DRAFT

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL

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We envision an educated community where the needs of all persons living with and/or affected by HIV 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 living with and/or affected by HIV by taking a leadership role in the planning and assessment of HIV resources.

AGENDA

12 noon, April 12, 2018
Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

I. Call to Order — Skeet Boyle, Vice Chair, RW Planning Council
   A. Welcome and Moment of Reflection
   B. Adoption of the Agenda
   C. Approval of the Minutes
   D. Training: Houston HIV Care Continuum — Ann Dills, MSW, Systems Consultant, HIV/STD Care and Services, Texas Department of State Health Services

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 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 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 — Ted Artiaga and Steven Vargas, Co-Chairs
   Item: 2018 Epidemiological Profile
   Recommended Action: FYI: The Committee reviewed and approved Summary Data for the FY19 How to Best Meet the Need process with minor revisions. See the attached revised Summary Data.

   Item: 2017-2021 Comprehensive Plan
   3 Recommended Actions: FYI: The Committee reviewed the 2017 Comprehensive Plan feedback Summary Statement from HRSA/CDC. See the attached Summary Statement.

Recommended Action #2: FYI: Staff presented the Year 2 (2018) Comprehensive Plan activities relating to Comprehensive HIV Planning Committee, and provided training on how to read the activities checklist. See the attached activities checklist.

Recommended Action #3: FYI: The Evaluation Workgroup will meet in April to review Year 1 (2017) implementation. Please see Diane to sign up for Evaluation Workgroup meeting reminders

Item: Out of Care Special Study
Recommended Action: FYI: As of the March Committee meeting, 16 key informant interviews were conducted and transcribed.

Item: Public Hearing Topics
Recommended Action: FYI: The Committee selected the Epidemiological Profile and the Out of Care Special Study as topics for the FY19 public hearings in May and July, with flexibility to change the July topic.

B. Affected Community Committee — Rodney Mills and Tana Pradia, Co-Chairs
Item: Training: How To Best Meet the Need Process
Recommended Action: FYI: Tori Williams provided training on the FY 2019 How To Best Meet the Need process. Members signed up to participate in the different workgroup meetings.

Item: 2017-21 Comprehensive HIV Plan
Recommended Action: FYI: Amber Harbolt reviewed committee tasks associated with The Houston Area Comprehensive HIV Prevention and Care Services Plan 2017 through 2021.

Item: HIV and Aging Coalition
Recommended Action: FYI: The committee agreed to provide volunteers for the Long-Term HIV Survivors event on June 3, 2018. The committee needs 3 additional volunteers to meet the goal of nine or more. Please see Rod if you wish to volunteer on behalf of the Council.

Item: Greeters
Recommended Action: FYI: Many thanks to the people who serve as Greeters at our Council meetings. See the attached list of those volunteers who come early to make sure that guests and colleagues are provided assistance and made to feel welcome when they attend our meetings.

C. Quality Improvement Committee — Denis Kelly and Gloria Sierra, Co-Chairs
Item: Reports from the Administrative Agent – Part B/SS
Recommended Action: FYI: See the attached reports from the Part B/State Services Administrative Agent:

- FY17/18 SS-R Procurement Report, dated 02/15/18
- Health Insurance Assist. Service Utilization Report, dated 03/06/18

Item: 2017-21 Comprehensive HIV Plan
Recommended Action: FYI: Amber Harbolt reviewed committee tasks associated with the Houston Area Comprehensive HIV Prevention and Care Services Plan 2017 through 2021.

Item: FY 2019 How To Best Meet the Need Workgroup Schedule
Recommended Action: FYI: Please see Rod to sign up to participate in the FY 2019 How To Best Meet the Need workgroups. See the attached schedule.

Item: 2018 Idea Forms
Recommended Action: **Motion:** Approve the *2018 Criteria for Reviewing Ideas*, and the *2018 Proposed Idea Form*. See two attached documents.

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

E. Operations Committee — Ella Collins-Nelson and Johnny Deal, Co-Chairs
Item: Waiver from Honorariums Policy 1200.00
Recommended Action: **Motion:** Approve the request for a waiver from the Houston Ryan White Planning Council's Honorariums Policy for all Houston Council and Committee members who are invited to provide technical assistance in association with the HRSA sponsored CHATT Project. See the attached request and copy of the policy.

Item: Form for Requesting a Waiver from Petty Cash Policy 900.01
Recommended Action: **Motion:** Approve the attached form to be used for requesting a waiver from the Houston Ryan White Planning Council's Petty Cash Policy 900.01.

Item: Ryan White Council and Committee Future Meeting Schedule
Recommended Action: FYI: Per a number of requests from community members, and because more and more people living with HIV are going back to work, the Operations Committee is going to begin to collect information that will be used to explore the idea of possibly holding future Ryan White Council or committee meetings in the evening.

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

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

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

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

VIII. New Business (30 seconds/report)

A. Ryan White Part C Urban and Part D — Dawn Jenkins

B. Community Development Advisory Council (CDAC) — Johnny Deal

C. HOPWA — Krystal Shultz

D. Community Prevention Group (CPG) — Denis Kelly

E. Update from Task Forces:

- Sexually Transmitted Infections (STI) — Herman Finley
- African American — Ella Collins-Nelson
- Latino — Gloria Sierra
- Youth — Gloria Sierra
- MSM — Ted Artiaga
- Transgender — Viviana Santibanez
- Hepatitis C — Steven Vargas
- Urban AIDS Ministry — Ella Collins-Nelson

F. HIV and Aging — Bruce Turner

G. Texas HIV Medication Advisory Committee — Bruce Turner

H. Positive Women's Network — Tana Pradia

I. Texas Black Women's Initiative — Sha'Terra Johnson-Fairly

J. Texas HIV Syndicate — Amber Harbolt

K. END HIV Houston — Venita Ray

L. Texans Living with HIV Network — Venita Ray

M. Legislative Updates — Denis Kelly

IX. Announcements

X. Adjournment

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL

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

MINUTES

12 noon, Thursday, March 8, 2018
Meeting Location: Ryan White Offices, 2223 W. Loop South, Rm 416; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Cecilia Oshingbade, Chair	Shital Patel	Bret Camp, AHF
Skeet Boyle, Vice Chair	Krystal Perez	Chris Escalante
Carol Suazo, Secretary	John Poole	Ramiro Hernandez
Ted Artiaga	Tana Pradia	Mona Jessi
Connie L. Barnes	Venita Ray	Matilda Padilla
Rosalind Belcher	Faye Robinson	Nancy Miertschin
Ella Collins-Nelson	Gloria Sierra	
Bobby Cruz	Bruce Turner	**STAFF PRESENT**
Johnny Deal	Steven Vargas	*Ryan White Grant Administration*
Herman L. Finley III		Carin Martin
Ronnie Galley		Heather Keizman
Angela F. Hawkins	**MEMBERS ABSENT**	Tasha Traylor
Dawn Jenkins	Ruth Atkinson	
Daphne L. Jones	David Benson, excused	*The Resource Group*
Denis Kelly	Paul E. Grunenwald	Sha'Terra Johnson-Fairley
Peta-gay Ledbetter	Arlene Johnson	
Tom Lindstrom	J. Hoxi Jones, excused	*Office of Support*
Rodney Mills	Osaro Mgbere, excused	Tori Williams
Allen Murray	Viviana Santibanez	Amber Harbolt
Robert Noble	Isis Torrente	Diane Beck

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

During the opening remarks, Oshingbade thanked Allen Murray and his team of volunteers for the wonderful job they have been doing recruiting Project LEAP applicants. To date, over 41 people have applied. According to Tori, the applicants that have been interviewed have been fantastic. Thank you for this important work on behalf of the Council. Oshingbade then reminded everyone that today is the first day of the new fiscal year. Any changes that were made to service categories during our 2017 planning year begin today.

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

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Boyle, Deal) to approve the February 8, 2018 minutes.* **Motion carried.** Abstentions: Barnes, Belcher, Noble, Patel.

Public Comment and Announcements: See attached. A gentleman spoke on behalf of AAMA and as a person living with HIV. He wanted to bring attention to the written public comment from Ann Robison. He said that her comments are absolutely true. SAMHSA bases their grant funding on AIDS diagnoses and Texas has done a great job at reducing AIDS diagnoses so the funds will not be coming to us. The Council needs to take a very close look at the funding allocation for Substance Abuse treatment services. The gentleman continued by saying that he was asked to speak on behalf of Mr. Escalante. Mr. Escalante and Hernandez are in recovery and doing well. They came today to say thank you for the cards and visits and to please keep them in our thoughts and prayers as they continue to recover.

Reports from Committees

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following:
2018 Committee Goals: The 2018 Committee voted to adopt the recommendation from the 2017 Committee of expanding Goal #1 in 2018 to read: "Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Prevention and Care Services Plan and corresponding areas of the End HIV Plan."

2018 Committee Timetable: Please see the attached 2018 Committee Timetable.

Update on Special Study – Out of Care: As of the February Committee meeting, 17 interviews will be completed as of tomorrow. The minimum sampling goal is 25 interviews completed. Please see Amber Harbolt for more information on the study and to refer potential study candidates.

Comprehensive Plan Evaluation Workgroup: The Evaluation Workgroup will meet in April to review Year 1 implementation of the 2017 Comprehensive Plan. This important process ensures the Comprehensive Plan is attuned and responsive to the changing healthcare landscape and local, state, and national HIV planning priorities. Please see Diane Beck if you are interested in joining the Workgroup or to receive meeting notices.

Houston Health Department (HHD) Community Health Improvement Plan (CHIP) Priority Suggestions: On February 27th, the Houston Health Department hosted a meeting for community partners to identify health priorities for HHD's CHIP. The Committee reviewed objectives from the 2017-2021 Comprehensive Plan and suggested the following two for inclusion in the CHIP priorities:

> **Objective 3**: Increase the proportion of newly-diagnosed individuals linked to clinical HIV care within one month of their HIV diagnosis to at least 85% from 66% (2015)
>
> **Objective 8**: Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed from 57% (2015) to at least 80%.

Speaker's Bureau: Since its inception in 2015, no Planning Council or Project LEAP applications have been received from individuals attending Speaker's Bureau presentations. The Committee moved to end the Speaker's Bureau, in favor of exploring new strategies for coordination and recruitment with business communities, and instructed staff to share process information from the Speaker's Bureau with the Perinatal HIV Prevention program for the program's speaking group.

Verbal Update on Special Study – Social Determinants: Dr. Mgbere reported to staff that, while most available data has been accessed, data tables are still being constructed.

Affected Community Committee: Rodney Mills, Co-Chair, reported on the following:
Committee Orientation: All committees dedicated the first portion of their February meeting to general orientation, which included a review of the purpose of the committee, requirements, such as the Open Meetings Act training deadline, work products, meeting dates and more.

