### Houston Area HIV Services Ryan White Planning Council Office of Support 2223 West Loop South, Suite 240, Houston, Texas 77027 713 572-3724 telephone; 713 572-3740 fax www.rwpchouston.org

# Memorandum

To:	Members, Priority and Allocation	ons Committee:
	Peta-gay Ledbetter, Co-Chair	Angela F. Hawkins
	C. Bruce Turner, Co-Chair	J. Hoxi Jones
	Rodriga Avila	John Lazo
	Melody Barr	Isis Torrente
	Ella Collins-Nelson	
	Paul Grunenwald	

Carin Martin	Rodney Goodie
Heather Keizman	Ann Robison
Amber Harbolt	Johnetta Evans-Thomas
Tasha Traylor	Katy Caldwell
Yvette Garvin	Levonne Harrell
Joe Fuentes, Jr.	Nancy Miertschin
	Heather Keizman Amber Harbolt Tasha Traylor Yvette Garvin

From: Tori Williams

Date: Tuesday, July 21, 2016

Re: Meeting Announcement

The Priority and Allocations Committee will be meeting in July to reallocate \$680,325 in Part A and \$577,522 in MAI FY 2015 carryover funds. Details are as follows:

Priority and Allocations Committee Meeting
NOTE THE TIME: <u>3 p.m.</u>, Thursday, July 28, 2016
2223 West Loop South, Room 532
Houston, Texas 77027
Lunch will be provided

Please RSVP to Diane, even if you cannot attend the meeting. She can be reached at: <u>diane.beck@cjo.hctx.net</u> or by telephone at 713-572-3724. And, if you have questions for your committee mentor, do not hesitate to contact her at:

• Melody Barr, 832 394-6124 m; melody.barr@houstontx.gov

We look forward to seeing you next week.

## Houston Area HIV Services Ryan White Planning Council

### **Priority & Allocations Committee Meeting**

3:00 p.m., Thursday, July 28, 2016 Meeting Location: 2223 West Loop South, Room 532 Houston, TX 77027

#### AGENDA


#### I. Call to Order

- A. Moment of Reflection
- B. Guest Introduction
- C. Adoption of the Agenda
- D. Approval of the Minutes

Peta-gay Ledbetter and Bruce Turner, Co-Chairs Carin Martin

#### II. Public Comment

(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/AIDS 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/AIDS 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 with HIV/AIDS", 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 your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)

# III. Updates from Ryan White Grant AdministrationA. FY15 RW Part A/MAI Procurement Report, 07-06-16B. General Updates

IV. Updates from the Resource Group

Yvette Garvin

Carin Martin

- V. Requests for Allocation IncreasesA. MAI: See one (1) enclosed request for increased fundsB. Part A: See seven (7) enclosed requests for increased funds
- VI. Announcements

#### VII. Adjourn

# DRAFT

# Houston Area HIV Services Ryan White Planning Council Priority & Allocations Committee Meeting

## **MINUTES**

11:00 a.m., Wednesday, June 22, 2016 Meeting Location: 2223 West Loop South, Room 416; Houston, TX 77027

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MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
C. Bruce Turner, Co-Chair	Rodriga Avila, excused	Ryan White Grant Administration
Peta-gay Ledbetter, Co-Chair	Melody Barr, excused	Carin Martin
Ella Collins-Nelson	J. Hoxi Jones	Tasha Traylor
Paul Grunenwald		
Angela F. Hawkins	OTHERS PRESENT	The Resource Group
John Lazo	Alex Moses	Sha'Terra Johnson-Fairley
Isis Torrente		
		Office of Support
		Tori Williams
		Amber Harbolt
		Diane Beck

See the attached chart at the end of the minutes for individual voting information.

**Call to Order**: C. Bruce Turner, Co-Chair, called the meeting to order at 11:11 a.m. and asked for a moment of reflection.

