

# HIV/STD Prevention Contractor's Quarterly Meeting

Wednesday, January 14, 2009  
9:30 AM – 11:15 AM

Houston Transgender Center  
713 Fargo  
Houston, TX 77006

## MINUTES

### Contractors Present:

Bernice Arenyeka, *NAACP—Houston Branch*  
Jose Ayala, *Houston Area Community Services*  
Jeff Berry, *Career and Recovery Resources*  
Pieus Bowser, *St. Hope Foundation*  
Jeffery Campbell, *St. Hope Foundation*  
Pamela Collins, *Positive Efforts*  
Joaquin Garza, *Career and Recovery Resources*  
Pamela Green, *Memorial Hermann*  
Rhonda James, *YWCA*  
Barbara Joseph, *Positive Efforts*  
Jennifer Ludlam, *Legacy CHS*

Nike Lukan, *AIDS Foundation Houston*  
Ken Malone, *Harris County Hospital District*  
Tina Megdal, *Legacy CHS*  
Norman Mitchell, *Bee Busy Learning Academy*  
Dwayne Morrow, Jr., *AIDS Foundation Houston*  
Darcy Padgett, *Bee Busy Learning Academy*  
Julia Resendiz, *Career and Recovery Resources*  
Tremeice Scott, *St. Hope Foundation*  
Elizabeth Soriano, *Baylor College of Medicine*  
Sheronda Wright, *NAACP—Houston Branch*

### Contractors Not Represented:

Montrose Counseling Center  
University of Texas School of Public Health

### HDHHS Staff Present:

Brenda Chapman	Brandi Knight	Brenda Simpson
Eddie deRoulet	Florida Kweekeh	Nick Sloop
Hickmon Friday	Tim Laws	Michael Thomas
Darrell Jacobs	Ereka Philip	Ray Watts

### Guests Present:

Adriana Dibello, *AAMA, Inc.*  
Yerlinda Garcia, *AAMA, Inc.*  
Brenda Harrison, *Goodwill Houston*

### ACTION ITEMS:

1. Ereka will clarify with surveillance regarding the 7 days; whether or not the 7 days start over if the client cannot come in until the 9<sup>th</sup> day.

**UPDATE:** The agency has seven (7) calendar days from the receipt of the positive test result to provide a notification to the client. If client is not located and notified by the 7<sup>th</sup> calendar day, the agency must notify ICCR by calling (713) 794-9254. If the client presents to the agency for their test results AFTER ICCR has been notified, the agency should notify the client and conduct partner elicitation at this time. ICCR should be notified immediately after the notification is made so that a DIS will discontinue trying to make contact with the client as well. All information gathered in the notification and partner elicitation session should be provided to ICCR. DIS will commence with partner notification at this time.

2. Ereka and Eddie will confirm that the RFP gives contractors 15 days to submit quarterly reports.  
**UPDATE:** Quarterly reports are to be provided within fifteen (15) business days after the end of each quarter (page 54 of RFP).
3. Eddie will email results after each training.
4. Michael Thomas will send a draft Mobile Clinic calendar to everyone and will send a final copy once contractors have identified where they would like to collaborate; he will send a copy to program liaisons as well.

- I. **Welcome/Introductions** ..... *Eddie deRoulet and Ereka Philip*

**II. Bureau Update.....Eddie deRoulet**

Review of Handouts

- ✓ 2009 Allocations (contractors should email Beau with corrections)
- ✓ Agency Liaisons for 2009
  - No liaison for surveillance
- ✓ Good Faith Efforts
  - At least 3 attempts should be made to contact the client via phone, field visit, or mail
- ✓ Sanctions Letter
  - Program Liaisons will send a quarterly report on how contractors are doing, i.e., goals, interventions, etc.
  - Monitoring process that allows program liaisons to view progress
  - Refer to your contract: post test results are due on the 5<sup>th</sup> day of the month via email – not the 5<sup>th</sup> business day
  - Monthly invoice due the 10<sup>th</sup> day of the month or the day after if the 10<sup>th</sup> day falls on a holiday or weekend
  - Once the contract closes, the City cannot charge to the grant/contract, which may result in the invoice not being paid.
- ✓ Front Line Training
  - Occurs every 2 months
  - Provides an assessment of what we need to work on and what is working
  - Provides ideas on how to address issues and assist field workers in doing their job
  - The Training Unit can be of assistance as well
- ✓ Interview Record and Partner Information Guide
  - The use of these forms is highly recommended
  - The forms make it easier for the staff to conduct audits
  - May use your form if it is comparable to these forms in capturing the information. Contractors should email their form to their liaison for review and approval for use.
  - DSHS is revising their forms.
- ✓ Fiscal Finding in 2008
  - Errors delay the payment process; we need to eliminate the same problems.
  - Invoicing errors make it less likely that contractors will be paid on time
  - The fiscal liaison will inform contractors of their status, i.e., under/over spending. A justification is needed if you are under spending or over spending. Send your justification to your program liaison. Justifications are documented on form I3.
- ✓ IRS mileage – changed to 0.55 cents/mile effective January 1<sup>st</sup>.
- ✓ 2009 HIV Prevention Evaluation Form
  - Update with instructions

**III. Mobile Unit Update.....Michael Thomas**

Michael Thomas would like to get collaboration with the mobile unit back on track. Contractors can test for HIV and syphilis and recruit on the mobile unit.

