

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

Memorandum

To: Members, Affected Community Committee:
Gene Ethridge, Co-Chair
Tana Pradia, Co-Chair
Curtis Bellard
Ardry "Skeet" Boyle
Amber David
Herman Finley
Arlene Johnson
Rodney Mills
Allen Murray

Teresa Pruitt
Cecilia Ross
Johnetta Evans-Thomas
Lionel Pennamon
Viviana Santibanez

Cc: Steven Vargas
Amber Harbolt

Carin Martin
Tasha Traylor

From: Tori Williams, Director, Office of Support

Date: Monday, May 16, 2016

Re: Meeting Notice

Please note that the following information about the next Affected Community activity:

Affected Community Committee Meeting
12 noon, Tuesday, May 24, 2016

NOTE MEETING LOCATION:

The HOPE Clinic
7001 Corporate, #120
Houston, Texas 77036
Lunch will be provided

Please contact Eric Moreno, Assistant Coordinator, to RSVP, even if you cannot attend. He can be reached at eric.moreno@cjo.hctx.net or by telephone at 713-572-3724. And, if you have questions for your committee mentor, or you would like to make an appointment to meet with her before or after the committee meeting, do not hesitate to contact her at:

- Cecilia Ross, 832 545-5689 m; cysmith2003@yahoo.com

We look forward to seeing you next week.

Houston Area HIV Services Ryan White Planning Council

Affected Community Committee Meeting

12 noon, Tuesday, May 24, 2016

Meeting Location: The HOPE Clinic, 7001 Corporate, #120
Houston, TX 77036

AGENDA

- I. Call to Order Gene Ethridge and
Tana Pradia
Committee Co-Chairs
 - A. Welcome
 - B. Determine the person chairing the meeting
 - C. Moment of Reflection
 - D. Adoption of the Agenda
 - E. Approval of the Minutes
 - F. Get Well Card

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

III. Training: HIV and the Asian Community Peta-gay Ledbetter
Director of Behavioral Services
The HOPE Clinic

IV. New Business Tori Williams
Tori Williams

- A. FY 2017 How To Best Meet the Need Results
- B. TRG Consumer Interview Results 2015
- C. Client's Rights Cards

V. Old Business Tori Williams
Eric Moreno

- A. Monthly Topics & Off Site Meeting Locations
- B. 2016 Community Events
 - 1. Physician Education Event: Sat. August 13, 2016
- C. Greeters
- D. Quarterly Committee Report

VI. Adjourn

VII. Optional: Members Meet with Committee Mentor Cecilia Ross

Houston Area HIV Services Ryan White Planning Council

Affected Community Committee Meeting

12 noon, Tuesday, March 22, 2016

Meeting Location: 2223 West Loop South, Room 532, Houston, TX 77027

MINUTES

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Gene Ethridge , Co-Chair	Cecilia Ross	Tash Traylor, RWGA
Tana Pradia, Co-Chair		Pamela Chambers
Curtis Bellard	MEMBERS ABSENT	
Ardry “Skeet” Boyle	Amber David	
Herman Finley	Arlene Johnson	
Rodney Mills	Johnetta Evans-Thomas	Office Of Support
Allen Murray	Lionel Pennamon	Tori Williams
Teresa Pruitt	Viviana Santibanez	Eric Moreno

Call to Order: It was determined that Tana Pradia would chair the meeting. Pradia called the meeting to order at 12:06 p.m. and asked for a moment of reflection.

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

Approval of the Minutes: ***Motion #2:** it was moved and seconded (Pruitt, Bellard) to approve the February 23, 2016 minutes. Abstentions: Boyle. Motion carried unanimously*

Public Comment: None.

Project LEAP Recruitment Efforts: T. Williams stated that there was a need for more student application forms for Project LEAP 2016. Members agreed to help disseminate application forms.

Monthly Topics: Members reviewed the list of monthly meeting speakers and off site locations.

2016 Community Events: Committee members reviewed the list of community events and signed up to participate in specific events. Williams again warned members to be careful of the heat when attending Pride Festival. If the heat becomes a health issue, members are requested to close down the booth and let others know not to come to the event. See attached chart.

Greeters: Members signed up to be greeters at 2016 Council meetings. See attached chart.

How to Best Meet the Need Process: T. Williams gave brief description of the process that will take place at the May committee meeting.