**Approval of Agenda:** <u>*Motion #1*</u>: it was moved and seconded (Lazo, Torrente) to approve the agenda. *Motion carried unanimously.* 

Approval of the Minutes: <u>Motion #2:</u> it was moved and seconded (Ledbetter, Hawkins) to approve the May 26, 2016 minutes. **Motion carried.** Abstentions: Collins-Nelson, Grunenwald, Lazo. <u>Motion #3:</u> it was moved and seconded (Lazo, Grunenwald) to approve the June 13, 2016 minutes. **Motion carried.** Abstentions: Ledbetter

**Meeting Goals**: Tori Williams, Director, Office of Support, reminded members that the goals of the meeting were to receive public comment, review all decisions made at the June 13, 2016 meeting, make adjustments if necessary, and approve the version of the FY 2017 allocations that will be presented at the Public Hearing on June 27, 2016.

**New Information:** As an FYI, Williams provided documentation that Legacy Community Health received \$350,000 that will be used to provide dental care in Baytown, see attached.

#### Public Comment and Announcements: None.

#### Updates from the Administrative Agents

Ryan White Part A/MAI: No new information. Ryan White Part B and State Services Funding: No new information.

#### Draft Allocations for FY 2017 Part A/MAI, Part B & State Services Funding

FY 2017 Increase Funding Scenario for Part A: <u>Motion #4:</u> it was moved and seconded (Collins-Nelson, Hawkins) to approve the 2017 Increase Funding Scenario for Part A as follows: Step 1: Allocate first \$250,000 of increase in funds to Health Insurance Premium and Cost Sharing Assistance. Step 2: Any remaining increase in funds following application of Step 1 will be allocated by the Ryan White Planning Council. Motion carried unanimously.

FY 2017 Level Funding Scenario: <u>Motion #5</u>: it was moved and seconded (Ledbetter, Collins-Nelson) to approve the attached FY 2017 Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding. **Motion carried unanimously.** 

FY 2017 Increase and Decrease Funding Scenarios for MAI: <u>Motion #6:</u> it was moved and seconded (Torrente, Hawkins) to approve the attached 2017 Increase and Decrease Funding Scenarios for MAI. Motion carried unanimously.

FY 2017 Decrease Funding Scenario for Part A: <u>Motion #7:</u> it was moved and seconded (Hawkins, Lazo) to approve the attached 2017 Decrease Funding Scenario for Part A. Motion carried unanimously.

FY 2017 Increase Funding Scenarios for Part B and State Services: <u>Motion #6:</u> it was moved and seconded (Torrente, Hawkins) to approve the attached 2017 Increase Funding Scenarios for Part B and State Services. **Motion carried unanimously.** 

FY 2017 Decrease Funding Scenarios for Part B and State Services: <u>Motion #6:</u> it was moved and seconded (Ledbetter, Hawkins) to approve the attached 2017 Decrease Funding Scenarios for Part B and State Services. **Motion carried.** Abstention: Torrente.

#### Announcements:

- 7:00 p.m., Monday, June 27, 2016 Public Hearing for the FY 2017 Priorities & Allocations
- 11:00 a.m., Tuesday, June 28, 2016 Review comments from Public Hearing, if needed.

Adjournment: The meeting adjourned at 12:04 p.m.

Submitted by:

Approved by:

Tori	Williams	s, Director
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Date

Committee Chair

Date

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Part A Reflects "Increase" Funding Scenario MAI Reflects "Increase" Funding Scenario

