

HIV Prevention Contractor's Quarterly Meeting

Wednesday, January 23, 2008

United Way
50 Waugh Dr.
Houston, Texas 77004

9:30 AM – 11:30 AM

MINUTES

Contractors Present:

Laura Alvarez, **HACS**
Bernice Arenyeka, **NAACP**
Jose Ayala, **HACS**
Jeff Berry, **CRR**
Pan Collins, **Positive Efforts**
Jessica Davila, **Baylor College of Medicine**
Jessica Ganious, **Positive Efforts**
Joaquin Garza, **CRR**
Nelson Gonzalez, **HACS**
Rodney Goodie, **St. Hope Foundation**
Darcey Padgett, **Bee Busy**
Barbara Joseph, **Positive Efforts**
Jennifer Ludlam, **Legacy CHS**
Nike Lukan, **AFH**
Chris Markho, **UTSPH**
Vakerie McWashington, **Positive Efforts**
Tina Megdal, **Legacy CHS**

Jaymie Miella, **Montrose Counseling Ctr.**
Nancy Miertschin, **HCHD**
Juan Navarro, **Legacy CHS**
Darcy Padgett, **Bee Busy**
Brent Pendleton, **Legacy CHS**
Jennifer Provencher, **AFH**
Julia Resendiz, **CRR**
Pete Rodriguez, **HCHD**
Diana Morales-Taylor, **YWCA**
Robert Thurmon, **YWCA**
Deonna Turner, **St. Hope Foundation**
Barbara Walker, **Legacy CHS**
Rosie White, **AFH**
Cristan Williams, **HACS**
Woody Woodson, **AFH**
Sharonda Wright, **NAACP**

Contractors Not Represented:

HDHHS Staff Present:

Inez Acevedo
Marty Bernal
Doris Brooks
Brenda Chapman
Mika Sam-Cooper
Cynthia Cruz
Lourdes Fonseca
Charlie Griffin
Vincent Ivery

Risha Jones
Danielle Joseph-White
Emmanuel Katchey
Florida Kweekeh
Marlene McNeese-Ward
Beau J. Mitts
Yvonne Newman
Ereka Philip
Larry Prescott

Barbara Sudhoff-McGill
Brenda Simpson
Valda Spence
Anna Thomas
Michael Thomas
Cynthia Turner
Cathy Wiley

I. Welcome..... *Marlene McNeese-Ward*

- ❖ Name changed to the Bureau of HIV/STD and Viral Hepatitis Prevention, which is in line with CDC's initiatives.
- ❖ In 2008, we are focusing on client services and what makes sense in Houston, i.e., a one-stop-shop if appropriate.
- ❖ Dr. Troisi is now the Director of Public Health Practices, and will provide leadership related to health policies throughout Houston and increasing the relationship between the health department and medical schools.
- ❖ The new Assistant Director for the health department is Risha Jones, who shares the same passion, drive, and commitment to public health.

II. Bureau Update *Marlene McNeese-Ward*

a. Launching New Initiatives

- ❖ 23 health departments (including Houston) have received CTR expansion projects
- ❖ Project partners with Memorial Hermann, Harris County Hospital District (HCHD/Ben Taub/LBJ)
- ❖ Routine HIV screening in emergency settings
- ❖ There has never been a project like this in Houston
- ❖ The goal is to detect more HIV cases and link them to services
- ❖ Will be working with CBOs in clinic settings – Legacy Community Health Services will screen for HIV, syphilis, HBV, and HCV
- ❖ Testing will be officially launched in March
- ❖ A grantee orientation meeting will be held in Atlanta next week with CDC

b. Targeted Enhancement of Hepatitis Integration.....*Anna Thomas*

- ❖ Anna Thomas is the new Adult Viral Hepatitis Coordinator and facilitator for the HIV task force
- ❖ Task force has developed a resource guide for newly diagnosed persons with HCV, which is to be incorporated into the Blue Book distributed by Ryan White
- ❖ Enhanced Syringe Access Program (ESAP) is on-going
- ❖ The HIV needs assessment survey is on-line in English and Spanish
- ❖ 550 surveys have been completed to date
- ❖ It is important to partner with Ryan White and care to ensure the continuity of services between prevention and care

c. Liaisons.....*Beau Mitt*

Beau distributed the current list of agency liaisons (program, fiscal, surveillance, and DIS). Contractors were reminded to always contact Beau Mitts or Kirby Boniér with issues that are not being resolved by the liaison.

