4%
12.b	**Service Linkage at Testing Sites**	260	46	63%	37%	83%	2%	0%	15%	0%	0%	22%	46%	20%	7%	7%	0%

Footnotes:

(a) Bundled Category

(b) Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.

(d) Funded by Part B and/or State Services

(e) Not funded in FY 2017

(f) Total MCM served does not include Clinical Case Management

Available Data As Of: 9/18/2018

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1819 Ryan White Part B

Procurement Report

April 1, 2018 - March 31, 2019

Reflects spending through July 2018

Spending Target: 33%

Revised 9/10/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	$2,085,565	62%	$0	$2,085,565	62%	4/1/2018	$615,207	29%
7	Health Insurance Premiums and Cost Sharing (1)	$726,885	22%	$0	$726,885	22%	4/1/2018	$149,635	21%
9	Home and Community Based Health Services	$202,315	6%	$0	$202,315	6%	4/1/2018	$38,160	19%
	Unallocated	$325,806	10%	$0	$325,806	10%	4/1/2018	$0	0%
	Total Houston HSDA	3,340,571	100%	$0	$3,340,571	100%		803,002	24%

Note: Spending variances of 10% will be addressed:

1 HIP - Funded by Part A, B and State Services. Provider is spending other grant funds before they close.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1718 DSHS State Services
Procurement Report
September 1, 2017- August 31, 2018

Chart reflects spending through July 2018 **Spending Target: 91%**

Revised 9/10/2018

Priority	Service Category	Original Allocation per RWPC	%of Grant Award	Amendment	Contracted Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services (1)	$300,000	16%		$300,000	16%	9/1/2017	$141,015	47%
7	Health Insurance Premiums and Cost Sharing (2)	$979,694	52%		$979,694	53%	9/1/2017	$926,288	95%
9	Hospice (3)	$359,832	19%		$359,832	19%	9/1/2017	$298,540	84%
11	EIS - Incarcerated (4)	$166,211	9%	**$3,789**	$170,000	9%	9/1/2017	$125,961	76%
16	Linguistic Services (5)	$68,000	4%	**-$16,789**	$51,211	3%	9/1/2017	$35,800	53%
	Total Houston HSDA	**1,873,737**	**100%**	**-$13,000**	$1,860,737	100%		1,527,603	82%

Note: Spending variances of 10% will be addressed:

1 MHS - Agency is short of staff; More clients are covered under Insurance instead of grant funds. Will need to reallocate funds.

2 HIP - Behind in billing submissions - will expend all funds

3 HOS- Lower spending reflects changes in service provision by provider and operational expenses are being covered by another funding source

4 EIS - Behind in billing submission. Provider had a vacancy but is now fully staffed; service units should increase.

5 LIN- Behind in billing submission

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1718 DSHS State Services Rebate
Procurement Report
September 1, 2017- August 31, 2018

Chart reflects spending through July 2018 **Spending Target: 91%**

Revised 9/10/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	ADAP Eligibility Worker (1)	$375,000	38%		$225,000	27%	9/1/2017	$144,873	64%
7	Emergency Financial Assistance (2)	$600,000	62%		$600,000	73%	9/1/2017	$267,039	45%
[illegible]	Total Houston HSDA	975,000	100%	$0	$825,000	100%	[illegible]	411,912	50%

Note: Spending variances of 10% will be addressed

1 one (1) position not awarded. One (1) position - finalizing contract

2 Public clinic has yet to utilize services, however, DSHS has expanded statewide. Expenditures continues to increase. Currently the impact of Gilead ending its participation in Compassion Care Project has been minimal with next-day shipping being added.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2017-07/31/18

Revised: 9/10/2018

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)		Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	1614	$154,579.84	599			*0*
Medical Deductible	199	$71,394.62	140			*0*
Medical Premium	6237	$2,448,389.45	881			*0*
Pharmacy Co-Payment	5404	$744,137.90	1409			*0*
APTC Tax Liability	0	$0.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	7	$2,930.12	14	*NA*	*NA*	*NA*
Totals:	13461	$3,415,571.69	3043	0	$0.00	

Comments: This report represents services provided under all grants.

NON-MEDICAL CM TARGETING SUD

Feedback from Providers and People Living With HIV (PLWH)

HISTORICAL OVERVIEW

- The case management positions have been funded for more than 20 years in the Houston/Galveston area.
- Three agencies were funded in the Houston area.
  - One "targeting" GLBT community.
  - One "targeting" mono-lingual/bilingual Spanish-speaking individuals.
  - One does not use funds for case management services.

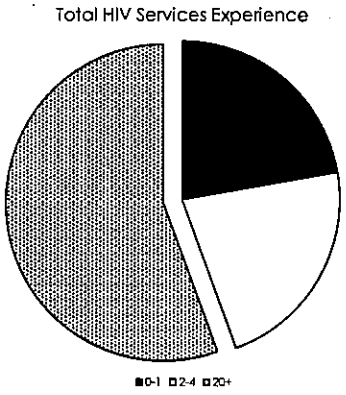
INTERVIEW PROCESS

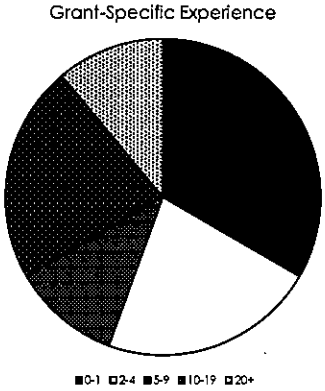
- TRG contacted the two Houston providers that were funded for case management services targeting substance use disorders.
- TRG conducted interviews with provider staff at both agencies.
  - 9 staff members interviewed including
    - Case managers (past and present),
    - Outreach workers,
    - Recovery coaches &
    - Supervisors.
- TRG conducted interviews with people living with HIV:
  - 4 people living with HIV interviewed.
  - Additional interviews are being scheduled.

