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, May 11, 2017 Meeting Location: 2223 W. Loop South, Room 532 Houston, Texas 77027

I. Call to Order

Cecilia Ross, Chair,

A. Welcome and Moment of Reflection

RW Planning Council

- B. Adoption of the Agenda
- C. Approval of the Minutes
- D. Training: DSHS Legislative and ADAP Updates

Shelley Lucas,

Texas Dept. of State Health Services (DSHS)

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

Item: Speakers Bureau Workgroup
Recommended Action: FYI: The April meeting was cancelled since neither co-chair was available to participate. Steven Vargas has agreed to be the new co-chair in place of John Lazo.

Isis Torrente and Steven Vargas, Co-Chairs

B. Quality Improvement Committee
No report. The Committee did not meet in April so that members
could participate in the How to Best Meet the Need workgroup
meetings.

Robert Noble and Gloria Sierra, Co-Chairs

C. Affected Community Committee No report. The Committee did not meet in April so that members could participate in the How to Best Meet the Need workgroup meetings.

Rodney Mills and Tana Pradia, Co-Chairs

Ella Collins-Nelson and

Paul Grunenwald, Co-Chairs

D. **Operations Committee**

Curtis Bellard and Item: Update on Ryan White Report Training Nancy Miertschin, Co-Chairs

Recommended Action: Verbal update.

Item: Council Bylaws and Policy Review

Recommended Action: Motion: Approve the attached revisions to

the following Council policies:

Standing and Other Committees, 400.01

- Computer Policy, 1100.00
- Election of Officers, 500.01

Item: Election Policy

Recommended Action: Motion: If the above recommended changes to the Election of Officers policy (policy 500.01) are approved at the May 2017 Council meeting, then the Operations Committee recommends that the call for nominations for the office of Vice Chair be made at the May 2017 Council meeting with the election taking place at the June 2017 Council meeting.

E. **Priority and Allocations Committee**

> *Item:* Reports from the Administrative Agency – Part B/SS Recommended Action: See the attached reports:

- Procurement, Pt. B dated 04/07/17
- Procurement, State Services (SS) dated 04/07/17
- Health Insurance Assistance dated 04/05/17
- Health Insurance Assistance dated 03/06/17

Item: FY 2017 Allocations

Recommended Action: FYI: The Priority and Allocations Committee tabled allocating/reallocating Part A funds in the amount of \$108,780 and State Services-Rebate (SS-R) funding in the amount of \$975,000 until their May 2017 committee meeting so that staff can gather additional information.

Item: FY 2017 Allocations

Recommended Action: Motion: Approve the attached request for for funding in the amount of \$16,220 for Road 2 Success 2017.

IV. Report from the Office of Support Tori Williams, Director V. Report from Ryan White Grant Administration Carin Martin, Manager VI. Report from The Resource Group S. Johnson-Fairley, Health Planner VII. Shital Patel, MD Medical Updates **Baylor College of Medicine** VIII. New Business (30 seconds/report) A. HOPWA Krystal Shultz B. Community Prevention Group (CPG) Herman Finley C. Update from Task Forces: Sexually Transmitted Infections (STI) Herman Finley African American S. Johnson-Fairley Latino Gloria Sierra • MSM Ted Artiaga Robert Noble Transgender • Hepatitis C Steven Vargas • Urban AIDS Ministry Ella Collins-Nelson Youth D. HIV and Aging E. Positive Women's Network Tana Pradia F. END HIV Houston Venita Ray G. Ryan White Part C Urban and Part D Nancy Miertschin H. SPNS Grant: HIV and the Homeless Program Nancy Miertschin I. Texas HIV Medication Advisory Committee Nancy Miertschin J. Texas HIV Syndicate Amber Harbolt K. Legislative Updates L. Texas HIV/AIDS Coalition IX. Announcements

Adjournment

X.

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



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MINUTES

12 noon, Thursday, April 13, 2017 2223 W. Loop South, Room 532; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Cecilia Ross, Chair	John Poole	Jim Osburn
Carol Suazo, Secretary	Tana Pradia	Shabaura Perryman, Bristol Myers
Ted Artiaga	Teresa Pruitt	Ann Dills, DSHS
Curtis Bellard	Viviana Santibanez	Shelley Lucas, DSHS
Skeet Boyle	Gloria Sierra	
Ella Collins-Nelson	Krystal Shultz	
Amber David	Venita Ray	STAFF PRESENT
Johnny Deal	Isis Torrente	Ryan White Grant Administration
Evelio Salinas Escamilla	Steven Vargas	Carin Martin
Herman Finley		Tasha Traylor
Tracy Gorden		
Angela F. Hawkins	MEMBERS ABSENT	The Resource Group
J. Hoxi Jones	Connie Barnes, excused	Sha'Terra Johnson-Fairley
Denis Kelly	David Benson, excused	Lashunda Robinson, Intern
Peta-gay Ledbetter	Bianca Burley, excused	
Tom Lindstrom	Paul Grunenwald, excused	Office of Support
Nancy Miertschin	Arlene Johnson, excused	Tori Williams
Rodney Mills	Osaro Mgbere, excused	Amber Harbolt
Allen Murray	Shital Patel, excused	Diane Beck
Robert Noble	Larry Woods, excused	

Call to Order: Cecilia Ross, Chair, called the meeting to order at 12:06 p.m.