#### FY 2015 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation RWPC Approved	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure- ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percer Expect YTD
		Level Funding Scenario									-			
	CONTRACTOR OF THE STATE OF THE	Original	Award	July	October	Final Quarter	Total	Percent	Total	Percent				
:	ALC: PROPERTY	Allocation	Reconcilation (b)	Adjusments (carryover)	Adjustments	Adjustments	Allocation		Expended on Services					
	Core (must not be less than 75% of total service dollars)	16,126,394	569,608	0	0	0	16,696,002	89,46%	16,696,002	89.46%				
	Non-Core (may not exceed 25% of total service dollars)	2,261,153		0	0	0	1,967,747	10.54%	1,967,747	10.54%				
	Total Service Dollars (does not include Admin and QM)	18,387,547	276,202	0			18,663,749	TRAFFIC PARTY	18,663,749	·····································				
í		STOR ST	CONTRACTOR OF CONTRACTOR	and a set of the set	1		<b>这些新生产的</b> 在1830	Self-self-						
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,612,704	0	0	0		1,612,704	7.76%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.38%	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1					
î								· · ·						
					MAI Pr	rocurement Repo	ort							
Priority	Service Category	Original	Award	July	October	Final Quarter	Total	Percent of	Amount	Procure-	Date of	Expended YTD	Percent	Perce
-		Allocation	Reconcilation	Adjustments	Adjustments	Adjustments	Allocation	Grant Award	Procured	ment	Procure-		YTD	Expec
		RWPC Approved Level Funding Scenario	(b)	(carryover)	-				(a)	Balance	ment			YT
1	Outpatient/Ambulatory Primary Care	2,011,206	46,743	0	0	0	2,057,949	100.00%	2,011,206	46,743		56,100	3%	
.b (MAI)	Primary Care - CBO Targeted to African American	1,016,618			0	0	1,040,245	50,55%				\$28,050	3%	, D
.c (MAI)	Primary Care - CBO Targeted to Hispanic	994,588	23,116		0	0	1,017,704	49,45%		23,116	3/1/2018	\$28,050		
The state	Total MAI Service Funds	2,011,206	46,743	0	0	0	2,057,949	100.00%		46,743	Carl Street	56,100	3%	
	Grant Administration	0	0	0	0	-	0	0.0070		V	A Startes	0	0%	
	Quality Management	0	0	0	0	-		0.00%			134134	0	0%	
	Total MAI Non-service Funds	0		0	-	•	•	0.0070		1.20	A Berthe	0	0%	
	Total MAI Funds	2,011,206	46,743	0	0	0	2,057,949	100.00%	2,011,206	46,743	La la la	56,100	3%	á
and a	MAI Grant Award	2,057,949	Carry Over:	0		Total MAI:	2.057,949							
	Combined Part A and MAI Total	22,506,457												- 
Footnote								•						
Ali	When reviewing bundled categories expenditures must be evaluated a	both by individual se	rvice calegory and by	combined categorie	es. One category ma	y exceed 100% of av	vailable funding so lo	ng as other catego	ory offsels this ov	erage.				
(a)	Single local service definition is four (4) HRSA service categories (Pca	are, LPAP, MCM, N	on Med CM). Expend	itures must be evalu	ated both by individ	ual service category :	and by combined se	rvice categories.						<i>.</i>
	Single local service definition is three (3) HRSA service categories (do		P), Expenditures mus	t be evaluated both	by individual service	e category and by con	nbined service cates	pories.						.
	Adjustments to reflect actual award based on increase funding scenar	rio.												+
<u>, - /</u>	Funded under Part B and/or SS													+
1.15	Not used at this time													
1-7	10% rule reallocations													

