

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
<http://rwpchouston.org>

MEMORANDUM

To: Members, Houston Ryan White Planning Council

Copy: Heather Keizman, Ryan White Grant Administration
Mauricia Chatman, Ryan White Grant Administration
Yvette Garvin, The Resource Group
Sha'Terra Johnson, The Resource Group
Diane Beck, Ryan White Office of Support

Email Copy Only:

Lt. Commander Lawrence Momodu, HRSA
Commander Luz Rivera, PACE
Lt. Commander Rodrigo Chavez, PACE
Ann Robison, the Montrose Center
Marlene McNeese, Houston Health Department
Charles Henley, Consultant

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

Date: Wednesday, October 5, 2022

Re: Meeting Announcement

IMPORTANT:

The goals and action steps for the 2022 Integrated HIV Prevention and Care Plan will be discussed at the meeting and the Council will be asked to vote on providing a letter of concurrence in favor of the Plan. This is a very important motion. Please join us at this meeting if you possibly can, preferably in person. Please remember that the Ryan White Planning Council will be using the hybrid format at least until the end of December so you can participate by phone or in person. **But, we need 11 people to meet at the church in order to make quorum.** This number also determines the size of the room we rent. Hence, it is imperative that you contact Rod to RSVP, even if you cannot attend:

Ryan White Planning Council Meeting

12 noon, Thursday, October 13, 2022

Meeting Location: Online or via phone

Click on the following link to join the Zoom meeting:

<https://us02web.zoom.us/j/995831210?pwd=UnlNdExMVFFqeVgzQ0NjNkpieXlGQT09>

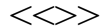
Meeting ID: 995 831 210 Passcode: 577264

Or, use the following telephone number: 346 248-7799

In Person: St. Philip Presbyterian Church, 4807 San Felipe St, Houston, Texas 77056

Please RSVP to Rod at 832 927-7926 or by responding to her email reminders. Thank you.

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL



We envision an educated community where the needs of all persons living with and/or affected by HIV are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system.

The community will continue to intervene responsibly until the end of the epidemic.

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

AGENDA

12 noon, Thursday, October 13, 2022

Meeting Location (quorum requires 11 members to meet in person):

**St. Philip Presbyterian Church – Fellowship Hall
4807 San Felipe, Houston, Texas 77056**

Online or via phone (remaining members can meet virtually)

Click on the following link to join the Zoom meeting:

<https://us02web.zoom.us/j/995831210?pwd=UnlNdExMVFFqeVgzQ0NJNkpieXlGQT09>

Meeting ID: 995 831 210 Passcode: 577264

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|----|---|--|
| I. | Call to Order | Crystal R. Starr, Chair |
| | A. Welcome and Moment of Reflection | Ryan White Planning Council |
| | B. Adoption of the Agenda | |
| | C. Approval of the Minutes | |
| | D. The 2022 Integrated HIV Prevention and Care Plan | Tori Williams and
Mackenzie Hudson,
Ryan White Office of Support |

- 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 status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)

- | | |
|--|---|
| <p>III. Reports from Committees</p> <p>A. Comprehensive HIV Planning Committee
 <i>Item:</i> 2022 Integrated HIV Prevention and Care Services Plan
 <i>Recommended Action:</i> <u>Motion from the Community Meetings As well as the Affected Community & Comprehensive HIV Planning Committees:</u> We recommend that the Houston Ryan White Planning Council provide a letter of concurrence in favor of the 2022 Integrated HIV Prevention and Care Service Plan.</p> <p>B. Operations Committee
 No Committee meeting in September</p> <p><i>Item:</i> 2022 Proyecto VIDA
 <i>Recommended Action:</i> FYI: Verbal updates on Proyecto VIDA.</p> <p>D. Quality Improvement Committee
 No Committee meeting in September, hence no report.</p> <p>E. Priority and Allocations Committee
 No report since the Committee does not meet in August or September.</p> | <p>Steven Vargas and
 Josh Mica, Co-Chairs</p> <p>Ronnie Galley and
 Matilda Padilla, Co-Chairs</p> <p>Rod Avila, Co-Facilitator
 Proyecto VIDA</p> <p>Denis Kelly and
 Daphne Jones</p> <p>Peta-gay Ledbetter and
 Bobby Cruz, Co-Chairs</p> |
| <p>IV. Report from the Office of Support</p> | <p>Tori Williams, Director
 Ryan White Office of Support</p> |
| <p>V. Report from Ryan White Grant Administration</p> | <p>Heather Keizman
 Interim Manager</p> |
| <p>VI. Report from The Resource Group</p> | <p>Sha’Terra Johnson,
 Health Planner
 The Resource Group</p> |
| <p>VII. Medical Updates</p> | <p>Shital Patel, MD
 Baylor College of Medicine</p> |
| <p>VIII. New Business (<u>During Virtual Meetings, Reports Will Be Limited to Written Reports Only</u>)</p> | |
| <p>A. AIDS Educational Training Centers (AETC)</p> | <p>Shital Patel</p> |
| <p>B. Ryan White Part C Urban and Part D</p> | <p>Dawn Jenkins</p> |
| <p>C. HOPWA</p> | <p>Kimberley Collins</p> |
| <p>D. Community Prevention Group (CPG)</p> | <p>Matilda Padilla</p> |
| <p>E. Update from Houston Public Health Task Forces:</p> <ul style="list-style-type: none"> • Sexually Transmitted Infections (STI) • African American • Latino • Youth | <p>Sha’Terra Johnson
 Matilda Padilla
 Veronica Ardoin</p> |

- MSM
- Hepatitis C
- Project PATHH (Protecting our Angels Through Healing Hearts) formerly Urban AIDS Ministry

Steven Vargas

Johnny Deal

F. HIV and Aging Coalition

Skeet Boyle

G. Texas HIV Medication Advisory Committee

Steven Vargas

H. Positive Women's Network

T. Pradia or D. Morgan

I. Texas Black Women's Initiative

Sha'Terra Johnson

J. Texas HIV Syndicate

Sha'Terra Johnson

K. END HIV Houston

Steven Vargas

L. Texans Living with HIV Network

Steven Vargas

IX. Announcements

X. Adjournment

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



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

MINUTES

12 noon, Thursday, September 8, 2022

Meeting Location: St. Philip Presbyterian Church 4807 San Felipe, Houston, Texas 77056
and Zoom teleconference

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Crystal Starr, Chair	Tana Pradia	2022 Proyecto VIDA Students
Ardry “Skeet” Boyle, Vice Chair	Paul Richards	Isis Torrente, Proyecto VIDA
Kevin Aloysius, Secretary	Faye Robinson	Angela Hawkins
Melody Barr	Pete Rodriguez	John Huckaby, AFH
Rosalind Belcher	Imran Shaikh	Erica Washington, AFH
Johanna Castillo	Robert Sliepka	Skyler King, Change Happens!
Robert “Bobby” Cruz	Steven Vargas	Connie Whitworth, Merck
Johnny Deal		Luis Medina, Translator
Evelio Escamilla		Pablo Lino, Translator
Ronnie Galley		
Dawn Jenkins	MEMBERS ABSENT	STAFF PRESENT
Daphne L. Jones	Veronica Ardoin, excused	<i>Ryan White Grant Administration</i>
Denis Kelly	Titan Capri	Carin Martin
Peta-gay Ledbetter	Tony Crawford	Heather Keizman
Cecilia Ligons	Tom Lindstrom, excused	Mauricia Chatman
Rodney Mills	Roxane May	
Josh Mica	Holly Renee McLean, excused	<i>The Resource Group</i>
Diana Morgan	Matilda Padilla	Sha’Terra Johnson
Shital Patel	C. Bruce Turner	
Oscar Perez	Andrew Wilson	<i>Office of Support</i>
		Tori Williams
		Mackenzie Hudson
		Diane Beck
		Rod Avila

Call to Order: Crystal Starr, Chair, called the meeting to order at 12:18 p.m.