During the opening remarks, Ross said please be sure to budget 90 minutes for all committee meetings and 2 hours for Council meetings. Our meetings do not usually take that long, but we all need to be prepared to stay to complete important work if necessary She thanked everyone who took the Open Meetings Act training. At this time, 100% of the Council membership has taken the required training. We are working on meeting this same requirement with the external committee members. As a follow up to an email announcement, John Lazo has resigned because he has gone back to work and his new position does not allow him to be gone from the office for meetings

during the day. Denny Delgado has also submitted her resignation because she has moved to New Jersey. Congratulations to Denis Kelly for his new position at Avenue 360. He will continue to be a Council member but he is now conflicted. Because John Lazo was the Council Vice Chair, the Operations Committee will review the election policy and begin the process of seeking nominations for a new Vice Chair when they meet on Tuesday, April 18th. Congratulations to Steven Vargas for being selected to serve a four-year term on the US Department of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents. The Panel is a Working Group of the Office of AIDS Research Advisory Council (OARAC) of the National Institutes of Health. She reminded everyone that the training for the FY 2018 How To Best Meet the Need process starts as soon as Council adjourns and asked that everyone work with her to keep the Council meeting on track so that the training can start promptly.

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

Approval of the Minutes: <u>Motion #2</u>: it was moved and seconded (Bellard, Sierra) to approve the March 9, 2017 minutes. **Motion carried.** Abstentions: Boyle, Ray.

Training: Houston HIV Care Continuum: Ann Dills, Texas Department of State Health Services, gave the attached presentation.

Public Comment and Announcements: See attached comment and additional related information from Steven Vargas and Gloria Sierra. Sierra said that she is seeing immigrant parents and children who are not coming in to renew their child's eligibility or their own. She also said that when ICE picks up an adult or child and takes them to a detention facility, they throw away their medications.

Reports from Committees:

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following: Speakers Bureau Workgroup: The Speaker's Bureau Workgroup will meet on April 20, August 17, and December 13, 2017. Please see Diane Beck if you would like to be added to the Workgroup.

2012-2016 Comprehensive Plan Year 4 Evaluation Report: <u>Motion #3:</u> Approve the attached 2012-2016 Comprehensive Plan Year 4 (2015) Evaluation Report. Motion carried unanimously.

2017 Special Studies: <u>Motion #4:</u> Conduct the Social Determinants of Health Supplement special study, working with the Houston Health Department Bureau of Epidemiology to mine data from the Houston Medical Monitoring Project (HMMP). Based on gaps in knowledge identified through this study, conduct a second qualitative special study on out of care and retention in care. **Motion carried unanimously.**

2016 Needs Assessment Profiles: FYI: See the attached 2016 Houston HIV Care Services Needs Assessment Profile of Transgender and Gender Non-conforming Individuals.

Quality Improvement Committee: Gloria Sierra, Co-Chair, reported on the following: Criteria for Determining the FY 2018 Service Definitions: <u>Motion #5:</u> Approve the attached criteria for determining the FY 2018 Service Definitions. **Motion carried unanimously.**

Reports from Administrative Agent – Part A/MAI: See the attached reports:

• 2016 Client Satisfaction Report, dated March 2017.

Reports from Administrative Agent – Part B/SS: See the attached reports:

• Procurement (2), dated 03/16/17

- Health Insurance Assistance Program Report, dated 03/06/17
- TRG Consumer Interview Results 2016
- Quality Management Presentation
- 2016-2020 Quality Management Plan
- 2016 Chart Reviews:
 - 1. Early Intervention Services
 - 2. Home & Community Based Services
 - 3. Hospice Services
 - 4. Mental Health Services
 - 5. Oral Health Care Services

FY 2018 How to Best Meet the Need Process: See the attached schedule of FY 2018 training and workgroup meetings. Please sign up with Diane Beck if you wish to participate. Please note the two special workgroups on Emergency Financial Assistance and making services more accessible to the transgender community.

Input into the Part B/SS Standards of Care: <u>Motion #6:</u> it was moved and seconded (Escamilla, Boyle) to table this item regarding the Part B/State Services Standards of Care and send it back to the Quality Improvement Committee for further review. Motion carried.

Affected Community Committee: Tana Pradia, Co-Chair, reported on the following: Committee Training: Tori Williams provided training on the FY 2018 How to Best Meet the Need process.

Committee Training: The Committee engaged in an exercise where they role played responses that they might give while representing the Council at a health fair or other event.

Road 2 Success Proposal: *Motion #7:* Approve the attached proposal which would move Road 2 Success/Camino hacia tu Salud under the auspices of the Affected Community Committee. **Motion carried.** Noble abstained.

ADAP Update with Consumers: At 2 pm on Thursday, May 18, 2017, Rachel Sanor, Manager of the Texas HIV Medication Program (THMP) will be meeting with members of the Affected Community Committee and others who wish to discuss ways in which THMP is working to improve their processes. Please RSVP to Diane Beck if you wish to attend.