2018 Road 2 Success: The committee has decided to postpone all educational events, such as Road 2 Success, until the EMA has received more information about the FY 2018 grant award.

Project LEAP Recruitment: Committee members will be distributing Project LEAP flyers at the AIDS Walk on Sunday, March 4, 2018.

Quality Improvement Committee: Denis Kelly, Co-Chair, reported on the following:
Reports from the Administrative Agent for Part A/MAI: See the attached reports from the Part A/MAI Administrative Agent:

- FY16 Chart Reviews
  1. Oral Health – Rural
  2. Primary Care
  3. Vision
- Selected Core Performance Measures by Gender, received 02/13/18
- Clinical Quality Management Quarterly Committee Report, 01/18/18

Reports from Administrative Agent for Part B/SS: See the attached reports from the Part B/State Services Administrative Agent:

- TRG Consumer Interview Results 2017

FY 2018/19 Standards of Care: **Motion #3:** Approve the recommended changes regarding the FY 2018/19 Standards of Care for Ryan White Part B and State Services. **Motion Carried.**

Priority and Allocations Committee: Peta-gay Ledbetter, Co-Chair, reported on the following:
Reports from AA – Part A/MAI: See the attached reports from the Part A/MAI Administrative Agent:

- FY17 Service Utilization, dated 02/13/18
- FY17 Procurement, dated 11/15/17

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

- Procurement, FY17/18 SS – Rebate, dated 02/15/18
- Procurement, FY17/18 SS, dated 02/06/18
- Procurement, FY17/18 Part B, dated 02/05/18
- Service Utilization, FY16/17, Part B, dated 02/05/18
- Health Insurance Assistance Program Report (2), both dated 02/05/18

FY 2019 Guiding Principles and Criteria: **Motion #4:** Approve the attached FY 2019 Guiding Principles and Decision Making Criteria. **Motion Carried.**

FY 2019 Priority Setting Process: **Motion #5:** Approve the attached FY 2019 Priority Setting Process. **Motion Carried.**

FY 2018 Policy for Addressing Unobligated and Carryover Funds: **Motion #6:** Approve the attached FY 2018 Policy for Addressing Unobligated and Carryover Funds. **Motion Carried.** Abstention: Artiaga.

Operations Committee: Johnny Deal, Co-Chair, reported on the following:
Petty Cash Policy, 900.01, revised January 1, 2018: **Motion #7:** Approve the recommended changes on line 40 of the Petty Cash Policy, 900.01, so that it will now read: "…work hours are any time on a 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. **Motion Carried.** Abstention: Turner.

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

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

Report from The Resource Group: Sha'Terra Johnson-Fairly, Health Planner, summarized the attached report.

Medical Updates: Patel said there is a new single pill drug called Biktarvy which contains only two medications. It is another option for patients and is available at some pharmacies now but it is not yet on the ADAP formulary. She recently attended the CROI Conference. There was no theme but they looked at improving the quality of life for those with diabetes, hypertension, etc. San Francisco is now doing test-to-care in 6 days.

Community Development Advisory Council for Housing: Deal said the second meeting was on February 21, 2018 on Sawyer Street.

HOPWA: Perez said that the RFP would be out at the end of March or early April.

Community Prevention Group (CPG): Kelly said that the next meeting is on March 22nd at 190 Heights Boulevard.

Updates from Task Forces
Latino: Sierra said that the Cesar Chavez parade has been cancelled. They are currently working on a health fair.

Youth: Sierra said they will be going to a couple of high schools in April.

MSM: Artiaga submitted the attached report.

Hepatitis C: Vargas said that they are working to develop a forum at the state and local level in May.

HIV and Aging Coalition: Turner submitted the attached report. They are working on a Long Term Survivors event/fundraiser which will include a luncheon, raffle, and games. If members are interested in volunteering please let him know.

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

Positive Women's Network (PWN): Pradia submitted the attached report. There were also two event flyers distributed.

Texas Black Women's Initiative (TBWI): Johnson-Fairly said they are in the process of writing a health equity micro grant application.

Texas HIV Syndicate: Harbolt said that they are continuing work on the Ending the Epidemic (EtE) Plan.

END HIV Houston: Vargas said they are working to develop action steps. He is encouraging task forces to send a representative to address the Houston City Council on HIV awareness days in order to demonstrate that HIV affects all populations.

Texans Living with HIV Network: Ray said that this is a statewide network. They have adopted an organizational structure and are designing a membership application. The goal is to have a conference in about a year to adopt priorities.

Announcements: Mills thanked everyone who called and checked on him while he was in the hospital.

Adjournment: The meeting was adjourned at 1:23 p.m.

Respectfully submitted,

_____ Date _____
Victoria Williams, Director

Draft Certified by
Council Chair: _____ Date _____

Final Approval by
Council Chair: _____ Date _____

Council Voting Records for March 8, 2018

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** FY18/19 Part B/SS SOC **Carried**					**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** FY18/19 Part B/SS SOC **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 Oshingbade, Chair				C				C				C	Krystal Perez		X				X				X		
Skeet Boyle, Vice Chair		X				X				X			Shital Patel		X				X				X		
Carol Suazo, Secretary		X				X				X			John Poole		X				X				X		
Ted Artiaga		X				X				X			Tana Pradia		X				X				X		
Connie L. Barnes		X						X		X			Venita Ray		X				X				X		
Rosalind Belcher		X						X		X			Faye Robinson		X				X				X		
Ella Collins-Nelson		X				X				X			Gloria Sierra		X				X				X		
Bobby Cruz		X				X				X			Bruce Turner		X				X				X		
Johnny Deal		X				X				X			Steven Vargas		X				X				X		
Herman L. Finley III		X				X				X															
Ronnie Galley		X				X				X															
Angela F. Hawkins		X				X				X			**MEMBERS ABSENT**												
Dawn Jenkins		X				X				X			Ruth Atkinson												
Daphne L. Jones		X				X				X			David Benson												
Denis Kelly		X				X				X			Paul E. Grunenwald												
Peta-gay Ledbetter		X				X				X			Arlene Johnson												
Tom Lindstrom		X				X				X			J. Hoxi Jones												
Rodney Mills		X				X				X			Osaro Mgbere												
Allen Murray		X				X				X			Viviana Santibanez												
Robert Noble		X						X		X			Isis Torrente												

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	**Motion #4** FY19 Guiding Principals **Carried**				**Motion #5** FY19 Priority Setting Process **Carried**				**Motion #6** FY18 Policy for Unobligated & Carryover Funds **Carried**					**Motion #4** FY19 Guiding Principals **Carried**				**Motion #5** FY19 Priority Setting Process **Carried**				**Motion #6** FY18 Policy for Unobligated & Carryover Funds **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 Oshingbade, Chair				C				C				C	Krystal Perez		X				X				X		
Skeet Boyle, Vice Chair		X				X				X			Shital Patel		X				X				X		
Carol Suazo, Secretary		X				X				X			John Poole		X				X				X		
Ted Artiaga		X				X						X	Tana Pradia		X				X				X		
Connie L. Barnes		X				X				X			Venita Ray		X				X				X		
Rosalind Belcher		X				X				X			Faye Robinson		X				X				X		
Ella Collins-Nelson		X				X				X			Gloria Sierra		X				X				X		
Bobby Cruz		X				X				X			Bruce Turner		X				X				X		
Johnny Deal		X				X				X			Steven Vargas		X				X				X		
Herman L. Finley III		X				X				X															
Ronnie Galley		X				X				X															
Angela F. Hawkins		X				X				X			**MEMBERS ABSENT**												
Dawn Jenkins		X				X				X			Ruth Atkinson												
Daphne L. Jones		X				X				X			David Benson												
Denis Kelly		X				X				X			Paul E. Grunenwald												
Peta-gay Ledbetter		X				X				X			Arlene Johnson												
Tom Lindstrom		X				X				X			J. Hoxi Jones												
Rodney Mills		X				X				X			Osaro Mgbere												
Allen Murray		X				X				X			Viviana Santibanez												
Robert Noble		X				X				X			Isis Torrente												

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	**Motion #7** Petty Cash Policy 900.01 **Carried**					**Motion #7** Petty Cash Policy 900.01 **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN
Cecilia Oshingbade, Chair				C	Krystal Perez		X		
Skeet Boyle, Vice Chair		X			Shital Patel		X		
Carol Suazo, Secretary		X			John Poole		X		
Ted Artiaga		X			Tana Pradia		X		
Connie L. Barnes		X			Venita Ray		X		
Rosalind Belcher		X			Faye Robinson		X		
Ella Collins-Nelson		X			Gloria Sierra		X		
Bobby Cruz		X			Bruce Turner				X
Johnny Deal		X			Steven Vargas		X		
Herman L. Finley III		X							
Ronnie Galley		X							
Angela F. Hawkins		X			**MEMBERS ABSENT**				
Dawn Jenkins		X			Ruth Atkinson				
Daphne L. Jones		X			David Benson				
Denis Kelly		X			Paul E. Grunenwald				
Peta-gay Ledbetter		X			Arlene Johnson				
Tom Lindstrom		X			J. Hoxi Jones				
Rodney Mills		X			Osaro Mgbere				
Allen Murray		X			Viviana Santibanez				
Robert Noble		X			Isis Torrente				

Comprehensive HIV Planning Committee Report

FY2018 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 3/22/18

Epidemiological Trends

Who is living with HIV in the Houston EMA?[a]
27,023 diagnosed people were living with HIV (PLWH) in the EMA at the end of 2016. Of all diagnosed PLWH in the EMA:

- 75% are male (sex at birth)
- 49% are Black/African American; 28% are Hispanic
- 28% are between the ages of 45 and 54; 23% are 55+
- 57% have MSM risk factor; 29% have heterosexual risk factor

Who is newly diagnosed with HIV in the Houston EMA?[a]
1,325 people were newly diagnosed with HIV in the EMA in 2016. Of those newly diagnosed in 2016

- 78% are male (sex at birth)
- 47% are Black/African American; 35% are Hispanic
- 39% were between the ages of 25 and 34; 22% were between the ages of 13 and 24
- 66% have MSM risk factor

It is estimated that an additional 5,653 people in the EMA are living with HIV but unaware of their status.

