

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL



We envision an educated community where the needs of all HIV/AIDS infected and/or affected individuals are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system. The community will continue to intervene responsibly until the end of the epidemic.

The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those infected and/or affected with HIV/AIDS by taking a leadership role in the planning and assessment of HIV resources

AGENDA

12 noon, Thursday, February 11, 2016

Meeting Location: 2223 W. Loop South, Room 532

Houston, Texas 77027

- I. Call to Order Steven Vargas, Chair
RW Planning Council
- A. Welcoming Remarks and Moment of Reflection
- B. Adoption of the Agenda
- C. Approval of the Minutes
- D. Training: The Open Meetings Act Venita Ray, Attorney at Law
- II. Public Comments and Announcements Carol Suazo, Secretary
- (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV/AIDS status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV/AIDS status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person with HIV/AIDS", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Reports from Committees
- A. Comprehensive HIV Planning Committee John Lazo and
Nancy Miertschin, Co-Chairs
- Item:* Chamber of Commerce Workgroup Report
- Recommended Action:* FYI: Six presentations were scheduled in 2015, all very well attended. Sites included three rotary clubs, one Chamber of Commerce, one professional African American women's group, and one not-for-profit business. Potential new topics will be determined after the Committee has an opportunity to meet and discuss. Committee members suggested additional sites including large hospitals, the National Association of Social Workers, the National Association of Black Social Workers, and the Latino Social Workers Organization. As of December 12th, 2015, two speaking engagements for 2016 had been confirmed.

Item: 2012 Comprehensive Plan Year 3 Evaluation Report
Recommended Action: FYI: The Committee reviewed the 2012 Comprehensive Plan Year 3 Evaluation Report. The report includes progress on the implementation of the Comprehensive Plan through the end of 2014. Since the Committee reviewed the report, an adjustment has been made to the calculation for 2014 retention in care on the HIV Treatment Cascade that appears on page 9.

Item: 2012 Comprehensive Plan Year 3 Evaluation Report
Recommended Action: Motion: Accept the attached 2012 Comprehensive Plan Year 3 Evaluation Report.

Item: 2017 Comprehensive Plan Update
Recommended Action: FYI: The Leadership Team met December 2, 2015 and January 13, 2016 and developed mission and vision statements, guiding principles, and goals for the 2017 plan. The Leadership Team will meet again February 3, 2016 to complete development of plan objectives. The Comprehensive Plan workgroups also met throughout December and January. See the attached foundational documents as well as the list of workgroups and their meeting dates. Please contact the Office of Support if you are interested in participating on a workgroup.

Item: 2016 Needs Assessment Update
Recommended Action: FYI: The Needs Assessment Group met December 16, 2016 to approve the 2016 Needs Assessment sampling plan and survey tool. Surveying began January 23, 2016. As of January 28th, 15 completed surveys had been collected. See the attached sampling plan and survey tool.

Item: 2016 Committee Goals
Recommended Action: FYI: The Committee updated its goals for 2016. See the attached 2016 Committee Report for 2016 Committee Goals.

Item: 2015 Committee Goal Quarterly Report
Recommended Action: FYI: See the attached 2015 Committee Goal Quarterly Report.

B. Affected Community Committee
No report.

Gene Ethridge and
Tana Pradia, Co-Chairs

C. Quality Improvement Committee
No report.

Robert Noble and
Cecilia Ross, Co-Chairs

D. Priority and Allocations Committee
No report.

Peta-gay Ledbetter and
Bruce Turner, Co-Chairs

E. Operations Committee

Ruth Atkinson and
Curtis Bellard, Co-Chairs

Item: 2016 Council Orientation
Recommended Action: FYI: The Operations Committee hosted the 2016 Council Orientation on January 21, 2016.

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|-------|--|--|
| IV. | Report from the Office of Support | Tori Williams, Manager |
| V. | Report from Ryan White Grant Administration | Carin Martin, Manager |
| VI. | Report from The Resource Group | S. Johnson-Fairley, Health Planner |
| VII. | Medical Updates | Shital Patel, MD
Baylor College of Medicine |
| VIII. | New Business (30 seconds/report) | |
| | A. Ryan White Part C Urban and Part D | Nancy Miertschin |
| | B. Community Development Advisory Council (CDAC) | Tracy Gorden |
| | C. HOPWA | Melody Barr |
| | D. Community Prevention Group (CPG) | Herman Finley |
| | E. Update from Task Forces: | |
| | • African American | S. Johnson-Fairley |
| | • Latino | Steven Vargas |
| | • MSM | Ted Artiaga |
| | • Transgender | |
| | • Youth | John Lazo |
| | • Hepatitis C | Steven Vargas |
| | • Sexually Transmitted Infections (STI) | Herman Finley |
| | • Urban AIDS Ministry | Amber David |
| | • Heterosexual HIV Awareness | Ruth Atkinson |
| | F. HIV and Aging | Bruce Turner |
| | G. Texas HIV Medication Advisory Committee | Bruce or Nancy |
| | H. Legislative Updates | |
| | I. Texas HIV/AIDS Coalition | Bruce Turner |
| | J. SPNS Grant: HIV and the Homeless Program | Nancy Miertschin |
| IX. | Announcements | |
| X. | Adjournment | |

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



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The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those infected and/or affected with HIV/AIDS by taking a leadership role in the planning and assessment of HIV resources.

MINUTES

12 noon, Thursday, December 10, 2015
2223 W. Loop South, Suite 240; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Steven Vargas, Chair	Januari Leo	Modelle Brudner, Liaison, Judge Emmett
Tracy Gorden, Vice-Chair	Nancy Miertschin	Denis Kelly
Roland Amboree	Kevin Moore	Michael Kennedy
Ted Artiaga	Robert Noble	Rosetta Simpson
Ruth Atkinson	Teresa Pruitt	Gloria Sierra
Melody Barr	Leslie Raneri	Shabaura Perryman, Bristol Myers Squibb
Curtis Bellard	Carol Suazo	
David Benson	C. Bruce Turner	STAFF PRESENT
Skeet Boyle	David Watson	<i>Ryan White Grant Administration</i>
Bianca Burley		Carin Martin
Ella Collins-Nelson	MEMBERS ABSENT	Heather Keizman
Evelio Salinas Escamilla	Connie Barnes, excused	Tasha Traylor
Gene Ethridge	Amber David	
Paul Grunenwald	Herman Finley, excused	<i>The Resource Group</i>
Steven Harris	Shital Patel, excused	Sha'Terra Johnson-Fairley
Angela F. Hawkins	Tana Pradia, excused	Ka'Cha Tousant, Intern
Arlene Johnson	Cecilia Ross, excused	
J. Hoxi Jones	Larry Woods, excused	<i>Office of Support</i>
John Lazo		Tori Williams
Peta-gay Ledbetter		Amber Alvarez
		Diane Beck

Call to Order: Steven Vargas, Chair, called the meeting to order at 12:05 p.m.; he welcomed everyone and asked for a moment of reflection.

During the welcoming remarks, Vargas stated that a POZ magazine is at everyone's place because he, Ross, and Turner were selected for the 2015 POZ 100 which spotlights long-term survivors who are making a difference in the fight against HIV/AIDS; Brandt and his wife are expecting so he has

resigned from the Council to spend more time with his family; in November, Vargas and Gorden accepted the World AIDS Day resolution at Commissioner's Court; thanks to all who are participating in the NAG and Comprehensive Plan workgroups; thanks to Bellard for staffing a booth at the Motown Review event to distribute information on Road 2 Success and Project LEAP; thanks to Lazo who worked with the Office of Support to create a PSA which will be shown momentarily; and thanks to all who are working on the Road 2 Success event which will take place in January.

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

Approval of the Minutes: ***Motion #2:** it was moved and seconded (Pruitt, Johnson) to approve the November 12, 2015 minutes. Motion carried.* Abstentions: Amboree, Harris, Leo, Miertschin, Raneri.

ACA Enrollment Public Service Announcement: The Council viewed an ACA enrollment PSA.

Training: Update on the Affordable Care Act: Carin Martin, Manager, Ryan White Grant Administration, presented the attached PowerPoint presentation.

Public Comment and Announcements: None.

Reports from Committees:

Comprehensive HIV Planning Committee: Nancy Miertschin, Co-Chair, reported on the following: NAG and Comprehensive Plan Leadership Team: The Comprehensive HIV Planning Committee did not meet in November as members were attending a number of other meetings, including meetings for the NAG Survey Workgroup. The next NAG meeting is scheduled for Wednesday, December 16, 2015 at 2:00 p.m. The next Comprehensive Plan Leadership Team meeting is on Wednesday, December 2, 2015 at 3:00 p.m. Please see Amber to sign up for these important processes.

Ryan White Planning Council Speakers Bureau Update: John Lazo, Workgroup Chair, stated that there were 6 presentations scheduled in 2015, one for each speaker. Three were for Rotary Clubs, one was for a Chamber of Commerce, one was for a professional African American women's group, and one was for a not-for-profit business. The goal for 2016 is to add new topics like PrEP, HIV and Aging and the Affordable Care Act and double the number of speakers. He would also like to reach out to private businesses and church groups who need speakers. He already has 2 confirmed speaking engagements for 2016. See the attached new flyer.

Quality Improvement Committee: Cecilia Ross, Co-Chair, reported on the following: Waitlist Workgroup: The Waitlist Workgroup met and developed questions that will help staff collect information related to waitlists and wait times during the needs assessment process. The next workgroup meeting is scheduled for 12 noon, Wednesday, January 13, 2016. All are welcome to attend.

Joint Committee Meeting Report: ***Motion #3:** Keep the formats as is for Ryan White Part A, B and State Services data reports to the Houston Planning Council from the Ryan White Administrative Agents and the Office of Support. Motion carried unanimously.*

FY 2016 Standards of Care and Performance Measures: Turner pointed out that the Texas Risk Pool is no longer in existence (in the Part B/State Services SOC) ***Motion #4:** Approve the recommended changes regarding the FY 2016 Standards of Care, Outcome Measures and Performance Measures for Ryan White Part A, B and State Services. Motion carried unanimously.*

Report from the Administrative Agent – Part A: See the attached report:

- FY15 RW Part A/MAI Service Utilization Report, through 08/31/15

2015 Quarterly Committee Report: See the attached 2015 Quarterly Committee Report.

Operations Committee: Ruth Atkinson, Co-Chair, reported on the following:

2016 Council Orientation: Please note that the all-day 2016 Council Orientation will take place on Thursday, January 21st. The mentor luncheon is scheduled for 12 noon on Thursday, January 14, 2015.

2016 Council Election: See the attached slate of nominees for officer positions on the 2016 Planning Council. See the attached qualifications of those running for election as officers for the 2016 Planning Council. Atkinson opened the floor for additional nominations, there were none. Each candidate stated their qualifications for their respective positions, see attached. Vargas stated that Pradia extends her deepest apologies that she could not be in attendance. Please note that she has attended 9 of the 11 Council meetings in 2015.

Motion #5: *it was moved and seconded (Turner, Lazo) to accept Steven Vargas as Chair by acclamation.* **Motion carried unanimously.**

Motion #6: *it was moved and seconded (Lazo, Boyle) to accept Tracy Gorden as Vice Chair by acclamation.* **Motion carried unanimously.**

Ballots were distributed. Williams reminded members that, per the election policy, voters must write their name on each ballot. Ballots without the voter's name will not be counted in the election results. While ballots were being tallied the following certificates were presented for Leadership, Appreciation for those who are retiring (Amboree and Leo), and Perfect Attendance for Council and/or standing committees.

The Secretary position was elected by ballot: Carol Suazo.

Project LEAP: See the attached 2015 Project LEAP Evaluation and a chart indicating the number of Project LEAP graduates who have applied for Council and/or External membership between 2000 and 2015. It was noted that the majority of individuals who apply for Ryan White Council or committee membership historically are graduates from the morning class of Project LEAP.

2016 Project LEAP Service Definition: **Motion #7:** *Approve the attached 2016 Project LEAP service definition.* **Motion carried unanimously.**

2016 Project LEAP Student Selection Guidelines: **Motion #8:** *Approve the attached 2016 Project LEAP Student Selection Guidelines.* **Motion carried unanimously.**

Project LEAP Reunion: **Motion #9:** *table a Project LEAP Reunion until FY 2016.* **Motion carried unanimously.** In the meantime, survey Project LEAP graduates regarding their wishes for a reunion; consider including former Council and External Committee members; and do not include guests at the event in order to contain costs.

Conflict of Interest: The Committee continues to discuss the Council's conflict of interest policy and is comparing it against the 2013 HRSA Part A manual.

Affected Community Committee: Gene Ethridge, Co-Chair, reported on the following:

November and December Committee Meetings: The Affected Community Committee will not be meeting in November and December so that members could participate in Waitlist Workgroup meetings, the 2016 Needs Assessment and the 2017 Comprehensive Planning meetings and World AIDS Day events.