During the opening remarks, Starr thanked those who have been attending the Council meetings in person. According to the Open Meetings Act, we must have at least 11 in-person participants or we don't make quorum. Lunch will be provided to those in attendance. She then thanked everyone who has attended the Education meetings for the 2022 Integrated HIV Prevention and Care Plan. Today at 4 pm, there will be the first of 3 meetings to take what we learned from the data and use it to develop strategies and action steps. Please join us for one or all of these meetings as this is where the rubber meets the road. Watch for emails from Diane in order to register for the meetings. Starr said she hopes folks have been attending the Monkeypox Townhall meetings. Dr. Ericka Brown and her team at the Harris County Health Department have been working with AIDS Foundation Houston, AETC and others to provide up-to-date information. Tori can get you added to the list if you wish to attend those informative meetings.

Please join Starr today in recognizing the members of the Steering Committee for their important leadership as officers and committee chairs throughout the year. She presented a special pin and a note personally thanking each Steering Committee member for their dedicated service this year. Rod mailed the pin to members who were not in attendance in person.

Starr said she is excited that the students from Proyecto VIDA are observing the Council meeting today. They will introduce themselves during the public comment portion of the meeting. She asked for a round of applause for our Spanish-speaking colleagues and friends from the inaugural Class of Proyecto VIDA.

Starr then called for a Moment of Reflection.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Mica, Pradia) to approve the August 11, 2022 minutes.* **Motion carried.** Abstentions: Aloysius, Mills, Patel, Perez, Shaikh.

2022 Proyecto VIDA Student Presentations: The Proyecto VIDA students presented their thoughtfully prepared public comments at the Council meeting. Avila called on each student when it was their turn to present and she reminded Council members that they have hard copies of the comments in English and Spanish.

Public Comment and Announcements: Ledbetter addressed the Proyecto VIDA class in Spanish.

Reports from Committees

Affected Community Committees: Rodney Mills, Co-Chair, reported on the following:

There was no meeting in August so that Committee members could attend one of the Integrated HIV Prevention and Care Plan Community meetings.

Comprehensive HIV Planning Committee: Josh Mica, Co-Chair, reported on the following:

2022 Integrated HIV Prevention and Care Services Plan: All are encouraged to sign up for the three upcoming Community Planning meetings that will be held virtually from 4 – 6 pm Sept. 8th, 12th and 15th. Interested individuals must register to attend so be on the lookout for Diane's emails with flyers and rsvp links. These next three meetings will take what we learned in the Community Education meetings and create strategies for our 2022 Integrated HIV Prevention and Care Services Plan.

Over 250 people have been interviewed or participated in focus groups to tell the Planning Council and CPG what they believe will strengthen HIV Prevention and Care services and end the HIV epidemic. Please attend the meetings and hear what these individuals are telling us.

Operations Committee: Ronnie Galley, Co-Chair, reported on the following:

Letter of Agreement among RW Part B Stakeholders: The Operations Committee has reviewed the attached Letter of Agreement among RW Part B Stakeholders. Please review the attached draft document so that it can be voted on at the October or November 2022 Steering and Council meeting. Rodriguez said that in the definition of the Houston Part A Planning Council, we need to add something about the majority of Council members being consumers and reflective of the local epidemic. Vargas said the third bullet on page 3 references data entered into ARIES which needs to be updated.

2022 Proyecto VIDA: Steven Vargas, Proyecto VIDA Co-Facilitator said that he made notes from their public comments – some of their concerns have been addressed, others have not been adequately addressed. The class graduation is scheduled for September 22, 2022. Please let Tori know if you would like to volunteer to host the event.

Quality Improvement Committee: Daphne L. Jones, Co-Chair, reported on the following:

Assessment of the Administrative Mechanism – Part A: **Motion #3:** *Approve the attached 2022 Assessment of the Administrative Mechanism for Ryan White Part A. No corrective action is required.*
Motion Carried. Abstention: Aloysius, Castillo, Robinson.

Priority and Allocations Committee: No report since the Committee does not meet in August or September.

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

Report from Ryan White Grant Administration: Carin Martin, Manager, summarized the attached report. Aloysius (Conflict of Interest) asked if Emergency Financial Assistance – Pharmacy Assistance could be extended from 30 to 60 days. Sometimes clients are unable to get their paperwork for meds approved within the 30 day limit. Martin said there is a waiver process. Williams said this would be forwarded to the Quality Improvement committee to look at the issue. Martin said that her last day with the grant administration office will be September 27th. Starr and Planning Council members thanked Martin for her years of service and wished her well.

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

Task Force Reports: Starr reminded Council members that, per the groups' agreement, there would be no verbal Task Force Reports while using the virtual or hybrid format. The Office of Support is happy to receive and distribute written reports in advance of all Council meetings.

Announcements: Barr said that the HOPWA NOFA will be released tomorrow, please tell your providers. Beck posted the following links: Monkeypox Townhall tomorrow at noon - register here <https://zoom.us/meeting/register/tJckd-upqTwiHtBG7IWNYifVLRceJMEWksk> and the first HIV Community Planning Meeting is today at 4pm – register here https://bit.ly/commHIVplan_Sept8. Boyle said that Bread of Life will be distributing fresh produce and household items on the 3rd

Saturday of the month (9/17/22) from 8 am-12 pm. Mica said that the food program at Thomas Street Health Center is starting up again.