Which groups in the Houston EMA are experiencing increasing rates of new HIV diagnoses?[a]
Relative rates of increase for new HIV diagnoses can indicate new and emerging populations while accounting for the size of each group within the population. Though the overall HIV diagnosis rate decreased by 9% between 2011 and 2016, two populations in the Houston EMA have experienced increases in the relative rates of new diagnoses:

- 33% relative rate increase among individuals ages 25-34
- 3% relative rate increase among Hispanic individuals

Source:
[a]2018 Epidemiological Profile – In Progress

Unmet Need for HIV Care

What is unmet need?
Unmet need is when a person diagnosed with HIV is out of care. According to HRSA, a person is considered out of care if they have not had at least 1 of the following in 12 months: (1) an HIV medical care visit, (2) an HIV monitoring test (either a CD4 or viral load), or (3) a prescription for HIV medication.

How many people are out of care in the Houston EMA?[a]

- In 2016, there were 6,537 PLWH out of care in the EMA, or 24% of all diagnosed PLWH.

What trends can be seen among those out of care in the Houston EMA? [a]
The highest proportions of people out of care in 2016 were:

- 25% of male (sex at birth) diagnosed PLWH – ↓ from 37% in 2009
- 28% of other race/ethnicity diagnosed PLWH – ↓ from 41% in 2009
- 26% of Hispanic diagnosed PLWH – ↓ from 36% in 2009
- 25% of Black/African American diagnosed PLWH – ↓ from 37% in 2009
- 26% of diagnosed PLWH age 35-44 – ↓ from 36% in 2009; 26% of diagnosed PLWH age 55 and over – ↓ 37% in 2009
  - The age range with highest unmet need in 2009 was age 25-34 at 39%
- 28% of diagnosed PLWH with an injection drug use risk factor – ↓ 39% in 2009
- 27% of people diagnosed with HIV between 2006 and 2010
  - In 2009, 38% of out of care PLWH were diagnosed between 2004 and 2006

39% of all PLWH in the 2016 Needs Assessment[b] reported stopping HIV medical care for 12 months year or more at some point since their initial diagnosis. The most common reasons for falling out of care were: substance abuse concerns, wanting a break from treatment, reluctance to take HIV medication, not feeling sick, and mental health concerns.

Sources:
[a]2018 Epidemiological Profile – In Progress
[b]2016 Houston Area HIV Needs Assessment

National, State, and Local Priorities

Initiatives at the national, state, and local level offer important guidance on how to design effective HIV care services for the Houston EMA:

National HIV/AIDS Strategy (NHAS) Updated for 2020
Released in July 2015, NHAS includes three broad outcomes for HIV care:

- Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%.
- Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%.
- Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%.

Early Identification of Individuals with HIV/AIDS (EIIHA)
EIIHA is a HRSA initiative required of all Part A grantees. It has four goals:

1. Identifying individuals unaware of their HIV status
2. Informing individuals unaware of their HIV status
3. Referring to medical care and services
4. Linking to medical care

The EMA's EIIHA Strategy also includes a special populations focus:

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

HIV Care Continuum[a]
Developed by the CDC in 2012, the Continuum of Care is a five-step model of PLWH engagement in HIV medical care. Using the model, local communities can identify specific areas for scaled-up engagement efforts. The Houston EMA's current HIV Care Continuum (2016) is as follows:

- 27,023 people are currently diagnosed with HIV in the EMA; an additional 5,653 people are estimated to be living with HIV, but unaware of their status
- Of those diagnosed, 76% have accessed HIV care
- Of those diagnosed, 61% have been retained in HIV care
- Of those diagnosed, 58% have a suppressed viral load

Source:
[a]Houston EMA HIV Care Continuum, http://rwpchouston.org/Publications/2017_Comp_Plan/Care_Continuum.htm

Epidemiological Trends

Con't from Page 1

Which groups in the Houston EMA experience disproportionately higher rates of new HIV diagnoses?[a]

Using the total 2016 Houston EMA HIV diagnosis rate (21.9 per 100,000 population) as a benchmark, the following populations experience disproportionately higher rates of new HIV diagnoses:

- 163% higher rate among Black/African Americans individuals
- 156% higher rate among individuals age 25-34
- 58% higher rate among males (sex at birth)
- 30% higher rate among individuals age 13-24
- 23% higher rate among individuals age 35-44
- 11% higher rate among individuals age 45-54

While there has been no change in ***which*** groups experience disproportionally higher rates of new diagnoses since 2011, the ***extent of disproportionality*** within each population group changed in the Houston EMA between 2011 and 2016. The following groups experienced the greatest increase in extent of disproportionality:

- 81 percentage point increase among individuals age 25-34
- 11 percentage point increase among Hispanic individuals

How does the Houston EMA compare to Texas[a]

- The prevalence rate in the Houston EMA in 2016 (446.0 per 100,000 population) was higher than Texas (311.1 per 100,000 population). All sex at birth, race/ethnicity, and age range groups in the Houston EMA experience higher HIV prevalence rates that corresponding groups for the state as a whole.
- The rate of new HIV diagnosis in the Houston EMA in 2016 (21.9 per 100,000 population) was higher than Texas (16.1 per 100,000 population). All sex at birth, race/ethnicity, and age range groups in the Houston EMA experience higher rates of new diagnoses that corresponding groups for the state as a whole.

Sources:
[a]2018 Epidemiological Profile – In Progress

Unmet Need for HIV Care

Con't from Page 1

What proportion of newly diagnosed PLWH are linked to care in the EMA?[a]

- 65% of those newly diagnosed in 2016 in the Houston EMA were linked to HIV medical care within 1 month of their diagnosis. An additional 17% were linked to care within 2-3 months of their diagnosis, 8% were linked to care within 4-12 months of their diagnosis, and 5% were linked to care over 12 months after they diagnosed.
- 10% of those newly diagnosed in 2016 in the EMA ***were not*** linked by the end of that year. This accounts for 135 newly diagnosed individuals. Most of these individuals were:
- 81% males (sex at birth)
  - Among unlinked males, 56% were Black/African American males and 29% were Hispanic males
- 60% Black/African American individuals
  - 76% of unlinked females were Black/African American
- 40% were individuals age 25-34
  - 21% were individuals age 35-44
  - 18% were youth age 13-24
- 69% were individuals with MSM risk factor
  - 24% were individuals with heterosexual risk factor

Which groups are experiencing concurrent (late) diagnosis?[a]

Of people newly diagnosed in the Houston EMA in 2015, 275 or 20% also received an HIV stage 3 (formerly AIDS) diagnosis within 3 months.

Populations disproportionately impacted by late/concurrent diagnoses in the Houston EMA in 2015 include Hispanic females age 35 – 44 (50%), Hispanic females age 55 and older (55%), Hispanic males age 35 – 44 (41%), Hispanic males age 55 and older (59%), and African American males age 35-54 (36%).

Sources:
[a]2018 Epidemiological Profile – In Progress

National, State, and Local Priorities

Con't from Page 1

The 2017-2021 Texas HIV Plan

The Texas Department of State Health Services (DSHS) has also developed a model of PLWH engagement in HIV medical care, which serves as the foundation for efforts to reduce HIV transmissions for the state as a whole. Goals specific to HIV care services improvements for the state are:

- Increase timely linkage to HIV-related care and treatment
- Increase continuous participation in systems of care and treatment
- Increase viral suppression

Houston Area Comprehensive HIV Plan (2017 – 2021)

This document outlines strategies, activities, and benchmarks for improving the entire system of HIV prevention and care in the EMA. HIV care services improvements slated for achievement by 2021 are:

- Increase the proportion of newly-diagnosed individuals linked to clinical HIV care within one month of their HIV diagnosis to at least 85%
- Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis within one year by 25%
- Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis within one year among Hispanic and Latino men age 35+ by 25%
- Increase the percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care to at least 90.0%
- Increase the percentage of individuals with diagnosed HIV in the Houston Area who are retained in HIV medical care to at least 90.0%.
- Maintain, and if possible, increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed to at least 90.0%
- Increase the percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed at least 80.0%

The plan also includes a special populations focus: Youth (13-24), Homeless, I/RR, IDU, MSM, Transgender & Gender Non-conforming, and Women of Color

Roadmap to Ending the HIV Epidemic in Houston (Dec. 2016)

This document offers over 30 recommendations to end the local HIV epidemic by decreasing new diagnoses to 600 per year; increasing the diagnosed proportion to 90%, fostering 90% retention in care, and supporting 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression.

CDC & HRSA: 2017-2021 Integrated HIV Prevention and Care Plan

Application Number: TX 5
Application Name: Houston Area Comprehensive HIV Prevention and Care Services Plan 2017-2021
State: TX **City**: Houston

CDC and HRSA Reviewer's Name(s)
CDC Reviewer's Name: Andre Dailey, DHAP HICSB
HRSA Reviewer's Name: Polly Ross, AETC; Frances Hodge, DMHAP

SUBMISSION INFORMATION
Strength:
The executive summary outlines each section of the document and is used to establish the documents framework. Good use of graphics and narratives that expand the data presented in the graphics. The section is fully responsive. It is well written and organized.

The document used strong narratives that are used to expand and explain the graphics, resulting in clear descriptions of the data information provided.

Areas for Improvement (Weaknesses):
None Noted

General:
The Harris Country Houston Area EMA is a HRSA Part A funded program.
The plan is well written and organized. It follows the guidance closely. It uses the executive summary to provide a brief overview of each section of the Plan. The plan includes numerous graphics and strong supporting narratives. Data references, populations etc. are consistent throughout the document. The Financial and Human Resources Inventory Section is excellent. The EMA as well as other Part A programs in Texas experienced difficulties securing data from the state, which has impacted their ability to fully respond to some of the required questions.

The Houston Health Department (HHD) submitted their Houston Area Comprehensive HIV Prevention and Care Services Plan. The Houston Health Department submitted an integrated city-only prevention and care plan to CDC and HRSA. The recipient included a brief dedication page, outlining the programs and individuals who contributed to the development of their Plan. A copy of the Letter of Concurrence to the goals and objectives of the Integrated HIV Prevention and Care Plan from the co-chairs of the planning body and the health department representatives was included in the beginning of the Plan.

Section I: Statewide Coordinated Statement of Need/Needs Assessment.

SCSN: Epidemiological Overview
Strength:

The recipient provided an excellent overview of their socioeconomic data. The maps describing Houston service areas are well done, as are the tables and charts. Also, good use of other data sources to describe indicators of risk.

Excellent discussion of socioeconomic data. The maps describing Houston service areas are well done, as are the tables and charts. Also, good use of other data sources to describe indicators of risk.

Areas for Improvement (Weaknesses):
Priority populations were not explicitly stated when discussing prevalence and new diagnoses, but priority populations (i.e., MSM, IDU, and heterosexual) were mentioned in the indicators of risk section.
The recipient should confirm that the referenced figures and tables support the narrative provided in the plan.
Trends of diagnosed HIV among priority populations were not explicitly stated.