#### Part A Reflects "Increase" Funding Scenario MAI Reflects "Increase" Funding Scenario

#### FY 2015 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation	Award Reconcilation	July Adjustments	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured	Procure- ment	Original Date	Expended YTD	Percent YTD	Percent Expected
		RWPC Approved Level Funding Scenario	(b)	(carryover)	Adjustments	Adjustinents	Allocation	Grant Awaru	(a)	Balance	Procured			YTD
1	Outpatient/Ambulatory Primary Care	9,746,354	516,252	0	0	0	10,262,606	49.41%	10,262,606			583,738	6%	
1.a	Primary Care - Public Clinic (a)	3,570,049		0	0		3,643,839	17.54%	3,643,839		3/1/2016	\$0		8%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,066,552		0	0		1,215,295	5.85%	1,215,295	(		\$208,143	17%	
1.c	Primary Care - CBO Targeted to Hispanic (a) (e) (f)	929,215		0	0		1,057,440	5.09%	1,057,440	(	3/1/2016	\$117,213	11%	
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	926,294	78,076	0	0		1,004,370	4,84%	1,004,370	(	3/1/2016	\$108,872		25%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,143,032	23,626	0	0		1,166,658	5.62%	1,166,658	(	3/1/2016	\$88,680	8%	25%
1.f	Primary Care - Women at Public Clinic (a)	1,863,570	38,519	0			1,902,089	9.16%			3/1/2016	\$0		8%
1.g	Primary Care - Pediatric (a.1)	15,124	313				15,437.	0.07%	15,437		3/1/2016	\$6,000	39%	25%
	Vision	232,518		0	0		257,478	1.24%	257,478		3/1/2016	\$54,830	21%	
2	Medical Case Management	2,215,702		0	-			10.67%	2,215,702			294,032		
2.a	Clinical Case Management	488,656	0		0		488,656	2.35%	488,656		3/1/2016	\$88,850	18%	
	Med CM - Public Clinic (a)	162,622			0		162,622	0,78%	162,622	(		\$0		
	Med CM - Targeted to AA (a) (e)	321,070			0		321,070		321,070			\$78,644		
	Med CM - Targeted to H/L (a) (e)	321,072			0		321,072		321,072	(		\$29,732	9% 20%	
	Med CM - Targeted to W/MSM (a) (e)	107,247			0		107,247	0.52%	107,247			\$21,741 \$32,280	20%	
	Med CM - Targeted to Rural (a)	348,760					348,760	1.68%	348,760	(		<u>\$32,280</u> \$0		
	Med CM - Women at Public Clinic (a)	180,311	0		0		180,311	0.87%	180,311 160,051		3/1/2016	\$21.919	14%	
	Med CM - Targeted to Pedi (a.1)	160,051	0				160,051	0.77%		(		\$20.867	26%	25%
2.1	Med CM - Targeted to Veterans	80,025	0				80,025 45,888	0.39%	45,888			\$20,887	0%	
2.j	Med CM - Targeted to Youth Local Pharmacy Assistance Program (a) (e)	45,888 2,581,440	53,356	0	0	0	2,634,796	12,68%			3/1/2016	\$389,039	15%	6 25%
	Oral Health	166,404		0		· · ·	166,404	0.80%	166,404			27,750		
	Oral Health - Untargeted (c)	100,404		. 0	0	0	100,404	0.00%				\$0		
	Oral Health - Targeted to Rural	166,404		0			166,404	0.80%				\$27,750		
	Mental Health Services (c)	100,404	0		0	0	100,404	0.00%	100,404			\$0		
	Health Insurance (c)	1.029.422				v	1,029,422	4.96%	1,029,422		3/1/2016	\$234,855		
	Home and Community-Based Services (c)	1,025,422	0	0	-		<u> </u>	0.00%	1,023,422			\$0		
<u> </u>	Substance Abuse Services - Outpatient	45,677	0			· ·			45.677		3/1/2016	\$10.731	23%	
	Early Intervention Services (c)	45,077	0	0		· · · ·		0.00%				\$0		
	Medical Nutritional Therapy (supplements)	341,395	-								3/1/2016	\$84,764		
	Hospice Services	0									NA NA	\$0		
	Non-Medical Case Management	1,440,385	•		0						NORMAN STREET	116,260		
12.a	Service Linkage targeted to Youth	110,793		0	v		110,793	0.53%	110,793		Concernance and the second	\$3,056		
	Service Linkage targeted to Newly-Diagnosed/Not-in-Care				0		245,497	1.18%	245,497	(		\$6,977		
	Service Linkage at Public Clinic (a)	490,886		0			490,886	2.36%	490,886		3/1/2016	\$0		6 8%
	Service Linkage embedded in CBO Pcare (a) (e)	593,209					593,209	2.86%	593,209		3/1/2016	\$106,227	18%	6 25%
	Medical Transportation	527,362		0	0	0				(	0	44,880		6 25%
	Medical Transportation services targeted to Urban	252,680	0		0		252,680	1.22%	252,680	1	3/1/2016	\$36,784		6 25%
	Medical Transportation services targeted to Rural	97,185					97,185	0.47%	97,185		3/1/2016	\$8,096	8%	6 25%
	Transportation vouchering (bus passes & gas cards)	177,497					177,497				3/1/2016	\$0		6 0%
	Linguistic Services (c)	0	0		0	0					D NA	\$0		
	Legal Assistance	293,406	-293,406	0	0	0	0	0.00%	0		NA NA	\$0		
BEOZTATE	Total Service Dollars	18,387,547	276,202	0	0	0	18,663,749	89.85%	18,663,749			1,786,048		6 25%
	Grant Administration	1,612,704	0	0	Ő	0			1,612,704		N/A	316,892		
BE027517	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.52%		(	0 N/A	\$226,629		
	County Judge & RWPC Support*	466,316	0		0	0			466,316		0 N/A	90,263		
	Quality Management	495,000		0	Ō	0	495,000	2.38%	495,000		N/A	stade 163		
		20,495,251	276,202	0	0	0	20,771,453	100.00%	20,771,453	1	D 199	2,207,104	11%	6 25%
		· · ·									Station of the second			
								Unailocated	Unobligated		Section at			
	Part A Grant Award:	20,771,451	Carry Over:			Total Part A:	20,771,451							
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#### REVISED: 7/20/2016