Adjournment: *it was moved and seconded (Deal, Mica) to adjourn the meeting at 2:05 p.m.*

Respectfully submitted,

_____ Date _____
Victoria Williams, Director

Draft Certified by
Council Chair: _____ Date _____

Final Approval by
Council Chair: _____ Date _____

Council Voting Records for September 8, 2022

C = Chaired the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Assessment of the Admin Mechanism Carried					Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Assessment of the Admin Mechanism Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO
MEMBERS													MEMBERS												
Crystal Starr, Chair				C				C				C	Tana Pradia		X				X				X		
Ardry "Skeet" Boyle, Vice Chair	X				X					X			Paul Richards		X				X				X		
Kevin Aloysius, Secretary		X						X				X	Faye Robinson		X				X						X
Melody Barr		X				X				X			Pete Rodriguez		X				X				X		
Rosalind Belcher		X				X				X			Imran Shaikh		X					X			X		
Johanna Castillo		X				X						X	Robert Sliepka		X				X				X		
Robert "Bobby" Cruz		X				X				X			Steven Vargas		X				X				X		
Johnny Deal		X				X				X															
Evelio Escamilla		X				X				X															
Ronnie Galley		X				X				X															
Dawn Jenkins		X				X				X			MEMBERS ABSENT												
Daphne L. Jones		X				X				X			Veronica Ardoin												
Denis Kelly		X				X				X			Titan Capri												
Peta-gay Ledbetter		X				X				X			Tony Crawford												
Cecilia Ligons		X				X				X			Tom Lindstrom												
Josh Mica		X				X				X			Roxane May												
Rodney Mills		X						X		X			Holly Renee McLean												
Diana Morgan		X				X				X			Matilda Padilla												
Shital Patel		X						X		X			C. Bruce Turner												
Oscar Perez		X						X		X			Andrew Wilson												

Un Camino a la Adherencia.

Hola, Soy _____, hace 6 años recibí el Asilo Humanitario por vivir con VIH y hace 22 vivo con esta condición, he logrado la Supresión Viral gracias al tratamiento; sin embargo la falta de Integración con la planificación de prestar un servicio humano crea unos baches(obstáculos) como el de Interrumpir el tratamiento por parte de clínicas solo por cumplir con aspectos legales y es Lógico, gracias a Ryan White se Concientizo, pero es tiempo de ser sensible, tolerante, y siempre mantener la Ética personal y profesional, la Empatía, la confidencialidad, flexibilidad, comunicación abierta y efectiva en un Marco conciliador de respeto y colaboración para lograr que por ningún motivo se interrumpa y hacer honor al decreto de Ryan White, puesto que ya hay un registro que deberían tener todas las clínicas que reciben fondos de Ryan White, así como las Organizaciones que trabajan el Tema VIH.

ENGLISH VERSION:

A Path to Adherence.

Hello, I am _____, 6 years ago, I received the Humanitarian Asylum for living with HIV and 22 years ago, I have lived with this condition. I have achieved Viral Suppression thanks to treatment; however, the lack of integration with the planning of providing a human service creates potholes (obstacles) such as the interruption of treatment by clinics just to comply with legal aspects and it is logical, thanks to Ryan White, he became aware. Nevertheless, it is time to be sensitive, tolerant, and always maintain personal and professional ethics, empathy, confidentiality, flexibility, open and effective communication in a conciliatory framework of respect and collaboration to ensure that it is not interrupted for any reason and honor Ryan White's decree. Since there is already a registry that all the clinics that receive funds from Ryan White, as well as the Organizations that work on HIV, should have.

Banco de comida

Soy trabajador de salud de Texas y por los últimos 8 años eh servido como especialista en reducción de riesgos de vi en una fundación llamada _____, hace 4 años atrás , tres de mis clientes diagnosticados con VIH, me pidieron ayuda con referencia a algún banco de comida donde no les pidieran identificación de Texas , un lugar donde pudieran obtener comida fresca porque en el lugar al que ellos iban les habían pedido identificación oficial de Texas , pido esta tarde al consejo que se reanude la apertura de fondos para destinarlo a bancos de comida que se encuentran en organizaciones no lucrativas , tomen en cuenta que los inmigrantes no tienen acceso a un Seguro de salud , no tienen acceso a programas de salud en español , y no tienen acceso a estampillas de comida, la comunidad está siendo abatida por el coronavirus y viruela del mono , no trabajan por más de 4 semanas , no tienen comida , pierden el empleo y no tienen a donde poder solicitar comida Digna, no latas, no papas, comida fresca, carne, lácteos, necesitamos bancos de comida dignos, la comunidad que vive VIH lo merece.

ENGLISH VERSION:**Food Bank**

I am a health worker from Texas and for the last 8 years I have served as a HIV Risk Reduction Specialist at a foundation called _____, 4 years ago three of my clients diagnosed with HIV asked me for help with a referral to a bank food where they are not asked for Texas identification. A place where they could get fresh food because the place where they went they had been asked for official Texas identification. I ask the council this afternoon to resume the opening of funds to allocate it to food banks that are in non-profit organizations. Take into account that immigrants do not have access to health insurance, do not have access to health programs in Spanish, and do not have access to food stamps; the community is being devastated by the coronavirus and Monkeypox. These health situations can mean that they do not work for more than 4 weeks, they don't have food, they lose their jobs and they don't have where they can get decent food, no cans, no potatoes, fresh food, meat, dairy, we need decent food banks, the community living with HIV deserves it.

¿Como reducir el estigma en la comunidad latina para incrementar el acceso a los servicios de atención del VIH en Houston Texas y comunidades colindantes?

Cabe decir que el VIH nos afecta a todos. Múltiples factores de riesgo, injusticias sociales y raciales juegan un papel que impide que los latinos obtenga acceso a los servicios de atención para VIH.

Comenzaríamos por mitigar las barreras del lenguaje generando paginas en el internet, servicios, y empleados que provean a sus clientes los servicios de atención en su lengua de origen. Al realizarlo ayudamos en la reducción del estigma ya que se demostraría que el lenguaje no seria una cuestión de barrera para la comunidad buscando apoyo.

Debemos crear, o buscar, grupos sociales, generar sesiones de dialogo para educar y apoyar a nuestra gente viviendo esta experiencia. Presentar y promover platicas sobre la reducción del estigma que rodea el VIH y sus efectos en nuestra comunidad, ayudara en la identificación y la normalización de la perspectiva del VIH dentro de la comunidad para que el individuo asimile sin sentirse culpable o juzgado.

Soy _____ y planeo abogar, fortalecer y alentar a los miembros de mi comunidad al abordar y navegar los servicios de atención para el VIH.

ENGLISH VERSION:

How do we reduce stigma in the Latino community to increase access to HIV Care Services in Houston, Texas and its surrounding areas?

First off, HIV affects us all. Many risk factors, social and racial injustices come to play that get in the way of Latinos being able to access HIV Care Services.

We can start doing this by alleviating language barriers by having web sites, services, and Employees to offer the consumers care services in their language. By doing so you help reduce stigma by demonstrating that language is not going to be an issue to the community seeking care.

We also have to create (or find other) social groups and discussion sessions to educate and support our people that are living the same life experience. Hosting and promoting stigma reduction conversations around HIV and how it affects our community helps build the need to identify and normalize the way HIV is viewed in the community so that access to care can be internalized by the consumer without feeling judged or embarrassed.

I am _____ and I plan on being an involved advocate by empowering and uplifting the members of my community to access and navigate the HIV Care System.