2017 Greeters: See the attached list of the 2017 Greeters.

Operations Committee: Curtis Bellard, Co-Chair, reported on the following.

2017 Texas Open Meetings Act Training: See the attached list of those who have taken the Open Meetings Act training.

2017 Council Training Topics: See the attached list of 2017 Council training topics.

Council Bylaws and Policy Review: <u>Motion #8:</u> Approve the attached revisions to the following Council policies: Public Comments, 100.01; Quorum, Voting, Proxies Attendance, 600.01; Honorariums, 1200.00. Motion carried unanimously.

Priority and Allocations Committee: No report.

Report from Office of Support: Tori Williams, Director, summarized the attached report. The winners of the Project LEAP recruitment contests were Janese Bustillos for the highest number of transgender applicants and Johnny Deal for the overall highest number of applicants.

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

Report from The Resource Group: Sha'Terra Johnson-Fairley summarized the attached report.

New Business:

HOPWA: Shultz said that the HOPWA RFP will be released next month.

Updates from Task Forces:

African American: Johnson-Fairley said they will be partnering with Texas Black Women's Initiation for a Youth HIV Awareness day event on April 19th at Prairie View A&M.

Latino: Sierra submitted the attached report.

MSM: Artiaga submitted the attached report.

Hepatitis C: Vargas submitted the attached report.

Texas HIV Medication Advisory Committee: Miertschin said that they met on April 7th and gave updates on the reorganization of ADAP. They have hired contract workers to clear the application backlog.

Texas HIV Syndicate: Harbolt said the first meeting of the year will be May 7-9.

Announcements: Ross said she was still working to get the committee cross training set up. Gorden said it was 27 years ago last Saturday that Ryan White passed away. He is still collecting items to send for kids in Africa. He thanked everyone who helped him distribute Project LEAP information. Vargas said there is a kid day on April 28th with free food, games, etc. See the attached flyer. Williams said that the How to Best Meet the Need Training will start immediately following the Council meeting.

Adjournment: The meeting was adjourned at 1:26 p.m.

Respectfully submitted,	
Victoria Williams, Director	Date
Draft Certified by Council Chair:	Date
Final Approval by Council Chair:	Date

Council Voting Records for April 13, 2017

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Operations Committee Report

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JULY 15, 1998

REV AUGUST 8, 2013 MAY 11, 2017

POLICY No.400.01

STANDING AND OTHER COMMITTEES AND EXTERNAL MEMBERSHIP

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This policy establishes the roles and responsibilities of each Standing Committee of the Ryan White Planning Council (RWPC) and defines other committees.

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AUTHORITY

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The RWPC through adoption of its bylaws ensures that there will be six (6) Standing Committees (including Steering) and establishes that there will be "other" committees as may be necessary to carry out the duties and responsibilities of the RWPC.

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Ryan White HIV/AIDS Treatment Modernization Act of 2006 Extension Act of 2009 or the Ryan White Program and by establishment of Houston Area HIV Health Services Ryan White Planning Council as established by the CEO ensures that the actions and decisions of the RWPC as represented through its committees are within the scope and intent of the Act.

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REQUIREMENTS FOR STANDING COMMITTEE MEMBERSHIP

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Planning Council members will be asked to complete a Skills Inventory checklist to document experiences and skills appropriate to committee charges and work plans.

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STANDING AND OTHER COMMITTEES

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STEERING COMMITTEE:

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Members of this committee will consist of the PC officers and chairs, or co-chairs, of the standing committees. In a case where standing committees have co-chairs, only one of them may vote at Steering Committee meetings. The Steering Committee will be responsible for the following:

- Setting the agendas for Ryan White Planning Council
- Making recommendations to the Ryan White Planning Council
- Providing leadership
- Previewing reports from the Standing Committees
- Functioning in "emergency" situations as they arise.

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The Steering Committee will meet once a month for a projected two-hour meeting. This committee will not have external members.

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QUALITY ASSURANCE IMPROVEMENT COMMITTEE:

- This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White Part A funded services. This committee is also the place where
- 40 definitions and recommendations on "how to best meet the need" are made. Standards of Care and

Outcome Evaluation, which must be looked at within each year, will also be monitored from this committee. Whenever possible, this committee should collaborate with other Ryan White planning groups, especially within the service categories that are also funded by other Ryan White monies, to create shared Standards of Care.

This committee is also designed to implement the PC's third legislative requirement assessing the rapid disbursement of Ryan White Part A funds. It will receive reports on the HIV services procurement process and aggregate service reports to assure compliance with PC service priorities, allocations and compliance with the EMA's HIV/AIDS epidemiology. This committee will initiate, manage and evaluate, as needed, services for outcomes and cost effectiveness. This Committee may benefit from the utilization of external members skilled in service evaluation when professional evaluators are absent among Council members.

COMPREHENSIVE HIV PLANNING COMMITTEE:

This committee will be responsible for implementing, evaluating, monitoring and overseeing the Comprehensive Plan that is approved by the Council. They will act as a liaison to other Planning Groups, and will receive recommendations that are made to the Council regarding the Comprehensive Plan.