- New mobile clinic starting in February to provide services during the day
- Expands capacity to provide counseling and testing during the day
- Working with Neighborhood Services Division targeting the re-entry population in the Northeast area and other zip codes (77028, 22, 26, 76). Michael wants to work with contractors targeting this population
- Darrell Jacobs will coordinate the day time activities
- Mobile Clinic recently wrapped (everyone was able to view pictures of the wrapped unit)
- Calendar was distributed. Sites are case related – where we have known cases

Contact Information:

[michael.thomas2@cityofhouston.net](mailto:michael.thomas2@cityofhouston.net), 713-794-9660 or 832-465-0864  
[darrell.jacobs@cityofhouston.net](mailto:darrell.jacobs@cityofhouston.net), 281-536-4763

**IV. Data Collection ..... Nick Sloop**

- We are not changing anything in 2009
- It appears the forms are being completed correctly
- EBIs with 5 sessions go on the same form

- The percentage of clients completing the number of sessions is required by the CDC
- Must provide accurate data. 100% attendance all of the time is not realistic.
- Program Liaisons will look for this when they audit
- Counseling and Testing contractors should get their 2008 data scanned ASAP so that we can have complete data
- Zip codes are mandatory
- On the CTR scantron, in the CDC box, indicate “01” for screening or “02” for PBC

**V. Capacity Building..... Brandi Knight**

- Training registration is online, beginning Friday
  - The link is <http://www.houstontx.gov/health/HIV-STD/training.html>
- Registration closes 5 days prior to the close of the training
- Training closes when registration reaches its' maximum
- There is a link to the training assessment, which is used to determine what training is needed. The password is frontline
- The Spanish class this month has been cancelled, but will start on February 10<sup>th</sup>
- If someone cannot attend a training, please contact Brandi via email or phone call

**VI. Presentation on Routine HIV Screening ..... Pamela Green, RN, BSN, CCRN  
Memorial Hermann Healthcare System**

- Providing HIV test in the ER (CDC) funding
- Since June 23<sup>rd</sup>, they have tested about 5,500 with 74 new positives
- They have also identified known positives that were not in care
- Challenges:
  - Hurricane Ike
  - Opt-out provision
  - 1 of 2 level 1 trauma centers
  - Only facility with a helipad
  - Wait time for service is 8-10 hours
  - Continue to get flights from the Gulf Coast region
  - Difficult to keep nurses motivated to screen for HIV: she has tried \$50 gas cards, pizza parties, etc. Ms. Green welcomes suggestions
  - Older nurses are in the old mindset of thinking they have to get consent forms
  - New nurses do not want to talk about sexual orientation
  - She will invite Marlene and Beau to attend a staff meeting
  - Willing to volunteer her time as a supervisor so others can get their phlebotomy sticks

**Presentation on New HIV Prevention Program .....Adriana Dibello  
Association for the Advancement of Mexican Americans (AAMA)**

- Located in 2<sup>nd</sup> Ward providing outreach, counseling and testing, residential treatment for boys and adults
- Work with parents as well.
- Provides outpatient intensive adult treatment
- Barrios Unidos Program targeting adolescents at risk
- Minority Action Program targeting the reentry population to provide substance abuse treatment, HBV/HCV testing as well as syphilis and HIV testing
- HIV EIP (HEI) – funded by DSHS. (Early Intervention Program)
- All staff is bi-lingual. They are willing to assist and collaborate with CTR activities.
- Provides support groups and case management
- Facilities in Edinburg, Laredo, and San Antonio
- Will conduct home visits as well
- Contact Information: [adibello@aamainc.us](mailto:adibello@aamainc.us) 713-926-9491 X 119

**VII. Announcements .....Eddie deRoulet**

- If anyone wants to talk about their program, they should contact Eddie
- AIDS Walk, March 15<sup>th</sup>, [www.aidswalkhouston.org](http://www.aidswalkhouston.org) or contact Claire at AFH, 713-623-6796

- If anyone has issues with phlebotomy, they should speak with Eddie
- Contractors can also get their phlebotomy sticks on the mobile unit as well (Pamela Green volunteered her time to assist)
- Next Quality Improvement meeting, Thursday, January 22<sup>nd</sup>
- Front Line Staff training, Wednesday, February 18<sup>th</sup>. This is a collaboration with Ryan White

## VIII. Questions or Concerns

**Question 1:** Is there a reason for the 7 day surveillance follow-up? This gives us no time for the client to get back with us. The client may be scheduled to come back into the office in 10 days.