Una recomendación es que las escuelas implementen un curso sobre el sexo. Un curso en cual que el sexo no es vergonzoso ni desanimado. Un espacio donde los estudiantes se sientan como para hacer cualquier pregunta sobre el sexo. Este curso de Educación Sexual debería ser su propia clase, y no más un tema que se enseña por unos días. Pero no nomas existen sexo ordinario, existe sexo entre diferentes géneros, genetelias, y sexualidades. Somos una nueva generación que es más abierta y dispuesta para probar diferentes cosas. Una generación que está ansiosa por explorar su sexualidad, y descubrirse. Se debe enseñar a los adolescentes a practicar el sexo seguro, y sobre que significa el consentimiento. Al cabo, Lo van a hacer independientemente, cuando se sientan listos. Pero es nuestra responsabilidad como adultos de proporcionarles la información y herramientas adecuadas para que puedan practicar el sexo seguro, cuando se sientan listos. Honestamente, todas las escuelas deberían de tener los recursos para informar, detectar, y proporcionar a los estudiantes si necesitan algunos estudios de embarazo o enfermedad de transmisión sexual.

ENGLISH VERSION:

One recommendation is that schools implement a course on sex. A course in which sex is neither shameful nor discouraged. A space where students feel like asking any question about sex. This Sex Education course should be its own class, and no longer a topic that is taught for a few days. But not just conservative sex, there is sex between different genders, genetics, and sexualities. We are a new generation that is more open and willing to try different things. A generation that is eager to explore their sexuality, and discover themselves. Teenagers should be taught about safe sex, and about what consent means. After all, they will do it independently, when they feel ready. But it is our responsibility as adults to provide them with the right information and tools so they can practice safe sex when they feel ready. Honestly, every school should have the resources to inform, screen, and provide students with some pregnancy or sexually transmitted diseases screening if they need it.

Mi Nombre es _____, soy flebotomistas en la fundación y con experiencia propia de mis pacientes y siendo este el primer grupo latino pido más inversión en la accesibilidad y traducción de toda documentación e información en español, inclusive en centros de atención primaria de salud, fundaciones y agencias, tanto como para el personal de salud y los pacientes, queremos saber o leer en nuestro idioma como cuidarnos, que estamos firmando, que estamos aprendiendo y como me están ayudando a vivir.

ENGLISH VERSION:

My name is _____, I am a phlebotomist at a Foundation and from my experiences with my patients, and being this the first Latino group, I ask for more investment in the accessibility and translation of all documentation and information in Spanish which include primary health care centers, foundations and agencies. We want to know or read in our language how to take care of ourselves, what we are signing, what we are learning and how they are helping to live –applies to health personnel and patients.

Soy latino viviendo con VIH.

Cuando me diagnosticaron VIH, lo primero que me vino a la mente fue la MUERTE.
En parte, porque no fui educado.

Logre más información del sitio de AIDS VU, ha habido un aumento de nuevos casos de VIH del 16% desde el año 2008-2018 en la comunidad latina. Como parte de la comunidad latina, conozco de primera mano las dificultades para tener conversaciones sobre salud sexual.

Al vivir con el VIH, sé que debemos abrir las puertas para tener conversaciones entre los pacientes, así como con sus familias, para que podamos reducir el estigma del VIH.

Nuestra familia, Proyecto VIDA, me ha dado un conocimiento valioso que me da la confianza suficiente para tener discusiones abiertas entre mis amigos e incluso mi propia familia.

Yo soy _____ y juntos podemos aumentar las conversaciones sobre salud sexual para reducir el estigma.

ENGLISH VERSION:

I'm a Latino living with HIV.

When I was diagnosed with HIV, the first thing that came across my mind was DEATH.
Due to the fact that I wasn't educated.

According to the source AIDS VU, there has been an increase of new HIV cases 16% from the year 2008-2018 in the Latino community. As a part of the Latino community, I know first-hand the difficulties around having conversations about sexual health.

Living with HIV, I know we need to open the doors to having discussions amongst patients, as well as their families, so we can reduce stigma of HIV.

The Proyecto VIDA familia has given me valuable knowledge that empowers me with enough confidence to have open discussions amongst my friends and even my own family.

I am _____, and together we can increase sexual health conversations to reduce stigma.

Mi nombre es _____. Quería agradecer la oportunidad de estar aquí sobre todo por la bonita labor que realizan.

Sé que ya existen las estrategias para el inmigrante sin identificación que se diagnostica con VIH en EEUU reciba su tratamiento y de la forma más rápida, pero, considero que se debe hacer un seguimiento del cumplimiento de esas estrategias porque aún existen irregularidades, sería apropiado revisar con el trabajador que sigue el caso, Que tan rápido se inició el tratamiento después de ser diagnosticado.

ENGLISH VERSION:

My name is _____. I wanted to thank you for the opportunity to be here, especially for the outstanding work you do.

I know that there are already strategies for unidentified immigrants diagnosed with HIV in the US to receive their treatment and in the fastest way. But I believe that compliance with these strategies should be monitored because there are still irregularities, it would be appropriate to review with the worker who follows the case, how quickly the treatment was started after being diagnosed.

El facil y adecuado acceso a los servicios de salud para las personas que viven con VIH es algo primordial que garantiza la adherencia a sus medicamentos. Es por eso que considero que el implementar un medio de transporte adecuado, seguro, puntual y confidencial es algo prioritario para poder garantizar a las personas viviendo con VIH que no cuentan con transporte propio el facil acceso sus citas medicas. No se puede hablar de un medio de transporte eficiente sin antes garantizar que el transporte sea puntual en llevarlos a sus citas y garantizarles seguridad de regresarlos a sus hogares. Proporcionar un medio de transporte de calidad les ofrece a ellos la oportunidad de tener una vida saludable. Muchas de las inasistencias a las citas medicas son debido a la falta de transporte, el considerar brindar la facil movilidad garantiza el cuidado de la salud.

ENGLISH VERSION:

Easy and adequate access to health services for people living with HIV is something essential that guarantees adherence to their medications. That is why I consider that implementing an adequate, safe, punctual and confidential means of transportation is a priority in order to guarantee easy access to medical appointments for people living with HIV who do not have their own transportation. It is not possible to speak of an efficient means of transportation without first guaranteeing that transportation is punctual in taking them to their appointments and guaranteeing them safety when returning them to their homes. Providing a quality means of transportation offers them the opportunity to have a healthy life. Many of the absences to medical appointments are due to lack of transportation, considering providing easy mobility guarantees health care.

Mi nombre es _____ y trabajo en el programa de Prevención de _____. Reconocemos la importancia de la función de los profesionales de la salud mental al brindar servicios de salud mental de alta calidad a las personas que viven con el VIH para manejar mejor su salud física y mental. Además, es importante reconocer la falta de servicios profesionales de salud mental en español, la falta de servicios profesionales de salud mental asequibles para personas de bajos ingresos que viven con el VIH y los problemas de accesibilidad para quienes necesitan servicios profesionales de salud mental.

¿Cómo nos aseguramos de que las personas que viven con el VIH alcancen niveles óptimos de salud y bienestar?

Propongo aumentar los servicios de salud mental de alta calidad 1) aumentando los servicios profesionales de salud mental en las clínicas comunitarias con psicólogos, terapeutas y consejeros de habla hispana; 2) los servicios profesionales de salud mental deben ser accesibles (es decir, ubicación, servicios de horario flexible y elegibilidad); y 3) asequible (es decir, a un precio razonable en función de los ingresos de las personas, no del costo).