This committee will also be in charge of the comprehensive needs assessment activities that are performed periodically by the Council. In as much as these tasks call for community involvement, using this committee to promote community involvement will be a top priority. Matters that relate to the Continuum of Care will be addressed in this committee since it is part of the Comprehensive Plan.

 Timeline: This committee will be responsible for presenting to the Council on at least a yearly basis, an evaluation of the progress of the Comprehensive HIV Services Plan and any revisions/updates for strengthening the plan. They will also be responsible for presenting to the Council a revised Comprehensive HIV Services plan every 3-5 years (or according to HRSA expectations).

PRIORITY AND ALLOCATIONS COMMITTEE:

This committee is designed to give attention to the comprehensive process of establishing priorities and allocations for each PC year. Per a request from the Texas Department of State Health Services, this committee will also provide recommendations on priorities and allocations for Ryan White Part B and State Service funding (see the Letter of Agreement between the Planning Council, Department of State Health Services and other stakeholders dated 07/07). This committee will be appointed by the PC Chair and its membership must be guided by skills appropriate to prioritizing and allocating, not by self-interests in the outcomes from prioritizing and allocating. The committee will be subject to Conflict of Interest standards (see RWPC Policy No.800.01). This committee will meet regularly for a projected two to three hour meeting, and will benefit from the use of external resource persons.

COMMITTEE MEMBERSHIP

To function well, the Priority and Allocations Committee must have access to individuals who represent:

- Skills in epidemiology, health care finance, and financial systems planning
- HIV+ individuals
- Expertise/experience in the Houston EMA Continuum of Care and from health and support services, both private and public. Health services are broadly defined to

91 include the full array of health related services, and are not limited to biomedical 92 services.

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In addition, the Priority and Allocations Committee will require cooperation from individuals who will serve as resource persons to the Priority and Allocations process. Information will be required from individuals knowledgeable in all aspects of the Ryan White Program, State-funded services, HUD, HOPWA, Medicaid and more. Information will be required from the Administrative Agency on service needs met through Part A funds.

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- Resource persons may or may not be requested to attend all Priority and Allocations Meetings.
- 101 The goal will be to balance committee membership according to race and ethnicity, sex and sexual 102 orientation and gender, HIV serostatus, skills and experience, and according to Conflict of Interests 103 policies and procedures.

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COMMITTEE LEADERSHIP

106 The Committee Chair and Vice Chair must be members of the Houston Area HIV Services (Ryan White) Planning Council. 107

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109 **COMMITTEE PARTICIPATION**

110 Each committee member and each committee chair/vice chair will be required to complete a signed 111 assurance of Committee Member Expectations.

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CONFLICTS OF INTEREST

114 No more than two individuals employed by Ryan White Part A, Part B or State Services funded 115 agencies may serve on the Priority and Allocations Committee.

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AFFECTED COMMUNITY COMMITTEE:

This committee is designed to acknowledge the collective importance of consumer participation in PC strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee). The committee will consist of HIV+ individuals, caregivers (friends or family members) and others. All members of the PC who self-disclose as HIV+ should be invited to be a member of the Affected Community Committee; however membership on a committee for HIV+ individuals will not be restricted to the Affected Community Committee.

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When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV/AIDS-related drug representatives are invited. It is acceptable for a pharmaceutical company to provide refreshments at such an educational meeting as long as the refreshments are valued at less than \$25 per person.

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OPERATIONS COMMITTEE:

- 136 This committee will be responsible for four (4) areas of compliance with the Houston Area HIV
- 137 Health Services Ryan White Planning Councils operations as outlined in the Ryan White Program.
- 138 The committee will (1) develop and facilitate the management of PC operating procedures,
- 139 guidelines, and inquiries into member compliance with these procedures and guidelines. (2)
- Implement the Open Nominations Process (RWPC Policy No.200.01), which will require a 140

continuous focus on recruitment and orientation. (3) Initiate and conduct the PC self-evaluations and where the PC staffing pattern design and staff recruitment-selection-evaluation is initiated and conducted. (4) Grievances related to the PC processes will be handled by this committee (RWPC Policy No.1000.01). This committee will meet regularly for a projected two hour meeting and will not benefit from external members, except where resolve of grievances are concerned. External members knowledgeable about the area of grievance may sometimes be utilized to promote objectivity in decision-making.

Because members of the Operations Committee are asked to protect the information of a personal and confidential nature of a Council applicant, and because the Chair of the Planning Council is allowed to participate in interviews with Council applicants as an ex-officio member of the Committee, all members of the Operations Committee and the Chair of the Planning Council are required to sign the Houston Ryan White Planning Council Statement of Confidentiality form. If a Committee member, or the Chair of the Planning Council, does not wish to sign the Statement of Confidentiality form then they are allowed to serve as a member of the Operations Committee, but they are not allowed to participate in interviews with Council applicants.