d. New Contracts – 2008 Prevention Allocation *Beau Mitts*

- ❖ Only HIV Cooperative Agreement contractors are listed
- ❖ New CTR providers are AIDS Foundation of Houston and Positive Efforts
- ❖ Baylor will provide program evaluation, technical assistance, and capacity building
- ❖ Bee Busy
- ❖ Career and Recovery
- ❖ HCHD
 - Structural intervention to implement HIV screening in health centers
- ❖ HACS (first program to target transgenders)
- ❖ Legacy – social marketing, internet outreach, and clinic based HIV/CT
- ❖ Montrose Counseling Center – community promise
- ❖ NAACP – counseling/testing and HERR targeting the incarcerated and recently released populations
- ❖ Positive Efforts – SISTA
- ❖ St. Hope – counseling/testing
- ❖ UTSPH – school based program that includes working with HISD
- ❖ YMCA – non-DEBI, HERR intervention

e. Funding by Service Category..... Beau Mitts

Five agencies are conducting DEBIs. Prevention allocation chart was distributed by Beau. The IRS has changed its mileage rate to 50.5 cents/mile. The City is not mandating agencies to do the same. However, this is the maximum the City will reimburse for local travel.

f. CTR Contrators..... Beau Mitts

Standing Delegation Orders (SDOs) are in place to ensure compliance with regulations. CTR contractors have SDOs in place. Program liaisons review SDOs when performing a program review.

g. Syphilis Outbreak..... Marlene McNeese-Ward

Marlene recognized those agencies that participated with the health department during the syphilis outbreak.

- ❖ Mobilized internal and external components and resources
- ❖ Assessment of the response conducted by the CDC
 - CDC was overwhelmed by the entire process
 - CDC could not believe all of the activities were evidence based
 - We were able to monitor where the outbreak was happening and among which population(s)
 - Department shifted resources to meet the need, i.e., surveillance
 - DIS focused on syphilis cases and CBOs conducted HIV interviews, which allowed for more DIS to be in the field
 - Syphilis has never been attacked in this manner
 - Partners were Career and Recovery, Bee Busy, Positive Efforts, Legacy, NAACP, and AFH. They all provided valuable leadership for over a month
 - SOR received a lot of media attention as well
 - We do not want untreated syphilis in Houston
 - Honorable Mention goes to St. Hope Foundation for wanting to actively participate, but could not

h. Syphilis Elimination Advisory Committee (SEAC)..... Larry Prescott

The committee meets every 4th Wednesday, 12:00 noon, 3rd Ward MPC to discuss the epidemiology of syphilis, trends, age group, etc in addition to evaluating the syphilis intervention. If we want to affect HIV, we need to “get rid” of syphilis. SEAC needs new members.

III. Mobil Clinic Update..... Michael Thomas

- ❖ The mobile clinic worked with Legacy in the Montrose and Southwest Houston areas during the SOR.
- ❖ Evidence based efforts are to continue
- ❖ High risk locations have been identified with the help of SEAC and the CBOs
- ❖ CBOs are welcome to work with the mobile unit with the understanding that outreach activities are performed during late night hours

IV. PEMS UpdateNick Sloop

- ❖ Currently looking at data collection for HERR
- ❖ PEMS data variables have been reduced to 1 page
- ❖ Only mandatory variables related to CT (not HERR)
- ❖ Contractors should no longer use the old form. **Start with the new form immediately!**
- ❖ Data sets for the new form should be installed by February 15th
- ❖ Printing errors and codes are located on the back of the form
- ❖ The agency's ID will remain the same
- ❖ Nick will provide training on an agency-by-agency basis
- ❖ Each testing agency is asked to provide Nick with the contact person for the agency
- ❖ Agencies can dispose of the old form or give them to Baylor to use in-house

V. Laboratory Update.....Cynthia Turner

- ❖ Specimen for HIV, syphilis, herpes, HCV/HAV/HBV are processed in the lab
- ❖ Specimen request forms are to be filled out completely
- ❖ Cynthia will develop an "electronic folder" for Beau to distribute to new contractors
- ❖ Specimens are to be received within the specified time due to CLIA waivers
- ❖ Contractors are asked to contact the lab with unsatisfactory reports because the lab will collect the specimen as long as it is not specimen integrity, i.e., held too long