Al facilitar que las personas que viven con el VIH obtengan y usen servicios de salud mental de alta calidad, podemos ayudarlos a permanecer en el tratamiento del VIH y tener una mejor calidad de vida.

ENGLISH VERSION:

My name is _____, and I work in the Prevention program at _____. We recognize the importance of the role of mental health professionals by providing high-quality mental health services to people living with HIV to better manage their physical and mental health. Also, it is important to recognize the lack of professional mental health services in Spanish, the lack of affordable professional mental health services for low-income people living with HIV, and the accessibility issues for those who need professional mental health services.

How do we ensure people living with HIV reach optimal levels of health and wellbeing?

I propose to increase high-quality mental health services by 1) increasing the professional mental health services in the community clinics with Spanish-speaking psychologists, therapists, and counselors; 2) the professional mental health services should be accessible (i.e., location, flexible time services, and eligibility); and 3) affordable (i.e., reasonably priced based on people's income, not cost).

By making it easier for people living with HIV to get and use high-quality mental health services, we can help them stay in HIV treatment and get better quality of life.

Promover y Apoyar las Acciones;

Buen día mi nombre es _____, soy originario de Nicaragua, soy Activista y Defensor de Derechos Humanos LGBT+ y vivo positivo desde 2012.

Recién llegue a Estados Unidos hace 5 meses, y gracias a mi empoderamiento y conocimientos busque en Internet un lugar donde poder vincularme, encontré la clínica de Thomas Street y agradezco la atención y ayuda que he encontrado y recibido, Gracias a Proyecto VIDA por guiarme y darme las herramientas para fortalecer mi liderazgo.

Soy consciente que mi situación es diferente a la de muchos compatriotas, que ingresan al país y por miedo ó desconocimiento no tienen acceso a los servicios ni un resultado igual al mío.

Actualmente soy Indetectable y es gracias a ustedes y a muchos otros que han dado su vida en la lucha para erradicar el estigma asociado al VIH y poder facilitar la atención a todos por igual.

Les exhorto a seguir continuando, brindando espacios donde podamos tener una vida plena é integral.

El trabajo continua y aun debemos derribar muros para lograr que todas las personas VIH positivas tengan acceso a su tratamiento y así lograr el objetivo: Indetectable = Intransmisible.

ENGLISH VERSION:

Promote and Support Actions;

Good morning, my name is _____, I am originally from Nicaragua, I am an LGBT+ Human Rights Activist and Defender and I have been living positive since 2012.

I just arrived in the United States 5 months ago, and thanks to my empowerment and knowledge I searched the Internet for a place where I could connect- I found the Thomas Street clinic and I appreciate the attention and help I have found and received. Thanks to Proyecto VIDA for guiding me and give me the tools to strengthen my leadership.

I am aware that my situation is different from that of many compatriots, who enter the country and due to fear or unawareness do not have access to services or a result equal to mine.

I am currently Undetectable and it is thanks to you and many others who have given their lives in the fight to eradicate the stigma associated with HIV and to be able to provide equal care to all.

I urge you to keep going, providing spaces where we can have a full and comprehensive life.

The work continues and we still have to break down walls to ensure that all HIV positive people have access to their treatment and thus achieve the goal: Undetectable = Untransmittable.

Hola que tal buen dia, mi nombre es _____ una mujer trans inmigrante y es un placer estar aquí con ustedes el dia de hoy.

El proyecto de Ryan white es muy importante para mí ya que aquí estoy aprendiendo a buscar y llevar información para la prevención y tratamiento del VIH en mi comunidad.

Una comunidad trans, de alto riesgo, con muy pocas oportunidades o recursos a nuestro alcance, pero sobre todo limitados a servicios de calidad y en nuestro idioma (español) .

Actualmente las personas trans no contamos con recursos ni programas directos que ayuden a las mujeres y los hombres trans con servicios de salud, no contamos con espacios apropiados; donde podamos recibir los servicios adecuados.

De acuerdo con las necesidades y teniendo en cuenta las comunidades trans salí con esta propuesta; de crear espacios para ofrecer servicios de salud directos, donde la población trans se beneficie de los recursos destinados a la lucha contra el VIH y así tener por fin un lugar especial para personas trans.

Este espacio de información, prevención y tratamiento será de mucha ayuda para mi comunidad y de alto impacto en la lucha para erradicar el VIH.

" la salud trans es importante "
Muchas gracias por su tiempo.

ENGLISH VERSION:

Hello, my name is _____, a trans immigrant woman, and it is a pleasure to be here with you today.

Ryan White's project is very important to me because I am learning to find and bring information for the prevention and treatment of HIV in my community.

A trans community, high risk, with very few opportunities or resources within our reach, but above all limited to quality services and in our language (Spanish).

Currently people of trans experience do not have resources or direct programs that help trans women and men with health services, we do not have appropriate spaces; where we can receive the appropriate services.

In accordance with the needs and taking into account the trans communities, I came up with this proposal; to create spaces to offer direct health services, where the trans population benefits from the resources allocated to the fight against HIV and thus finally have a special place for trans people.

This space for information, prevention and treatment will be very helpful for my community and will have a high impact in the fight to end HIV.

"trans health is important"
Thank you very much for your time.

2022 Integrated HIV Prevention and Care Plan

Mackenzie Hudson, Health Planner, MS

Ryan White Office of Support

Thanks to Some of Our Partners!

With special thanks to the following Houston Health Department employees who helped us gather and analyze data from the focus groups and stakeholder interviews:

- Marlene McNeese
- Chelsea Frand
- Michelle Carr
- Amber David
- Eliot Davis
- Diane Beck
- Tya Johnson
- Kimberley Malerba
- Ricardo Mora
- Ivan Prater
- Zeldra Vwalters
- Rod Avila

Overview of the 2022 Integrated Plan

- Collect information from PLWH who are difficult to reach
- Collect information from non-Ryan White stakeholders
- Build the plan around their input and needs
- Build this plan on previous work products
- 100 page limit
- Encouraged to provide links to supporting documents

Data Impacting the 2022 Integrated Plan

- Community Engagement
- Data Collected from hard to reach People Living with HIV and Non-Ryan White Stakeholders
- Crosswalk of National, State and Local Comprehensive Plans
- Epidemiological Snapshot
- Needs Assessments
- Resource Inventory
- Fifth Pillar: Quality of Life Meetings

Data!