AD HOC COMMITTEES, WORK GROUPS, SUBCOMMITTEES:

These committees are to be utilized when necessary to conduct meetings outside of regular RWPC, and Standing Committee meetings. Their task is to make decisions, and relay suggestions back to the Standing Committee or the RWPC. These committees are short term in nature and task oriented. The formation of these committees can be suggested by officers and members of the RWPC as necessary to carry out the aims, goals, and objectives of the RWPC as it relates to the intent of the Ryan White Program. The Conflict of Interest Policy applies to all members. Only one voting member per agency will be allowed.

EXTERNAL COMMITTEE MEMBERS:

External members will be appointed by the Chair of the Council to each of the Standing Committees with the exception of Operations and Steering. The Operations Committee will not benefit from external membership except where noted (ref. RWPC Policy 1000.01). Individuals wishing to become External members must submit to the Office of Support an External Membership Application which will include contact information for two references. Before making an appointment, the Chair must contact references for candidates unless the person has already served as an external committee member, Council member or Project LEAP student. The Council Chair can ask the Manager of the Office of Support to assist with contacting references. Both must use the approved form to document the results of all calls.

When committees have membership openings, the Office of Support will notify the Council Chair of all pending applications and references will be contacted at that time and before an appointment is made.

VOTING PRIVILEGES AND CONFLICT OF INTEREST FOR EXTERNAL

COMMITTEE MEMBERS:

External members can only vote at committee, sub-committee, and workgroup meetings. They may not vote at Council meetings.

- External members must declare a conflict of interest, abiding by the same rules as full council
- members. On the committee level, only one voting member per agency (full or external) will be
- permitted to vote. The number of external members on a standing committee should not equal or
- 190 exceed the number of council members on that committee.

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL (RWPC)

EST. JAN 2002

REVISED DECEMBER 13, 2007

POLICY NO. 1100.00

COMPUTER POLICY

PURPOSE

This policy establishes the guidelines by which petty cash reimbursements of expenses for personal computer ISP lines on which they do business related to the Houston Area HIV Health Services (Ryan White) Planning Council. While all members of the RWPC are eligible for reimbursement this policy notes that members who are not Persons Living with HIV/AIDS (PWAs) are encouraged to pay for their own expenses out of their own funds. This policy includes both internal as well as external members.

PROCESS

Reimbursement requests are to be submitted to the Office of Support for payment and must include the name and home address of the Council or External member. Receipts can be submitted at anytime within 45 days of the date of the event, with the exception of end of year reimbursements which must be submitted within 30 days after the end of the Ryan White Part A fiscal year. Any request over and above the amounts and time frames as outlined above needs to be submitted in writing to the RWPC Manager for approval. Reimbursement requests presented 30 days after the end of the fiscal year will not be approved. All reimbursements are available from the RWPC Support Staff.

REIMBURSEMENT FOR ISP LINES

The Council will pay for 50%, with a maximum cap of \$11 per month, for the cost of a Council member's home ISP service. The Council member must submit a copy of the bill and a copy of their check or credit card receipt indicating payment of the total bill in order to be reimbursed from petty cash.

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998

REV November 13, 2014

POLICY No. 500.01

ELECTION OF OFFICERS, ELECTION OF COMMITTEE CHAIRS, DUTIES OF OFFICERS & CHAIRS

PURPOSE

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This policy establishes the guidelines by which the officers of the Houston Area HIV Health Services Ryan White Planning Council will be elected. In addition, this outlines and defines the duties of RWPC Officers and duties of the Chairs of each of the Standing Committees. (See RWPC Policy No.400.01)

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AUTHORITY

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Bylaws (12/07) Article V, Sec5.01 - Sec5.06 ensures that the nomination and selection of officers and committee chairs will be in accordance with those principles.

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DEFINITIONS

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Ryan White Planning Council Officers refers to the positions of Chair, Vice Chair, and Secretary.

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PROCESS

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Nominations for officers may be submitted to the Planning Council Support Staff up until the end of the November Steering Committee meeting. After this time, nominations are added from the floor the day of the election. Nominations for officers will be announced at least one month prior to the December Houston Area HIV Health Ryan White Planning Council meeting. Any member may submit a nomination for himself/herself or another member for a specific office. Before the December Steering Committee meeting, each candidate must submit to the Office of Support a brief written description of their qualifications for the office they are seeking and prepare a short presentation describing their qualifications. The annual election will be held at the December RWPC meeting. Before the election takes place, members will be reminded that any member can ask for a call vote if that is their preference. If paper ballots are used, voters must print their name on their ballot before submitting. If voter does not print their name on the ballot, the ballot will be disqualified and not included in the election results. Paper ballots are to be stored in a fire proof safe in the Office of Support for twelve months after the election so that they can be accessed by anyone who wishes to review them. During the election, the Operations Committee will announce the slate of nominees, which will include but not be limited to, each candidate verbally expressing his or her interest in and qualifications for the office they are seeking. Typically, election to office will be by written ballot unless there is only one candidate running for a specific office. A simple majority vote will be required for election. (Per letter from Judge Eckels dated 12-13-00: "As in any political election, the number of candidates is not regulated. Following the first vote in the race, if one candidate has not received the majority, a run-off election is held between the two candidates receiving the most votes. The Council may accept nominations for the slate of officers that exceeds two candidates and may receive nominations from the floor regardless of the number of candidates already nominated.") Each member of the Council shall be entitled to one vote on any regular business matter coming before the Council. A simple majority of members present and voting is required to pass any matter coming before the Council except for that of proposed Bylaw changes, which shall be submitted (in written form) for review to the full Council at least fifteen (15) days prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council shall not vote except in the event of a tie. The election of the officers will be done one at a time in the following order: Chair, Vice-Chair, and Secretary.