General trend data from 1999-2014 was provided, but did not show any recent (2010-2014) trend data for priority populations. Also, figures are referenced that are unrelated or do not support statements (e.g., page 19 in which a statement is made about decreases from 1999-2003, but the figure is a zip code map for 2014).

General:
The section discusses community wide access and service gaps for the EMA. It uses data compiled by the state (TDSHS). Each section ends with a list of references that increases the strength of the Plan and suggests the myriad of resources used in development.

The recipient used the last 3 years of data (2013-2015). A map of the geographical region of the jurisdiction (i.e., Houston, Harris County) was provided in the document.

Recommendations for Future Work (Capacity Building/Technical Assistance Recommendations):
None noted

SCSN: HIV Care Continuum

Strength
The recipient included various discrete tables explaining the development of the Continuum of Care.
The recipient provided a graphic depiction and brief narrative, describing the disparities in engagement among key populations. The recipient noted that the data used to construct each version of the Houston EMA HIV Care Continuum, does not portray the need to increase HIV testing, linkage to care, retention, ART access, and viral suppression activities, among other at-risk key populations (i.e., transgender or non-conforming, intersex, homeless, and recently

released from incarceration persons). Multiple versions of the HIV Care Continuum have been created to illustrate the disparities and service gaps that key populations have encountered in the Houston EMA.

Areas for Improvement (Weaknesses):
Houston requested surveillance and care data from the Texas DSHS, however at the time of the request, Texas DSHS was not able to release and/or estimate of the number of people living with undiagnosed HIV; therefore, the Houston EMA HIV Care Continuum was developed as a diagnosed-based continuum.

Although many of the jurisdictions incorporate ART use in their local HIV Care Continuum, data is not available at the Houston EMA level.

The Houston Health Department does not have complete local data on PLWH. The recipient has to request data from the Texas DSHS, who has access to most of the surveillance and care data for the entire state of Texas. At the time of development of the Houston HIV Care Continuum, Texas DSHS was unable to release an estimate of the number of people living with undiagnosed HIV; therefore the Houston EMA HIV Care Continuum is a diagnosed-based continuum.

Houston is uniquely challenged in that HIV prevention and HIV care services are not administered by the same government agency. Therefore, data to care and prevention are managed by separate entities, which limit the ability of any agency to locally generate its own HIV Care Continuum. Despite robust local surveillance and programmatic systems, Houston/Harris County lacks quality data on PLWH.

General
The recipient provided a graphic and descriptive narrative of the HIV Care Continuum in Houston/Harris County. The Houston Eligible Metropolitan Area (EMA) HIV Care Continuum, describes community-wide access and service gaps for Harris, Fort Bend, Waller, Montgomery, Liberty, and Chambers counties, from data reported to the Texas Department of State Health Services (TDSHS). The Houston EMA HIV Care Continuum is a diagnosed-based continuum. The Houston Health Department is currently on the process of evaluating several methodologies for producing a local estimate of the number of undiagnosed PLWH that may be applied to the Houston HIV Care Continuum in the future. A description of the Houston EMA HIV Care Continuum Measures, are outlined in Table 1 in this section of the plan.

An on-going challenge that has been identified in developing and utilizing the Houston HIV Care Continuum model, is the availability of local and state data on the use of antiretroviral therapy (ART). Although many of the jurisdictions incorporate ART use in their local HIV Care Continuum, data is not available at the Houston EMA level. ART prescription data is available for Ryan White Parts A & B clients through the Ryan White Centralized Patient Care Data Management System (CPCDMS), however, there is currently no method for collecting ART data for PLWH who are not served through the Ryan White Program.

The Houston DOH used the Houston EMA HIV Care Continuum to develop and evaluate local planning objectives in the 2017 Comprehensive Plan and in the FY17 Early Identification of Individuals with HIV/AIDS (EIIHA) strategy. HIV Care Continuum information was also incorporated into the process to design and create local service definitions for Ryan White funded HIV care services, in the 'How to Meet the Need' process. The Continuum also informs Ryan White studies, that exam unmet needs, determinants of HIV care, and engagement in the Houston HIV Care Continuum scheduled for priority consideration in 2017. The development of the HIV Care Continuum fostered coordination of partnerships, particularly between the Houston Health Department and the Bureau of Epidemiology, RWGA, the Houston Regional HIV/AIDS Resource Group (TRG), Ryan White Planning Council (RWPC), the Houston Prevention Community Planning Group (CPG), and several service providers throughout the Houston area. The Houston HIV Care Continuum is updated annually and shared through the Comprehensive Plan portal of the RWPC website.

The 2017 Comprehensive Integrated Plan's goals and objectives are aligned with the goals of the National HIV/AIDS Strategy (NHAS). Detailed information pertaining to the development of the Plan and anticipated challenges to the Plan's implementation is included in the section. Tables included in the Plan, outline the goals and objectives that correspond with the NHAS goals.

SCSN: Financial and Human Resource Inventory:
Strength:
Very comprehensive section. Uses tables to outline the structure of the service delivery system. Excellent discussion of planning body collaboration and interaction among programs and resource inventory. Conducted surveys to determine the capacity of local agencies. Discussion of limitations and strategies to overcome them and acquired needed resources was strong.

The recipient provided a very detailed description of their Texas HIV Workforce capacity. The Houston Health Department conducts a very extensive assessment of the service needs and service gaps in services for the Houston EMA.

Recommendations for Future Work (Weaknesses):
None noted

General:
The recipient provided a narrative and graphic description of their Jurisdictional HIV Resources Inventory. The coordination of services and funding streams can be found in Appendix 2 (Attachment 7). The Funding Sources Tables which includes funding amount, funded service provider agencies, services delivered and HIV Care Continuum Steps impacted can be found in Appendix 3. A table outlining the Houston Workforce Capacity can be found in -Appendix 4. The Administrative agencies in the Houston area collaborated to conduct a survey of the financial and human resource capacity of the local agencies. The agencies were past and present HIV

prevention and care contractors, along with administrative agencies of prevention and care funding. Information pertaining to the survey are outlined in the section.

Excellent section. Provides clear picture of the prevention and care services in the Houston MSA, Houston EMA and the Houston HSDA, designations of geographic areas that receive funding and provide prevention and care services.

The recipient provided a description of the Houston area service designations for HIV prevention and care services. A detailed descriptive narrative of the HIV Workforce Capacity in the jurisdiction and how it impacts HIV prevention and care services was provided. The Houston MSA includes Harris County, the cities of Houston, Baytown, and Sugarland. The Houston Health Department contracts with direct service community-based organizations (CBOs) and local hospital systems to provide HIV testing and prevention program activities (i.e., HIV Counseling, Testing, and Referral (CTR), opt-out testing in emergency departments, Health Education/Risk Reduction (HERR), and Effective Behavioral Interventions (EBIs)). The Houston Health Department serves as the administrative agent to the contracted agencies, providing monitoring, evaluation, capacity building, and technical assistance. An overview of the core HIV prevention, intervention services, cares services, and other HIV-related programs, is described in the section. The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) supports HIV care and support services in the Houston Area through the RWHAP, which is an umbrella program administered in a series of Parts (A, B, C, D, F) distributed according to the geographic service areas, populations, and purposes. For the Houston EMA, a combination of public and non-profit Houston Area agencies serve as either directly funded providers of core medical and support services, or as directly or competitively funded administrative agents that contract with direct providers of Core Medical and Support Services. The HRSA funded services that support the Houston Area and the structure of the HIV care services in the Houston area, is described in the section.

A brief narrative description and examples of how different funding sources interact to ensure continuity of HIV prevention, care, and treatment services in the jurisdiction was provided. The recipient also provided a description of the needed resources and/or services in the jurisdiction that are not being provided and the steps taken to provide those services in the future.

Areas for Improvement (Weaknesses):
None Noted

Recommendations:
Recipient is advised to continue discussions with the state health department regarding data collection.
Within the Financial and Human Resources Inventory, the recipient should include a separate topic section, to describe how different funding sources interact to ensure continuity of HIV prevention, care, and treatment services in the jurisdiction. A brief narrative description of the information will make it easier to identify.

Action Items (Capacity Building/Technical Assistance Recommendations):
None Noted

SCSN: Assessing Needs, Gaps, and Barriers
Strength:
The recipient worked with a broad base of HIV providers to gather information on the needs and gaps for at risk individuals. A detailed discussion of potential bias in data along with a full discussion of barriers was included.

The Houston Health Department conducts a very extensive assessment of the service needs and service gaps in services for the Houston EMA.

Areas for Improvement (Weaknesses):
None Noted

General:
The recipient reported that their Houston Area Comprehensive HIV Prevention & Care Services Plan (2017-2021), Integrated HIV Prevention and Care Plan development process, mirrored their 2016 Houston HIV Care Services Needs Assessment process (Section I.D).

The recipient described the prevention and care service needs and service gaps of persons at risk for HIV and PLWH. The Houston Health Department initiated the 2016 Houston HIV Cares Services Needs Assessment and an HIV Prevention Needs Assessment, to assess HIV prevention needs among PLWH. The 2016 Houston HIV Care Services Needs Assessment also examined service gaps along the HIV Care Continuum. The Houston Health Department adapted tools from past prevention and care needs assessment surveys, to create the 2016 Houston Prevention Needs Assessment survey tool. Additional information pertaining to the development and implementation of the survey and the needs assessment process for PLWH and persons at risk for HIV, is described in the section.

The recipient described the barriers to HIV prevention and care services in Houston. Stigma, bias, and discrimination against people with HIV still persist, which deters many people from learning their HIV status, disclosing their status, and/or seeking HIV medical care. The recipient reported that culturally in Texas (and Houston), there continues to be resistance to discuss sexual health, sexual orientation, gender identity, and HIV/STD. There are state and local policies that are mentioned in the section, that have created barriers to the implementation of prevention and care services. The recipient also described the health department, program barriers, service provider barriers, and client barriers, in the section.

SCSN: Data: Access, Sources, and Systems
Strength:
None Noted

Areas for Improvement (Weaknesses):

The Houston Health Department does not have complete local data on PLWH. The recipient has to request data from the Texas DSHS, who has access to most of the surveillance and care data for the entire state of Texas. At the time of development of the Houston HIV Care Continuum, Texas DSHS was unable to release an estimate of the number of people living with undiagnosed HIV; therefore the Houston EMA HIV Care Continuum is a diagnosed-based continuum.

Houston is uniquely challenged in that HIV prevention and HIV care services are not administered by the same government agency. Therefore, data to care and prevention are managed by separate entities, which limit the ability of any agency to locally generate its own HIV Care Continuum. Despite robust local surveillance and programmatic systems, Houston/Harris County lacks quality data on PLWH.