- We were able to collect *a lot* of data due to our community partners and interviewees
- The Office of Support organized the data into an electronic packet so that anyone can review the data.
- The packet is an organic document, meaning we continue to add data

Community Engagement for the Integrated Plan

- Focus Groups
 - Group interviews with Priority Populations (lived experience)
- Stakeholder Interviews
 - One-on-one interviews with Stakeholders (professionally trained)



FOCUS GROUPS WITH PRIORITY POPULATIONS

- 108 priority population participants, 14 groups
- 43 student participants, 5 groups

151 TOTAL participants, 19 groups

Stakeholders - Categories

Aging -5

Adolescents – 4

HIV Care – 5

HIV Prevention - 4

Homelessness/Houselessness - 2

Mental Health - 5

Recently Released - 1

Substance Use – 5

Case Management
and Other Large Groups:

Outreach Worker Group: 12

Case Manager Supervisor Group: 11

In Service Case Manager Group: 71

Total: 125 individuals provided input

Crosswalk of National, State and Local Comprehensive Plans

Why a Planning Crosswalk?

- from a variety of plans across many different fields can be used to form partnerships
- Idea is to integrate HIV planning with that of other fields



Harris Center for Mental Health (link)	<ul style="list-style-type: none"> • Increase the number of individuals with a history of mental illness who are housed • Partner with the Coalition for the Homeless to house homeless individuals with mental illness • Continue to develop housing options for homeless individuals with mental illness 	<ul style="list-style-type: none"> • Increase the percentage of security officers and medical staff trained in zero suicide • Decrease 30 day re-admission rates to Harris County Psychiatric Center and State Mental Health Facilities 	<ul style="list-style-type: none"> • Train Harris County Sheriff's Office mental health deputies
Houston Health Foundation (link)	<ul style="list-style-type: none"> • Increase access to mental health supports 	<ul style="list-style-type: none"> • Educate families that mental health services are normally available through most health insurances 	<ul style="list-style-type: none"> • Reduce stigma surrounding mental health needs and services • Increase the number of youth who receive information on substance use prevention
Texas Council on Family Violence (2019) (link)	<ul style="list-style-type: none"> • Increase diverse housing options for survivors • Create legal support options to meet survivor's needs • Develop child and family services 	<ul style="list-style-type: none"> • Increase prevention efforts with youth and adults 	<ul style="list-style-type: none"> • Invest in innovative service models • Expand language services and access • Participate in strong community involvement • Strengthen partner resources • Dismantle "isms" within our society and support systems • Make funding more flexible • Increase internal supports for family violence agency staff

Epidemiological Supplement Purpose



- Many thanks to our partners at the City Health Department and Ryan White Grant Administration for preparing the 2021 Epidemiological Supplement, which we have been using throughout the 2022 planning process.
- “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.”

Needs Assessment Purpose

- Purpose: To identify the needs of the community (prevention or care) and to present this data in such a way that it is useful for decision-making



Resource Inventory

Purpose

- To identify available resources which should be considered in all prevention and care planning
- The agencies identified might be useful partners for strategies and activities




CDC CDBG RWHAP MAI EHE TDSHS HOPWA SAMHSA FQHC		Centers for Disease Control Community Development Block Grant Ryan White HIV/AIDS Program Minority AIDS Assistance Ending the HIV Epidemic TX Department of State Health Services Housing Opportunities for Persons With AIDS Substance Abuse Mental Health Services Administration Federally Qualified Health Center		HIV Continuum of Care (COC) Step(s) Impacted: 1 = HIV Diagnosis, 2 = Linkage to Care, 3 = Retention in Care, 4 = Antiretroviral Use, 5 = Viral Suppression Priority Population(s): a = Transgender, esp. LatinX/Black or ≤ 25 years old; b = Gay, bisexual MSM, esp. those who are LatinX/Black; c = People who exchange sex for money, etc.; d = People who inject drugs or use meth or crack; e = Heterosexual cisgender women of color; f = People born outside the United States; g = Youth; h = Other (listed)	
Funding Source	Funding Amount 2021	Funded Service Provider Agency <i>Red = funded for both Prevention and Care</i>	Services Delivered	Priority Population/s	COC Step(s)
HIV PREVENTION					
CDC PS18-1802	\$267,721	AIDS Foundation Houston	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDC PS18-1802	\$237,151	AIDS Healthcare Foundation	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDBG	\$100,000	Bee Busy Learning Academy, Inc.	HIV/STI Prevention School Based Education Program		
CDC PS18-1802	\$98,280	Bee Busy Learning Academy, Inc.	HIV Health Education and Risk Reduction (HEIRR) Services		
CDC PS18-1803	\$237,151	Bee Busy Learning Academy, Inc.	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDC EHE PS20-2010	\$300,000	Bee Busy Wellness Center, Inc. FQHC	Routine/Opt-Out HIV Testing in Healthcare Settings		
CDC PS18-1802	\$204,751	Fundación Latino Americana De Acción Social, Inc.	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDC PS18-1802	\$300,000	Harris Health System	Routine/Opt-Out HIV Testing in Healthcare Settings		
CDC PS18-1802	\$285,120	Legacy Community Health FQHC	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDC PS18-1802	\$267,900	Saint Hope Foundation, Inc. FQHC	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDBG	\$100,000	Montrose Center	HIV/STI Prevention School Based Education Program		
CDC PS18-1802	\$120,120	Montrose Center	HIV Health Education and Risk Reduction (HEIRR) Services		
TDSHS		Association for the Advancement of Mexican Americans	Core Prevention: Many Men, Many Voices (3M/V)		

“

The quality, not the longevity, of one’s life is what is important.

”

Martin Luther King, Jr.

