Houston Area HIV Services Ryan White Planning Council

Operations Committee Meeting
11:00 am, Tuesday, November 17, 2015
Meeting Location: 2223 W. Loop South, Suite 240
Houston, Texas 77027

AGENDA
* = Handout to be distributed at the meeting

I. Call to Order
   A. Moment of Reflection
   B. Adoption of the Agenda
   C. Adoption of the Minutes
   D. Budget Increase Request to RWGA

II. Public Comments 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/AIDS status. When signing in, guests are not required to provide their correct or complete names. 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.)

III. Project LEAP Advisory Committee
    A. 2015 Project LEAP Final Evaluation
    B. Chart: Graduates applying for planning body participation
    C. Motion: Approve the attached service definition with edits.
    D. Motion: Approve attached 2016 Student Selection Guidelines.
    E. Motion: Table a Project LEAP Reunion until FY 2016
       1. Survey Project LEAP graduates re: possible reunion

IV. Old Business
    A. Nominees for RWPC 2016 Officers
    B. 2016 Council Orientation
       1. Alternate keynote speaker
       2. Agenda
    C. Conflict of Interest, see attached chart

V. Announcements
   Next Committee meeting: Thursday, January 14, 2016. Agenda items will include: 2016 Council Orientation.

VI. Adjourn

12:30 PM INTERVIEW COUNCIL APPLICANTS
Call to Order: Curtis Bellard, Co-Chair, called the meeting to order at 11:05 a.m. and asked for a moment of reflection.

Adoption of the Agenda: Motion #1: it was move and seconded (Pradia, Ethridge) to adopt the agenda. Motion carried unanimously.

Approval of the Minutes: Motion #2: it was moved and seconded (Ethridge, Johnson) to approve the September 15, 2015 meeting minutes with one correction: Bellard made Motion #7. Motion carried.

Public Comment: None.

Conflict of Interest: Williams reviewed the Houston Ryan White Planning Council Conflict of Interest policy. The committee began using the Managing Conflict of Interest chart to compare local practice against the HRSA Part A Manual, see attached.

Update on 2015 Attendance Report: Williams reviewed the attached document.

2016 Elections: Williams reviewed the attached slate of nominees. Nominations for officers are due by the end of the November Steering Committee meeting. Barnes nominated Pradia for Secretary; Pradia accepted the nomination.

2016 Council Orientation: Williams said that in order to secure Trevisio as the location for the 2016 Orientation, the Office of Support booked January 21, 2016 since January 28th was not available. The committee reviewed the 2015 orientation agenda, see attached. The committee agreed to have Ann Robbins speak again in 2016. Suggested changes include introducing the
Council officers and committee co-chairs at the start of Committee Orientation and moving Ann Robbins to right after lunch so that more members will be present to hear her presentation.

2016 Mentor Luncheon: The luncheon will take place on January 14, 2016. The committee will have a short meeting before the luncheon at 11:00 am.

Announcements: The next Committee meeting will be on Tuesday, November 17, 2015; agenda items will include Conflict of Interest and 2016 Council Orientation.

Adjournment: The meeting was adjourned at 12:25 p.m.

Submitted by:  

Approved by:  

Tori Williams, Manager  Date  Committee Chair  Date  

2015 Operations Committee Voting Record for 10/13/15  

<table>
<thead>
<tr>
<th>Scribe: Beck</th>
<th>C: Chaired the meeting</th>
<th>Absent from meeting</th>
<th>Motion #1 Agenda Carried</th>
<th>Motion #2 Minutes Carried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtis Bellard, Co-Chair</td>
<td>X</td>
<td>C</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Ruth Atkinson, Co-Chair</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Connie Barnes</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Gene Ethridge</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Tracy Gorden</td>
<td>X</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Arlene Johnson</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Kevin Moore</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Tana Pradia</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Teresa Pruitt</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Watson</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PUBLIC COMMENT

October 22, 2015

Dear Torrie

As per our conversation on 10/16/2015 I feel that I should be reimbursed for my milage on 10/13/2015. I am a committee member. I was invited/required to be at that meeting. It was a committee meeting and it’s purpose was official Rayon White business. I am requesting that the Operation Committee review this event and disburse my petty cash ASAP.

Thank you
Michael Kennedy
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- FY15 Project LEAP Service Definition (approved 11-11-14)
- 2015 Project LEAP Course Overview
- 2015 Pre/Post-Training Evaluation Forms
Introduction

“Project LEAP” (*Learning, Empowerment, Advocacy and Participation*) is a locally-defined HRSA-funded Service Category for the Houston EMA. Its purpose is to “increase the number and effectiveness of HIV infected individuals and affected others who can participate in organizations, councils, and committees dealing with the allocation of public funds for HIV-related prevention and care services,” with an emphasis on increasing participation in the EMA’s two local Planning Bodies, the Ryan White Planning Council (RWPC) and the Houston HIV Prevention Community Planning Group (CPG).

Project LEAP is currently designed as a weekly class spanning 16 weeks including classroom training, out-of-class time observation, and experiential community-based learning. Annually, the RWPC reviews and makes recommendations for the Project LEAP Service Definition based on program results and student needs. An External Advisory Panel consisting of representatives from the RWPC, CPG, Administrative Agents for Ryan White funds in the EMA, and Project LEAP alumni also advises Project LEAP.

Beginning in 2012, the RWPC Office of Support (OS) assumed responsibility for planning, implementing, and evaluating Project LEAP, including student recruitment, syllabus design, and course facilitation. In its pilot year as an Office of Support project, 29 students were enrolled in the program, and 24 students graduated (for an 83% graduation rate). Of graduates, 63% were HIV consumers, and 63% applied for either RWPC or CPG membership. The pilot was also conducted at a savings of over $38,000 compared to prior contracted providers.

This report summarizes results from the 2015 Project LEAP cohort, including the ways in which the 2015 syllabus met the objectives outlined in the RWPC-approved Service Definition, the extent of the program’s achievement in increasing the knowledge and skills of HIV infected and affected individuals, and lessons learned for future program implementation.
Obj. 1: Contact Hours Requirements

From the FY15 Project LEAP Service Definition:
Since 2013, Project LEAP has been designed to include multiple experiential community-based learning opportunities, including direct observations of Planning Body activities. To ensure each Project LEAP student has the same opportunity for community-based learning activities, the FY15 Project LEAP Service Definition requires contact hours for out-of-class time and service learning. The approved contact hours for Project LEAP are as follows:

- A minimum of two classes will be provided during the term of this [program]. Each class will include graduation and at least:
  1. 44 contact hours of classroom training;
  2. Twelve (12) hours of participation in RWPC or CPG meetings or activities; and participation in HIV-related community activities;

- For a total of at least 112 hours (two classes at 56 hours per class).

Due to an unusually low number of PLWHA applicants, the Office of Support gained prior approval from Ryan White Grants Administration to administer one daytime 2015 Project LEAP class.

From the 2015 Project LEAP Syllabus:

- One class was held each week from April 1, 2015 – July 15, 2015 (See Figure 1), including:
  1. 48 hours of classroom training;
  2. 12 hours of participation in RWPC or CPG meetings or activities; and participation in HIV-related community activities;

- For a total of 60 hours of instruction. This is 3 hours more per class than the Service Definition requirement.

- A graduation dinner and ceremony was held on July 22, 2015.