VI. Quality Assurance/Auditing Update.....Charlie Griffin/Barbara Sudhoff-McGill

- ❖ Role of Quality Assurance/Auditing (Barbara Sudhoff-McGill)
 - To partner in resources
 - Integral to the City of Houston and the Department
 - Works closely with Dr. David Pearse, Public Health Authority
 - Ensure we are in compliance with CDC and State guidelines
 - Meet obligations for the benefit of Houston's citizens
 - Point out weaknesses that can jeopardize funding, programs, and the department
 - Provide assistance – can also provide individual training for smaller groups
 - Process improvements for the Department
 - Contact Barbara Sudhoff-McGill at barbara.sudhoff@cityofhouston.net

- ❖ Salary Allocation (Charlie Griffin/Auditing Supervisor)
 - Distributed handouts related to insurance and salary allocation
 - Each employee that has been approved for invoicing must be listed in the budget
 - Will only reimburse for the maximum number of hours listed in the budget – it is easy for the auditing team to determine over charges
 - Contractors should invoice based on the actual hours worked on the project (direct charges)
 - Indirect charges are allocated to different funding sources
 - Timesheets are to be on the same number of days as your pay period
 - Timesheets have to reflect 100% of time
 - Timesheets are to reflect all funding information
 - There has to be a personnel schedule

- If an employee is listed as 40% time, the agency will only receive reimbursement for 40% time

❖ Summary of Funding Sources (Charlie Griffin)

- All funding sources are to be listed on the form
- Contractors should complete the Changes to Personnel schedule if an employee quits, retires, or is terminated
- Contractors need Beau's written approval to change the personnel schedule
- Auditing can only look at the documentation
- Contractors are encouraged to email their liaison with budget or personnel concerns
- Contractors are to submit a budget modification form if the personnel changes affect the overall line-item budget
- When revising the budget, the original budget must be submitted. The original budget will be enclosed in the award letter.
- According to Barbara Sudhoff-McGill, auditors have the authority to "expand" the snap shot when deficiencies are identified.
- Auditors can also make a recommendation to terminate the contract

❖ Insurance (Charlie Griffin)

- See page 11 of the handout
- Certificate of Insurance is non-binding
- Coverage must be in the policy
- Subcontractors must have the same insurance
- There are on-going opportunities for training around budgets, salary allocations, etc
- Contractors should use their resources to get their individual needs met

VII. Capacity Building/Training Update.....Cathy Wiley

- ❖ The training calendar is on-line
- ❖ Contractors should review the calendar weekly because things change
- ❖ Complete the on-line registration form
- ❖ PBC is scheduled for February
 - Contractors are asked to complete the training assessment so that the Bureau can schedule trainings for the year
 - The QA web page will be up next week and will also be able to link with the HV web site
 - Access training calendar and assessment on line at www.houstonhealth.org

VIII. Announcements..... Marlene McNeese-Ward

- ❖ The Bureau is partnering with the CDC on the heightened response in conjuncture with National Black HIV Awareness Day, February 7th. CDC representatives will be in town.
- ❖ Deadline for comments on the newly released PCRS guidelines is tomorrow. Marlene will present on the guidelines at the STD conference in March. Integrated HIV/STD with one set of standards.

- ❖ State of Emergency (SOE) Dialogue and Gala, February 8th, 7:00 p.m., Crown Plaza Hotel. Theme “Celebrating Our Diversity”. Dr. Madeline Sutton of CDC’s Heightened Response for African Americans is the speaker. Contact Barbara Joseph for more information.
- ❖ AIDS Walk Houston, March 9th. Go to www.aidswalkhouston.org to sign up.
- ❖ Current contractors are to continue with the status-quo. Ereka will meet with the new contractors regarding the report.
- ❖ HIV Prevention needs assessment is on-line. Anna has post cards for distribution.
- ❖ The Bureau is partnering with Radio One, HIP HOP for HIV. The last event touched over 7,500 youth. The planning meeting is scheduled for February 18th, 12 noon, Planned Parenthood. Invitations are forth coming. The Bureau is committed and will take the lead on how to do the education and testing. Training will be provided. Concert is scheduled for July.
 - Proposed Meeting Schedule
 - Only October 8th is available at the United Way
 - A different location is needed for April 9th and July 9th
 - Second Wednesday of the quarter, 9:30 – 11:30
- ❖ CPG meeting is tomorrow, 3:00 – 5:00 p.m., Health Department, 4th flr. Non-members are encouraged to attend as well.
- ❖ The Prevention Standards and Prevention Service Manual is due to be released in February – this will change as prevention services change

XI. Budgeting and Invoicing Technical Assistance.....Beau Mitts

HERR Activity Report Form

- HERR
- Secured contractor to work on client level data system
- Interface with CPCDMS to track referrals for newly diagnosed
- HERR form to be used with each session
- Worker number only applies to CTR
- Must use the 11 character code (1st/3rd letter of first name, 1st/3rd letter of the last name, DOB, code for male = 1 and female = 2
- Code for each variable, i.e., risk, sex, gender, race, etc.

