DRAFT

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee
2:00 p.m., Thursday, February 13, 2020
Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

AGENDA

I. Call to Order
   A. Welcome and Introductions — Daphne L. Jones and
   B. Moment of Reflection — Steven Vargas, Co-Chairs
   C. Adoption of the Agenda
   D. Approval of the Minutes (November 14, 2019)

II. Public Comment and Announcements
(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.

III. Overview for New and Returning Members — Amber Harbolt, Health Planner
   A. Nuts and Bolts — Office of Support
   B. Petty Cash Deadlines
   C. Conflict of Interest
   D. Open Meetings Act Training
   E. Timeline of Critical 2020 Council Activities
   F. Purpose of the Committee
   G. Committee Meeting Schedule
   H. Adoption of 2020 Committee Goals
   I. Elect a Committee Vice Chair

IV. Approve the 2020 Epidemiologic Supplement Report

V. Needs Assessment Update

VI. Proposed 2020 Houston Medical Monitoring Project Local Questions

VII. Houston Ending the HIV Epidemic (EHE) Draft Plan — TBD
   A. EHE Planning Recommendations

VIII. Announcements — Daphne L. Jones and Steven Vargas, Co-Chairs

IX. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee
2:00 p.m., Thursday, November 14, 2019
Meeting Location: 2223 West Loop South, Room 532; Houston, Texas 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Daphne L. Jones, Co-Chair	Ted Artiaga, excused	Bruce Turner, RWPC Chair
Dawn Jenkins	Denis Kelly, excused	Shelby Johnson, AETC/BCM
Shital Patel	Holly McLean, excused	Camden Hallmark, HHD
Imran Shaikh	Rodney Mills, excused	Miyase Koksal-Ayhan, HHD
Dominique Brewster	Matilda Padilla, excused	Tya Johnson, HHD
Bianca Burley	Faye Robinson	Sha'Terra Johnson-Fairley, TRG
Nancy Miertschin	Isis Torrente, excused	Mayra Ramirez, TRG
Anthony Williams	Datonye Charles, excused	Amber Harbolt, Office of Support
	Ryan Clark, excused	Diane Beck, Office of Support
	Elizabeth Drayden, excused	
	Steven Nazarenus, excused	
	Steven Vargas, excused	
	Larry Woods	

Call to Order: Daphne L. Jones, Chair, called the meeting to order at 2:15 p.m. and asked for a moment of reflection.

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

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Miertschin, Shaikh) to approve the October 10, 2019 minutes.* **Motion carried.** Abstention: Brewster.

Public Comment and Announcements: None.

2019 Epidemiological Profile: See attached. Harbolt reviewed the document, stating that it would go to the Planning Council for approval in December as the 2019 Epidemiological Profile. They will do a small update in order to have more timely data for planning in 2020 which will be approved early next year. Shaikh said that he made some minor changes, mostly grammatical. He also changed the special population from Seniors to 50 and up. Turner said that the data is not broken out by 50 and up throughout the document. In the future it should be in order to coordinate with other data. ***Motion #3:*** *it was moved and seconded (Jenkins, Shaikh) to approve the 2019 Epidemiological Profile.* **Motion carried.**

2019 Needs Assessment Progress: Harbolt said that 577 surveys have been completed which is 98% of the minimum sample size. The Analysis Workgroup met in September to outline the structure of the report. We have a boosted post on Facebook, with an awesome graphic created by Harbolt, to promote online completion of the survey. Please share it broadly.

2020 Committee Goals: ***Motion #4:*** *it was moved and seconded (Miertschin, Jenkins) to recommend the 2019 Committee Goals for 2020.* **Motion carried.**

Announcements: Harbolt said that this is the last meeting of the year. She thanked everyone for their hard work this year, especially Jones who agreed to be Chair of the committee when her co-chair moved out of state even though it was her first time to co-chair a committee.

Adjournment: The meeting was adjourned at 2:45 p.m.

Submitted by: Approved by:

_____ _____

Amber Harbolt, Office of Support Date Chair of Committee Date

JA = Just arrived at meeting
LR = Left room temporarily
LM = Left the meeting
C = Chaired the meeting

2019 Voting Record for Meeting Date November 14, 2019

MEMBERS	Motion #1: Agenda				Motion #2: Minutes				Motion #3: 2019 Epi Profile				Motion #4: 2020 Committee Goals			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Daphne L. Jones, Chair				C				C				C				C
Dawn Jenkins		X				X				X				X		
Denis Kelly	X				X				X				X			
Holly McLean	X				X				X				X			
Rodney Mills	X				X				X				X			
Matilda Padilla	X				X				X				X			
Shital Patel		X				X				X				X		
Faye Robinson	X				X				X				X			
Imran Shaikh		X				X				X				X		
Isis Torrente	X				X				X				X			
Dominique Brewster				X				X		X				X		
Bianca Burley		X				X				X				X		
Datonye Charles	X				X				X				X			
Ryan Clark	X				X				X				X			
Elizabeth Drayden	X				X				X				X			
Nancy Miertschin		X				X				X				X		
Steven Nazarenus	X				X				X				X			
Steven Vargas	X				X				X				X			
Anthony Williams		X				X				X				X		
Larry Woods	X				X				X				X			

Nuts and Bolts for New Members

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact Rod in the Office of Support. In the meantime, most reminder emails will include an electronic copy of the meeting packet.

The meeting packet will have the date, time and room number of the meeting; this information is also posted on signs on the first and second floor the day of the meeting.

Sign in upon arrival and use the extra agendas on the sign in table if you didn't bring your packet.

Only Council/committee members sit at the table since they are the voting members; staff and other non-voting members sit in the audience.

The only members who can vote on the minutes are the ones who were present at the meeting. If you were absent at the meeting, please abstain from voting.

Due to County budgeting policy, there will be no petty cash reimbursements in March and possibly April so give your receipts to Rod, but be prepared to receive a reimbursement check in late April.

Be careful about stating personal health information in meetings as all meetings are tape recorded and, due to the Open Meetings Act, are considered public record. Anyone can ask to listen to the recordings, including members of the media.

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
832 927-7926 telephone; 713 572-3740 fax

MEMORANDUM

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

Copy: Carin Martin

From: Tori Williams, Director, Office of Support

Date: January 23, 2020

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 29, 2020. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

1.) Council and Affiliate Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 14, 2020.**

2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2020 **will not be reimbursed at all if they are turned in after March 31, 2020.**

3.) The Office of Support may not have access to petty cash funds between March 1 and May 31, 2020. This means that volunteers should give Rod the usual reimbursement request forms for transportation, food and childcare expenses incurred after March 1, 2020 but the Office may not be able to reimburse volunteers for these expenses until mid to late May 2020.

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

(OVER FOR TIMELINE)

March 1

2019

Beginning of fiscal year 2019

Feb 14

2020

Turn in all receipts

Feb 29

2020

End of fiscal year 2019. No money available to write checks until possibly the end of May

March 31

2020

Turn in all remaining receipts for fiscal year 2019 or you will not be reimbursed for those expenses incurred between March 1, 2019 and Feb. 29, 2020

Ryan White Definition of Conflict of Interest

"Conflict of Interest" (COI) is defined as an actual or perceived interest by a Ryan White Planning Council member in an action which results or has the appearance of resulting in personal, organizational, or professional gain. COI does not refer to persons living with HIV disease (PLWH) whose sole relationship to a Ryan White Part A or B or State Services funded provider is as a client receiving services. The potential for conflict of interest is present in all Ryan White processes: needs assessment, priority setting, comprehensive planning, allocation of funds and evaluation.

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, Houston Ryan White Planning Council
Affiliate Members, Ryan White Committees

From: Tori Williams, Director, Ryan White Office of Support

Date: February 6, 2020

Re: Open Meetings Act Training

Please note that all Council members, and Affiliate Committee members, are required to take the Open Meetings Act training at least once in their lifetime. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 31, 2020. The training takes 60 minutes and can be accessed through the following link (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

https://www.texasattorneygeneral.gov/og/oma-training

If you do not have high-speed internet access, you are welcome to view the video in the Office of Support. We will make the training available in suite 240 after the Council adjourns on Thursday, March 12th and popcorn will be provided. Or, you can contact Diane Beck and make an appointment to see it on one of the computers in our office.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

Print it from the Attorney General web link at:
https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php

Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

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: Volunteers, Houston Ryan White Program

From: Tori Williams, Director, Ryan White Office of Support

Date: September 27, 2017

Re: Open Meetings Act Training

As a follow up to Orientation, please note that all Council and Affiliate committee members are required to take the Open Meetings Act training at least once in their life time. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before November 15, 2017. The training takes 60 minutes and can be accessed through the following link:

https://www.texasattorneygeneral.gov/og/oma-training

If you do not have high-speed internet access, you are welcome to view the video in the Office of Support. You can contact Diane Beck at the telephone number listed above and make an appointment to see it on one of the computers in our office.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

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https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php

Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2020 Council Activities

(Revised 01-28-20)

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

The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

General Information: The following is a list of significant activities regarding the 2020 Houston Ryan White Planning Council. Consumers, providers and members of the general public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or review meeting agendas and support documents, please contact the Office of Support at 832 927-7926 or visit our website at: www.rwpchouston.org.

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

Thurs. Jan. 23	Council Orientation. 2020 Committee meeting dates will be established at this meeting.
Thurs. Feb. 6	12 noon. First Steering Committee meeting for the 2020 planning year.
Mon. Feb. 10	10:00 am. Orientation for new 2020 Affiliate Committee Members.
Thurs. Feb. 13	12 noon. First Council meeting for the 2020 planning year.
Mon. Feb. 17	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding, or recommending funding, for 17 of the 28 allowable HRSA service categories. The Idea Form is used to ask the Council to make a change to a funded service or reconsider funding a service that is not currently being funded in the Greater Houston area with Ryan White Part A, Part B or State Services dollars. The form requires documentation for why dollars should be used to fund a particular service and why it is not a duplication of a service already being offered through another funding source. Anyone can submit a Idea Form. Please contact the Office of Support at 832 927-7926 to request a copy of the required forms
Thurs. Feb. 27	12 noon. Priority & Allocations Committee meets to approve the **policy on allocating FY 2020 unspent funds**, **FY 2021 priority setting process** and more.
March	Date and time TBD. EIIHA Workgroup meeting.
Friday, March 13	5 pm Deadline for submitting a Project LEAP application form. See April 1 for description of Project LEAP. Call 832 927-7926 for an application form.
March 17	2:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2021 service categories** for Part A, Part B and *State Services* funding.
Mon. March 23	12 noon. **Consumer Training** on the How to Best Meet the Need process.
Wed. April 1	**Project LEAP** classes begin. Project LEAP is a free 17-week training course for individuals living with and affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.
Thurs. April 2	12 noon. Steering Committee meets.