**Figure 1: Project LEAP Contact Hours, 2015**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>FY15 Service Definition (approved 11-11-14)</th>
<th>Number of Hours</th>
<th>Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation</td>
<td>n/a</td>
<td>n/a</td>
<td>Graduation ceremony held 8-22-15</td>
</tr>
<tr>
<td>Classroom training</td>
<td>44</td>
<td>48</td>
<td>11 weekly classroom sessions conducted at 4 hours/session; 4 hours of classroom sessions before RWPC, CPG, and P&amp;A Committee mtgs</td>
</tr>
<tr>
<td>PC/CPG/Community participation</td>
<td>12</td>
<td>12</td>
<td>Student attendance at 1 RWPC mtg (2 hrs), 1 CPG mtg (2 hrs), 1 P&amp;A Committee mtg (2 hrs), 1 community mtg (2 hrs), and participation in 1 volunteer shift at an HIV testing event (4 hrs)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Number of classes</th>
<th>Total contact hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total per class</strong></td>
<td>56</td>
<td>112</td>
</tr>
<tr>
<td><strong>Number of classes</strong></td>
<td>2</td>
<td>1*</td>
</tr>
<tr>
<td><strong>Total contact hours</strong></td>
<td>60*</td>
<td>60</td>
</tr>
</tbody>
</table>

*Two class requirement waived by Ryan White Grant Administration due to fewer than anticipated consumer applications.
Obj. 1: Curriculum Requirements

FY15 Project LEAP Service Definition curriculum requirements met by the 2015 Project LEAP syllabus:

1. Information on the sources & purposes of HIV service funds in the Houston EMA/HSDA
   - Week #2 (4/8/15): Overview of HIV/AIDS Care Funds & RW Program: HRSA to Council (Williams)
   - Week #3 (4/15/15): Panel – Barriers to Reaching, Linking, & Retention in Care (Epidemiology Overview & Special Populations (Meyer, Blue, Cantu, Aguires, Weaver, & Johnson)
   - Week #5 (4/29/15): Overview of Housing Opportunities for People with HIV/AIDS (Barr)
   - Week #6 (5/6/15): HIV Prevention Program: CDC to CPG (Wiley)
   - Week #13 (6/24/15): Attendance at Priorities & Allocations (P&A) Committee meeting (Williams)

2. Structure, functions, & procedures of the RWPC/CPG
   - Week #1 (4/1/15): Community Needs Assessment (Alvarez)
   - Week #2 (4/8/15): Designing HIV Care Services: HTBMN (Williams)
   - Week #5 (4/29/15): LEAP Special Study Project – Survey Skills Training (Alvarez)
   - Week #8 (5/20/15): LEAP Special Study Project – Survey Experience Discussion (Alvarez)
   - Week #11 (6/6/15): Training on HIV Resources/Blue Book Treasure Hunt (Beck)
   - Week #15 (7/8/15): Advocate 101 (Ray)

3. Training & skills building in needs assessments, parliamentary procedures & meeting management, presentation skills, accessing & utilizing resources and role models, & organizational participation & conduct
   - Week #2 (4/8/15): LEAP Special Study Project Survey Development (Alvarez)
   - Week #5 (4/29/15): LEAP Special Study Project – Survey Skills Training (Alvarez)
   - Week #8 (5/20/15): LEAP Special Study Project – Survey Experience Discussion (Alvarez)
   - Week #6 (5/6/15): Robert’s Rules of Order Exercise (Lazo)
   - Week #9 (5/27/15): LEAP Special Study Project – Presentation Preparation (Beck)
   - Week #11 (6/11/15): Presentation of LEAP Special Study Project to RWPC
   - Week #14 (7/1/15) Leadership Skills and Team Building (Alexander)
   Ongoing: Weekly designation of meeting chairs, weekly practice with Robert's Rules and following meeting agendas, regular in-class small/large-group activities requiring student presentations

4. Training on HIV-related Standards of Care, quality assurance methods, & HRSA service category definitions
   - Week #2 (4/8/15): Designing HIV Care Services: HTBMN (Williams)
   - Week #5 (4/29/15): HIV Continuum of Care (Alvarez)
   - Week #10 (6/3/15): Training on Standards of Care and Performance Measures (Alvarez)
Obj. 2: Class Composition vs. Current HIV/AIDS Prevalence

From the FY15 Project LEAP Service Definition:
- Enroll at least 20 HIV-infected individuals and no more than 10 affected others prior to the commencement of the training program.
- The race, ethnicity, and sex composition of the classes must reflect current local HIV/AIDS prevalence data to the extent feasible.
- Endeavor to enroll individuals from groups that are disproportionately affected by HIV disease, including youth and transgender PLWHA.

Due to an unusually low number of PLWHA applicants, the Office of Support gained prior approval from Ryan White Grants Administration to administer one daytime 2015 Project LEAP class.

From the 2015 Project LEAP Cohort (See Figure 2):
- 14 HIV infected individuals and 3 affected others were enrolled in Project LEAP in 2015 at the beginning of the program.
- Of graduating students, 11 (85%) were HIV positive, and two (15%) were affected.
- Enrollment among black and white (non-Hispanic) students was largely representative of the demographic distribution of the epidemic in the Houston EMA. The proportion of Hispanic/Latino 2015 Project LEAP enrollees was nearly 10% higher than current prevalence, and 17% higher than 2014 enrollment.
- Two youth enrolled in the program, and one graduated.
- Two transgender students enrolled in the program, and both graduated, the highest enrollment and graduation rate among transgender individuals since the Office of Support began implementing Project LEAP in 2012.

Figure 2: Project LEAP 2014 Class Composition, 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>EMA HIV/AIDS Prevalence (as of 12/31/13)</th>
<th>2015 Project LEAP Enrollees (as of 4/1/15)</th>
<th>2015 Project LEAP PLWHA Enrollees (as of 4/1/15)</th>
<th>2015 Project LEAP Graduates (as of 7/15/15)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>White, not Hispanic</td>
<td>5,239</td>
<td>21.9</td>
<td>4</td>
<td>23.5</td>
</tr>
<tr>
<td>Black, not Hispanic</td>
<td>11,644</td>
<td>48.7</td>
<td>7</td>
<td>41.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6,182</td>
<td>25.8</td>
<td>6</td>
<td>35.3</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>849</td>
<td>3.6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>23,914</td>
<td>100</td>
<td>17</td>
<td>100</td>
</tr>
<tr>
<td>Sex</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Male</td>
<td>17,799</td>
<td>74.4</td>
<td>11</td>
<td>64.7</td>
</tr>
<tr>
<td>Female</td>
<td>6,115</td>
<td>25.6</td>
<td>4</td>
<td>23.5</td>
</tr>
<tr>
<td>Transgender</td>
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<td>n/a</td>
<td>2</td>
<td>11.8</td>
</tr>
<tr>
<td>Total</td>
<td>23,914</td>
<td>100</td>
<td>17</td>
<td>100</td>
</tr>
<tr>
<td>Age</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>13 – 24 years</td>
<td>1,322</td>
<td>5.53</td>
<td>2</td>
<td>11.8</td>
</tr>
<tr>
<td>Total</td>
<td>1,322</td>
<td>5.53</td>
<td>2</td>
<td>11.8</td>
</tr>
</tbody>
</table>

*Data suppressed to maintain confidentiality
Obj. 2: Course Completion

From the FY15 Project LEAP Service Definition:
- Enroll at least 20 HIV-infected individuals and no more than 10 affected others prior to the commencement of the training program.
- Establish realistic training schedules that accommodate varying health situations of participants.

From the 2015 Project LEAP Cohort (See Figures 3):
- 59 individuals applied for the 2015 class of Project LEAP (more than any Project LEAP class since the Office of Support began implementation in 2012). 19 applicants withdrew from the interview process or could not be contacted after their application was submitted. Interviews were scheduled with the remaining 40 applicants. 13 applicants did not show up for their interviews, 10 applicants were interviewed but not accepted into the program, and 17 applicants were interviewed and enrolled into the program.
- Out of the 17 students enrolled, 13 graduated from the program, for a graduation rate of nearly 77%. Reasons for attrition were primarily conflicts with work scheduling and new employment.
- Average weekly attendance was 78% of currently-enrolled students. Weeks involving off-site locations, alternate days/times, or with inclement weather correlated with higher absences. Four students exceeded the allowable absences and completed required “make-up” assignments, while two students had perfect attendance.
- 8 students (or 62% of the graduating class) submitted applications to RWPC and/or CPG membership. One 2014 Project LEAP graduate also submitted an application to RWPC in 2015. Additionally, five 2015 Project LEAP graduates applied to the Positive Organizing Project, a program administered by Legacy Community Health to teach consumers activism and advocacy skills.

Figure 3: Project LEAP Application, Enrollment, and Course Completion, 2015

- 17% Not accepted in 2015
- 29% Accepted
- 22% No-show for interview
- 32% Withdrew application / could not contact
- 24% Did not graduate
- 76% Graduated
- 38% Did not apply
- 62% Applied

- 47% of those interviewed were HIV negative
- 47%
- 90%
- 80%
- 70%
- 60%
- 50%
- 40%
- 30%
- 20%
- 10%
- 0%

Applied to Project LEAP (n=59)
Enrolled in Project LEAP (n=17)
Applied to RWPC or CPG (n=13)
**Obj. 2: Pre/Post-Training Evaluation**

From the FY15 Project LEAP Service Definition:
- Conduct a pre-training evaluation to determine knowledge and beliefs concerning HIV disease and understanding of HIV-related funding processes.
- Conduct a post-training evaluation to measure change.