Quality of Life Meetings 

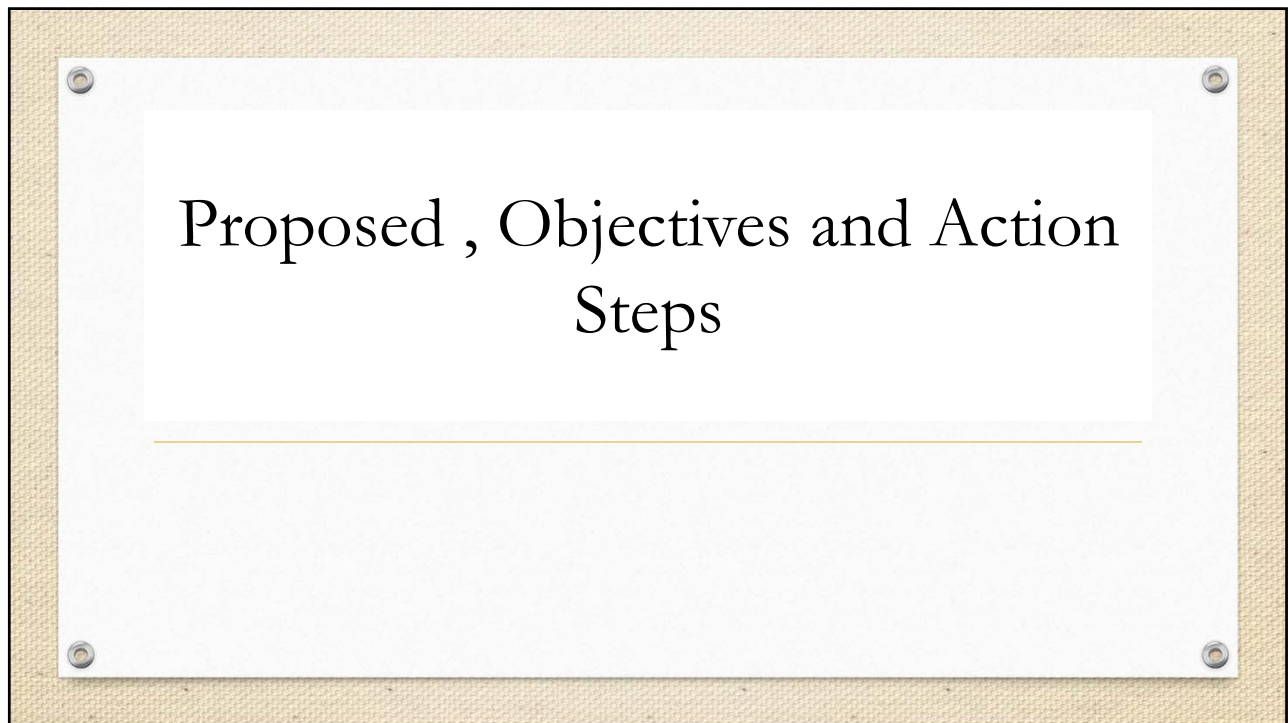
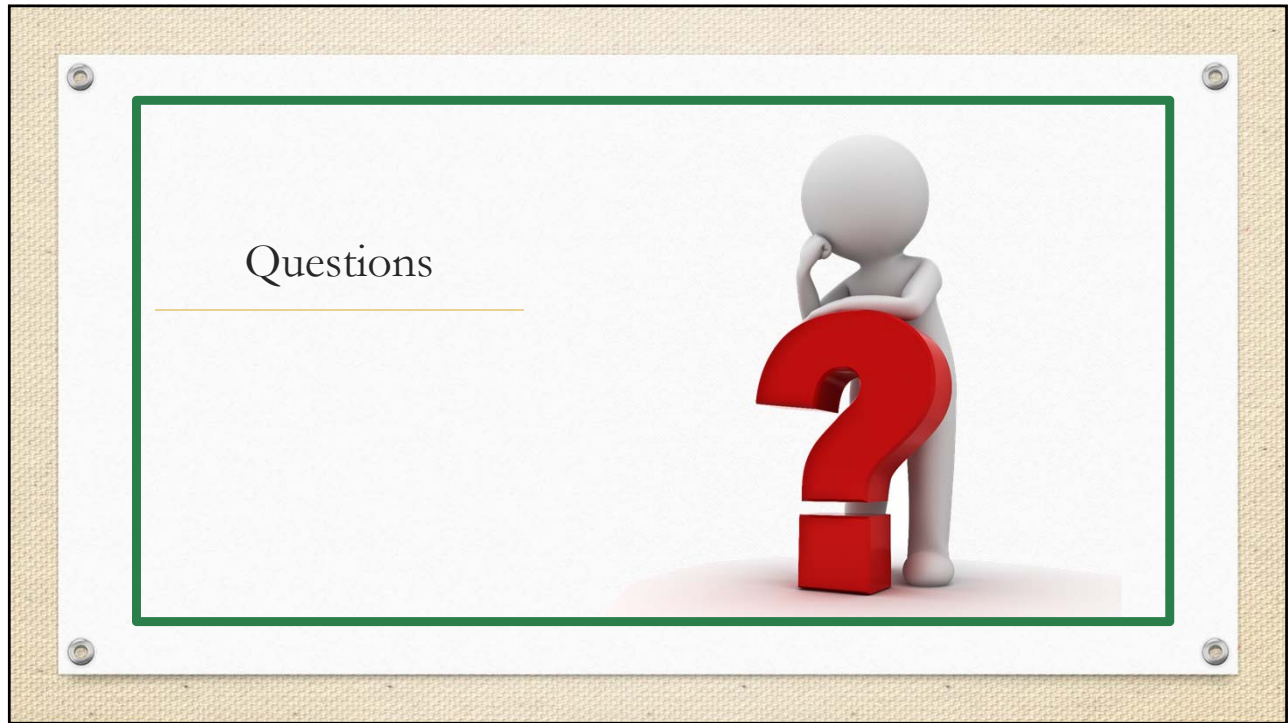
Quality of Life - Methodology

- 8 workgroups were held during the months of March- June 2022 (Community-wide and PLHIV only)
- A quality of life definition and themes were developed
- Action steps and strategies are being developed

Quality of Life Themes



- Intersectional stigma, discrimination, racial and social justice, human rights and dignity
- Overall wellbeing, mental, emotional and spiritual health
- Aging, comorbidities and life span (can include functionality, cognitive ability, geriatrics)
- Healthcare services access, care and support
- Economic justice, employment, stable and safe housing, food security
- Policy and research



Education and Individuals

- **(Year 1).** Set up an HIV Education Advisory Board for each of five hard to reach populations - (adolescents, college students, Latinx individuals, senior citizens and one more group to be determined).
- **(Year 2)** For each of the five HIV Education Advisory Boards, select an already existing group, such as a college or an agency that offers services to monolingual individuals. Work with this institution, organization or group to implement a pilot project.
- **(Year 3, 4 and 5)** Revise the curriculum based on the results of trainings and select new institutions and organizations, or continue working with groups whose membership changes regularly.

HIV Education for Adolescents

- **Key Partners:** The Association for the Advancement of Mexican Americans (AAMA) Sanchez Charter Schools, The Houston High School for the Performing Arts, Houston Independent School District, Covenant House, AIDS Foundation Houston, Texas Southern University Education Department, representatives of the Houston Ryan White Planning Council and the Houston Prevention Community Planning Group (CPG), Houston Health Department, Harris County Health Department and others.

HIV Education for College Students

- **Key Partners:** Texas Southern University (TSU), SHAPE Program at TSU, AIDS Foundation Houston, Ambassadors for Christ, representatives of the Houston Ryan White Planning Council and the Houston Prevention Community Planning Group (CPG), Houston Health Department, Harris County Health Department and others

HIV Education for Latinx Individuals

- **Key Partners:** The Association for the Advancement of Mexican Americans (AAMA), Fundacion Latino Americana de Accion Social (FLAS), Texas Southern University, representatives of the Houston Ryan White Planning Council and the Houston Prevention Community Planning Group (CPG), Houston Health Department, Harris County Health Department and others.

HIV Education for Senior Citizens

- **Key Partners:** Houston Area Agency on Aging, Texas Southern University, Houston Area Multi Service Centers, Harris County Multi Service Centers, HIV and Aging Coalition, LGBTQ Aging Coalition, representatives of the Houston Ryan White Planning Council and the Houston Prevention Community Planning Group (CPG), Houston Health Department, Harris County Health Department and others.

HIV Education – Goal #2

- **Goal:** Increase individual knowledge of HIV, including HIV prevention and care services information, among individuals with a **history of a sexual offense**.
- **Key Activities:** Employ one full-time person with lived experience to provide HIV education and case management services to this population.
- **(Year 1)** Request the Ryan White Planning Council to create a service definition and allocate funds for the position from Ryan White Part A, B or State Services funding. If approved, release the RFP and secure a vendor for the contract.
- **(Year 2)** Hire and train the employee.