CTR Activity Report Form

- Most of the data is collected on the scantron
- The scantron does not collect the 11 character code
- Does capture protocol based testing
- The concern is lab time – getting forms in and scanned. Current software does not export client code.
- It is not immediately possible to replace this form with PEMS
- The software captures intervention ID, date, zip code, etc
- Up to 15% of CTR are allowed as screening activities
- No less than 85% would be PBC
- PBC column needs a yes or no
- There will be an in-depth training (limited to 15 persons) on February 4th, EB Cape Center (computer lab) on how to fill out the invoice and budget forms. Beau will send additional information. You are encouraged to send your financial person

X. Questions or Concerns

Ques: Do you reimburse for vacation?

Ans: We do allow for nonproductive time

Ques: If the cost reimbursement is 40% of annual salary, will you reimburse on the annual budget?

Ans: No, we look at the pay period and determine how much should be paid. Because of the maximum reimbursement, you will sometimes be short in personnel at the end o the year.

Ques: Is bi-weekly time reports required with the invoice?

Ans: The time report must be kept with the hours; must have 100% time; can use agency timesheet

Ques: Are any insurance requirements different this year from last year:

Ans: Yes, primary insurance endorsement. Charlie will send Beau more information on primary insurance to be distributed to the contractors. This requirement is a recent request of the City attorneys.

Ques: When is Phlebotomy training?

Ans: Has not been scheduled yet. It is an allowable expense if you have some place else you can send your staff.

Ques: Is phlebotomy training prioritized?

Ans: The actual training is not the issue, but the preceptorship (30 sticks). The Bureau has 1 person to provide the preceptorship to over 50 persons. In the past, the nurse or MD at the agency could provide the preceptorship. Also in the past, the health department would conduct the classroom training and the preceptorship is done in a Houston clinic. This is no longer the practice. Barbara Sudhoff-McGill is looking at the phlebotomy needs throughout the department, which also impacts Neighborhood Services that is responsible for running the clinics. A quick fix has been identified for City personnel and will be extended to contractors as well; 1) work with the mobile unit, 2) get staff trained independently, 3) will allow the MD at the agency to sign-off, 4) the Quality Management Committee will review these issues.

Ques: Barbara Joseph completed 30 sticks on the mobile unit, which was signed off by the nurse. Does she need to get with Ms. Reed in the next 90 days?

Ans: Yes, you need to follow-up with the next step. You may want to have your staff on the mobile unit when the nurse is there, including late nights. Contractors should send staff names in need of phlebotomy training to Beau.

Ques: Do we submit the report (CTR/HERR) at the end of each session?

Ans: turn in the report at the end of the completed cycle. We are open to submitting them with the invoice, but you need to submit the other session(s) the following month.

Ques: Is this only for DEBI? Do we collect DOB?

Ans: DOB is required – for non-DEBI's as well

Ques: DEBIs have a frequency in which they should appear. Do we plan interventions within a certain space of time?

Ans: Yes

Ques: Can we indicate where clients have an excused absence?

Ans: We do not care about that for this data tracking. This may change in the future with PEMS. Agencies may be required to collect this data. We recommend that you track why people do not complete sessions. This is good for your program design also.

Ques: We are currently turning in the original. Do me make a copy to turn in for the next month?

Ans: Yes.

Ques: Where do we record the number of hours?

Ans: We are not looking at that. We are looking at sessions and clients served. Program monitoring is different from what the agency has to submit.

Ques: Is anything required in the non-DEBI?

Ans: Only if you are doing a non-DEBI.

Ques: Behavior risk target group is MSM. If you have a sub-population, are all targets MSM?

Ans: No. This applies to the group you are targeting. The bottom part of the form applies to what is represented by the group. The group may target MSM, but an IDU shows up.