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2020 Council Activities

(Revised 01-28-20)

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Thurs. April 9	12 noon. Planning Council meets. 1:30 – 4:30 pm. **Council and Community Training for the How to Best Meet the Need process**. Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority & Allocations and Affected Community Committees. Call 832 927-7926 for confirmation and additional information.
Mon. April 13	10 am – 5 pm, Special workgroup meetings. Topics to be announced. **Room 416**
Tues. April 21 **Room 416**	10:30 am. **How To Best Meet the Need Workgroup #1** at which the following services for FY 2021 will be reviewed: • Ambulatory/Outpatient Medical Care (including Emergency Financial Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage – Adult and Rural) • Ambulatory/Outpatient Medical Care (including Medical Case Management and Service Linkage – Pediatric) • Referral for Health Care and Support Services • Clinical Case Management • Non-Medical Case Management (Service Linkage at Testing Sites) • Vision Care 1:30 pm. **How To Best Meet the Need Workgroup #2** at which the following services for FY 2021 will be reviewed: • Health Insurance Premium & Co-pay Assistance • Medical Nutritional Therapy (including Nutritional Supplements) • Mental Health • Substance Abuse Treatment/Counseling • Non-Medical Case Management (Substance Use) • Oral Health – Untargeted & Rural Call 832 927-7926 for confirmation and to receive meeting packets.
Wed. April 22 **Room 416**	3:00 pm – 5:00 pm. **How To Best Meet the Need Workgroup #3** at which the following services will be reviewed: • Early Intervention Services • Home & Community-based Health Services (Adult Day Treatment) • Hospice • Linguistic Services • Transportation (van-based - Untargeted & Rural) Call 832 927-7926 for confirmation and additional information.
Thurs. April 23	12 noon. Priority & Allocations Committee meets to allocate **Part A unspent funds.**
Mon. May 4	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 17 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2020 Council Activities

(Revised 01-28-20)

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The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

Tues. May 19	11 am. **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book**. The Operations Committee reviews the FY 2021 Council Support Budget.
Tues. May 19	2:00 pm. Quality Improvement Committee meets to approve the **FY 2021 How to Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority & Allocations Committee.
Tues. May 26	7:00 pm., Public Hearing on the **FY 2021 How To Best Meet the Need results**.
Wed. May 27	Time TBD. Special Quality Improvement Committee meeting to review public comments regarding **FY 2021 How To Best Meet the Need results**.
Thurs. May 28	12 noon. Priority & Allocations Committee meets to recommend the **FY 2021 service priorities** for Ryan White Parts A and B and *State Services* funding.
Thurs. June 4	12 noon. Steering Committee meets to approve the **FY 2021 How to Best Meet the Need results**.
Thurs. June 11	12 noon. Council approves the **FY 2021 How to Best Meet the Need results**. **Project LEAP students present the results of their special projects to the Council, hence the meeting may be at an off-site location.**
Week of June 15-19	Dates and times TBD. Special Priority & Allocations Committee meetings to draft the **FY 2021 allocations for RW Part A and B and *State Services* funding**.
Tues. June 16	2:00 pm. Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
Thurs. June 25	12 noon. Priority & Allocations Committee meets to approve the **FY 2021 allocations for RW Part A and B and *State Services* funding**.
Mon. June 29	7 pm. Public Hearing on the **FY 2021 service priorities and allocations**.
Tues. June 30	Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2021 service priorities and allocations**.
July/Aug.	Workgroup meets to complete the proposed **FY 2021 EIIHA Plan**.
Thurs. July 2	12 noon. Steering Committee approves the **FY 2021 service priorities and allocations**.
Thurs. July 9	12 noon. Council approves the **FY 2021 service priorities and allocations**.
Thurs. July 23	12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the **FY 2021 priority & allocations**. They also allocate **FY 2020 carryover funds**. (**Allocate even though dollar amount will not be avail. until Aug.**)

(continued)

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2020 Council Activities

(Revised 01-28-20)

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The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

Thurs. Aug. 6	12 noon. ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE **LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2021 GRANT**. (Mail out date for the August Steering Committee meeting is July 30, 2020.)
Aug. 11 – 14	2020 National Ryan White Conference, Washington DC.
Mon. Aug. 24	12 noon. **Consumer Training** on Standards of Care and Performance Measures.
Fri. Sept. 4	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 17 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
Tues. Sept. 15	2:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
Mon. Sept. 21	12 noon. **Consumer-Only Workgroup** meeting to review FY 2021 Standards of Care and Performance Measures.
Tues. Oct. 13	12 noon. Review and possibly update the Memorandum of Understanding between all Part A stakeholders and the Letter of Agreement between Part B stakeholders.
October or November	Date & time TBD. Community Workgroup meeting to review **FY 2021 Standards of Care & Performance Measures** for all service categories.
Thurs. Oct. 22	12 noon. Priority & Allocations Committee meets to allocate FY 2021 unspent funds.
November	Date & time TBD. Review the evaluation of 2020 Project LEAP. Operations Committee also hosts a How to Best Meet the Need Workgroup to make recommendations on 2020 Project LEAP.
Tues. Nov. 10	9:30 am. Commissioners Court to receive the World AIDS Day Resolution.
Thurs. Nov. 12	12 noon. Council recognizes all Affiliate committee members.
Tues. Dec. 1	**World AIDS Day**.
Thurs. Dec. 10	12 noon. Election of Officers for the 2021 Ryan White Planning Council.

Houston Area HIV Services Ryan White Planning Council
Standing Committee Structure

(Reviewed 01-14-20)

1. Affected Community Committee

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV/AIDS-related drug representatives are invited.

The committee will consist of HIV+ individuals, their caregivers (friends or family members) and others. All members of the PC who self-disclose as HIV+ are requested to be a member of the Affected Community Committee; however membership on a committee for HIV+ individuals will not be restricted to the Affected Community Committee.

2. Comprehensive HIV Planning Committee

This committee is responsible for developing the Comprehensive Needs Assessment, Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from affiliate membership and expertise.

3. Operations Committee

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from affiliate member participation except where resolve of grievances are concerned.

4. Priority and Allocations Committee

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include affiliate members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

5. Quality Improvement Committee

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on "how to best meet the need" are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year and monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council's third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of affiliate members.

2020 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/24/20)

AFFECTED COMMUNITY

Meetings are on the second Mondays following Council starting at 12 noon**.**

February 24	July 20
March 17*	August 24
March 23	September 21
April no meeting	October 19
May 25 - Holiday	November 23
June 22	December no mtg

COMPREHENSIVE HIV PLANNING

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

February 13	August 13
March 12	September 10
April 9	October 8
May 14	November 12
June 11	December 10
July 9	

OPERATIONS

Meetings are on the Tuesdays following Council starting at 11:30 am:

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

PLANNING COUNCIL

Meetings are the second Thursday of the month starting at 12 noon:

February 13	**Aug. 13 – HRSA**
March 12	September 10
April 9	October 8
May 14	November 12
June 11	December 10
July 9	

PRIORITY & ALLOCATIONS

Meetings are on the fourth Thursday of the month at 12 pm:

February 27	July 23
March 17*	August 27
March 26	September 24
April 23	October 22
May 28	November no mtg
June 25	December no mtg

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 2:00 pm:

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

STEERING

Meetings are on the first Thursday of the month starting at 12 noon:

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

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

**** Time to be announced**

BOLD = Special meeting date, time or place

2019 QUARTERLY REPORT
COMPREHENSIVE HIV PLANNING COMMITTEE

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

1. Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Prevention and Care Services Plan and corresponding areas of the End HIV Plan.

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

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

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

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

_____ _____

Committee Chairperson **Date**

DRAFT

HIV in the Houston Area

2020 Epidemiologic Supplement for HIV Prevention and Care Services Planning

CONTENTS

Produced Through a Partnership between:

Houston Area Ryan White Planning Council

Houston Health Department

Disclaimer:
This document is a supplement to and should be used in conjunction with the *2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning.* (December 2019). This document contains data on selected epidemiological measures of HIV disease for the jurisdictions of Houston/Harris County and the Houston Eligible Metropolitan Area (**EMA**) for the reporting period of January 1 to December 31, 2018 (unless otherwise noted). It is intended for use in HIV prevention and care services planning conducted in calendar year 2020. The separation of jurisdictions in the data presentation is intended to enhance the utility of this document as a tool for planning both HIV prevention and HIV care services. Data for the third geographic service jurisdiction in the Houston Area, the Houston Health Services Delivery Area (**HSDA**), are not presented here due to the overlap of data and data sources with the EMA, which makes the data virtually identical. The 2019 Epidemiologic Profile should be referenced for a comprehensive discussion of data pertaining to the epidemiological questions outlined in joint guidance from the Centers for Disease Control and Prevention and the Health Resources and Services Administration. More recent data may have become available since the time of publication.

Funding acknowledgment:
This document is supported by CDC-RFA-PS18-1802 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.
This document is also supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $24,272,961 and was not financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Suggested citation:
2020 Epidemiologic Supplement for HIV Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2018. Approved: PENDING

Acknowledgements:
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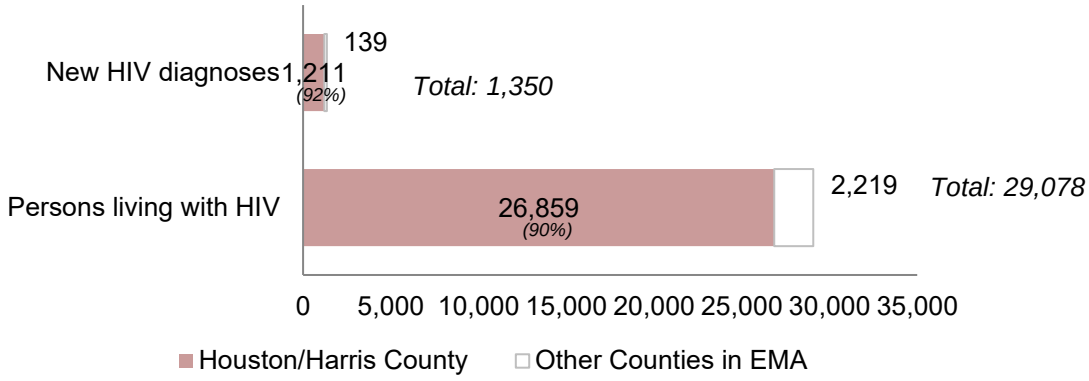
EXECUTIVE SUMMARY

Local communities use Data on patterns of HIV, or HIV epidemiology, to better understand who is diagnosed and living with HIV. This helps local communities make informed decisions about HIV services, funding, and quality.

