**DRAFT**

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL

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*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, October 12, 2017
Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

I. Call to Order — Cecilia Ross, Chair, RW Planning Council
   A. Welcome and Moment of Reflection
   B. Adoption of the Agenda
   C. Approval of the Minutes
   D. Training: Results of the 2015-2017 SPNS Project — Tom Giordano, MD, Medical Director, Thomas Street Health Center
   E. Training: EIIHA Update — Amber Harbolt, Ryan White Office of Support

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 — Isis Torrente and Steven Vargas, Co-Chairs
      *Item:* Social Determinants of Health Special Study
      *Recommended Action:* **FYI:** See attached "verbal" update.

*Item:* FY 2018 EIIHA Plan Target Populations
*Recommended Action:* **FYI:** The following target populations for the FY 2018 EIIHA Plan received final approval from the Comprehensive HIV Planning Committee (see attached):

- African Americans
- Hispanics/Latinos age 25 and over
- Men who have Sex with Men (MSM)

Office of Support is to include information on HIV and aging in the EIIHA section of the HRSA application.

*Item:* FY 2018 EIIHA Plan Target Populations
*Recommended Action:* **FYI:** The Office of Support is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data is not sufficient to assess the need for testing, referral, and linkage in at-risk populations such as among those who are transgender, intersex, homeless, those released from incarceration, adolescents ages 13 to 17, and young adults ages 18 to 24.

B. Quality Improvement Committee — Robert Noble and Gloria Sierra, Co-Chairs
*Item:* Reports from the Administrative Agency - Part B/SS*
*Recommendation:* FYI: See the attached reports:
FY16/17 RW Part B Procurement, dated 08-02-17
FY16/17 State Services Procurement, dated 08-02-17
2017 Health Insurance Assistance Service Utilization, dated 07-06-17

*Item:* Standards of Care Training
*Recommendation:* See the attached training materials which were presented to the Quality Improvement Committee.

C. Affected Community Committee — Rodney Mills and Tana Pradia, Co-Chairs
*Item:* FY 2018 Standards of Care
*Recommended Action*: FYI: On October 23, 2017, there will be a consumer-only workgroup to provide input into standards of care for FY 2018 Ryan White Part A/MAI*, Part B and State Services funded services. All Ryan White consumers are encouraged to attend.

*Item: Camino hacia tu Salud*
*Recommended Action*: FYI: *Camino hacia tu Salud*, the Spanish version of *Road 2 Success,* took place on Monday evening, September 25, 2017. The Affected Community Committee partnered with the Positive713 support group to co-host the event. Thirty-three people were in attendance, including six speakers and staff members.

*Item:* Road 2 Success
*Recommended Action:* FYI: Members of the Affected Community Committee used data from former Road 2 Success evaluation forms and the 2016 Houston Area HIV Needs Assessment to discuss topics for the upcoming, four-hour Road 2 Success seminars in English and Spanish. The first seminar will be held at the Montrose Center at 10 am on Saturday, November 4, 2017.

D. Operations Committee — Curtis Bellard and Nancy Miertschin, Co-Chairs

*Item:* Cross Committee Trainings
*Recommended Action:* FYI: Those who participated in at least one of the Cross Committee trainings have been asked to complete an evaluation form. If you have not submitted your form to Amber, or online, please do so soon.

*Item:* Stigmatizing Language
*Recommended Action:* FYI: As a follow up to the Council's Decision to remove all stigmatizing language found in the Council bylaws, policies, procedures, website and elsewhere, please see the four documents that list preferred HIV-related terms. There is an additional, lengthy guide on the information table for those who would like a hard copy.

*Item:* Updated/Revised Council Policies
*Recommended Action:* Motion: approve the attached, updated/revised Ryan White Planning Council policies (edited text is bold and underlined):

- 200.01 Nominations Screening Process
- 200.03 Meetings
- 300.01 Letters of Support and more
- 400.02 Roles & Responsibilities

*Item:* Petty Cash Policy No. 900.01
*Recommended Action:* Motion: approve the attached Ryan White *Petty Cash Policy No.* 900.01 (edited text is bold and underlined) and the two related forms.

*Item:* 2018 Council Applicants
*Recommended Action:* FYI: The committee interviewed three 2018 Council applicants in September and will be interviewing four additional candidates in October.

*Item:* New External Member Orientation
*Recommended Action:* FYI: Three new external committee members received orientation to Ryan White policies and procedures and more On Friday, September 29, 2017.

E. Priority and Allocations Committee — Ella Collins-Nelson and Paul Grunenwald, Co-Chairs

No report

F. Positive Connections Ad Hoc Committee — Steven Vargas, Co-Chair

*Item:* General Update
*Recommendations:* Verbal update from September 14, 2017 meeting.

IV. Response to Hurricane Harvey's Impact on PLWH in the EMA — Cecilia Ross
*Item:* Public Comment
*Recommendations:* See the attached.

NOTE: Because the September Council meeting was cancelled, there will be September and October reports from each staff member.

V. Report from the Office of Support — Tori Williams, Director

VI. Report from Ryan White Grant Administration — Carin Martin, Manager

VII. Report from The Resource Group — S. Johnson-Fairley, Health Planner

VIII. Medical Updates — Shital Patel, MD, Baylor College of Medicine

IX. 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
- Transgender — Viviana Santibanez
- 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 — Denis Kelly

L. Texans Living with HIV Network — Venita Ray

X. Announcements

XI. Adjournment

# HOUSTON AREA HIV SERVICES
# RYAN WHITE PLANNING COUNCIL

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# MINUTES

12 noon, Thursday, August 10, 2017
Meeting Location: Ryan White Offices, 2223 W. Loop South, Rm 532; Houston, Texas 77027

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

**Call to Order:** Cecilia Ross, Chair, called the meeting to order at 12:00 p.m.

During the opening remarks, Ross said that the Committee Cross Trainings in May and July have been well attended. Many thanks to the trainers and the participants. The next committee cross training will be on Monday at 1:00 p.m. and will provide an understanding of the processes and documents used by the Priority and Allocations and Comprehensive HIV Planning Committees. She then called for a Moment of Reflection.

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

**Approval of the Minutes:** ***Motion #2:*** *it was moved and seconded (Kelly, Collins-Nelson) to approve the July 13, 2017 minutes.* **Motion carried.** Abstentions: Benson, Ledbetter, Miertschin, Mills, Pruitt, Torrente.

**Training: Proposed Pilot Project:** Dr. Karen Ingersoll and Ava Lena Waldman from the University of Virginia presented information on the Positive Links app and answered questions about their findings.

**Training: Updates on TDSHS Budget and Programs:** Shelley Lucas, MPH, Manager of the HIV/STD Prevention and Care Branch at the Texas Department of State Health Services (TDSHS) gave an update on the Texas Department of State Health Services budget and programs.

**Public Comment and Announcements**: See attached written comment.

**Reports from Committees:**
**Comprehensive HIV Planning Committee:** Isis Torrente, Co-Chair, reported on the following: Update on Speakers Bureau: The Speaker's Bureau Workgroup met on June 6th to revise the procedure for securing and scheduling speaking engagements. Please see the attached procedure. On August 15th, the Speaker's Bureau Workgroup will determine speaking engagement goals and measures, with particular focus on recruiting applicants for Project LEAP and Planning Council from among local business communities. Please see Diane if you would like to be added to the Speaker's Bureau Workgroup.

Needs Assessment - Youth and Aging Profile: See the attached Youth and Aging Profile.

FY 2018 EIIHA Plan*:* **Motion #3:** In order to meet HRSA grant application deadlines, request the Planning Council to allow the Comprehensive HIV Planning Committee to have final approval of the FY 2018 EIIHA Plan, provided that:

- The FY 2018 EIIHA Plan is developed through a collaborative process that includes stakeholders from prevention and care, community members, and consumers; and
- The recommended FY 2018 EIIHA Plan is distributed to Planning Council members for input prior to final approval from the Comprehensive HIV Planning Committee. **Motion carried.**

FY 2018 EIIHA Plan: The EIIHA Workgroup will tentatively meet at 1:00 p.m. on Thursday August 17, 2017 to begin work on the FY18 EIIHA Plan, pending receipt of the FY18 Plan Guidance. Please see Diane if you would like to be added to the EIIHA Workgroup. Harbolt said if the grant guidance is not received by close of business on Monday, August 14th the meeting will be rescheduled.

**Quality Improvement Committee:** Gloria Sierra, Co-Chair, reported on the following:
Assessment of the Administrative Mechanism – Part A/MAI: **Motion #4:** Approve the attached FY 2016 Ryan White Part A and Minority AIDS Initiative (MAI) Assessment of the Administrative Mechanism with no action required by the Administrative Agency. The

Assessment findings indicate FY 2016 Part A and MAI procurement, reimbursement, and contract monitoring processes were efficient, timely and conducted in accordance with Council-approved service categories and allocations. **Motion carried.**

Proposed Part B Standards of Care Review: **Motion #5:** Provide no input into proposed Part B standards of care for LPAP, Emergency Financial Assistance, Health Education and Risk Reduction, Home and Community Health Services and Linguistic Services. **Motion carried.**

Reports from the Administrative Agency – Part A/MAI: See the attached FY 2016 Performance Measures Highlights.

**Affected Community Committee:** Rodney Mills, Co-Chair, reported on the following:
Standards of Care Training: Standards of care training will take place for all who wish to participate at the Affected Community Committee meeting at 12 noon on Monday, August 21, 2017. On September 25, 2017, there will be a consumer-only workgroup to provide input into standards of care for FY 2018 Ryan White Part A/MAI, Part B and State Services funded services.

*Camino hacia tu Salud: Camino hacia tu Salud,* the Spanish version of Road 2 Success, will take place on Monday evening, August 28, 2017. The Affected Community Committee is partnering with Positive713 to co-host the event.

2017 Community Events: See the attached list for 2017 community events where the Council will have a presence.

Quarterly Committee Report: See the attached Quarterly Committee Report.

**Operations Committee:** Nancy Miertschin, Co-Chair, reported on the following:
Cross Committee Trainings: Verbal update. The first in depth cross committee training was held on Monday ,July 31, 2017. Those who attended had great questions. The next training will be on August 14, 2017.

2017 Council Training Topics: See the attached schedule.

Council Bylaws, Policies and Procedures: The Operations Committee continues to review and make suggested revisions to all Council policies and procedures, as well as the bylaws.

Council Bylaws, Policies and Procedures: **Motion #6:** Office of Support staff is to remove and replace all stigmatizing language found in the Council bylaws, policies and procedures. **Motion carried.** Vargas asked that this be applied to the website language as well.

2017 Attendance: The Operations Committee reviewed attendance records and sent reminder letters to Council and external Committee members who have missed four meetings or more in 2017.

**Motion #7:** it was moved and seconded (Kelly, Escamilla) to add page 4 from the original agenda to the revised agenda. **Motion carried.**

**Priority and Allocations Committee:** Paul Grunenwald, Co-Chair, reported on the following:
Pilot Project: Mobile App for Engagement in Care: The Quality Improvement Committee has approved the pilot project for using a mobile app to improve retention in care.

**Motion #8:** Approve $347,746 in MAI funds for a pilot project to test a mobile app designed to improve engagement and retention in care for African American and Hispanic Ryan White consumers. **Motion carried.** Abstentions: Kelly, Mgbere, Miertschin

**Motion #9:** it was moved and seconded (Miertschin, Kelly) to establish a workgroup for the retention app pilot project. **Motion carried.**

Reallocation of FY 2016 Carryover Funds – Part A and MAI: **Motion #10:** Approve the attached chart, which reallocates $444,642 in Ryan White Part A and $631,496 in Minority AIDS Initiative funding. **Motion carried.** Abstentions: Artiaga, Escamilla, Kelly, Lindstrom, Miertschin, Patel, Sierra, Woods.

FY 2017 Emergency Financial Assistance: **Motion #11:** If Ryan White Grant Administration is unable to allocate $50,000 in Ryan White Part A and/or $50,000 in MAI funding to Emergency Financial Assistance in FY 2017, then the Part A funds will be allocated to LPAP and the MAI funds will be allocated to the Mobile App pilot project in FY 2017. **Motion carried.** Abstentions: Artiaga, Escamilla, Kelly, Lindstrom, Miertschin, Patel, Sierra, Woods.

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

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

**Report from The Resource Group:** No report.

**Medical Updates:** Patel said she had information on a child living with HIV that has been in remission since 2008 without medication and the Latte-2 study on injectable antiretroviral medication. She will send the links to the Office of Support to forward to the Council.

**Community Prevention Group (CPG):** Santibanez said that they are looking for new members. The meeting on August 28th will be an orientation so you can become a member that day. All who are interested in the CPG are welcome to attend.

**Updates from Task Forces**

**African American:** Sha'Terra Johnson-Fairley said the minutes from the last meeting are included in the packet.

**Transgender:** Santibanez said they are working on a study to collect data on the transgender community, it is currently in the approval process.

**Hepatitis C:** Vargas said the next meeting will be on August 16th at Avenue 360.

**Positive Women's Network (PWN):** Pradia said the next meeting will take place on August 14th at 6:00 p.m. and there will be a Women's CAB meeting on August 24th at 6:00 p.m. Both meetings will be at Legacy Community Health on California.

**Ryan White Part C Urban and Part D:** Miertschin said that the Part C Urban grant application was due on August 15th and they just received the Notice of Grant Award for Part D.

**SPNS Project - HIV and the Homeless Program:** Miertschin said that the project ends August 31st. They are confident that there are measures in place to help homeless clients when it is over.

**Texas HIV Medication Advisory Committee:** Miertschin said that the next meeting will be on October 6th.

**Texans Living with HIV Network:** Vargas said there will be a conference call tonight regarding the function of the group.

**Announcements:** None.

**Adjournment:** The meeting was adjourned at 2:10 p.m.

Respectfully submitted,

_____ _____
Victoria Williams, Director Date

Draft Certified by
Council Chair: _____ Date _____

Final Approval by
Council Chair: _____ Date _____

# Council Voting Records for August 10, 2017

| C = Chair of the meeting<br>ja = Just arrived<br>lm = Left the meeting<br>lr = Left the room<br>VP = Via phone | **Motion #1**<br>Agenda<br>**Carried** | | | | **Motion #2**<br>Minutes<br>**Carried** | | | | **Motion #3**<br>FY18 EIIHA Strategy<br>**Carried** | | | | | **Motion #1**<br>Agenda<br>**Carried** | | | | **Motion #2**<br>Minutes<br>**Carried** | | | | **Motion #3**<br>FY18 EIIHA Strategy<br>**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 |
| Cecilia Ross, Chair | | | | C | | | | C | | | | C | Teresa Pruitt | | X | | | | | | X | | X | | |
| Tracy Gorden, Vice Chair | | X | | | | X | | | | X | | | Viviana Santibanez | | X | | | | X | | | | X | | |
| Ted Artiaga | | X | | | | X | | | | X | | | Gloria Sierra | | X | | | | X | | | | X | | |
| Connie Barnes | | X | | | | X | | | | X | | | Isis Torrente | | X | | | | | | X | | X | | |
| Curtis Bellard | | X | | | | X | | | | X | | | Steven Vargas | | X | | | | X | | | | X | | |
| David Benson | | X | | | | | | X | | X | | | Larry Woods | | X | | | | X | | | | X | | |
| Skeet Boyle | | X | | | | X | | | | X | | | | | | | | | | | | | | | |
| Ella Collins-Nelson | | X | | | | X | | | | X | | | | | | | | | | | | | | | |
| Johnny Deal | | X | | | | X | | | | X | | | **MEMBERS ABSENT** | | | | | | | | | | | | |
| Evelio Salinas Escamilla | | X | | | | X | | | | X | | | Bianca Burley | | | | | | | | | | | | |
| Paul Grunenwald | | X | | | | X | | | | X | | | Amber David | | | | | | | | | | | | |
| Angela F. Hawkins ja 12:10 pm | X | | | | X | | | | | X | | | Herman Finley | | | | | | | | | | | | |
| Denis Kelly | | X | | | | X | | | | X | | | Arlene Johnson | | | | | | | | | | | | |
| Peta-gay Ledbetter | | X | | | | | | X | | X | | | J. Hoxi Jones | | | | | | | | | | | | |
| Tom Lindstrom | | X | | | | X | | | | X | | | Allen Murray | | | | | | | | | | | | |
| Osaro Mgbere | | X | | | | X | | | | X | | | Robert Noble | | | | | | | | | | | | |
| Nancy Miertschin | | X | | | | | | X | | X | | | Krystal Perez | | | | | | | | | | | | |
| Rodney Mills | | X | | | | | | X | | X | | | John Poole | | | | | | | | | | | | |
| Shital Patel ja 12:15 pm | X | | | | X | | | | | X | | | Venita Ray | | | | | | | | | | | | |
| Tana Pradia | | X | | | | X | | | | X | | | Carol Suazo | | | | | | | | | | | | |