Sign Up for How to Best Meet the Need Workgroup: All members were encouraged to sign up for How To Best Meet the Need workgroups. Moreno will send reminder emails to those who sign up.

Announcement: None

April Committee meeting: Due to How to Best Meet the Need process, the committee will not meet in April.

Open Meetings Act Training: T. Williams presented the list of those Council and external committee members who have not completed the Open Meetings Act Training. The deadline for completing the training is March 31, 2016. See attached.

Adjourn: *Motion #3*: *it was moved and seconded (Pruitt, Bellard) to adjourn the meeting.* **Motion carried unanimously.** The meeting was adjourned at 1:11 p.m.

Submitted by:

Approved by:

Tori Williams, Director Date

Committee Chair Date

Current/Proposed Number of RW/A CMs

	FY 15 Final	FY 16 Allocated	FY 17 Recommended
Service Linkage (SLW)	20.4 FTE	19.0 FTE	19.0 FTE
SLW at Testing Sites	2.4 FTE	4.3 FTE	3.0 FTE
SLW targeted to Youth	1.9 FTE	1.9 FTE	2.0 FTE
Medical CM (MCM)	25.4 FTE	22.9 FTE	24.0 FTE
Clinical CM (CCM)	6.2 FTE	6.5 FTE	6.0 FTE
Total	56.3 FTE	54.6 FTE	54.0 FTE
Avg. Allocation per Full Time Equivalent (FTE)	SLW = \$57,000/FTE MCM/CCM = \$75,500/FTE *FY16 FTE based on Level Funding Scenario		

FY 2017 Houston EMA/HSDA Ryan White Part A Service Definition
Other Professional Services - Income Tax Preparation Services
(DRAFT)

HRSA Service Category Title: RWGA Only	Other Professional Services - Income tax preparation services
Local Service Category Title:	Income Tax Preparation Services
Budget Type: RWGA Only	Fee-for-Service
Budget Requirements or Restrictions: RWGA Only	TBD
HRSA Service Category Definition: RWGA Only	<i>Other Professional Services</i> allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits
Local Service Category Definition:	Federal tax preparation and filing services for HIV-infected individuals with <u><i>Marketplace Health insurance plans</i></u> delivered by licensed and/or certified professionals accordance with Federal, State and/or local guidelines.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected individuals with <u><i>Marketplace Health insurance plans</i></u> , residing in the Houston Eligible Metropolitan Area (EMA/HSDA).
Services to be Provided:	Comprehensive tax preparation assistance must include but is not limited to federal tax preparation and filing.
Service Unit Definition(s): RWGA Only	A unit of service is defined as one (1) hour of service provided by qualified tax preparation professional.
Financial Eligibility:	Refer to the RWPC's approved <i>FY 2017 Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	HIV-infected residents of the Houston EMA/HSDA with <u><i>Marketplace Health insurance plans</i></u> .
Agency Requirements:	Not Applicable.
Staff Requirements:	Must meet all applicable Federal/State/local requirements and Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: RWGA Only	Not Applicable.

FY 2017 Houston EMA/HSDA Ryan White Part A Service Definition
Outreach Services – Primary Care Re-Engagement
(DRAFT)

HRSA Service Category Title: RWGA Only	Outreach Services
Local Service Category Title:	Outreach Services – Primary Care Re-Engagement
Budget Type: RWGA Only	Fee-for-Service
Budget Requirements or Restrictions: RWGA Only	TBD
HRSA Service Category Definition: RWGA Only	<i>Outreach Services</i> include the provision of the following three activities: Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services, Provision of additional information and education on health care coverage options, Reengagement of people who know their status into Outpatient/Ambulatory Health Services
Local Service Category Definition:	Providing allowable Ryan White Program outreach and service linkage activities to newly-diagnosed and/or Lost-to-Care PLWHA who know their status but are not actively engaged in outpatient primary medical care with information, referrals and assistance with medical appointment setting, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies. Outreach services must be conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior, designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness, planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort, targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Services will be available to eligible HIV-infected clients residing in the Houston EMA/HSDA with priority given to clients most in need. Services will target clients who cannot function in the community due to barriers which include, but are not limited to, mental illness and psychiatric disorders, drug addiction and substance abuse, extreme lack of knowledge regarding available services, inability to maintain financial independence, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, homelessness, deteriorating medical condition, illiteracy, language/cultural barriers and/or the absence of speech, sight, hearing, or mobility.