This document is a supplement to the Houston Area's current epidemiological profile of HIV (published in December 2019) and provides updated data on core HIV indicators used in local planning, including new HIV diagnoses and cumulative persons living with HIV (HIV prevalence), for two local jurisdictions of Houston/Harris County and the Houston Eligible Metropolitan Area (EMA), a six-county area that includes Houston/Harris County.[1] A summary of key data is below:

- At the end of calendar year 2018, there were 29,078 people living with HIV in the Houston EMA, a 3% increase from 2017 (92% resided in Harris County.)
- Also in 2018, 1,350 new diagnoses of HIV were made in the Houston EMA, a 9% increase from 2017. 90% resided in Harris County at the time of diagnosis.

Number of New HIV Diagnoses and Persons Living with HIV in the Houston EMA, by County, 2018



Sources:
Texas eHARS, as of 12/31/2018
Definitions:
New HIV diagnoses=People diagnosed with HIV between 1/1/2018 and 12/31/2018, with residence at diagnosis in Houston EMA.
Persons living with HIV= People living with HIV at the end of calendar year 2018.

- Rates of new HIV diagnoses and prevalence in both Houston/Harris County and the Houston EMA continue to exceed rates both for Texas and the U.S.
- Compared to the general population in the Houston EMA, people living with HIV are disproportionately male, Black/African American, and ages 45 to 54. There is a larger proportion of people ages 25 to 34 among *new* HIV diagnoses.
- It is estimated that 6,825 of people living with HIV in the Houston EMA have not be diagnosed. Of those diagnosed, 75% were in HIV medical care in 2018, 68% had been retained in care over the course of the year, and 59% had a suppressed viral load.

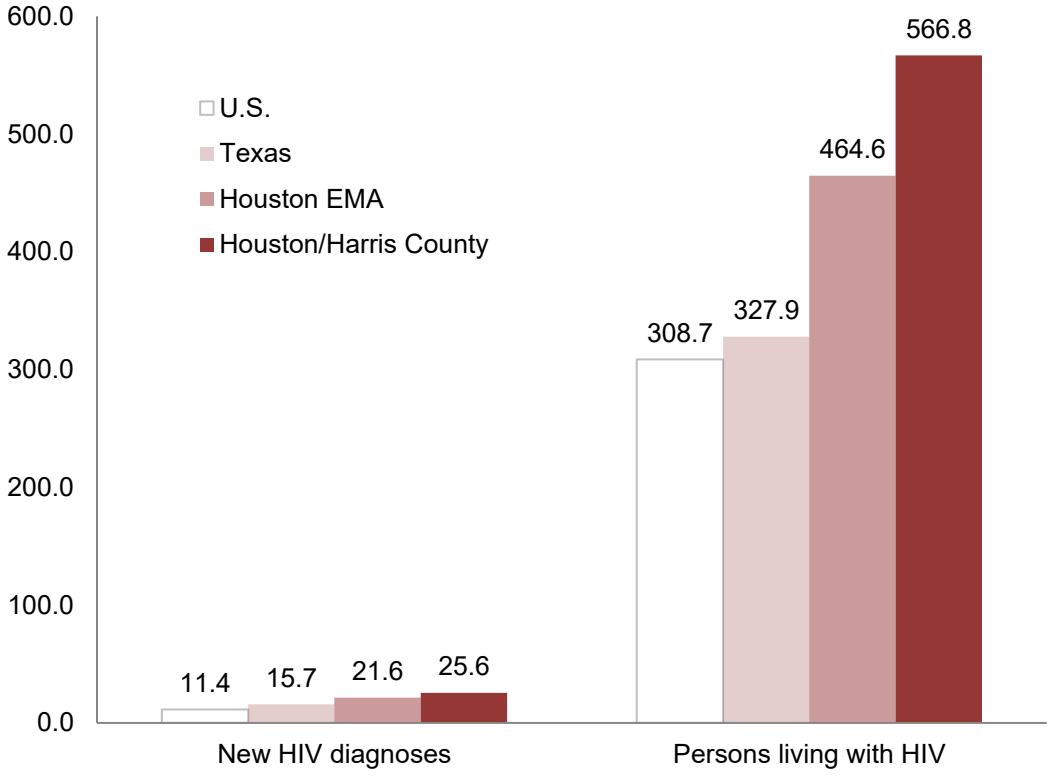
[1]Pages marked "EMA" in the top left corner use 2018 Harris County/Houston EMA HIV prevalence data, and pages marked "H/HC" in the top left corner use 2018 Houston/Harris County HIV prevalence data, unless otherwise noted.

COMPARISON OF HIV RATES IN HOUSTON, TEXAS, AND THE U.S.

A comparison of core HIV epidemiological indicators between the two Houston Area jurisdictions (Houston/Harris County and the Houston EMA), the State of Texas, and the U.S. provides context for the local HIV burden data described in this document.

Overall, both Houston/Harris County and the Houston EMA have higher rates of new HIV diagnoses and HIV prevalence (or people living with HIV per 100,000 population) than both Texas and the U.S. This indicates that the HIV burden in the Houston Area is greater than for the state and the nation, even when population size is controlled. In 2018, the Houston EMA had the highest HIV diagnosis rate of any EMA/TGA in Texas, and the Houston Metropolitan Area had the tenth-highest rate of new HIV cases of all metropolitan areas in the nation.

Rate of New HIV Diagnoses and of Persons Living with HIV for the U.S., Texas, and Houston Area Jurisdictions



*Rate is per 100,000 population in the respective jurisdiction.
Sources:
U.S.: Centers for Disease Control and Prevention. *Diagnoses of HIV Infection in the United States and Dependent Areas, 2018*. HIV Surveillance Report, 2018 (Preliminary); vol. 30. Published November 2019.
Texas: Texas Department of State Health Services (TDSHS), Texas eHARS, 2018.
Houston EMA: Texas eHARS. All data, 2018.
Houston/Harris County: Houston/Harris County eHARS. Diagnoses, 2018; Prevalence, 2018.

NEW HIV DIAGNOSES IN HOUSTON/HARRIS COUNTY (H/HC)

In 2018, 1,211 new diagnoses of HIV disease (including stage 3 HIV) were reported in Houston/Harris County, an 8.1% increase from 2017. The rate of new HIV and stage 3 HIV diagnoses in Houston/Harris County increased from 23.9 to 25.6 new HIV cases and remained approximately 11 new stage 3 HIV cases for every 100,000 residents.

Small increases in new HIV rates compared to 2017 occurred among males, females, Hispanic/Latinos. The rate in Other/Multiple Races was more than doubled.

Proportionally, Black/African Americans were most of all new HIV diagnoses in 2018 at 45%, followed by Hispanic/Latinos at 38%. Male-to-male sexual contact or MSM accounted for the most transmission risk at 68%, followed by sex with male/sex with female at 25%.

New Diagnoses of HIV and Stage 3 HIV in Houston/Harris County by Sex assigned at birth, Race/Ethnicity, Age, and Risk Category, 2018[a]

	New HIV [b]			New stage 3 HIV		
	Cases	%	Rate[c]	Cases	%	Rate[c]
Total	1,211	100.0%	25.6	520	100.0%	11.0
Sex assigned at birth						
Male	954	78.8%	40.5	378	72.7%	16.1
Female	257	21.2%	10.8	142	27.3%	6.0
Race/Ethnicity						
White	138	11.4%	10.1	55	10.6%	4.0
Black/African American	542	44.8%	60.0	253	48.7%	28.0
Hispanic/Latino	465	38.4%	22.7	193	37.1%	9.4
Other/Multiple Races	66	5.4%	15.8	19	3.6%	4.6
Age at Diagnosis						
0 – 24[d]	273	22.5%	16.0	125	24.0%	7.3
25 - 34	451	37.2%	59.2	194	37.3%	25.4
35 - 44	224	18.5%	33.1	81	15.6%	12.0
45 - 54	165	13.6%	28.0	80	15.4%	13.6
55 - 64	85	7.0%	16.7	34	6.5%	6.7
65+	13	1.1%	2.6	6	1.2%	1.2
Transmission Risk[e]						
Male-to-male sexual contact (MSM)	819	67.6%	*	305	58.7%	*
Person who injects drugs (PWID)	59	4.9%	*	33	6.4%	*
MSM/PWID	26	2.1%	*	15	2.8%	*
Sex with male/Sex with female	306	25.3%	*	163	31.4%	*
Other/Unknown	1	0.1%	*	4	0.7%	*

[a]Source: Texas eHARS., analyzed by the Houston Health Department
[b]HIV = People diagnosed with HIV, regardless of stage 3 HIV status, with residence at diagnosis in Houston/Harris County
[c]Rate per 100,000 population. Source: Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates
[d]Age group 0-12 years was combined with 13-24 years because 0-12 years category had less than 5 cases and could not be reported
[e]Persons with no risk reported were recategorized into standard categories using the multiple imputation program of the Centers for Disease Control and Prevention (CDC)
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

PERSONS LIVING WITH HIV IN HOUSTON/HARRIS COUNTY (H/HC)

Data on the total number of people living with HIV (PLWH) in Houston/Harris County are available as of the end of calendar year 2018. At that time, there were 26,859 people living with HIV (regardless of progression) in Houston/Harris County. This is a prevalence rate of 567 people living with HIV for every 100,000 people in the jurisdiction.

Of those living with HIV in Houston/Harris County, 76% are male, 49% are African American, 75% are age 35 and older, and 58% report male-to-male sexual contact or MSM as their primary transmission risk.