| C = Chair of the meeting<br>ja = Just arrived<br>lm = Left the meeting<br>lr = Left the room<br>VP = Via phone | **Motion #4** Assessment of Part A AA **Carried** | | | | **Motion #5** DSHS SOC Input **Carried** | | | | **Motion #6** Council bylaws **Carried** | | | | | **Motion #4** Assessment of Part A AA **Carried** | | | | **Motion #5** DSHS SOC Input **Carried** | | | | **Motion #6** Council bylaws **Carried** | | | |
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| 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 |
| Cecilia Ross, Chair | | | | C | | | | C | | | | C | Teresa Pruitt | | X | | | | X | | | | X | | |
| Tracy Gorden, Vice Chair | | X | | | | X | | | | X | | | Viviana Santibanez | | X | | | | X | | | | X | | |
| Ted Artiaga | | X | | | | X | | | | X | | | Gloria Sierra | | X | | | | X | | | | | | X |
| Connie Barnes | | X | | | | X | | | | X | | | Isis Torrente | | X | | | | X | | | | X | | |
| Curtis Bellard | | X | | | | X | | | | X | | | Steven Vargas | | X | | | | X | | | | X | | |
| David Benson | | X | | | | X | | | | X | | | Larry Woods | | X | | | | X | | | | X | | |
| Skeet Boyle | | X | | | | X | | | | X | | | | | | | | | | | | | | | |
| Ella Collins-Nelson | | X | | | | X | | | | X | | | | | | | | | | | | | | | |
| Johnny Deal | | X | | | | X | | | | X | | | **MEMBERS ABSENT** | | | | | | | | | | | | |
| Evelio Salinas Escamilla | | X | | | | X | | | | X | | | Bianca Burley | | | | | | | | | | | | |
| Paul Grunenwald | | X | | | | X | | | | X | | | Amber David | | | | | | | | | | | | |
| Angela F. Hawkins | | X | | | | X | | | | X | | | Herman Finley | | | | | | | | | | | | |
| Denis Kelly | | X | | | | X | | | | X | | | Arlene Johnson | | | | | | | | | | | | |
| Peta-gay Ledbetter | | X | | | | X | | | | X | | | J. Hoxi Jones | | | | | | | | | | | | |
| Tom Lindstrom | | X | | | | X | | | | X | | | Allen Murray | | | | | | | | | | | | |
| Osaro Mgbere | | X | | | | X | | | | X | | | Robert Noble | | | | | | | | | | | | |
| Nancy Miertschin | | X | | | | X | | | | X | | | Krystal Perez | | | | | | | | | | | | |
| Rodney Mills | | X | | | | X | | | | X | | | John Poole | | | | | | | | | | | | |
| Shital Patel | | X | | | | X | | | | X | | | Venita Ray | | | | | | | | | | | | |
| Tana Pradia | | X | | | | X | | | | X | | | Carol Suazo | | | | | | | | | | | | |

| C = Chair of the meeting<br>ja = Just arrived<br>lm = Left the meeting<br>lr = Left the room<br>VP = Via phone | **Motion #7** Add missing page to agenda **Carried** | | | | **Motion #8** Retention app Pilot Project **Carried** | | | | **Motion #9** Establish Retention App workgroup **Carried** | | | | | **Motion #7** Add missing page to agenda **Carried** | | | | **Motion #8** Retention app Pilot Project **Carried** | | | | **Motion #9** Establish Retention App workgroup **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 |
| Cecilia Ross, Chair | | | | C | | | | C | | | | C | Teresa Pruitt | | X | | | | | X | | | X | | |
| Tracy Gorden, Vice Chair | | X | | | | X | | | | X | | | Viviana Santibanez | | X | | | | X | | | | X | | |
| Ted Artiaga | | X | | | | X | | | | X | | | Gloria Sierra | | X | | | | X | | | | X | | |
| Connie Barnes lm 1:58 pm | | X | | | | X | | | X | | | | Isis Torrente | | X | | | | | X | | | X | | |
| Curtis Bellard | | X | | | | X | | | | X | | | Steven Vargas | | X | | | | | X | | | X | | |
| David Benson | | X | | | | | X | | | X | | | Larry Woods | | X | | | | | X | | | X | | |
| Skeet Boyle lm 1:37 pm | | X | | | X | | | | X | | | | | | | | | | | | | | | | |
| Ella Collins-Nelson lm 1:35 pm | | X | | | X | | | | X | | | | | | | | | | | | | | | | |
| Johnny Deal lm 1:58 pm | | X | | | | X | | | X | | | | **MEMBERS ABSENT** | | | | | | | | | | | | |
| Evelio Salinas Escamilla | | X | | | | | X | | | X | | | Bianca Burley | | | | | | | | | | | | |
| Paul Grunenwald | | X | | | | X | | | | X | | | Amber David | | | | | | | | | | | | |
| Angela F. Hawkins | | X | | | | X | | | | X | | | Herman Finley | | | | | | | | | | | | |
| Denis Kelly | | X | | | | | | X | | X | | | Arlene Johnson | | | | | | | | | | | | |
| Peta-gay Ledbetter | | X | | | | X | | | | X | | | J. Hoxi Jones | | | | | | | | | | | | |
| Tom Lindstrom | | X | | | | X | | | | X | | | Allen Murray | | | | | | | | | | | | |
| Osaro Mgbere lm 1:58 pm | | X | | | | | | X | X | | | | Robert Noble | | | | | | | | | | | | |
| Nancy Miertschin | | X | | | | | | X | | X | | | Krystal Perez | | | | | | | | | | | | |
| Rodney Mills | | X | | | | X | | | | X | | | John Poole | | | | | | | | | | | | |
| Shital Patel | | X | | | | X | | | | X | | | Venita Ray | | | | | | | | | | | | |
| Tana Pradia | | X | | | | X | | | | X | | | Carol Suazo | | | | | | | | | | | | |

| C = Chair of the meeting<br>ja = Just arrived<br>lm = Left the meeting<br>lr = Left the room<br>VP = Via phone | **Motion #10** FY16 Carryover Funds **Carried** | | | | **Motion #11** EFA funding option **Carried** | | | | | **Motion #10** FY16 Carryover Funds **Carried** | | | | **Motion #11** EFA funding option **Carried** | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MEMBERS | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN | MEMBERS | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN |
| Cecilia Ross, Chair | | | | C | | | | C | Teresa Pruitt | | X | | | | X | | |
| Tracy Gorden, Vice Chair | | X | | | | X | | | Viviana Santibanez | | X | | | | X | | |
| Ted Artiaga | | | | X | | | | X | Gloria Sierra | | | | X | | | | X |
| Connie Barnes lm 1:58 pm | X | | | | X | | | | Isis Torrente | | X | | | | X | | |
| Curtis Bellard | | X | | | | X | | | Steven Vargas | | X | | | | X | | |
| David Benson | | X | | | | X | | | Larry Woods | | | | X | | | | X |
| Skeet Boyle lm 1:37 pm | X | | | | X | | | | | | | | | | | | |
| Ella Collins-Nelson lm 1:35 pm | X | | | | X | | | | | | | | | | | | |
| Johnny Deal lm 1:58 pm | X | | | | X | | | | **MEMBERS ABSENT** | | | | | | | | |
| Evelio Salinas Escamilla | | | | X | | | | X | Bianca Burley | | | | | | | | |
| Paul Grunenwald | | X | | | | X | | | Amber David | | | | | | | | |
| Angela F. Hawkins | | X | | | | X | | | Herman Finley | | | | | | | | |
| Denis Kelly | | | | X | | | | X | Arlene Johnson | | | | | | | | |
| Peta-gay Ledbetter lm 2:01 pm | | X | | | | X | | | J. Hoxi Jones | | | | | | | | |
| Tom Lindstrom | | | | X | | | | X | Allen Murray | | | | | | | | |
| Osaro Mgbere lm 1:58 pm | X | | | | X | | | | Robert Noble | | | | | | | | |
| Nancy Miertschin | | | | X | | | | X | Krystal Perez | | | | | | | | |
| Rodney Mills | | X | | | | X | | | John Poole | | | | | | | | |
| Shital Patel | | | | X | | | | X | Venita Ray | | | | | | | | |
| Tana Pradia | | X | | | | X | | | Carol Suazo | | | | | | | | |

# Public Comment

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

# PUBLIC COMMENT

Submitted 09-07-17

## To the Ryan White Planning Council Steering Committee

With Houston being in difficult times due to flooding and traffic and other natural problems, I hope that you are thinking of ways that we are able to help those living in the area that are dealing with HIV on a daily basis and were struggling before the events of the past two weeks. I know that most of our concern needs to be medical and pharmaceutical but we attempt to serve the whole person. I have a few minor proposals that might be worth your time discussing, now. If you wait until the Council meets again, it will be too late for a few people and I don't want to be accused of leaving one person to suffer. The following are two possible ideas.

A. A declaration in support of leniency by both the Ryan White Grant Administration and The Resource Group in approving waivers that meet the practical needs of HIV-positive individuals, including those who may have been displaced from areas like Beaumont.

B. Approve a disaster declaration giving Ryan White Grant Administration and The Resource Group authority to override current guidelines until the full Council can meet in committees and approve appropriate new guidelines for emergency recovery. For example, increasing funds for mental health services.

From: Bruce Turner

# PUBLIC COMMENT

July 17, 2017

Attention: Ryan White Operations Committee and Planning Council

It is my understanding consideration is being taken to require persons who are employed whose work hours overlap with Council meetings to use their work address as their point of origin for mileage requests.

At the beginning of the year, we fill out our forms stating our "starting points" as home or work. The existing Petty Cash Mileage Reimbursement policy states:

***Council and external committee members are reimbursed for mileage to and from a consistent, designated starting point (either home or work). The start point will be documented in the member's file….***

It is possible upon learning of appointments to the Council those employed Council members could have arranged with their employers to be off on days of Council meetings meaning while regular work hours overlap with Council meetings, oft times, they could be traveling from home using personal and/or vacation time for participation.

Wikipedia partly defines Discrimination as: ***Restricting members of one group from opportunities or privileges that are available to another group***. I believe making a distinction requiring employed persons to provide additional documentation while unemployed persons are not required to provide any such proof is the very definition of discrimination.

Please reconsider adopting this prejudicial policy.

Sincerely,

Angela F. Hawkins

# PUBLIC COMMENT

June 1, 2017

To the Operations Committee

Please consider adding to the employer/petty cash change, a statement from the employer regarding their possible payment of employee mileage to offsite meetings (like Ryan White meetings).

Bruce Turner

# Comprehensive HIV Planning Committee Report

# Verbal Update on Special Studies – 09/28/17

## Social Determinants of Health Study

- Met with epi staff at HHD on August 9th to review Committee requests for social determinants of health data and compare these requests to data elements present in the HMMP survey tool
- Submitted formal data request to HHD on September 20th
    - Data requested covered 85 data elements including but not limited to questions on: insurance coverage and employment; physical and other forms of disability, gynecological care, safer sex practices and beliefs, survival sex, substance use with particular focus on IDU and treatment, mental health treatment, literacy and self-efficacy, stigma and violence, medication adherence, motivations for testing, public health follow-up and linkage experience; homelessness, and demographic data
- Request by date: 10/31

## OOC Study

- Presenting at UTHSC – School of Public Health on 10/3 in hopes of recruiting intern(s) to help conduct key informant interviews

# Comprehensive HIV Planning Committee – FINAL APPROVAL
# FY 2018 EIIHA Target Populations - 09/29/2017

The EIIHA Workgroup met on September 21, 2017. Participants included representatives from prevention and care, community members, and consumers. The Workgroup reviewed the FY 2018 guidance from HRSA, adopted selection criteria, and selected the FY 2018 target populations.

*Item:* FY 2018 EIIHA Plan Target Populations

*Recommended Action:* **FYI: (Committee provided final approval):** Approve the following target populations for the FY 2018 EIIHA Plan:

1. African Americans
2. Hispanics/Latinos age 25 and over
3. Men who have Sex with Men (MSM)

Office of Support is to include information on HIV and aging in the EIIHA section of the HRSA application.

*Recommended Action:* **FYI: (Committee provided final approval):** Office of Support is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data is not sufficient to assess the need for testing, referral, and linkage in at-risk populations such as among those who are transgender, intersex, homeless, those released from incarceration, adolescents ages 13 to 17, and young adults ages 18 to 24.

The only change from the FY 2017 EIIHA Plan target populations is the inclusion of Hispanics/Latinos ages 25-34 into the second populations, which was formerly Hispanics/Latinos age 35 and over. The EIIHA Workgroup determined this inclusion was necessary as, while ages 35 and over were indicated through late diagnosis data, individuals within this data element likely acquired HIV in the 25-34 age range. Creating and supporting initiatives intended to reduce late diagnoses and increase early identification would need to include this age range as well.

The Comprehensive HIV Planning Committee will meet on Thursday, September 28, 2017 at 11:00 a.m. to review and approve the FY 2018 EIIHA Plan target populations.

All are welcome to provide public comment at the September 28th Comprehensive HIV Planning Committee meeting. Those unable to attend are encouraged to provide input via phone, email or fax to Amber Harbolt no later than Thursday, September 28, 2017 at 9:00 a.m. Those submitting input via email or fax are encouraged to call to confirm receipt.

Input can be submitted via:


Phone: (713) 572-3724
Email: amber.harbolt@cjo.hctx.net
Fax: (713) 572-3740

**Early Identification of Individuals with HIV/AIDS (EIIHA) Planning Process and Requirements**

Purpose of the EIIHA Strategy:

*The purpose of this section is to describe the data and information associated with ensuring that individuals who are unaware of their HIV status are identified, informed of their status, referred to supportive services, and linked to medical care if HIV positive. The goals of the EIIHA initiative are to present a strategy for:*

1) *identifying individuals with HIV who do not know their HIV status;*
2) *making such individuals aware of such status, and enabling such individuals to use the health and support services; and*
3) *reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities.* (HRSA-18-066)

Role of EIIHA Workgroup:

To review existing epidemiologic and other data and suggest three (3) distinct populations for inclusion in the EIIHA section of the HRSA grant application.

Considerations:

- **Additional populations may be selected, but three (3) distinct populations must be selected for inclusion in the EIIHA section of the HRSA grant application.**
- Selection of target populations must be data-driven and pertinent to the goals of the strategy. Sufficient data must exist for each selected population to allow staff to discuss why each target population was chosen and how data support that decision.
- Comprehensive HIV Planning Committee has final approval of the three (3) populations to be included in the EIIHA section of the HRSA grant application, pending distribution to Planning Council members for review and input.

Timeline for the EIIHA Planning Process:

September 2017

| Sun | Mon | Tue | Wed | Thur | Fri | Sat |
|---|---|---|---|---|---|---|
| | | | | 1 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21<br>11 a.m. –<br>EIIHA Workgroup identifies selection criteria and selects FY 2018 EIIHA target populations<br><br>Office of Support distributes FY 2018 EIIHA target populations to Planning Council members for input | 22 | 23 |
| 24 | 25 | 26 | 27 | 28<br><br>9 a.m. – All Council input due to Office of Support<br><br>11 a.m. – Comprehensive HIV Planning Committee reviews Planning Council input and approves FY 2018 EIIHA target populations. | 29 | 30 |

**DRAFT**

# Fiscal Year 2018
# Early Identification of Individuals with HIV/AIDS (EIIHA)
# Target Populations Criteria Worksheet

| Type of Data | Possible Criterion | Definition | Suggested Thresholds | Selected |
|---|---|---|---|---|
| Epidemiological | **1. HIV diagnosis rate*** | Number of new diagnoses of HIV disease within the population after accounting for population size (per 100,000) | Rate > EMA rate | ✓ |
| | **2. HIV prevalence rate** | Number of HIV diagnosed people within the population after accounting for population size (per 100,000) | Rate > EMA rate | |
| | **3. Unaware estimates*** | Number of people in each population group estimated to be HIV+ and unaware of their status using the CDC estimate (17.3%) | Comprises largest # of status-unaware within demographic category | ✓ |
| Care Continuum | **4. Linked proportion** | Percent of population that was linked to HIV medical care within **3 months**** of diagnosis | % < EMA % | |
| | **5. Unmet need/out of care proportion*** | Percent of diagnosed persons in the population with no evidence of HIV medical care in the previous 12 months per HRSA definition | % > EMA % | ✓ |
| Planning | **6. Special populations** | Population is designated as a "special population" in the Comprehensive HIV Plan | Yes/No | |
| | **7. FY17 EIIHA Target Group*** | Population was included in the FY15 EIIHA Matrix as a Target Group | Yes/No | ✓ |
| Other | **8. Late diagnosis*** | Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of initial HIV diagnosis | % > EMA % | ✓ |

*Criteria used in selection of FY 2017 EIIHA target populations

**Linkage within 1 month not available by population

# Quality Improvement Committee Report

# 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 June 2017**

**Spending Target: 25%**

Revised 8/10/2017

| 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 *** | $2,370,346 | 71% | ($34,781) | $2,335,565 | 71% | 4/1/2017 | $278,529 | 12% |
| 7 | Health Insurance Premiums and Cost Sharing*,** | $726,885 | 22% | ($16,122) | $710,763 | 22% | 4/1/2017 | $341,543 | 47% |
| 9 | Home and Community Based Health Services | $232,000 | 7% | ($3,840) | $228,160 | 7% | 4/1/2017 | $30,304 | 13% |
| | **Total Houston HSDA** | 3,329,231 | 100% | ($54,743) | $3,274,488 | 100% | | 650,376 | 20% |

* The difference in the allocation is made up in SS-R funds

** 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

*** One agency was short a dentist, but has hired a replacement and spending should increase

# 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 June 2017**

**Spending Target: 83%**

Revised 8/10/2017

| 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 | $187,648 | 63% |
| 7 | Health Insurance Premiums and Cost Sharing** | $1,043,312 | 53% | | $1,043,312 | 53% | 9/1/2016 | $1,034,993 | 99% |
| 9 | Hospice ** | $414,832 | 21% | | $414,832 | 21% | 9/1/2016 | $260,700 | 63% |
| 11 | EIS - Incarcerated | $166,211 | 8% | | $166,211 | 8% | 9/1/2016 | $127,558 | 77% |
| 16 | Linguistic Services | $48,000 | 2% | | $48,000 | 2% | 9/1/2016 | $42,900 | 89% |
| **Total Houston HSDA** | | 1,972,355 | 100% | $0 | $1,972,355 | 100% | | 1,653,799 | 84% |

* 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 seen a drop in clients and is currently performing outreach to increase spending

# Houston Ryan White Health Insurance Assistance Service Utilization Report

**Period Reported:** 9/1/2016-05/31/2017

**Revised:** 7/6/2017

| | 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 | 1051 | $92,197.18 | 478 | | | *0* |
| Medical Deductible | 291 | $69,020.63 | 185 | | | *0* |
| Medical Premium | 5415 | $1,814,141.85 | 925 | | | *0* |
| Pharmacy Co-Payment | 3541 | $340,309.22 | 1197 | | | *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: | 10299 | $2,315,881.88 | 2786 | 0 | $0.00 | |

**Comments: This report represents services provided under all grants.**


# Training on Standards of Care

**General Standard 3.2:** "Agency has Policy and Procedure regarding client Confidentiality […] Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency."

"Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!"

All our nurses now have degrees...unfortunately nurse Pilbright's is in the expressive arts!

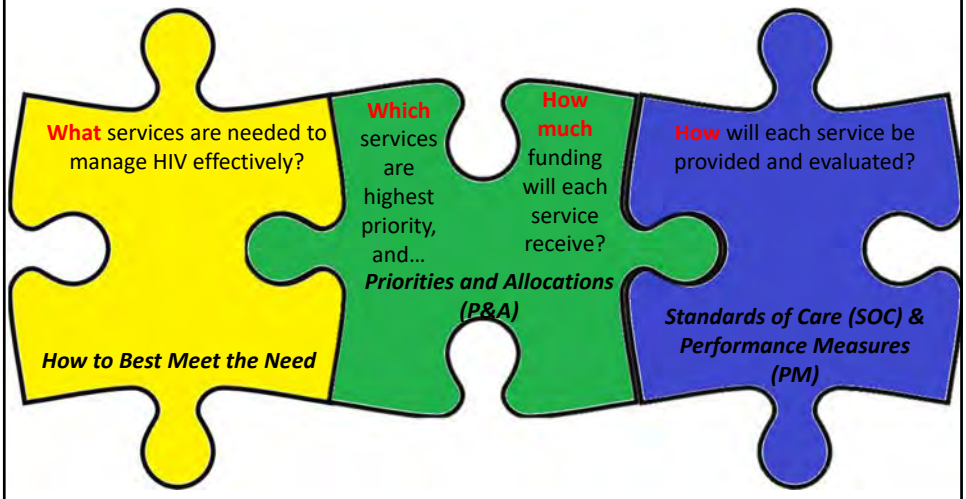
**Primary Medical Care 1.1:** "Medical care for HIV infected persons shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship."

**Oral Health 2.8:** "Oral hygiene instructions (OHI) should be provided annually to each client."


To help emphasize good oral hygiene in kids, Dr. Remford installed a dental floss zipline in his office.

2

# Components of the Process




# Houston Has Standards!

*If you were planning on buying a car, what are some basic features you would expect to "come standard" with a good quality car?*

- A working engine
- Steering wheel
- Brakes
- Seatbelts
- Air conditioner – A must-have in Houston!

Just as you would expect basic features to "come standard" when buying a car, you can also expect basic levels of quality to "come standard" with HIV care services in Houston. We call these Standards of Care (SOC).

# Official Definitions

- Standard of Care (SOC)

A *statement* of the minimal acceptable levels of quality in HIV service delivery by Ryan White funded providers in a local jurisdiction.

- Performance Measure (PM)

A *measurement* of the impact of HIV care, treatment, and support services provided by Ryan White funded providers in a local jurisdiction.

# A Little Background on SOC…

- First developed in 1999 as a way to monitor provider contracts
- Every year since, workgroups are held to review the Standards with the community that include physicians, nurses, case managers, administrators, and consumers
- Based on
  1. Accepted industry guidelines
  2. On-site program monitoring results, and
  3. Provider and consumer input
- Apply to services funded by Ryan White Parts A and B, and State Services.
- Maintained by the Administrative Agents (AAs)
  - RW/A = Ryan White Grant Administration
  - RW/B and State Services = The HIV Resource Group

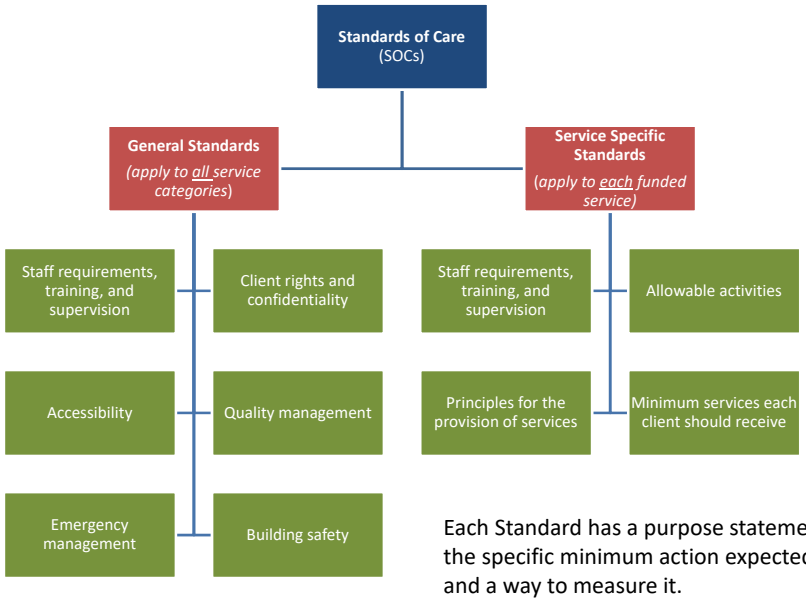
## What SOC Are

- A way of letting providers and consumers know what constitutes quality care and services for PLWH
- A tool for making sure Ryan White-funded services are delivered according to minimum industry standards and guidelines
- One of many data sources for measuring how well Ryan White-funded services are meeting overall community goals

## What SOC Aren't

- A way to evaluate how a specific Ryan White-funded agency conducts business *(Agency monitoring is done by the AAs)*
- A way to decide which agency in Houston gets Ryan White money *(RFPs and agency contracts are coordinated by the AAs)*
- Guidelines for HIV services provided by *non*-Ryan White-funded agencies

## Organization of the SOCs




Each Standard has a purpose statement, the specific minimum action expected, and a way to measure it.

## GENERAL STANDARDS

| | Standard | Measure |
|---|---|---|
| **1.0** | **Staff Requirements** | |
| 1.1 | Staff Screening (Pre-Employment)<br>Staff providing services to clients shall be screened for appropriateness by provider agency as follows:<br>• Personal/Professional references<br>• Personal interview<br>• Written application<br>Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy. | • Review of Agency's Policies and Procedures Manual indicates compliance<br>• Review of personnel and/or volunteer files indicates compliance |
| 1.2 | Initial Training: Staff/Volunteers<br>Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire & emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire. | • Documentation of all training in personnel file.<br>• Specific training requirements are specified in Agency Policy and Procedure<br>• Materials for staff training and continuing education are on file<br>• Staff interviews indicate compliance |
| 1.3 | Staff Performance Evaluation<br>Agency will perform annual staff performance evaluation. | • Completed annual performance evaluation kept in employee's file<br>• Signed and dated by employee and supervisor (includes electronic signature) |
| 1.4 | Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers<br>All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire. | • Documentation of training is maintained by the agency in the personnel file |



## SERVICE SPECIFIC STANDARDS OF CARE

### Case Management (All Case Management Categories)

Case management services in HIV care facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of PLWHA. It also involves client assessment to determine client's needs and the development of individualized service plans in collaboration with the client to mitigate clients' needs. Ryan White Grant Administration funds three case management models i.e. one psychosocial and two clinical/medical models depending on the type of ambulatory service within which the case management service is located. The scope of these three case management models namely, Non-Medical, Clinical and Medical case management services are based on Ryan White HIV/AIDS Treatment Modernization Act of 2006 (HRSA)[2] definition for non-medical and medical case management services. Other resources utilized include the current *National Association of Social Workers (NASW) Standards for Social Work Case Management*[3]. Specific requirements for each of the models are discussed under each case management service category.

| **1.0** | **Staff Training** | |
|---|---|---|
| 1.1 | Required Meetings<br>Case Managers and Service Linkage Workers<br>Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA.<br>Case Managers and Service Linkage Workers will attend the "Joint Prevention and Care Coordination Meeting" held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau.<br><br>Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings) | • Agency will maintain verification of attendance (RWGA will also maintain sign-in logs) |

[2] US Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau (2009). Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for eligible services

[3] National Association of Social Workers (1992). NASW standards for social work case management. Retrieved 02/9/2009 from www.socialworkers.org/practice/standards/sw_case_mgmt.asp

# Organization of the PMs

## All **Performance Measures** (PMs) are service-specific

- Each PM is a system-wide measure that helps evaluate the impact of HIV services on the health status of the people living with HIV in the Houston area.
- PMs are based on current U.S. Department of Health and Human Services (HHS) Guidelines for HIV health care and community input.
- In general, PMs assess the percentage of consumers who, following receipt of a specific service:
  1. Entered into and/or were retained in HIV medical care
  2. Experienced improvement in HIV health indicators like CD4 counts and viral load suppression
  3. Received recommended medical, oral, and optical screening, care, and follow-up
  4. Were screened for and received mental health or substance abuse services if needed
  5. Obtained housing if homeless or unstably housed
  6. Secured 3rd party health care coverage (insurance) if uninsured, and/or
  7. Other service-specific measures

Ryan White Part A
HIV Performance Measures
FY 2016 Report

**Clinical Case Management**
All Providers

For FY 2016 (3/1/2016 to 2/28/2017), 1,406 clients utilized Part A clinical case management.

| HIV Performance Measures | FY 2015 | FY 2016 | Change |
|---|---|---|---|
| A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management | 402 (39.5%) | 685 (48.7%) | **9.2%** |
| Percentage of clinical case management clients who utilized mental health services | 247 (24.3%) | 360 (25.6%) | **1.3%** |
| 75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200) | 382 (73.0%) | 501 (69.0%) | **-4.0%** |
| Percentage of clients who were homeless or unstably housed | 267 (26.2%) | 322 (22.9%) | **-3.3%** |

According to CPCDMS, 33 (2.4%) clients utilized primary care for the first time and 118 (8.4%) clients utilized mental health services for the first time after accessing clinical case management.

| Clinical Chart Review Measures | FY 2015 |
|---|---|
| Percentage of HIV-infected clinical case management clients who had a case management care plan developed and/or updated two or more times in the measurement year | 80% |
| Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment* | 0% |

*Data was not collected in FY 2015

12

# Take-Home Messages

- Standards of Care set the minimum acceptable levels of *quality* of HIV care, treatment, and support services provided to PLWH by Ryan White funded providers
- Performance Measures provide a way to evaluate the system-wide impact of HIV services on the health status of the people living with HIV in the Houston area.
- SOCs and PMs do *not* evaluate a specific individual provider or agency, nor do they determine which provider/agency receives Ryan White funds
- Consumers have an important role in the SOC/PM process. They review the standards and make recommendation for improvements, and they serve as a voice of the consumer in defining quality of HIV care.

# Why does any of this matter in the real world?

***Example: Linkage to Care***

Standard of Care:
*What is the general Standard of Care for linking clients into care?*
**General Standard 4.11 (Accessibility – Linkage Into Core Services)**: Agency staff will provide out-of-care clients with individualized information and referral to connect them into ambulatory outpatient medical care and other core medical services.

*How will the Administrative Agent know this Standard has been met?*
- Documentation of client referral is present in client record
- Review of agency's policies & procedures' manual indicates compliance

# Why does any of this matter in the real world?

***Example: Linkage to Care***

Performance Measure:

*How will the Administrative Agent measure whether efforts to link clients into care have been effective?*

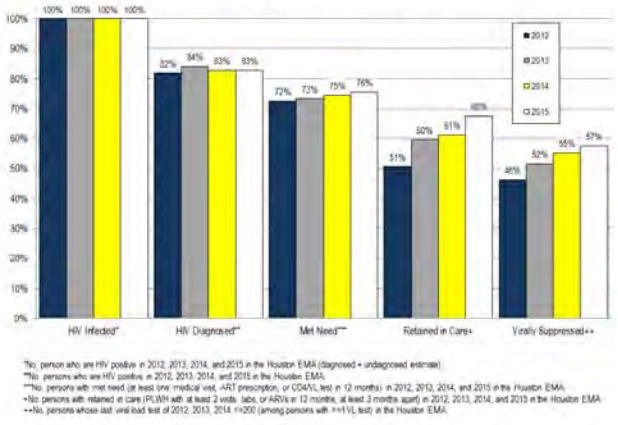
**Non-Medical Case Management / Service Linkage**
**All Providers:**

1. A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing non-medical case management (service linkage)
2. Measure the number of days between first ever service linkage visit and first ever primary medical care visit
3. Assess the percentage of newly-enrolled clients who had a medical visit in each of the four-month periods of the year

# Why does any of this matter in the real world?

*Establishing SOCs and monitoring PMs help ensure that people livin with HIV in the Houston Area can expect and receive high quality life-sustaining HIV care and treatment services.*

**The Houston EMA HIV Care Continuum, 2012-2015**




*No. person who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA (diagnosed + undiagnosed estimate)
**No. persons who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA.
***No. persons with met need (at least one medical visit, ART prescription, or CD4/VL test in 12 months) in 2012, 2013, 2014, and 2015 in the Houston EMA.
+No. persons with retained in care (PLWH with at least 2 visits, labs, or ARVs in 12 months, at least 3 months apart) in 2012, 2013, 2014, and 2015 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.


# SOC/PM Exercise

**Practice with Standards of Care**

1. If you wanted to know how quality is defined for <u>all</u> services provided through Ryan White, which type of Standard of Care would you review:
   a. General Standards
   b. Service Specific Standards

**Go to the General Standard called <u>4.0 Accessibility</u>.**

2. What is the minimum definition of quality for "Cultural Competence?"

3. How does someone know if this minimum standard is met by the agency/provider--what documents are looked at?

**Go to the Service Specific Standards for <u>Non-Medical Case Management Services (Service Linkage Worker)</u>.**

4. How long does a Service Linkage Worker have to transfer a Not-in-Care and Newly Diagnosed Client into HIV primary care?
   a. 90 days
   b. 120 days
   c. Unlimited


# SOC/PM Exercise

**Practice with Performance Measures**

1. <u>True/False</u>. There are no general Performance Measures. Performance Measures are specific to each service funded through Ryan White.

**Go to the Performance Measures for <u>Medical Nutritional Supplements</u>.**

2. At a minimum, what percentage of clients who use Medical Nutrition Supplements with lab data in CPCDMS should be virally suppressed?
   a. 35%
   b. 50%
   c. 75%
   d. 90%

**Go to the Performance Measures for <u>Primary Medical Care</u>.**

**3.** Name 3 Clinical Chart Review Measures.

# Affected Community Committee Report

You are invited to a *consumer-only* workgroup to discuss

# Standards of Care and Performance Measures

for Ryan White funded HIV/AIDS services

***Examples of services to be discussed:***

- ✓ ***Primary Medical Care***
- ✓ ***Case Management***
- ✓ ***Dental Care***
- ✓ ***Local Pharmacy Assistance***
- ✓ ***Professional Counseling***
- ✓ ***Transportation***
- ✓ ***Medical Nutritional Therapy & Supplements***

***Standards of Care*** are the minimal acceptable levels of quality in service delivery based upon accepted industry guidelines and practices. Houston area standards relate to issues such as staff training and supervision, client rights and confidentiality, timeliness of service delivery, allowable activities, the minimum services each client should receive, and more.

**Monday, October 23, 2017**
**12:00 p.m. – Consumer Workgroup**

**Harris County Annex 83**
**2223 West Loop South, Room 532**
**Houston, Texas 77027**

***Performance Measures*** indicate to what extent a service has achieved its desired outcomes. Examples of Houston area performance measures include: health status (such as viral load and CD4 increases and decreases), quality of life, cost-effectiveness, adherence to treatment and more.

**To review the current Standards of Care and Performance Measures, please go to:**
http://rwpchouston.org/Publications/SOCandPM.htm

**For more information contact:**
**Tori Williams**
**Ryan White Planning Council Office of Support**
**713 572-3724 or victoria.williams@cjo.hctx.net**

**FOR THOSE NEEDING TRANSLATION SERVICES: If you need an ASL or Spanish interpreter, please call to request an interpreter at least two days in advance: 713 572-2813 (TTY) or 713 572-3724 (Main)**

Usted está invitado/a a un *grupo de trabajo orientado al consumidor* a dialogar sobre

# Normas del Cuidado y Medidas de Resultados

## Para los Servicios del VIH/SIDA financiados por Ryan White

***Ejemplos de Servicios a ser discutidos:***

- ✓ Cuidado médico primario
- ✓ Administración de Casos
- ✓ Cuidado Dental
- ✓ Asistencia en Farmacia
- ✓ Servicios de salud mental
- ✓ Transporte
- ✓ Suplementos nutricionales

***Normas del Cuidado*:** es el mínimo nivel de calidad aceptable en la entrega de los servicios, basados en reconocidas prácticas y directrices industriales. Las Normas del Cuidado en el área de Houston se relacionan a temas como: entrenamiento y supervisión del personal, derechos y confidencialidad del cliente; exactitud en la entrega de servicios, actividades aprobadas; servicios mínimos que el cliente pueda recibir y otros temas.

Lunes, Octubre 23, 2017

**12:00 p.m. – Consumer Workgroup**

**Harris County Annex 83**
**2223 West Loop South, Room 532**
**Houston, Texas 77027**

***Medidas de Rendimiento*:** indica a qué extensión un servicio ha logrado el resultado deseado. Ejemplos en el área de Houston incluyen: estado de salud (tales como carga viral e incremento o disminución del CD4); calidad de vida; eficacia de costo; adhesión al tratamiento y otros temas.