Priority and Allocations Committee: No report.

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

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

Report from The Resource Group: Ka'Cha Tousant, intern, summarized the attached report.

New Business:

Update from Task Forces:

- **Latino:** Vargas reported that there will not be an election this year and the December meeting will be in the evening, agenda items include planning for 2016.
- **MSM:** Artiaga presented the attached report.
- **Youth:** Lazo reported that they were invited to Reagan High School for the 9th grade Health Occupations students' presentations on HIV transmission, treatment, and prevention. The Youth Task Force meets on the 2nd Tuesday of the month at the Leonel Castillo Community Center.
- **Hepatitis C:** Vargas reported that there will be an event at United Way in February or March.
- **Heterosexual HIV Awareness:** Atkinson presented the attached report.

HIV and Aging: Turner reported that the annual Christmas party was held on December 5th at the Montrose Center. There were 96 people in attendance and a good time was had by all. The meeting date and time for next year has not been set, they are open to suggestions.

Texas HIV Medication Advisory Committee: Turner presented the attached report.

Legislative Updates: Leo said that Election Day for the runoff is this Saturday, December 12th. Legacy Community Health received a grant for the end of AIDS from AIDS United and The Ford Foundation. This information will be useful for the Comprehensive Plan.

SPNS Grant: HIV and the Homeless Program: Miertschin reported that they are still recruiting clients and have exceeded their goal of enrolling 150 clients and will continue to recruit through February. This is year 4 of a 5 year project.

Announcements: Gorden said that he and others have been distributing flyers for Road 2 Success and Project LEAP at clinics and other locations. If anyone has ideas on where to distribute flyers please let him know.

Adjournment: The meeting was adjourned at 1:53 p.m.

Respectfully submitted,

Victoria Williams, Manager

Date

Draft Certified by
Council Chair: _____

Date

Final Approval by
Council Chair: _____

Date

Council Voting Records for December 10, 2015

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Data report format Carried					Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Data report format Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS													MEMBERS												
Steven Vargas, Chair				C				C				C	Peta-gay Ledbetter		X				X				X		
Tracy Gorden, Vice-Chair		X				X				X			Januari Leo		X				X				X		
Roland Amboree		X						X		X			Nancy Miertschin		X				X				X		
Ted Artiaga		X				X				X			Kevin Moore		X				X				X		
Ruth Atkinson		X				X				X			Robert Noble		X				X				X		
Melody Barr		X				X				X			Teresa Pruitt		X				X				X		
Curtis Bellard		X				X				X			Leslie Raneri		X			X					X		
David Benson		X				X				X			Carol Suazo		X				X				X		
Skeet Boyle		X				X				X			C. Bruce Turner		X				X				X		
Bianca Burley		X				X				X			David Watson		X				X				X		
Ella Collins-Nelson		X				X				X															
Evelio Salinas Escamilla		X				X				X			MEMBERS ABSENT												
Gene Ethridge		X				X				X			Connie Barnes												
Paul Grunenwald		X				X				X			Amber David												
Steven Harris		X						X		X			Herman Finley												
Angela F. Hawkins		X				X				X			Shital Patel												
Arlene Johnson		X				X				X			Tana Pradia												
J. Hoxi Jones		X				X				X			Cecilia Ross												
John Lazo		X				X				X			Larry Woods												

Council Voting Records for December 10, 2015

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	Motion #4 Part A/B/SS SOC, OM, PM Carried				Motion #5 Council Chair Carried				Motion #6 Council Vice Chair Carried					Motion #4 Part A/B/SS SOC, OM, PM Carried				Motion #5 Council Chair Carried				Motion #6 Council Vice Chair Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS													MEMBERS												
Steven Vargas, Chair				C				C				C	Peta-gay Ledbetter		X				X				X		
Tracy Gorden, Vice-Chair		X				X				X			Januari Leo		X				X				X		
Roland Amboree		X				X				X			Nancy Miertschin		X				X				X		
Ted Artiaga		X				X				X			Kevin Moore		X				X				X		
Ruth Atkinson		X				X				X			Robert Noble		X				X				X		
Melody Barr		X				X				X			Teresa Pruitt		X				X				X		
Curtis Bellard		X				X				X			Leslie Raneri		X				X				X		
David Benson		X				X				X			Carol Suazo		X				X				X		
Skeet Boyle		X				X				X			C. Bruce Turner		X				X				X		
Bianca Burley		X				X				X			David Watson		X				X				X		
Ella Collins-Nelson		X				X				X															
Evelio Salinas Escamilla		X				X				X			MEMBERS ABSENT												
Gene Ethridge		X				X				X			Connie Barnes												
Paul Grunenwald		X				X				X			Amber David												
Steven Harris		X				X				X			Herman Finley												
Angela F. Hawkins		X				X				X			Shital Patel												
Arlene Johnson		X				X				X			Tana Pradia												
J. Hoxi Jones		X				X				X			Cecilia Ross												
John Lazo		X				X				X			Larry Woods												

Council Voting Records for December 10, 2015

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	Motion #7 Project LEAP service definition Carried				Motion #8 Project LEAP student selection guidelines Carried				Motion #9 Project LEAP reunion Carried					Motion #7 Project LEAP service definition Carried				Motion #8 Project LEAP student selection guidelines Carried				Motion #9 Project LEAP reunion Carried			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Steven Vargas, Chair				C				C				C	Peta-gay Ledbetter		X				X				X		
Tracy Gorden, Vice-Chair		X				X				X			Januari Leo		X				X				X		
Roland Amboree		X				X				X			Nancy Miertschin		X				X				X		
Ted Artiaga		X				X				X			Kevin Moore		X				X				X		
Ruth Atkinson		X				X				X			Robert Noble		X				X				X		
Melody Barr		X				X				X			Teresa Pruitt		X				X				X		
Curtis Bellard		X				X				X			Leslie Raneri		X				X				X		
David Benson		X				X				X			Carol Suazo		X				X				X		
Skeet Boyle		X				X				X			C. Bruce Turner		X				X				X		
Bianca Burley		X				X				X			David Watson		X				X				X		
Ella Collins-Nelson		X				X				X															
Evelio Salinas Escamilla		X				X				X			MEMBERS ABSENT												
Gene Ethridge		X				X				X			Connie Barnes												
Paul Grunenwald		X				X				X			Amber David												
Steven Harris		X				X				X			Herman Finley												
Angela F. Hawkins		X				X				X			Shital Patel												
Arlene Johnson		X				X				X			Tana Pradia												
J. Hoxi Jones		X				X				X			Cecilia Ross												
John Lazo		X				X				X			Larry Woods												

Comprehensive HIV Planning Committee Report



The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 through 2014

Capturing the community's vision for an ideal system of HIV
prevention and care for the Houston Area

Year 3 Evaluation Report

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Vision of the Houston Area Plan

“The greater Houston Area will become a community with a coordinated system of HIV prevention and care, where new HIV infections are rare, and, when they do occur, where every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high-quality, life-preserving care, free of stigma and discrimination.”

Mission of the Houston Area Plan

“The mission of the Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 is to work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations infected with, affected by, or at risk for HIV.”

Contributors

Members of the Houston Area Comprehensive HIV Plan Evaluation Workgroup

The following individuals conducted the evaluation of Year 3 implementation on April and June 2015. This report summarizes their findings and recommendations

Ted Artiaga
David Benson
Evelio Salinas Escamilla
Camden Hallmark
Sha'Terra Johnson-Fairley
Nancy Miertschin

Allen Murray
Nicholas Sloop
C. Bruce Turner
Steven Vargas
Tay Za Kyi Win

Others *The following individuals provided data, analysis, and other information used during the evaluation process and in this report*

Ryan White Planning Council Office of Support

Tori Williams
Diane Beck
Amber Alvarez
Georgette Monaghan
Eric Moreno

Harris County Public Health Services Ryan White Grant Administration

Carin Martin
Tasha Traylor
Heather Keizman
Dawn Meade

The Houston Regional HIV/AIDS Resource Group, Inc.

Patrick Martin
Sha'Terra Johnson-Fairley

Houston Health Department Bureau of HIV/STD & Viral Hepatitis Prevention

Marlene McNeese
Camden Hallmark
Amber David
Tracy Ford
Ereka Washington Philip
Mike Thomas
Lupita Thornton
Cathy Wiley

Houston Department of Health and Human Services

Office of Surveillance and Public Health
Preparedness
Jeffrey Meyer

Texas Department of State Health Services

HIV Prevention and Care Branch
Janina Vazquez

Suggested citation:

The Houston Area Ryan White Planning Council and the Houston HIV Prevention Community Planning Group. Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 through 2014. Evaluation Report for Year 3 Implementation (covering the period of January 2014 to December 2014). Conducted April 16 and June 18, 2015.

Introduction

The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 (also referred to as the 2012 Comprehensive Plan) was revealed to the public on July 2, 2012, following a ten-month planning process that involved 111 individuals and 61 agencies. The final plan included 75 specific activities to be conducted over the next three years in order to make progress toward an ideal system of HIV prevention and care in the Houston Area. Sixty (60) benchmarks were included for use in measuring change over time. The 2012 Comprehensive Plan also included a three-year *Evaluation and Monitoring Plan*, which set forth the annual assessment of the plan's activities and progress made in achieving the plan's objectives and benchmarks. This report summarizes the findings of the evaluation and monitoring process for Year 3 of plan implementation, including highlights from the year and new directions for Year 3.

Purpose

The 2012 Comprehensive Plan's *Evaluation and Monitoring Plan* (Section IV) outlines specific goals and methods for assessing progress in both the short- and long-term aims of the plan:

"The goal of the evaluation plan is to determine the impact of the Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 as measured by the extent of achievement of [system-wide] objectives (Section II)..."

The goal of the monitoring plan is to monitor the implementation of the Plan as measured by (1) the extent of achievement of stated activities and efforts (Section III); and (2) the extent of achievement of stated benchmarks (Section III)."

Assessment of the status of proposed activities measures the extent of the community's implementation of the 2012 Comprehensive Plan each calendar year. Over time, assessment of the progression of objectives and benchmarks reveals the plan's larger impact on attaining stated goals, filling gaps in the HIV prevention and care system in the Houston Area, and, ultimately, alleviating the local HIV epidemic.

Methods

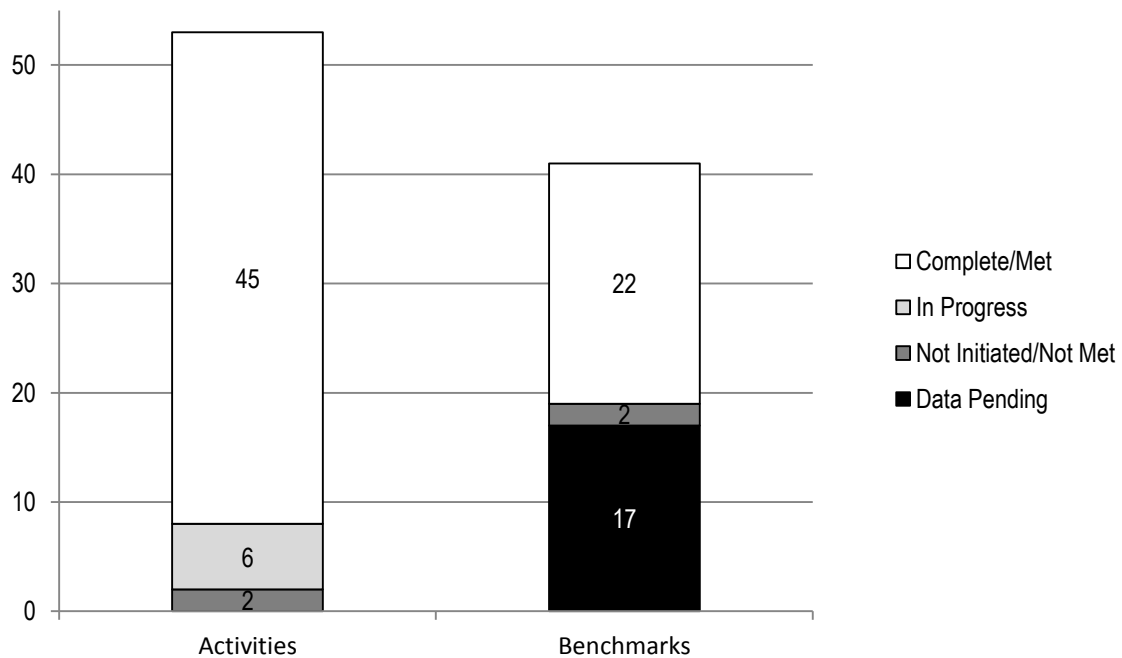
The methods used for evaluating Year 3 implementation are consistent with the *Evaluation and Monitoring Plan* (Section IV). In March 2015, each Responsible Party (RP) named in the 2012 Comprehensive Plan (Section III) completed a series of written checklists of assigned activities and benchmarks. For the former, the RP was asked to indicate the extent of achievement of each assigned activity for the time period of January – December 2014 using a standard key [C = Complete, C3 = Complete for Year 3 (for annual activities), P = In Progress (P), NI = Not Initiated] and to provide process notes or other documentation to support and provide context for their conclusions. For the latter, the RP supplied the most current and complete year-end data point for each benchmark using approved data sources. All checklists and supporting documentation were cross-referenced and consolidated by support staff. Staff also gathered data on system-wide objectives and any benchmarks not assigned to a RP. The 2012 Comprehensive Plan's standing *Evaluation Workgroup* convened in April and June 2015 to review consolidated checklists and identify key findings.