QUALIFICATIONS FOR RWPC OFFICERS:

Ryan White Part A or B or State Services funded providers/employees/subcontractors/Board Members and or employees/subcontractors of the Grantee(s) shall not be eligible to run for office of Chair of the Ryan White Planning Council. Except as otherwise required by the Ryan White Program, staff representing the Office of Support and Part A and B administrative agencies cannot serve as members of the Ryan White Planning Council. Staff representing these entities is requested to attend Council, committee and other meetings when work products are being developed and approved.

Candidates will have served as an appointed member of the RWPC for the preceding twelve (12) months and, if needed, have been reappointed by the CEO. If subsequent to the election the Chair of the RWPC becomes a provider/employee of a subcontractor/Board member of a subcontractor/of the Grantee he/she shall be immediately removed from office. A new election will be held to fill any open positions. In the event of a mid-year election, once an officer has vacated a position, a call to accept nominations will be announced at the Steering Committee meeting immediately following the resignation. Nominations for the vacated position may be submitted to the Planning Council Support Staff up until the end of the following Steering Committee meeting (approximately 30 days after the call for nominations). At this time, Office of Support staff will distribute the slate of nominees to all members of the Planning Council. After the close of the Steering Committee meeting, nominations can only be added from the floor the day of the election, which will take place at the Council meeting approximately seven days after the slate of nominees is closed at the Steering Committee meeting. At all times, any one of the three officers must be a self-identified HIV positive person.

DUTIES OF OFFICERS:

The officers of the RWPC will be responsible for the following:

Chair:

Chief Executive Officer of the Council; preside at all meetings of the Council; appoint Standing Committee Chairs; represent (or designate a representative to serve) on behalf of the Council at meetings, conferences, etc. where "Council representation" is requested. Chair assigns committee participation of Council members, and performs such other duties as are normally performed by a chair of an organization or such other duties as the Council may prescribe from time to time. The Chair will be responsible for correspondence to members regarding attendance and participation issues. The Chair will also sign and date the final version of the minutes as indication of PC approval. The Chair of the Council is an ex-offico member of all committees (standing, subcommittee, and work groups). Ex-officio means that he/she is welcome to attend and is allowed to be a part of committee discussion. He/she is not allowed to vote. In the absence of the Chair of the Council, the next officer will assume the ex-offico role with committees.

Vice Chair:

Preside at meetings of the Council in the absence of the Chair. Perform such other duties as the Chair may designate or the Council shall prescribe from time

to time. Performs the above duties in the absence of the Chair.

Secretary:

The position of Secretary will oversee the following tasks:

- 1. The Secretary will ensure that minutes are taken, approved, and filed as mandated by the Ryan White Program.
- 2. Keep an up-to-date roll of PC members. The PC Operations Committee (RWPC Policy 400.01) will file membership management reports with the Secretary for presentation to the PC.
- 3. Call the roll call vote, noting voting and will announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts of interest (COI), the Secretary will process inquiries into votes made in COI.
- 4. Keep a copy of the RWPC Bylaws and other relevant Policies and Procedures at the PC meetings, and will provide the Council with clarification from the Bylaws and Policies & Procedures, as requested.
- 5. Keep a record of all committees of the PC. When (if) new committees are established, the Secretary will assure or cause to be assured the actual formation and implementation of the new committees.
- 6. Be responsible for notification of specially called PC meeting, corresponding to the members as required by the Bylaws.

COMMITTEE CHAIRS:

Committee Chairs will be appointed by the Planning Council Chair. Committee Chairs must be members of the PC for at least one year. If committee leadership is not available from among PC members with at least one year's service, the Chair may seek leadership among remaining PC members. The Standing Committee Chairs will preside at all meetings of their respective committees. The Committee Vice Chair shall preside at all committee meetings in the absence of the Chair. If neither are present, committee members shall use consensus to select another committee member to chair that particular meeting. The Committee Chairs are responsible for the execution of the duties prescribed herein (see RWPC Policy 400.01) for the Committees and for such other duties as may be prescribed by the Chair of the Council or the Council from time to time. The Committee Chairs are responsible for the recording of or cause to be recorded all deliberations undertaken by each respective Committee. Copies of all approved minutes are available from the Office of Support (713-572-3724). Minutes from full Council meetings are available on the PC website (www.rwpc.org) once the draft copy has been approved by the Chair of the Council.