**Answer:** The agency has seven (7) calendar days from the receipt of the positive test result to provide a notification to the client. If client is not located and notified by the 7<sup>th</sup> calendar day, the agency must notify ICCR by calling (713) 794-9254. If the client presents to the agency for their test results AFTER ICCR has been notified, the agency should notify the client and conduct partner elicitation at this time. ICCR should be notified immediately after the notification is made so that a DIS will discontinue trying to make contact with the client as well. All information gathered in the notification and partner elicitation session should be provided to ICCR. DIS will commence with partner notification at this time.

**Question 2:** When did the good faith start? This is not fair to us (3 attempts).

**Answer:** It has always been an expectation of HDHHS that agencies engage in “good faith” efforts to provide results to their clients. It is a disservice to the client, as well as the community, for an individual not to be notified of a positive test result in a timely manner. A sense of urgency must be maintained around results notification in order to intervene in the spread of disease in Houston. The HDHHS has provided a working definition of “good faith” attempts to contact a client, and we will be evaluating this definition and process for the next several months. It is true that this definition is not in the current contractual service provisions; however, a definition and guidance around “good faith” efforts will be included in future contracts. Please ensure your participation in the Quality Management Committee to have direct input into how this definition and process evolves, and as always, contact your program liaison with suggestions for improvement.

**Question 3:** Is providing post-test results for the positive or the negative?

**Answer:** Whether a client receives his test result is a CDC priority regardless of the test result (positive, negative, etc.). That is why this continues to be an indicator monitored by the CDC. If the client has a positive test result, there is an added sense of urgency to ensure the client knows his HIV status.

**Question 4:** It is suggested for the top paragraph of the Good Faith Efforts to be rewritten because it reads as 7 days from the date you pick up the results.

**Answer:** Additional clarification has been received since the contractor’s meeting, and the current language describing “good faith” efforts is correct. The agency has seven (7) calendar days from the receipt of the positive test result to provide a notification to the client, NOT seven (7) days from the return appointment date.

**Question 5:** If the client is contacted and cannot come back on the 7<sup>th</sup> day, do we call ICCR?

**Answer:** Yes, ICCR must be contacted if the client has not been notified within seven (7) calendar days of your agency’s receipt of the test result.

**UPDATED INFORMATION:** However, if you have made contact with the client and have a scheduled appointment for the client to return for their test results after the 7<sup>th</sup> day, ensure that this is documented in the client’s file and inform ICCR of this when providing the initial report. The HDHHS can work collaboratively with the agency to ensure that the client receives his/her test result and is offered partner services.

**Question 6:** Do the seven (7) calendar days start over if the client cannot come in until the 9<sup>th</sup> day?

**Answer:** No. The agency has seven (7) calendar days from the receipt of the positive test result to provide a notification to the client. If client is not located and notified by the 7<sup>th</sup> calendar day, the agency must notify ICCR by calling (713) 794-9254. If the client presents to the agency for their test

results AFTER ICCR has been notified, the agency should notify the client and conduct partner elicitation at this time. ICCR should be notified immediately after the notification is made so that a DIS will discontinue trying to make contact with the client as well. All information gathered in the notification and partner elicitation session should be provided to ICCR. DIS will commence with partner notification at this time.

**Question 7:** Sometimes, we have not received the lab results.

**Answer:** The agency has seven (7) calendar days from the receipt of the positive test result to provide a notification to the client. If client is not located and notified by the 7<sup>th</sup> calendar day, the agency must notify ICCR by calling (713) 794-9254. If you are not receiving your laboratory results from the HDHHS laboratory, please inform your program liaison so that the issue can be addressed.

**Question 8:** On the monthly Positives Report, can we say pending on the post-test results?

**Answer:** Yes, if there is no disposition. On the following month's report, you will include the data that was missing in the previous month's report and highlight this additional information. Do not wait for the test results if that will delay your report to HDHHS.

**Question 9:** Beau gave us (AFH) the option of submitting the invoice the month after, i.e., September in November. AFH needs the additional month because a purchase may not show up for 10-15 days into the next month.

**Answer:** All agencies have the option to request the delayed invoicing option. The information has been distributed to all agencies, and several of them currently use this option.