People Living with HIV in Houston/Harris County by Sex, Race/Ethnicity, Age, and Risk, 2018[a]

	Cases[b]	%	Rate[c]
Total	26,859	100.0%	566.8
Sex Assigned at Birth			
Male	20,321	75.7%	863.7
Female	6,538	24.3%	274.0
Race/Ethnicity			
White	4,431	16.5%	323.3
Black/African American	13,031	48.5%	1441.7
Hispanic/Latino	8,052	30.0%	393.3
Other/Multiple Races	1,345	5.0%	322.7
Current Age (as of 12/31/2018)			
0 - 12	45	0.2%	*
13 - 24	1,073	4.0%	63.0[d]
25 - 34	5,620	20.9%	737.1
35 - 44	6,293	23.4%	930.4
45 - 54	6,929	25.8%	1174.3
55 - 64	5,128	19.1%	1006.9
65+	1,771	6.6%	356.2
Transmission Risk[e]			
MSM	15,589	58.1%	*
PWID	2,170	8.1%	*
MSM/PWID	1,132	4.2%	*
Sex with male/Sex with female	7,589	28.3%	*
Perinatal transmission	263	1.0%	*
Other adult risk	116	0.4%	*

[a]Source: Texas eHARS. analyzed by the Houston Health Department.
[b]PLWH at end of 2018 = People living with HIV, regardless of stage 3 HIV status.
[c]Rate per 100,000 population. Source: Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates
[d]Rate was calculated for age group 0-24 years
[e]Patients with no risk reported were recategorized into standard categories using the multiple imputation or risk program of the Centers for Disease Control and Prevention (CDC).
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

NEW HIV DIAGNOSES IN THE HOUSTON EMA

In 2018, 1,350 new HIV diagnoses were reported in the Houston EMA, 9% increase from 2017. The rate of new HIV diagnoses for every 100,000 people in the Houston EMA increased by 10%from 20 in 2017 to 22 in 2018.

Noticeable increases in rates compared to 2017 occurred among Hispanic/Latino individuals and persons aged 13 to 24, 35 to 44, and 55 to 64.

Black/African American individuals comprised the highest proportion of new HIV diagnoses in 2018 at 44%, followed by Hispanic/Latino individuals at 37%. Male-to-male sexual contact (**MSM**) accounted for the majority of transmission risk at 68%, followed by heterosexual contact at 25%.

New Diagnoses of HIV in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Transmission Risk, 2018[a]

	Cases	%	Rate[c]
Total	1,350	100.0%	21.6
Sex at birth			
Male	1,059	78.4%	34.1
Female	291	21.6%	9.2
Race/Ethnicity			
White	175	13.0%	8.1
Black/African American	599	44.4%	53.7
Hispanic/Latino	502	37.2%	20.7
Other/Multiracial	74	5.5%	13.3
Age			
0 - 12	N	N	N
13 - 24	308	22.8%	29.8
25 - 34	488	36.2%	51.3
35 - 44	249	18.5%	27.8
45 - 54	191	14.2%	23.9
55 - 64	98	7.3%	14.2
65+	14	1.0%	2.1
Transmission Risk[b]			
Male-male sexual contact (MSM)	919	68.1%	n/a
Person who injects drugs (PWID)	60	4.4%	n/a
MSM/PWID	31	2.3%	n/a
Sex with Male/Sex with Female	338	25.0%	n/a
Perintal transmission	N	N	n/a
Adult other	N	N	n/a

[a] Source: Texas eHARS, New HIV diagnoses in the Houston EMA between 1/1/2018 and 12/31/2018.

[b] Cases with unknown transmission risk have been redistributed based on historical patterns of risk ascertainment and reclassification

[c] Rate per 100,000 population. Source: Texas Department of State Health Services, 2018 Houston EMA Population Denominators.

[N] Data has been suppressed to meet cell size limit of 5

PEOPLE LIVING WITH HIV IN THE HOUSTON EMA

At the end of calendar year 2018, there were 29,078 people living with HIV in the Houston EMA, a 3% increase from 2017. The rate of HIV prevalence also increased in 2018 to 465 people living with HIV for every 100,000 people in the Houston EMA, up from 458 in 2017.

Noticeable increases in prevalence rates in 2018 compared to 2017 occurred among males, Hispanic/Latino individuals, and individuals ages 25 to 34 and 55 to 64.

Black/African American individuals comprised the highest proportion of people living with HIV in 2018 at 48%, followed by Hispanic/Latino individuals at 29%. Male-to-male sexual contact (**MSM**) accounted for the majority of transmission risk at 58%, followed by heterosexual contact at 29%.

People Living with HIV in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Transmission Risk, 2018[a]

	Diagnosed PLWH		
	Cases	**%**	**Rate[c]**
Total	29,078	100.0%	464.6
Sex at Birth			
Male	21,829	75.1%	703.3
Female	7,249	24.9%	229.7
Race/Ethnicity			
White	5,109	17.6%	236.3
Black/African American	14,044	48.3%	1259.3
Hispanic/Latino	8,493	29.2%	350.2
Other/Multiracial	1,432	4.9%	257.1
Age			
0 - 12	54	0.2%	4.5
13 - 24	1,170	4.0%	113.3
25 - 34	5,986	20.6%	629.8
35 - 44	6,752	23.2%	754.4
45 - 54	7,594	26.1%	952.2
55 - 64	5,580	19.2%	806.6
65+	1,942	6.7%	285.2
Transmission Risk[b]			
Male-male sexual contact (MSM)	16,818	57.8%	n/a
Person who injects drugs (PWID)	2,256	7.8%	n/a
MSM/PWID	1,192	4.1%	n/a
Sex with Male/Sex with Female	8,455	29.1%	n/a
Perintal transmission	340	1.2%	n/a
Adult other	17	0.1%	n/a

[a] Source: Texas eHARS, Diagnosed PLWH in the Houston EMA between 1/1/2018 and 12/31/2018.

[b] Cases with unknown transmission risk have been redistributed based on historical patterns of risk ascertainment and reclassification

[c] Rate per 100,000 population. Source: Texas Department of State Health Services, 2018 Houston EMA Population Denominators.

[N] Data has been suppressed to meet cell size limit of 5

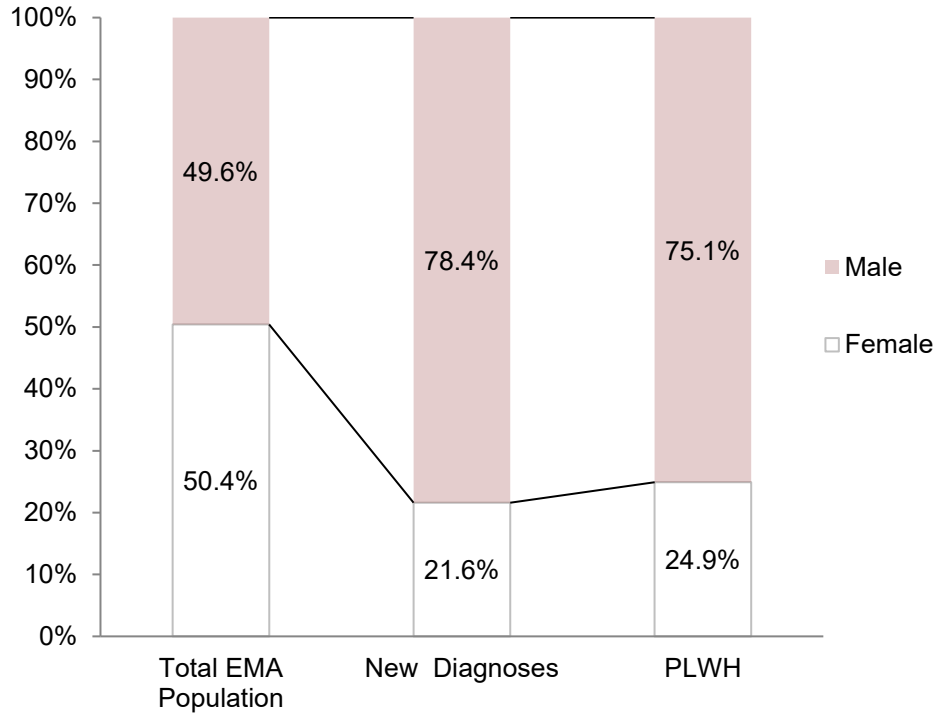
COMPARISON OF THE HOUSTON EMA POPULATION TO THE POPULATION LIVING WITH HIV

By Sex at Birth: In 2018, the Houston EMA population was divided almost equally between males and females. However, more males than females were both newly diagnosed with HIV in 2012 (78% vs. 22%) and living with HIV (75% vs. 25%) at the end of 2018. This difference decreased slightly when compared to 2017 data.

By Race/Ethnicity: The newly diagnosed population and those living with HIV in the Houston EMA are more racially diverse than the general EMA population. While Black/African Americans, Hispanic/Latinos, and persons of other or multiple races account for 65% of the total Houston EMA population, these groups comprised 87% of all new HIV diagnoses in 2018 and 82% of all people living with HIV at the end of 2018. Black/African Americans account for 18% of the total Houston EMA population, but comprise 44% of new HIV diagnoses in 2018 and close to half of all people living with HIV (48%) in the region at the end of 2018. This disparity in new diagnoses lessened slightly compared to 2017.

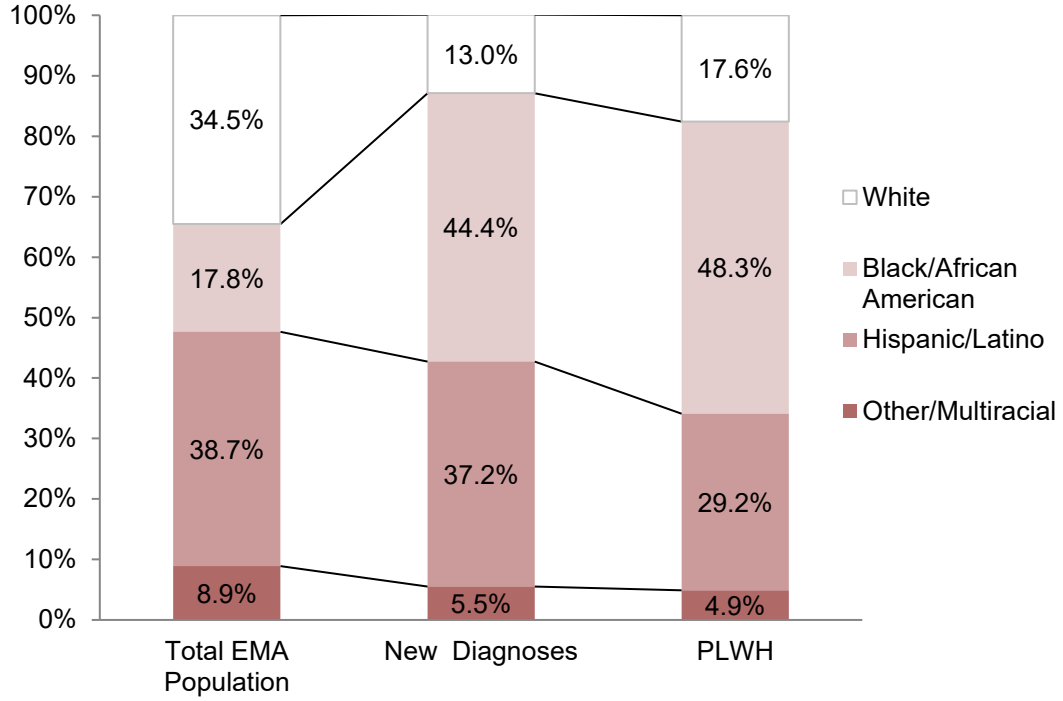
By Age: People aged 25 to 34 accounted for a larger proportion of new HIV diagnoses (36%) than their share of the Houston EMA population (15%) in 2018. Similarly, people aged 45 to 54 accounted for a larger proportion of those living with HIV (26%) at the end of 2018 than their share of the population (13%). This trend was observed in 2017 as well.

Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Sex at Birth,[c] 2018



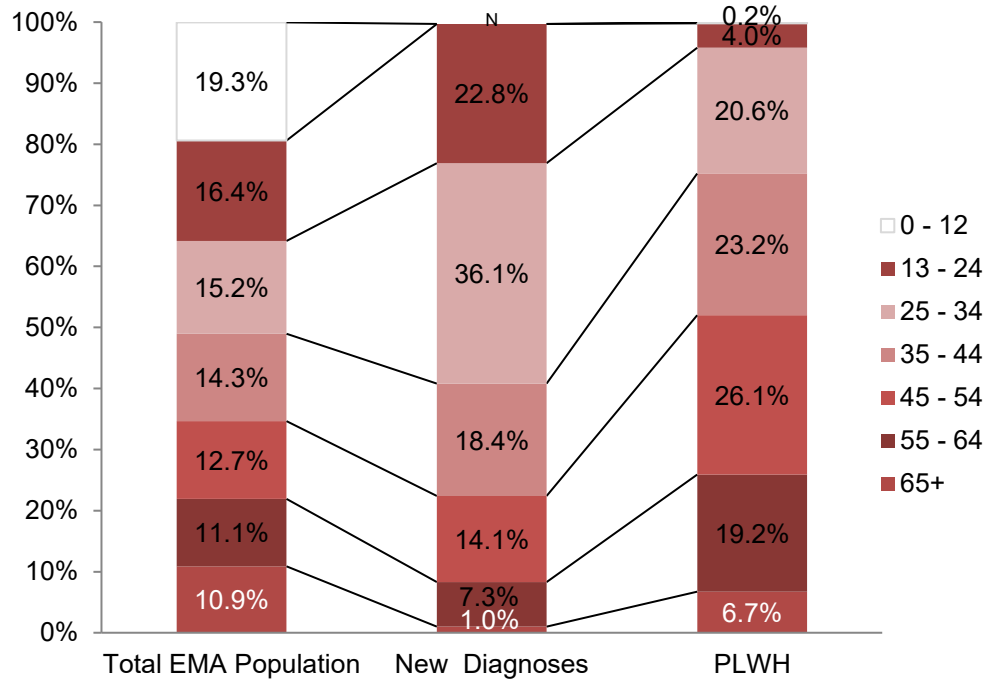
[a]Source: TDSHS EMA/HSDA Population Denominators, 2018
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2018; new HIV diagnoses in the Houston EMA between 1/1/2018 and 12/31/2018.
[c]Surveillance systems do not include an option for transgender. Therefore, transgender persons are reflected in data by sex assigned at birth.

Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Race/Ethnicity, 2018



[a]Source: TDSHS EMA/HSDA Population Denominators, 2018
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2018; new HIV diagnoses in the Houston EMA between 1/1/2018 and 12/31/2018.

Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Age, 2018



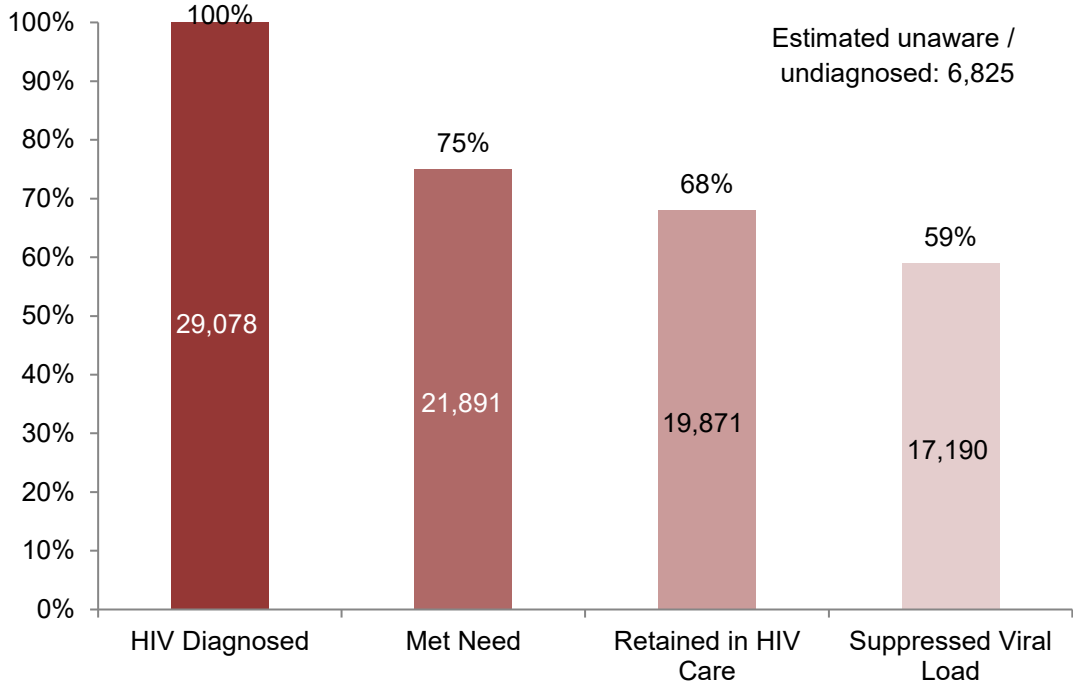
[a]Source: TDSHS EMA/HSDA Population Denominators, 2018
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2018; new HIV diagnoses in the Houston EMA between 1/1/2018 and 12/31/2018.

THE HOUSTON EMA HIV CARE CONTINUUM

The Houston EMA HIV Care Continuum (HCC) depicts number and percentage of people in living with HIV in Harris, Fort Bend, Waller, Montgomery, Liberty and Chambers counties at each stage of HIV care, from being diagnosed with HIV to viral suppression through treatment. Stakeholders use this analysis to measure the extent to which people living with HIV have community-wide access to care, and identify potential service gaps.

An estimated 6,825 individuals in the Houston EMA were living with HIV in 2018, but were not diagnosed. Of the 29,078 HIV diagnosed individuals in the Houston EMA in 2018, 75% had met need (≥1 recorded instance of HIV care in the preceding 12 months); 68% were retained in HIV care (≥2 recorded instances of HIV care, at least 3 months apart, in the preceding 12 months); and 59% maintained or reached viral load suppression (≤200 copies/mL).

The Houston EMA HIV Care Continuum, 2018



Sources: Texas Department of State Health Services (TDSHS) Undiagnosed Estimate, 2018; Texas eHARS, Diagnosed PLWH in the Houston EMA between 1/1/2018 and 12/31/2018.

Methodology:

HIV Diagnosed: No. of HIV-diagnosed people, and residing in the Houston EMA, 2018.

Met Need: No. of HIV-diagnosed people in the Houston EMA who have a "met need" for HIV care, 2018. Definition: evidence of ≥ 1 of the following in the previous 12 months: (1) an HIV primary medical care visit, (2) a prescription for HIV medication, or (3) an HIV monitoring test (e.g., a viral load or CD-4 test).

Retained in HIV Care: No. of HIV-diagnosed people retained in HIV care in the Houston EMA, 2018. Definition: evidence of ≥ 2 primary care visits or HIV monitoring tests at least 3 months apart in a 12-month period.

Suppressed Viral Load: No. of HIV-diagnosed people with viral load suppression (VL test <= 200 copies/mL) at last lab visit in the Houston EMA, 2018.

Proposed HMMP Local Questions for 2020

[A] HEALTH CARE VISITS

1. We are trying to better understand what helps people stay in medical care. You have done a great job staying in care since your first HIV medical care visit. Which of the following are the reasons that have helped you stay in care? Please answer yes or no to each one.

[REINCAR] Reasons for staying in care

1 = Access to transportation
2 = HIV facility located close to where I live/work
3 = Stable job and/or flexible schedule
4 = Able to afford care (insurance, ADAP, co-pays, deductibles & premiums)
5 = HIV case management
6 = I want to stay healthy and/or live longer
7 = Family, friends, loved ones
8 = My doctor's office reminds me of upcoming appointments
9 = Other (Specify)
88 = Don't Know
77 = Refuse to Answer

2. Which the following methods/sources of communication would you prefer to be contacted by the health department with? Please choose your two most preferred methods.

[XXXXXX] Preferred sources of communication

1 = In person
2 = Phone call
3 = Text message
4 = Email
5 = Social Media
6 = Letter
7 = Other

3. On average, how many minutes do you wait during each of the following visits/interactions?

1 = Visit with your HIV provider? _____minutes
2 = Labs? _____minutes
3 = Pharmacy? _____minutes
4 = Counseling? _____minutes
5 = Support Services? _____minutes

[B] TRAVEL FOR HIV MEDICAL CARE

4. In the last 12 months, approximately how many miles do you travel each way to your usual doctor's office or clinic for HIV treatment?"

[TRAVDIST] Miles traveled to clinic for HIV care

_____ miles

5. In the last 12 months, what form of transportation did you use most often to get to the doctor who you see for most of your HIV care?

[TRANSMOD] Mode of transportation to clinic

1 = I drive
2 = A friend or family member drives me
3 = Taxi/hired driver
4 = Metro bus or light rail systems (public transportation)
5 = Metro lift and/or Harris County van (specialized transportation)
6 = Walk/Bike
7 = Other
88 = Don't Know
77 = Refuse to Answer

[C] COMEDICATION

6. Do you take other medicines apart from your HIV medicines?

[XXXXXX] Medicines apart from HIV medicines

0 = No
1 = Yes
(If answer is "no", skip questions 6-7.)