PROVIDER INTERVIEWS

Conducted by Patrick L. Martin, Reachelian Ellison and Cynthia Aguries

EXPERIENCE OF PROVIDER STAFF



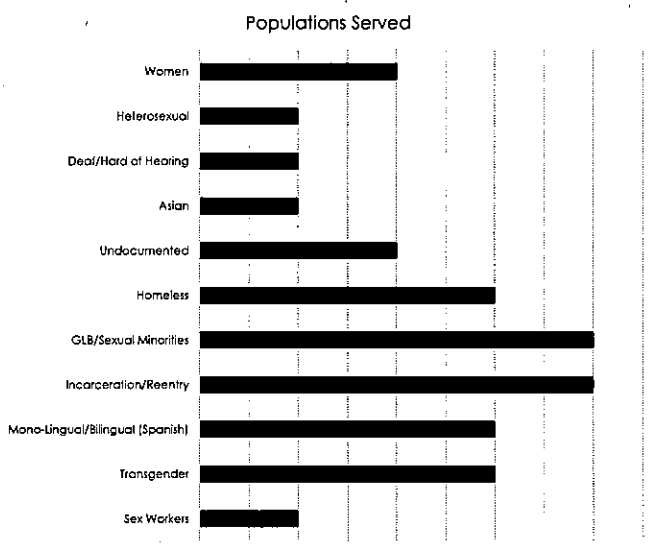


EXPERIENCE OF STAFF

- Trends:
  - None of the current case managers has specific licensure or certification.
  - Two of the case managers had more than twenty years experience serving people living with HIV.
  - The same case managers had 15-20 years serving PLWH who also have substance use disorders (SUD).
  - All case managers have access to clinical support from licensed staff.
  - Agency teams included:
    - Recovery coaches and/or
    - Licensed case managers.

SPECIAL POPULATIONS

- Not "scientific" data. Instead the data is as reported by staff.
- Weighted by the number of case managers who identified the population.
- **Not based on the percentage of PLWH served/case management caseload**

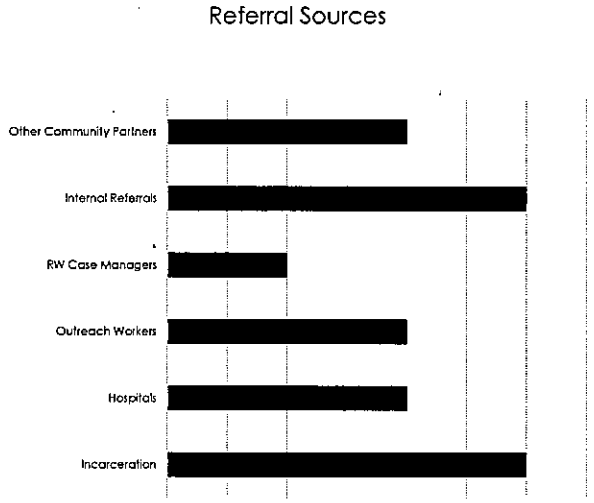


SPECIAL POPULATIONS

- Trends:
  - Incarcerated/Reentry, GLB(T)/Sexual Minorities, Monolingual/Bilingual (Spanish), and Homeless were all identified the most as populations being served.
- Interesting Discovery:
  - Though not a large percentage of the overall PLWH numbers served, every case manager interviewed stated that they had transgender PLWH on their caseload.
  - Though every case manager stated they have PLWH releasing from incarceration/history of incarceration on their caseload, one case manager works exclusively with individuals releasing from incarceration.

REFERRAL SOURCES

- Not 'scientific" data. Instead the data is as reported by staff.
- Weighted by the number of case managers who identified the referral source.

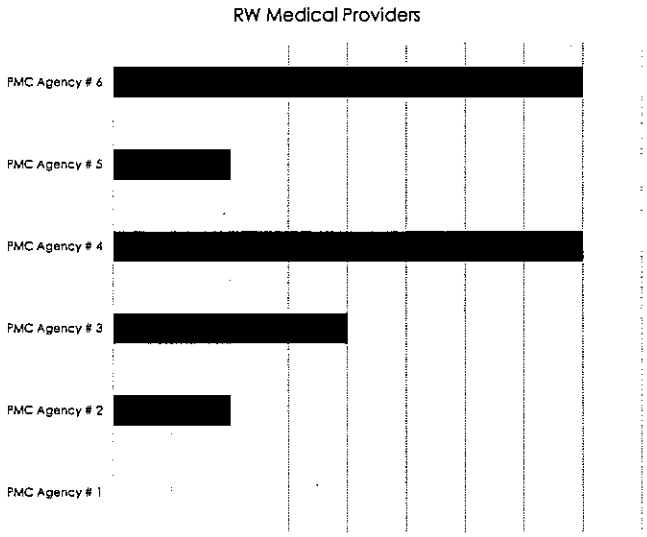


REFERRAL SOURCES

- Trends:
  - Largest number of referrals comes from correctional facilities and internal referrals.
- Interesting Discovery:
  - Referrals from Medical Providers to SUD Case Managers
    - PLWH with Substance Use Disorders
    - PLWH who needed more intense "interactions"