General:
The recipient discussed the use of various data sources in the development of the Houston Comprehensive HIV Plan and the HIV Care Continuum. Data used to develop the Houston Eligible Metropolitan Area (EMA) HIV Care Continuum was requested from the Texas DSHS, as the department has access to surveillance and care data for the entire state of Texas, as well as, access to the varied sources of data for establishing evidence of care (i.e., private payer data). The recipient also used eHARS, STD*MIS, Evaluation Web, ECLIPS, HEDSS, ARIES, and CPCDMS, in the development of their Plan. Houston reported being uniquely challenged in that, HIV prevention and HIV care services are not administered by the same government agency. Therefore, data to care and prevention are managed by separate entities, which limits the ability of any agency to locally generate its own HIV Care Continuum. Despite robust local surveillance and programmatic systems, Houston/Harris County lacks quality data on PLWH. Future collaborations between the local and state jurisdictions may consider addressing this limitation and facilitate policies and/or activities to overcome this limiting factor.

Recommendation:
Work with the Texas DSHS to jointly support efforts to improve data systems to include data needed for federal reporting. Jurisdiction should continue to have discussion with state regarding data collection.

SECTION II: INTEGRATED HIV PREVENTION AND CARE PLAN

Strength:

The recipient appears to have strong planning bodies, and representation of PLWH and high-risk for HIV persons, in their Ryan White Planning Council and Community Planning Group.

The 2017 Comprehensive Integrated Plan's goals and objectives are aligned with the goals of the National HIV/AIDS Strategy (NHAS), as well as, to replicate specific, quantified, and time-

phased (SMART) NHAS indicators at the local level, that are unique to the HIV prevention and care needs of the Houston area.

The Comprehensive Plan's Leadership Team functioned as a steering committee for the Plan's development process. The development of the new plan began October 2015. The Leadership Team was tasked to: provide guidance for the overall 2017 Plan development, provide ongoing feedback on structure, timelines, and outputs; offer a broad perspective of the Plan, through the review of the mission, vision, values, guiding principles, and overall HIV prevention and care goals; recruiting individuals to serve on the Comprehensive Plan's Workgroups; participation in the design of the community vetting process; and reviewing and providing feedback on the components of the 2017 Comprehensive Plan. The participation from additional workgroups, assisted in the development of the Plan's overall goals and objectives. A discussion of the various workgroups and the established mission, vision, overall goals, and system objectives, are outlined in the section.

Areas for Improvement (Weaknesses):
None noted

General:
The recipient reported that their Houston Area Comprehensive HIV Prevention & Care Services Plan (2017-2021), Integrated HIV Prevention and Care Plan development process mirrored their 2016 Houston HIV Care Services Needs Assessment process. The Integrated HIV Prevention and Care Plan process was directed by three co-chairs representing Ryan White Program Part A, Ryan White Program Part B, and the Houston HIV Prevention Community Planning Group (CPG), with the inclusion of consumers, stakeholders, interested parties, and the general public.

Houston is unique in that it has two separate HIV related planning bodies that work jointly with one another to provide coverage of HIV prevention and care services planning. The Houston Area planning bodies (Houston CPG & RWPC) and the Ryan White Program Part B representatives were key partners in the development of the 2017-2021 Houston Area Comprehensive HIV Prevention & Care Services Plan. The Houston Health Department conducted a survey of the Comprehensive Planning membership, mid-way through the development process of the Plan, to assess personal and professional representation from priority subpopulations and organizations (Table 1). A narrative description of the make-up of the planning bodies and how they contributed to the development of their Plan is described in the section. The recipient discussed their plan to reach traditional and non-traditional partners and sectors, not currently involved in the planning process, but who are needed to more effectively improve outcomes along the Houston HIV Care Continuum.

The recipient mentioned that the greatest challenge projected for the implementation of the 2017 Comprehensive Plan is unforeseen changes to local health and social service systems, through iterative evaluation and monitoring, after Plan activities. Another challenge anticipated is the capacity of new technological advancements, programmatic changes, and national

initiatives that shape the implementation of the 2017 Plan. More in-depth information pertaining to the anticipated challenges to implementation is described in the section.

Recommendation:
Recipient might reconsider the format used. Using the suggested format will facilitate cross program and cross-jurisdiction comparisons.

This section includes one large table listing all of the elements of each SMART objective. The information is currently separated in several different tables in the section to address each goal, but one table included in the appendix with all of the objectives would be good for viewing.

Recommendations for Future Work (Capacity Building/Technical Assistance Recommendations):
None Noted

Collaboration, Partnership, and Stakeholder Involvement: The specific contributions of stakeholders and key partners to the development of the plan.

Strength:
None Noted

Areas for Improvement (Weaknesses):
None Noted

General:
Letter of concurrence was included at the beginning of the document.

The Houston Health Department reported that they do a good job with engaging people living with HIV and high-risk persons for HIV, in all planning processes. The commitment of full consumer representation and engagement was extended to the development of the 2017-2021 Houston Area Comprehensive HIV Prevention & Care Services Plan. Membership from both the Ryan White Planning Council and the Houston HPG, were represented on the Plan Leadership Team and Workgroups, as detailed in Section II.B. The Houston Ryan White Planning Council is required by law to have representation that closely resembles the Houston HIV epidemic (Table 1). The Comprehensive Plan Leadership Team and Workgroups developed a quorum that requires the presence of at least one PLWH at each meeting, although PLWH often represented a majority of Team and Workgroup members. Participation and/or input from PLWH and high-risk persons was crucial for the development of the Plan's goals, objectives, solutions, and activities. Several of the Plan's activities were proposed by PLWH, based equally on epidemiologic data and needs assessment data and their experiences as consumers of local HIV prevention and care services in the Houston area.

People Living with HIV (PLWH) and Community Engagement:

Strength:
None Noted

Areas for Improvement (Weaknesses):
None Noted

General:
In determining their approach to the Plan, the Ryan White Planning Council (RWPC), Houston HIV Prevention Community Planning Group (CPG), local public health departments, consumers, HIV providers, non-HIV specific providers, and other stakeholders collaborated to determine the strategies that will be used to monitor and evaluate activities throughout the comprehensive planning process, and to ensure that the overall document will adhere to required criteria, with quantifiable measures of the anticipated impact on the Houston area HIV epidemic. Additional information pertaining to the strategies is discussed in the section. During the implementation of the previous Plan, an 18-member Evaluation Workgroup oversaw all evaluation-related components of the planning process. The workgroup conducted formal evaluations to identify areas of success and challenges. The Evaluation Workgroup reviewed and approved all of the 2017 Comprehensive Plan's objectives and benchmarks, identified replicable data sources, baseline and target measurements, and will continue to conduct ongoing, formal evaluations of the new Plan.

Recommendation:
The recipient should include other methods used to engage and/or obtain feedback from communities, PLWH, high-risk persons, and other impacted populations, to ensure that HIV prevention and care activities are responsive to their needs. Were other community stakeholders (i.e., service providers) involved in the development of the plan? The recipient discussed how they used representation from members and persons in their RWPC and CPG, to obtain information. If another process was used or another vetting process will be developed, this information should be included in the process.

SECTION III: MONITORING AND IMPROVEMENT:
Strength:
The evaluation component includes opportunities for the community to be involved in assessing progress. The plan addresses monitoring from both a care and prevention perspective, acknowledging that differences may need to be considered.

The Houston Health Department is constantly providing feedback to their contractors and programs on their performance. The program conducts compliance checks of counseling and testing activities reported by HIV prevention contractors and quarterly chart audits are conducted at contractor sites, to ensure all data are up to date and accurately entered. Reports on routine testing performance are shared monthly with the Routine Testing Steering Committee. The reports are used to guide program improvement at both testing and service linkage programs.

Areas for Improvement (Weaknesses):
The recipient has to conduct multiple processes and utilize data from multiple data systems, to monitor and evaluate implementation of the goals and objectives.

General:
In the section, the recipient discussed current strategies and activities that will be implemented, to monitor and evaluate the goals, objectives, and program activities. The Houston Health Department monitors the activities of the HIV prevention contractors and establishes and assesses minimum HIV prevention performance standards. The jurisdiction's data collection system is monitored regularly to ensure provider agencies are entering clinical outcomes and performance measures data, as required. Performance measures are monitored continuously through annual chart reviews and analysis of data. The Houston Health Department revises performance measures annually, to reflect identified needs, changes in guidelines, and best practices.

Harris County Public Health Ryan White grant Administration (RWGA) and the Houston Regional HIV/AIDS Resource Group (TRG), develop and disseminate multiple utilization reports (i.e., quarterly reports and multi-year report), to core medical and support services in the Houston area. The Houston Health Department included a brief overview of the strategies and current activities used to regularly update planning bodies and stakeholders, on the progress of plan implementation, soliciting feedback, and using feedback from stakeholders for plan improvements.

This section is fully responsive. The recipient established "Planning Principles" and benchmark tools that should result in meeting the SMART format, as required.

Recommendation:
The recipient should continue to update the monitoring and improvement section, as continuous feedback is obtained from planning bodies and stakeholders on the progress of plan implementation, data systems and processes, to assess and improve health outcomes along the HIV Care Continuum.