From the 2015 Project LEAP Cohort:
- A matched pre-training and post-training evaluation was conducted at Weeks 1 and 16. The evaluation tool (See Attachment) included the following:
  1. A 10-item fact-based multiple choice quiz specific to Service Definition topics measuring change in knowledge;
  2. A self-assessment of understanding of Service Definition topics (1 = “not well”; 5 = “very well”) measuring self-assessed change in understanding; and
  3. A self-assessment of ability to perform the skills or activities required by the Service Definition (1 = “not well”; 5= “very well”) measuring self-assessed change in skills.
- 85% of the graduating class was evaluated at both pre and post with the following results (See Figure 4):
  1. The average number of correct answers to the fact-based multiple choice questions increased from 5.82 to 6.82, or a 17% improvement in average knowledge test scores.
  2. The average self-assessment rating of understanding increased from 2.51 to 4.45 (out of 5), or a 44% improvement in self-assessed understanding.
  3. The average self-assessment rating of ability to perform skills or activities increased from 3.48 to 4.60 (out of 5), or a 25% improvement in self-assessed skills.
  4. The greatest improvements occurred in: knowledge of the purpose of the RW program and RWPC activities; understanding of the structure and function of the RWPC; and ability to effectively use Robert’s Rules of Order.

**Figure 4: Project LEAP Pre/Post-Training Evaluation Results, 2015**
Obj. 2: Process Evaluation and Lessons Learned

From the FY15 Project LEAP Service Definition:
- Enhance the participation of the HIV-infected and affected persons participating in this project.
- Provide both lecture and hands-on experiential class activities to enable participants to maximize opportunities for learning.

From the 2015 Project LEAP Syllabus and Cohort:
- A variety of teaching methods was employed to meet the Service Definition:
  1. Lectures: included 20 guest speakers (in addition to three Office of Support staff/facilitators)
  2. Hands-on activities: 100% of classroom sessions included an interactive activity (e.g., Robert’s Rules practice, team-building activities, group discussion, and report-back)
  3. Experiential activities: Graduation requirements included a special study project, attendance at a community meeting, and a volunteer shift at an HIV testing event. Three weeks of class occurred at a RWPC, Committee, or CPG related function.
- Course instruction quality was assessed weekly. (See Figure 5)
  1. In general, average ratings were highly favorable, with an average rating heavily skewed toward “Strongly Agree” in all quality measures assessed.
  2. The highest ratings indicate that, generally, students were pleased with their decision to participate in Project LEAP (4.94/5), felt the Project LEAP class was a safe and supportive learning environment (4.90/5), felt their knowledge increased as a result of the class (4.86/5), and found the class to be well organized and facilitated (4.86/5).
  3. Though still very high, lower ratings indicate students thought there was not always enough time to fully address topics (4.74/5) or interact with classmates (4.76/5), may have had some difficulty envisioning ways to apply information presented in class to their personal lives or professionally (4.83/5), and felt some classes did not quite meet their expectations (4.83/5).
  4. Overall, classes received an average rating of 4.82/5. The final class received an average rating of 4.90/5.

Figure 5: Project LEAP Weekly Evaluation Results, Average Ratings (1=Strongly Disagree, 5=Strongly Agree; Class Rating, 1=Poor, 5=Excellent), 2015
Obj. 2: Process Evaluation and Lessons Learned (Con’t)

- Course logistics quality was assessed at the mid-point and end of the course. (See Figure 6)
  1. Most course logistics elements showed improvement between the mid-point (not shown) and end-point evaluations. Improvement was observed in all elements except the class day and time.
  2. Average ratings were highly favorable, with all course logistics elements rated “Very Good” (29%) or “Excellent” (71%).

Figure 6: Project LEAP Logistics, Evaluation Ratings (1=Very Poor, 5=Excellent), 2015

- General impressions of course quality were measured at the mid-point and end-point. As of the final Project LEAP 2015 class:
  1. 100% of students felt better able to be productive planning body members following Project LEAP.
  2. 100% of students said that Project LEAP met their expectations, were pleased with their decision to participate in Project LEAP, and would recommend Project LEAP to someone else.
  3. 100% of students said that Project LEAP made them more knowledgeable about HIV prevention and care services planning.

- Qualitative data were collected at the mid-point and end-point with an open-ended question inviting students to suggest ways of making Project LEAP even better in the future:
  1. Have more demographic diversity among students [Note: 2015 was one of the most demographically diverse classes since the Office of Support began implementation in 2012.]
  2. Larger font and lighter colors on handouts
  3. Offer a class in Spanish

Most responses complemented the quality of the class and course content.
"Project LEAP has allowed me the chance to stop standing on the sideline": The Life-Changing Impact of Project LEAP

Near the end of the course, the 2015 Project LEAP students were asked to share the impact of the program had on their lives. The quotes were displayed in a presentation that played during the graduation ceremony. The following quotes convey sentiments shared by many of the students:

• “I was afraid to take Project LEAP at first. I am very glad I made the decision to become a part of Project LEAP. It has helped me to be a better person, advocate and I’ve learned so much confidence. Thank you SO very much!”

• “LEAP was not just learning how to be a good HIV advocate. It was something I looked forward to each week to see my wonderful classmates and the friendships we made.”

• “I enjoyed the Project LEAP class, I met so many wonderful people. I will use all that I learn to help others in the community. I would recommend this class to the community. Thanks for the info.”

• “For me Project LEAP has been a reintroduction to the HIV community. For many years I have worked as an advocate and Project LEAP has re-fueled my advocacy fire, so that I may continue to work as a positive force.”

• “As a fairly new diagnosed woman, Project LEAP has given me the opportunity to learn how to advocate, and make informed decisions for the HIV community which I am part of. I will be able to participate in very important decision making processes.”

• “Project LEAP has allowed me the chance to stop standing on the sideline of the HIV/AIDS field, now I can start being an actual player.”

• “To me Project LEAP is a better understanding of how Federal and state resource dollars reach individual clients, [and an] understanding of how some county services and Municipal agencies work in parallel teams to reach some desire level of outcome that affect their specific political boundaries.”

• “It meant a lot to me. It was a window into reality in order to educate and [empower] me and especially with HIV and also Latina transgender woman to share and educate [with the] community. Why I started to work for the trans women [is we are] more vulnerable in this country in terms of our legal situation, by language, and by the simple fact of being born in a wrong body but with the conviction of being a human being in our society.”

• “I have learned by attending LEAP that I am and will continue to be a very influential person. What I do as a person in my community, for my community, and through my community will impact many people for years. I am IMPORTANT!”

• “Project LEAP has meant so much to me. I have met some wonderful people that I will be friends with forever. I learned that there was so much more to learn! I have felt such camaraderie with my fellow Leapers and Tori and Amber. I will miss our weekly visits!”

• “Communication, knowledge, information and so much more is what Project LEAP means to me. Thanks to all the information I have received now I feel more [prepared] to help and find those needs that my community has. Thanks Project LEAP to support the transsexual Latin community because by you educating me you created a resource of information to help others.”
# Budget Information and Comparison

Original Cost of the Program: $52,000

2015 Cost of the Program: $6,354

**Total Savings:** $45,645

2015 Expenses:*

<table>
<thead>
<tr>
<th>Item</th>
<th>2012 Expenses</th>
<th>2013 Expenses</th>
<th>2014 Expenses</th>
<th>2015 Expenses</th>
</tr>
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<tbody>
<tr>
<td>Supplies</td>
<td>$638</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities Rental</td>
<td>274</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaker Fees</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Reimbursement</td>
<td>1,031</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(mileage only – no dependent care needed in 2015)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals and Snacks</td>
<td>4,091</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Mileage</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>300</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(graduation shirts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$6,354</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Project LEAP Budget Comparison, 2012 – 2015

<table>
<thead>
<tr>
<th>Item</th>
<th>2012 Expenses</th>
<th>2013 Expenses</th>
<th>2014 Expenses</th>
<th>2015 Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel &amp; Fringe</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Supplies</td>
<td>1,182</td>
<td>1,159</td>
<td>522.72</td>
<td>638.47</td>
</tr>
<tr>
<td>Facilities Rental</td>
<td>268</td>
<td>875</td>
<td>317.50</td>
<td>273.75</td>
</tr>
<tr>
<td>Speaker Fees</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Student Reimbursement</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>3,294</td>
<td>3,178</td>
<td>4,878.35</td>
<td>1,030.72</td>
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<tr>
<td>Dependent Care</td>
<td>560</td>
<td>705</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Food</td>
<td>7,844</td>
<td>5,897</td>
<td>7,553.03</td>
<td>4090.90</td>
</tr>
<tr>
<td>Staff Mileage</td>
<td>200</td>
<td>25</td>
<td>20.00</td>
<td>20.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>630</td>
<td>858</td>
<td>808.90</td>
<td>300.50</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$13,978</strong></td>
<td><strong>$12,697</strong></td>
<td><strong>$14,100.50</strong></td>
<td><strong>$6,354.34</strong>*</td>
</tr>
</tbody>
</table>