Services to be Provided:	Outreach service is field based. Outreach workers are expected to coordinate activities with newly-diagnosed or lost-to-care PLWHA, including locations outside of primary care clinic in order to develop rapport with individuals and ensuring intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS.
Service Unit Definition(s): RWGA Only	TBD
Financial Eligibility:	Refer to the RWPC's approved <i>FY 2017 Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients).
Agency Requirements:	Outreach Services must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care.
Staff Requirements:	Must meet all applicable Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: RWGA Only	Not Applicable.

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**FY 2017 How to Best Meet the Need Workgroup Service Category
Recommendations Summary** (as of 05/06/16)

Those services for which no change is recommended include:

Ambulatory Outpatient Medical Care
Case Management - Non-Medical (service linkage at testing sites)
Early Intervention Services targeting the Incarcerated
Home and Community Based Health Services
Hospice Services
Linguistic Services
Local Pharmacy Assistance
Medical Nutritional Therapy/Supplements
Mental Health Services
Oral Health (Untargeted and Targeting the Northern Rural Area)
Substance Abuse Treatment
Transportation
Vision Care

Services with recommended changes include the following:

Case Management (Medical and Clinical)

- ⓧ Instruct the AA to work with MCM to be more active at finding those who are specifically lost to care and work closely with DIS workers to find.

Health Insurance Premium and Cost Sharing Assistance

- ⓧ Update the service category definition to reflect the new HRSA definition and change the financial eligibility to between 0%-400%; client must have documentation showing they receive IRS subsidy.

Legal Assistance

- ⓧ Update the name of the service category to Other Professional Services.
- ⓧ Set the financial eligibility for Other Professional Services, including Legal Services and Tax Preparation Services, at 500%.

TRG Consumer Interview Results 2015

Interview and feedback Period March 2015 –March 2016



OVERVIEW

The Consumer Interview Process is used by The Resource Group (TRG) to determine client satisfaction and collect additional feedback from consumers. Client interviews are required as part of the Quality Compliance Reviews (QCR) at each agency in Houston and the fifty-one county areas of East Texas. During the 2015 QCR season ninety-one (91) client interviews were conducted including monolingual Spanish clients, youth as young as 13 with caregivers/guardians. HIV positive clients statuses and have been in care ranging from two months though thirty years. The majority of sessions conducted were individual based interviews, while a few were conducted as group interviews.

CROSS-SERVICE TRENDS

Overall, Clients report satisfaction with the services they are receiving. Clients, who are in care, feel comfortable and satisfied with their medical team and care process. A high percentage of clients felt they were leaders on their health care team or an important team member of their team. Some terms used by clients are; Pilot, Copilot and Advocate to describe their participation in their role on their health care team. Clients were more descriptive in their roles with their medical team. Clients stated the medical staff answer questions and explain the things the client does not understand. Case managers were described as “good at helping and explaining things”.

Statements included;

- “I like getting medications and referrals to other services”.
- Clients were also satisfied with their access to medication.
- The only major concerns continuing from the previous year were related to the waiting period between being diagnosed and receiving a recommendation to start medications.
- Comments about the anxiety experienced when waiting for approval of the ADAP application were discussed. One client stated “They say you need the medication to live but the wait seems so long. It’s so scary there is nothing anyone can say that will help me until I receive the medications.”
- Some clients felt the emergency medication process could be smoother.
- Comments concerning housing include request related to having emergency housing.
- Clients stressed “it could be useful for clients getting out of the hospital or for someone new to the area to have some emergency support”
- Other statements reported HOPWA as being fair and quick in some areas. One statement was “You get a yes or a no.”
- Other statements included “I could use help getting disability and housing.”

Clients in Houston and throughout East Texas mentioned general communication between staff and consumers at most service agencies needs improvement. Clients were more open about discussing concerns and reporting dissatisfaction. There is a continuing disconnection between clients and the agency complaint process or how concerns are resolve at some agencies. Some clients continue to report they were not aware of the complaint process for problems with services. Clients expressed concerns of hearing conversations between agency staff or other clients that some clients felt were inappropriate or should not take place in the lobby areas. Some clients were familiar with the agency process and complaint forms. In general, the clients’ response included;

- “Medical staff treats me with dignity and respect”
- “They treat me normal I don’t feel like I am being reminded of my status.”
- “The medical staff ask me am I comfortable with what needs to be done. That make me feel important and it is less stressful to be compliant.”

