

FY 2021 How to Best Meet The Need

Report Prepared by:
Ryan White Grant Administration

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Ryan White Part A Data

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FY20 Ryan White Program Services

- AIDS Drug Assistance Program Treatments*
- **AIDS Pharmaceutical Assistance (LPAP)**
- Child Care Services
- **Early Intervention Services (EIS)**
- **Emergency Financial Assistance**
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals**
- Home and Community-Based Health Services
- Home Health Care
- **Hospice Services**
- Housing
- **Linguistic Services**
- **Medical Case Management, including Treatment Adherence Services**
- **Medical Nutrition Therapy**
- **Medical Transportation**
- **Mental Health Services**
- **Non-medical Case Management Services**
- **Oral Health Care**
- Other Professional Services
 - Legal
 - Permanency Planning
 - Income Tax Preparation
- **Outpatient/Ambulatory Health Services**
- **Outreach Services**
- Psychosocial Support Services
- **Referral for Health Care and Support Services**
- Rehabilitation Services
- Respite Care
- **Substance Abuse Outpatient Care**
- Substance Abuse Services (residential)

Key

* State Part B Only

Houston EMA/HSDA FY2019 RW Allocations
Funded in EMA/HSDA under State Services

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New for FY 2020

- No New Service Categories
- Emergency Telehealth Service Delivery in Response to COVID-19
- EFA – Pharmacy Now Covers all LPAP Formulation Medications

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Funding Stream Basics

- The RWPC plans services and allocates money for the following federal & state funds in a single, unified planning & allocation process
 - **FY 20 RW/A = TBD** (FY19 = \$22,065,113)
 - **FY 20 MAI = TBD** (FY19 = \$2,207,383)
 - Part A Grantee **Admin** limited to 10% (FY19 = 8%)
 - Part A Grantee **QM** limited to 5% (FY19 = 1.67%)
 - **RW Part B** (pass-through from TDSHS via TRG)
 - **State Services** (State HIV funds via TRG)

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Allocation & Expenditure Data

- **Allocations** are the funds appropriated by the Planning Council to Client Services
- **Expenditures** are the actual documented expenditures during the respective Grant Year
- Allocation Data for the following slides is provided by Calendar Year (CY) 2018 and 2019
- Allocations were computed by prorating FY18 – FY19 Allocations for January → December 2019
- Expenditures by Grant and Fiscal Year will be available to P&A Committee during allocation process to assist in finalizing FY 21 allocations

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Recommendations (P&A)

- Continue practice of using the previous year's (FY19) final expenditures (versus HIV prevalence data) as basis for targeting Community-Based (CBO) Pcare by Race/Ethnicity, as well as Public Clinic Pcare targeted to Women
- Continue practice used last year of using the using the previous year's (FY19) final expenditures as starting point for FY21 allocations

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Service Utilization Data

- Data is provided by Calendar Year (CY) 2019 except as noted
- Data reflects net Unduplicated Clients (UDC) served regardless of grant (RW/A, MAI, RW/B and State Services)

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CY 2019 Service Utilization Facts

- CY19 reflected an increase of 817 Unduplicated Clients (UDC) served (546) compared to CY18
- 3,383 (22%) of UDC were “new” clients to the RW system (did not receive any RW services in CY18)
- (86%) resided in Harris Co. (CY18 was 91.1%)
- 30.1% Hispanic Clients were served (29%)
- 222 (219 M2F, 3 F2M) Transgender were served
- 805 Youth (ages 13-24) were served (5.2%) (5.2%)
- 67 Children (ages 0-12) were served (0.4%) (0.5%)

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FY 2020 Areas of Focus

- COVID-19 Mitigation and Recovery
- Ending the HIV Epidemic Planning and Implementation
- Continued Improvement in Health Outcome Disparities

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All Services/All Grants

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Number of New Clients (did not receive RW services in prior CY)
2018	14,576	13,278	1,298	3,511 (24.1%)
2019	15,393	13,999	1,394	3,383 (22.0%)

	M	F	AA Non	W non	Other non	H/L
1% of clients served were Transgender individuals (n=222)						
2018	74.6%	25.4%	53.3%	15.5%	2.2%	29.0%
2019	75.0%	25.0%	52.7%	15.0%	2.2%	30.1%

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New Clients vs. All Clients

(All Grants, did not receive any RW or SS funded services in prior CY)

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Notes
2019				
All Clients	15,393	13,278	1,298	86.3% in Harris Co
New Clients	3,383	3,103	280	91.7% in Harris Co

	M	F	AA non	W non	Other non	H/L
1% of new clients served were Transgender individuals (n=64)						
All Clients	75.0%	25.0%	52.7%	15.0%	2.2%	30.1%
New Clients	76.3%	23.7%	54.6%	15.1%	2.3%	28.0%

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Primary Care

(EXCLUDING VISION)

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served		
2018	8,874	8,131	743	\$1,340		
2019	9,384	8,572	812	\$1,197		

	M	F	AA non	W non	Other non	H/L
Transgender=156						
2018	75%	25%	50%	13%	2%	35%
2019	75%	25%	49%	12%	3%	36%

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Primary Care Health Outcomes

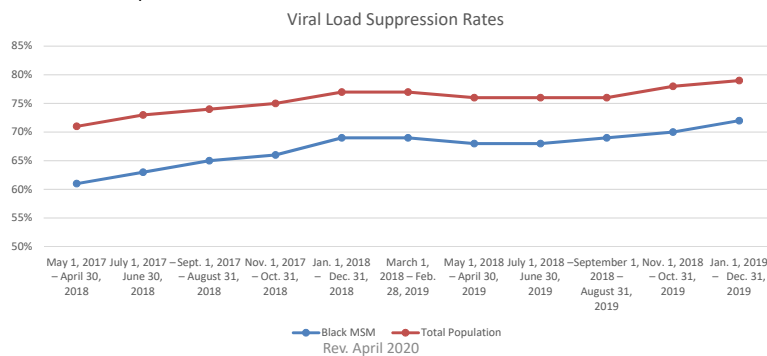
- According to CPCDMS, 4,947 (74.8%) of patients that had at least one primary care visit, accessed primary care two or more times at least three months apart during this time period.
- Among clients with viral load tests, 78.8% were virally suppressed during this time period.
- Among newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the year 77.2% were VL suppressed at last test of the year.
- During FY 2019, the average wait time for an initial appointment availability to enroll in primary medical care was 10 days, while the average wait time for an appointment availability to receive primary medical care was 8 day

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End+Disparities ECHO Collaborative

- By December 2019, the Black MSM Viral Load Suppression rate increased to 72%, demonstrating an 11 percentage point increase.
- By December 2019, the Total Population Viral Load Suppression rate increased to 79%, demonstrating an 8 percentage point increase.
- The disparity seen in the Black MSM population decreased by 3 percentage points
- Participation in a national quality improvement initiative focused on priority populations resulted in significant improvements in viral load suppression rates among both Black MSM and the Total Population.



QUESTIONS