REFERRALS TO MEDICAL CARE

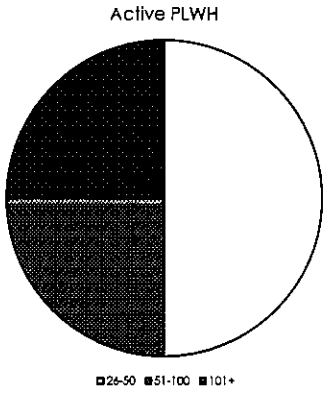
- All case managers reported referring PLWH into medical core as part af their service delivery.
- Not 'scientific" dato. Instead the data is as reported by staff.
- Weighted by the number of case monagers who identified the ogencies.

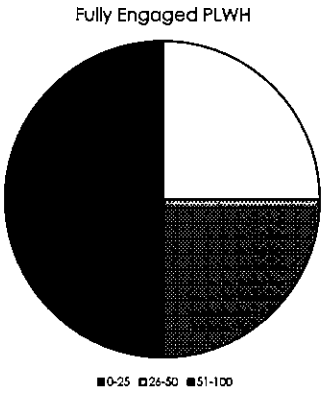


REFERRALS FROM MEDICAL CARE

- Trends:
  - Several RW Medical Providers have established relationships with these positions. This relationship included:
    - Interdisciplinary case review
      - Interaction with Medical Case Managers and Intake Workers
      - Monthly meeting to discuss coses

CASELOAD





CASELOAD

- Trends:
  - Caseload expressed into two ways.
    - Active: Interactions occurring but not fully-engaged in the program.
    - Full-Engaged: Interactions follow the traditional model of case management.
  - PLWH engaging multiple times with program as they were focused on sobriety.

KEY ACTIVITIES

- CMs expressed "hands on" approach that included the following activities:
  - Understanding the challenges of SUD
  - Coaching PLWH
  - Long-term support through changes in circumstances
  - Challenge of IDs
  - Transportation
  - Empowering PLWH in accessing systems:
    - Transgender
    - Undocumented
    - Recently Released
  - SUD Treatment
    - Knowing Treatment Resources and
    - Matching Program to PLWH

KEY ACTIVITIES

- CMs expressed "hands on" approach that included the following activities:
  - Community based interactions
  - Relapse Prevention
  - Eligibility Process:
    - Preparation for the process and
    - Navigation through the process
  - Application for THMP
  - Food/Hygiene
  - Accessing Other Resources:
    - Support Groups
    - Faith-Based
    - AA/NA/CA

PLWH INTERVIEWS

Conducted by Reachelian Ellison

PLWH INTERVIEWS

- *Important Note: PLWH are not forced to disclose any information. Some participants are more comfortable sharing details. Therefore, this details may not be consistent from participant to participant.*
- Participant #1: Newly diagnosed – while in jail.
- Participant #2: Diagnosed in 2004. Has accessed the program multiple times.
- Participant #3: History of homelessness.
- Participant #4: Currently homeless. Dealing with recent diagnosis of diabetes.

WHAT ARE YOUR GOALS?

- When asked "What do you want from this program?"
  - Stability and follow-up
  - Assistance is obtaining long-term goals
  - Motivation and empowerment
  - Learning a new skill
    - Administrative
    - Carpentry
    - Basic computer skills

PROGRAM PERFORMANCE

- When asked "How has this program helped you?"
  - "Talk" and encouragement
  - Food programs
  - Visits in jail
- When asked "What can be done to improve the program?"
  - More programs to help
    - Connections to reenter the workforce with a "bad background (list of places that will hire or train me)"
    - Vauchers for food, clothes and resources
    - A list of services/where I can get help with a "bad background (drug history or incarceration)"

MISSED APPOINTMENTS?

- When asked "Why Do You Miss Appointments?"
  - Lack of transportation
    - Bus fare
    - Gas
  - I forget/Short-term memory loss
    - Texts
    - Morning reminders
    - Day before reminders
  - Personal Issues
  - Depression
  - PTSD

QUESTIONS?