Summary of Year 3 Implementation

- The Houston Area Report Card: Overall Status of Year 3 Activities and Benchmarks**

The 2012 Comprehensive Plan is organized into four topic-specific Strategies, each containing activities and benchmarks. While initially slated for completion by the end of 2014, outstanding activities and benchmarks were retained into 2015 and 2016. Across the four Strategies, a total of 53 distinct activities were designated for completion in Year 3, including activities to be conducted annually; and all 41 benchmarks were assigned Year 3 targets. Overall, 51 of the activities designated for Year 3 (or 96 percent) were completed or initiated. Twenty-two (22) of the benchmarks with Year 3 targets (or 43 percent) were met or exceeded. Only two (2) of activities (or 4 percent) that were designated for completion in Year 3 were not initiated. Data were not available or are still pending for seventeen of the Year 3 benchmarks (or 34 percent). (See Figure 1)

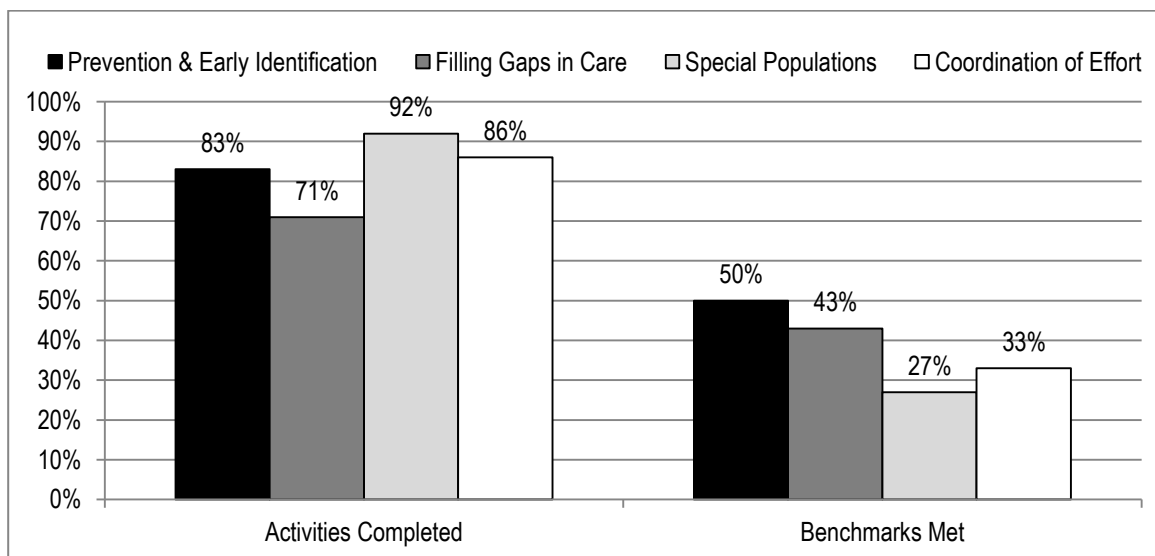
Figure 1: Activities and Benchmarks Completion for Year 3



Overall, the *Strategy to Address the Needs of Special Populations* saw the most activity progress with 92 percent of its activities completed. The *Strategy to Fill Gaps in Care and Reach the Out-Of-Care* saw the least overall activity progress with 71 percent of its activities completed by the end of Year 3. The *Strategy for Prevention and Early Identification* had the most benchmark progress with 50 percent of benchmarks met, 78 percent of which exceeded Year 3 targets. The *Strategy to Address the Needs of Special Populations* saw the least benchmark progress with 27% of benchmarks measures not met¹. (See Figure 2)

¹ The *Strategy to Address the Needs of Special Populations* had four (4) Year 3 benchmarks, three (3) of which had benchmark indicator measures for special population groups, resulting in a total of 22 benchmark measures.

Figure 2: Percent⁺ of Activities and Benchmarks Completed/Met for Year 3, by Strategy



- The Houston Area Dashboard: Progress Made in Year 3**

The 2012 Comprehensive Plan includes nine objectives intended to serve as measures of overall improvements in the Houston Area of HIV prevention and care system. The objectives include core epidemiological indicators of HIV infection, nationally defined benchmarks for HIV prevention and care services, and locally defined goals for the Houston Area Ryan White HIV/AIDS Program. Of these nine (9) objectives, three (3) had most current measurements that met or exceeded the 2012 Comprehensive Plan 2014 targets. (See Figure 3)

Figure 3: Status of System-Wide Objectives for the Houston Area, 2014

Objective	Baseline	Y3 Actual	Y3 Target	Status
1.) Number of new HIV infections diagnosed	1,335	1,386	↓25% = 1,001	✗
2.) Percent of PLWHA* informed of status through <i>targeted</i> testing	92.9%	94.4%	Maintain = 93.0%	✓
3.) Proportion of newly diagnosed PLWHA linked to clinical care within three months	65.1%	78.0%	85%	✗
4.) Percent of new HIV diagnoses with an AIDS diagnosis within one year	34.5%	32.8%	↓25% = 27.0%	✗
5.) Percent of RW Program clients who are in continuous HIV care	78.0%	75%	80%	✗
6.) Proportion of PLWHA not in care	34.2%	26.7%	↓0.8% = 27.3%	✓
7.) Proportion of RW Program clients with undetectable viral load	57.0%	80.4% ⁺	↑10% = 62.7%	✓
8.1) Reports of barriers to RW Program-funded Substance Abuse Services	58	65	↓43.7% = 32	✗
8.2) Reports of barriers to RW Program-funded Mental Health Services	117	146	↓27.3% = 85	✗

*People Living with HIV/AIDS

⁺Y3 actual measure is the proportion of RW Part A suppressed viral load (undetectable viral load unavailable).

Highlights of Year 3 Implementation

- **Three (3) Core HIV Indicators Met or Exceeded Year 3 Targets**

As in Years 1 and 2, the 2012 Comprehensive Plan's outcome objectives measuring the overall improvement in the Houston HIV prevention and care system made progress in Year 3. Three (3) objectives had measures that met or exceeded 2014 targets. The percent of PLWHA informed of their positive HIV status through targeted testing exceeded its 2014 target maintenance target of 93.0 percent at 94.4 percent. The estimated proportion of PLWHA not in care (Unmet Need) fell from 34.2 percent at baseline to 26.7 percent for the 2014 actual measurement, surpassing the 2014 target. Finally, though the proportion of Ryan White Program clients with undetectable viral loads was not available, the proportion of clients with suppressed viral loads was 80.4 percent. (See Moving Forward: Recommendations for 2015 and the Next Comprehensive Plan). Two (2) additional objectives made progress toward their Year 3 targets from the baseline measurements. The proportion of newly diagnosed PLWHA linked to HIV clinical care within three months of diagnosis increased from 65.1 percent at the baseline to a 2014 actual measurement of 78 percent. The percent of new HIV diagnoses with an AIDS diagnosis within one year fell from 34.5 percent at the baseline to 32.8 percent for the 2014 actual measurement. Though it is not possible to determine whether the 2012 Comprehensive Plan is the sole source of this progress, the improvements observed in the plan's system objectives indicate that the Houston Area community has progressed toward the plan's goals since 2012.

- **Twenty-Two (22) Benchmarks Met or Exceeded Year 3 Targets**

Of the 41 benchmarks set for Year 3, 22 had actual 2014 measurements that met their 2014 targets. Moreover, 17 of these benchmarks had actual 2014 measurements that exceeded the 2014 targets. The 2012 Comprehensive Plan's *Strategy for Prevention and Early Identification* benchmarks for the number of HIV/STD brochures distributed, the number of publicly-funded HIV tests, the positivity rate for publicly-funded opt-out HIV testing, the percentage of individuals with a positive HIV test result identified through targeted HIV testing who are informed of their HIV-positive status, the proportion of Ryan White HIV/AIDS Program clients with undetectable viral load², the number of condoms distributed, and the number of high-risk individuals receiving information on HIV risk reduction through community outreach surpassed their 2014 targets. The *Strategy to Fill Gaps in Care and Reach the Out-Of-Care* benchmarks for the proportion of individuals who have tested positive for HIV but who are not in HIV care as determined by the Ryan White HIV/AIDS Program Unmet Need Framework, the percentage of PLWHA reporting prior history of being out-of-care, and the proportion of Ryan White HIV/AIDS Program clients with undetectable viral load³ exceeded their 2014 targets. Four (4) benchmark measurements exceeded 2014 targets for the *Strategy to Address the Needs of Special Populations*, with increases in the proportions of newly-diagnosed injection drug using (IDU) individuals and men who have sex with men (MSM) linked to clinical care within three months of their HIV diagnosis, decreases in the proportions of individuals who have tested positive for HIV but who are not in HIV care among IDU and MSM. Under the *Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes*, the number of reports of barriers to Ryan White Support Services, and percentage of PLWHA reporting housing instability, and the percentage of PLWHA reporting seeking no medical care due to inability to pay all fell below Year 3 target measurements.

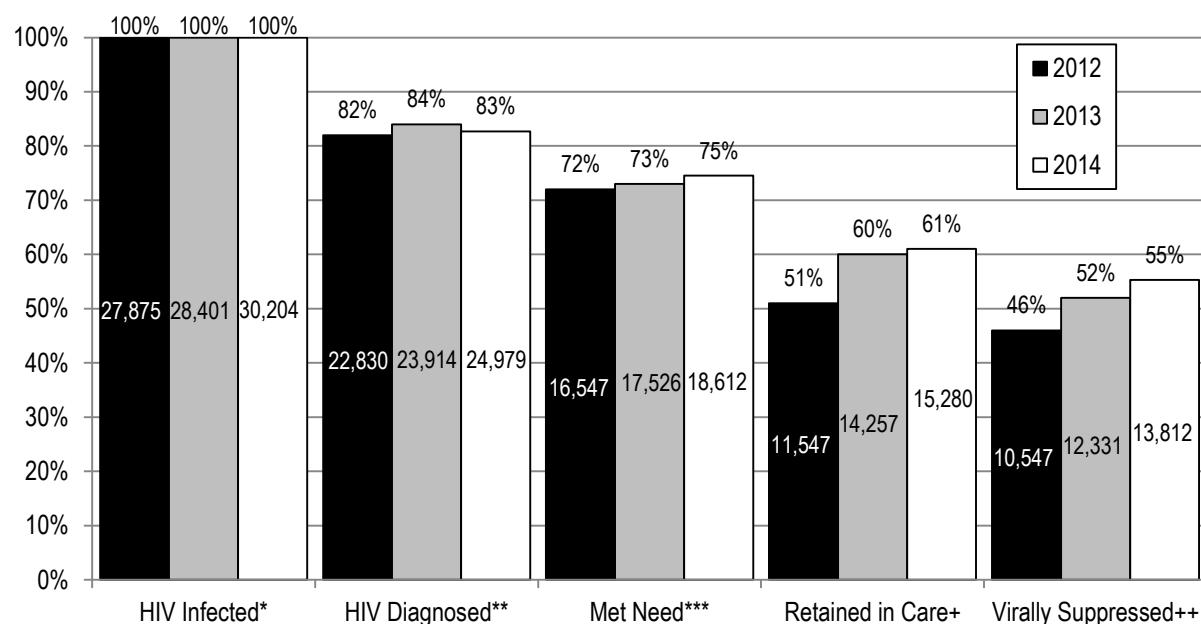
² Proportion of clients with suppressed viral loads was measured as undetectable viral loads were unavailable – See Moving Forward: Recommendations for 2015 and the Next Comprehensive Plan

³ See footnote 2.

- Year 3 Progress in the Houston Area Treatment Cascade**

In addition to monitoring the system objectives in the plan's dashboard, the Evaluation Workgroup recommended during the Year 1 evaluation process to include monitoring of the Houston Area Treatment Cascade. Though the 2012 Comprehensive Plan cites and uses the cascade as a secondary data source in the *Strategy to Fill Gaps in Care and Reach the Out-of-Care*, a local iteration of the cascade was not incorporated into the plan itself as the plan was four months into development when the Centers for Disease Control and Prevention released *Vital Signs: HIV Prevention Through Care and Treatment — United States*, which included estimates of the numbers of PLWHA in selected stages of the continuum of HIV care. While the 2012 Comprehensive Plan includes the Houston Health Services Delivery Area (HSDA) served through Ryan White Part B and States Services funds, and through CDC HIV prevention funding in the Houston Metropolitan Statistical Area (MSA), the data reflected in the local treatment cascade are derived only from data collected for the counties that comprise the Houston Eligible Metropolitan Area (EMA). (See Figure 4)

Figure 4: The Houston EMA HIV/AIDS Treatment Cascade, 2012-2014



*No. person who are HIV positive in 2012, 2013, and 2014 in the Houston EMA (diagnosed + undiagnosed estimate).