Priority and Allocations Committee Report

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1617 DSHS State Services Procurement Report

September 1, 2016 - August 31, 2017



Chart reflects spending through February 2017

Spending Target: 50%

Revised 4/19/2017

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services*	\$300,000	15%		\$300,000	15%	9/1/2016	\$118,313	39%
7	Health Insurance Premiums and Cost Sharing**	\$1,043,312	53%		\$1,043,312	53%	9/1/2016	\$368,419	35%
9	Hospice ***	\$414,832	21%		\$414,832	21%	9/1/2016	\$143,440	35%
11	EIS - Incarcerated	\$166,211	8%		\$166,211	8%	9/1/2016	\$75,935	46%
16	Linguistic Services	\$48,000	2%		\$48,000	2%	9/1/2016	\$30,125	63%
_	Total Houston HSDA	1,972,355	100%	\$0	\$1,972,355	100%		736,231	37%

^{*} Service utilization is lagging

^{**} HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date. Ending dates: Part A 02/29/17, Part B 03/31/17, State Services 8/31/17

^{***} The agency has seem a drop in clients and is currently performing outreach to increase spending

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1617 Ryan White Part B Procurement Report April 1, 2016 - March 31, 2017



Reflects spending through February 2017

Spending Target: 91%

Revised 4/19/2017

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care****	\$2,120,346	64%	(\$34,781)	\$2,085,565	64%	4/1/2016	\$1,534,364	72%
7	Health Insurance Premiums and Cost Sharing **	\$976,885	29%	(\$16,122)	\$960,763	29%	4/1/2016	\$822,245	84%
9	Home and Community Based Health Services**	\$232,000	7%	(\$3,840)	\$228,160	7%	4/1/2016	\$228,160	98%
	Total Houston HSDA	3,329,231	100%	(\$54,743)	\$3,274,488	100%		2,584,769	78%

- * Amendment-Reduction in award amount and each service category has been reduced proportionately
- ** HIP Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date. Ending dates: Part A 02/29/17, Part B 03/31/17, State Services 8/31/17
- *** HCBH has had a low census. Census has been impacted by clients being out with extended illnesses.

 Focusing on outreach activities in order to increase census, which should coincide with an increase in Ryan White spending.
- **** One provider had a vacant dentist position but is currently filling the vacancy while the other provider has some back billing.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 9/1/2016-01/31/2017

Revised: 3/6/2017



		Assisted			NOT Assisted	
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	359	\$45,003.97	188			0
Medical Deductible	157	\$35,356.27	112			0
Medical Premium	3024	\$933,334.27	848			0
Pharmacy Co-Payment	1381	\$129,282.98	580			0
APTC Tax Liability	1	\$213.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	4922	\$1,143,190.49	1729	0	\$0.00	

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 9/1/2016-02/28/2017

Revised: 4/5/2017



		Assisted			NOT Assisted	
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	363	\$50,202.41	217			0
Medical Deductible	185	\$45,205.99	131			0
Medical Premium	3582	\$1,136,232.00	878			0
Pharmacy Co-Payment	1550	\$146,733.79	672			0
APTC Tax Liability	1	\$213.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	5681	\$1,378,587.19	1899	0	\$0.00	

Comments: This report represents services provided under all grants.

Increased Funding Request from the Office of Support

Respectfully requested on 03-14-17

BUDGET Five Road 2 Success Classes June 2017 through February 2018

Class #2 and #4 in Spanish. Class #5 in English and Spanish

ITEM	ESTIMATED COST*
Food	5,000.00
Light breakfast \$300 x 5 classes	1,500.00
Lunch \$700 x 5 classes	3,500.00
Room Rental	2,010.00
Classes #1 & #2 – To be determined	300.00
Class #3 – Montrose Center	270.00
Class #4 – Leonel Castillo Community Center	1,050.00
Class #5 – Montrose Center	390.00
Interpreters	2,320.00
ASL - Class #1, #3 and #5	1,845.00
Spanish - Class #5	475.00
Spanish Translation	1,500.00
Spanish Materials/Handouts for Classes #2, #4 and #5	
Advertising	4,240.00
English Speaking Press & Social Media	3,440.00
Spanish Speaking Press & Social Media	800.00
Supplies	400.00
(color toner, paper, etc.)	
Transportation Reimbursement	750.00
TOTAL ESTIMATED COST	16,220.00

^{*}Cost estimates based on previous events

Please direct all questions to Tom Lindstrom, Houston Walgreen's representative at: thomas.lindstrom@walgreens.com or 713-876-5370.

Walgreens Healthcare Clinics to Offer Testing Services for Sexually Transmitted Infections, Including HIV, Hepatitis and Others

18 April 2017

In addition, Healthcare Clinics in the Houston market will begin prescribing PrEP for HIV prevention April 25

DEERFIELD, Ill., April 18, 2017 - Beginning April 25, Walgreens Healthcare Clinic locations in select markets will offer testing services for sexually transmitted infections (STIs), including HIV, Hepatitis B and C, chlamydia, gonorrhea and other conditions.

As part of the services, which will be offered in Cincinnati, Cleveland, Columbus (Ohio), Dallas, Denver, Houston, Kansas City, Knoxville, Las Vegas, Louisville, Memphis, Nashville, Orlando, Philadelphia, Phoenix, Tucson, Washington D.C., and Wichita, Healthcare Clinic providers – nurse practitioners and physician assistants - will first conduct a consultation with the patient and, as applicable, conduct the STI testing process. The method of testing varies based on the type of condition being assessed. Healthcare Clinic providers can offer treatment or a referral to a specialist, as needed.