**Para revisar la actual Normas del Cuidado y Medidas de Rendimiento, favor de ir a:**
http://rwpchouston.org/Publications/SOCandPM.htm

**Para mayor información llame:**
**Ryan White Planning Council Office of Support**
**713 572-3724**

**PARA PERSONAS QUE NECESITEN INTERPRETACIÓN: Si necesita un intérprete, por favor llame al 713 572-3724 por lo menos 48 horas antes.**

# Comprendiendo el Sistema de Cuidado Médico del VIH


***En este mes de Septiembre, Camino hacia Tu Salud será copatrocinado por Positive713 y el Consejo de Planificación de Ryan White. Por favor venga y participe en la clase que es SOLAMENTE PARA CONSUMIDORES y diseñada para ayudar a obtener más de los servicios de VIH.***

## Lunes, Septiembre 25, 2017

**Cena incluida**

| Tiempo | Temas | Presentadores |
|---|---|---|
| **5:30 p.m.** | ▪ **Cena** | |
| **6:00 p.m.**<br><br>**6:30 p.m.** | ▪ **Cuidado de salud de VIH y servicios de medicina Estamos Escuchamos --** *¿Cómo podemos mejorar los servicios de VIH en Houston?* | **Bree Montero, LCSW y Ernesto Macias, LMSW**<br>Thomas Street Health Center |
| **7:15 p.m.** | ▪ **Ultimas Noticias de ADAP** | **Steven Vargas**<br>Association for the Advancement of Mexican Americans (AAMA)<br>**Marcus Benoit**<br>Houston Regional HIV/AIDS Resource Group |

*DONDE:*

**Leonel Castillo Community Center**
**2101 South Street**
**Houston, TX 77009**

*PARA MAYOR INFORMACIÓN, LLAME A:*

**La Oficina de Apoyo del Consejo de Planificación de Ryan White**
**713 572-3724**
**www.rwpcHouston.org**

**Chris Escalante**
**713 965-4483 o**
**positive713@yahoo.com**

FAVOR HAGA RESERVACIÓN

## Suggested Road 2 Success Topics

From 2016 Consumer Needs Assessment:

1. **What services exist/are available? Where do I go to access a specific service (agency, staff, and appropriate phone number)?**
    a. Education and awareness issues were most common barriers across all services, and most often related to lack of awareness about the services offered.
2. **What do I do if I'm placed on a waiting list? Can I get the service at another agency, even though I'm a client at this agency? Can I go to a non-RW funded agency to get the service?**
    a. 83% of participants who reported being on a wait list for at least one service in the past 12 months stated that they were not aware of another provider of the service for which they were waiting, or did not remember if they were aware of another provider. Of the remaining 35% of participants who were aware of another provider, over half (59%) reported not seeking service from the alternative provider.
3. **How do I get in contact with my case manager / find out who my case manager is?**
    a. Poor correspondence and follow-up was the largest reported barrier for case management
4. **How do I find out if I might be eligible for a particular service? What should I do if I don't have all of my documentation? What documentation should I bring with me whenever go in to redo my eligibility?**
    a. Not meeting eligibility requirements and having difficulty obtaining documentation were the most common eligibility-related barriers.
5. **Tips for managing paperwork and the lengthy/complex processes for accessing services; tips for not getting caught up in "red tape"**
    a. This was the most commonly reported administrative barrier.
6. **What are my options for transportation to medical appointments? How do I access transportation services?**
    a. The most common transportation barrier was having no or limited transportation options. Most often, these were complex multi-faceted issues, like having a personal vehicle break down in addition to being far from a bus stop.
7. **How I can find services that are closer to where I live?**
    a. Most common accessibility barrier
8. **What services can I access with probation/parole/felon status?**
    a. Second most common accessibility barrier
9. **What employment resources are available for people living with HIV?**
    a. Recurring question during data collection and most common write-in response for Other Needs
10. **How can I get assistance with covering the cost of my medications?**
    a. Lack of prescription drug coverage was the most common barrier to medication adherence; gaps in medication coverage exist even when participants were insured.
11. **How can I manage HIV along with other co-occurring conditions?**
    a. 68% of participants reported being currently diagnosed with at least one chronic health condition in addition to HIV (84% of those age 50+, 54% of those age 18-24).

b. Most common conditions were high blood pressure, high cholesterol, asthma, arthritis, and hepatitis C. Common write-ins were chronic back pain, thyroid disease, and neuropathy.

12. **How can I access mental health services?**
    a. 57% reported having a current diagnosis of at least one mental health condition, most often depression, bipolar disorder and anxiety
    b. 65% of participants reported recently experiencing at least one mental/emotional distress symptom to the extent that they wanted professional help, most often as anxiety, sadness, anger, insomnia, and memory loss
13. **How can I increase the amount of social support in my life? How can I get involved in mentoring/peer support?**
    a. 29% reported having insufficient social support, and proportions of sufficient social support were lower among participants who were unstably housed, recently released from incarceration, or transgender.
    b. The most frequently reported *needed* sources of social support were a mentor, an HIV-related program or support group, a community group, and opportunities to mentor others (17%).
14. **Responding to violence: What to do in cases of discrimination, being threatened, or being assaulted?**
    a. 19% of participants reported recently being treating differently because they were living with HIV
    b. 12% were threatened with violence and 5% were physically assaulted in the past 12 months.
15. **Treatment as Prevention / U= U (Undetectable = Untransmittable)**
    a. 60% of participants indicated they had partnered sex in the past 6 months
    b. Having an undetectable viral load only accounted for 10% the reasons participants did not use condoms

From Road 2 Success Evaluations:

**Common themes: Overview of all services available, including support services and non-RW services; services for families/caretakers; housing; life insurance/permanency planning**

1. "More about transportation to doctor's office"
2. "More case management info regarding help/assistance. Method of assistance provided in details (locations, contacts, hours & etc.) (helps knowledge those services case managers could assist in)."
3. "Caregivers support options"
4. "How to find people who give surgery to people who don't have insurance."
5. "Adoption, life insurance"
6. "Talk about housing in the community."
7. "Death. Funerals and emotions, plus paying for services"
8. "Services available to clients/customers"
9. "All the services at the clinic"
10. "Housing, wellness programs"
11. "Understanding labels and medication adherence tips"
12. "Discussion of other resources for HIV patients outside of medical services"
13. "Legal issues about legalization in the state and federal government."
14. "Something for/including families and loved ones."

# Operations Committee Report

**HIV LANGUAGE TIPS – terms to avoid and preferred terms.**

**Based on the UNAIDS terminology guidelines and the HIV Media Guide produced by the Australian Federation of AIDS Organisations (AFAO).**

AIDS 2014
STEPPING UP THE PACE

| Terms to be avoided | Preferred terms | Explanation |
|---|---|---|
| 'HIV/AIDS' | 'HIV' (alone)<br>or 'AIDS' (alone) only if applicable | Avoid using 'HIV/AIDS'.<br>Usually just using 'HIV' on its own is accurate in the context. Only use AIDS when specifically referring to AIDS-related illness and late stages of disease progression. |
| 'AIDS virus'<br>'HIV virus' | 'HIV' | There is No AIDS virus. The term 'virus' in the phrase 'HIV virus' is repetitive. |
| 'People living with HIV/AIDS' (PLWHA) | 'People living with HIV' (PLHIV); | Most people living with HIV do not have AIDS, and referring to people living with HIV includes people living with an AIDS-related illness. |
| 'HIV-infected' | Person living with HIV | Avoid the term 'HIV-infected'. Use instead 'HIV-positive' if they know they are HIV-positive, or as 'having undiagnosed HIV infection' if they do not.<br>Preference: Put the person first; i.e. PLHIV |
| Full-blown AIDS | AIDS or AIDS-related illness | This term is overly dramatic and also implies that there is such a thing as a partial case of AIDS. A person has AIDS or they do not. |
| 'Fighting AIDS'<br>'Fighting HIV' | 'AIDS response', 'HIV response', 'response to AIDS', and 'response to HIV' | |
| Pandemic | Epidemic | Pandemic is a specific epidemiological term. Epidemic is more accurate in terms of the global nature of HIV, that includes specific terms at the national level such as generalised, concentrated, or low. Each of these types of epidemics have specific characteristics. |
| Commercial sex work | Sex work | You don't say commercial accountant! Preferred terms are sex work, commercial sex, or the sale of sexual services, transactional sex. |
| Prostitute or prostitution | 'Sex worker' or 'sex work' or 'person who sells or solicits sex' | Unless referring to a specific movement that has reclaimed the word 'prostitute', preferred terms such as sex work, sex worker, transactional sex, or the sale of sexual services. |
| 'Intravenous drug user' or 'injecting drug user' or 'drug addict' or 'injection drug user' | Person who uses drugs or person who injects drugs | Drugs are injected subcutaneously, intramuscularly, or intravenously. Use person who injects drugs to place emphasis on the person first. A broader term that may apply in some situations is person who uses drugs. Always avoid a term like addict or abuser. |
| AIDS victim or AIDS sufferer or HIV victim | Person living with HIV | Use person living with HIV, and this includes people who may have AIDS-related illnesses. Always avoid a term like victim or sufferer. |
| Patient | Client | The term 'client' is preferred in most contexts as it is more empowering. |
| High-risk group | Affected communities or high-risk behaviour | Using the term HIV 'risk group' implies that membership of a particular group rather than behaviour, is the significant factor in HIV transmission. It is high-risk behaviours such as unprotected sex or unsafe injecting practices that can spread HIV, not 'belonging' to a high-risk group. |

5 key tips and definitions:

- Be specific – and be accurate.  Don't over generalise or sensationalise.
- HIV and AIDS are related, but different. HIV stands for Human Immunodeficiency Virus. HIV is a virus that attacks vital cells in the body's immune system – specifically the CD4 cells responsible for fighting infection. AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is a medical term used to describe the condition caused by HIV. Someone is said to have AIDS when their immune system has stopped working due to HIV, and they have been diagnosed with a serious opportunistic infection or cancer.
- Put people first. When referring to any group, the best rule of thumb is to put the person first in the description rather than the illness or behaviour. For example person living with HIV (rather than HIV positive person) or person who uses drugs (rather than drug user). Sex worker remains a common term, but some people prefer to put the 'people first' and instead refer to people who sell or solicit sex.
- Stigma is different from discrimination. Discrimination is an action (which may result from stigma). Stigma is a process of devaluation or an attitude, and can be hard to identity or perceive.
- Key populations is a term that refers to specific communities most vulnerable to contracting HIV, and most commonly includes people living with HIV, men who have sex with men (MSM), sex workers, and people who use drugs. People affected by HIV is a term that includes all key populations, people caring for those living with HIV, and other groups vulnerable to contracting HIV because of social, cultural and economic inequalities such as women and young people.

# HIV-positive vs HIV-infected: reducing barriers to clinical research through use of appropriate and accurate language

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Poster THPE0516

# HIV-positive vs HIV-infected:

## Reducing barriers to clinical research through appropriate and accurate language

Simon Collins [1], Xavier Franquet [2], Tracy Swan [3]

1. HIV i-Base, London, UK; 2. Grupo de Trabajo sobre Tratamientos del VIH (gTt), Barcelona, Spain; 3. Treatment Action Group, New York, USA

## Abstract

**Background:** Inappropriate language, now modified in the lay press, include the terms 'victim' and 'sufferer' for people living with HIV/AIDS. We wanted to see whether similar examples are considered important in medical reporting. If so, this could inform closer collaborations between researchers and the community. **Methods:** A single-question online survey asked whether there was a preference for either 'HIV-positive' or 'HIV-infected' in clinical research. Participants were asked to discount cases when HIV-positive would be inaccurate (prior to seroconversion and in children <2 years). Comments were encouraged to understand qualitative reasons for any preference. The UK-Community Advisory Board (CAB), European CAB and American Treatment Activist Coalition (ATAC) lists each received an email. Advocates were selected, as they would understand medical language from a community perspective. Each group included both HIV-positive and HIV-negative individuals. **Results:** Response rates within 1 week were good: 7% (20/305), 52% (55/95) and 21% (38/180) in the UK, European and US groups. This was greater than list participation on other topics indicating the issue was relevant. 'HIV-positive' was preferred by a significant majority in each network: 95% v 5% (UK-CAB), 79% vs 21% (EATG) and 87% vs 13% (ATAC). Comments from 40% participants (n=47/110) covered 3 categories: i) a strong preference for HIV-positive, for humanistic reasons (n=35); ii) limited use of HIV-negative in some medical reporting (n=5); and iii) preferring neither term (n=7). Examples are included in the poster. **Conclusion:** This short survey signalled that terminology is relevant and that 'HIV-infected' can be problematic. It supports further surveys in non-advocates and perhaps doctors. The results will start a dialogue with researchers over language at medical meetings and in publications. This emphasises the human focus of medical research. Unless scientifically inaccurate, it is appropriate to use terms chosen by the people affected.

## Background

Language has the power to categorise people in descriptive terms that can be empowering or reductive. Modern healthcare increasingly recognises the importance of developing medical services that are centred on the person and that empower each person to take an active role in their healthcare.

People now have broader access to research and medical literature, and a focus on patient information that references these studies. Community advocates are increasingly involved in research, including active representation on advisory boards, steering committees and writing groups for national and international studies and treatment guidelines.

When medical language has inappropriate negative associations we propose that it can become an additional barrier to this progress.

Conversely, if researchers remain focused on the fact that real people are study participants, it should be assumed that they are also in the interest group likely to read the trial results. Language that alienates the study participants is unlikely to bridge the gap that often divides scientists from the people who support their work as study participants.

The history of the community response to HIV included an early focus on the importance of language. In contrast to media use of victim, suffererer, carrier or infected, people directly affected chose 'person living with AIDS' (PLWA) and more generally HIV-positive – referring both to a positive HIV-antibody test result, and also a conscious decision to take an active approach to a difficult medical diagnosis. Emphasising that *"we are only sometimes patients"* contributed to a global community use of PLWA, PLWHA and HIV-positive.

It is disappointing therefore that after 25 years mainstream media reverts to negative language (refs BBC) despite the availability of numerous resources developed for broadcasters, press and other media.

We propose that researchers should be aware of the sensitivity of language for the patients in their care and that guidance from community members who are also involved in research might highlight the current inconsistencies and provide a direction for the future.

## Methods

A single-question online survey was selected as a way to determine:

i) whether choice of language is relevant in this medical context, and

ii) whether there was a preference for either HIV-positive or HIV-infected as a term used in research.

Community advocates were chosen because they have a broad understanding of research and the specific requirements of medical language: we understand the need for technical precision.

But advocates also come from the community and so approach this from the perspective of people who bring fresh eyes to current research practice, especially when sensitivity to social constructs are involved.

The survey asked to discount situations when HIV-infected is needed to distinguish actual infection from the result of an HIV antibody test (mainly in acute infection and in early paediatric care).

Three networks took part: the UK-Community Advisory Board (UK-CAB), the European AIDS Treatment Group (EATG) and the US AIDS Treatment Activist Coalition (ATAC). All three groups are treatment advocacy organisations that include email discussion lists for all members. Each organisation includes both HIV-positive and HIV-negative individuals.

The survey was sent in a single post to each organisations email discussion group, with a link to the surveymonkey.com website. Responses were assessed after one week, after which the survey was closed.

Additionally, we performed an online search for the use of each term in abstracts submitted to two HIV medical conferences (CROI 2010 and IAS 2009) and two prominent peer-reviewed publications (NEJM and AIDS). This was because peer-review publication policies had been a suggested reason for using the term HIV-infected.

## Results

HIV-positive was preferred by a significant majority in each network: 95% v 5% (UK-CAB), 79% vs 21% (EATG) and 87% vs 13% (ATAC). See Table 1.

Comments from 40% participants (n=47/110) covered 3 categories: i) a strong preference for HIV-positive, for humanistic reasons (n=35); ii) limited use of HIV-negative in some medical reporting (n=5); and iii) preferring neither term (n=7). Examples are included in these results.

The online search was for use of 'infected' vs 'positive' or close variants, found both terms to be very commonly used. From June 2009–June 2010, approximately 60% articles in both NEJM and AIDS using infected and 40% used positive. Both terms were commonly used in conference abstracts. This demonstracted no current restriction for either conference presentations or peer review publications. Of abstracts using either term in the title or abstract, 70% used infected compared to 30% using positive at CROI 2010 (425 vs 175 studies) and for the last IAS it was about 60 vs 40% (546 vs 326 studies). See Table 2.

**Table 1: Preference by activist network**

| | Responses rates | Prefer HIV-positive | Prefer HIV-infected |
|---|---|---|---|
| UK (UK-CAB) | 20/305 (7%) | 100% (13/13) | 0% (0/13) |
| Europe (EATG) | 55/95 (52%) | 79% (34/43) | 21% (9/43) |
| USA (ATAC) | 38/180 (21%) | 87% (29/33) | 13% (4/33) |

**Table 2: Journal and abstract search in abstract body**

| | Total | HIV-positive * | HIV-infected ** |
|---|---|---|---|
| AIDS Journal (06/09–06/10) | 694 | 28% (194/694) | 72% (500/694) |
| NEJM (06/09–06/10) | 678 | 28% (188/678) | 72% (490/678) |
| CROI 2010 | 600 | 29% (175/600) | 71% (425/600) |
| IAS 2009 | 872 | 37% (326/872) | 63% (546/872) |

* HIV positive, HIV-positive, HIV-1 positive, HIV-1-positive, HIV+ or HIV-1+.