*IMPORTANT: Please note that 2015 expenses are significantly less than in previous years because it is the first year in which there was no evening class.*
Acknowledgments

Project LEAP 2015 was a collaboration of the:

_**Houston Area HIV Services Ryan White Planning Council** and the
Houston Department of Health and Human Services,
Bureau of HIV/STD & Viral Hepatitis Prevention_

Project LEAP 2015 was made possible by the following individuals:

**Project LEAP Advisory Committee**

- Cecilia Ross, Chair
- Curtis Bellard
- Tana Brown
- Gene Ethridge
- Herman Finley
- Morénike Giwa
- Tracy Gorden
- Angela F. Hawkins

- Arlene Johnson
- Osaro Mbere
- Kevin Moore
- Teresa Pruitt
- Venita Ray
- Robert Smith
- Steven Vargas

**Guest Speakers**

- Antonio Aguries
  *Planned Parenthood Gulf Coast*
- Mike Alexander
  *MLA Consulting*
- Ruth Atkinson
  *Member, Ryan White Planning Council*
- Melody Barr
  *Houston Department of Housing & Community Development*
- Nike Blue
  *AIDS Foundation Houston*
- Chad Brandt
  *University of Houston, Department of Psychology*
- Evelio Salinas Escamilla
  *University of Houston, School of Social Work*
- Gerry Cantu
  *Latino HIV/AIDS Task Force*
- Annette Johnson
  *Baylor College of Medicine, Teen Health Clinic*
- John Lazo
  *Houston Metropolitan Chamber of Commerce*

- Amy Leonard
  *Legacy Community Health*
- Carin Martin
  *Ryan White Grant Administration*
- Jeffrey Meyer
  *Houston Department of Health and Human Services*
- Scot More
  *Coalition for the Homeless of Houston/Harris County*
- Venita Ray
  *Legacy Community Health*
- Cecilia Ross
  *Living Without Limits Living Large*
- Paul Simmons
  *Legacy Community Health*
- Steven Vargas
  *Chair, Ryan White Planning Council*
- Lou Weaver
  *Community Activist*
- Cathy Wiley
  *Houston Department of Health and Human Services*

**Office of Support Staff**

- Tori Williams, Manager
- Amber Alvarez, Health Planner
- Diane Beck, Council Coordinator
- Georgette Monaghan, Assistant Coordinator
- Eric Moreno, Assistant Coordinator

**HDHHS Bureau Staff**

- Marlene McNeese, Bureau Chief
- Cathy Wiley, Training Administrator
Attachments

- FY15 Project LEAP Service Definition (approved 11-11-14)
- 2015 Project LEAP Course Overview
- 2015 Pre/Post-Training Evaluation Forms
## SERVICE DEFINITION

**Project L.E.A.P.**  
Houston Ryan White Planning Council  
[www.rwpcHouston.org](http://www.rwpcHouston.org)

<table>
<thead>
<tr>
<th>Service Category Title:</th>
<th>Grant Administration - Project LEAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit of Service Definition:</strong></td>
<td>1 unit of service = 1 class hour of training to Project L.E.A.P. participants. No other costs may be billed to the contract issued for Project LEAP.</td>
</tr>
<tr>
<td><strong>Program Goals:</strong></td>
<td>Contractor will increase the number and effectiveness of HIV-infected individuals and affected others who can participate in organizations, councils and committees dealing with the allocation of public funds for HIV-related prevention and care services, through an effort known as “Project LEAP” (Learning, Empowerment, Advocacy and Participation). A minimum of 20 and a maximum of 30 HIV-infected individuals must be enrolled prior to the commencement of the training program. A maximum of 10 affected others may be included in the training program in addition to the minimum number of HIV-infected individuals. The race, ethnicity and gender composition of the classes must reflect current local HIV/AIDS prevalence data to the extent feasible. Contractor must endeavor to enroll individuals from groups that are disproportionally affected by HIV disease, including youth and transgender PLWHA, in Project LEAP. Project LEAP will increase the knowledge and participation of HIV-infected and affected participants through a training program specifically developed to provide HIV-infected and affected persons with the knowledge and skills necessary to become active, informed, and empowered members of HIV planning bodies and other groups responsible for the assessment of HIV-related prevention and service needs in the Houston EMA/HSDA. The primary focus of training is to prepare participants to be productive members of local HIV/AIDS planning bodies, with an emphasis on planning activities conducted under the auspices of the Houston Ryan White Planning Council (RWPC) and the HIV Prevention Community Planning Group (CPG).</td>
</tr>
</tbody>
</table>
| **Program Requirements:** | A minimum of 2 classes will be provided during the term of this agreement. Each class will include graduation and at least:  
- 44 contact hours of classroom training;  
- 12 hours of participation in RWPC or CPG meetings or activities; and participation in HIV-related community meetings and activities for a total maximum of 112 hours (2 classes at 56 hours per class). The Council-approved minimum outline for the training curriculum includes: HIV funding sources, general and specific operational procedures of HIV-related planning bodies, information regarding assessment of the needs of HIV-infected persons in the Houston EMA/HSDA, presentation skills, knowledge related to accessing services, overview of HIV-related quality improvement processes and parliamentary procedure/meeting management skills. |
Contractor will provide reimbursement of eligible expenses to participants during the period of enrollment to reimburse these participants for out of pocket costs related to their participation, limited to transportation, childcare, and meals. Contractor agrees to provide HCPHES/ Ryan White Grant Administration and the Houston RWPC with written reports and project summaries as requested by Harris County and in a form acceptable to Harris County, regarding the progress and outcome of the project.

Contractor will provide Harris County with a written report summarizing the activities accomplished before the end of the calendar year.

### Program Objectives:

**Objective 1:** Contractor will identify and provide training to at least 20 HIV-infected individuals and no more than 10 affected others in order for them to receive the necessary skills and knowledge to participate in the decision-making process to fund and allocate public money to HIV-related services in the Houston EMA/HSDA. The following training curriculum shall be provided:

1. Information on the sources and purposes of HIV service funds in the Houston EMA/HSDA;
2. The structure, functions, and procedures of the RWPC and the CPG;
3. Specific training and skills building in needs assessments, parliamentary procedures and meeting management procedures, presentation skills, accessing and utilizing support resources and role models, and competence in organizational participation and conduct.
4. Specific training on HIV-related Standards of Care, quality improvement methods and HRSA service category definitions.

**Objective 2:** Contractor will enhance the participation of the HIV-infected and affected persons participating in this project by the following documented activities:

1. Establishing realistic training schedules which accommodate varying health situations of participants;
2. Conducting a pre-training evaluation of participants to determine their knowledge and beliefs concerning HIV disease and understanding of HIV-related funding processes in the Houston area. Contractor must incorporate responses from this pre-training evaluation in the final design of the course curriculum to ensure that, to the extent reasonably possible, the specific training needs of the selected participants are addressed in the curriculum;
3. Conducting a post-training evaluation to measure the change in participants knowledge and beliefs concerning HIV disease and understanding of HIV-related funding processes in the Houston area;
4. Providing reimbursement of allowable expenses to help defray costs.
of the individual's participation, limited to transportation, child care, and meals;

5. Providing both lecture and hands-on experiential class activities to enable participants to maximize opportunities for learning.

**Objective 3: Contractor will encourage cooperation and coordination among entities responsible for administering public funds for HIV-related services by:**

1. Involving HCPHES/RWGA, The Houston Regional HIV/AIDS Resource Group and other administrative agencies for public HIV/AIDS care and prevention funds in curriculum development and training activities;

2. Ensuring representatives from the RWPC, the CPG and Project LEAP alumni are members of the Project LEAP External Advisory Panel. The responsibility of the Project LEAP External Advisory Panel is to:
   - Assist in curriculum development
   - Provide input into criteria for selecting Project LEAP participants
   - Help with the development of a recruitment strategy
   - If the Contractor finds it difficult to find individuals that meet the criteria for participation in the Project, assist with student recruitment
   - Review the final report for the Project in order to highlight the successes and brainstorm/problem solve around issues identified in the report. The results of the review will be sent to the RWPC Operations Committee and the next Project LEAP External Advisory Panel.