Local Service Category:	**Non-Medical Case Management Targeting Substance Use Disorder**
Amount Available:	**To be determined**
Unit Cost	
Budget Requirements or Restrictions **(TRG Only)**:	Maximum 10% of budget for Administrative Cost. Direct medical costs and Substance Abuse Treatment/Counseling cannot be billed under this contract.
DSHS Service Category Definition:	**Non-Medical Case Management (N-MCM)** model is responsive to the immediate needs of a person living with HIV (PLWH) and includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, entitlements, housing, and other needed services. **Non-Medical Case Management Services (N-MCM)** provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. N-MCM services may also include assisting eligible persons living with HIV (PLWH) to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication (e.g., face-to-face, phone contact, and any other forms of communication) as deemed appropriate by the Texas DSHS HIV Care Services Group Ryan White Part B program.
Local Service Category Definition:	***Non-Medical Case Management:*** The purpose of Non-Medical Case Management targeting Substance Use Disorders (SUD) is to assist PLWHs with the procurement of needed services so that the problems associated with living with HIV are mitigated. N-MCM targeting SUD is intended to serve eligible people living with HIV in the Houston EMA/HSDA who are also facing the challenges of substance use disorder. Non-Medical Case Management is a working agreement between a PLWH and a Non-Medical Case Manager for an indeterminate period, based on PLWH need, during which information, referrals and Non-Medical Case Management is provided on an as- needed basis and assists PLWHs who do not require the intensity of Medical Case Management. Non-Medical Case Management is both office-based and field based. N-MCMs are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWH may be identified, including substance use disorder treatment/counseling and/or recovery support personnel. Such incoming referral coordination includes meeting prospective PLWHs at the referring provider location in order to develop rapport with and ensuring sufficient support is available. Non-Medical Case Management also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those PLWHs who have not returned for scheduled appointments with the provider nor have provided updated information about their current Primary Medical Care provider (in the situation where PLWH may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Non-Medical Case Management extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWH who are not currently accessing primary medical care services.

Target Population (age, gender, geographic, race, ethnicity, etc.):	**Non-Medical Case Management targeting SUD** is intended to serve eligible people living with HIV in the Houston EMA/HSDA, especially those underserved or unserved population groups who are also facing the challenges of substance use disorder. The target populations should also include individuals who misuse prescription medication or who use illegal substances or recreational drugs and are also: - Transgender, - Men who have sex with men (MSM), - Women or - Incarcerated/recently released from incarceration.
Services to be Provided:	**Goals:** The primary goal for N-MCM targeting SUD is to improve the health status of PLWHs who use substances by promoting linkages between community-based substance use disorder treatment programs, health clinics and other social service providers. N-MCM targeting SUD shall have a planned and coordinated approach to ensure that PLWHs have access to all available health and social services necessary to obtain an optimum level of functioning. N-MCM targeting SUD shall focus on behavior change, risk and harm reduction, retention in HIV care, and lowering risk of HIV transmission. The expectation is that each Non-Medical Case Management Full Time Equivalent (FTE) targeting SUD can serve approximately 80 PLWHs per year. **Purpose:** To promote Human Immunodeficiency Virus (HIV) disease management and recovery from substance use disorder by providing comprehensive Non-Medical Case Management and support for PWLH who are also dealing with substance use disorder and providing support to their families and significant others. **N-MCM targeting SUD** assists PLWHs with the procurement of needed services so that the problems associated with living with HIV are mitigated. **N-MCM targeting SUD** is a working agreement between a person living with HIV and a Non-Medical Case Manager (N-MCM) for an indeterminate period, based on identified need, during which information, referrals and Non-Medical Case Management is provided on an as- needed basis. The purpose of **N-MCM targeting SUD** is to assist PLWHs who do not require the intensity of *Clinical or Medical Case Management*. **N-MCM targeting SUD** is community-based (i.e. both office- and field-based). This Non-Medical Case Management targets PLWHs who are also dealing with the challenges of substance use disorder. N-MCMs also provide "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Efforts may include coordination with other case management providers to ensure the specialized needs of PLWHs who are dealing with substance use disorder are thoroughly addressed. For this population, this is not a duplication of service but rather a set of agreed upon coordinated activities that clearly delineate the unique and separate roles of N-MCMs and medical case managers who work jointly and collaboratively with the PLWH's knowledge and consent to partialize and prioritize goals in order to effectively achieve those goals.

	N-MCMs should provide activities that enhance the motivation of PLWHs on N-MCM's caseload to reduce their risks of overdose and how risk-reduction activities may be impacted by substance use and sexual behaviors. N-MCMs shall use motivational interviewing techniques and the Transtheoretical Model of Change, (DiClemente and Prochaska - Stages of Change). N-MCMs should promote and encourage entry into substance use disorder services and make referrals, if appropriate, for PLWHs who are in need of formal substance use disorder treatment or other recovery support services. However, N-MCMs shall ensure that PLWHs are not required to participate in substance use disorder treatment services as a condition for receiving services. For those PLWH in treatment, N-MCMs should address ongoing services and support for discharge, overdose prevention, and aftercare planning during and following substance use disorder treatment and medically-related hospitalizations. N-MCMs should ensure that appropriate harm- and risk-reduction information, methods and tools are used in their work with the PLWH. Information, methods and tools shall be based on the latest scientific research and best practices related to reducing sexual risk and HIV transmission risks. Methods and tools must include, but are not limited to, a variety of effective condoms and other safer sex tools as well as substance abuse risk-reduction tools, information, discussion and referral about Pre- Exposure Prophylactics (PrEP) for PLWH's sexual or drug using partners and overdose prevention. N-MCMs should make information and materials on overdose prevention available to appropriate PLWHs as a part of harm- and risk-reduction. Those PLWHs who choose to access primary medical care from a non-Ryan White source, including private physicians, may receive ongoing Non-Medical Case Management services from provider.
Service Unit Definition(s) **(TRG Only):**	One unit of service is defined as 15 minutes of direct services or coordination of care on behalf of PLWH.
Financial Eligibility:	Refer to the RWPC's approved *Financial Eligibility for Houston EMA Services*.
Client Eligibility:	PLWHs dealing with challenges of substance use/abuse and dependence. Resident of the Houston HSDA.
Agency Requirements **(TRG Only):**	These services will comply with the TRG's published **Non-Medical Case Management Targeting Substance Use Disorder** Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system as well as DSHS Universal Standards and Non-Medical Case Management Standards of Care. **Non-Medical Case Management targeted SUD** must be planned and delivered in coordination with local HIV treatment/prevention/outreach programs to avoid duplication of services and be designed with quantified program reporting that will accommodate local effectiveness evaluation. Subrecipients must document established linkages with agencies that serve PLWH or serve individuals who are members of high-risk population groups (e.g., men who have sex with men, injection drug users, sex-industry workers, youth who are sentenced under the juvenile justice system, inmates