#### FY 2016 RW PART A REQUESTS FOR ALLOCATION INCREASE (July 2016)

Request Control Number	FY 16 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2015 Final Contract Amount	Expended 2015	Percent Expended	FY 2016 Contract Amount	FY 2016 Expended YTD	FY 2016 Percent YTD	FY 2016 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes
1	1b-1.c		Community-based Primary Medical Care targeted to African American, and Hispanic	\$220,000		\$615,916	\$504,075	82%	\$772,410	\$153,725	20%	25%	Yes	Amount approved detail:
1				\$220,000	\$0	\$615,916	\$504,075		\$772,410	\$153,725	742 (Sal			
Confirmed	Funds Av	all. for Reallocation ailable for Reallocation:	\$577,522	MAI Explanation:										
		arryover Funds	\$577,522	Unspent MAI	funds from FY	15 program ye	ear							

Request for Service Category Increase Ryan White Part A and MAI

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<ol> <li>Number of clients that have received this service <u>under Part A</u> (or MAI) in FY 2016.</li> <li>April Request Period = Not Applicable</li> <li>July Request Period = 03/01/16 - 06/30/16</li> <li>October Request Period = 03/01/16 - 09/30/16</li> <li>4th Qtr. Request Period = 03/01/16 - 11/30/16</li> </ol>	<ol> <li>Number of clients that received this service under Part A (or MAI) in FY 2015.* (March 1, 2015 - February 28, 2016) *If agency was funded for service under Part A (or MAI) in FY 2015 - if not. mark these cells as "NA"</li> </ol>	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	Number of new/additional clients to be served with requested increase.	<ul> <li>a. and requestedariount in countril c.)</li> <li>9. Total additional funding (must match E. above):</li> </ul>	•	7.	<u>o</u>	5	4.	ω	2.	1. MD / NP / PA VISITS	increase is requested)	(list only those units and disbursements where an	Amount of additional funding Requested.		(check one):	Service Category Title (per RFP)	Contract Number (not provided to RWPC)	Name of Agency (not provided to RWPC)
-900 -555	709	a. Number of clients served per CPCDMS	200									2808	contract:	a. Number of units in <u>current</u>		April:	Part A:	ADULT COMPR		
61%	66%	b. Percent AA c. Percent (non-Hispanic) White (non- Hispanic)			NA NA							\$275.00				分析記録には	MAI:	ADULT COMPREHENSIVE PRIMARY C		
0%	0%	c. Percent White (non- Hispanic)										800	requested:	additional units	1.5	Oct:	MAI:	IMARY CARE MA		
38%	34%	d. Percent Hispanic (all races)		\$220,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$220.000.00		(b x c)		Final Qtr:				
75%	76%	e. Percent Male																Control No.		ŗ
. 25%	24%	f. Percent Female															現代になった。			のないないないです。

Form RFCI-2014/1

Ryan White Part A and MAI	Request for Service Category Increase
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This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax): Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount)	ω	2.	1.	List all other sources and amounts of funding for	<ul> <li>4. Number of clients unable to access services monthly (number unable to make an appointment)</li> <li>(per Part A SOC):</li> </ul>	3. Number of clients on a "waiting list" for services (per Part A SOC):	2. Length of waiting time (in weeks) for an appointment for a <b>current</b> client:	1. Length of waiting time (in weeks) for an appointment for a <b>new</b> client:	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.
email by publis	ne as the reques			Source:	a. Funding	0	` <b>o</b>	1 - 2	N - -	a. Enter Number of Weeks in this column
hed deadline to	st (budget narrat			Contract	b. End Date of	0	0	0	0	b. How many c. Comments Weeks will this information): be if full amount of request is received?
o Carin Martin: c	tive and fee-for-se				c. Amount			Will be able to se	The need for san consitently increa being completed new patient slots a average of 25 r timeframes is cu	c. Comments (do information):
cmartin@hcphes.org	arvice budgets may be hard copy or fax):				d. Comment (50 words or less):	0		Will be able to see patients same day with funding increase	The need for same day appointments for new patients is consitently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing a average of 25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 3-4 weeks	c. Comments (do <b>not</b> include agency name or identifying information):

Form RFCI-2014/1

#### HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA **CUDVICE UTILIZATION REPORT**

Grant]: RW1 [Service]: PCARE [Service Performer]: 0 [Agency .

