

HIV/STD Prevention Contractor's Quarterly Meeting

Wednesday, October 8, 2008
9:30 AM – 11:15 AM

United Way
50 Waugh Drive
Houston, Texas 77007

MINUTES

Contractors Present:

Laura Alvarez, HACS	Ken Malone, HCHD
Jose Ayala, HACS	Tina Megdal, Legacy CHS
Jeff Berry, CRR	Jaymie Miella, Montrose Counseling Ctr.
Tyvance Credit, Bee Busy	Nancy Miertschin, HCHD
Jessica Ganious, Positive Efforts	Jennifer Provencher, AFH
Joaquin Garza, CRR	Michael Ruggiero, TSHC
Barbara Joseph, Positive Efforts	Brenda Smith, NAACP
Timothy Laws, HDHHS	Brenda Stuart, Legacy CHS
Jennifer Ludlam, Legacy CHS	Deonna Turner, St. Hope Foundation
Nike Lukan, AFH	Shellie Tyrell, UT-SPH
Joclyn Washington, St. Hope	

Contractors Not Represented:

HDHHS Staff Present:

Brenda Chapman	Ereka Philip	Brenda Simpson
Florida Kweekeh	Larry Prescott	Nick Sloop
Beau J. Mitts	Stacey Rice	Cathy Wiley

I. Welcome/Introductions..... Beau Mitts

II. Bureau Update..... Beau Mitts

- a. Agencies that are still experiencing issues related to Hurricane Ike should contact Beau.
- b. As of September 29th, the Bureau ended its' CTR Opt-out expansion grant. This is a three year grant with Ben Taub, Hermann, LBJ, and Legacy. A conference call was held with CDC and NASTAD yesterday regarding the objectives of 1.5 million tests performed between 23 sites with 20,000 new positives. Currently the 23 sites combined has:
 - o Tested 87,000 across the country
 - o No clear data on the number of positives
 - o How to move forward to meet/exceed the objectives
 - o CDC is re-evaluating the program with new jurisdictions including the state of Texas.
- c. Memorial Hermann and Ben Taub have tested approximately 3,000 each with .7% positivity rate; 21 positives at Hermann and 24 positives at Ben Taub.
- d. HCHD will begin testing at LBJ by November 15th.
- e. The Bureau will begin NAAT (Nucleic Acid Amplified Testing) for acute infection in the window period (4-6 weeks after infection)
 - o NAAT testing is being modeled after North Carolina, who tests every sample in their public health lab.
 - o NAAT will allow identification and intervention of infection when it occurs; similar to syphilis intervention.

- o We are currently in the planning phase. We have the equipment and the staff has been trained.
- o We must do a validation study (double-blinded) to verify the results.
- o The Bureau is asking two CBOs to participate by drawing an extra tube of blood for 30 days.
- o The long-term goal is to perform NAAT on every sample submitted to the HDHHS laboratory.
- f. USCA/UCHAPS (Hyron Hall and Barbara Joseph)
 - o UCHAPS will begin meeting 3 times per year instead of 4 with the next meeting in December.
 - o Houston presented at the last meeting and provided peer-to-peer TA on the MSM population.
 - o Houston is looking at having its' own "think tank" and Marlene is asking others to facilitate the forum. She is seeking representatives from CBOs, task forces, planning council, and primary care.
 - o Scheduled to take place at the beginning of the year
- g. The Bureau has a new acting Assistant Director
 - o There will be several staff changes during the next several months and Marlene will make sure the contractors are aware of the changes.
 - o The CDC National HIV Prevention Conference is scheduled for August of 2009 and abstracts are currently being accepted. For more information, see <http://www.2009nhpc.org/>.
 - o USCA is scheduled for October of 2009 in San Francisco.
- h. Supplemental funding received for the MSM population.
 - o To support three additional MSM community summits
 - o To develop an MSM task force
 - o Looking for part-time interns to staff the program (experience with MSM community is preferred)
- i. Anna Thomas and Erika Philip attended the National HCV Coordinator's meeting and learned that Houston is ahead of most jurisdictions in terms of integration of HIV/STD/HCV.

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

- 1st annual Syphilis Awareness Day has been rescheduled for April of '09 to coincide with National STD month.
- The new SE Coordinator is Hannie Simmons, who was unable to attend today's meeting.
- The mobile clinic is getting back to normal. Contact Michael Thomas for scheduling.

IV. Data Collection..... Nick Sloop

- a. Nick is still getting old 2006 activity report forms, and these should not be used any more. The data cannot be captured from these forms. HERR activity should be turned in on the new form.
- b. All sessions in a single cycle of an intervention are to be on one form. Contractors should keep the form until each session of the cycle is complete and turn in one form for that intervention cycle, i.e., SISTA, Voices/VOCES.
- c. Turn in copy of the CDC scantron form for CTR.
- d. The Bureau is developing its own HIV prevention database (web-based) without the need for scanning. The vendor has started developing it; contractors will be able to bill and enter data electronically; scheduled to be ready in mid-2009.