** HIV infected, HIV-infected, HIV-1 infected or HIV-1-infected.

### Comments preferring HIV positive

Several points were frequently raised by participants.

These included the negative associations with the HIV-infected as a passive term "*like the Victorian use of the afflicted – it draws sympathy instead of empathy".* Many people that it added to stigma already associated with HIV: *"it makes me feel like a victim"* and *"the HIV-infected label makes me feel dirty"* and *"it makes me sound toxic"*. Others linked this to the early epidemic: *"HIV-infected is passive and potentially disempowering as in earlier debates around AIDS victim versus Person with AIDS."*

Positive reasons for preferring HIV-positive included *"HIV-positive is both accurate and non-judgmental"* and that "*HIV-positive is a neutral term and in most cases achieves the same meaning".*

Many comments also addressed the issue of the precision of medical terminology: "*Excepting very early infection and babies, HIV-positive is as accurate as HIV-infected and is a preferable term, so is the better choice."* Another person commented *"although it may be clinically correct, HIV-infected has negative connotations in the community, and the term HIV-positive is well-established and more acceptable".*

Comments also referred to benefits of the usiing a term more widley accepted in the community: *"Clinicians, researchers and physicians need to be recruited in efforts to help reduce stigma, and this is one way, as HIV-positive people will be reviewing and reading... [these studies]"*.

Healthcare workers also commented on their current practice: *"I am in contact with a lot of patients in the field and they all hate to be called HIV infected. I think it adds to the stigma already present"* and *"In [my NGO] we never use HIV-infected– it creates the image of people with HIV being diseased. We're all infected - 90% of the microbes in our bodies are viruses, bacteria, fungi, etc. We always use people with HIV or HIV-positive."*

### Comments preferring HIV infected

A minority of people preferred HIV-infected, recognising that this is widely used as a medical term, but these comments also included caveats including *"positive has a much better feel if it is a label I call myself or others call me"* and *"for general readership, though, infected is terrible and doctors should be sensitised to the problem"*.

One person preferred it in the context of HIV-denialism *"because positive refers to a test result and infected to the established presence of the virus... infected implies that confirmatory testing has resulted in an accurate diagnosis and avoids inane quibbles about what ELIZA tests show"*. However, the same person added *"in social and political contexts, positive is preferred".* Only one person said that infected was *"the only valid medical term".*

## Discussion

This exercise originally started because community comments to abstracts, papers and reports that raised this issue were met with a response that medical publications have a house style that determines the papers that they publish.

In journals, HIV-positive can be found alongside as HIV-infected. In the specific setting of many studies HIV-positive is equally accurate. At medical conferences, upwards of 10% of delegates have community affiliations. Together this demonstrates that researchers are not restricted by conference convention.

We hope that this study will encourage more researchers to feel confident to use the term HIV-positive and we will actively contact research groups and journals with this proposal.

Medical literature is not fixed and there are many examples where more humanising terms have been routinely used to replace earlier examples. MSM had largely replaced homosexual/bisexual and sex worker has replaced the word prostitute.

We would suggest that this study shows that language is considered important by communities affected. The comments illustrate the reasons for this preference.

## Conclusion

This short survey showed that terminology is relevant and that the use of HIV-infected can be problematic as is not a neutral descriptive term.

These results will start a dialogue with researchers over language at medical meetings and in publications. This emphasises the human focus of medical research. Unless scientifically inaccurate, it is appropriate to use terms chosen by the people affected.

## References

Contact email: simon.collins@i-Base.org.uk

1. The Denver Principles: http://en.wikipedia.org/wiki/People_With_AIDS; and http://www.actupny.org/
2. BBC website: "A long term AIDS sufferer has his DLA stopped and is now expected to live on £60 per week". October 2009. (accessed 16.19.09). http://www.bbc.co.uk/programmes/b00n48td
3. BBC website: "Cancer sufferer kicked to death". October 2009. (accessed 16.19.09). http://news.bbc.co.uk/1/hi/england/suffolk/8297866.stm

**You are in a unique position to shape the public image of people with disabilities.**
**By putting the person first and using these suggested words, you can convey a positive, objective view of an individual instead of a negative, insensitive image.**

| *Do say* | *Don't say* |
|---|---|
| **Disability** | *Differently abled, challenged* |
| **People with disabilities** | *The disabled, handicapped* |
| **Person with spinal cord injury** | *Cripple* |
| **Person with autism, on the autism spectrum** | *Autistic* |
| **Person with Down syndrome** | *Mongoloid* |
| **Person of short stature** | *Midget, dwarf* |
| **Uses a wheelchair, wheelchair user** | *Confined to a wheelchair, wheelchair-bound* |
| **Has a learning disability** | *Slow learner* |
| **Has chemical or environmental sensitivities** | *Chemophobic* |
| **Has a brain injury** | *Brain damaged* |
| **Blind, low vision** | *Visually handicapped, blind as a bat* |
| **Deaf, hard of hearing** | *Deaf-mute, deaf and dumb* |
| **Intellectual disability** | *Retarded, mental retardation* |
| **Amputee, has limb loss** | *Gimp, lame* |
| **Congenital disability** | *Birth defect* |
| **Burn survivor** | *Burn victim* |
| **Post-polio syndrome** | *Suffers from polio* |
| **Service animal or dog** | *Seeing eye dog* |
| **Psychiatric disability, mental illness** | *Crazy, psycho, schizo* |
| **How should I describe you or your disability?** | *What happened to you?* |
| **Accessible parking or restroom** | *Handicapped parking, disabled restroom* |

# DRAFT 07-19-17

# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

**EST. JUL. 15, 1997** **REV JUNE 12, 2014** **POLICY No. 900.01**

## PETTY CASH

## PURPOSE

This policy establishes the guidelines by which petty cash reimbursements of expenses to attend Houston Area HIV Health Services (Ryan White) Planning Council meetings are made. The purpose of these funds is to encourage a wide range of community participation. While all members of the RWPC are eligible for reimbursement, all members are encouraged to pay for their own expenses out of their own funds if possible. This policy includes both internal as well as external members.

## AUTHORITY

"Guidelines for Reimbursement of People on a Ryan White Title I Planning" dated January 21, 1997, **and the Ryan White HIV/AIDS program Part A Manual - Revised 2013**. The RWPC voted on February 10, 1996 to set as a priority the reimbursement of expenses to attend RWPC meetings (including subcommittee and related meetings). Those eligible to receive reimbursement of expenses to attend committee, subcommittee and related meetings include Council and external committee members.

## DEFINITIONS

Meetings - are defined as outlined in the RWPC adoption of its Bylaws, Article IX. Rev. 12/07.

Meals - are those that are related to and occur as the result of attending any **scheduled** Houston area HIV/AIDS Health Services (Ryan White) Planning Council meeting**, including Ryan White committee and workgroup meetings, and outreach events.**

## PROCESS

Review – Annually, the Operations Committee will review RWPC petty cash policies and forms.

Transportation - Expenses will be reimbursed as a result of a Planning Council or external committee member attending a scheduled meeting. If travel is conveyed through the use of the members own vehicle the rate will be the same as the county rate per mile. Council and external committee members are reimbursed for mileage to and from a consistent, designated starting point (either home or work). The start point will be documented in the member's file and mileage will be determined by an Internet site selected annually by the Office of Support. **Members are encouraged to carpool. When members carpool, only the member who is the driver of the automobile can request mileage reimbursement from his or her designated starting point.**

**If a member is employed full time, and work hours are Monday through Friday during regular business hours (approximately 8 a.m. until 5 p.m.), the member must provide the requested employment-related information on the Petty Cash Transportation Form. If work hours typically overlap with Ryan White meetings, then the member must use their primary work address as their designated starting point for determining mileage reimbursement. Harris County may contact an employer to confirm employment information provided on the Petty Cash Transportation Form. When an individual uses their work address as the point of origin for their travel reimbursement, then they are not eligible for childcare reimbursement.**

If the member travels by cab, then an official cab company receipt must accompany the request for reimbursement. Traveling by cab should be the option of last resort, with the following exceptions. Council and external committee members who are accompanied by children are allowed to take a cab to and from work, home and/or the child care provider. Members are also allowed to use a cab if no other means of transportation is available or there are barriers to existing transportation. Bus expenses will be reimbursed at the prevailing METRO rate (round trip).

Meals - Snacks are provided at all Council related meetings to assist individuals with dietary needs. Individuals will not be reimbursed for purchasing a meal if staff notifies members that a meal is being provided at a particular meeting. Exceptions will be made for individuals with special dietary needs. If a meeting takes place near a meal time and the Office of Support has not announced that a meal will be provided, members are allowed to purchase a meal one hour before the scheduled start time of the meeting. Members will not be reimbursed if the receipt indicates that a meal was purchased after the scheduled start time for the meeting. Members will be reimbursed for food as well as transportation and childcare when representing the Council at off-site events such as health fairs, unless a meal is provided at the event.

Expenses for meals are to be reimbursed for "in-town" and "out-of-town" meetings. In-town meetings are those that occur as a result of a regularly scheduled meeting and a meal reimbursement is requested. The maximum amount allowed will be in accordance with current Harris County reimbursement rate for meals and receipts will be required.

Child Care - Expenses for childcare will be $35 per child per visit, not to exceed $100 per day (total). An exception to this would be an activity that takes place outside of normal business hours (6 am – 6 pm) in which case a volunteer could be reimbursed for an additional $35 per child per visit, not to exceed $100 (total). A Council approved Child Care Expense Receipt must be attached to the Claim for Reimbursement. Child Care reimbursements are based on RWPC meetings or committee related events.

Other - Council and External Committee members who choose to attend a non-assigned meeting or event will not be reimbursed from petty cash for their participation in that meeting. Also, members will not be reimbursed for transportation, childcare and/or food if they arrive 20 minutes after the scheduled start time for the meeting. Within the calendar year, members are allowed two exemptions if they arrive at a meeting 20 minutes late. If necessary, members are allowed to ask the Operations Committee for additional exemptions for reimbursement if they are more than 20 minutes late to a meeting.

**Members are allowed to ask the Operations Committee for exemptions from any portion of the above policy by submitting a letter to the Manager of the Ryan White Office of Support stating why personal circumstances should allow them to be exempt. The Manager will share the letter with the Operations Committee at their next scheduled meeting. The Operations**

**Committee will respond to the request in writing.**

## MAXIMUM REIMBURSEMENT RATES

All Ryan White Council and external committee members can receive up to the following amount in petty cash reimbursement within a 12 month calendar year, unless the member receives a waiver for an increased amount from the Operations Committee based upon personal circumstances.

The allowable amount for all members is:

11 committee meetings
+ 2 trainings
+ 3 workgroups or Public Hearings
16 meetings/year x $100/meeting = $1,600

**Council Chair: up to $5,000/year**
($1,600 + 12 Council meetings + 12 Steering Committee meetings + 10 additional misc. meetings)

**Officers & Committee Chairs: up to $4,000/year**
($1,600 + 12 Council meetings + 12 Steering Committee meetings)

**Council Members: up to $2,800/year**
($1,600 + 12 Council meetings)

**External Committee Members: up to $1,600/year**

**Written** requests for exceptions can be submitted to the Operations Committee for review and approval.

If it becomes clear that an individual is going to exceed the amount listed above within a calendar year, the following steps are to be taken:

**Step 1**: The Manager of the Office of Support will verbally bring the matter to the attention of the member and document the conversation in the member's folder.

**Step 2**: If the situation continues after two conversations with the member, the member will receive a letter signed by the Chair of the Planning Council and the Manager of the Office of Support. The letter will document the total amount the member has received in petty cash reimbursement and request a meeting to outline ways in which the individual can begin to limit reimbursement.

**Step 3:** If the member is unable or unwilling to limit reimbursement than the Council Chair will review and possibly reappoint the member to a committee that has fewer meetings and/or fewer outside activities.

**Step 4**: If the individual member reaches the cap outlined above, they can request a waiver from the policy from the Operations Committee. The Operations Committee will review the request and, after consulting with the Chair of the Ryan White Planning Council and the Manager of the Office of Support, the Committee will have final approval regarding the response to the request for a waiver and will notify the individual of their decision in writing. If the request for a waiver is denied, the member will not be reimbursed for mileage, childcare and/or meals for the remainder of the calendar year. The member will

be eligible to receive petty cash reimbursement for activities that take place in the next calendar year, once the new year begins.

Per Harris County policy, petty cash is not allowed to be taken off site. Therefore, members will be reimbursed for off-site meetings the next time they are at the Office of Support. Members will not be reimbursed for travel to the Office if the sole reason for coming to the Office is to be reimbursed for an off-site meting.

Reimbursement requests are to be submitted to the Office of Support for payment. Receipts can be submitted at anytime within **90** days of the date of the event **or they may not be approved**. **End of year reimbursements must be submitted within 30 days after the end of the Ryan White Part A fiscal year.** Reimbursement requests presented 30 days after the end of the fiscal year will not be approved. **Once a check has been distributed to a member, it will not be replaced if lost or stolen (OR, If a check is lost or stolen, the Office of Support will replace a check one time. After that, the member is not eligible to have a lost or stolen check replaced.)** Any request over and above the amounts and time frames outlined above needs to be submitted in writing to the RWPC Manager for approval. All reimbursements are available from the **Ryan White Office of Support Staff.**

The RWPC will not reimburse members for loss of wages as a result of attending meetings.

**Check #** _____
**Receipt #** _____

**Houston Area HIV Services Ryan White Planning Council**
# Claim For Reimbursement (revised 1.01.17)

**Please PAPER CLIP receipt(s)/DO NOT staple items to this form**

**NAME:** **DRAFT – 08-04-17**

Standard Rate for Transportation: Round trip from *ADD ADDRESS* to RW Office = _____ miles X $.535 = **$_____.**

Receipts can be submitted at anytime within **90** days of the date of the event **or they may not be approved**. **End of year reimbursements must be submitted within 30 days after the end of the Ryan White Part A fiscal year.** Reimbursement requests presented 30 days after the end of the fiscal year will not be approved. **Once a check has been distributed to a member, it will not be replaced if lost or stolen (OR, If a check is lost or stolen, the Office of Support will replace a check one time. After that, the member is not eligible to have a lost or stolen check replaced.)**

**TRANSPORTATION EXPENSE (Attached receipts required for cab and bus fares. Mileage totals must be pre-approved and on file before reimbursement(s) will be made.)**

| DATE | PURPOSE | CAB FARE | BUS FARE | RATE X MILEAGE = |
|---|---|---|---|---|
| | | | | $.535 X = $ |
| | | | | $.535 X = $ |
| | | | | $.535 X = $ |
| | | | | $.535 X = $ |
| | | | | $.535 X = $ |
| | | | | |
| | **TOTAL** | **$** | | **$** |

**FOOD EXPENSE (Attached receipt required. $10 maximum for lunch, $15 maximum for dinner.)**

| DATE | PURPOSE | AMOUNT |
|---|---|---|
| | | |
| | | |
| | **TOTAL** | **$** |

**CHILD CARE EXPENSE (Attached receipt required.)**

| DATE | PURPOSE | AMOUNT |
|---|---|---|
| | | |
| | | |
| | **TOTAL** | $ |

**OTHER**

| DATE | VENDOR | PURPOSE | AMOUNT |
|---|---|---|---|
| | | | |
| | | | |
| | | **TOTAL** | $ |

**The above services provided to me represent a true and accurate account of services I have received while in attendance at Ryan White Planning Council meeting(s). I further certify that this expense was necessary for me to attend Ryan White Planning Council meetings, and I have not/will not claim reimbursement for the above expenses from any other source.**

**I have received from (staff)**_____ **$**_____

_____ _____ ____ **# of receipt(s) attached**

**Signature of Council/Committee Member** **Date**

# Petty Cash Transportation Form

## Fill out this form ONLY if you will be requesting reimbursement for transportation

Per the Ryan White Petty Cash Policy: Council and external members are reimbursed for mileage to and from a consistent, designated starting point (either home or work). The start point will be documented in the member's file and mileage will be determined by an Internet site selected annually by the Office of Support. If a member is employed full time, and work hours are Monday through Friday during regular business hours (approximately 8 a.m. until 5 p.m.), the member must provide the requested employment information on this Petty Cash Transportation Form. If work hours typically overlap with Ryan White meetings, then the member must use their primary work address as their designated starting point for determining mileage reimbursement. Harris County may contact an employer to confirm employment information stated below.

| FILL IN THIS BOX ONLY IF YOU ARE EMPLOYED. IF NOT EMPLOYED, GO TO THE NEXT BOX. |
|---|
| NAME: DATE: |
| Name of employer:<br><br>Address of primary work location:<br><br><br>Days and hours of employment: |

| NAME: DATE: |
|---|
| ADDRESS OF DESIGNATED STARTING POINT (home or work): |

## Request for Change of Designated Starting Point

| DATE: INITIALS: |
|---|
| NEW DESIGNATED STARTING POINT: |

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

**EST. JUL 15, 1998** **REV DECEMBER 13, 2007** **POLICY No. 200.01**

## PLANNING COUNCIL AND EXTERNAL COMMITTEE MEMBER APPLICATION AND SCREENING PROCESSES

## PURPOSE

This policy establishes guidelines by which members are nominated for membership on the Houston Area HIV Health Services Ryan White Planning Council (RWPC). It also outlines the process for applying for External Committee membership. These are two separate processes.