	of state and local jails and prisons). Contractor must have formal collaborative, referral or Point of Entry (POE) agreements with Ryan White funded HIV/AIDS primary care providers.
Staff Requirements:	Minimum Qualifications: **Non-Medical Case Management Workers** must have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing services to PLWH may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Non-Medical Case Management Workers must have a minimum of one (1) year work experience with PLWHA and/or substance use disorders. Supervision: The Non-Medical Case Management Worker must function within the clinical infrastructure of the applicant agency and receive ongoing supervision that meets or exceeds TRG's published **Non-Medical Case Management Targeting Substance Use Disorder** Standards of Care.
Special Requirements **(TRG Only)**:	Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with **the DSHS Universal Standards and non-Medical Case Management Standards of Care**. The agency must have policies and procedures in place that comply with the standards ***prior*** to delivery of the service. Contractor must be licensed in Texas to directly provide substance use treatment/counseling.

Operations Committee Report

Report - 2018 Ryan White Planning Council Meeting Day/Time Survey

Summary:

- 75% of **current Council members** are working, and 4% are planning to return to work for unstated reasons
- **Current Council members** are most available for meetings on:
  - Early afternoons (12 p.m. - 2 p.m.), particularly Mondays, Wednesdays, and Thursdays
  - Late mornings (10 a.m. - 12 p.m.) , particularly Mondays, Wednesdays, and Thursdays
  - Early evenings (4 - 6 p.m.), particularly Mondays – Thursdays
- See appendix for availability within each **Committee**
- **Former Council members** are most available for meetings on:
  - Early afternoons (12 p.m. - 2 p.m.), particularly Mondays, Tuesdays, Thursdays, and Fridays
  - Late mornings (10 a.m. - 12 p.m.), particularly Mondays and Fridays
- Individuals in the **interested public** are most available for meetings on:
  - Late mornings (10 a.m. - 12 p.m.), particularly Thursdays
  - Early afternoons (12 p.m. - 2 p.m.), particularly Thursdays
- 60% of **non-appointed Project LEAP graduates** would consider applying to Council. 20% would not consider applying to Council, even if meeting dates or times changed, due to professional obligations and work scheduling.
- **Non-appointed Project LEAP graduates** are most available for meetings on:
  - Late mornings (10 a.m. - 12 p.m.) , particularly Saturdays
  - Early afternoons (12 p.m. - 2 p.m.), particularly Saturdays
  - Late evenings (6 - 8 p.m.), particularly Mondays and Tuesdays
  - Nights (8 - 10 p.m.), particularly Mondays and Tuesdays

Survey Demographics:

84 people completed the survey

- 57% (48) current members
- 18% (15) former members
- 14% (12) interested public – 3 provided contact information to receive the 2019 Project LEAP application
- 11% (9) non-appointed LEAP graduates

Current Members:

Half (51%, 24) are Council members

- 40% (19) on CHPC
- 36% (17) on QI
- 34% (16) on Affected
- 19% (9) on Steering
- 17% (8) on P&A
- 15% (7) on Operations

See appendix for meeting availability by Committee

Current Members – Work Status

When asked, "Are you currently working, or considering going back to work?":

- 75% (35) are currently working
- 21% (10) not currently working, and are not considering returning to work
- 4% (2) are considering returning to work - both indicated they preferred not share the reasons they are considering returning to work

Current Members – Meeting Availability

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Total Respondents
Early mornings (8 - 10 a.m.)	9	8	10	8	5	5	16
Late mornings (10 a.m. - 12 p.m.)	14	11	14	16	9	11	28
Early afternoons (12 - 2 p.m.)	16	13	16	20	10	12	31
Late afternoons (2 - 4 p.m.)	11	13	12	15	5	13	27
Early evenings (4 - 6 p.m.)	13	13	15	14	9	11	28
Late evenings (6 - 8 p.m.)	12	10	11	11	8	2	18
Nights (8 - 10 p.m.)	4	2	4	4	3	2	8

A majority of current members are available:

1. Early afternoons (12 p.m. - 2 p.m.), particularly Mondays, Wednesdays, and Thursdays
2. Late mornings (10 a.m. - 12 p.m.) , particularly Mondays, Wednesdays, and Thursdays
3. Early evenings (4 - 6 p.m.), particularly Mondays – Thursdays
4. Late afternoons (2 - 4 p.m.) , particularly Tuesdays, Thursdays, and Saturdays

In general:

- Nights (8-10 p.m.) are the least favorable time for meetings. Only 17% of members indicated their availability on any night
- Fridays are the least favorable day for meetings across all meeting times.