What are your beliefs about your non-HIV medicines? (adapted from the Belief about medicines questionnaire (BMQ) Horne, Weinman, Hankins, (1999) Psychology and Health, and other research articles on non-HIV comedications)

7. The doctor prescribes more non-HIV medicines than I need.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

8. My non-HIV medicines protects me from becoming worse.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

9. Herbal/natural medicines are safer than my other non-HIV medicines.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

10. My non-HIV medicines are NOT as important as my HIV medicines.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

11. My non-HIV medicines are easier to take than my HIV medicines.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

12. If my non-HIV medicines were fewer, I would never miss a dose.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

13. My non-HIV medicines make me not want to take my HIV medicines.

0 = No
1 = Yes
*(If answer is "**no**", skip the next question.)*

14. Which of the following are reasons why your non-HIV medicines make you not want to take your HIV medicines?

1 = You were worried about having side effects from taking your non-HIV and HIV medicines together
2 = Your non-HIV medicines made you confused about how to take your HIV medicines
3 = Your non-HIV pills were too much and overwhelmed you
4 = You prefer to take your non-HIV medicines instead of your HIV medicines
5 = You were afraid of taking your non-HIV and HIV medicines together
6 = Your non-HIV medicines make you forget to take your HIV medicines
7 = Other

[D] SEXUAL BEHAVIOR AND HIV PREVENTION

"Now I am going to ask you some questions about sex practices. Remember that all the information you give me will be kept confidential. Some of these questions may not apply to you, but I need to ask you all the questions."

15. In the past 12 months, how often have you disclosed your HIV status to potential sexual partners before having sex?

[DISCLOSE] Disclose HIV status

1 = None of the time
2 = Some of the time
3 = Most of the time
4 = All the time
7 = Don't Know
8 = Refuse to Answer

16. In the past 12 months, has someone decided not to have sex with you because you told them you were HIV positive?

[SEXREJ] Sexual Rejection

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

17. Since you were diagnosed with HIV, have you ever told a sex partner that you were HIV negative?

[THIVNEG] Since diagnosis, ever gave HIV status as negative

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

18. In the past 12 months, have you decided not to have sex with someone after they told you they were HIV negative?

[NOSXNG] No sex with negative partner

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

19. Have you done anything in the last 12 months to reduce the chances of giving HIV to other people?

[DONEANY] Done anything to reduce infecting others with HIV

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

20. What have you done in the last 12 months to reduce the chances of giving HIV to other people?

[WAYRED] Way to reduce infecting others with HIV

1 = Stopped having sex/practiced abstinence
2 = Stopped or reduced having sex while under the influence of drugs or alcohol
3 = Used condoms
4 = Reduced number of sex partners
5 = Only had sex with one partner
6 = Sought out sex with other HIV-positive people
7 = Stopped or reduced selling sex for money or drugs
8 = Stopped or reduced use of drugs

9 = Other (Specify)

[E] PRE-EXPOSURE PROPHYLAXIS (PrEP)

"The next set of questions will ask you whether you've heard of HIV-negative people taking HIV medicines before having sex to prevent HIV transmission. This practice is known as pre-exposure prophylaxis or PrEP. Please answer the questions as best as you can. Remember, your answers will be kept private."

21. Have you ever heard about HIV medicine referred to as pre-exposure prophylaxis (PrEP) before today?

[KNOPREP] Ever heard about pre-exposure prophylaxis (PrEP)

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

22. If no, would you like more information about PrEP?

0 = No
1 = Yes

23. How did you learn about pre-exposure prophylaxis (PrEP)? (Check all that apply.)

[LRNPREP] How did you learn about pre-exposure prophylaxis (PrEP)

1 =Through the media – TV, radio, newspaper
2 = Scientific meeting/conference
3 = Internet
4 = Local health department/Clinic
5 = My medical care provider discussed/prescribed it for my partner(s)
6 = From friends, partners or peer support groups
7 = Other (Specify)
88 = Don't Know
77 = Refuse to Answer
99 = Not Applicable

24. What media or internet sources did you access to learn about pre-exposure prophylaxis (PrEP)? [USE RESPONSE CARD 8] (Check all that apply)

[MIPREP] Media or internet sources for PrEP

1 = General printed media – newspapers, magazines
2 = HIV or LGBT printed media – newspapers, magazines
3 = Electronic media – radio, TV
4 = Internet – websites, mobile apps, podcasts
5 = Social media – Facebook, Twitter, etc.
6 = Other (Specify)
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

25. How effective do you think taking PrEP is in preventing HIV when having condomless sex with a HIV negative partner or someone with unknown HIV status?

[EFFPREP] Level of effectiveness of PrEP in preventing HIV infection

1 = Not effective at all
2 = Minimally effective
3 = Somewhat effective
4 = Very effective
5 = Completely effective
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

26. Does your knowledge of PrEP, its use and level of effectiveness change your sexual behavior towards having more sexual encounters with partners who are HIV negative?

[KUEPREP] More sexual encounters with partners using PrEP

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer

27. If PrEP was available in Houston for free or was covered by your health insurance, how likely is it that you would encourage your HIV negative partners to take PrEP daily before having sex with you to prevent an HIV infection?

[LIKPREP] Likelihood of encouraging your HIV negative partners to take PrEP

1 = Extremely unlikely
2 = Somewhat unlikely
3 = Neutral
4 = Somewhat likely
5 = Extremely likely

[F] DIET AND NUTRITION

28. To lower risk for certain diseases, during the past 12 months what advice have you been given by your doctor or health professional regarding your weight?

[XXXXXX] Advised to control/lose weight

1 = Lose weight
2 = Gain weight
3 = Not applicable
7 = Don't Know
8 = Refuse to Answer

29. Which of the following actions have you taken for your weight management?

[XXXXXX] Actions for weight management

1 = Stop smoking tobacco
2 = Minimize alcohol and drug use
3 = Exercise
4 = Eat well (i.e. less fatty foods and sugars, more protein, and fruits and vegetables)
5 = Treat your HIV
6 = Treat other co-infections that you may have
7 = Follow disease prevention and screening guidelines
8 = Stay socially and mentally connected
9 = Other

30. Do you regularly have difficulty accessing healthy food?

[XXXXXX] Accessing healthy food

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

31. Which of the following reasons are why you have difficulty accessing healthy food?

[XXXXXX] Reasons for accessing healthy food

1 = Healthy food is too expensive
2 = There is nowhere to buy healthy food near where I live
3 = It takes too long to travel to buy healthy food
4 = I don't have time to buy healthy food
5 = I'm not sure what kinds of food are healthy
6 = I don't like the taste of healthy food or I find it boring
7 = My family doesn't like healthy food
8 = I just choose not to eat healthy food
9 = I don't know how to cook
10 = I don't have the resources to be able to cook or store food

11 = I don't have the time to prepare healthy food
12 = The options available at the food pantry I use are not healthy
13 = Other

32. Are you eating as well as you would like?

[XXXXXX] Eating as well as you would like

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

33. Which of the following are things that keep you from eating as well as you would like?

[XXXXXX] Reasons for not eating as well

1 = Poor appetite, don't feel hungry, feel too full
2 = Too busy or too much "on the go"
3 = Problems with teeth and chewing or swallowing
4 = Feel very sick or tired
5 = Sad, depressed, lonely
6 = Diarrhea or constipation
7 = Other

[G] HPV

34. What is the one most important reason why you have (not had a pap test in the last 3 years?)

[XXXXXX] Reason for no pap test

1 = No reason/ never thought about it
2 = Didn't know I needed this type of test
3 = Doctor didn't tell me I needed it
4 = Haven't had any problems
5 = Put it off/laziness
6 = Too expensive/no insurance/cost
7 = Too painful, unpleasant, or embarrassing
8 = Hysterectomy
9 = Don't have a doctor
10 = Had HPV vaccine
11 = Had HPV test
12 = Other
13 = Refuse
14 = Don't know

35. Have you ever heard of HPV? HPV stands for Human Papillomavirus.

[XXXXXX] Know HPV

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

36. Where did you hear about HPV?

[XXXXXX] How did you learn about HPV

1 = Healthcare Provider/Clinic
2 = Family or Friends
3 = Digital Media (TV)
4 = Printed Media (Newspaper, Magazine)
5 = Social Media (Facebook, Instagram, Twitter)
6 = Internet
7 = School
8 = Other
9 = Refused
10 = Don't know

37. Do you think HPV can cause cervical cancer?

[XXXXXX] Can HPV cause cervical cancer

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

38. A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer vaccine, HPV shot, or GARDASIL. Have you ever had the HPV vaccination?

[XXXXXX] HPV vaccination

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

39. How many HPV shots did you receive?

[XXXXXX] HPV vaccination doses

_____ shots

[H] INTERVIEWER'S REPORT

How confident are you with the respondent's OVERALL responses to the local questions?

[OVERALL] How confident are you with the overall responses

1 = Confident
2 = Somewhat confident
3 = Some doubts
4 = Not confident at all

Give brief comments on the outcome of the Local Questions Interview, including your level of confidence with the responses; and issues faced and/or raised by the patient during the interview session.

[**COMMENT**] HMMP Local Questions Comments

Houston Health Department
CDC-RFA-PS19-1906 – Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States
Component B: Accelerating Local and Sate HIV Planning to End the HIV Epidemic

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EHE Plan Elements
Table of Contents

EXECUTIVE SUMMARY

The Houston EHE Plan has a solid foundation in the two (2) existing jurisdictional HIV plans:

1) The Houston Area Comprehensive HIV Prevention and Care Plan, expiring in 2021, and included as **Appendix 1**.
2) The Roadmap to Ending the HIV Epidemic in Houston, expiring in 2021, and included as **Appendix 2**.

An extensive crosswalk between the two existing plans has been developed to identify areas of synergy and opportunities to develop in the future. The crosswalk has been used to develop current EHE plan goals where areas of synergy exist. The crosswalk is included as **Appendix 3**.

Since 2012, the Houston Health Department (HHD), the Houston HIV Prevention Planning Group (CPG), Harris County Public Health (HCPH), The Resource Group (TRG), and the Ryan White Planning Council (RWPC) have collaborated in integrated HIV prevention and care activities to meet requirements of both the Health Services and Resources Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). The Houston area is also fortunate to have been at the forefront of the Ending the HIV Epidemic (EHE) movement, developing and releasing a community-led plan to end HIV, known as the Roadmap to Ending the HIV Epidemic in Houston.