Services performed between 3/1/15 and 2/29/16 1

 

 A ge Grouply A ge Grp1 (expanded) [Include/Explude Sub Catal: Dict TDE I [Sub Catas 1]: All [Contract 2].
 \_\_\_\_\_\_Su [Contract 3]: n/a [Sub Catas 3]: All

 [Contract 4]: n/a [Sub Catas 4]: All [Contract 5]: n/a [Sub Catas 5]: All

 .... Sub Cats 2]: All

[Contract 1]:

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

			-		BII	RTH GEND	ER			
			MALE	BO	TH GENDI	RS				
RACE	AGE <sup>2</sup>		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	Ó	C
	13-19	5	0	5	1	0	1	6	0	e
	20-24	58	3	55	5	0	5	63	3	60
	25-34	153	5	148	44	0	44	197	5	192
	35-44	72	3	69	55	2	53	127	5	122
	45-54	31	1	30	31	1	30	62	2	60
	55-64	19	0	19	6	0	6	25	0	25
	65+	0	0	0	1	0	1	1	0	1
	SubTotals:	338	12	326	143	3	140	481	15	460
ASIAN	0-12	0	0	0	0	0	0	0	0	C
	13-19	0	0	0	0	. 0	0	0	0	(
	20-24	0	0	0	0	0	0	. 0	0	(
	25-34	1	1	0	0	0	0	1	1	0
	35-44	0	0	0	• 0	0	0	0	0	C
	45-54	1	1	0	0	0	0	1	1	0
	55-64	0	0	0	0	0	0	0	0	(
	65+	0	0	0	0	0	0	0	0	(
	SubTotals:	2	2	0	0	0	0	2	2	(
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	(
	13-19	0	0	0	0	0	0	0	0	(
	20-24	1	1	0	0	0	0	1	1	(
	25-34	3	0	3	1	0	1	4	0	
	35-44	2	1	1	0	0	0	2	1	1
	45-54	1	1	0	1	1	0	2	2	(
	55-64	0	0	0	0	0	0	0	0	(
	65+	0	0	0	0	0	0	0	0	(
	SubTotals:	7	3	4	2	1	1	9	4	2
WHITE	0-12	0	0	0	0	0	0	0	0	(
	13-19	2	2	0	0	0	0	2	2	(
	20-24	15	<sup>`</sup> 15	0	2	2	0	17	17	· (
	25-34	69	69	0	5	5	0	74	74	(
	35-44	54	54	0	11	11	. 0	65	65	(
	45-54	- 44	44	0	5	5	0	49	49	(
	55-64	3	3	0	3	3	0	. 6	6	(
	65+	3	. 3	0	1	1	· 0	4	4	(
	SubTotals:	190	190	0	27	27	0	217	217	6
ALL RACES	0-12	0.	0	0	0	0	0	0	0	(
	13-19	7	2	5	1	0	1	8	2	e

•					BH	RTH GEND	ER					
			MALE FEMALE						BOTH GENDERS			
RACE	AGE <sup>2</sup>		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
ALL RACES	20-24	74	. 19	55	7	2	5	81	21	60		
	25-34	226	75	151	50	5	45	276	80	196		
	35-44	128	58	70	66	13	53	194	<b>7</b> 1	123		
	45-54	77	47	30	37	7	30	114	54	60		
	55-64	22	3	19	9	3	6	31	6	25		
	65+	3	3	0	2	1	1	5	4	1		
	SubTotals:	537	207	330	· 172	31	141	709	238	471		