2018 (Year 2) Comprehensive Plan Activities, by Strategy

Strategy for HIV Prevention and Early Identification

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Explore opportunities for cross-representation between the Houston HIV community and School Health Advisory Councils (SHAC) for all school districts within the Houston area.	CPG; HHD	Annually	HHD CPG Support Staff; Task Forces (Youth Task Force)	Youth	Cross-representation occurred; SHAC minutes; Youth Task Force minutes		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Educate Houston Area faith community leadership on HIV information, risk reduction, and prevention tools.	CPG;	Annually	HHD CPG Support Staff; Urban AIDS Ministry	Faith communities	Urban AIDS Ministry minutes; Speakers Bureau evaluations		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Educate public officials on changing governmental polices that create barriers to HIV prevention information and tools (e.g. repeal the ban on syringe access, access to PrEP, adopt comprehensive sexuality education in schools, etc.).	HHD; CPG *Potential non-RP partners:* Positive Organizing Project; Task Forces; Texas HIV/AIDS Coalition	Annually	HHD staff; HHD CPG Support Staff; HHD PrEP Coordinator; RWPC-OS	Public officials; policy-level interventions	Education occurred; local/state policy changes		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Disseminate routine testing implementation toolkit to targeted private and non-Ryan White funded providers and FQHCs to facilitate linkage to care. *(See also: Coordination of Effort Strategy and Special Populations Strategy)*	RWPC-OS *Potential non-RP partners:* TDSHS; AETC; HHS	Annually	TDSHS, Test Texas, Texas HIV/AIDS Coalition, and Baylor College of Medicine	Status unaware individuals	Toolkits disseminated		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Expand distribution of HIV testing and PrEP information and resources to healthcare providers. *(See also: Special Populations Strategy)*	HHD; CPG	Annually	HHD CPG support staff; volunteers	HIV negative and status unaware in high-incidence areas	Information distributed; New diagnoses in high-incidence areas decreased		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Educate Task Forces, community groups, funded agencies, and non-HHD funded agencies on availability of the Mobile Testing Unit	HHD *Potential non-RP partners:* HHD Clinical Services	As needed	HHD staff	Task Forces; community groups; funded agencies; non-HHD funded agencies	Education occurred; Mobile Unit schedule		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Create and distribute rural referral resource list to DIS.	TRG	Annually	TRG staff	Rural PLWH	List created and distributed; list regularly updated		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Expand materials education PLWH and partners about PreP and treatment as prevention.	HHD	2018	HHD staff; HHD PrEP Coordinator	PLWH; partners of PLWH	Materials created		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Hold consumer PrEP and treatment as prevention education forums.	RWPC; HHD *Potential non-RP partners*: AETC	Annually	RWPC-OS; HHD staff; volunteers; possibly pharma rep if not COI	PLWH; partners of PLWH	Forums occurred; evaluations		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols.	RWGA	*Potential Non-RP partners:* HHD; RWPC	2017; revisit annually	RWGA staff; RWPC-OS; HHD Hearts program staff; volunteers	Incoming clients	Changes made to Standards of Care; increase in retention per CPCDMS		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Design Standards of Care ensuring follow-up contact with newly diagnosed consumers throughout first year of diagnosis.	RWGA	*Potential Non-RP partners:* HHD; RWPC	2017; revisit annually	RWGA staff; RWPC-OS; HHD Hearts program staff; volunteers	Newly diagnosed PLWH	Changes made to Standards of Care; increase in retention per CPCDMS		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Develop a process to provide regular updates on Ryan White system developments and resources to targeted private providers.	RWPC-OS		2018	RWPC-OS	Private providers; PLWH seeing private providers	Process developed; list of targeted providers generated		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Collaborate with the City of Houston Housing and Community Development Department on development of the Houston HOPWA care continuum and expansion of engagement and retention activities. *(See also: Special Populations Strategy)*	RWPC-OS	*Potential non-RP partners:* HCD	2018	RWPC-OS	HOPWA/housing clients; homeless PLWH	HOPWA care continuums created; engagement and retention activities developed and implemented		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Expand the Road to Success consumer training program to housing sites.	RWPC-OS; RWP; RWGA ; TRG	*Potential non-RP partners:* HCD; housing sites	Annually	RWPC-OS; RWGA staff; TRG staff	HOPWA/housing clients	Road to Success agenda; evaluations		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications. *(See also: Special Populations Strategy)*	RWPC-OS; RWGA *Potential non-RP partners:* City of Houston; Homeless Coalition; homeless services providers	2018	RWPC-OS; RWGA staff	Homeless PLWH	Report completed for feasibility study		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Assess current level of risk reduction counseling provided through Primary Care, focusing particularly on promotion of treatment as prevention.	RWGA	2018	RWGA staff	RW clients	Assessment report		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)

Strategy to Address the Needs of Special Populations

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Assess and adjust Standards of Care and other relevant policies to ensure access to facilities and services for all people regardless of sexual orientation or gender identity.	RWGA; TRG; HHD *Potential non-RP partners:* RWPC	Annually	RWGA staff; TRG staff; HHD staff; volunteers	HIV prevention and care services clients	Standards of Care modified		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Review and revise client satisfaction survey tool to measure provision of culturally and linguistically appropriate services.	RWGA; TRG	2018	RWGA staff; TRG staff;	HIV prevention and care services clients	Resulting method and measurement		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Educate providers serving special populations about routine HIV testing and PrEP, and promote inclusion of routine HIV testing and PrEP education in policies, procedures, and practices to facilitate linkage to care. *(See also: Prevention and Early Identification Strategy)*	HHD; CPG; RWPC *Potential non-RP partners:* TDSHS – rural areas; AETC	Annually	HHD PrEP Coordinator; HHD CPG support staff; RWPC-OS; Project PrIDE; possibly Gilead Project FOCUS if not COI	Private providers; special populations	Education materials developed/used; list of providers educated; increase in routine testing		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Explore feasibility of cooperation between RWGA and HCD to provide assisted living facility service aging PLWH.	RWGA; RWPC *Potential non-RP partners:* HCD	2018	RWGA staff; RWPC-OS; HCD staff; volunteers	Aging PLWH; homeless PLWH	Report exploring feasibility created		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Train PrEP providers and prevention workers on best practices for educating and promoting PrEP among special populations.	HHD	Annually	HHD staff; Project PrIDE	PrEP providers & prevention workers; HIV negative individuals in special populations	Training occurred; increased testing of members in special populations		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Expand distribution of HIV testing and PrEP information and resources to healthcare providers. *(See also: Prevention and Early Identification Strategy)*	HHD; CPG	*Potential non-RP partner:* Task Forces	Annually	HHD CPG support staff; HHD Task Force liaisons; volunteers	HIV negative and status unaware in high-incidence areas	Information distributed; New diagnoses in high-incidence areas decreased		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications. *(See also: Gaps in Care Strategy)*	RWPC; RWGA	*Non-RP partners:* City of Houston; Homeless Coalition; homeless services providers	2018	RWPC-OS; RWGA staff	Homeless PLWH	Report completed for feasibility study		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Provide training to DIS staff on data collection for transgender and other special population clients.	HHD	*Potential non-RP partners:* TDSHS	Annually	HHD staff	Special populations (especially transgender)	Training provided		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Collaborate with City of Houston Housing and Community Development Department on development of a local Housing Unmet framework and local Housing Care Continuums, including special populations to the extent feasible. *(See also: Gaps in Care Strategy)*	RWPC	*Potential non-RP partners:* HCD	2018	RWPC-OS	HOPWA/housing clients; homeless PLWH	HOPWA care continuums created; engagement and retention activities developed and implemented		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Explore additional Need Assessment activities (including utilization of local data systems) to assess causes of loss to care among special populations.	RWPC; HHD		2018	RWPC-OS; HHD staff; ECLIPS	Special populations; Out of Care PLWH	Report of causes for loss to care for PLWH in special populations		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Train surveillance staff to enhance data collection on transgender community.	HHD	*Potential non-RP partners:* HHD Surveillance Bureau	TBD	HHD staff; HHD Surveillance Bureau staff	MSM, transgender	Training provided; sex/gender field in data reports includes transgender		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)

***Strategy for Improving Coordination of Effort*#**

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Support AETC efforts to provide regular HIV-related updates to the Houston medical community.	RWCP; RWGA; HHD *Potential non-RP partners:* AETC; HHS; TDSHS	As needed	RWPC-OS; RWGA staff; HHD staff; TDSHS	Houston medical community	Evidence of support (e.g. promotion emails/social media communication sent; collaborative products, etc.)		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Facilitate an annual Task Force meeting for community-wide coordination of effort.	HHD; CPG; Task Forces	Annually	HHD CPG support staff; HHD Task Force liaisons; Task Force members	Current stakeholders; populations served by Task Forces	Meeting occurred; resulting coordination		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)

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Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Sustain current efforts and target the following sectors and groups for coordination of effort activities: a. Advocacy groups b. Aging (e.g., assisted living, home health care, hospice, etc.) c. Alcohol and drug abuse providers and coalitions at the local and regional levels d. Business and Chambers of Commerce e. Community centers f. Chronic disease prevention, screening, and self-management programs g. Faith communities h. Medical professional associations, medical societies, and practice groups i. Mental health (e.g., counseling associations, treatment facilities, etc.) j. New HIV-related providers such as FQHCs and Medicaid Managed Care Organizations (MCOs) k. Philanthropic organizations l. Primary education, including schools and school districts m. Secondary education, including researchers, instructors, and student groups n. Workforce Solutions and other vocational training and rehabilitation programs	RWGA; TRG; HHD; RWPC-OS; RWPC; CPG;	Annually	RWGA staff; TRG staff; HHD staff; HHD CPG support staff; HHD Task Force liaisons; RWPC-OS; RWPC; CPG; Task Forces	Per sector	Record of coordination per sector		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.).	RWGA	Annually	RWGA staff; RWPC-OS staff	Non-RW case managers; PLWH outside RW system	Record of notice sent (e.g. email, blast fax, etc.)		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Create and disseminate an access and utilization guide for the RW Health Insurance Assistance Program to non-RW funded case managers and social workers.	TRG	2018	TRG staff	Non-RW case managers; PLWH outside RW system	Guide created; list of dissemination locations/contacts		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)

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Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Cultivate peer technical assistance that facilitates sharing best practice models between current providers.	RWGA; TRG		As needed	RWGA staff; TRG staff	Current RW providers	Peer technical assistance model created and implemented		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Explore the feasibility and practicality of developing a clearinghouse of HIV-related educational opportunities.	RWPC		2018	RWPC-OS	N/A	Brief report on feasibility compiled		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Identify local media resources to serve as outlets for HIV education and community mobilization efforts.	RWPC; CPG	*Potential non-RP partners: Task Forces; RWPC-OS; HHD*	Annually	RWPC-OS staff; HHD CPG support staff; volunteers	N/A	List of opportunities compiled		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Evaluate opportunities for partnering with other local government initiatives for co-branding HIV-related issues.	HHD; RWGA; TRG	*Potential Non-RP partners:* City of Houston; Harris County; HSDA Counties	Annually	HHD staff; RWGA staff; TRG staff	N/A	Opportunities identified; partnerships (MOU if necessary) created		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Investigate need for and feasibility of creating a RWPC-OS position for an Education and Communication Coordinator.	RWPC; RWGA		2018	RWPC-OS; RWGA	General public	Documentation of need investigate; position created if needed and feasible		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Investigate opt-in secure HIPAA-compliant health information exchanges (e.g. Greater Houston Health Connect) and assess whether incorporation of such exchanges into the RW system would be appropriate and useful.	RWGA; TRG		2018	RWGA staff; TRG staff; providers	RW clients seeking care outside the RW system; Out of Care PLWH	Report completed for investigation		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Develop process for sharing information in CPCDMS between record-owning agencies and other RW providers to facilitate access to care.	RWGA	*Non-RP partners:* TRG (ARIES)	2018	RWGA staff	RW clients seeking non-primary care with other RW providers	Process developed		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)

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Affected Community Committee Report

Steps to Participate in the
2018 Ryan White *How To Best Meet the Need* Process

What is *How To Best Meet the Need*?
It is defining the HRSA approved service categories so that they "best meet the needs" of our local community.