3. Collaborating with the Project LEAP External Advisory Panel during the initial 60 days of the Contract term. The criteria developed and utilized will, to the maximum extent possible, ensure participants selected represent the groups most affected by HIV disease, consistent with current HIV/AIDS epidemiological data in the Houston EMA/HSDA, including youth (ages 18-24) and transgender PLWHA.

<table>
<thead>
<tr>
<th>Special Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor will provide HCPHES/RWGA with the attached matrix and chart 21 and 14 days before the first class and again the day after the first class demonstrating that the criteria established by the Project LEAP External Advisory Panel was met. The matrix must be approved by RWGA 14 days before the first class.</td>
</tr>
</tbody>
</table>
### EXAMPLES: Matrix and Chart

**Recommended Project LEAP Class of 2013**

<table>
<thead>
<tr>
<th>Candidate</th>
<th>M</th>
<th>F</th>
<th>T</th>
<th>HIV+</th>
<th>Non-Aligned HIV+</th>
<th>W</th>
<th>B</th>
<th>H</th>
<th>Youth Age 13-19</th>
<th>Youth Age 20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td></td>
<td>X</td>
<td></td>
<td></td>
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<td>X</td>
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<td>3</td>
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<td>6</td>
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</tr>
<tr>
<td>Totals</td>
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<td>3</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, not Hispanic</td>
<td>5,605</td>
<td>26.85%</td>
<td>7</td>
<td>19.44%</td>
<td>4</td>
<td>25.00%</td>
</tr>
<tr>
<td>Black, not Hispanic</td>
<td>10,225</td>
<td>48.98%</td>
<td>19</td>
<td>52.78%</td>
<td>8</td>
<td>50.00%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4,712</td>
<td>22.57%</td>
<td>10</td>
<td>27.78%</td>
<td>4</td>
<td>25.00%</td>
</tr>
<tr>
<td>Other</td>
<td>333</td>
<td>01.60%</td>
<td>0</td>
<td>00.00%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td>20,875</td>
<td>100.00%</td>
<td>36</td>
<td>100.00%</td>
<td>16</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>15,413</td>
<td>73.83%</td>
<td>21</td>
<td>58.33%</td>
<td>11</td>
<td>68.75%</td>
</tr>
<tr>
<td>Female</td>
<td>5,462</td>
<td>26.17%</td>
<td>15</td>
<td>41.67%</td>
<td>5</td>
<td>31.25%</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td>20,875</td>
<td>100.00%</td>
<td>36</td>
<td>100.00%</td>
<td>16</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

*Data are estimated cases adjusted for reporting delay. The sum total of estimates for each category may not match the EMA totals due to rounding.
# Project L.E.A.P. 2015 Course Overview

*Class will take place at an alternate location, day, and/or time*

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topics</th>
<th>Key</th>
</tr>
</thead>
</table>
| 1    | April 1, 2015 | Room 416  • Overview of Project LEAP  
• Housekeeping, Logistics, and Ground Rules  
• Student Introductions and Expectations  
• Community Needs Assessment and Intro to Leap  
• Special Study Project  
• Introduction to Robert’s Rules of Order  
• The History of HIV in the Houston Area: Panel of Local HIV Leaders | Classroom, Guest Speaker, Group Project, Deadline, Graduation |
| 2    | April 8, 2015 | Room 416  • Leap Special Study Project - Survey Development  
• Overview of HIV/AIDS Care Funds  
• From HRSA to Council: Overview of the Ryan White HIV/AIDS Program  
• Designing HIV Care Services: How to Best Meet the Need  
• Leap Special Study Project – Finalize Survey | Classroom, In-Class Activity |
| 3    | April 15, 2015 | Room 416  • Epidemiology Overview  
• Panel: Barriers to Reaching, Linking & Retention in Care, focusing on African Americans, Hispanics, Transgender, MSM and Youth  
• HIV, Tuberculosis and Hepatitis | Classroom, Group Project |
| 4    | April 22, 2015 | No class  • Attend a Community Meeting | Classroom, Group Project |
| 5    | April 29, 2015 | Room 416  • Homelessness and HIV  
• Housing Opportunities for Persons with AIDS (HOPWA)  
• The HIV Continuum of Care  
• Comprehensive HIV Planning  
• Leap Special Study Project – Survey skills training | Classroom, Group Project, Off-Site Class |
| 6    | May 6, 2015   | Room 416  • Intimate Partner Violence & HIV  
• Blue Book Treasure Hunt  
• HIV Prevention Programs: CDC to CPG  
• Robert’s Rules of Order Exercise | Classroom, Group Project, Off-Site Class |
<p>| 7    | May 13, 2015  | No class  • Participate in an HIV Testing Event | Classroom, Group Project, Off-Site Class |</p>
<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topics</th>
</tr>
</thead>
</table>
| 8    | May 20, 2015 | Attend the HIV Prevention Community Planning Group (CPG) Meeting  
- LEAP Special Study Project – Survey Experience Discussion; Collect surveys |
| 9    | May 27, 2015 |  
- HIV and Mental Health  
- LEAP Special Study Project – analyze data, prepare class presentation  
- Community Meeting Report-Backs |
| 10   | June 3, 2015 |  
- LEAP Special Study Project – practice presentation  
- Ryan White Standards of Care and Performance Measures  
- PB&J Exercise  
- HIV and the Incarcerated/Recently Released  
- Prepare for the Planning Council meeting |
| 11   | THURSDAY  
**June 11, 2015**  
**Offsite Location**  
10:00 a.m. – 2:00 p.m. | Attend the RWPC Meeting and Present the Class Special Study Project |
| 12   | June 17, 2015 |  
- Priority and Allocations Exercise  
- Planning for LEAP Graduation – Student photos  
- Prepare for the Priority and Allocations Committee Meeting |
| 13   | June 24, 2015 | Attend the Priority and Allocations Committee Meeting  
- Planning for LEAP Graduation |
| 14   | July 1, 2015 |  
- Leadership Skills and Team Building |
| 15   | July 8, 2015 |  
- LEAP Graduation – Last day for student photos and quotes; distribute invitations, etc.  
- Government 101  
- Advocacy 101  
- Community Meeting Report-Backs |
| 16   | July 15, 2015 |  
- From Project LEAP to Planning Body: Panel of Planning Body and C.A.B. Members  
- Council and CPG Application Process/Forms  
- Council and COI Refresher & Mock Interviews  
- Course Wrap-Up |
| 17   | July 22, 2015 | Graduation Dinner and Ceremony |
The purpose of this questionnaire is to measure your understanding of core Project L.E.A.P. topics and skills before the course begins. You will complete the same questionnaire at the end of the course. We will then compare both questionnaires. This comparison helps us know how well we did in reaching our goal to help your Project L.E.A.P. class improve its HIV Community Planning knowledge, skills, and abilities.

**Please note:**
- **Today's Date:** 04/01/2015
- **Please check one:** ☐ Day class  ☐ Evening class

**First Name:** ______________________________  **Last Name:** ______________________________

**Please know that the only reason we need your name on this form is to match it to the questionnaire you will complete at the end of the course. Your name will not be used for any other reason.**

**Please rate how well you currently understand each of the following topics:**

<table>
<thead>
<tr>
<th>I understand...</th>
<th>Very Well</th>
<th>Quite Well</th>
<th>Fairly Well</th>
<th>A Little</th>
<th>Not at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>The sources and purposes of HIV care, treatment, and support services funding</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The structure and function of the Houston Ryan White Planning Council (RWPC)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The structure and function of the Houston HIV Prevention Community Planning Group (CPG)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>HRSA service category definitions for HIV care, treatment, and support</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>HIV-related Standards of Care and quality assurance methods</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Please rate how well you can currently perform each of the following skills or activities:**

<table>
<thead>
<tr>
<th>I can...</th>
<th>Very Well</th>
<th>Quite Well</th>
<th>Fairly Well</th>
<th>A Little</th>
<th>Not at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read and understand needs assessments</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use Robert’s Rules of Order</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Engage in public speaking and give presentations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Access community resources</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Serve as a role model</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Work in a group setting</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
1. What is the purpose of the Ryan White HIV/AIDS Program? Select one:
   A. To provide routine HIV testing in all health care settings
   B. To provide emergency and/or transitional housing for People Living with HIV/AIDS
   C. To provide HIV-related care, treatment, and support services for those who may not have sufficient resources to manage their HIV
   D. To lobby for new state and local legislation regarding HIV