**UPDATED INFORMATION:** However, this does NOT mean that an agency does not have to submit and invoice every month. For example, if you were on a delayed invoicing schedule, your agency would submit January's invoice in March rather than in February. You would continue submitting a monthly invoice throughout the year that was one month "behind". This option is not allowed for the final invoice of the year. All agencies participating in this option must have submitted a written request to the HDHHS and have received written approval from the HDHHS. Contact your program liaison for further information.

**Question 10:** Jennifer (Legacy) sought clarity on reporting positives. In the past, they reported positives that came in the previous month.

**Answer:** The tests your agency conducted the previous month will be reported the month following the test. For example, positives identified in January will be reported on the February report. Pending results are identified through color coding.

**Question 11:** What if the due date for any given report falls on the weekend?

**Answer:** It is acceptable to submit the required report on the first business day after the weekend, usually Monday unless there is a holiday.

**Question 12:** Can invoices be submitted electronically?

**Answer:** Not currently, but hopefully next year as part of the client-level data system construction.

**Question 13:** Nike (AFH) pointed out that the RFP says quarterly reports are due on the 15<sup>th</sup>.

**Answer:** Quarterly reports are to be provided within fifteen (15) business days after the end of each quarter (page 54 of RFP). You can send them electronically, by mail, or hand deliver them to your program liaison.

**Question 14:** Is there a new format for the quarterly report this year?

**Answer:** No.

**Question 15:** Can we make suggestions for trainings?

**Answer:** Yes, the HDHHS conducts a training needs assessment annually, and suggestions from contractors are always welcome. You may also host a training to address a specific topic. Please email your suggestions to your program liaison.

**Question 16:** Why was the syphilis funding cut?

**Answer:** The funding was not cut; however, it was re-directed by the Texas Department of State Health Services (DSHS). Syphilis Elimination funding that historically has been received by the HDHHS from DSHS was put out for competitive application this past year. The HDHHS no longer receives Syphilis Elimination funding from DSHS.

**Question 17:** How do we contact Michael Thomas for the mobile unit?

**Answer:** Email: [michael.thomas2@cityofhouston.net](mailto:michael.thomas2@cityofhouston.net) or telephone: 713-794-9660 or 832-465-0864

**Question 18:** Since Legacy is not testing for syphilis in Acres Homes, what do you suggest?

**Answer:** Everyone that is contracted for CTR should be testing for syphilis as well as HIV. Nick elaborated stating that the City has always expected you to do a syphilis test even though you test for HIV. **We did not change the expectation.** All CTR contractors should be testing for BOTH HIV and syphilis. A separate tube of blood is currently required to be drawn for Syphilis testing. Please forward your questions regarding this matter to your program liaison.

**Question 19:** For the scanning report, do we fill out both sections for the zip code?

**Answer:** Yes, site ID and client residence are both required by the CDC.

**Question 20:** Are participants given certificates of completion upon completing a training?

**Answer:** Yes, they will receive it as they leave the training.

**Question 21:** If the training is closed, will the registration default to a waiting list?

**Answer:** Yes. Erika elaborated, stating that there is a certain amount of training that is required by HDHHS. You are to ensure your staff gets the training. If trainings are attended elsewhere, send documentation to your program liaison. CTR contractors are required to have Protocol-Based Counseling (PBC) and everyone must take Fundamentals of HIV/STD and Viral Hepatitis along with trainings required for your specific EBI.

**Question 22:** If there is a waiting list for the training, will you call if we are next in line?

**Answer:** Yes. The calendar is set through June, and we ask that you complete the training assessment to indicate your needs. You can send your concerns to Brandi Knight, [brandi.knight@cityofhouston.net](mailto:brandi.knight@cityofhouston.net). The link to the online training assessment is: [www.houstontx.gov/health/HIV-STD/training.html](http://www.houstontx.gov/health/HIV-STD/training.html)

**Question 23:** When does SEAC meet?

**Answer:** According to Jennifer Ludlam from Legacy, they are unsure, but they are working on it.

**Question 24:** Does Memorial Hermann provide the rapid test?

**Answer:** Initially yes, but it was labor intensive. The emergency department at Memorial Hermann (TMC) sees 175 people a day, and rapid testing caused difficulties in the laboratory. Using the conventional testing technology, they can run tests 5 times a day with a 24 hour turn-around.

**Question 25:** Who does Memorial Hermann report the positives to?

**Answer:** Cynthia Johnson, the HDHHS first line supervisor who assists in coordination of this project receives the initial report from Memorial Hermann. HIV/STD surveillance also receives reports through standard laboratory reporting from Memorial Hermann.

## **XI. Next Meeting:**

Wednesday, April 8, 2009

9:30 AM to 11:30 AM

Location: Thomas Street Health Center

2015 Thomas Street

3<sup>rd</sup> Floor Large Conference Room

Houston, TX 77009

Parking available on the street or behind the building.

## **XII. Meeting Adjourned at 11:15 a.m.**