- Some male clients expressed a need for more male staff available to talk to about their sexual health concerns.
- Multiple men at one location stated, “The medical staff, are all beautiful women which makes it hard to talk to them about my personal and sexual concerns”.

Services which received the most detailed comments were Mental Health Services, Health Insurance Premium (HIP), Oral Health Care, Home and Community-Based Health Care Services and Early Intervention Services (EIS). There was an increase in statements and conversations related to services in 2015. Most clients were comfortable offering suggestions and recommendation as to how more clients can be reached. In the previous year some recommendations were to have an update meeting and discuss the necessity, value and usage of client feedback. Then mail out the questions and have them returned to TRG. In addition, have online surveys available for clients who may not have the time during their day to complete a survey.

Clients who had complaints expressed their complaints have been addressed and resolved. While a few clients worried that if they complained it may affect their service or that it may take them longer to get an appointment. Clients expressed an explanation of waiting was a good way to communicate. In instances such as the doctor is running late or when calling letting clients know if some is out for the day or for a week. One client stated “I don’t mind the waiting, but communication would be helpful so I can decide if I am willing to wait or if I need to reschedule and appointment. I would like my time respected.” Phone system problems such as getting a live person and getting medication refills were discussed as problems. One client suggests an exit survey to ask about any complaints or comments at the end of a visit.

The lessons learned and questions which will be added to the questionnaire for 2016 include:

- “Have you ever filed a complaint at this or any Ryan White funded agency? If so was your issue resolved and how do you feel about how your issue was handled? Please tell us about the positive and negatives of your experience.”
- The client satisfaction questions are reviewed by TRG consumers and feedback is utilized to improve the evaluation process.

SERVICE-SPECIFIC TRENDS

Oral Health Care

Clients continued to be concerned with multiple appointments to receive dental care. While some clients did not think multiple visits were an issue, an equal amount had concerns for their jobs, time and transportation to return and complete necessary dental work. Some described appointments quick and easy to get. Others expressed difficulties or being asked to call back for appointments. A client stated “getting fillings felt like a quick fix and not a real solution to my dental problems.” Other clients stated “I was asked about questions that made me feel like a part of the process. Then I was told information about what problems I should call and notify someone about.” And “I drive from out of town can more be done in one appointment. It would be helpful to have an estimate of how many appointments it takes to complete a service. I prefer the drive because I would not like to seek service closer to home because of the stigma of having HIV”.

Home and Community-Based Health Care Services

Clients were satisfied with this service. Clients expressed satisfaction with the socialization and activities available through this service. “I am learning to feel comfortable and learning more about my health. Things I did not know had been too ashamed to ask but this is the right setting. I’m over 50 and in my younger days I did not think about my health at all. I even have enough confidence to start a relationship which I thought I never do. The person is not HIV positive but we are getting educated together. I did not think that was at all possible.”

Hospice Care Services

There were no issues of note related to this service and due to the nature of the service delivered; consumer interviews were not conducted for this service. It was suggested in 2015 that family members of Hospice clients may want to give feedback. In 2016 a family member agreed to an interview. The family member is satisfied and appreciates the service. It was recommended to have onsite and online surveys available for family members who were willing to provide feedback.

Health Insurance Premium (HIP)

HIP clients were satisfied and appreciative for the availability of the service. Clients stated that HIP was simple to get and easy to use. Clients stated “HIP allows me to go to the doctor. It helps keep me alive. I moved from out of state and had new insurance the staff was helpful and thorough in getting things done and getting what I needed.” And “I had insurance through my job. I lost my job and feared losing my doctor. HIP was a process but it restored my insurance and helped me stay with my doctor.”

Mental Health Services

Mental health services clients commented on having longer sessions to vent their frustration because having a therapist challenged and empowered them. “My therapist is thorough and helps me face my past” A suggestion was “There should be an exit strategy to know when my therapy is completed” A few clients in the east Texas area shared mental health appointments were hard to get. Clients felt more mental health options are needed and are open to telemedicine mental health sessions as an option.

Early Intervention Services – Incarcerated (EIS)

EIS clients seem to be very knowledgeable and appreciative of access to service. One statement from an incarcerated client said “I was having side effects from the medication and when I talked to the doctor, he listened and made changes. Now I feel better and have not had any other problems.”

Linguistic Services

There were no issues related to this service and due to the nature of the service delivered, there are no consumer interviews conducted for this service.