The Ryan White Planning Council is responsible for planning the organization and delivery of HIV services, specifically in the areas of outpatient medical care, case management and comprehensive treatment services. Each year, the Planning Council reviews and refines its service definitions in preparation for the next funding cycle which begins March 1st of the following year. The purpose of each workgroup is to review specific service category definitions and make recommendations as needed to improve service delivery and effectiveness.

In 2018:

Step 1: Sign up with Rod in the Office of Support to attend trainings on:
- The process used by the various workgroups - **12 noon, March 12th**
- The documents used to justify changes made to service definitions - **1:30 pm, April 12th**

Step 2: Determine the criteria to be used to select FY 2019 service categories. **2 pm, March 13th**

Step 3: Pick up materials for the workgroups – **any time on or after April 12th**

Step 4: Workgroups take place. At the workgroups, participants are invited to:
- Introduce themselves and state their conflict of interest
- Staff explains their role in the process
- The Administrative Agent provides general information
- The Office of Support staff provides general information
- Each service definition is discussed and recommended changes are made
- The financial eligibility for the service is made

Step 5: Workgroup recommendations are moved forward to the Quality Improvement Committee where additional changes can be made to the definitions. **2 pm, Tues. May 15th**

Step 6: There is a Public Hearing where the service definitions are presented to the public. **7 pm, Mon., May 20th, City Annex, 900 Bagby St, downtown Houston.**

Step 7: Service definitions and recommended changes move forward to the Steering Committee at **12 noon on June 7th.** Changes made to services are final only after the Council has approved the FY 2019 service definitions at **12 noon on June 14th**.

March 1, 2019: Changes made to FY 2019 service categories take effect.

2017-2021 Comprehensive Plan Activities, by Strategy

*Comprehensive Plan Activities – RWPC & OS (**2018**)*

Activities Relating to the **Affected Community Committee**

Strategy for HIV Prevention and Early Identification

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Progress Update
Hold consumer PrEP and treatment as prevention education forums.	RWPC; HHD	*Potential non-RP partners*: AETC	**Annually**	RWPC-OS; HHD staff; volunteers; possibly pharma rep if not COI	PLWH; partners of PLWH	Forums occurred; evaluations		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)

Strategy for Bridging Gaps in Care and Reaching the Out of Care

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Progress Update
Expand the Road to Success consumer training program to housing sites.	RWPC-OS; RWPC; RWGA; TRG	*Potential non-RP partners:* HCD; housing sites	**Annually**	RWPC-OS; RWGA staff; TRG staff	HOPWA/housing clients	Road to Success agenda; evaluations		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)
Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications. *(See also: Special Populations Strategy)*	RWPC-OS; RWGA	*Potential non-RP partners:* City of Houston; Homeless Coalition; homeless services providers	**2018**	RWPC-OS; RWGA staff	Homeless PLWH	Report completed for feasibility study		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)

Strategy to Address the Needs of Special Populations

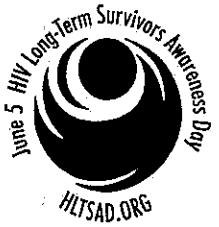
Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Progress Update
Explore feasibility of cooperation between RWGA and HCD to provide assisted living facility service aging PLWH.	RWGA; RWPC	*Potential non-RP partners:* HCD	**2018**	RWGA staff; RWPC-OS; HCD staff; volunteers	Aging PLWH; homeless PLWH	Report exploring feasibility created		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)
Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications. *(See also: Gaps in Care Strategy)*	RWPC; RWGA	*Non-RP partners:* City of Houston; Homeless Coalition; homeless services providers	**2018**	RWPC-OS; RWGA staff	Homeless PLWH	Report completed for feasibility study		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)

Strategy for Improving Coordination of Effort

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Progress Update
Sustain current efforts and target the following sectors and groups for coordination of effort activities: a. Advocacy groups b. Aging (e.g., assisted living, home health care, hospice, etc.) c. Alcohol and drug abuse providers and coalitions at the local and regional levels d. Business and Chambers of Commerce e. Community centers f. Chronic disease prevention, screening, and self-management programs g. Faith communities h. Medical professional associations, medical societies, and practice groups i. Mental health (e.g., counseling associations, treatment facilities, etc.) j. New HIV-related providers such as FQHCs and Medicaid Managed Care Organizations (MCOs) k. Philanthropic organizations l. Primary education, including schools and school districts m. Secondary education, including researchers, instructors, and student groups n. Workforce Solutions and other vocational training and rehabilitation programs	RWGA; TRG; HHD; RWPC-OS; RWPC; CPG;	**Annually**	RWGA staff; TRG staff; HHD staff; HHD CPG support staff; HHD Task Force liaisons; RWPC-OS; RWPC; CPG; Task Forces	Per sector	Record of coordination per sector		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)
Explore the feasibility and practicality of developing a clearinghouse of HIV-related educational opportunities.	RWPC	**2018**	RWPC-OS	N/A	Brief report on feasibility compiled		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Progress Update
Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.).	RWGA	**Annually**	RWGA staff; RWPC-OS staff	Non-RW case managers; PLWH outside RW system	Record of notice sent (e.g. email, blast fax, etc.)		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)
Cultivate social media pathways to disseminate HIV-related information and mobilization efforts.	HHD; TRG; RWPC; CPG	**2017** ***Utilize annually***	HHD staff; HHD CPG support staff; RWPC-OS; TRG; volunteers; Task Force members	N/A	Documentation stating pathways; evidence of pathways utilized		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)

Houston Area HIV&Aging Coalition



Ryan White Planning Council

June 3, 2018 the HIV and Aging Coalition will be hosting a BBQ-Mimosa Brunch to celebrate and honor those that have survived the HIV epidemic. There are three definitions of Long Term Survivors,

A. Those diagnosed prior to the advent of HAART
B. Those that were caregivers in the days prior to HAART
C. Those that have survived longer than ten years with HIV

Currently it is estimated that 59% of those infected are over 50 and that by 2030 that percentage will be 70 or more. Due to reporting requirements not being in effect before 1999 it is extremely difficult to even estimate the number of those that are Long Term Survivors of the Pre-HAART era. CPDMS has us at 9.4%, there are estimate that across the country that the percentage is as high as 34%. Using those figures is confusing but a conservative estimate is that there are 4-6,000 Pre-HAART survivors in the Houston area.

We have zero idea how many of those people will attend our event or the number that need to be made aware of Long Term Survivors.. We have a number of activities occurring at the event and are looking for nine volunteers to help us make this a problem free event. Volunteers will need be on premises at noon on June 3 until 4 PM As you can suppose from the fact it is a Brunch it will begin at 1PM and we are scheduled to end at 4 PM. This will be an outdoor event at Neon Boots Dancehall and Saloo on Hempstead Highway, in case of rain we will move indoor.

If the Council can find that many volunteers you will be recognized at the event and can have a information table.

C. Bruce Turner

Facilitator HIV and Aging Coalition

Greeters for 2018 Council Meetings

(Revised: 03-20-18)

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

Quality Improvement Committee Report

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1718 DSHS State Services Rebate

Procurement Report

September 1, 2017- August 31, 2018

Chart reflects spending through January 2018

Spending Target: 41%

Revised 2/15/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	ADAP Eligibility Worker	$375,000	38%		$375,000	38%	9/1/2017	$34,021	9%
7	Emergency Financial Assistance	$600,000	62%		$600,000	62%	9/1/2017	$64,988	11%
Total Houston HSDA		$975,000	100%	$0	$975,000	100%		$99,009	10%

AEW: Two agencies have not submitted reports and one position unassigned for $ 75,000

EFA: The public clinic is yet to utilize services

Houston Ryan White Health Insurance Assistance Service Utilization Report

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

Revised: 3/6/2017

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

Comments: This report represents services provided under all grants.

2017-2021 Comprehensive Plan Activities, by Strategy

*Comprehensive Plan Activities – RWPC & OS (**2018**)*

Activities Relating to the **Quality Improvement Committee**

Strategy for HIV Prevention and Early Identification

None

Strategy for Bridging Gaps in Care and Reaching the Out of Care

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Progress Update
Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols. **Review – June 2018**	RWGA	*Potential Non-RP partners:* HHD; RWPC	**2017; revisit annually**	RWGA staff; RWPC-OS; HHD Hearts program staff; volunteers	Incoming clients	Changes made to Standards of Care; increase in retention per CPCDMS		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)
Design Standards of Care ensuring follow-up contact with newly diagnosed consumers throughout first year of diagnosis. **Review – June 2018**	RWGA	*Potential Non-RP partners:* HHD; RWPC	**2017; revisit annually**	RWGA staff; RWPC-OS; HHD Hearts program staff; volunteers	Newly diagnosed PLWH	Changes made to Standards of Care; increase in retention per CPCDMS		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)
Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications. *(See also: Special Populations Strategy)*	RWPC-OS; RWGA	*Potential non-RP partners:* City of Houston; Homeless Coalition; homeless services providers	**2018**	RWPC-OS; RWGA staff	Homeless PLWH	Report completed for feasibility study		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)

Strategy to Address the Needs of Special Populations

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Progress Update
Assess and adjust Standards of Care and other relevant policies to ensure access to facilities and services for all people regardless of sexual orientation or gender identity. **Review – June 2018**	RWGA; TRG; HHD	*Potential non-RP partners:* RWPC	**Annually**	RWGA staff; TRG staff; HHD staff; volunteers	HIV prevention and care services clients	Standards of Care modified		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)
Explore feasibility of cooperation between RWGA and HCD to provide assisted living facility service aging PLWH.	RWGA; RWPC	*Potential non-RP partners:* HCD	**2018**	RWGA staff; RWPC-OS; HCD staff; volunteers	Aging PLWH; homeless PLWH	Report exploring feasibility created		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)
Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications. *(See also: Gaps in Care Strategy)*	RWPC; RWGA	*Non-RP partners:* City of Houston; Homeless Coalition; homeless services providers	**2018**	RWPC-OS; RWGA staff	Homeless PLWH	Report completed for feasibility study		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)

Strategy for Improving Coordination of Effort

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Progress Update
Sustain current efforts and target the following sectors and groups for coordination of effort activities: a. Advocacy groups b. Aging (e.g., assisted living, home health care, hospice, etc.) c. Alcohol and drug abuse providers and coalitions at the local and regional levels d. Business and Chambers of Commerce e. Community centers f. Chronic disease prevention, screening, and self-management programs g. Faith communities h. Medical professional associations, medical societies, and practice groups i. Mental health (e.g., counseling associations, treatment facilities, etc.) j. New HIV-related providers such as FQHCs and Medicaid Managed Care Organizations (MCOs) k. Philanthropic organizations l. Primary education, including schools and school districts m. Secondary education, including researchers, instructors, and student groups n. Workforce Solutions and other vocational training and rehabilitation programs	RWGA; TRG; HHD; RWPC-OS; RWPC; CPG;	**Annually**	RWGA staff; TRG staff; HHD staff; HHD CPG support staff; HHD Task Force liaisons; RWPC-OS; RWPC; CPG; Task Forces	Per sector	Record of coordination per sector		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI) ☐ Not Applicable (NA)

FY 2019 *HOW TO BEST MEET THE NEED* WORKGROUP SCHEDULE *(Revised 03/08/18)*

Houston Ryan White Planning Council, 2223 W. Loop South; Houston, TX 77027

TRAINING FOR ALL PARTICIPANTS:

1:30 p.m. ~ Thursday, April 12, 2018 ~ 2223 West Loop South, Room 532

SPECIAL WORKGROUPS:

Monday, April 16, 2018

11:00 a.m. Outreach – Skeet Boyle & Daphne Jones

12:30 p.m. Referral for Health Care and Support Services – David Watson & Crystal Starr

2223 West Loop South, Room 416

All workgroup packets are available online at www.rwpcHouston.org on the calendar for each date below (packets are in pdf format and are posted as they become available).