## AUTHORITY

**The process related to Council membership will comply with the most current Ryan White HIV/AIDS Program Part A Manual**. The CARE Act as amended (currently referred to as the Ryan White HIV/AIDS Treatment Extension Act of 2009 or the Ryan White Program), Section 2602(b)(1) states: "Nominations to the planning council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria. **Since there are no HRSA guidelines for External Committee membership, the process for applying and being screened for External Committee membership must comply with Houston Ryan White Planning Council (RWPC) bylaws, policies and procedures.**

## PLANNING COUNCIL APPLICATION PROCESS

The Nominations Screening Process for Planning Council membership will be as follows: The process shall be continuous and/or as needed to fill vacancies in Council membership. The Council shall work with the CEO's office to ensure that Council membership is in compliance with HRSA mandates regarding membership. ~~in an attempt to see that no Council seat is vacated for more than three months~~. All terms begin in January. Members may be appointed to fill an unexpired term. ~~unless a Council member is selected to fill an unexpired term.~~

With the exception of persons representing HRSA required government organizations, such as Medicaid, HOPWA and others, Council applicants will be subject to the Nominations Screening Process conducted by the Operations Committee. ~~The Operations Committee can request a courtesy interview with the purpose of making recommendations to the Council Chair regarding committee placement.~~ The process will be an open-ended process available to all interested persons wishing to serve.

**PLANNING COUNCIL REPRESENTATION:**
See HRSA grant instructions.

The composition of the RWPC will be reflective of the local HIV/AIDS epidemic and according

to HRSA policy. Besides the HRSA required representation categories of Planning Council Membership, the RWPC may also request other positions/representation, subject to the approval of the CEO, in order to maintain diversity within the RWPC reflecting the pandemic and/or needed expertise within the EMA. These positions are subject to the Nominations Screening Process.

**PLANNING COUNCIL RECRUITMENT/ADVERTISEMENT:**

The Operations Committee shall announce the Nominations Screening Process by notification to interested and affected groups in the form of press releases, advertisements, flyers/brochures, etc. Announcements should be targeted to the following organizations and communities:

- Local HIV/AIDS organizations
- Veterans, Gay, Lesbian, Bi-sexual, Transgender, African American, Hispanic, Asian, Rural and other communities
- Project LEAP students

Recommendations for vacant positions, which occur during the year, will be selected from this pool of applicants.

~~Included in the announcement, will be the name of the contact person to call regarding information about the Nominations Screening Process. All forms which need to be completed by a potential applicant will be available from the contact person.~~

**PLANNING COUNCIL NOMINEE APPLICATION:**

Council Application: Forms for RWPC membership will be reviewed annually by the Operations Committee for revisions/changes to the forms and will be made available in English and Spanish.

With the exception of persons representing HRSA required government organizations, such as Medicaid, HOPWA and others, persons interested in serving on the RWPC must submit a completed nominee application form to the Operations Committee. Staff will contact an applicant if their form is not complete and inform them that the Committee will not interview a candidate with an incomplete application form.

Interviews with **the Operations Committee and** a potential nominee will be scheduled after an application is received. The interview process will be used to determine the applicants' interest, experience, background and availability of time. Open-ended questions will be used to clarify answers given in response to a specific list of questions. The goal is to obtain as much appropriate information as possible about the applicant. During the process, the potential applicant will be able to ask questions of the Operations Committee.

**CONSIDERATION OF APPLICANTS:**

The Operations Committee will consider all applications in order to ensure that the PC is balanced in terms of expertise, racial and ethnic composition, geography, and other criteria developed by HRSA and the RWPC.

**LIST OF CANDIDATES:**

The Operations Committee will submit all applications with a committee recommendation to the CEO. The CEO will also be notified of the candidates who are not being recommended. The CEO will appoint all members to the Council.

# EXTERNAL COMMITTEE APPLICATION PROCESS

Forms for External Committee membership will be reviewed annually by the Operations Committee for revisions/changes to the forms and will be made available in English and Spanish. External members will be appointed for a one year term by the Chair of the Council to each of the Standing Committees with the exception of Operations and Steering (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 or Council member. 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. **The Chair of the Council will make committee appointments in consultation with the Manager of the Office of Support.**

# PLANNING COUNCIL AND EXTERNAL COMMITTEE APPLICATION PROCESSES

For both Planning Council and External Committee applicants, the following items will be addressed through correspondence or during the interview, and on the application:

**TIME COMMITMENT:**
Each applicant shall be informed of the time commitment necessary to participate as a member. Minimum time requirements for a Council member are at least four (4) hours per month. Two (2) hours for monthly RWPC meetings and two (2) hours for monthly Service Committee meetings. Minimum time requirements for an External Committee member are at least two (2) hours per month for committee meetings. This information is to be included on both Council and External Committee application forms.

**CONFLICT OF INTEREST:**
As part of the application process, all candidates will be informed in writing that individuals who are members of or who have a financial interest in an organization receiving and/or seeking Ryan White Part A or B or State Services funding are considered to have a conflict of interest. **(OPTIONAL TEXT)** If appointed, the individual will be required to complete a Conflict of Interest Disclosure Form annually and/or as needed, describing the relationship of the person to each organization that can benefit from an action by the RWPC. Additionally all Council and External Committee members will be required to identify conflicts of interest during a discussion and/or vote and abstain from voting on issues pertaining to that conflict.

**HIV DISCLOSURE:**
Persons who are self-identified as being HIV positive or having AIDS may choose whether or not to reveal their HIV/AIDS status. All laws regarding HIV/AIDS confidentiality are adhered to. This information is included on the application forms.

# HOUSTON AREA HIV HEALTH SERVICES
# RYAN WHITE PLANNING COUNCIL

| EST. May 5, 1998 | REV MAY 14, 2009 | POLICY No. 200.03 |
|---|---|---|

## MEETINGS

## PURPOSE

This policy is to establish guidelines by which meetings of the Houston Area HIV Health Services Ryan White Planning Council (RWPC) will abide.

## AUTHORITY

The RWPC through adoption of Roberts Rule of Order and bylaws 12/07; Article II; Sec. 2.01-2.01) and by order of the Chief Elected Official of Harris County, ensure that there will be a procedure for meeting(s) conducted by the RWPC.

## INTENT

The intent of this policy is to include all citizens who are infected and affected by HIV and who live in the Houston Eligible Metropolitan Area (EMA) in the decision making process.

## DEFINITIONS

"Meeting(s)" will be defined as an encounter where ~~two~~ **three** or more people of the RWPC meet to discuss business related to that body and a binding vote is intended to be taken. All meetings will be open to the public (except where noted.) The public is encouraged to participate (see Policy No. 100.01) and will be notified of meetings according to Open Meetings **Act** requirements. All meetings of the above mentioned will be held in an environment that will be accessible to all interested parties.

"Standing Committee **and Ad Hoc Committee Meeting(s)** " are public meetings. Exceptions to this are hearings conducted by the Grievance sub-committee of the Operations Committee, "personnel issues", and any other exception allowable under the Open Meetings Act.

"Work Group or Subcommittee Meetings(s)" will be defined as meetings that have been so designated by the Chair of the Council, the Chair of a Standing Committee, or through the recommendation of a member at a regular standing, or sub-committee meeting and agreed to by that body. All finished products by work groups will be viewed by the appropriate Standing Committee prior to submission to the Steering Committee, unless the **Planning Council** ~~Standing Committee~~ approves by vote, an alternative submission process.

"Other Committee Meeting(s)" will fall under the definition of Meetings. These are Committee(s) that are part and parcel of Standing Committees. While they are not officially a committee, their function is to carry out the business of the Council.

Each of these entities is to conduct meetings in areas that are accessible to the public. The public can make comments about the services that affect them without fear of retribution from any member, or group of members of the Houston Ryan White Planning Council.

## FOCUS GROUPS

Focus groups do not involve voting and will not be considered open meetings. These are gatherings where individuals are invited to participate in open discussion about services offered in the Houston EMA. Members of the committee that convene the focus groups will be subject to Conflict of Interest guidelines (see Policy #800.01). Participation in focus groups will be according to the approved methodology for a particular focus group, and people who are not appropriate to attend or view the focus group (including Council members) will not be allowed to participate.

~~If any member of the public feels that s/he has been singled out or denied services based on guidelines specified in a contracting agency(s) agreement with the Administrative Agency (HIV Services~~ **Ryan White Grant Administration**~~), then a grievance can be filed with that agency and/or HIV Services~~ **Ryan White Grant Administration**~~.~~

## ROLE OF THE COMMITTEE CHAIR

It is the role of the chair of any committee to facilitate the discussion and reach a majority or consensus of the group. It is important that when there is not a clear majority or consensus in committee meetings that a majority and minority report be given to the body which authorized that committee to convene. It is imperative that all members of the committee be allowed to express his or her concerns. The chair is to be fair and impartial.

## ROLE OF THE COMMITTEE MEMBERS

It is the responsibility of each member of any committee to first identify if there is a conflict of interest violation. If so, this member must state that by holding up the red flag (see Policy No. 800.01). If a committee member is the service provider of the topic under discussion, it is imperative that this member listen objectively to comments or concerns both negative and positive from the public, other council members or agents of the Administrative Agency. Each member of the Council has the power to enact a grievance if the need arises (see Policy No. 1000.01). Let this policy remind committee members that the Houston Area HIV Health Services Ryan White Planning Council will abide by confidentiality guidelines as set forth in the most current Ryan White Program and health and safety codes of the Federal Government and Texas Department of State Health Services.

## TELECONFERENCING AT MEETINGS

Due to unusual circumstances, such as illness or travel, Council and committee members are allowed to participate in a Ryan White committee meeting via telephone as long as the Office of Support has access to the technology needed to accommodate such a request. Regarding Council meetings, members may not use teleconferencing to participate in a full Council meeting except under unusual circumstances, such as severe weather or a public health emergency (for example an outbreak of the flu). In this situation, the Office of Support, in consultation with the Chair of the Council (or the Vice Chair and then Chair of the Operations Committee if the Chair or Vice Chair is unavailable), will decide if members can participate in a full Council meeting via conference call, again depending upon the availability of the technology needed to accommodate the call. Due to the limited technological capability of conference calling, Council members will

be included in the call on a first come, first serve basis. In this unusual situation, the general public will be encouraged to submit public comment through fax or email, they may listen to the conference call at the location where the staff will be in attendance, and/or they may request a digital copy of the recorded proceedings (if available) or a paper copy of the meeting minutes after the meeting has taken place.

No recommended changes

# HOUSTON AREA HIV HEALTH SERVICES
# RYAN WHITE PLANNING COUNCIL

| EST. JUL 7, 2001 | REV MAY 14, 2009 | POLICY No. 300.01 |
|---|---|---|

## LETTERS OF SUPPORT, BUSINESS CARDS AND EVENT CO-SPONSORSHIP

## PURPOSE

This policy is to establish the roles and responsibilities of the Ryan White Planning Council when interacting with other organizations, determining events that will be co-sponsored by the Council and determining if a letter of support can be provided by the Council.

## AUTHORITY

The authority given to the Operations Committee by the council adoption and approval of By-laws Rev. 12/07 and under the order of the Chief Elected Official (CEO) of Harris County, initiates procedures by which day to day business of the Council is to take place.

## BUSINESS CARDS

The Council will have two types of business cards: 1.) As the only authorized spokesperson for the Council, the Chair will have a business card that includes his/her name. 2.) For all other members of the Council, the staff will prepare one generic card that explains how to contact the Office of Support and does not include personal identifying information.

## LETTERS OF SUPPORT

When appropriate, letters of support will be written collaboratively between the Council Chair and the Office of Support.

## PROCESS

EVENT CO-SPONSORSHIP

The Ryan White Planning Council will consider co-sponsorship of an event when the following has happened:

- Ninety-day advance notice is given so that the Council can review information about the event.
- When the 90-day advance notice is not possible, the Affected Community Committee is authorized to make a recommendation to the Planning Council regarding co-sponsorship of the event.
- Events relating to a State of Emergency will take precedence over other events.

At appropriate Ryan White Planning Council approved events, a booth/table will be set up to distribute information about Council activities as well as applications for Council membership.

If the sponsoring organization requests the use of a Council logo or permission to add the Council's website link to the sponsoring organization's website, the following applies. The Council does not have a logo and is not authorized to use the Harris County logo. Adding the Council's website link to the sponsoring organization's website can only be done when the Chair of the Planning Council and the Manager of the Office of Support have provided written approval for 1.) Adding the link to the other organization's website and 2.) The text describing the link to the Council's website. If the sponsoring agency requests that their logo or website link be added to the Council's website, the Council will only include the agency's website address within the electronic version of the Blue Book which is posted on the Council's website.

No recommended changes

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

**EST. MAY 5, 1999** | **REV DECEMBER 13, 2007** | **POLICY No. 400.02**

## ROLES AND RESPONSIBILITIES OF PLANNING COUNCIL MEMBERS AND COUNCIL SUPPORT STAFF

### PURPOSE

This policy is to establish the roles and responsibilities of the Houston Area HIV Health Services Ryan White Planning Council and the Council Support Staff.

### AUTHORITY

The authority given to the Operations Committee by the Council adoption and approval of By-laws Rev. 2/07 and under the order of the Chief Elected Official (CEO) of Harris County, initiate procedures by which day to day business of the Council is to take place.

### INTENT

Create an atmosphere of respect and mutual understanding as to the tasks involved in processes vital to HRSA mandates for Eligible Metropolitan Area Planning Councils, and their responsibilities.

### PLANNING COUNCIL

The Planning Council is charged with the following:

- Setting Priorities
- Resource Allocation
- Comprehensive Planning
- Assessing Needs
- Assessing the Efficiency of the Administrative Mechanism.

### OFFICE OF SUPPORT

The Manager shall report to the Houston Area HIV Health Services Ryan White Planning Council (RWPC) and will be responsible for the following:

- Providing direction to both the RWPC and its support staff
- Completing the legal fulfillment of all Ryan White Part A Council responsibilities within the revised Ryan White Program.
- Managing the budget for the Office of Support in accordance with HRSA and Harris County regulations.
- All expenditures over $5,000 must be approved in writing by the Planning Council Chair unless already specifically identified in a Council approved budget (Note: the Manager may not be directed to incur any expense that is: 1. Not justifiable as an expense under Ryan White Part A; 2. Not available or unobligated within the budget).

- Providing day-to-day management of Planning Council activities.
- Providing day-to-day management of the support staff operations and be responsible for hiring and terminating staff, in consultation with the Personnel Committee.

In addition the Manager shall have overall management responsibility for:

- Devising and presenting to the Council, on an annual basis, a time line for the work of the RWPC.
- Acting as the Council's point of request for public information and as a liaison with and between the Council, its Standing Committee, Ad Hoc Committees, official caucuses, and the Administrative Agent.
- Facilitating and enhancing regional cooperation among other planning councils, service providers, consumers, and constituent communities.
- Assisting the RWPC and/or its committees in responding to HRSA recommendations, including assisting with interpretations; acting upon these interpretations by developing and facilitating a process to adopt these changes, as approved by the RWPC mandates and initiatives and in accordance with HRSA and local county regulations.

## COMMITTEES

Only the designated Chair or Co-chair of a committee may make a budgetary request from the Manager. The Chair must submit the request in writing outlining the purpose for which the funds are to be used. If the request is for items not previously approved by the Council, the Manager will determine whether the request can be justified as a Ryan White Part A expense and whether there is money available to pay for the request. Upon estimation of the expense, if the amount is to exceed $5,000 signed approval must be given by the Chair of the Planning Council before the Manager can act unless the expense has been previously approved by Council.

# Positive Connections Ad Hoc Committee

**DRAFT**

Houston Area HIV Services Ryan White Planning Council

# Positive Connections Ad Hoc Committee Meeting

12 noon, Thursday, September 14, 2017
Meeting Location: 2223 West Loop South, Room 532, Houston, TX 77027

**Purpose of the Ad Hoc Committee**: Work with Ryan White Grant Administration (RWGA) to make the project a success and demonstrate to Health Resources and Services Administration (HRSA*), RWGA and the Ryan White Planning Council (RWPC) that it was a responsible investment of funds.

## AGENDA

I. Call to Order — David Benson and Steven Vargas, Co-Chairs
   - A. Welcome and Moment of Reflection
   - B. Announce who will be Chairing the Meeting
   - C. Introductions
   - D. Adoption of the Agenda
   - E. Message from HRSA* — Frances Hodge, Project Officer
   - F. Purpose of the Ad Hoc Committee — Cecilia Ross, Chair, RW Planning Council

II. Public Comment

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

III. Project Overview — Carin Martin, RWGA
   - A. Positive Links Program
   - B. Implementation of the Program in the Houston EMA
   - C. Partner(s) and their Roles
     - Ryan White Grant Administration
     - University of Virginia
     - Local Implementation Partner
     - Texas Department of State Health Services (TDSHS) — Shelley Lucas, TDSHS
     - Ryan White Planning Council — Cecilia Ross
   - D. Ad Hoc Committee Tasks — Cecilia Ross

IV. Retention in Care Data for the Houston EMA — Ann Dills, TDSHS

V. Next Meeting (Goals, Date and Time)

VI. Announcements

VII. Adjourn

* *HRSA = Health Resources and Services Administration, the federal agency that administers the Ryan White Program*

**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**
**www.rwpchouston.org**

# The Houston EMA Ryan White Office of Support Report
# August 2017

Submitted 09-07-17

## Updates from the Director of the Office of Support

- Of note this month was Hurricane Harvey, which had a significant impact on the State of Texas, including the Houston EMA. The Office of Support worked closely before and after the hurricane with Ryan White Grant Administration, the Texas HIV Medication Program and others to distribute information to consumers regarding the availability of Ryan White funded services, medication, and more. See the attached example of a report that was distributed via email from the Office of Support with a request to consumers to share the report with friends and post the information on their Facebook pages. The information was also distributed through the United Way Helpline and the Office of Emergency Management.
- After the hurricane, Office of Support staff called all Council and external committee members to see if each person was safe and to offer information about access to services, medication and more. Most of our members were safe and with family members. See the attached chart with the status of each Council member as of Tuesday and Wednesday, 08/29/17 and 08/30/17.
- Office of Support staff is reviewing the HRSA guidance and collecting data in preparation for submitting the FY 2018 Ryan White Part A grant application.