2. What federal agency funds the Ryan White HIV/AIDS Program? Select one:
   A. The Centers for Disease Control and Prevention (CDC)
   B. The Health Resources and Services Administration (HRSA)
   C. The U.S. Department of Housing and Urban Development (HUD)
   D. Office of National HIV/AIDS Policy (ONAP)

3. What federal agency funds HIV prevention activities in states and cities? Select one:
   A. The Centers for Disease Control and Prevention (CDC)
   B. The Health Resources and Services Administration (HRSA)
   C. The U.S. Department of Housing and Urban Development (HUD)
   D. Office of National HIV/AIDS Policy (ONAP)

4. Which Houston Ryan White Planning Council (RWPC) document contains data on consumer-reported HIV care needs? Select one:
   A. The Assessment of the Administrative Mechanism
   B. Epidemiologic Profile
   C. The “Blue Book” Resource Guide
   D. Community Needs Assessment

5. Which of the following lists only Core Medical Services for HIV, as defined by HRSA? Select one:
   A. Food bank, medical case management, and legal services
   B. Oral health, transportation, and primary care
   C. Primary medical care, HIV medications, and medical case management
   D. Linguistic services, mental health, and HIV medications

6. Which of these lists only Support Services for HIV, as defined by HRSA? Select one:
   A. Transportation, legal services, and food bank
   B. HIV medications, hospice care, and primary care
   C. Medical case management, substance abuse treatment, and transportation
   D. Food bank, oral health, and linguistic services

7. In the Houston Area, what do the Administrative Agents do? Select one:
   A. Provide direct services to Ryan White consumers
   B. Distribute HIV care funds by contracting with agencies that provide direct services to Ryan White consumers
   C. Bring tasty snacks to all the meetings
   D. Provide support to the Planning Council

8. Which of the following is an activity of the Houston Ryan White Planning Council (RWPC)? Select one:
   A. Assessing the needs of People Living with HIV/AIDS
   B. Allocating Ryan White HIV/AIDS Program dollars
   C. Maintaining a comprehensive plan for HIV care services
   D. All of the above

9. Which organization administers HIV prevention education, provides HIV/STD testing, and gives administrative support to the Houston Area HIV Prevention Community Planning Group (CPG)? Select one:
   A. Ryan White Grants Administration (RWGA)
   B. Houston Department of Health and Human Services (HDHHS)
   C. Houston Regional HIV/AIDS Resource Group (TRG)
   D. Texas Department of Health and Human Services (DSHS)

10. What is the purpose of a Standard of Care, as it relates to HIV services? Select one:
    A. To determine whether an agency gets funding from Ryan White
    B. To set the minimum level of quality for HIV services
    C. To measure client satisfaction with HIV services
    D. To evaluate agencies funded through Ryan White

11. Take a deep breath, and give yourself a pat on the back! You did marvelously. 😊
Houston Area HIV Services Ryan White Planning Council
Office of Support
Project L.E.A.P. 2015

Knowledge Assessment

The purpose of this questionnaire is to measure your understanding of core Project L.E.A.P. topics and skills after you have completed the course. You may remember completing the same questionnaire on the first day of the course. We will be comparing both questionnaires. This comparison helps us know how well we did in reaching our goal to help your Project L.E.A.P. class improve its HIV Community Planning knowledge, skills, and abilities.

Today’s Date: 07/15/2015

First Name: ___________________________ Last Name: ___________________________

**Please know that the only reason we need your name on this form is to match it to the questionnaire you completed at the beginning of the course. Your name will not be used for any other reason.

Please rate how well you currently understand each of the following topics:

<table>
<thead>
<tr>
<th>I understand...</th>
<th>Very Well</th>
<th>Quite Well</th>
<th>Fairly Well</th>
<th>A Little</th>
<th>Not at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>The sources and purposes of HIV care, treatment, and support services funding</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>The structure and function of the Houston Ryan White Planning Council (RWPC)</td>
<td></td>
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<tr>
<td>The structure and function of the Houston HIV Prevention Community Planning Group (CPG)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>HRSA service category definitions for HIV care, treatment, and support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV-related Standards of Care and quality assurance methods</td>
<td></td>
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</tbody>
</table>

Please rate how well you can currently perform each of the following skills or activities:

<table>
<thead>
<tr>
<th>I can...</th>
<th>Very Well</th>
<th>Quite Well</th>
<th>Fairly Well</th>
<th>A Little</th>
<th>Not at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read and understand needs assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use Robert's Rules of Order</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engage in public speaking and give presentations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access community resources</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Serve as a role model</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work in a group setting</td>
<td></td>
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</tr>
</tbody>
</table>
1. What is the purpose of the Ryan White HIV/AIDS Program? Select one:
   A. To provide routine HIV testing in all health care settings
   B. To provide emergency and/or transitional housing for People Living with HIV/AIDS
   C. To provide HIV-related care, treatment, and support services for those who may not have sufficient resources to manage their HIV
   D. To lobby for new state and local legislation regarding HIV

2. What federal agency funds the Ryan White HIV/AIDS Program? Select one:
   A. The Centers for Disease Control and Prevention (CDC)
   B. The Health Resources and Services Administration (HRSA)
   C. The U.S. Department of Housing and Urban Development (HUD)
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    C. To measure client satisfaction with HIV services
    D. To evaluate agencies funded through Ryan White

11. Take a deep breath, and give yourself a pat on the back! I bet you did even better this time around. 😊
## Project LEAP 2000 - 2015

Number of Project LEAP graduates who have applied for Council and/or External Membership 2000 - 2015

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>AM Class</td>
<td>PM Class</td>
<td>AM Class</td>
<td>PM Class</td>
<td>AM Class</td>
<td>PM Class</td>
</tr>
<tr>
<td>Graduates</td>
<td>300*</td>
<td>300*</td>
<td>10</td>
<td>15</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Council Applicants***</td>
<td>38</td>
<td>19</td>
<td>4</td>
<td>3**</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>External Applicants</td>
<td>24</td>
<td>17</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL APPLICANTS</td>
<td>62</td>
<td>36</td>
<td>6</td>
<td>5</td>
<td>9</td>
<td>3</td>
</tr>
</tbody>
</table>

* In the 12 years from 2000-2011, over 600 students enrolled in Project LEAP. It is unclear how many actually graduated.

** Of the 2012 PM graduates, three were appointed to the Council and only one completed their first term in office. Of the AM graduates, 4 were appointed to the Council; 1 moved out of the country and 3 are about to start their 4th year of Council membership.

*** One 2014 evening student was a Council member when she applied for the class.

**** All but one of the seven external applicants also applied for Council membership.
### Service Category Title:
Grant Administration - Project LEAP

<table>
<thead>
<tr>
<th>Unit of Service Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 unit of service = 1 class hour of training to Project L.E.A.P. participants. No other costs may be billed to the contract issued for Project LEAP.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor will increase the number and effectiveness of HIV-infected individuals and affected others who can participate in organizations, councils and committees dealing with the allocation of public funds for HIV-related prevention and care services, through an effort known as “Project LEAP” (Learning, Empowerment, Advocacy and Participation). A minimum of 20 and a maximum of 30 HIV-infected individuals must be enrolled prior to the commencement of the training program. A maximum of 10 affected others may be included in the training program in addition to the minimum number of HIV-infected individuals. The race, ethnicity and gender composition of the classes must reflect current local HIV/AIDS prevalence data to the extent feasible. Contractor must endeavor to enroll individuals from groups that are disproportionally affected by HIV disease, including youth and transgender PLWHA, in Project LEAP. Project LEAP will increase the knowledge and participation of HIV-infected and affected participants through a training program specifically developed to provide HIV-infected and affected persons with the knowledge and skills necessary to become active, informed, and empowered members of HIV planning bodies and other groups responsible for the assessment of HIV-related prevention and service needs in the Houston EMA/HSDA. The primary focus of training is to prepare participants to be productive members of local HIV/AIDS planning bodies, with an emphasis on planning activities conducted under the auspices of the Houston Ryan White Planning Council (RWPC) and the HIV Prevention Community Planning Group (CPG).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A minimum of one day class will be provided during the term of this agreement. If a minimum of 5 HIV+, non-conflicted individuals apply for, and are accepted into, an evening class, than day and evening classes will be provided during the term of this agreement. Each class will include graduation and at least:</td>
</tr>
<tr>
<td>• 44 contact hours of classroom training;</td>
</tr>
<tr>
<td>• 12 hours of participation in RWPC or CPG meetings or activities; and participation in HIV-related community meetings and activities for a total maximum of 112 hours (2 classes at 56 hours per class).—The Council-approved minimum outline for the training curriculum includes: HIV funding sources, general and specific operational procedures of HIV-related planning bodies, information regarding assessment of the needs of HIV-infected persons in the Houston EMA/HSDA, presentation skills,</td>
</tr>
</tbody>
</table>
knowledge related to accessing services, overview of HIV-related quality improvement processes and parliamentary procedure/meeting management skills.