Schedule of Topics for 2016 Affected Community Committee Meetings

(revised 05-16-16)

Shaded areas indicate an off-site meeting location; black areas = meeting rooms not available

Confirmed	Month 2016	Topic	Speaker/Facilitator	Meeting Location
✓	12 noon, Tues. February 23	<ul style="list-style-type: none"> • Purpose of the Council and Public Hearings • Participation in Health Fairs • Why meetings are held off-site 	Tori Williams	Office of Support
✓	12 noon, Tues. March 17	Joint meeting of the Affected Community, Priority and Allocations & Quality Improvement Committees	Committee Co-Chairs	Office of Support
✓	12 noon, Tues. March 22	<u>Training for Consumers:</u> The RW How To Best Meet the Need Process - Part 1	Tori Williams	Office of Support
✓	1:30 - 4 p.m., Thurs. April 14	How To Best Meet the Need Training – Part 2	Planning Council Chairs	Office of Support
✓	10:30 a.m. – 4 p.m. Tues. April 26 &/or Wed. April 27	How To Best Meet the Need Workgroups	Quality Improvement Committee	Office of Support
✓	12 noon, Tues. May 24	HIV and the Asian Community	Peta-gay Ledbetter, PhD	Hope Clinic 7001 Corporate Dr., #120 Houston, Tx 77036 713 773-0803
✓	12 noon, Tues. June 21	HIV and the Heterosexual Community Advisory Board (CAB)	Amana Turner aturner@changehappy.nstx.org	Change Happens
✓	12 noon, Tues. July 26	PReP	Adonis May	Bee Busy
✓	12 noon, Tues. August 23	<u>Training for Consumers:</u> Standards of Care, Why Should I Care?	Amber Harbolt, Health Planner, Office of Support	Office of Support
✓	12 noon, Tues. Sept. 20	Standards of Care and Performance Measures <u>Consumer Only</u> Workgroup	Carin Martin, Manager Ryan White Grant Administration	Office of Support
TENTATIVE	12 noon, Tues. October 25	HIV and the Rural Community	????	Access Health
TENTATIVE	12 noon, Tues. November 22	Substance Abuse	Stanley Lewis, MD	St. Hope Foundation, <u>Conroe</u>

Possible Topics:

Community Involvement in HIV Clinical Research Trials - Morénike Giwa

Medication Updates – Shital Patel, MD or Ben Barnett, MD OR invite all drug reps. Include info on getting Rx's FDA approved, change to generic status – how does this impact ADAP pricing?

Request for Co-Sponsorship

TO: Members, Operations Committee
FROM: Tori Williams, Director, Office of Support
DATE: 05-02-16

The Council has been asked to co-sponsor an educational event targeting private physicians with information about HIV prevention and testing with a specific focus on PrEP and linkage to care. Co-sponsorship for the Council would mean providing volunteer support the day of the event. Per an activity from the 2012-2016 Houston Area Comprehensive HIV Prevention and Care Services Plan, staff from the Office of Support is working with other co-sponsors to create an HIV tool kit for local physicians to be distributed as a handout at the event. Details are as follows:

EVENT: HIV Testing and Prevention Workshop: Tools for Your Practice

DATE: 8 am – 2:30 pm, Saturday, August 13, 2016

LOCATION: (Tentative until contract is signed) Houston Marriott Medical Center

EVENT CO-SPONSORS:

Unconfirmed: Association for the Advancement of Mexican Americans

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

Legacy Community Health

Unconfirmed: Ryan White Grant Administration

Unconfirmed: Ryan White Planning Council

PrEP Houston - Baylor College of Medicine

South Central AIDS Education & Training Center - Houston, Harris Health System

See attached Council policy regarding event co-sponsorship.

Williams, Victoria (County Judge's Office)

From: Herman Finley <herman@offeringhope.org>
Sent: Monday, April 04, 2016 4:01 PM
To: Williams, Victoria (County Judge's Office)
Subject: GAY MEN'S HEALTH SUMMIT DATE CHANGED

Greetings,

This email is to inform you that the GAY MEN'S HEALTH SUMMIT will be moved to SEPTEMBER on the 27th Day in honor of NATIONAL GAY MEN'S HIV/AIDS AWARENESS DAY at the same location HIRAM CLARKE MULTI-PURPOSE CENTER 810 W Fuqua St, Houston, TX 77045. If you have any questions or concerns please feel free to contact me.