**No. persons who are HIV positive in 2012, 2013, and 2014 in the Houston EMA.

***No. persons with met need in 2012, 2013, and 2014 in the Houston EMA.

+No. persons with retained in care (PLWHA with at least 2 visits, labs, or ARVs in 12 months, at least 3 months apart) in 2012, 2013, and 2014 in the Houston EMA.

++No. persons whose last viral load test of 2012, 2013, 2014 <=200 (among persons with >=1 VL test) in the Houston EMA.

The Houston Area Treatment Cascade reflects within the Houston EMA: the estimated total number of PLWHA (diagnosed and estimated status unaware); the number of PLWHA in who have been diagnosed; and, among the diagnosed, the numbers of PLWHA with records of linkage to HIV primary care, retention in care, and viral suppression within the 2012, 2013, and 2014 calendar years. The proportions of the diagnosed PLWHA with met need, retention in care, and who had suppressed viral loads at the end of the calendar year has increased consistently since 2012. (See Figure 4)

Moving Forward: Recommendations for 2015 and the Next Comprehensive Plan

- **Updates to Year 3 Activities and Benchmarks**

Adjust Baseline and 2014 Targets for Objectives 1 and 4

Due to changes in data availability and ease of access for obtaining Year 3 actual measurements for Objective 1 (reduce the number of new HIV infections diagnosed in the Houston Area by 25%) and Objective 4 (reduce the percentage of new HIV diagnoses with an AIDS diagnosis within one year by 25%), the baseline measurement for each objective was adjusted to reflect the Houston EMA, rather than the Houston HSDA. As Objective 1 and Objective 4 call for a 25 % reduction in new diagnoses and late/concurrent diagnoses respectively, the 2014 targets for both Objectives were also adjusted. *Evaluation Workgroup recommendation: change the baseline region to Houston EMA for Objective 1 and Objective 4 to align with Year 3 measure; change Year 3 targets to reflect new baselines.*

Changes to Activities, Including Retention of Activities Pending Completion into 2015

As in Year 2, each Year 3 Strategy had activities for which progress had been made, but some activities were not completed. Many of the outstanding activities in Year 3 related to the projects and programs of community partners that, for varying reasons, were unable to be synchronized with the plan's implementation schedule. Upon review, the Evaluation Workgroup suggested retaining activities scheduled for completion in Year 3 into 2015, per extension of the 2012 Comprehensive Plan into 2016. *Evaluation Workgroup recommendation: retain the following pending activities into 2015:*

- (Strategy 1, Activity 3/Strategy 2, Activity 2) Identify and disseminate a model protocol for a layperson system navigator program to assist newly-diagnosed HIV infected individuals to enter HIV care.
 - Rationale: An effectiveness study of the model peer mentor program identified yielded that there were no statistically significant nor clinically useful differences in primary outcomes between the control group and the test group receiving peer mentoring, though there was some positive effect on primary outcomes among newly-diagnosed individuals with shorter hospitalization times. Additional time is needed to identify a model protocol with greater effectiveness.
- (Strategy 1, Activity 4/Strategy 2, Activity 4) Develop a toolkit for private medical doctors for how to link newly-diagnosed HIV infected individuals into the Ryan White HIV/AIDS Program.
 - Rationale: A draft linkage to care brochure for providers was completed in December 2014, finalized in January 2015, and sent to the printer in March 2015. The linkage to care brochure will be featured the toolkit.
- (Strategy 3, Activity 2) Alter data collection and reporting methods in current local data collection systems (e.g., Testing 4 Tickets, Electronic Client-Level Integrated (ECLIPS), CPCDMS (Centralized Patient Care Data Management System), etc.) to provide information on Special Populations, in particular,

Homeless, Incarcerated and Recently Released, and Transgender, including standard definitions for data collection and reporting requirements.

- Rationale: Rationale: The Texas Department of State Health Services upgrade of STD*MIS in Y4 will provide additional gender options; continue focus on developing reporting alignment among administrative agents and the Houston Health Department as this did not occur in Y3.
- (Strategy 4, Activity 6) Translate the Houston Area HIV/AIDS Resource Guide into a real-time web- and phone-based resource locator with accompanying mobile applications (if feasible) accessible by clients and providers.
 - Rationale: Substantial progress was made in developing an Android mobile application in Year 3, and development on an Apple/iPhone compatible application was pending at the time of the Evaluation Workgroup's review.

Additional Evaluation Workgroup recommendation:

- Remove ECHPP component of activity – (Strategy 4, Activity 13) Support ongoing regional efforts to operationalize HIV prevention and care integration as outlined by the Enhanced Comprehensive HIV Prevention Planning (ECHPP) and Early Identification of Individuals with HIV/AIDS (EIIHA)
 - Rationale: The ECHPP demonstration project was completed in Year 2.

- **Recommendations for the 2017 Comprehensive Plan**

Recommendations for the 2017 Comprehensive Plan

As the Evaluation Workgroup reviewed Year 3 implementation of the 2012 Comprehensive Plan, the Workgroup developed five (5) recommendations for development of the 2017 Comprehensive Plan:

1. In addition to Objective 1 (reduce the number of new HIV infections diagnosed in the Houston Area by 25%), consider including objectives and benchmarks for a local unaware/undiagnosed estimate and incidence estimate.
 - a. Rationale: As this Objective and related benchmarks has remained relatively stable since the baseline, there is no clear indication as to whether the number of new HIV infections diagnosed has not reduced due to the number of new infections or improving detection through targeted and routine testing initiatives. A local unaware/undiagnosed estimate and/or incidence estimate could supplement this measure.
2. Measure viral suppression rather than undetectable viral loads to align with state and national Treatment Cascades/HIV Care Continuums.
 - a. Rationale: Viral suppression, rather than undetectable viral load, is used in the Texas Treatment Cascade and the national HIV Care Continuum.
3. Consider using epidemiologic data instead of Needs Assessment data to set baselines for morbidity-related special population benchmarks.
 - a. Rationale: Using Needs Assessment data to quantify benchmarks such as the proportions of adolescent, homeless, transgender, or recently release individuals

linked to clinical care within three months of their HIV diagnosis or who are out-of-care is not appropriate given the intent, scope, and sample size of the Needs Assessment.

4. Include an activity similar to Strategy 1, Activity 3 that examines peer mentorship in a clinic setting.
 - a. Rationale: The model peer mentor program identified for Strategy 1, Activity 3 yielded that there were no statistically significant or clinically useful differences in primary outcomes was hospital-based, and a clinic-based program may result in better outcomes.
5. Use the Continuum of Care as a framework for developing the plan if possible. If not possible, consider creating a crosswalk to the Continuum.
 - a. Rationale: The HIV Care Continuum was not incorporated into the 2012 Comprehensive Plan.

For more information, contact:

Houston Area Ryan White Planning Council

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2017 Comprehensive Plan Vision and Mission

(Approved by the Leadership Team 12-02-15)

Vision

The greater Houston Area will become a community with an enhanced system of HIV prevention and care. New HIV infections will be reduced to zero. Should new HIV infections occur, every person, regardless of sex, race, color, ethnicity, national origin, age, familial status, marital status, military status, religion, disability, sexual orientation, genetic information, gender identity, pregnancy, or socio-economic circumstance, will have unfettered access to high-quality, life-extending care, free of stigma and discrimination.

Mission

The mission of the Houston Area Comprehensive HIV Prevention and Care Services Plan for 2017-2021 is to work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations living with, affected by, or at risk for HIV.

2017 Comprehensive Plan Guiding Principles

(Approved by the Leadership Team 12-02-15)

Guiding Principles

The development of the 2017 Comprehensive Plan will be guided by 10 core principles; that the plan and planning process will:

1. Fully integrate the perspectives, needs, and priorities of both HIV prevention and HIV care.
2. Align with local, state, and national HIV prevention and care plans and initiatives.
3. Be cognizant of changes occurring in the national health care delivery system resulting from the *Patient Protection and Affordable Care Act of 2010* and the Ryan White HIV/AIDS Treatment Extension Act.
4. Assess strategies, including those used internationally, that have effectively reduced HIV infection and could be implemented locally.
5. Assure that federal expectations for Houston Area comprehensive planning and the required deliverables are met while still allowing new or emerging critical areas of need and innovation to be considered.
6. Produce Specific, Measurable, Achievable, Realistic, and Time-phased (SMART) objectives that can be used to guide priority-setting, resource allocation, scopes of work, quality improvement, and other decision-making activities of the Houston Area planning bodies and administrative agents.
7. Balance the need to be comprehensive, data-driven, and reflective of new science, theory, and models with the need for efficiency in regards to resources and timelines.
8. Recognize the importance of and provide opportunities for participation by non-AIDS-service organizations and other non-traditional partners.
9. Honor the populations most impacted by HIV, including the underserved in response to the epidemic's impact on minority and hard-to-reach populations, and those who are uniquely vulnerable to HIV infection due to social, economic, cultural, or structural barriers.
10. Engage with and ensure that people living with and at risk for HIV as well as consumers of prevention and care services have a central voice, clear understanding, and full involvement throughout the process.

2017-2021 Comprehensive Plan Goals

(Approved by the Leadership Team 1-13-16)

Goals

To make progress toward an ideal system of HIV prevention and care for the Houston Area, we must:

1. Increase community mobilization around HIV in the Greater Houston Area
2. Prevent and reduce new HIV infections
3. Ensure that all people living with or at risk for HIV have access to early and continuous HIV prevention and care services
4. Reduce the effect of co-occurring conditions that hinder HIV prevention behaviors and adherence to care
5. Reduce disparities in the Houston Area HIV epidemic and address the needs of vulnerable populations
6. Increase community knowledge around HIV in the Greater Houston Area.

2017 Comprehensive Plan for HIV Prevention and Care Services

WORKGROUP DESCRIPTIONS & MEETING SCHEDULE

Leadership Team – Next meeting: February 3, 2016 @ 3:00 p.m.

- Serve as the “steering committee” of the entire planning process.
- Guide the overall process by provide ongoing feedback on structure, timeline, outputs, etc.
- Provide the “big picture” perspective on HIV prevention and care services by reviewing mission, vision, values, guiding principles, and overall HIV prevention and care goals.
- Help identify individuals to serve on other Workgroups.
- Participate in the design of the community vetting process (e.g., community meetings, etc.).
- Review and provide feedback on draft sections of the plan.
- Facilitate review of and concurrence with the plan by agency leadership.

Evaluation Workgroup – First meeting: TBA

- Assist in the design of a process to evaluate the status of the 2017 Comprehensive HIV Services Plan; review evaluation results and make recommendations regarding continued areas of need.
- Provide guidance on data collection methods for the planning process, including identifying data sources, locating secondary and/or collecting primary data, and advising on data analysis and findings for the Leadership Team and other Workgroups.
- Review various outcome measures, targets, and other quantitative indicators for use in effectively monitoring the goals and objectives developed through the planning process.
- Assist in assuring alignment of 2017 HIV prevention and care goals, objectives, and performance measures with other local, state, and national initiatives and plans.
- Assist in the design of the Evaluation and Monitoring Plan for the 2017 plan.

Gaps in Care & Out-of-Care Workgroup – Next meeting: February 18, 2016 @ 1:00 p.m.

- Identify goals regarding individuals who are *aware* of their HIV status but who are *not in care* (i.e., meeting unmet need) with an emphasis on ways to improve retention in care.
- Propose solutions for closing gaps in the current system of HIV prevention and care services in Houston.
- Propose solutions for addressing overlaps, or duplication, of services in the current system.

Prevention & Early Identification Workgroup – Next meeting: February 1, 2016 @ 3:00 p.m.

- Identify goals regarding individuals who are *unaware* of their HIV status (EIIHA) with an emphasis on:
 - Identifying individuals who are HIV-positive
 - Referring individuals to needed services
 - Informing individuals of their HIV status
 - Providing linkages to HIV care
- Propose ways to better coordinate efforts between Ryan White programs and prevention programs, including:
 - HIV prevention
 - STD prevention
 - Partner notification initiatives
 - Hepatitis prevention
 - Prevention with positives

The 2017 Comprehensive Plan for HIV Prevention and Care Services is a collaborative project of the

♦ Houston Health Department ♦ HIV Prevention Community Planning Group ♦ Ryan White Planning Council
♦ Harris County Public Health & Environmental Services ♦ Ryan White Grant Administration ♦ The Resource Group

♦ Meetings hosted by the Ryan White Planning Council 2223 W. Loop South, #240; Houston, TX 77027 ♦
Ph: 713 572-3724 Fax: 713 572-3740 TTY: 713 572-2614 Web: www.rwpcHouston.org

Special Populations Workgroup – Next meeting: February 26, 2016 @ 9:00 a.m.