## Council Updates

- Since the Council approved most of the work products needed to prepare the Ryan White Part A grant application, most of the standing committees did not meet in August.
- The Chair of the Council has appointed an Ad Hoc Committee to work with Ryan White Grant Administration in the development of the mobile app pilot project. The role of the committee will be to have input into the composition of the study group, establish criteria for determining who does and does not get a cell phone, and design the evaluation measures so that the findings are helpful to the Ryan White planning process.

## Budgets & Contracts

- The FY 2017 Council Support budget is $512,439.00. Year-to-date expenditures as of 09/06/17 are $212,020.29.

**Status of Ryan White Council Members – information collected on Tues. and Wed., 08/29/17 and 08/30/17 – updated 09/06/17**

| Name | Safe? | Evacuated/ home? | Discussed PriCare Sites and RWPCOS Closure? | Access to Email/ other information |
|---|---|---|---|---|
| Ted Artiaga | Yes | At home and safe | Yes | Yes email access. As far as he knows Legacy will be closed tomorrow 8/30/17. |
| Connie Barnes | Yes | Evacuated Sunday with family. Now safe at their pastor's home. | Yes | Yes email access |
| Curtis Bellard | Yes | Safe at home and back at work. | Yes | No email access |
| David Benson | Yes | At home with family. | yes | Yes email access |
| Skeet Boyle | Yes | At home with family | yes | Yes email access |
| Bianca Burley – updated 08/31/17 | Yes | At home with family. | Yes | Yes email access |
| Ella Collins-Nelson | Yes | At home | Yes | Yes email access |
| Amber David | Yes | At home, yard flooded but home is safe. | yes | Yes email access. If water goes down tomorrow he is planning to start helping people and will have access to HIV meds. |
| Johnny Deal | Yes | Evacuated on Saturday. Is staying with a friend. | Yes | Yes email access. |
| Evelio Salinas Escamilla | Yes | Out of town with his dog. Not sure when he will be able to drive back. | Yes | Yes email access. Avenue 360 is closed until further notice. |
| Herman Finley | Yes | Still in the hospital. | Yes | Yes email access. And, he has been posting information from RW on his Facebook page and his community Facebook pages. |
| Tracy Gorden | Yes | At home | yes | Yes access to email. |
| Paul Grunenwald | | | | Left voicemails – works for the State so may have been assigned to an area with no phone service. Not on Facebook. Tori trying to get status through a mutual friend. |
| Angela Hawkins | Yes | Stuck in town, staying at a hotel since Thursday, 08/24/17. Has not been able to drive back to her home. | yes | Yes access to email. Is watching news to know when it will be safe to drive home. |
| Arlene Johnson | Yes | At apartment in a high floor. | yes | No access to email. |
| Hoxi Jones | | Responding to emails so OK. | | Left voicemails – works for the State so may have been assigned to an area with no phone service. |
| Denis Kelly | Yes | Evacuated to Omega House. Staying there to provide extra staff support. | yes | Yes access to email |
| Peta-gay Ledbetter | Yes | Safe at home with family. | No- was in a hurry. | Yes access to email |

| Name | Safe? | Evacuated/ home? | Discussed PriCare Sites and RWPCOS Closure? | Access to Email/ other information |
|---|---|---|---|---|
| Tom Lindstrom | Yes | At apartment | yes | Yes access to email. Sent Tori info re: status of individual Walgreen's pharmacies throughout Houston. |
| Osaro Mgbere | Yes | At home with family | yes | Yes access to email |
| Nancy Miertschin | Yes | At home with small leak in living room. | yes | Yes access to email. **Update: Thomas Street Clinic is closed until SEPT 5.** Wants to help in getting access to medications. |
| Rodney Mills | Yes | In Chicago and cannot return until airports open. | yes | Yes access to email |
| Allen Murray | Yes | | No | Posted ok on Facebook 08/28.<br>Left message at 12:30pm 08/29 |
| Robert Noble | Yes | Staying with a friend; has dog with him. Anticipates wind damage | Yes | Phone best way to reach him |
| Shital Patel | Yes | She and her family are doing fine. | | Yes |
| Krystal Perez | Yes | At home surrounded by flooding but no water in home. Has power and access to resources. | Yes | |
| John Poole | Yes | Was in the Beaumont area and had no service on his phone or laptop. | | Left messages on 08/29/17 |
| Tana Pradia | Yes | At home; surrounded by flooding but no water in home. Has power and access to resources. | | yes |
| Teresa Pruitt | Yes | Evacuated; safe with family members. | Yes | |
| Venita Ray | Yes | At home and dry | Yes | Getting calls from people regarding meds; shared that the Walgreens on Montrose plans to be open until 5p today |
| Cecilia Ross | Yes | Safe with family. | | Receiving RW emails |
| Viviana Santibanez | Yes | At home | No; was in a hurry | N/A |
| Gloria Sierra – updated 09/06/17 | Yes | At home with family. Returned to work 09/05/17 | Yes | Yes access to email |
| Carol Suazo | | Responding to our emails and back at work on 09/05/17 so we think she is OK | | Left voice message 08/29/17 |
| Isis Torrente | Yes | At home; parking lot flooded | Yes | N/A |
| Steven Vargas | Yes | In Baltimore until Houston airports open. | N/A | Yes |
| Larry Woods | Yes | At home; surrounded by flooding but no water in home. Has power and access to resources. | Yes | St. Hope openings will depend on flooding conditions. Bunny will text tomorrow night with update. |

## Hurricane Harvey: Ryan White Funded Agency and ADAP Updates as of 09-01-17

**Distributed via Email and Facebook to HIV+ Individuals, United Way Helpline & Office of Emergency Management**
**Information Compiled by the RW Office of Support, RW Grant Administration, THMP, HHS and Others**

**GENERAL BACKGROUND INFO**: The Ryan White Program is a federal law that channels money to local communities so that they can create local networks of services for people living with HIV disease who cannot pay for the care they need. In the Houston area, most Ryan White (RW) consumers are living at or below 100% of the federal poverty guideline ($11,880 for a single person). But, some RW services are available to individuals who earn as much as $59,400 annually (for a single person), if they have no other way to pay for their medical care or medication.

**AGENCY UPDATES:** Received from Ryan White Grant Administration/Harris County Public Health: Below is operations information for Ryan White funded clinics and other providers. Only locations able to provide services to HIV+ patients are listed, although some organizations may have additional locations open. Also included on this email is information about the AIDS Drug Assistance program (ADAP) which is administered through the Texas HIV Medication Program (THMP), new information on Harris Health System HIV services at the NRG Shelter, and a message from our federal funding agency HRSA/HAB.

| As of 8/31 3:30 PM | Monday, August 28 | Tuesday, August 29 | Wednesday, August 30 | Thursday, August 31 | Friday, September 1 | Labor Day | Tuesday, September 5 | Damage |
|---|---|---|---|---|---|---|---|---|
| **Access Health**<br>www.myaccesshealth.org<br>281 342-4530 | Closed | Closed | Closed | Richmond Clinic Open; HIV CM & Pharmacy Service Only; Closing early at 5 PM | Richmond Clinic Open; All HIV Service Available; Closing early at 5 PM; **Richmond Clinic Open Saturday 8-12** | | Richmond & Missouri City Clinics Open; Normal Hours | Minimal |
| **Avenue 360**<br>www.avenue360.org<br>713 426-0027 | Closed | Closed | Closed Until Further Notice | Closed Until Tuesday, Sept. 5th | Closed Until Tuesday, Sept. 5th | | Planned Open; Hrs may vary | Unknown |
| **Thomas Street Clinic (Clinic of Harris Health System)**<br>713 873-4000<br><br>HIV Testing: 713 873-4157 | Closed | Closed | Closed Until Tuesday, Sept. 4th | *Closed Until Tuesday, Sept. 5th | *Closed Until Tuesday, Sept. 5th | | Planned Open | None |

## Hurricane Harvey: Ryan White Funded Agency and ADAP Updates as of 09-01-17

**Distributed via Email and Facebook to HIV+ Individuals, United Way Helpline & Office of Emergency Management**

**Information Compiled by the RW Office of Support, RW Grant Administration, THMP, HHS and Others**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Legacy Community Health**<br>www.legacy communityhealth.org<br>832 548-5000 | Closed | Closed | Closed | LMC (Montrose) location open; Business Hours 8-5 | LMC (Montrose) location open; Business Hours 8-6 | | Open | None Reported |
| **St. Hope Foundation**<br>www.offeringhope.org<br>713 778-1300 | Closed | Closed | Closed | Closed | Open 10-2 at Bellaire, Sugarland, and Greenspoint, locations | | Planned Open | Unknown |
| **Montrose Center**<br>www.montrosecenter.org<br>713 529-0037 | Closed | Closed | Open at 8AM; Normal Hrs. | Open Normal Hours | Open Normal Hours | | Open | Minimal |
| **UT Pediatrics**<br>713 500-3999 | Closed | Closed | Closed | Clinic Cancelled | No Clinic Hours Scheduled | | Open | Minimal |
| **Houston Health Department**<br>832 393-5427 | Case Management Services Only; No Update Provided | Case Management Services Only; No Update Provided | Case Management Services Only; No Update Provided | Case Management Services Only; No Update Provided | Case Management Services Only; No Update Provided | | Case Management Services Only; No Update Provided | Unknown |
| **Veterans Administration**<br>713 794-8985 | Case Management Services Only; No Update Provided | Case Management Services Only; No Update Provided | Case Management Services Only; No Update Provided | Case Management Services Only; No Update Provided | Case Management Services Only; No Update Provided | | Case Management Services Only; No Update Provided | Unknown |

*Thomas Street and Northwest patients who need prescription refills can go the pharmacy at the Smith Clinic, which will be open daily until 5 p.m. through Saturday. (This is located on the same campus as the HHS administration building at 2525 Holly Hall.) After patients request the refill, staff will go to Thomas Street and pick up the medications. Patients can then pick up their prescriptions either later in the day or the following day at the Smith Clinic pharmacy.

## Hurricane Harvey: Ryan White Funded Agency and ADAP Updates as of 09-01-17

**Distributed via Email and Facebook to HIV+ Individuals, United Way Helpline & Office of Emergency Management**
**Information Compiled by the RW Office of Support, RW Grant Administration, THMP, HHS and Others**

**NRG Shelter –** Received from Harris Health System

The Harris Health System clinic at the NRG shelter is available for evacuees staying in the shelter there. For sheltered patients that present there requesting their ARV medications, the pharmacy will obtain the meds from the Thomas Street pharmacy either later in the shift or the next day. It's not feasible to store all the possibly needed meds at the shelter pharmacy, but we do want to make sure our patients get their medications as swiftly as possible.

Other HIV patients with health care needs can go to the Margo Hilliard outpatient clinic located at LBJ Hospital.

**Update on Medication Delivery from the THMP Program (ADAP) –** Received from The Texas HIV Medication Program, Texas Dept. of State Health Services

At this time, the THMP program is still **not able to deliver** medications to Houston, College Station, Beaumont, or Victoria and surrounding areas. **Please contact THMP if your pharmacy is in the Houston, College Station, Beaumont, or Victoria areas and you have medication that can be dispensed that you would like the program to replenish.**
We have received word that the following **THMP participating pharmacy locations** are open in this area. Please let us know if you are aware of other **THMP participating pharmacies that are open**. Keep in mind that these pharmacies have limited stock, and may or may not have the medication the participant needs:

- Houston Area Pharmacies
  - Walgreens #15277 Walgreens Pharmacy at Legacy Health Systems 1415 CALIFORNIA ST Houston, TX 77006 713-807-7154
  - Walgreens #3157 3317 Montrose Blvd. Houston, TX 77006 713-520-777 (HIV Specialty) Pharmacy open till 5pm – Soon back to 24 hour operations
  - Walgreens #9808 2612 Smith St. Houston, TX 77006 713-529-2969 Pharmacy open till 5pm
  - Walgreens #10846 MH TMC 6400 Fannin St. Houston, TX77030 713-799-2459 Pharmacy open till 5pm
- Galveston Area Pharmacies
  - CVS #16865 Target Location 6128 Broadway St Galveston, TX 77551 409-740-0876

Please contact THMP if a **nonparticipating pharmacy** has the medications a participant needs. We will assess the situation and may be able to assist.

- Deliveries are **delayed** to Corpus Christi, San Antonio, and surrounding areas, but are in operation. All San Antonio deliveries are expected to be delivered today and Corpus Christi orders by Friday. Please contact THMP to change the pharmacy for any evacuees in your area.
- Deliveries in the rest of the state are **on schedule**. Please contact THMP to change the pharmacy for any evacuees in your area.

**Additionally, please be aware of the following dates:**

- On Thursday, August 31, the Texas Dept. of State Health Services (DSHS) Pharmacy Warehouse will be conducting inventory, and no THMP medication deliveries will be sent out.
- Monday, September 4th, is Labor Day and is a state holiday, and no THMP medication deliveries will be sent out.

# Hurricane Harvey:  Ryan White Funded Agency and ADAP Updates as of 09-01-17

**Distributed via Email and Facebook to HIV+ Individuals, United Way Helpline & Office of Emergency Management**

**Information Compiled by the RW Office of Support, RW Grant Administration, THMP, HHS and Others**

### Message from HRSA/HAB: Hurricane Harvey

The Texas HIV Medication Program (THMP), the state's Ryan White HIV/AIDS Program Part B AIDS Drug Assistance Program (ADAP), has implemented measures to help facilitate continued access to daily HIV medication for those impacted by Hurricane Harvey in the state. The steps support both program participants living with HIV and all the agencies and workers who assist those with HIV in the community. The THMP website provides details about services available for:

- People living with HIV currently in the impacted area in eastern Texas;
- People living with HIV who have evacuated the impacted area and are still in Texas; and
- People living with HIV who have evacuated the impacted area and are out of state.

Visit the THMP website.
(Not a U.S. Government website)

# Response to Hurricane Harvey's Impact on People Living with HIV in the EMA

From the Minutes of the September 7, 2017 Steering Committee Meeting

**Hurricane Harvey's Impact on PLWH:** Martin said that she spoke to HRSA prior to the storm and they said not to let lack of documentation be a barrier to receiving services, including people who come to Houston from other areas. The same information also came from the State. Usually for the waiver process providers come to Ryan White Grant Administration (RWGA) first but Martin has informed providers that they are to submit waivers with their billing so that clients can get the services they need without having to wait for approval from RWGA. This is similar to the way it was handled previously in similar situations. Johnson-Fairley said that the State is using the same waiver process. They are also working to reimburse other states that provide services to clients displaced from Texas. Martin added that ADAP and Harborpath are receiving similar instructions.

Miertschin said that Harris Health has implemented a six-month temporary eligibility approval for services. She said that last week the pharmacy at Thomas Street Health Center was swamped with clients needing medication. Bret Camp, Regional Director of AIDS Healthcare Foundation (AHF), said that his office is in Dallas and they are working with the agencies up there to serve displaced clients and that the number needing support has been much lower than expected. They have seen seven clients from the Houston area so far, five of whom are already clients of AHF; one has decided to stay in Dallas. Both Houston area AHF clinics have same-day appointments available. Turner is concerned about the mental health provider being overloaded in the upcoming months. Williams said she will put together a statement about receiving HIV care and get it distributed throughout the area.

**Houston Area HIV Services Ryan White Planning Council**
**Office of Support**
**2223 West Loop South, Suite 240, Houston, Texas 77027**
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**www.rwpchouston.org**

# The Houston EMA Ryan White Planning Council Report
# September 2017

Submitted 10-05-17

## Updates from the Director of the Office of Support

- Office of Support staff is working with the staff of Ryan White Grant Administration to prepare the FY 2018 Ryan White Part A/MAI grant application.
- Many members of the Houston community continue to be involved in Hurricane Harvey recovery efforts; some Council members are struggling with home repairs, since some of the shelters are now closing, government workers are now returning to their routine duties, and many are experiencing fatigue and/or anxiety. The Planning Council and the Office of Support has been impacted in two ways: 1.) Because of significant flooding in the downtown area, the Harris County District Attorney's office has been moved into vacant office space in our building. This has made parking near the building difficult and the Office has rented a large storage room for Blue Book storage since four paralegals are now working out of our storage area in the building. 2.) For most of September, the Harris County Health Department converted one of the large meeting rooms into a command post. This made it difficult to access meeting space. Because of the limited access to meeting rooms, concern about meeting quorum, and because the Council had already approved work products needed to prepare the grant application, the September Council meeting and most committee meetings were cancelled.

## Council Updates

- In September, the Operations Committee met to interview three of the eight Project LEAP students who have applied for 2018 Council membership. The Committee is also in the process of updating all Council policies and reviewed four policies at the meeting.
- The Chair of the Council and the Co-Chairs of the Operations Committee provided a half-day orientation for three new external committee members. Two of the new members are from the transgender community.
- The EIIHA Workgroup and the Comprehensive HIV Planning Committee approved the FY 2018 EIIHA Plan.
- The Positive Connections Ad Hoc Committee meet with Carin Martin, Manager of Ryan White Grant Administration and Shelley Lucas, Manager, HIV/STD Prevention and Care Branch, Texas Department of State Health Services to discuss the committee's role in the development of the mobile app pilot project. The role of the committee will be to have input into the composition of the study group, establish criteria for determining who does and does not receive a cell phone, and design the evaluation measures so that the findings are helpful to the Ryan White planning process.