Herman L. Finley 3rd

Herman L. Finley III | Health Education Risk Reduction Coordinator
ST. HOPE FOUNDATION

SUGARLAND

13020 DAIRY ASHFORD, STE 100, SUGAR LAND, TX 77478
PHONE: 281.277.8571 | **FAX:** 281.277.8564
TUESDAY/ THURSDAY/ FRIDAY

CONROE

1414 S. FRAZIER, STE 105/106 CONROE, TX 77301
PHONE: 936.441.2440 | **FAX:** 800.249.5020
MONDAY/WEDNESDAY

HRSA's Bureau of Primary Health Care (BPHC) designates St. Hope Foundation as a Federally Qualified Healthcare Center (FQHC).

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Affected Community Committee
2016 Community Events (as of 03-14-16)

Point Person (PP): Committee member who picks up display materials and makes sure they are returned to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 6 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown-1100 Bagby Street, 77002	Allen Murray will distribute Project LEAP flyers.
Friday, May 6 6 – 9 pm Contact: Herman Finley Or John Humphreys at	Houston Splash 2016	Double Tree Hotel – Galleria	Allen, Teresa, Curtis, Arlene, Cecilia PP: Teresa ; back up Skeet
Saturday, June 25 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	<u>Shift 1 (11:30 am-2 pm) : PP Curtis</u> , Tana, John L , Johnetta <u>Shift 2 (2-4:30 pm)</u> Gene, Teresa, Allen <u>Shift 3 (4:30-7 pm): PP Teresa</u> To be Assigned: Peta, Steven V, Tracy, Carol, Arlene
Friday, September 16	HIV and Aging Symposium	Montrose Center	Tana, Skeet, Curtis, Gene, Rodney PP: Skeet
Sunday, September 18, 2016	MISS UTOPIA	The Crowne Plaza (Brookhollow) 12801 Northwest Freeway Houston, TX 77040	<u>Need 3 volunteers</u> Carol, Peta, Skeet, Tana, Cecilia PP: _____
Tuesday, September 27 Contact: Herman Finley	Gay Men’s Health Summit	Hiram Clarke Multi Service Center 810 W. Fuqua St., 77045	Teresa (PP), Curtis, Allen, Cecilia, Arlene
October	Road 2 Success		
Tuesday, December 1	World AIDS Day Events		Most committee members attend events
January 2017	Road 2 Success		

Greeters for 2016 Council Meetings

(Revised: 02-23-16)

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 10	Viviana Santibanez	Teresa Pruitt	Arlene Johnson
Thurs. April 14	Johnetta Evans Thomas	Gene Ethridge	Allen Murray
Thurs. May 12	Lionel Pennamon	Gene Ethridge	Teresa Pruitt
Thurs. June 9 Off-Site Location:	Johnetta Evans Thomas	Allen Murray	Teresa Pruitt
Thurs. July 14	Gene Ethridge	Teresa Pruitt	Tana Pradia
Thurs. August 11	Tana Pradia	Teresa Pruitt	Skeet Boyle
Thurs. September 8			
Thurs. October 13			
Thurs. November 10 External Committee Member Appreciation			
Thurs. December 8			

2016 QUARTERLY REPORT
AFFECTED COMMUNITY COMMITTEE

(To be submitted May 2016)

Status of Committee Goals and Responsibilities (* indicates a HRSA mandate):

1. Educate consumers so they understand how to access HIV/AIDS treatment, medication and clinical trials. Provide information that can be understood by consumers of diverse educational backgrounds on client-centered issues such as: medication side effects, toxicities, adherence and more.

Status:

2. Continue to meet 4 – 6 times a year in locations throughout the Houston EMA/HSDA in order to make the Council more accessible to people living with HIV/AIDS.

Status:

3. Distribute information about committee meetings and Council sponsored, educational opportunities to local service providers.

Status:

4. Assure participation by people living with HIV/AIDS in all Council work products.

Status:

5. *Work with other committees to coordinate Public Hearings regarding the FY 2017 How to Best Meet the Need Results & Priorities and Allocations for Ryan White Parts A and B and State Services.

Status:

6. Continue marketing the activities of the committee and Council through health fairs and other appropriate activities so that people living with HIV/AIDS can attend committee meetings and give input to the Council.

Status:

7. Recruit Council applicants throughout the year.

Status:

8. Annually, review the status of committee activities identified in the current Comprehensive Plan.

Status:

Committee Chairperson

Date