- Identify any emerging special populations not included in the 2012 Comprehensive Plan (adolescents, injection drug users, homeless, transgender); selection of emerging special populations must be data-driven.
- Identify goals for improving HIV prevention and care for members of special populations.
- Propose solutions for meeting the HIV prevention and care services needs of each special population.

Coordination of Effort Workgroup – Next meeting: February 12, 2016 @ 10:00 a.m.

- Identify goals for ensuring optimal access to prevention and care through enhanced coordination *within* the HIV Prevention Program and Ryan White Program “Parts”
- Propose ways to better coordinate efforts *between* prevention and Ryan White programs and other community service provider, including:
 - Public Providers:
 - Medicare
 - Medicaid
 - State Children’s Health Insurance Program
 - Federally Qualified Health Centers
 - Private Providers
 - Substance Abuse Treatment Programs and Facilities
- As time allows, propose ways to better coordinate efforts *between* Ryan White programs and “non-traditional” partners (e.g., those agencies, organizations, or programs that are not providing direct HIV services but who may be reaching people living with HIV/AIDS for other reasons, health care services, or needs).

Expectations of Workgroup Members

- Attend Workgroup meetings on a schedule to be determined by the members.
- Participate in activities conducted during Workgroup meetings.
- Complete assignments made at Workgroup meetings according to established timelines.
- Provide feedback on Workgroup deliverables.
- Participate in the community vetting process.
- Review and provide feedback on draft sections of the plan.

In addition to the above activities, Workgroup Co-Chairs will:

- Facilitate monthly meetings in accordance with Robert’s Rules of Order and Open Meeting Law.
- As needed, represent the Workgroup to the Leadership Team and others.
- As needed, fill gaps in the assignments of other Workgroup members.

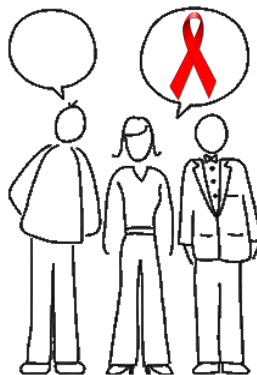
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STAFF USE ONLY-SURVEY ADMIN

Date of survey: _____
Agency/location: _____
Staff initials: _____
Gift card #: _____



STAFF USE ONLY-DATA ENTRY

Date of data entry: _____
Auto survey #: _____
Staff initials: _____

2016 Consumer Survey

Dear Participant,

The purpose of this survey is to learn about your needs for HIV care and what it's like for you to be living with HIV. Only people who are HIV positive, 18 years of age or older, and who live in the greater Houston area should take this survey. If you don't meet these requirements or are not sure, please talk to a staff person now.

Please read the following before you begin:

- Your participation in this survey is 100% voluntary. You do not have to participate. If you do, it will help us learn what people need for HIV care.
- Everything you tell us is 100% confidential. You will not be identified in the report, and no information about you *as an individual* will be shared. All the answers you give will be combined with other surveys and shown as a group.
- You may find some of the questions personal, and they may make you feel uncomfortable. You do not have to continue if you feel this way. Please talk to a staff person at any time if you feel uncomfortable with the survey.
- You will receive an incentive for your participation after you have finished the survey. You will be asked to sign for the incentive, but you do not have to use your legal name.
- If you complete the survey, you are consenting to participate in this project. You are also giving us your consent to use your survey answers. Again, you will not be identified in the report, and no information about you *as an individual* will be shared.
- Please take your time to answer all questions as completely and accurately as possible. There are no right or wrong answers. There is no time limit.
- If you have questions about this survey, please contact the Ryan White Planning Council Office of Support at (713) 572-3724 at any time.

You can begin the survey now. Please bring your completed survey to a staff person when you are done. Thank you for your participation in this project!

Section 1: HIV Services

1. Please tell us about any of the following HIV services that you have used in the past 12 months:

HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service?
HIV medication assistance <i>in addition</i> to ADAP	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service?
Health insurance assistance (this is when you have private health insurance or Medicare and you get help paying for your co-pays, deductibles, or premiums for medications or medical visits)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service?
Oral health care visits with a dentist or hygienist	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service?

Con't: Please tell us about any of the following HIV services that you have used in the past 12 months:

Case management (these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Alcohol or drug abuse treatment or counseling (in an outpatient setting only)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →) Did you need this service for: <i>(Check all that apply)</i> <input type="checkbox"/> Alcohol use concerns <input type="checkbox"/> Drug use concerns	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Professional mental health counseling (by a licensed professional counselor or therapist either individually or as part of a therapy group)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Day treatment (this is a place you go during the day for help with your HIV medical care from a nurse or PA. It is <i>not</i> a place you live.)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>

Con't: Please tell us about any of the following HIV services that you have used in the past 12 months:

Hospice care (a program for people in a terminal stage of illness to get end-of-life care)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Nutritional supplements (like Ensure, fish oil, protein powder, etc.) and/or nutritional counseling from a professional dietician	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Legal services (help from an attorney with things like Medicaid eligibility, wills, and permanency planning)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Language translation (at your clinic or program in a language <u>other than English or Spanish</u>)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>

Con't: Please tell us about any of the following HIV services that you have used in the past 12 months:

Transportation (to/from your HIV medical appointments on a van or with a Metro bus card)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →) Did you need this service for: <i>(Check all that apply)</i> <input type="checkbox"/> Van ride(s) <input type="checkbox"/> Bus pass(es)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Housing (specifically for HIV+ people or for a family with an HIV+ family member. This can be temporary or long-term housing)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Food pantry vouchers	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
**If you were in Harris County Jail, please tell us about: Pre-discharge planning (this is when jail staff help you plan for HIV medical care after your release)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>

2. In the past 12 months, have you been told you were on a waiting list for any of the following services? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I was not told I was on a waiting list for any service
(skip bullets below and go to Question 3) | <input type="checkbox"/> Professional mental health counseling |
| <input type="checkbox"/> HIV medical care visits | <input type="checkbox"/> Day treatment |
| <input type="checkbox"/> HIV medication assistance <i>in addition to ADAP</i> | <input type="checkbox"/> Hospice care |
| <input type="checkbox"/> Health insurance assistance | <input type="checkbox"/> Nutritional supplements |
| <input type="checkbox"/> Oral health care | <input type="checkbox"/> Legal services |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Language translation |
| <input type="checkbox"/> Alcohol or drug abuse treatment or counseling | <input type="checkbox"/> Transportation |
| | <input type="checkbox"/> Housing |
| | <input type="checkbox"/> Food pantry vouchers |
| | <input type="checkbox"/> Pre-discharge planning (if you were in Harris County Jail) |

• **What was the time period between your first request for the service(s), and when you received the service(s)?** _____

• **Were you aware of another provider for the service(s) while you were on the waiting list?**

- | | |
|--|---|
| <input type="checkbox"/> Yes, and I went to the other provider | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, but I did not go to the other provider | <input type="checkbox"/> Don't remember |

• **Have you been placed on a waiting list for the service(s) more than once?**

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't remember |
|------------------------------|-----------------------------|---|

3. What other kinds of services do you need to help you get your HIV medical care?

(Check any that apply)

- | | |
|--|---|
| <input type="checkbox"/> Childcare services or childcare reimbursement | <input type="checkbox"/> Peer counseling |
| <input type="checkbox"/> Companion services, or a buddy to support you | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Emergency financial assistance | <input type="checkbox"/> Rehab services (therapy, medical care, and other help for regaining independence with daily tasks) |
| <input type="checkbox"/> Emergency rental assistance | <input type="checkbox"/> Respite care (short-term help to those who are caring for HIV positive family members) |
| <input type="checkbox"/> Food bank | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Homeless shelter vouchers | |
| <input type="checkbox"/> Housing coordination assistance | |
| <input type="checkbox"/> In-home health care services | |

Section 2: When You Were First Diagnosed

4. What year were you diagnosed with HIV? _____

5. When you got your HIV diagnosis, did you get any of the following services from the same agency? (Check one answer for each item below)

- | | | | |
|---|------------------------------|-----------------------------|---|
| • A list of HIV clinics to go to for medical care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't remember |
| • An appointment for your first HIV doctor's visit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't remember |
| • Someone offered to help you get into HIV care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't remember |

Section 3: Your HIV Care History

6. If you delayed seeing a doctor for HIV more than 1 month after you received your HIV diagnosis, why? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I did not delay seeing a doctor for HIV | <input type="checkbox"/> I had a mental health issue/illness at the time |
| <input type="checkbox"/> I felt fine, I wasn't sick | <input type="checkbox"/> There were other priorities in my life at the time |
| <input type="checkbox"/> I didn't want to believe I was infected | <input type="checkbox"/> I couldn't get there, no transportation |
| <input type="checkbox"/> I didn't want to take medications | <input type="checkbox"/> I was afraid of people finding out I was HIV+ |
| <input type="checkbox"/> I didn't know where to get HIV medical care | <input type="checkbox"/> Don't remember |
| <input type="checkbox"/> I couldn't afford HIV medical care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I was drinking or doing drugs at the time | |

7. If you ever stopped seeing an HIV doctor for 12 months or more, why did you stop? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I never stopped seeing a doctor for 12 months | <input type="checkbox"/> I was drinking or doing drugs at the time |
| <input type="checkbox"/> I felt fine, I wasn't sick | <input type="checkbox"/> I had a mental health issue/illness at the time |
| <input type="checkbox"/> I was tired of it, wanted a break | <input type="checkbox"/> There were other priorities in my life at the time |
| <input type="checkbox"/> I didn't want to take HIV medications | <input type="checkbox"/> I couldn't get there, no transportation |
| <input type="checkbox"/> I had side effects from my HIV medications | <input type="checkbox"/> My doctor or case manager left |
| <input type="checkbox"/> My viral load was undetectable | <input type="checkbox"/> I had a bad experience at the clinic |
| <input type="checkbox"/> I couldn't afford it anymore | <input type="checkbox"/> Don't remember |
| <input type="checkbox"/> I lost my health insurance or Ryan White | <input type="checkbox"/> Other: _____ |

8. In the past 6 months, have you done any of the following?

(Check one answer for each item below)

- | | Yes | No | Don't know | Don't remember |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Seen a doctor, nurse, or PA for HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Been prescribed HIV medication (ART) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Had a test for your HIV viral load | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Had a test for your CD4 (t-cell) count | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. If you are not currently taking HIV medications, why are you not taking them?

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> N/a, I <i>do</i> take HIV medication | <input type="checkbox"/> I don't have prescription insurance coverage |
| <input type="checkbox"/> No doctor has offered them to me | <input type="checkbox"/> I don't have a safe place to keep them |
| <input type="checkbox"/> My doctor doesn't think it's a good idea for me | <input type="checkbox"/> I don't want anyone to know I'm taking HIV meds |
| <input type="checkbox"/> I had bad side effects | <input type="checkbox"/> I was tired of it, wanted a break |
| <input type="checkbox"/> They are too hard to take as prescribed | <input type="checkbox"/> I choose not to take them |
| <input type="checkbox"/> I don't have the correct food to take with them | <input type="checkbox"/> I feel fine, I'm not sick |
| <input type="checkbox"/> I can't pay for them | <input type="checkbox"/> Other: _____ |

10. In the past 12 months, did you go to an ER because you felt sick?

(Check one)

☐ Yes

☐ No

☐ Don't remember

Section 4: Other Health Concerns

11. Has a doctor told you that you currently have any of the following *non-HIV* medical condition? (Check all that apply)

☐ Alzheimer's or dementia

☐ Arthritis

☐ Asthma

☐ Auto-immune disease (i.e., MS, lupus)

☐ Cancer

☐ Diabetes

☐ Heart disease

☐ Hepatitis C

☐ Herpes

☐ High blood pressure

☐ High cholesterol

☐ HPV (human papillomavirus)

☐ Lung disease/COPD

☐ Liver disease

☐ Obesity

☐ Osteoporosis, or bone disease

☐ TB. If so: ☐ Active TB ☐ Latent TB

☐ I have not been told I have any of these

☐ Prefer not to answer

☐ Other: _____

12. In the past 6 months, have you been tested, diagnosed, and/or treated for the following conditions? (Check all that apply for each item below)

	Not tested	Tested	Diagnosed	Treated	Don't know
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In the past 12 months, have you felt any of the following *to such a degree* that you thought you wanted help? (Check all that apply)

☐ Anger

☐ Anxiety or worry

☐ Fear of leaving your home

☐ Feeling manic or out of control

☐ Hallucinations

☐ Night terrors

☐ Insomnia

☐ Memory loss

☐ Sadness

☐ Thoughts of hurting yourself or others

☐ Other: _____

☐ None of the above

☐ Prefer not to answer

****If you are having any of these thoughts right now, contact your counselor immediately or refer to the resource list attached to this survey.**

14. Has a doctor told you that you currently have any of the following conditions? (Check all that apply)

☐ ADD/ADHD

☐ Agoraphobia

☐ AIDS Survivor Syndrome

☐ Anxiety or panic attacks

☐ Bipolar disorder

☐ Depression

☐ Gender dysphoria/gender identity disorder

☐ Obsessive compulsive disorder

☐ PTSD

☐ Other: _____

☐ I don't have a mental health diagnosis

15. In the past 12 months, have you experienced any of the following?

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Been treated differently because of being HIV+ | <input type="checkbox"/> Threats of violence by a stranger |
| <input type="checkbox"/> Been denied services because of being HIV+ | <input type="checkbox"/> Physical assault by someone you know |
| <input type="checkbox"/> Been asked to leave a public place | <input type="checkbox"/> Physical assault by a stranger |
| <input type="checkbox"/> Verbal harassment/taunts | <input type="checkbox"/> Sexual assault by someone you know |
| <input type="checkbox"/> Threats of violence by someone you know | <input type="checkbox"/> Sexual assault by a stranger |
| | <input type="checkbox"/> None of the above |
| | <input type="checkbox"/> Prefer not to answer |

16. Are you currently in an intimate relationship with someone who makes you feel afraid, threatened, isolated, forces you to have sex, or physically hurts you?