Contractor will provide reimbursement of eligible expenses to participants during the period of enrollment to reimburse these participants for out of pocket costs related to their participation, limited to transportation, childcare, and meals. Contractor agrees to provide HCPHES/ Ryan White Grant Administration and the Houston RWPC with written reports and project summaries as requested by Harris County and in a form acceptable to Harris County, regarding the progress and outcome of the project.

**Contractor will provide Harris County with a written report summarizing the activities accomplished before the end of the calendar year.**

### Program Objectives:

**Objective 1:** Contractor will identify and provide training to at least 12 (20 if evening class) HIV-infected individuals and no more than 6 (10 if evening class) affected others in order for them to receive the necessary skills and knowledge to participate in the decision-making process to fund and allocate public money to HIV-related services in the Houston EMA/HSDA. The following training curriculum shall be provided:

1. Information on the sources and purposes of HIV service funds in the Houston EMA/HSDA;
2. The structure, functions, and procedures of the RWPC and the CPG;
3. Specific training and skills building in needs assessments, parliamentary procedures and meeting management procedures, presentation skills, accessing and utilizing support resources and role models, and competence in organizational participation and conduct.
4. Specific training on HIV-related Standards of Care, quality improvement methods and HRSA service category definitions.

**Objective 2:** Contractor will enhance the participation of the HIV-infected and affected persons participating in this project by the following documented activities:

1. Establishing realistic training schedules which accommodate varying health situations of participants;
2. Conducting a pre-training evaluation of participants to determine their knowledge and beliefs concerning HIV disease and understanding of HIV-related funding processes in the Houston area. Contractor must incorporate responses from this pre-training evaluation in the final design of the course curriculum to ensure that, to the extent reasonably possible, the specific training needs of the selected participants are addressed in the curriculum;
3. Conducting a post-training evaluation to measure the change in participants knowledge and beliefs concerning HIV disease and
understanding of HIV-related funding processes in the Houston area;

4. Providing reimbursement of allowable expenses to help defray costs of the individual's participation, limited to transportation, child care, and meals;

5. Providing both lecture and hands-on experiential class activities to enable participants to maximize opportunities for learning.

**Objective 3: Contractor will encourage cooperation and coordination among entities responsible for administering public funds for HIV-related services by:**

1. Involving HCPHES/RWGA, The Houston Regional HIV/AIDS Resource Group and other administrative agencies for public HIV/AIDS care and prevention funds in curriculum development and training activities;

2. Ensuring representatives from the RWPC, the CPG and Project LEAP alumni are members of the Project LEAP External Advisory Panel. The responsibility of the Project LEAP External Advisory Panel is to:
   - Assist in curriculum development
   - Provide input into criteria for selecting Project LEAP participants
   - Help with the development of a recruitment strategy
   - If the Contractor finds it difficult to find individuals that meet the criteria for participation in the Project, assist with student recruitment
   - Review the final report for the Project in order to highlight the successes and brainstorm/problem solve around issues identified in the report. The results of the review will be sent to the RWPC Operations Committee and the next Project LEAP External Advisory Panel.

3. Collaborating with the Project LEAP External Advisory Panel during the initial 60 days of the Contract term. The criteria developed and utilized will, to the maximum extent possible, ensure participants selected represent the groups most affected by HIV disease, consistent with current HIV/AIDS epidemiological data in the Houston EMA/HSDA, including youth (ages 18-24) and transgender PLWHA.

**Special Requirements:**

<table>
<thead>
<tr>
<th><strong>Special Requirements:</strong></th>
<th>Contractor will provide HCPHES/RWGA with the attached matrix and chart 21 and 14 days before the first class and again the day after the first class demonstrating that the criteria established by the Project LEAP External Advisory Panel was met. The matrix must be approved by RWGA 14 days before the first class.</th>
</tr>
</thead>
</table>
EXAMPLES: Matrix and Chart

Recommended Project LEAP Class of 2013

<table>
<thead>
<tr>
<th>Candidate</th>
<th>M</th>
<th>F</th>
<th>T</th>
<th>HIV+</th>
<th>Non-Aligned HIV+</th>
<th>W</th>
<th>B</th>
<th>H</th>
<th>Youth Age 13-19</th>
<th>Youth Age 20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
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<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
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</table>

EMA HIV/AIDS prevalence as of 12/31/10*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, not Hispanic</td>
<td>5,605</td>
<td>26.85%</td>
<td>7</td>
<td>19.44%</td>
<td>4</td>
<td>25.00%</td>
</tr>
<tr>
<td>Black, not Hispanic</td>
<td>10,225</td>
<td>48.98%</td>
<td>19</td>
<td>52.78%</td>
<td>8</td>
<td>50.00%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4,712</td>
<td>22.57%</td>
<td>10</td>
<td>27.78%</td>
<td>4</td>
<td>25.00%</td>
</tr>
<tr>
<td>Other</td>
<td>333</td>
<td>01.60%</td>
<td>0</td>
<td>00.00%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td>20,875</td>
<td>100.00%</td>
<td>36</td>
<td>100.00%</td>
<td>16</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>15,413</td>
<td>73.83%</td>
<td>21</td>
<td>58.33%</td>
<td>11</td>
<td>68.75%</td>
</tr>
<tr>
<td>Female</td>
<td>5,462</td>
<td>26.17%</td>
<td>15</td>
<td>41.67%</td>
<td>5</td>
<td>31.25%</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td>20,875</td>
<td>100.00%</td>
<td>36</td>
<td>100.00%</td>
<td>16</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

*Data are estimated cases adjusted for reporting delay. The sum total of estimates for each category may not match the EMA totals due to rounding.
2016 Project LEAP Student Selection Guidelines

The following guidelines will be used by the Office of Support to select students for the 2016 Project LEAP cohort. They are presented in order of priority:

1. As outlined in the Service Definition for Project LEAP:
   a. The Office of Support shall enroll at least 12 (20 if evening class) HIV-infected individuals and no more than 6 (10 if evening class) affected others. Preference will be given to non-aligned (non-conflicted) consumers of Ryan White HIV/AIDS Program services in the Houston EMA and high risk applicants.
   b. Selected students shall be representative of the demographics of current HIV/AIDS prevalence in the Houston EMA, with particular attention to sex/gender, race/ethnicity, and the special populations of youth (age 18 - 24) and transgender.

2. Not be a prior Project LEAP graduate.
   a. If the applicant is a prior LEAP graduate, they may be selected for the 2016 cohort if they have not been appointed to the Planning Council following LEAP participation and if space in the class is available.

3. Be available for the 2016 Project LEAP class schedule.

4. Have the ability to commit to Project LEAP expectations in regards to class participation, activities, and homework assignments.

5. Demonstrate an interest in planning HIV services in the Houston EMA. Students should have an understanding of the expected roles of Project LEAP graduates in local HIV prevention and care services planning.

6. Demonstrate an interest in volunteerism, advocacy, and other types of community involvement. If possible, have a history of past volunteerism, advocacy, and/or community involvement.