Former Members:

Former Members – Meeting Availability

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Total Respondents
Early mornings (8 - 10 a.m.)	2	0	1	2	1	0	3
Late mornings (10 a.m. - 12 p.m.)	5	1	3	3	4	1	7
Early afternoons (12 - 2 p.m.)	6	5	3	4	4	1	10
Late afternoons (2 - 4 p.m.)	4	3	1	2	1	1	6
Early evenings (4 - 6 p.m.)	2	1	1	2	1	0	3
Late evenings (6 - 8 p.m.)	1	0	1	1	2	1	3
Nights (8 - 10 p.m.)	0	0	1	0	1	1	2

A majority of former members are available:

1. Early afternoons (12 p.m. - 2 p.m.), particularly Mondays, Tuesdays, Thursdays, and Fridays
2. Late mornings (10 a.m. - 12 p.m.), particularly Mondays and Fridays

In general:

- Nights (8-10 p.m.) are the least favorable time for meetings. Only 13% of former members indicated their availability on any night
- Saturdays are the least favorable day for meetings across all meeting times.

Interested Public:

Interested Public – Meeting Availability

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Total Respondents
Early mornings (8 - 10 a.m.)	0	2	0	1	0	1	2
Late mornings (10 a.m. - 12 p.m.)	0	1	0	3	0	1	4
Early afternoons (12 - 2 p.m.)	1	1	1	3	1	1	4
Late afternoons (2 - 4 p.m.)	1	1	2	2	1	1	3
Early evenings (4 - 6 p.m.)	1	2	2	1	0	0	2
Late evenings (6 - 8 p.m.)	0	1	1	0	0	0	1
Nights (8 - 10 p.m.)	0	0	0	0	0	0	0

A majority of interested public respondents are available:

1. Late mornings (10 a.m. - 12 p.m.), particularly Thursdays
2. Early afternoons (12 p.m. - 2 p.m.), particularly Thursdays

In general:

- Nights (8-10 p.m.) are the least favorable time for meetings. No interested public respondents indicated availability on any night
- Fridays are the least favorable day for meetings across all meeting times, followed by Mondays and Saturdays

Non-appointed Project LEAP Graduates:

LEAP Graduates – Applying to Council

When asked, "Would you consider applying to serve on Council or a Committee?":

- 60% (6) would consider applying
- 20% (2) might consider applying
- 20% (2) not consider applying
    - Both stated they would not consider applying to serve on Council or a Committee if meetings were on different days or times, citing:
        - *"I'm overwhelmed at work and can't take on any additional responsibilities."*
        - *"Way too busy in my professional life"*

LEAP Graduates – Meeting Availability

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Total Respondents
Early mornings (8 - 10 a.m.)	0	1	0	0	1	3	3
Late mornings (10 a.m. - 12 p.m.)	0	1	0	0	1	4	4
Early afternoons (12 - 2 p.m.)	0	2	0	1	1	3	4
Late afternoons (2 - 4 p.m.)	0	1	0	0	1	1	2
Early evenings (4 - 6 p.m.)	1	1	0	0	0	1	2
Late evenings (6 - 8 p.m.)	4	4	3	3	2	1	4
Nights (8 - 10 p.m.)	4	4	3	2	1	1	4

A majority of LEAP graduates are available:

1. Late mornings (10 a.m. - 12 p.m.) , particularly Saturdays
2. Early afternoons (12 p.m. - 2 p.m.), particularly Saturdays
3. Late evenings (6 - 8 p.m.), particularly Mondays and Tuesdays
4. Nights (8 - 10 p.m.), particularly Mondays and Tuesdays

In general:

- Daytime meetings (8 a.m. – 4p.m.) on Mondays, Wednesdays, and Thursdays are the least favorable time for meetings among non-appointed Project LEAP Graduate

Appendix

Comprehensive HIV Planning Committee – Meeting Availability

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Total Respondents
Early mornings (8 - 10 a.m.)	3	3	2	2	2	3	5
Late mornings (10 a.m. - 12 p.m.)	6	6	7	9	4	5	11
Early afternoons (12 - 2 p.m.)	9	6	6	11	5	7	14
Late afternoons (2 - 4 p.m.)	7	5	5	8	4	7	11
Early evenings (4 - 6 p.m.)	8	6	5	6	7	6	12
Late evenings (6 - 8 p.m.)	6	5	4	4	4	1	8
Nights (8 - 10 p.m.)	3	2	2	2	1	2	4

A majority of current Comprehensive HIV Planning Committee members are available:

1. Early afternoons (12 p.m. - 2 p.m.), particularly Mondays and Thursdays
2. Early evenings (4 - 6 p.m.), particularly Mondays
3. Late mornings (10 a.m. - 12 p.m.) , particularly Thursdays
4. Late afternoons (2 - 4 p.m.) , particularly Thursdays