(Check one)

- ☐ Yes ☐ No ☐ Prefer not to answer

Section 5: Substance Use

17. Has your alcohol or drug use ever interfered with you getting HIV medical care?

(Check one)

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No, I do not use alcohol or drugs (<i>skip bullets below and go to Question 18</i>) |
| <input type="checkbox"/> No, my alcohol or drug use has not interfered with getting HIV medical care | <input type="checkbox"/> Prefer not to answer |

• If you answered yes, which substance(s)? *(Check all that apply)*

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

Section 6: Housing, Transportation, and Social Support

18. Do you feel your housing situation is stable? *(Check one)* ☐ Yes ☐ No

19. Has your housing situation interfered with you getting HIV medical care?

(Check one) ☐ Yes ☐ No

20. Has your transportation situation interfered with you getting HIV medical care?

(Check one) ☐ Yes ☐ No

21. Social support is when people or groups in your life provide emotional support, assistance, advice, and/or companionship. Do you feel that you have enough social support? *(Check one)* ☐ Yes ☐ No

22. Please mark which types of social support a.) you currently have, b.) you do not have, but feel you need; or c.) you do not have and do not need.

(Check one answer for each item below)

	a. Currently Have	b. Don't Have But Need	c. Don't Need
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner/significant other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobriety group (like AA or NA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A mentor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a mentor to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An HIV-related group or program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy/activism group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board, committee, or task force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Do you have any other types of social support not listed above? _____

Section 7: Financial Resources

24. What is your current monthly household income? \$ _____

☐ Prefer not to answer

- **How many people, including you, depend on this income?** _____
- **Of these, how many are children under 18 years old?** _____

25. How do you pay for *general* medical care for yourself or your family?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Private health insurance. <i>If so, which company do you have?</i> _____
<i>(e.g., Aetna, Anthem, Blue Cross/ Blue Shield, CIGNA, Humana)</i> | <input type="checkbox"/> VA |
| <input type="checkbox"/> COBRA | <input type="checkbox"/> Indian Health Service |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Self-pay |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> I don't get medical care because I can't pay for it |
| <input type="checkbox"/> Gold Card | <input type="checkbox"/> I only get medical care for HIV through Ryan White |
| | <input type="checkbox"/> Other: _____ |

26. Do you have trouble paying for the following types medications on your own?

(Check one answer for each item below)

	Yes	No	I do not take this
HIV medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-HIV related medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications for mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **If you have trouble paying for your medications, are you getting help paying for them?** *(Check one)*
 - ☐ Yes
 - ☐ No
 - ☐ Don't know
 - ☐ N/a, I do not take medication

Section 8: Please Tell Us About Yourself...

27. What zip code do you live in? _____

28. What is your age (in years)?

- | | |
|--|--|
| <input type="checkbox"/> 13-17 years old | <input type="checkbox"/> 50-54 years old |
| <input type="checkbox"/> 18-24 years old | <input type="checkbox"/> 55-64 years old |
| <input type="checkbox"/> 25-34 years old | <input type="checkbox"/> 65-74 years old |
| <input type="checkbox"/> 35-49 years old | <input type="checkbox"/> 75+ years old |

29. What sex were you assigned **at birth?** *(Check one)*

- ☐ Male
 ☐ Female
 ☐ Intersex *(someone born with both male and female reproductive or sex organs; or with reproductive or sex organs that were not clearly male or female)*

30. What is your **primary gender identity or gender expression today?** *(Check one)*

- ☐ Male
 ☐ Female
 ☐ Part time male, part time female
 ☐ Other: _____

31. Are you **currently pregnant?** *(Check one)* ☐ Yes ☐ No ☐ Don't know

- **If you are currently pregnant, are you in prenatal care?** *(Check one)* ☐ Yes ☐ No ☐ Don't know

32. How do you identify in terms of your sexual orientation? *(Check one)*

- | | |
|--|---|
| <input type="checkbox"/> Straight/Heterosexual | <input type="checkbox"/> Asexual <i>(someone who does not feel sexual attraction)</i> |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bisexual | |
| <input type="checkbox"/> Pansexual <i>(someone who feels sexual attraction, desire, love toward all sexes/genders)</i> | |

33. Are you of Hispanic or Latino origin? ☐ Yes ☐ No

34. What is your primary race? *(Check one)*

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander or Native Hawaiian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Other: _____ |

35. What is your immigration status? *(Check one)*

- | | |
|---|--|
| <input type="checkbox"/> Permanent resident/born here | <input type="checkbox"/> Visa (student, work, tourist, etc.) |
| <input type="checkbox"/> U.S. citizen for more than 5 years | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> U.S. citizen for less than 5 years | <input type="checkbox"/> Other: _____ |

36. In the past 12 months, have you been released from jail or prison?
(Check one) ☐ Yes ☐ No

Section 9: Prevention Activities

37. Where did you get your HIV diagnosis? _____

38. In the past 12 months, have you received any information about preventing HIV transmission? (Check one) ☐ Yes ☐ No

- If so, where did you get this information? _____

39. Pre-Exposure Prophylaxis (also called PrEP) is a way for people who don't have HIV to prevent getting HIV by taking a pill every day. Have you heard about PrEP before? (Check one) ☐ Yes ☐ No ☐ Don't remember

40. Do you know where a person who does not have HIV can go to get on PrEP?
(Check one) ☐ Yes ☐ No

***See the resource list attached to this survey for more information about PrEP.*

41. If you've had sex in the past 6 months, what is the HIV status of your sex partner(s)?

This could be anal, vaginal, or oral sex, either receptive (bottom) or insertive (top), with any person. (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> HIV positive | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> HIV negative | <input type="checkbox"/> I have not had sex in the |
| <input type="checkbox"/> I don't know | past 6 months (<i>skip Questions 42-44 below</i> |
| <input type="checkbox"/> I don't remember | <i>and go to Question 45)</i> |

42. If you've had sex in the past 6 months, how often did you use a condom (or female condom) for each of the following? (Check one answer for each item below)

	Every time	Most of the time	About half of the time	Rarely	Never	N/a, I didn't do this
• Getting oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Giving oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Anal sex, receptive (bottom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Anal sex, insertive (top)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. If you've had sex in the past 6 months, and you did not use a condom, why? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I only ever have sex with one person | <input type="checkbox"/> I get caught up in the moment, and forget to use them |
| <input type="checkbox"/> My sex partner(s) is also HIV+ | <input type="checkbox"/> I don't think my partner likes condoms |
| <input type="checkbox"/> My sex partner(s) is on PrEP | <input type="checkbox"/> My partner(s) doesn't know my HIV+ status |
| <input type="checkbox"/> My viral load is undetectable | <input type="checkbox"/> I'm not comfortable talking to partners about condoms |
| <input type="checkbox"/> I don't think I can get HIV again | <input type="checkbox"/> I'm afraid of what my partner will do if I bring up condoms |
| <input type="checkbox"/> I can't get condoms | <input type="checkbox"/> I only have oral sex, so I don't feel like I need a condom |
| <input type="checkbox"/> I don't like condoms | <input type="checkbox"/> I want to have a baby |
| <input type="checkbox"/> I'm not comfortable using condoms | <input type="checkbox"/> Sex with a condom doesn't feel as good |
| <input type="checkbox"/> I'm allergic to condoms | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I can't find condoms that fit | |
| <input type="checkbox"/> I'm too drunk/high to remember to use condoms | |

44. How often do you talk about your HIV status with new sex partners? (Check one)

- ☐ Always, with every partner
- ☐ Sometimes, with some partners
- ☐ Never, my partner already knows
- ☐ Never, I always use condoms, so I don't feel like I have to disclose my status
- ☐ Never, I don't feel comfortable disclosing my status
- ☐ Never, I don't want to disclose my status
- ☐ Never, I do not have sex

One Last Question...

45. Do you know how to file a grievance or a complaint? (Check one for each item below)

	Yes	No
With an agency	<input type="checkbox"/>	<input type="checkbox"/>
With Ryan White**	<input type="checkbox"/>	<input type="checkbox"/>

****See the resource list attached to this survey for the Ryan White grievance/complaint lines.**

Thank you for taking our survey!

Your answers will help us learn what people need for HIV care in the Houston Area.

If you have questions about this survey after today, please contact:

Ryan White Planning Council
Office of Support
(713) 572-3724

Please bring your completed survey to a staff person now.

RESOURCE LIST – YOURS TO KEEP!*Please tear off this page and take it with you.***If you need immediate help, please contact the agencies below.**

All services are available in English and Spanish.

CRISIS HOTLINES (available 24 hours/7 days)	
Abuse/Neglect Hotline (Adult, Child, Disabled)	1-800-252-5400
Coalition for the Homeless	713 739-7514
Crisis Intervention of Houston	713 HOTLINE (468-5463)
Spanish	713 4AYUDA
LGBT Switchboard Helpline	713 529-3211
Rape Crisis Hotline	713 528-7273
Suicide Prevention Hotline	1-800-273-TALK (8255) 1-800-799-4TTY (4889) TTY
Teen Crisis Hotline	713 524-TEEN
Texas Youth Hotline	1-800-989-6884
Trevor Lifeline (LGBTQ youth)	1-866-488-7386
United Way	211 (713-957-4357)
Vet2Vet Crisis Hotline	1-877-VET2VET (838-2838)
Veteran Crisis Line	1-800-273-8255 (Press 1)
DOMESTIC/INTIMATE PARTNER VIOLENCE	
Aid to Victims of Domestic Abuse	713 224-9911
Domestic Violence Hotline	713 528-2121
LGBT Switchboard Helpline	713 529-3211
DOMESTIC VIOLENCE EMERGENCY SHELTER	
Fort Bend County Women's Center	281 342-HELP (4357)
Houston Area Women's Center	713 528-2121
Montgomery County Women's Center	936 441-7273
The Montrose Center (LGBT)	713 529-3211
MENTAL HEALTH CRISIS	
Emergency Psychiatric Services	713 970-7070
Tri-County Emergency Psychiatric Services (Montgomery, Liberty, and Walker counties)	1-800-659-6994
PRE-EXPOSURE PROPHYLAXIS (PrEP)	
Bee Busy Wellness Center	713 771-2292
Dr. Gorden Crofoot	713 526-0005
Houston Area Community Services (HACS)	832 384-1406
Legacy Community Health	832 548-5221
St. Hope Foundation	713 778-1300
SUBSTANCE & ALCOHOL ABUSE	
Alcoholics Anonymous	713 686-6300
Al-Anon	713 683-7227
Cocaine Anonymous	713 668-6822
Narcotics Anonymous	713 661-4200
Palmer Drug Abuse Program	281 589-4602
QUESTIONS ABOUT THE SURVEY	713 572-3724

GRIEVANCE/COMPLAINT PROCEDURES

If you have questions on how to file a complaint with one of the agencies listed below regarding a Ryan White funded service, please contact:

FUNDED AGENCIES

RYAN WHITE PART A:

- Accesshealth (Fort Bend)
- Houston Area Community Services
- Houston Health Department
- Houston Volunteer Lawyers Program
- Legacy Community Health
- Montrose Center
- Saint Hope Foundation
- Thomas Street Health Center
- UT Health Science Center (pediatrics)
- VA Medical Center

RYAN WHITE PART B & STATE SERVICES:

- Bering Omega Community Services
- Harris County Jail
- Legacy Community Health
- Montrose Center
- Saint Hope Foundation

RYAN WHITE PART A:

English: 713-439-6089

Spanish: 713-439-6095

Or write to:

Harris County Public Health Services
Ryan White Grant Administration
2223 West Loop South, Suite 417
Houston, TX 77027

RYAN WHITE PART B & STATE SERVICES:

Reachelian Ellison, Consumer Relations
Coordinator

713-526-1016, Ext. 104

rellison@hivresourcegroup.org

Or write to:

Houston Regional HIV/AIDS Resource
Group
500 Lovett Boulevard, Suite 100
Houston, TX 77006

If your complaint remains unresolved after you have followed all procedures with the agency, you will be informed on how to file a formal grievance.