HIV Education for Providers

- **(Year 1)** Set up a small HIV Education Advisory Board and locate or create a curriculum.
- **(Year 2)** Conduct/implement the pilot project with at least one other mainstream mental health or substance use disorder facility to teach their healthcare workers how to refer patients to local HIV organizations.
- **(Year 3)** Revise the curriculum based on the results of the pilot project.

HIV Care Goal #1

- **Goal:** Encourage Ryan White funded agencies to provide alternative hours, such as evening and/or Saturday hours of service.
- **Key Activities:** Identify agencies who provide evening hours and ask about their success. Potentially include a requirement for alternative hours in Ryan White Standards of Care.
- **Key Partners:** Ryan White funded primary care clinics, Health Departments working with the Rapid Start Program

HIV Care Goal #2

- **Goal:** Review data from the Ending the HIV Epidemic (EHE) program use of Lyft services and, if the data is positive, possibly extend the EHE/Lyft program to meet the needs of other HIV clients.
- **Key Activities:** Increase marketing for all services, including Lyft, case management, availability of phones and more. Also, develop a QR code for the Blue Book to help with the marketing.
- **Key Partners:** TBD

HIV Care Goal #3

- **Goal:** In an effort to reduce high turnover among case managers, monitor Ryan White Planning Council FY 2023 efforts to increase case manager salaries with Part A funding.
- **Key Activities:** See the results of RWPC efforts to increase case manager salaries.
Related Items: “Require” annual training (a webinar?) for all agency receptionists, case managers, medical assistance and others to learn about A.) All Ryan White funded services, B.) Recent changes to all services and C.) Other helpful services
- **Key Partners:** TBD

HIV Care Goal #4

- **Goal:** Regarding ADAP – FIX IT!
- **Key Activities:**
 - Take Charge Texas computer software is supposed to help, but problems with the system.
 - ADAP dashboard is supposed to allow more sharing.
 - “Work arounds” exist, but not everyone knows them.
 - Train case managers to aggressively identify clients that can enroll in ACA to get them off of ADAP.
 - Policy/political action required
- **Key Partners:** The Strike Force, Government relations employees in Ryan White funded agencies, THMP Advisory Board members.

HIV Care Goal #5

- **Goal:** Partner with more options for transportation and allow RW funded agencies to determine how they wish to use their transportation funds (bus passes, Lyft, etc.). Also, tie the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive).
- **Key Activities:** TBD
- **Key Partners:** TBD

Outreach Goal #1

- **Goal:** Create suggested guidelines for engagement with different populations of interest based on the results of focus groups and integrate into standards of care.
- **Key Activities:** Integrate the guidelines for reaching different populations into standards of care. If passed, encourage Ryan White funded agencies to follow the guidelines.
- **Key Partners:** Ryan White Planning Council (Affected Community Committee) and others

Outreach Goal #2

- **Goal:** Outreach to people with substance use disorders by collaborating with mobile harm reduction programs to provide HIV resources.
- **Key Activities:**
 - (Year 1) Create partnerships with appropriate agencies.
 - (Year 2) Conduct/implement the pilot project with at least one substance use partner to increase access to HIV educational information for those lacking transportation.
 - (Year 3) Partner with other local substance use organizations.
- **Key Partners:** Houston Community Prevention Group; Project INTEGRA; UT HEARTS – (UT HIV Education, Awareness, Referral, and Treatment for Substance Use); The Houston Harm Reduction Coalition; Project Access (bus service for people experiencing homelessness)

Outreach Goal #3

- **Goal:** Encourage more people living with HIV who are homeless to use HIV prevention and care services.
- **Key Activities:** Review the results of the Houston area Special Project of National Significance dedicated to working with people living with HIV who are also homeless.
- **Key Partners:** Healthcare for the Homeless (both of them); Thomas Street Health Center; Pete Rodriguez

Outreach Goal #4

- **Goal:** Improve staff interactions and communications with clients.
- **Key Activities:** Work with AIDS Education Training Center to design a training to improve staff interactions and communications with clients. Encourage Ryan White-funded agencies to have more of their support staff participate.
- **Key Partners:** The South Central AIDS Education and Training Center (AETC); Community Prevention Planning Group (CPG); and Ryan White Planning Council

Outreach Goal #5

- **Goal:** Increase access to identification, particularly among those who are discharged from jail or prison, people who are experiencing homelessness, and others who are undocumented.
- **Key Activities:** 1) Assess current resources 2) Provide additional resources to those currently providing the services 3) Expand capacity of current providers
- **Key Partners:** Operation I.D.; Texas I.D. Connect; The Beacon

The Coordination of Substance Use Disorder Services

Suggested response: Per the October 2020 Harris County Operations Review of Public Health, HCPH should “establish a Coordinating Council focused on the social determinants of health to.....coordinate the activities of agencies around agreed upon health goals for Harris County”. This Coordinating Council will also develop an annual County Health Survey.

The role of coordinating substance use disorder services should be with this Coordinating Council and the Ryan White Planning Council should ask for a seat on the Coordinating Council.

Vote to Approve the Concepts

Hot Potato Topics



Policy Goal #1

- **Goal:** Work with partners to legalize sex in jail so that condom distribution can occur.
- **Key Activities:** TBD
- **Key Partners:** Serving the Incarcerated and Recently Released; Texas Strike Force; government relations employees

Policy Goal #2

- **Goal:** Work with partners to legalize comprehensive harm reduction policies (for example: MAT distribution, needle exchange).
- **Key Activities:** TBD
- **Key Partners:** Houston Harm Reduction Coalition, UT HEARTS; Texas Strike Force

Stakeholders

Substance Use Disorder



- People living with HIV are more likely to be prescribed opioids due to pain, and this can lead to developing an opioid use disorder.
- Need mobile testing for people who use drugs
- HIV and substance use services should be more integrated, ideally creating a one-stop shop for people who use drugs who often lack transportation
- “Integration of addiction psychiatry into every single HIV treatment center.”
- **Key Partner:** United Way or ??

Stakeholders

SIRR Focus Group



- Folks living in smaller counties have difficulty getting their medication; smaller jails cannot fund medication
- Care is limited to three counties, outside of these, care varies
 - “Even though [HIV medication] is the responsibility of the county jails, we know that it is not necessarily happening, so that’s something else that needs to happen outside of the big county jails.”
- Prevention – Need condom distribution within jails
- **Key Partner:** Grassroots advocacy group (see Tori)

MONKEYPOX *TOWNHALL*

10/7 & 10/21 • Friday 12 PM

HCPH invites the Harris County community to a townhall on monkeypox Friday at 12 p.m. We will review what monkeypox is, how it is affecting our community, who is eligible to receive a vaccine and how, and host a Q&A session to answer any other monkeypox related questions you may have.

Join Online

Platform: Zoom

Register: bit.ly/monkeypoxhcph3

Join by Phone

Phone: +1 346 248 7799

Meeting ID: 939 0217 7844

Passcode: 4274