Quality Improvement Committee – Meeting Availability

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Total Respondents
Early mornings (8 - 10 a.m.)	4	4	5	4	1	2	7
Late mornings (10 a.m. - 12 p.m.)	5	4	5	6	3	4	12
Early afternoons (12 - 2 p.m.)	2	3	5	4	2	4	9
Late afternoons (2 - 4 p.m.)	3	4	5	4	1	5	10
Early evenings (4 - 6 p.m.)	3	4	7	4	1	4	9
Late evenings (6 - 8 p.m.)	6	4	6	6	3	2	9
Nights (8 - 10 p.m.)	5	1	3	3	2	2	5

A majority of current Quality Improvement members are available:

1. Late mornings (10 a.m. - 12 p.m.) , particularly Mondays, Wednesdays, and Thursdays
2. Late afternoons (2 - 4 p.m.) , particularly Wednesdays and Saturdays
3. Early evenings (4 - 6 p.m.), particularly Wednesdays

Affected Community Committee – Meeting Availability

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Total Respondents
Early mornings (8 - 10 a.m.)	4	3	4	3	3	2	7
Late mornings (10 a.m. - 12 p.m.)	5	5	6	6	3	5	11
Early afternoons (12 - 2 p.m.)	8	4	6	6	6	6	11
Late afternoons (2 - 4 p.m.)	5	5	3	5	3	6	10
Early evenings (4 - 6 p.m.)	2	2	2	4	2	5	8
Late evenings (6 - 8 p.m.)	3	1	3	3	3	1	5
Nights (8 - 10 p.m.)	3	1	2	3	3	1	5

A majority of current Affected Community Committee members are available:

1. Late mornings (10 a.m. - 12 p.m.) , particularly Wednesdays and Thursdays
2. Early afternoons (12 p.m. - 2 p.m.), particularly Saturdays

Steering Committee – Meeting Availability

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Total Respondents
Early mornings (8 - 10 a.m.)	1	1	2	2	1	0	3
Late mornings (10 a.m. - 12 p.m.)	3	2	3	3	2	1	5
Early afternoons (12 - 2 p.m.)	5	3	4	5	2	1	6
Late afternoons (2 - 4 p.m.)	5	3	4	5	2	1	6
Early evenings (4 - 6 p.m.)	2	3	2	4	1	1	5
Late evenings (6 - 8 p.m.)	3	3	3	3	2	0	4
Nights (8 - 10 p.m.)	1	1	1	1	1	1	2

A majority of current Steering Committee members are available:

1. Early afternoons (12 p.m. - 2 p.m.), particularly Mondays and Thursdays
2. Late afternoons (2 - 4 p.m.) , particularly Mondays and Thursdays

Priorities and Allocations Committee – Meeting Availability

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Total Respondents
Early mornings (8 - 10 a.m.)	1	1	1	1	1	0	1
Late mornings (10 a.m. - 12 p.m.)	3	3	3	3	3	1	5
Early afternoons (12 - 2 p.m.)	4	4	4	5	3	1	6
Late afternoons (2 - 4 p.m.)	2	3	3	2	2	1	4
Early evenings (4 - 6 p.m.)	3	3	4	2	2	1	5
Late evenings (6 - 8 p.m.)	2	3	3	3	2	0	3
Nights (8 - 10 p.m.)	1	1	1	1	1	1	1

A majority of current Priorities and Allocations Committee members are available:

1. Early afternoons (12 p.m. - 2 p.m.), particularly Thursdays
2. Late mornings (10 a.m. - 12 p.m.) , on weekdays
3. Early evenings (4 - 6 p.m.), particularly Wednesdays

Operations Committee – Meeting Availability

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Total Respondents
Early mornings (8 - 10 a.m.)	3	3	2	2	2	1	3
Late mornings (10 a.m. - 12 p.m.)	5	4	3	4	3	1	5
Early afternoons (12 - 2 p.m.)	4	4	4	5	3	1	5
Late afternoons (2 - 4 p.m.)	3	4	4	2	1	1	4
Early evenings (4 - 6 p.m.)	2	2	1	1	1	1	3
Late evenings (6 - 8 p.m.)	1	1	1	1	1	0	1
Nights (8 - 10 p.m.)	1	1	1	1	1	1	1

A majority of current Operations Committee members are available:

1. Late mornings (10 a.m. - 12 p.m.) , particularly Mondays
2. Early afternoons (12 p.m. - 2 p.m.), particularly Thursdays
3. Late afternoons (2 - 4 p.m.) , particularly Tuesdays and Wednesdays

FYI

AETC AIDS Education & Training Center Program New England

National HIV/AIDS and Aging Awareness Day is September 18th!

NATIONAL HIV/AIDS AND AGING AWARENESS DAY (SEPTEMBER 18)

The 11th National HIV/AIDS and Aging Awareness Day (NHAAAD) will be observed on Tuesday, September 18. At year-end 2015, nearly half (47%) of all persons living with HIV in the U.S. were aged 50 and over. One-sixth of all new HIV diagnoses during 2016 were also among persons in this age group. According to the AIDS Institute, which launched NHAAAD in 2008, this awareness day "focuses on the challenging issues facing the aging population with regards to HIV prevention, testing, care, and treatment. In addition, there is an increased need for prevention, research, and data targeting the aging population, medical understanding of the aging process, and its impact on HIV/AIDS."