V. Cathy Wiley Training

Cathy distributed a tentative training schedule. Cultural competency is scheduled for October 20th covering MSMs.

VI. HCHD..... Ken Malone

- o Universal screening for Ben Taub and LBJ emergency centers.
- o Ben Taub serves approximately 9,000 patients each month
- o Using blood draw (ELISA) with 60% of the patients – 4,500.
- o Goal is to get results back in two hours.

VII. Announcements..... Beau Mitts

- o Montrose Counseling Center has just received a new SAMSHA 5-year grant for implementation of Community PROMISE targeting African-American MSM.
- o HipHop for HIV results
 - o 1,400 surveys
 - o 2,700 youth tested
 - o Average age was 18; most were 15-20 yoa
 - o 200+ were out of jurisdiction
 - o 40% stated they would not have tested without the ticket
 - o 30-40% stated this was their first test (they should have had 2-3 tests by this age)
 - o Dallas tested 3,000 recently with a concert on the steps of City Hall
 - o This is turning into a good structural intervention

VIII. UTSPH Presentation (Dissemination of an Effective HIV/STD and Pregnancy Prevention Curriculum – “It’s Your Game...Keep It Real”).

- o Targets middle schools (46 so far)
- o Each grade has 12 lessons
- o Curriculum reflects youth life and language
- o Behavioral Objectives: 1) for superintendents to adopt and support the curriculum; 2) for schools to adopt the delivery of the program; 3) for teachers to implement the program.
- o 2 year group intervention trial randomized into the following three legs:
 - i. Full group to receive curriculum, training workshop, website, and newsletter
 - ii. Moderate group to receive curriculum and website
 - iii. Regular group to receive curriculum only
- o Facilitators received the “cold shoulder” from principals if they did not deem it as important.

VIII. Questions or Concerns

Ques: How expensive is NAT?

Ans: Unknown at this time – only have equipment, supply, and staff costs. It is a per sample cost that will not be transferred to contractors.

Ques: What about the billing/invoice if we are to hold the HE/RR data collection form until all sessions in an intervention cycle are complete? This may span across two months.

Ans: Send the completed HE/RR data collection form with the billing/invoice for the month in which the intervention cycle was completed.

Ques: What do I do with the CTR scantron if testing a client for the 2nd time?

Ans: Use a new scantron for each testing/counseling session with a client. There are places to record up to three tests on one CTR scantron form. Each of these tests on this one form should coincide with ONE testing/counseling session with a client. For example, if a client tests with a rapid test, that would be entered into the results under “test 1” on the CTR scantron form. If this rapid test result is

preliminary positive, the confirmatory test result for this rapid test would be entered under "test 2" on the CTR scantron form. Everything recorded on a single CTR scantron form should coincide with ONE client encounter. If the client returns in 30 days, then this visit is considered a separate encounter and should be recorded on a different form.

Ques: Do we still put leading zeros in the top-middle of the CTR scantron form?

Ans: No, do not put in zeros. Use 4-5 digits without the zeros.

Ques: Can additional stickers be placed on the scantron?

Ans: Nick will make this request/suggestion to the CDC.

Ques: Are the trainings mandatory? What is PBC?

Ans: PBC is mandatory for those doing CTR and most of the other trainings are required. We want to ensure staff members are prepared to present HIV information. Training is also required for new staff and returning staff. The hospital expansion project is different and not subject to the same training. Cultural sensitivity is required of everyone. Crisis Intervention and Epi 101 are required.

Ques: Are the training dates on this training calendar correct or will they be adjusted?

Ans: These dates are all current and correct.

Ques: What is the pre-requisite for PBC?

Ans: The groundwork for Protocol-Based Counseling (PBC) can be completed online and submitted with your registration for PBC. For more information: <http://www.dshs.state.tx.us/hivstd/training/courses.shtm#groundwork>.

Ques: How far out will you travel to do the training?

Ans: Within the City limits.

Ques: How many positives did we get from the Hip Hop for HIV?

Ans: We do not have data from all testing sites yet; but at least 10 from the sites that have reported their data.

XI. Next Meeting:

Wednesday, January 14, 2009

9:30 AM – 11:30 AM

Location: TBA

There is a front line staff training scheduled at Montrose Counseling Center on October 28th from 9:30 AM – 11:30 AM on partner elicitation and documentation techniques. This is a required training for contractors funded for HIV/STD counseling, testing, and referral services.

One half-day training will be held in the next few weeks. This will cover fiscal procedures (budgets, budget forms, invoices, etc.) as well as the new prevention services manual.

For fiscal questions and concerns, contact Kirby Bonier (713-794-9963) or Timothy Laws (713-794-9192) for more information.

Adjourned at 11:15 a.m.