## Budgets & Contracts

- The FY 2017 Council Support budget is $528,659.00. Year-to-date expenditures as of 09/22/17 are $243,685.72.

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Harris County
**Public Health**
Building a Healthy Community

Brian C. Reed, M.D
Director,
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**Houston EMA Ryan White Part A and MAI**
**Administrative Agency Report**

**September 7, 2017**

- **Hurricane Harvey Response** – Ryan White Grant Administration has been in touch with RW Part A and MAI funded providers since Hurricane Harvey preparation began, to provide guidance and assistance, as well gather information about the storm's impact to Ryan White clients, programs and facilities. In addition, RWGA has provided daily updates to HRSA and continues to ensure our federal funders are aware of any exigent needs on the part of Houston EMA providers. RWGA also remains in contact with State and local city and county partners to identify impact on HIV+ persons in our community and resources available.

  As of September 5th, all RW Part A providers were open and operating under normal business hours. Minimal damage to RW funded facilities was reported by providers.

  Harris County Public Health is currently operating in a disaster recovery function. As a result, several Ryan White Grant Administration staff members have been pulled from their normal job duties to assist in efforts such as shelter operations, across the county. Consequently, some upcoming RWGA facilitated meetings, visits, etc. may need to be rescheduled.

- **FY 2018 Ryan White Part A Notice of Funding Opportunity:** The FY18 Ryan White Part A & MAI Notice of Funding Opportunity (NOFO) has been published. FY18 Part A grant applications must be submitted to HRSA via Grants.gov no later than Tuesday, October 31st. The anticipated date the draft will be available for readers is Friday, October 13th with comments due no later noon on Friday, October 20th. The Office of Support will coordinate feedback from readers affiliated with the RWPC.

Houston Regional HIV/AIDS Resource Group, Inc.
Part B/SS Administration Agency
Part C and D, HOPWA Grantee

# RWPC Steering Committee & Council Report

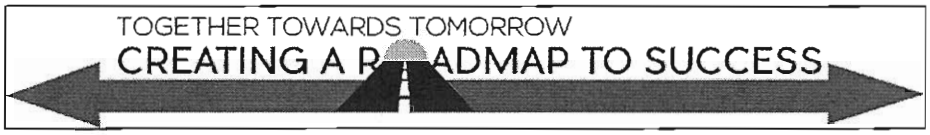
# September 2017

1. **Administrative Agency Update**
   a. Houston RFP www.hivtrg.org
   b. TRG has been updating its website and Facebook page with all the Harvey Recovery Resources as they are received. *Special thanks to the Office of Support for all the resources they are sharing.*
   c. TRG has been providing daily updates to HRSA and DSHS regarding Harvey Impact and Recovery.
   d. TRG will shifting, September 1, to RW Eligibility and ADAP recertifications by birth day month. TRG has started a RW Eligibility and ADAP ARIES documentation upload pilot with Brown Family Health Center in Nacogdoches, TX. This process will be adopted for all TRG funded providers in the near future. More information to follow regarding P&P and training.
2. **DSHS Funding Ryan White Part B & State Services Update**
   a. The Compassionate Care Pilot Program in Houston started on July 1. In July, 128 medication fills were provided to 100 clients. In August, 143 medication fills were provided to 111 clients. *Total unduplicated clients: 156*
      i. Business agreements and MOUs are being completed for Houston HSDA agencies.
         1. Paperwork Completed: Avenue 360, Bee Busy Wellness Center, and Legacy Community Health Services.
         2. Paperwork Outstanding: Access Health and Harris Health System.
         3. Not Participating: St. Hope Foundation
   b. Starting September 1, 4 Houston HIV clinical providers will have a RW ADAP Enrollment Worker (1 FTE). Currently, only 1 AEW is in place.
3. **HRSA Funding Ryan White Part C & D**
   a. **Rural Primary Care Network of East Texas Update (Ryan White Part C)**
      - No new report.

Contact Information
The Resource Group, Inc.
www.hivtrg.org
Patrick L. Martin, Program Development Director
plmartin@hivtrg.org
Sha'Terra Johnson-Fairley, LMSW, Health Planner
sfairley@hivtrg.org

b. **The Positive VIBE Project of Houston and Galveston Update (Ryan White Part D)**
   - No new report.

4. **DSHS Funding HOPWA**
   a. Houston HOPWA Provider serves 2 clients with $13,600 allocated




## Community Initiatives

1. **Serving the Recently Released and Incarcerated**
   a. SIRR Survey: The survey is currently in its data collection period through October. Approximately, 52 surveys have been completed. Contact Felicia Booker (fbooker@hivtrg.org or 713 526-1016) for more details about survey administration.
   b. The September Meeting was focused on planning for the Summit for the Recently-Released. SIRR will conduct the Summit in October on its regularly scheduled meeting date.
   c. The SIRR will be collaborating with the END HIV/AIDS Plan Criminal Justice Workgroup. The first meeting is September 20th @ Legacy Community Health on California from 6:00-7:30 p.m.
2. **Youth Transition Summit**
   a. The next Youth Transition Summit is being targeted for the school break in December/January.
3. **The *Who Cares For the Caregivers* Support Program**
   a. TRG conducted consumer focus groups on the University of Houston Main Campus on August 4th. Turnout was good. Based on the impact of Harvey, TRG reassessing the next date for additional focus groups.

Contact Information
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www.hivtrg.org
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Sha'Terra Johnson-Fairley, LMSW, Health Planner
sfairley@hivtrg.org

# FYI

# stone soup

## FOOD PANTRY
## OPEN 10 A.M.–4 P.M.
## MONDAY - FRIDAY

**FREE ASSISTANCE** AVAILABLE TO AFH CLIENTS AND ANYONE AFFECTED BY HURRICANE HARVEY

**NO I.D. REQUIRED**

DONATIONS ALSO ACCEPTED

Diapers
Feminine Products
Toiletries (men and women)
Cleaning supplies
Water
Gatorade
Juice Boxes
Crackers


Peanut Butter
Vienna Sausages
Fruit Cups
Beans and Franks
Granola/Cereal Bars
Chili
Soup
Tuna

## 6260 WESTPARK DR, SUITE 100
## HOUSTON, TEXAS

Stone Soup is a designated distribution point for the Houston Food Bank.

aidshelp.org

AIDS FOUNDATION HOUSTON

# Stone Soup

## Despensa de Comida

## ABIERTO DE 10 A.M.–4 P.M.

## LUNES - VIERNES

ASISTENCIA GRATUITA DISPONIBLE PARA CLIENTES DE AFH Y
A CUALQUIER PERSONA AFECTADA POR EL HURACAN HARVEY

TAMBIÉN ACEPTAMOS DONACIONES

**No se necesita identificación**

Pañales
Productos Femeninos
Artículos de higiene personal
(hombres y mujeres)
Agua
Gatorade
Cajas de jugo
Galletas
Productos De Limpieza


Crema De Cacahuate
Salchichas de Viena
Tazas de frutas
Frijoles con Salchicha
Sopa
Atún
Chili
Baritas de Granola/
Cereales

## 6260 WESTPARK DR, SUITE 100
## HOUSTON, TEXAS 77057

Sopa de Piedra es un punto de distribución designado por el Banco de Comida de Houston.

aidshelp.org

AIDS FOUNDATION HOUSTON

TEXAS
Health and Human Services

Texas Department of State Health Services

John Hellerstedt, M.D.
*Commissioner*

Date: August 14, 2017

**HEALTH ADVISORY:**
Rapidly Growing Clusters of Ongoing HIV Transmission in Texas

The Texas Department of State Health Services (DSHS) encourages Texas healthcare providers to enhance efforts to prevent, diagnose and treat HIV in the wake of 16 rapidly growing clusters of HIV infections in the state.

Laboratory analysis of these infections indicates sustained transmission of genetically similar types of HIV. Many of the persons within these clusters reported meeting sex partners through social media. The clusters are primarily comprised of gay men and other men who have sex with men, with evidence that active HIV transmission is ongoing.

Molecular surveillance (genotyping) is a new tool being used by the U.S. CDC to identify clusters of HIV infection. Recent analysis indicates that the 16 clusters identified in Texas are largely centered in the Houston, San Antonio and Dallas/Fort Worth metropolitan areas, but many have one or more persons within the cluster who reside in other locations in Texas. Cases are spread across more than 25 Texas counties. The clusters range in size from 5 to 34 cases, with over 200 cases being linked to the Texas clusters. However, as public health continues their work, it is likely that additional cases may be linked to these clusters.

DSHS requests that Texas healthcare providers consider adopting the following strategies in response to these findings:

- **Order HIV testing for patients with symptoms of possible acute HIV infection.** Common symptoms of acute HIV infection include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, and/or mouth ulcers. These symptoms can last several days to several weeks. Persons with acute HIV infection are highly infectious due to an elevated viral load.
- **Order NAAT or HIV RNA testing for patients with an indeterminate supplemental HIV test result.** These tests can identify whether the virus itself is present in the blood before antibodies to the virus become detectable, allowing for earlier

diagnosis of HIV infection.

- **Order HIV testing for all patients diagnosed with a sexually transmitted disease (STD).**
- **Ensure all HIV testing follows CDC's HIV/AIDS Laboratory Testing Guidance.**
- **Discuss pre-exposure prophylaxis (PrEP) with HIV-negative patients at increased risk of infection.**

For more information, healthcare providers can contact their local health department, the DSHS HIV/STD Program at 512-533-3000, or the National Clinicians Consultation Network at **(800) 933-3413.**

ScienceDaily®
Your source for the latest research news

# ART: New injectable antiretroviral treatment proved to be as effective as standard oral therapy

*Date:* August 3, 2017

*Source:* IDIBELL-Bellvitge Biomedical Research Institute

*Summary:* A new clinical trial concludes that intramuscular administration of antiretrovirals every 4 or 8 weeks gets results similar to daily pill intake, shows research. Spacing drug intake would lead to greater adherence to treatment and an improved quality of life for HIV patients, add investigators.

**FULL STORY**

Antiretroviral therapy (ART) intramuscularly administered may have the same effectiveness as current oral treatments. This is the main conclusion of the Phase II clinical trial carried out by 50 centers around the world -- 9 in Spain -- to which the team of Dr. Daniel Podzamczer, principal investigator of the Bellvitge Biomedical Research Institute (IDIBELL) and Chief of the HIV and STD Unit of the Infectious Diseases Service of Bellvitge University hospital (HUB) has contributed. The results of the trial, published by the journal *The Lancet*, pave the way to the implantation of all-injectable antiretroviral therapies with a lower frequency of administration, which would imply a significant improvement of the quality of life of HIV patients.

In the study, which involved 286 patients with previously suppressed viral loads, the effectiveness of the combination of carbotegravir -- a new inegrase inhibitor -- and rilpivirine -- a no nucleoside -- injected intramuscularly every 4 or 8 weeks was tested in comparison to standard maintenance therapy, which includes three orally-administered drugs: carbotegravir and abacavir -- lamivudine.

"This is the first time that all-injectable ART has been used in a trial; In addition, it consists of only 2 drugs, something that is not new but that supports the paradigm shift of 3 to 2 drugs in some virologically suppressed patients," says Dr. Podzamczer. The injected drugs are nanoparticles, which allows them to have a longer half-life of several weeks.

After 96 weeks, researchers found that 87% of patients in the group treated every 4 weeks and 94% in the one treated every 8 weeks maintained viral load suppression, a better figure than the one achieved in the standard oral treatment group, a 84%.

"With HIV, we are at a point of chronification of the disease; in a few years we have moved from giving 14 pills a day to one or two, but it is still a daily treatment that requires strict compliance. Therefore, spacing drug administration to once every month or every two months will potentially translate into improved adherence rates and improved quality of life for patients," explains Dr. Podzamczer.

At the same time, the levels of satisfaction of the participating patients were also evaluated; at the end of the trial,

about 90% of patients in the groups treated intramuscularly were very satisfied with the idea of continuing with this type of treatment.

At the moment, participating centers and research teams are already working on the development of a new Phase III clinical trial that corroborates the results in terms of efficacy, safety and tolerability for both injectable treatments, every 4 and every 8 weeks.

**Story Source:**

Materials

provided by **IDIBELL-Bellvitge Biomedical Research Institute**. *Note: Content may be edited for style and length.*

**Journal Reference**:

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# Child living with HIV maintains remission without drugs since 2008

## Child treated in infancy

*Date:* July 24, 2017

*Source:* NIH/National Institute of Allergy and Infectious Diseases

*Summary:* A nine-year-old South African child who was diagnosed with HIV infection at one month of age and received anti-HIV treatment during infancy has suppressed the virus without anti-HIV drugs for eight and a half years, scientists report. This case appears to be the third reported instance of sustained HIV remission in a child after early, limited anti-HIV treatment.

**FULL STORY**


Researchers have renewed hope to learn how to induce long-term HIV remission in infected babies.

*Credit: © designer491 / Fotolia*

A nine-year-old South African child who was diagnosed with HIV infection at one month of age and received anti-HIV treatment during infancy has suppressed the virus without anti-HIV drugs for eight and a half years, scientists reported today at the 9th IAS Conference on HIV Science in Paris. This case appears to be the third reported instance of sustained HIV remission in a child after early, limited anti-HIV treatment.

Previously, the "Mississippi Baby," born with HIV in 2010, received anti-HIV treatment beginning 30 hours after birth, stopped therapy around 18 months of age, and controlled the virus without drugs for 27 months before it reappeared in her blood. In 2015, researchers reported that a French child who was born with HIV in 1996, started anti-HIV therapy at age 3 months, and stopped treatment sometime between ages 5.5 and 7 years continued to control the virus without drugs more than 11 years later.

"Further study is needed to learn how to induce long-term HIV remission in infected babies," said Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH). "However, this new case strengthens our hope that by treating HIV-infected children for a brief period beginning in infancy, we may be able to spare them the burden of life-long therapy and the health consequences of long-term immune activation typically associated with HIV disease."

NIAID funded the clinical trial in which the child received treatment and follow-up monitoring.

The South African child whose case was reported today was definitively diagnosed with HIV infection in 2007 at 32 days of age, and then was enrolled in the NIAID-funded Children with HIV Early Antiretroviral Therapy (CHER) clinical trial. HIV-infected infants in the trial were assigned at random to receive either deferred antiretroviral therapy (ART) or early, limited ART for 40 or 96 weeks. The current child was assigned to the group of 143 infants who received early ART for 40 weeks.

Before starting treatment, the child had very high levels of HIV in the blood (viral load), but after beginning ART at about 9 weeks of age, treatment suppressed the virus to undetectable levels. Investigators halted treatment after 40 weeks and closely monitored the infant's immune health, and the child has remained in good health during years of follow-up examinations. Although it was not standard practice in South Africa to monitor viral load in people who were not on ART, recent analyses of stored blood samples taken during follow-up showed that the child has maintained an undetectable level of HIV.

When the child was 9-and-a-half years old, investigators conducted thorough laboratory and clinical studies to assess the child's immune health and the presence of HIV. The scientists detected a reservoir of virus integrated into a tiny proportion of immune cells, but otherwise found no evidence of HIV infection. The child had a healthy level of key immune cells, a viral load that was undetectable by standard assays, and no symptoms of HIV infection. The researchers detected a trace of immune system response to the virus, but found no HIV capable of replicating. The scientists also confirmed that the child does not have genetic characteristics associated with spontaneous control of HIV, suggesting that the 40 weeks of ART provided during infancy may have been key to achieving HIV remission.

"To our knowledge, this is the first reported case of sustained control of HIV in a child enrolled in a randomized trial of ART interruption following treatment early in infancy," said Avy Violari, F.C.Paed. Dr. Violari co-led the study of the case reported today as well as the CHER trial with Mark Cotton, M.Med., Ph.D. Dr. Violari is head of pediatric research at the Perinatal HIV Research Unit, part of the University of the Witwatersrand in Johannesburg. Dr. Cotton is head of the division of pediatric infectious diseases and director of the family infectious diseases clinical research unit at Stellenbosch University, South Africa.

"We believe there may have been other factors in addition to early ART that contributed to HIV remission in this child," said Caroline Tiemessen, Ph.D., whose laboratory is studying the child's immune system. "By further studying the child, we may expand our understanding of how the immune system controls HIV replication." Dr. Tiemessen is head of cell biology at the Centre of HIV and STIs of the National Institute of Communicable Diseases (NICD) in Johannesburg.

An ongoing NIH clinical trial called IMPAACT P1115 is testing the hypothesis that giving ART to HIV-infected newborns beginning within 48 hours of birth may permit long-term control of HIV replication after treatment is stopped, potentially leading to HIV remission. IMPAACT P1115 began in 2014 and has enrolled close to 400 HIV-exposed infants, 42 of whom are HIV infected, in Argentina, Brazil, Haiti, Malawi, South Africa, Uganda, the United States, Zambia and Zimbabwe. The first children may become eligible to stop ART in late 2017.

NIAID provided funding for the CHER trial as part of a Comprehensive International Program for Research on AIDS-South Africa grant. Additional support was provided by the Medical Research Council Clinical Trials Unit at University College London, the Departments of Health of the Western Cape and Gauteng in South Africa, and ViiV Healthcare. The *Eunice Kennedy* Shriver National Institute of Child Health and Human Development, also part of NIH, supported continued observation of the children in CHER after the study ended. The EPIICAL Consortium funded the recent analysis of viral load in the children who participated in CHER. The South African Research Chairs Initiative of the Department of Science and Technology and the National Research Foundation of South Africa funded the laboratory studies of the child whose case was reported today.

Reference: A Violari *et al*. Viral and host characteristics of a child with perinatal HIV-1 following a prolonged period after ART cessation in the CHER trial. 9th IAS Conference on HIV Science, Paris (2017).

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