In particular, the NHAAAD campaign targets:

- people living with HIV/AIDS who are aging with the disease or already over 50 at the time of their initial diagnosis;

- increasing the use of protection from HIV infection, especially among the Baby Boomer population; and
- the increasing number of grandparents becoming the primary guardians for children who have lost their parent(s) to HIV/AIDS.

To help you and your patients or clients prepare for and mark NHAAAD, we have compiled an annotated list of online resources focusing on HIV/AIDS among older persons.

Materials from CDC and HHS on HIV and Aging

HIV Among People Aged Fifty and Older – Fact sheet from U.S. Centers for Disease Control and Prevention (CDC).

HIV and Older Adults – Fact sheet from U.S. Department of Health and Human Services (HHS) AIDSinfo site.

Growing Older with HIV – Fact sheet from HHS's HIV.gov site.

Diagnoses of HIV Infection Among Adults Aged 50 Years and Older in the United States and Dependent Areas 2011-2016 – This recently released CDC surveillance report provides detailed data on the incidence and prevalence of HIV infection among older adults, with breakdowns by age, race/ethnicity, gender, transmission category, and region.

HIV and the Older Patient – Section of the HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV focusing on key considerations when caring for older persons receiving HIV treatment.

Web Sites and Pages on HIV and Aging

National HIV/AIDS and Aging Awareness Day – Official web page for the awareness day, with links to an event planning guide, a social media kit, and other materials.

HIV-Age.org – This site, focusing on issues related to HIV and aging, is presented by the American Academy of HIV Medicine, ACRIA, and the American Geriatrics Society. It includes clinical recommendations, journal articles, case studies, and training materials.

Aging & HIV/AIDS – Page on TheBody.com site with links to articles and resources.

SAGE: Advocacy and Services for LGBT Elders – HIV and Aging is one of the focus areas of SAGE's work.

Toolkits, Reports, and Fact Sheets on HIV and Aging

HIV and Aging Toolkit – From AETC HIV and Aging Workgroup

HIV and Aging Toolkits – From the Substance Abuse and Mental Health Services Administration (SAMHSA). The four toolkits currently available focus on: Life Transitions and Social Challenges; Depression, Anxiety, and Substance Abuse; Co-occurring Issues; and Medication Management.

Olvidados – Illuminating the Needs of the Forgotten: A National Health Assessment of Latinos Growing Older with HIV – Report from Latino Commission on AIDS and Hispanic Health Network.

The Unintended Consequences of AIDS Survival – Report from TPAN (Test Positive Aware Network).

Staying Healthy with HIV as You Age – Booklet from ACRIA and HIV-Age.org.

Coming of Age: A Guide to Ageing Well with HIV – Booklet from justri.org.

Older People and HIV – Fact sheet from AIDS InfoNet.

Aging and HIV – Fact sheet from TheWellProject.

Growing Older and Ageing with HIV – Fact sheet from AVERT.

Selected Recent Articles on HIV and Aging

Changing Comorbidities in HIV Positive People Older than 60 at London Clinic (HIV i-Base)

Aging with HIV (Poz)

I'm Still Standing (Poz)

Older HIV-Positive Men Have a High Risk of Frailty (Poz)

National Coalition Needed to Advance Issues Facing Long-Term Survivors of HIV, Report Says (TheBody)

Living with HIV More than Doubles the Risk of Erectile Dysfunction in Middle-Aged MSM (AIDSmap)

Aging, But Not So Gracefully (Poz)

Prostate Cancer and Lung Cancer Projected to Be Most Frequent Cancer Diagnoses in People with HIV by 2030 (AIDSmap)

Why Aren't Older People Tested for HIV? Views from Doctors and Patients (AIDSmap)

Is Age an Important Factor in Adults? (HIV i-Base)

At HIV Diagnosis, Older Individuals Are More Likely to Have AIDS (Poz)

Age Difference in HIV Infection Matters – But It's Not Always the Younger Person Who Is at Risk (AIDSmap)

AIDS Survivor Syndrome: It's Real (TheBody)

HIV Does Not Increase Aging-Related Brain Changes in Patients on ART (Healio)

People with HIV Take Note: This Year's Flu Strain Can Be Dangerous, Especially for Elders (TheBody)

Living and Aging Well with HIV: New Strategies and New Research (The Conversation)

Italian and U.S. Researchers Look to the Future and Explore Aging-Related Issues (CATIE)

HIV May Be Linked to Fatigue in Older People (Poz)

Cognitive Impairment Risk Rises with Increasing Age of People with HIV (Poz)

HIV and Ageing Workshop Reports at NATAP.org (HIV i-Base)

Selected Webcasts from 8th HIV and Ageing Workshop (HIV i-Base)

In Europe, More People 50 and Older Are Testing Positive for HIV (Poz)

How to Help Long-Term HIV Survivors Embrace an Unanticipated Life (TheBodyPro)

Struggle, Self-Love & Survival: Growing Old with HIV (Poz)

Shifting Cancer Burden (Poz)

Battle Scars (Poz)