Workgroup 1	*Workgroup 2*	*Workgroup 3*	*Workgroup 4*
10:30 a.m. **Tuesday, April 24, 2018** Room #532	**1:30 p.m.** **Tuesday, April 24, 2018** Room #532	**3:00 p.m.** **Wednesday, April 25, 2018** Room #416	**10:00 a.m.** **Tuesday, May 22, 2018** Room #240
Group Leaders: Cecilia Oshingbade & Billy Ray Grant	**Group Leaders:** Gloria Sierra & John Poole	**Group Leaders:** C. Oshingbade & Rosalind Belcher	**Group Leaders:** Ella Collins-Nelson & Johnny Deal
SERVICE CATEGORIES:	***SERVICE CATEGORIES:***	***SERVICE CATEGORIES:***	***SERVICE CATEGORIES:***
Ambulatory/Outpatient Medical Care (includes Emergency Financial Assistance, Local Pharmacy Assistance, Medical Case Management and Service Linkage) – Adult and Rural	Health Insurance Premium & Co-pay Assistance	Early Intervention Services (Incarcerated)‡	Blue Book
Ambulatory/Outpatient Medical Care (includes Medical Case Management and Service Linkage) – Pediatric	Medical Nutritional Therapy and Supplements	Home & Community-based Health Services (Adult Day Treatment)‡	
Clinical Case Management	Mental Health Services‡	Hospice	
Non-Medical Case Management (Service Linkage at Test Sites)	Oral Health – Rural & Untargeted‡	Linguistic Services‡	
Vision Care	Substance Abuse Treatment/ Counseling	Transportation (Van-based – untargeted & rural)	

Part A categories in **BOLD** print are due to be RFP'd.

‡ Service Category for Part B/State Services only; Part B/State Services categories are RFP'd every year. **To confirm information for Part B/State Services, call 713 526-1016.**

DRAFT

Quality Improvement Committee

2018 Criteria for Reviewing Ideas

In order for the Quality Improvement Committee to review a request for an idea, the idea must:

1.) Fit within the HRSA Glossary of HIV-Related Service Categories.

2.) Not duplicate a service currently being provided by Ryan White Part A or B or State Services funding.

3.) Document the need using one or more Planning Council publications.

4.) *For an emerging need only,* attach documentation from an outside source. Acceptable sources may include:

- Letter on agency letterhead from three other agencies describing their experience related to this need.
- Or, documentation from HIV websites or newspaper articles including a copy of the original document or study sited in the article or website.

DRAFT

2018 Proposed Idea

(Applicant must complete this two-page form as it is. Agency identifying information must be removed or the application will not be reviewed. Please read the attached documents before completing this form: 1.) HRSA HIV-Related Glossary of Service Categories to understand federal restrictions regarding each service category, 2.) Criteria for Reviewing New Ideas, and 3.) Criteria & Principles to Guide Decision Making.)

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY

_____ Control Number Date Received_____

Proposal will be reviewed by the: Quality Assurance Committee on:_____ (date)
Priority & Allocation Committee on: _____ (date)

THIS PAGE IS FOR THE QUALITY IMPROVEMENT COMMITTEE
(See Glossary of HIV-Related Service Categories & Criteria for Reviewing New Ideas)

1. SERVICE CATEGORY:_____
   (The service category must be one of the Ryan White Part A or B service categories as described in the HRSA Glossary of HIV-Related Service Categories.)

   This will provide _____ clients with _____ units of service.

2. ADDRESS THE FOLLOWING:
   - **A. DESCRIPTION OF SERVICE:**
   - **B. TARGET POPULATION (Race or ethnic group and/or geographic area):**
   - **C. SERVICES TO BE PROVIDED (including goals and objectives):**
   - **D. ANTICIPATED HEALTH OUTCOMES (Related to Knowledge, Attitudes, Practices, Health Data, Quality of Life, and Cost Effectiveness):**

3. ATTACH DOCUMENTATION IN ORDER TO JUSTIFY THE NEED FOR THIS NEW IDEA. AND, DEMONSTRATE THE NEED IN AT LEAST ONE OF THE FOLLOWING PLANNING COUNCIL DOCUMENTS:

___ Current Needs Assessment (Year:_____) Page(s): ___Paragraph: ___
___ Current HIV Comprehensive Plan (Year:_____) Page(s): ___Paragraph: ___
___ Health Outcome Results: Date: _____ Page(s): ___Paragraph: ___
___ Other Ryan White Planning Document:
Name & Date of Document: _____ Page(s): ___Paragraph: ___

RECOMMENDATION OF QUALITY IMPROVEMENT COMMITTEE:
___ Recommended ___ Not Recommended ___ Sent to How To Best Meet Need

REASON FOR RECOMMENDATION:

(Continue on Page 2 of this application form)

DRAFT

Proposed Idea

THIS PAGE IS FOR THE PRIORITY AND ALLOCATIONS COMMITTEE
(See Criteria and Principles to Guide Decision Making)

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY AND INCLUDE A BRIEF HISTORY OF RELATED SERVICE CATEGORY, IF AVAILABLE.

CURRENTLY APPROVED RELATED SERVICE CATEGORY ALLOCATION/UTILIZATION:
Allocation: $_____
Expenditure: $_____ Year-to-Date

Utilization: _____ Unduplicated Clients Served Year-to-Date
_____ Units of Service Provided Year-to-Date

AMOUNT OF FUNDING REQUESTED:
$_____This will provide funding for the following purposes which will further the objectives in this service category: (describe how):

PLEASE STATE HOW THIS IDEA WILL MEET THE PRIORITY AND ALLOCATIONS CRITERIA AND PRINCIPLES TO GUIDE DECISION MAKING. SITE SPECIFIC STEPS AND ITEMS WITHIN THE STEPS:

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

___ Recommended for Funding in the Amount of: $_____
___ Not Recommended for Funding
___ Other:

REASON FOR RECOMMENDATION:

Operations Committee Report

DRAFT

REQUEST FOR A WAIVER FROM HONORARIUMS POLICY 1200.00

To: The Houston EMA Ryan White Operations Committee

From: Cecilia Oshingbade, Chair, Ryan White Planning Council
Steven Vargas, Former Chair, Ryan White Planning Council

Date: March 20, 2018

Request: This request is for a waiver from the Houston Ryan White Planning Council's Honorariums Policy for all Houston Council and Committee members who are invited to provide technical assistance in association with the HRSA sponsored CHATT Project*.

Background: In 2002, the Houston Ryan White Planning Council established a policy that prohibited a member of the Council from accepting "an honorarium or other form of gratuity for services performed in connection to his or her service to the Council". (Over for a copy of the policy). At the time, the Chair of the Council was occasionally asked to provide general information about HIV or the Ryan White Program to local civic and social organizations. The Council did not feel that it was appropriate for members to request or receive compensation for these short-term educational activities.

Justification for the Request: Between 1991 and the current date, HRSA has provided very little training to Ryan White planning body volunteers and staff. This may be why Ryan White volunteers and staff members from a number of jurisdictions are currently struggling to understand and carry out their roles and responsibilities. Therefore, in late 2017, HRSA underwrote the cost of a three-year program called Project CHATT*. Designed to provide extensive, on-going training to Ryan White planning bodies throughout the United States, funds were built into the program to pay "experts", such as knowledgeable Council members and Ryan White Program staff, for the many hours required to develop training materials.

Since HRSA staff have regularly asked members of the Houston Council and its support staff to provide short-term mentoring to Councils in jurisdictions such as Ft. Worth, Dallas and Detroit. And, because the Houston EMA Project Officer has asked the Houston Council and staff to present information about Project LEAP and other Council-related educational programs at two national conferences, Project CHATT staff recently asked specific Houston Council members and staff to assist in developing training materials and providing long-term mentoring to other jurisdictions.

Because of the Council's Honorarium Policy, Houston individuals who are asked to provide expertise and leadership to Project CHATT will have two options: 1.) resign from the Council in order to receive compensation as a consultant, or 2.) stay on the Council and volunteer a significant amount of time to Project CHATT. Instead, we ask that all Houston Ryan White Council and Committee members who are invited to provide technical assistance in association with the HRSA sponsored CHATT Project be given a waiver from the Honorarium policy so that these individuals can dedicate the time needed to work collaboratively with national educators and share the valuable tools and expertise that the Houston Planning Council has developed over the years in order to benefit others throughout the United States.

* Ryan White Part A Planning Council Training & Technical Assistance (Planning CHATT) project

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

EST. OCT. 2002 **REVISED JANUARY 1, 2018** **POLICY NO. 1200.00**

HONORARIUMS

PURPOSE

The purpose of this policy is to establish guidelines by which honorariums or other forms of gratuity are received by Ryan White Planning Council members.

PROCESS

No member of the Ryan White Planning Council, or any other Council-related volunteer, may accept an honorarium or other form of gratuity for services performed in connection to his or her service to the Council. This does not pertain to reimbursements for travel, meals, hotel or other expenses incurred in performance of these services. If an honorarium is sent, the recipient is to turn it in to the Office of Support who will return the check with a letter declining the check and a suggestion that the money be distributed to an HIV organization, such as those listed in the Blue Book.

REQUEST FOR WAIVER
FROM RYAN WHITE PLANNING COUNCIL
PETTY CASH POLICY 900.01

Date: _____

Dear Members of the Operations Committee:

Regarding the Ryan White Planning Council Petty Cash Policy 900.01, dated 01/01/2018, I am requesting a waiver from lines: _____ in the policy, which refer to: _____. I believe that I should be exempt from this portion of the policy for the following reasons (use back of form for additional space.):

Sincerely,

_____
Signature

_____
Print Name