Utilizing PS19-1906 to Accelerate State and Local HIV Planning to End the HIV Epidemic, it is our intention to meet the PS19-1906 requirements building upon the knowledge and work that exists within these existing plans. Ultimately, it is our goal to replace the two existing jurisdictional plans, both expiring in 2021, with one, new Ending the HIV Epidemic (EHE) plan to begin in 2022. This EHE plan will be innovative, responsive to local community needs while meeting requirements of Federal funders.

Two potential scenarios for the planning structure have been developed based on stakeholder input. In both scenarios, the EHE Plan Steering Committee oversees all the subcommittees and provides guidance. The steering committee will be composed of stakeholder representatives. Proposed structures for the two scenarios are included as **Appendix 4** (Scenario 1) and **Appendix 5** (Scenario 2).

The jurisdiction for this EHE plan will be the Houston Health Services Delivery Area (HSDA), the geographic service area defined by the Texas DSHS. The Houston HSDA includes the six counties of the Houston EMA (Chambers, Fort Bend, Harris, Liberty, Montgomery, and Waller) plus four additional counties (Austin, Colorado, Walker and Wharton). This aligns with the approach being taken by DSHS for the other four (4) EHE counties in Texas: Bexar, Dallas, Tarrant, and Travis.

This draft EHE plan includes a few activities, strategies, and indicators for each EHE pillar using areas of intersection between the two (2) existing plans in the Houston area, i.e. these goals were drafted, when possible, where similarities existed within the two existing plans. This is considered a “living” document, and it is anticipated that many more activities, strategies, and indicators will be added to each pillar as EHE planning continues and implementation begins.

ELEMENT 4: DRAFT EHE PLAN

The Houston EHE Plan has a solid foundation in the two (2) existing jurisdictional HIV plans:

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Planning Structure

Two potential scenarios for the planning structure have been prepared based on the discussions at the recent stakeholder meeting. In both scenarios, the EHE Plan Steering Committee oversees all the subcommittees and provides guidance. The steering committee will be composed of the representatives of the stakeholders including, but not limited to, the Resource Group, END HIV Coalition, HIV Community Planning Group (CPG), Harris County Public Health (HCPH), Ryan White Planning Council, Ryan White Part A, Houston Health Department (HHD), and Texas Department of State Health Services (DSHS).

It has been proposed that both scenarios include committees that will each have three (3) co-chairs representing 1) individuals providing/receiving HIV care and treatment services, 2) individuals providing/receiving HIV prevention services, 3) individuals representing administrative agencies. Structure proposals also include facilitators, subject matter experts (SME), support staff, and project assistants in each committee.

In **Scenario 1**, the committees would be structured using the four pillars of the EHE Plan: Diagnose, Prevent, Treat and Respond. These committees would pursue their work around five founding themes: Social Justice, Policy & Research, Workforce, Data & Evaluation, Housing & Support Services. A proposed organizational structure for Scenario 1 is included as **Appendix 4**.

In **Scenario 2**, the committees would be structured using five founding themes: Social Justice, Policy & Research, Workforce, Data & Evaluation, Housing & Support Services. These committees would pursue

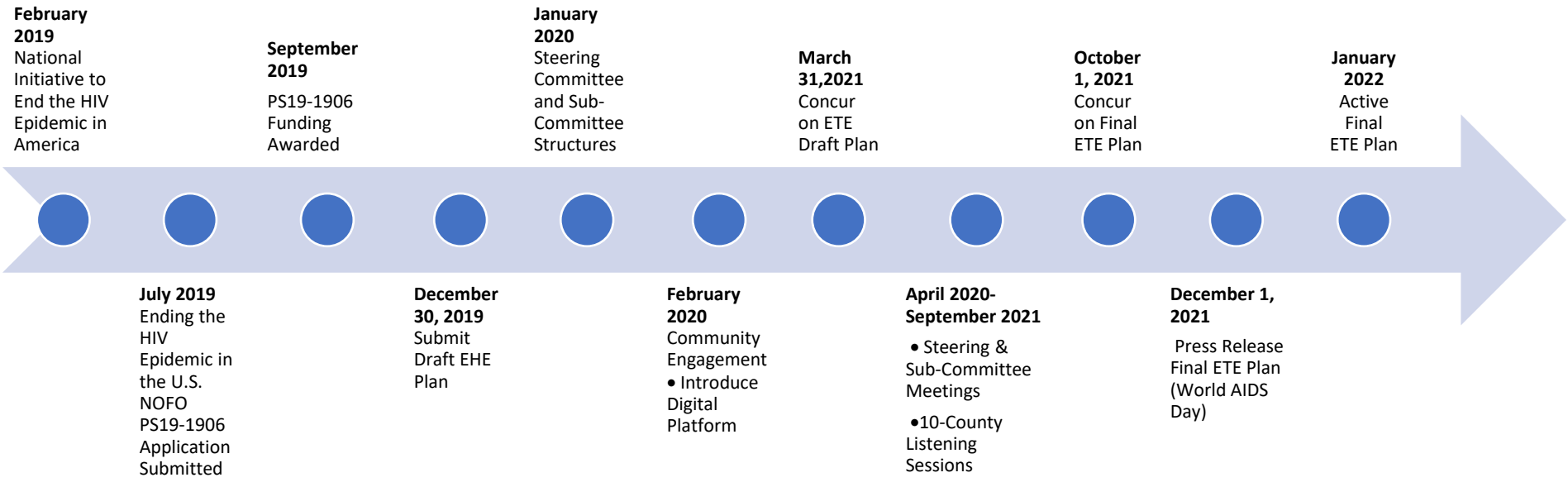
their work around the four pillars of the EHE Plan: Diagnose, Prevent, Treat and Respond. A proposed organizational structure for Scenario 2 is included as **Appendix 5**.

The final planning structure will be determined after presentations to all local planning bodies within the first quarter of 2020.

Planning Jurisdiction

The jurisdiction for this EHE plan will be the Houston Health Services Delivery Area (HSDA), the geographic service area defined by the Texas DSHS. The Houston HSDA includes the six counties of the Houston EMA (Chambers, Fort Bend, Harris, Liberty, Montgomery, and Waller) plus four additional counties (Austin, Colorado, Walker and Wharton). This aligns with the approach being taken by DSHS for the other four (4) EHE counties in Texas: Bexar, Dallas, Tarrant, and Travis.

Planning Timeline



- **April 2020-September 2021**: Meeting schedules and frequency will be developed based on Steering Committee and Pillar structures i.e. Monthly or Biweekly over the course of 6-months

Plan Goals and Activities

This draft EHE plan includes a few activities, strategies, and indicators for each EHE pillar using areas of intersection between the two (2) existing plans in the Houston area, i.e. these goals were drafted, when possible, where similarities existed within the two existing plans. These are indicated within the brackets in the key activities and strategies below. This is considered a "living" document, and it is anticipated that many more activities, strategies, and indicators will be added to each pillar as EHE planning continues and implementation begins.

Pillar One: Diagnose

Goal: Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.

Key Activities and Strategies:

1) Increase HIV testing to achieve a **0.1%** new positivity rate by funding both the local community-based organizations and local hospital systems.
    - In 2017, the total number of publicly funded tests conducted in the Houston EMA in both routine and targeted settings is 112,581. Of these, 295 are identified as newly diagnosed positive tests corresponding to a new positivity rate of **0.3%**.
    - For 2017, an estimated 4,595 people were unaware of their HIV positive status in the EMA.
2) Increase HIV partner services to achieve the partner index benchmark of 2.0.
    - For 2018, the partner index in Houston/Harris County is 0.6. The partner positivity rate is 12.5% (36 new positives/287 partners notified).
3) Ensure 90% of reported new HIV cases are interviewed for partners, suspects and associates.
4) Ensure 90% of all individuals interviewed who have been newly diagnosed with HIV successfully compete their first HIV medical appointment.
5) Ensure 90% of all partners initiated on a new HIV interview are tested for HIV.
6) Implement a free home HIV test kit pilot project by December 31, 2020.

Key Partners: Health departments, community-based organizations, FQHCs, correctional facilities, school-based clinics, sexual health clinics, women's health services/prenatal services providers, hospitals, etc.

Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Program (RWHAP), State and/or Local Funding

Estimated Funding Allocation: $1.8 Million

Outcomes (reported annually, locally monitored more frequently): number of newly identified persons with HIV

Monitoring Data Source: EMR data, surveillance data

Goal: Improve HIV diagnosis within the local correctional health systems [Roadmap]

Key Activities and Strategies:

1) Require that all persons receive mandatory HIV testing during initial processing upon arrival
2) Require that all persons receive mandatory, rapid HIV test upon release from incarceration

Key Partners: Local community members, local correctional institutions, local law enforcement, PWH, health departments, public health professionals,

Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, STD Funding, Ryan White HIV/AIDS Program (RWHAP), State and/or Local Funding
Estimated Funding Allocation: $0
Outcomes (reported annually, locally monitored more frequently): Establishment of protocols for HIV/AIDS treatment under incarceration, number of cases linked to care under incarceration
Monitoring Data Source: Local protocols and reports

Pillar Two: Treat

Goal: Increase retention in medical care through rapid treatment initiation and public health detailing.