7. Demonstrated interpersonal skills consistent with successful participation in Project LEAP, such as ability/willingness to work in a team, effective communication skills, etc.
SLATE OF NOMINEES

As of Thursday, October 28, 2015, the following people have been nominated as officers for the 2016 Ryan White Planning Council:

Chair:

   Steven Vargas

Vice Chair:

   Tracy Gorden

Secretary:

   Tana Brown

   Carol Suazo
AGENDA
Thursday, January 21, 2016
Meeting Location: Trevisio Restaurant
6550 Bertner, Houston, Texas 77030
* = handout

8 – 10 a.m. NEW MEMBER ORIENTATION

8:15 a.m. WELCOME (10 min.)
• Opening Remarks, Housekeeping & Review Agenda, ____________, Chair, RWPC
• Introductions

8:25 a.m. *GENERAL OVERVIEW OF AIDS FUNDING (5 min.) Tori Williams, Manager, Office of Support

8:30 a.m. COUNCIL BYLAWS, POLICIES & PROCEDURES (45 min.)
• *Committee Structure, Tori Williams, Manager, Office of Support
• How to Use the Ryan White Notebooks, ____________, Committee Member
• *Meeting Packets and Agendas, ____________, Committee Member
• *Bylaws & Policies – Alternating Committee Members
• Attendance, Tori Williams

9:15 a.m. ROBERT’S RULES OF ORDER, Tori Williams (45 min.)
• *Review Robert’s Rules

10:00 a.m. 2015 COUNCIL MEMBERS ARRIVE

10:15 a.m. COUNTY JUDGE ED EMMETT ADDRESSES THE COUNCIL (25 min.)

10:40 a.m. INTRODUCE RWPC OFFICERS AND COMMITTEE CHAIRS (2 min.)
COMMITTEE ORIENTATION (28 min.)

11:10 a.m. TIMELINE OF CRITICAL 2016 COUNCIL ACTIVITIES (5 min.), Tori Williams

11:15 a.m. HONOR THOSE WHO HAVE GONE BEFORE US (5 min.), ____________, Chair, RWPC

11:20 a.m. RECOGNIZE THE MENTORS (5 min.), ____________, Chair, RWPC
11:30 a.m.  FORMAL RELATIONSHIPS – Modelle Brudner, Facilitator (30 min.)
• Modelle Brudner, Liaison for County Judge Ed Emmett, Chief Elected Official
• ______________, Chair, Ryan White Planning Council
• Tori Williams, Manager, Office of Support for the Ryan White Planning Council
• Carin Martin, Manager, Ryan White Grant Administration, Harris Co. Public Health Services
• Patrick Martin, Program Development Director, The Houston Regional HIV/AIDS Resource Group

12:00 p.m.  LUNCH (75 min.) – ______________, Facilitator
SHARE SOMETHING WE DON’T KNOW ABOUT YOU (seat by committees; staff has own table)

1:15 p.m.  KEYNOTE SPEAKER - __________, Facilitator

2:45 p.m.  RYAN WHITE JEOPARDY (30 min.), Connie Barnes and Diane Beck

3:15 p.m.  CONFIDENTIALITY (30 min.) - Bob Hergenroeder, Presenter, Montrose Center

3:45 p.m.  CLOSING REMARKS (15 min.), ______________, Chair, RWPC

4:00 p.m.  ADJOURN
## Managing Conflict of Interest (COI)

<table>
<thead>
<tr>
<th>Area where COI can happen:</th>
<th>Suggestions from HRSA</th>
<th>How does the Houston RWPC address it?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership</strong></td>
<td>An actual or perceived conflict of interest can occur when planning councils are chaired by an employee of the grantee.</td>
<td>Ryan White legislation stipulates that the council cannot be chaired solely by an employee of the grantee. It can, however, be co-chaired by a grantee representative along with another member of the council. Some planning councils require that one co-chair be a consumer or PLWHA.</td>
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| **Planning Council**      | Council members, including PLWHA, should not be involved in decisions that can affect entities in which they have a financial interest or a governance responsibility.  
  − *Examples include* being an officer or board member, employee, or paid consultant to a Ryan White provider or the administrative agent.  
  Many members wear “multiple hats” and need to clearly identify the perspective they are representing in their membership.  
  − *Example:* a member who is an employee of a funded provider, is a PLWHA, and is a member of a community of color.  
  PLWHA come with a personal agenda or advocate for a particular service provider. | An actual or perceived bias in the decision-making process is based on the dual role played by planning council members who are affiliated with other organizations as an employee, Board member, consultant, or in some other capacity. Most State and local governments have conflict of interest standards in place. Planning councils may wish to refer to them and assess whether they are applicable or can be adapted to the needs of the planning council.  
Define conflict of interest to cover not only the individual member but also his/her close relatives.  
Prohibit those with a potential conflict of interest from voting on issues relating to a service category or other matters that directly affect organizations with which they are affiliated. Permit them to vote only on a slate of priorities or a combined set of allocations.  
Assign a co-chair or a committee to review all conflict of interest concerns. Authorize any planning council member to make a request for review of a perceived conflict of interest. | See letter from attorney which compares Council policy with other, similar organizations. |
interest; define the process of review in writing, establishing timelines so that any review is undertaken in an expeditious manner; and establish policies for dealing with members who engaged in a conflict of interest and/or refused to cooperate in a conflict of interest review.

Expectations should be clearly defined for members who represent a community. A good planning process gathers diverse perspectives; however, the role of a representative should be communicated clearly, stating how the representative is expected to communicate with members of the community they represent. This would help deal with a problem where PLWHA either come with a personal agenda or advocate for a particular service provider.

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<td>Affected Community Committee</td>
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<td>Co-chairs get guidance regarding committee activities from the Office of Support. COI cards, COI policy, use of Robert’s Rules of Order.</td>
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<td>Comprehensive HIV Planning Committee</td>
<td>Inadequate planning for underserved populations or groups. Focus on service categories based on provider interests rather than identified needs of PLWHA. Not using needs assessment results to set goals and objectives. An ineffective planning process that results in an ineffective service delivery system that is not responsive</td>
<td>For effective planning, the planning council should develop a structure that includes specific steps in the development of a plan and a timeline for implementation. A clearly defined planning process provides for broad community input with emphasis on non-aligned consumers and prevents those with conflicts of interest from directing the process in a biased or unfair way and helps ensure that a plan is followed.</td>
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to a changing epidemic.

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<td><strong>Priority and Allocations Committee:</strong></td>
<td>When setting priorities, look at the big picture - the continuum of care - rather than focus on individual categories of funding. An overall plan minimizes the chances for a single advocacy group to dominate. Priorities should reflect the service needs of all PLWHA throughout the service area. The setting of priorities and the allocation of resources should flow from the data, such as needs assessment results and client utilization data, not from the individual interests of the members. Funding decisions should reflect changes in the local epidemic and be designed to meet the service gaps and unmet needs of PLWHA. In justifying priorities, discuss the availability of other funding sources to lessen the need for Ryan White funding of a particular service and reduce duplication of effort. The more data-based the decision-making process, the less likely it is that conflicts of interest will influence the process.</td>
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<td>− Failure to use the approved criteria to set priorities.</td>
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<td>− Priorities based on who was most vocal at the meeting.</td>
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<td>− Efforts by members affiliated with providers to influence priorities and allocations for their own benefit.</td>
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<td>− Efforts by members to advocate for the interests of a particular population or community instead of basing decisions on the needs of all PLWHA in the EMA.</td>
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<td>− Choosing to fund services that do not match the needs identified in the needs assessment.</td>
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<td><strong>Quality Improvement Committee</strong></td>
<td>A good needs assessment contains input from consumers and Ryan White providers, as well as agencies beyond the currently funded providers.</td>
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<td>Conflict of interest can emerge at decision points of the needs assessment process such as the following:</td>
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<td>− How to conduct a needs assessment.</td>
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<td>− Which groups to survey.</td>
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<td>− What providers to contact when seeking PLWHA to participate in surveys or focus groups.</td>
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<td>− What questions to ask.</td>
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<td>− How to phrase the questions.</td>
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<tr>
<td>− How to interpret the results.</td>
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- How to review external data, such as epidemiologic data.
- Which data to use.
- Which results to implement.
- A provider convinces the committee to overemphasize the input of its clients.
- A provider representative determines which agency clients (e.g., the happy ones!) should be targeted for the needs assessment.
- The needs assessment is limited to the opinions of planning council members rather than obtaining community input.

### Area where COI can happen:

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<td>Planning councils are responsible for assessing their own planning process and have the option of evaluating the cost-effectiveness and efficiency of funded services in meeting the needs identified by their needs assessment. The results of this evaluation should be used to improve the council’s ability to plan and the EMA’s ability to deliver high quality, cost-effective services to meet the needs of PLWHA in their communities.</td>
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<td>Conflict of interest can influence:</td>
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<tr>
<td>– The extent to which evaluation is conducted.</td>
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<td>– How it is conducted.</td>
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− Who can conduct it.
− What the results are.
− How the results are interpreted/used.

Conflict of interest can lead to a stagnant process where the status quo is maintained, with no real evaluation of the planning council’s efficiency and effectiveness or the cost-effectiveness and outcomes of the services provided by the EMA.