Houston Area HIV Services Ryan White Planning Council

2016 Houston Area HIV/AIDS Needs Assessment

Epidemiology Workgroup

(Approved by NAG on 12/16/15)

2016 Survey Sampling Principles and Plan

1. Calculate finite population sample size using current total prevalence of diagnosed HIV in the Houston EMA (2014=24,979) and determine a high/low range for the total respondent size (*n*) based on a 95% confidence interval

$$n = N * X / X + (N - 1)$$
$$X = Z^2 * p * (1-p) / MOE^2$$
$$Z=1.96$$
$$MOE = 0.04 \text{ or } 0.03$$
$$p = 0.5$$
$$N=24,979$$

Using a 95% confidence interval, the total respondent (*n*) range would be as follows:

	Low	High
Confidence Interval	95%	95%
Confidence Level (=/-)	4%	3%
Sample Size (n)	587	1,024

2. Obtain approximately 92% of surveys from Harris County and 8% from non-Harris County; as this is representative of the distribution of current prevalent cases in the EMA:

	Low (n)	High (n)
Total EMA	587	1,024
Harris County (92%)	540	942
Non-Harris County (8%)	47	82

3. Apply the current unmet need estimate (2014=25%) for the Houston EMA to sampling totals for the estimated out-of-care respondent pool for the survey. Recognizing that this is a hard-to-reach population, actual surveying levels are expected to be lower.

	Low (n)	High (n)
Total EMA	587	1,024
In-Care (N) (75%)	440	768
Out-of-Care (25%)	147	256

4. Create ranges for survey respondents per demographic category based on the proportion of current total prevalence for the EMA, including transmission risk. Smaller units of analysis are not practical for survey administration.

	% of Prevalence	Low (n)	High (n)
Total EMA	100%	587	1,024
Male	75%	440	768
Female	25%	147	256
White	21%	123	215
Black	49%	288	502
Hispanic	27%	158	276
18 – 24	5%	29	51
25 – 49	59%	346	604
50+	35%	205	358
MSM	55%	323	563
IDU	11%	65	113
Heterosexual	30%	176	307

5. Undertake targeted efforts to sample Special Populations (i.e., adolescents, homeless, IDU, transgender, and the recently released).
6. Develop estimates of the number of surveys to collect at each Ryan White-funded agency that are proportional to the agency's share of clients served.
 - The denominator for this calculation will be the unique number of clients served per agency and in total for calendar year 2014.
 - Because clients may receive services at more than one agency within a calendar year, the agency-level denominators will include duplicate clients. This will inflate some of the proportions.
 - Agencies that served clients in 2014 but that are not currently funded by Ryan White will be removed from the sampling proportions, but may be included as survey administration sites.

Sources:

^{1, 2, 4}Texas eHARS. Living HIV cases as of 12/31/14. Released August 2015.

³Texas Department of State Health Services, 2009-2014, Unmet Need by EMA/TGA. Released August 2015

⁵Special Populations identified in the Houston Area Comprehensive HIV Prevention and Care Services Plan (2012 – 2014). Released May 21, 2012.

⁶To be developed using CPCDMS utilization data for CY 2014.

2016 QUARTERLY REPORT COMPREHENSIVE HIV PLANNING COMMITTEE

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

1. *Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Plan.

2. *Determine the size and demographics of the estimated population of individuals who are unaware of their HIV status.

3. *Work with the community and other committees to develop a strategy for identifying those with HIV who do not know their status, make them aware of their status, and link and refer them into care.

4. *Explore and develop on-going needs assessment and comprehensive planning activities including the identification and prioritization of special studies.

5. *Review and disseminate the most current Joint Epidemiological Profile.

Committee Chairperson

Date

2015 QUARTERLY REPORT
COMPREHENSIVE HIV PLANNING COMMITTEE
(December 2015)

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

1. *Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Plan.

✓ ACCOMPLISHED

2. *Determine the size and demographics of the estimated population of individuals who are unaware of their HIV status.

✓ ACCOMPLISHED

3. *Work with the community and other committees to develop a strategy for identifying those with HIV who do not know their status, make them aware of their status, and link and refer them into care.

EIHA IN PROGRESS (PLAN DONE)

4. *Explore and develop on-going needs assessment activities including the identification and prioritization of special studies.

DONE. ✓

5. If necessary, begin the planning process for the next HIV/AIDS needs assessment and comprehensive service plan.

✓ ACCOMPLISHED

6. *Review and disseminate the most current Joint Epidemiological Profile.

IN PROCESS OF DEVELOPING 2015-2016 INFO. ✓



Committee Chairperson

12/10/15

Date

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax

MEMORANDUM

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

Copy: Modelle Brudner
Carin Martin

From: Tori Williams, Manager, Office of Support

Date: January 21, 2016

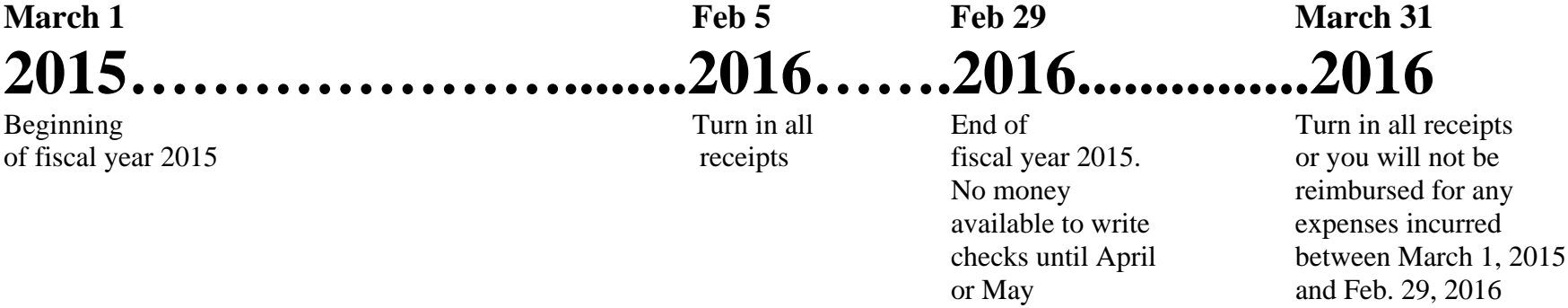
Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 29, 2016. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

- 1.) Council and External Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 5, 2016.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2015 **will not be reimbursed at all if they are turned in after March 31, 2016.**
- 3.) The Office of Support may not have access to petty cash funds between March 1 and May 31, 2016. This means that volunteers can give Eric the usual reimbursement request forms for expenses incurred after March 1, 2016 (expenses such as transportation, food and childcare) but the Office may not be able to reimburse volunteers for these expenses until mid to late May 2016.

We apologize for this significant inconvenience. Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)



DRAFT
Houston Area HIV Services Ryan White Planning Council
Timeline of Critical 2016 Council Activities

(Revised 02-02-16)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location.
The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

General Information: The following is a list of significant activities regarding the 2016 Houston Ryan White Planning Council. Consumers, providers and members of the general public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or meeting packets, please contact the Office of Support at 713 572-3724 or visit our website at: www.rwpchouston.org.

Routinely, the Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.

- | | |
|-----------------|--|
| Thurs. Jan. 21 | Council Orientation. |
| Thurs. Feb. 4 | 12 noon. First 2016 Steering Committee meeting. |
| Tues. Feb. 9 | 10 am. Orientation for new 2016 External Committee Members. |
| Thurs. Feb. 11 | 12 noon. First 2016 Council meeting. |
| Fri. Feb. 12 | Deadline for submitting a Project LEAP application form. See April 6 for description of Project LEAP. Call 713 572-3724 for application forms. |
| Thurs. Feb. 25 | 11 am. Priority and Allocations Committee meets to approve the policy on allocating FY 2016 unspent funds, FY 2017 priority setting process and more. |
| Fri. March 4 | 5 p.m. Deadline for submitting Proposed Idea Forms to the Office of Support. The Council is currently funding, or recommending funding, for 16 of the 28 allowable HRSA service categories. The Proposed Idea Form can be used to ask the Council to reconsider including a service that is no longer being funded by Ryan White Part A, Part B or State Services. The form requires documentation for why dollars should be used to fund a particular service and why it is not a duplication of a service already offered through another funding source. Anyone can submit a Proposed Idea Form. Please contact the Office of Support at 713 572-3724 to request a copy of the required forms. |
| | The Office of Support notifies the public regarding the Subcategory Allocation Review Process . |
| March | EIIHA Workgroup meeting. |
| Thurs. March 17 | Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the FY 2017 service categories for Part A, Part B and <i>State Services</i> funding. |
| Tues. March 22 | Consumer Training on the How to Best Meet the Need process. |
| Wed. April 6 | Project LEAP classes begin. Project LEAP is a free 17-week training course for individuals infected with and affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area. |

(Continued)

DRAFT
Houston Area HIV Services Ryan White Planning Council
Timeline of Critical 2016 Council Activities

(Revised 02-02-16)

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The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

April	Conduct the Year 4 evaluation of the Comprehensive HIV Plan .
Thurs. April 7	12 noon. Steering Committee meets.
Thurs. April 14	12 noon. Planning Council meets. 1:30 – 4 pm. Council and Community Training for the How to Best Meet the Need process. Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority and Allocations and Affected Community Committees. Call 713 572-3724 for confirmation and additional information.
Tentative: April 19 or 20	Workgroups for Proposed Ideas including ideas on retention in care and retaining young MSM of color.
Tues. April 26	10:30 am – 4 pm. How To Best Meet the Need Workgroups #1 and #2 at which the following services will be reviewed: <ul style="list-style-type: none">• Ambulatory/Outpatient Medical Care (including Local Pharmacy Assistance, Medical Case Management & Service Linkage – Adult, Rural and Pediatric)• Clinical Case Management• Health Insurance Premium & Co-pay Assistance• Home & Community-based Health Services (Adult Day Treatment)• Hospice• Linguistic Services• Medical Nutritional Therapy (including Nutritional Supplements)• Non-Medical Case Management (Service Linkage at Testing Sites)• Oral Health – Untargeted & Rural• Professional Counseling (Mental Health)• Substance Abuse Treatment/Counseling• Vision Care Call 713 572-3724 for confirmation and additional information.
Wed. April 27	3 – 5 pm. How To Best Meet the Need Workgroup #3 at which the following services will be reviewed: <ul style="list-style-type: none">• Early Intervention Services• Legal Assistance• Transportation (van-based-Untargeted & Rural) Call 713 572-3724 for confirmation and additional information.
Thurs. April 28	Priority & Allocations Committee meets to allocate Part A unspent funds results .

(Continued)

DRAFT
Houston Area HIV Services Ryan White Planning Council
Timeline of Critical 2016 Council Activities

(Revised 02-02-16)

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The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

Fri. May 6	5 p.m. Deadline for submitting Proposed Idea Forms to the Office of Support. (See March 4 for a description of this process.) Please contact the Office of Support at 713 572-3724 to request a copy of the required forms.
Tues. May 17	11:00 am. How to Best Meet the Need Workgroup meets for recommendations on the Blue Book . The Operations Committee reviews the FY 2017 Council Support Budget.
Thurs. May 19	11 a.m. Quality Improvement Committee meets to approve the FY 2017 How To Best Meet the Need results and review subcategory allocation requests . Draft copies are forwarded to the Priority and Allocations Committee.
Tues. May 24	7 p.m., Public Hearing on the FY 2017 How To Best Meet the Need results .
Thurs. May 26	9:00 a.m. (P & A meets at 11 am). Special Quality Improvement Committee meeting to review public comments regarding FY 2017 How To Best Meet the Need results .
Thurs. May 26	Priority & Allocations Committee meets to recommend the FY 2017 service priorities for Ryan White Parts A and B and <i>State Services</i> funding.
Thurs. June 2	12 noon. Steering Committee meets to approve the FY 2017 How to Best Meet the Need results .
Thurs. June 9 <u>OFF SITE MEETING</u>	12 noon. Council approves the FY 2017 How to Best Meet the Need results . Project LEAP students present the results of their needs assessment to the Council.
June 9 - 15	Meeting times to be determined. Special Priority & Allocations Committee meetings to draft the FY 2017 allocations for RW Part A and B and State Services funding .
Thurs. June 16	11 am. Quality Improvement Committee reviews the results of the assessment of the administrative mechanism. OR AUG. MEETING W/ SOC Training
Wed. June 22	11:00 pm. The Priority & Allocations Committee meets to approve the FY 2017 allocations for RW Part A and B and State Services funding . LEAP students will be in attendance.
Mon. June 27	7 p.m. Public Hearing on the FY 2017 service priorities and allocations .
Tues. June 28	11:00 am. Special meeting of the Priority & Allocations Committee to review public comments regarding the FY 2017 service priorities and allocations .
July/Aug.	Workgroup meets to complete the proposed FY 2017 EIIHA Plan .
Thurs. July 7	12 noon. Steering Committee approves the FY 2017 service priorities and allocations .