In addition to STI testing, Walgreens is also furthering its commitment to supporting communities impacted by HIV through prevention and early detection services. On April 25, providers at Walgreens Healthcare Clinics in the Houston area, can begin prescribing PrEP (Pre-Exposure Prophylaxis), a medication protocol for people who don't have HIV to help proactively protect against HIV infection. When taken daily as directed, PrEP can reduce the risk of HIV infection by more than 90 percent when used consistently.

Following an initial PrEP consultation with a patient, Healthcare Clinic providers will be able to conduct tests for HIV and other STIs, as needed. Upon review of test results, providers will conduct a follow-up visit and may prescribe PrEP, as necessary.

"Offering these new services in our Healthcare Clinics demonstrates our ongoing commitment to improving the comprehensive health and wellbeing of our patients," said Pat Carroll, MD, chief medical officer for Walgreens Healthcare Clinics. "We're proud to introduce the testing services during STD Awareness Month in April, and support the Centers for Disease Control and Prevention (CDC) in raising public awareness about the impact that STDs - the diseases that can develop from STIs – can have on the lives of Americans and the importance of testing and prevention."

Glen Pietrandoni, Walgreens senior director, virology disease state, said, "With our long history of working with the HIV/AIDS community, we are as committed as ever to the ongoing, incredible advancement in HIV testing, prevention and treatment that has occurred over the last decade, and to providing greater access to high quality testing and prevention services through the clinics and our pharmacies."

Also, as part of this commitment, Walgreens pharmacy staff and store managers chain-wide will be completing HIV Continuing Education (CE) training courses. The curriculum includes a Walgreens-developed HIV stigma course as well as a HIV prevention course developed by Walgreens in collaboration with the National Alliance of HIV Education and Workforce Development (NAHEWD). The educational training also includes tools for improving adherence to PrEP.

Pietrandoni said, "With this training, our pharmacy staff will be even more equipped to offer one-on-one medication counseling and other support services that provide our patients living with HIV/AIDS and their families, as well as those at risk for HIV, with compassionate, confidential care."

Walgreens also collaborates with health departments and local AIDS service organizations to help provide free HIV testing as part of an ongoing effort to broaden the reach of HIV information and testing in non-traditional settings and to support local organizations' outreach efforts.

New Source of HIV Persistence Identified

April 18, 2017 • Press Release

Team Identifies a New HIV Reservoir



Drs. J. Victor Garcia and Jenna Honeycutt are authors of the paper in Nature Medicine identifying a new target for HIV cure research.

HIV cure research to date has focused on clearing the virus from T cells, a type of white blood cell that is an essential part of the immune system. Yet investigators in the Diseases at the University of North Carolina School of Medicine have found the virus persists in HIV-infected macrophages. Macrophages are large white blood cells found in tissues throughout the body including the liver, lung, bone marrow and brain. The discovery of this additional viral reservoir has significant implications for HIV cure research. These findings were published in Nature Medicine on Monday, April 17.

"These results are paradigm changing because they demonstrate that cells other than T cells can serve as a reservoir for HIV," said Jenna Honeycutt, Ph.D., lead-author and postdoctoral research associate in the UNC Division of Infectious Diseases. "The fact that HIV-infected macrophages can persist means that any possible therapeutic intervention to eradicate HIV might have to target two very different types of cells."

Last spring, this laboratory lead by J. Victor Garcia, Ph. D., professor of medicine, microbiology and immunology at UNC School of Medicine, demonstrated the ability of tissue macrophages to support HIV replication in vivo in the total absence of human T

cells. But how macrophages would respond to antiretroviral therapy (ART) and whether macrophages represented a reservoir for HIV after treatment were unknown.

Macrophages are myeloid lineage cells that have been implicated in HIV pathogenesis and in the trafficking of virus into the brain. Using a humanized myeloid-only mouse (MoM) model devoid of T cells, Garcia and his team showed that ART strongly suppresses HIV replication in tissue macrophages. Yet when HIV treatment was interrupted, viral rebound was observed in one third of the animals. This is consistent with the establishment of persistent infection in tissue macrophages.

"This is the first report demonstrating that tissue macrophages can be infected and that they respond to antiretroviral therapy," Honeycutt said. "In addition, we show that productively infected macrophages can persist despite ART; and most importantly, that they can reinitiate and sustain infection upon therapy interruption even in the absence of T cells – the major target of HIV infection."

Now that Garcia and his team know HIV persists in macrophages, the next step will be to determine what regulates HIV persistence in tissue macrophages, where in the body persistently infected macrophages reside during HIV treatment and how macrophages respond to possible therapeutic interventions aimed at eradicating HIV from the body.

The UNC School of Medicine team collaborated with scientists in UNC's Department of Biostatistics, the Theoretical Division at Los Alamos National Laboratory, Veterans Affairs San Diego Healthcare System, and the Departments of Medicine and Pathology at the University of California at San Diego. This study was funded by the National Institute of Mental Health and the National Institute of Allergy and Infectious Diseases of the U.S. National Institutes of Health.