- Ensure 90% of clients to be linked to care with a medical provider and started on ART within 72 hours of HIV diagnosis or return to care. [HCPH]
- Ensure 90% of clients to be retained in care and virally suppressed. [HCPH]

Houston Health Department will collaborate with Harris County Public Health (HCPH) Ryan White Grant Administration (RWGA) to implement a Rapid Initiation of Antiretroviral Therapy (ART) as a service delivery model for newly diagnosed clients and returning patients who have been out of care for greater than 12 months.
Key Activities and Strategies:

1) Implement immediate ART with a benchmark of 72 hours of HIV diagnosis for Test and Treat protocols [HCPH]
2) Train more medical providers on the Ryan White care system [Comprehensive HIV Plan and Roadmap]
3) Conduct HIV treatment-focused public health detailing with 100 initial and another 100 follow-up visits to providers to improve treatment-related practices
4) Utilize a multi-disciplinary approach to ensure that treatment for HIV/AIDS is integrated with treatment for other health conditions [Comprehensive HIV Plan and Roadmap]
5) Develop treatment literacy programs and medication adherence support programs for people living with HIV/AIDS to address co-morbidities [Comprehensive HIV Plan and Roadmap]

Key Partners: FQHCs, medical care providers, hospitals, community-based organizations, various professional health care associations, RWGA; TRG; HHD (Potential non-RP partners: RWPC)
Potential Funding Resources: Ryan White HIV/AIDS Program (RWHAP), CDC HIV Prevention and Surveillance Programs, State Local Funding
Estimated Funding Allocation: $9,081,382
Outcomes (reported annually, locally monitored more frequently): Number of newly identified individuals with HIV linked to care; total number of people with HIV; Number of individuals with HIV identified as not in care relinked to care; Number of newly identified individuals with HIV linked to care and started on ART within 72 hours of diagnosis; Number of individuals with HIV identified as not in care relinked to care and started on ART within 72 hours, and dates for the following will be collected by RWGA: first positive diagnostic test, test result disclosure, clinic referral, first outreach provider visit, first clinic medical provider visit, first ART prescription date, and ART start date
Monitoring Data Source: Surveillance, RWHAP, CPCDMS, CDC testing linkage data

Pillar Three: Prevent

Goal: Increase the percentage of people with referrals linked to a PrEP provider to 50% in 5 years

In 2018, the HHD PrEP program served the following:

- 1,070 individuals were referred to PrEP (screened/eligible)

- 203 were linked to PrEP provider (had a scheduled appointment)
- 166 were prescribed PrEP (received at least one prescription)

Comparison of percentage of referrals linked to a provider between Jan-May 15, 2018 and Jan-May 15, 2019: 17.8% (~18%) vs. 15.8% (~16%)

Key Activities and Strategies:

1) Provide immediate access to PrEP by same-day PrEP initiation for high-risk HIV negative individuals.
2) Increase the number of PrEP clinical days at each of the HHD clinics to 3 days per week.
3) Expand the availability and sustainability of PrEP and nPEP through education, referral, patient navigation, and cost effectiveness. [Comprehensive HIV Plan + Roadmap]
4) Include PrEP and nPEP information as a routine part of screening for sexually transmitted infections (STIs). [Comprehensive HIV Plan + Roadmap]
5) Educate primary care non-HIV providers on how to prescribe and follow up for PrEP and nPEP. [Comprehensive HIV Plan + Roadmap]
6) Conduct PrEP and nPEP-focused public health detailing with 100 initial and another 100 follow-up visits to providers to improve PrEP-related practices including sexual history taking, sexually transmitted infection screening, HIV screening, and discussion of PrEP with patients.

Key Partners: Community-based organizations, FQHCs, sexual health clinics, hospitals, social media platform providers, social service providers, RWPC-OS *(Potential non-RP partners:* TDSHS; AETC; HHS)
Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, Bureau of Primary Health Care, State and/or Local Funding, Minority AIDS Initiative (MAI), SAMHSA, HUD/ HOPWA, Federal Office of Rural Health Policy, Indian Health Service; Office on Women's Health, Office of Minority Health, Office of Population Affairs, and other public and private funding sources, etc.
Estimated Funding Allocation: $500,000
Outcomes (reported annually, locally monitored more frequently): Number of providers trained; number of prescriptions for PrEP
Monitoring Data Source: Local databases, medical records data, pharmacy records

Pillar Four: Respond

Goal: Increase capacity to identify, investigate active HIV transmission clusters and respond to HIV outbreaks

As of November 2018, HHD detected 53 clusters within Houston/Harris County. To date, the Houston Health Department has responded to 12 clusters and 82 cluster cases within Houston/Harris County. 11 of the 12 clusters responded were detected by CDC.

Key Activities and Strategies:

1) Increase capacity for rapid detection and response to active HIV transmission clusters.
2) Increase community engagement and input in response activities.
3) Implement both the molecular surveillance and time-space analysis to identify clusters.
4) Increase molecular HIV sequence reporting to at least 60% of individuals with diagnosed HIV infection each year.

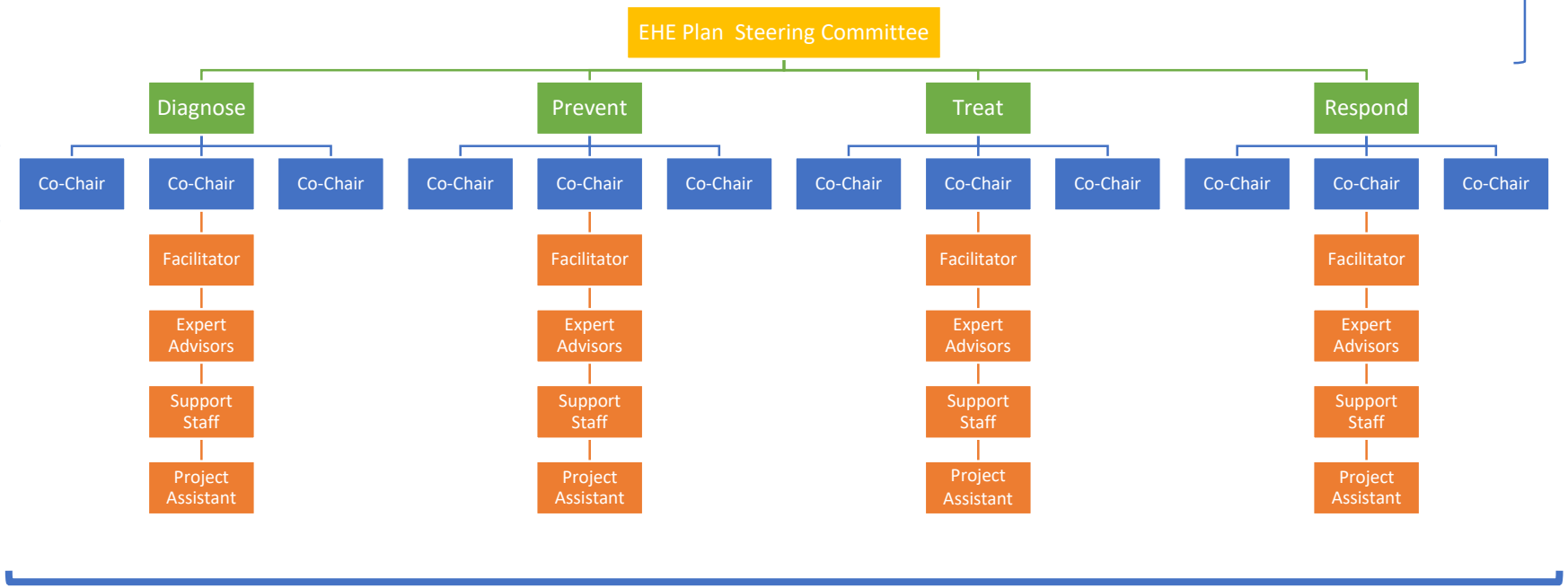
Key Partners: Local community members, PWH, health departments, public health professionals
Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, STD Funding, Ryan White HIV/AIDS Program (RWHAP), State and/or Local Funding
Estimated Funding Allocation: $500,000

Outcomes (reported annually, locally monitored more frequently): Establishment of protocols for cluster detection and response procedures, number of clusters detected, number of cases linked to care in a cluster
Monitoring Data Source: Local protocols and reports

APPENDIX 1: Houston Area Comprehensive HIV Prevention and Care Plan

APPENDIX 4: Planning Structure Scenario 1

Potential Representatives for Co-Chair
- Individuals Providing/Receiving HIV Care and Treatment Services
- Individuals Providing/Receiving HIV Prevention Services
- Individuals Representing Administrative Agencies
- Subject Matter Experts (SME)

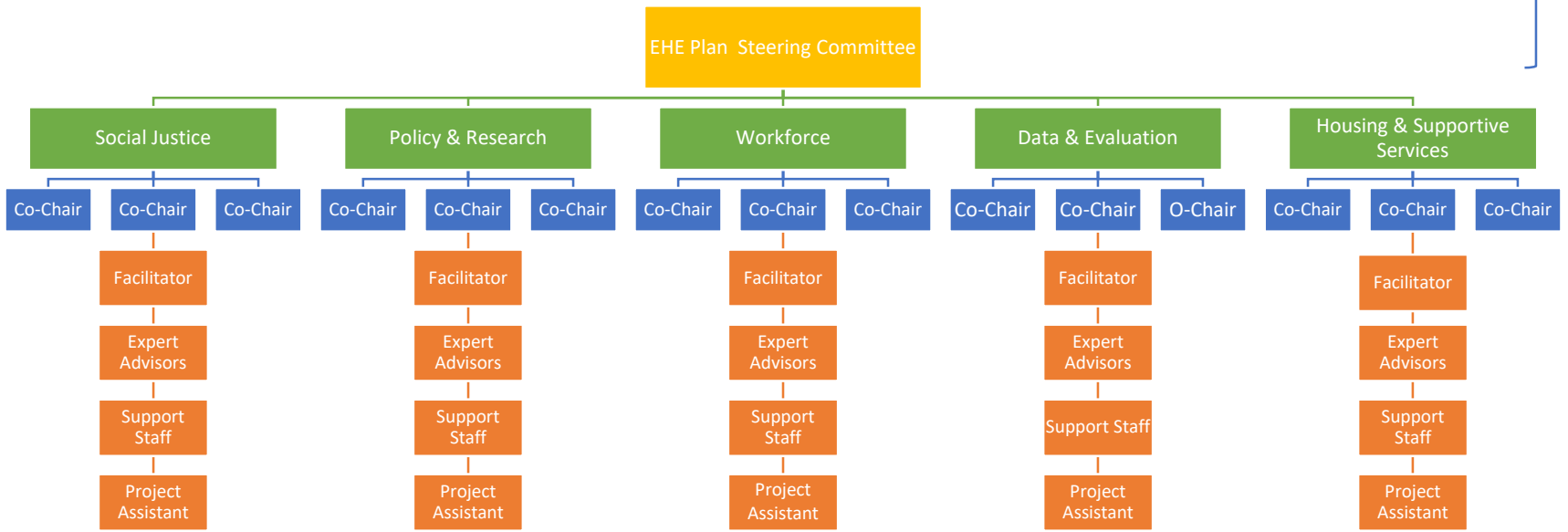


Current Stakeholders
Resource Group
END HIV Houston
HIV Community Planning Group (CPG)
Harris County Public Health
Ryan White Planning Council
Ryan White Part A
Houston Health Department (HHD)
Texas Department of State Health Services (DSHS)

Social Justice
Policy & Research
Workforce
Data & Evaluation
Housing & Supportive Services

APPENDIX 5: Planning Structure Scenario 2

Potential Representatives for Co-Chair
- Individuals Providing/Receiving HIV Care and Treatment Services
- Individuals Providing/Receiving HIV Prevention Services
- Individuals Representing Administrative Agencies
- Subject Matter Experts (SME)



Diagnose
Prevent
Treat
Respond

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Houston Health Department (HHD)
Texas Department of State Health Services (DSHS)