(continued)

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2016 Council Activities

(Revised 02-02-16)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location.

The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

Thurs. July 14	12 noon. Council approves the FY 2017 service priorities and allocations.
Thurs. July 28	If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the FY 2017 priority & allocations. They also allocate FY 2016 carryover funds. (<u>Allocate even though dollar amount will not be avail. until Aug.</u>)
Thurs. Aug. 4	ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2017 GRANT. (Mail out date for the August Steering Committee meeting is July 28, 2016.)
Tues. Aug. 23	12 noon. Consumer Training in Standards of Care and Performance Measures.
Fri. Sept. 2	5 p.m. Deadline for submitting Proposed Idea Forms to the Office of Support. (See February 4 for a description of this process.) Please contact the Office of Support at 713 572-3724 to request a copy of the required forms.
Thurs. Sept. 15	11 am. Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
Tues. Sept. 20	12 noon. Consumer-Only Workgroup meeting to review FY 2017 Standards of Care and Performance Measures.
Tues. Oct. 18	11:00 am. Review and possibly update the Memorandum of Understanding between all Part A stakeholders.
October or November	Community Workgroup meeting to review FY 2017 Standards of Care & Performance Measures for all service categories.
Thurs. Oct. 27	11:00 am. Priority and Allocations Committee meets to allocate FY 2016 unspent funds.
Nov/Dec/Jan.	Review the evaluation of 2016 Project LEAP. Operations Committee also hosts a How to Best Meet the Need Workgroup to make recommendations on 2017 Project LEAP.
November	The Resource Group contacts all stakeholders to see if changes need to be made to the Ryan White Part B/State Services Letter of Agreement.
Tues. Nov. 15	9:30 a.m. Commissioners Court to receive the World AIDS Day Resolution.
Thurs. Nov. 10	12 noon. Council recognizes all external committee members.
December	Conduct the Outcome Evaluation of the Comprehensive Plan.
Thurs. Dec. 1	World AIDS Day.
Thurs. Dec. 8	12 noon Council meeting to elect the 2017 Council officers.

2016 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/25/16)

AFFECTED COMMUNITY

For this committee only, the following dates are tentative. The meeting time is 12 noon.

February 23	July 26
MARCH 17*	August 23
March 22	September 20
April no meeting	October 25
May 24	November 22
June 21	December no mtg

COMPREHENSIVE HIV PLANNING

Meetings are on the following second Thursdays starting at 2:00 pm:

February 11	August 11
March 10	September 8
April 14	October 13
May 12	November 10
JUNE 9 off site mtg	December 8
July 14	

OPERATIONS

Meetings are on the following Tuesdays starting at 11:00 am:

February 16	August 16
March 15	September 13
April 19	October 18
May 17	November 15
June 14	December no mtg
July 19	

PLANNING COUNCIL

Meetings are on the following second Thursdays starting at 12 noon:

February 11	August 11
March 10	September 8
April 14	October 13
May 12	November 10
JUNE 9 off site mtg	December 8
July 14	

PRIORITY & ALLOCATIONS

Meetings are on the following fourth Thursdays starting at 11:00 am:

February 25	July 28
MARCH 17*	August 25
March 24	September 22
April 28	October 27
May 26	November 17
JUNE 22 (Wed)	December no mtg

QUALITY IMPROVEMENT

Meetings are on the following third Thursdays starting at 11:00 am:

February 18	August no mtg
March 17*	September 15
April 21	October no mtg
May 19	November 17
June 16	December no mtg
July 21	

STEERING

Meetings are on the following first Thursdays starting at 12 noon:

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

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

**** Time to be announced**

BOLD = Special meeting date, time or place

FYI

Houston Area **HIV & Aging Coalition**

TOPIC

REPRIEVE:

A clinical trial to prevent
cardiovascular events in HIV

FOR:

Educators
Prevention staff
Elder service providers
Aging community members
regardless of status

**Saturday, February 20
2:00-3:30 pm**

**the Montrose Center - Room 106
401 Branard Street, Houston, TX 77006**

MISSION: To reduce the risk of HIV transmission
in older adults and to serve the needs of those
who are aging with HIV.



To the Community serving HIV Clients:

I am deeply saddened to write you today to let you know that Planned Parenthood Gulf Coast has been forced to make the extremely difficult decision to end our successful HIV Program at the end of December. The state of Texas is cutting off the grant that supports our HIV Prevention Program under political pressure to defund Planned Parenthood.

Planned Parenthood Gulf Coast's (PPGC) HIV Prevention Program began in 1988. Over the last 28 years, we have provided more than 145,000 HIV tests, identified nearly 1200 people with HIV and helped them obtain medical care. In addition, we have educated individuals about sexually transmitted diseases and how to prevent them, distributed condoms and tested for syphilis, gonorrhea, Chlamydia and Hepatitis C.

We appreciate the opportunity to have served you and your clients over the years. Your dedication to the health of the community will not be forgotten.

Sincerely,

Susan Rokes

HIV Prevention Director

Planned Parenthood Gulf Coast



Congress of the United States
Washington, DC 20515

December 18, 2015

The Honorable Sylvia Matthews Burwell
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Director Tom Frieden, MD, MPH
Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333

Dear Secretary Burwell and Director Frieden:

We write to thank you for your leadership in implementing the National HIV/AIDS Strategy, including your commitment to supporting targeted HIV testing and other prevention activities in high-risk areas across the country. It is precisely because of the importance of these efforts that we express our grave concerns regarding the State of Texas's anticipated decision to cut Planned Parenthood out of its federally funded HIV prevention program. We urge you to ensure that Texas women and men do not lose access to federally funded HIV prevention services as a result of our state's misguided political agenda.

For years, the Centers for Disease Control and Prevention (CDC) has provided assistance to state health departments, including the Texas Department of State Health Services, to partner with a strong network of local health care providers and other entities to effectively deliver HIV prevention services to priority populations.

Planned Parenthood health centers have played a monumental role in partnering with Texas to provide HIV and sexually transmitted infection screening, counseling, prevention, and linkage to care services to at-risk populations in the City of Houston and surrounding areas.¹ In its almost 30 years of participation, the organization has provided nearly 140,000 HIV tests through the program. In that time, Planned Parenthood has accrued extensive experience providing targeted services to men who have sex with men and other priority populations in the Houston area, both within Planned Parenthood health centers and with partners across the community.

Providers of women's health care like Planned Parenthood are a key component in the success of federal HIV prevention programs. In the new National HIV/AIDS Strategy Federal Action Plan, the President not only identified several groups of women as priority populations, but also directed federal agencies to better integrate HIV and women's health care, to highlight the geographic availability of family planning health centers, and to educate women and girls to prevent HIV.²

Texas nonetheless is expected to end its partnership with Planned Parenthood at the end of this year. Unfortunately, this decision is in step with Texas's well-documented recent history of stamping out access to women's health providers throughout the state. The present attack threatens to leave thousands in the Houston area without a source of life-saving HIV preventive

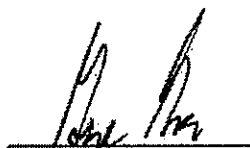
¹ The City of Houston accounts for the highest number of residents diagnosed with HIV in the state. Texas Department of State Health Services, *Texas HIV Surveillance Report: 2014 Report* (Jul 2015), available at <https://www.dshs.state.tx.us/hivstd/reports/>.

² White House Office of National AIDS Policy, *National HIV/AIDS Strategy: Updated to 2020, Federal Action Plan* (Dec. 2015), available at https://www.whitehouse.gov/sites/default/files/docs/nhas_2020_federal_action_plan_2016-2020.pdf.

care, fundamentally undermining the objectives of the federal program. We know what happens when communities lose HIV testing centers as a result of defunding Planned Parenthood – earlier this year Scott County, Indiana, found itself in the midst of an unprecedented HIV outbreak, due in part to the state's recent move to gut funding for several rural Planned Parenthood health centers that once provided vital HIV testing and information.

States must prioritize protecting the health of people living with or at risk for HIV – not scoring political points. While we recognize that states may tailor their provider networks to achieve the most comprehensive access possible, states must not be permitted to baldly discriminate against women's health providers in recruiting partners for federal programs – particularly when doing so puts lives in danger. We urge the CDC to examine the decision that Texas is making to ensure that the state is not improperly removing the very providers that are most qualified to achieve the goals of the program.

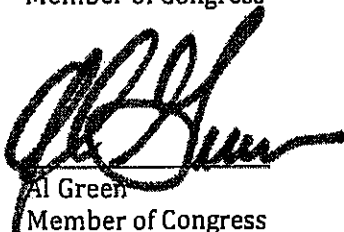
Sincerely,



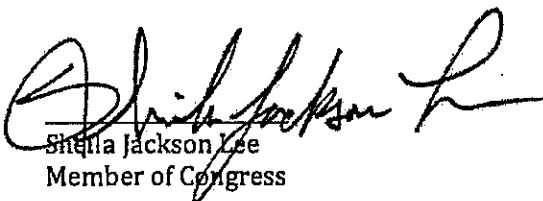
Gene Green
Member of Congress



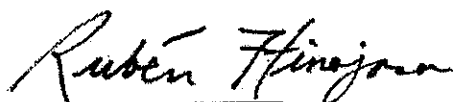
Lloyd Doggett
Member of Congress



Al Green
Member of Congress



Sheila Jackson Lee
Member of Congress



Rubén Hinojosa
Member of Congress



Filemon Vela
Member of Congress



Joaquin Castro
Member of Congress

Drug resistance acquired during HIV PrEP rapidly disappears after medication is discontinued

Michael Carter

Published: 14 December 2015

Drug resistance acquired in rare cases of HIV infection during treatment with pre-exposure prophylaxis (PrEP) rapidly disappears once medication is discontinued, investigators report in *AIDS*. Use of ultra-sensitive tests performed six months after seroconversion and discontinuation of PrEP failed to find any resistant virus.

“Multiple studies have now shown that the risk of developing resistance from PrEP is very low, but is an important concern for those who initiate PrEP during unrecognized acute infection,” comment the authors. “Our data show that resistance selected in these cases decays rapidly to levels below detection of even highly sensitive assays.”

PrEP with emtricitabine/tenofovir (*Truvada*) or tenofovir (*Viread*) alone is highly effective at preventing infection with HIV. However, resistance to these antiretroviral drugs has been detected in individuals who initiated PrEP during unrecognized acute HIV infection, and, very rarely, in patients infected with HIV while taking PrEP.

Such resistance could limit future HIV treatment options. It is therefore important to determine if it persists once treatment is withdrawn. To answer this question, investigators from the Partners PrEP study designed a longitudinal study involving nine patients who had drug-resistant HIV (K65R, K70E, and/or M18IV mutations) detected during HIV seroconversion. Archived blood samples were tested to see if

resistance was transmitted or acquired because of PrEP. Ultra-sensitive assays were used to monitor for resistant strains of virus six, twelve and 24 months after cessation of PrEP.

Archived blood samples which were HIV RNA-positive, antibody-negative were available prior to seroconversion for four of the nine patients. None of these patients had resistance mutations prior to seroconversion, suggesting that resistance was acquired due to PrEP therapy rather than being transmitted.

PrEP was stopped immediately on the detection of seroconversion. Ultra-sensitive assays were used to see if resistance persisted after PrEP was withdrawn.

Levels of resistant virus had decayed – or fallen – to below the limit of detection in all patients six months after treatment was discontinued and remained undetectable twelve and 24 months after follow-up.

“PrEP-selected resistance decays rapidly after PrEP cessation,” comment the investigators. “By six months after seroconversion (after PrEP was discontinued), resistance mutations K65R, K70E and/or M184IV that were present at seroconversion were no longer detected, even with highly sensitive resistance testing.”

Only one patient started antiretroviral treatment (ART) within 40 months of seroconversion. This patient initiated therapy at month 33, taking a combination of nevirapine/emtricitabine/tenofovir. Viral load was approximately 19,000 copies/ml. Three months after starting ART, this patient had an undetectable viral load.

The investigators call for future studies to examine whether PrEP-associated resistance affects subsequent response to treatment.

Reference

Weis JF et al. *Preexposure prophylaxis-selected drug resistance decays rapidly after drug cessation*. AIDS 30: 31-35, 2015.