Ques: What about female/female?

Ans: You can add this under risk behavior.

Ques: What if the client reports as bi-sexual?

Ans: None

Ques: Is there a form for ILI?

Ans: You should use the same form. Date of initial and final session would be the same.

Ques: Is there a risk assessment form?

Ans: Yes, use the standardized form, which can be redesigned if needed

Ques: Can unknown be considered?

Ans: It is on the form

Ques: Do we turn in sign-in sheets?

Ans: No, you only need them for program monitoring

Ques: How do we capture a female/male transgendered? (Identify as men but have vaginal penetration sex with men)

Ans: We need to have an off-side conversation. It is up to the person as to how he/she identifies

Ques: Is there a place to put which session the form represents?

Ans: There is a check for each session. You should retain the form throughout the cycle

- Ques: Where it has HIV status, do we report sex and status?
 Ans: Do not put on sign-in sheet. You need to figure out how to link the risk assessment and the sign-in sheet without collecting a name. You do not need to collect names.
- Ques: Most groups do a sign-in sheet. Does the information needed on the sign-in sheet include risk?
 Ans: Do not put on sign-in sheet; use standardized risk assessment; must assess risk using the standardized forms; have to identify if the client is appropriate for the intervention.
- Ques: For educating in schools in high risk areas within a certain age group, how do you identify the appropriateness?
 Ans: Use the risk assessment tool.
- Ques: SISTA and risk assessment – If they do not fit the status we need, do we kick them out?
 Ans: No, leave them in the group and identify their risk behavior. It is up to the facilitator to determine if the intervention is appropriate for the individual. She may not meet your targeted behavior group, but she has a risk for HIV transmission. You must determine who is appropriate and why. Recruitment is a key piece
- Ques: Does each person need his/her own folder or a folder for each group/cycle?
 Ans: Whatever is easy for the agency
- Ques: Is the length of each session 1 hour?
 Ans: This is captured on the old form and through monitoring and PEMS
- Ques: Does a structural intervention with a school count?
 Ans: We need to talk separately. This is for conventional HERR
- Ques: Is this a duplication (CTR) of the data collected on the scan from?
 Asn: Yes. You can do away with the CTR form.
- Ques: Do we need the CTR form each month with the invoice?
 Ans: Yes or have the scantron done by the time you submit the invoice. You can hand-enter the scantron into the database that the CTR form goes into.
- Ques: Who would hand-enter it?
 Ans: Contractor will do its own submission. This is an issue for the health department, not the contractor. Only the ones completed by the time you invoice would be entered.
- Ques: Can we leave it business as usual until it is finalize?
 Ans: "As is" is the new CTR form. The old form is not an option. You may want the scan form on the CTR form, but we are trying to have one form. You can complete the form in duplicate – send us the original, submit a copy with billing, and keep a copy for the agency. The original has to be scanned.
- Ques: Do we submit before the session is complete or when the client has returned?
 Ans: Send the form after the initial session and when the client returns (for billing purposes). Copies of the initial sessions are needed for invoicing. Agencies also need a record for

the form. Agencies should have a file on each client tested. Keep a copy of the scantron in the file.

Ques: For billing purposes, a copy of the scantron?

Ans: Yes, whether the session is complete or not. If testing occurred on the last day of the month, send the original copy of the initial session. After the initial submission, do not resend it. The client's return can be pulled from the database.

Ques: Is it ok to make a copy of A&B for billing?

Ans: Yes, make sure the numbers match.

Ques: Is the copy for the old PEMS, Part A and Part B?

Ans: Yes

Ques: Will we receive an email to start HERR and CTR forms?

Ans: Yes

Ques: Is everyone clear about the process?

Ans: Yes, for the time being.

Ques: Can we start this next month?

Ans: Yes, if this is easier for your agency. It is ok for billing. For testing, we need you to use the new PEMS form. We will send the revised action report form and instructions in writing.

Ques: How many contractors are currently using the Outreach/Recruitment form

Ans: None, there are no State contractors present

Ques: Is there another date at the end of the month for the training at EB Cape?

Ans: Individual TA is available

XI. Next Meeting:

April 9, 2008

9:30 a.m.

Location: TBA

Handouts:

- 1) Current Agency Liaisons, 2008
- 2) HIV/STD Prevention Allocations
- 3) Presentation to HIV Contractors
- 4) Training Assessment for CBOs