#### **Clients Served This Period**

Clients Served This Period		Methods of Exposure (not mutually exclusive)	
Unduplicated clients:	709	PerinatalTransmission	2
Client visits: <sup>3</sup>	1813	Hemophilia Coagulation	0
Spanish speaking (primary language at home) clients served:	135	Transfusion	. 7
Deaf/hard of hearing clients served:	3	Heterosexual Contact	267
Blind/sight impaired clients served:	4	MSM (not IDU)	370
Homeless clients served:	310	IV Drug Use (not MSM)	4
Transgender M to F clients served:	10	MSM/IDU	0
Transgender F to M clients served:	0	Multiple Exposure Categories	17
Clients served this period who live w/in Harris County:	694	Other risk	71
Clients served this period who live outside Harris County:	15	<u>Multi-Race Breakdown</u>	
Active substance abuse clients served:	28	BLK,ASN	2
Active psychiatric illness clients served:	105	BLK,NTV	2
		BLK,WHT	3
		NTV,WHT	2

#### FOOTNOTES

<sup>1</sup> Visit = time spent per client per agency per service per day

<sup>2</sup> Age as of 2/29/16

<sup>3</sup> If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2015; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/14.

sub Cats 2]: All

#### HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA SERVICE UTILIZATION REPORT

Grant]: RW1 [Service]: PCARE [Service Performer]: 0 [Agency]: ;

Services performed between 3/1/16 and 6/30/16 1

I A an Ground: AcoCrol (expanded) [Include/Exclude SubCatel: INCLUDE

[Contract 1]:

Sub Cats 1]: All [Contract 2]: [Contract 3]: n/a [Sub Cats 3]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

		BIRTH GENDER								
			MALE			FEMALE		BO	TH GENDE	ERS
RACE	AGE <sup>2</sup>		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp
AFRICAN AMERICAN	0-12	0	· 0	0	0	0	0	0	0	0
	13-19	2	0	2	0	0	0	2	0	. 2
	20-24	20	1	19	2	0	2	22	1	21
	25-34	77	2	75	19	0	19	96	2	94
	35-44	32	1	31	31	0	31	63	1	62
	45-54	30	2	28	16	0	16	46	2	44
	55-64	12	0	12	7	0	7	19	0	19
	65+	0	0	0	. 0	0	0	0	0	0
	SubTotals:	173	6	167	75	· 0	75	248	6	242
ASIAN	0-12	0	0	0	0	0	0	0	0	0
۰	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	. <b>0</b>	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	1	0	0	0	0	1	1	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	. 0	. 0	0	0	0	0	0
	SubTotals:	1	1	0	0	0	0	1	1	0
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0.	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	2	0	2	1	0	1	3	0	3
	35-44	1	0	1	0	0	0	1	0	1
	45-54	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	0	4	1	0	1	5	0	5
WHITE	.0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	10	10	0	1	1	0	11	11	0
	25-34	46	46	0	7	7	0	53	53	0
	35-44	28	28	0	8	8	0	36	36	0
	45-54	30	30	0	6	6	0	36	36	0
	55-64	4	4	0	. 2	2	0	6	6	0
	65+	4	4	0	0	0	0	4	4	0
	SubTotals:	122	122	0	24	24	0	146	146	0
ALL RACES	0-12	0	0	0	. 0	0	0	0	0	0
	13-19	2	0	2	0	0	0	2	0	2

	د				>	BI	RTH GEND	ER			
				MALE			FEMALE			TH GENDI	ERS
	RACE	AGE <sup>2</sup>		Hispanic	Non-Hisp		Hispanic	Non-Hisp-		Hispanic	Non-Hisp
	ALL RACES	20-24	31	11	20	3	1	2	34	12	22
		25-34	125	48	77	27	7	20	152	55	97
}		35-44	61	29	32	39	8	31	100	37	63
		45-54	61	33	28	22	6	16	83	39	44
		55-64	16	4	12	9	2	7	25	6	19
		65+	4	4	0	0	0	0	4	4	0
		SubTotals:	300	129	171	100	24	76	400	153	247

#### Clients Served This Period

Clients Served This Period		Methods of Exposure (not mutually exclusive)	
Unduplicated clients:	400	PerinatalTransmission	1
Client visits: <sup>3</sup>	559	Hemophilia Coagulation	0
Spanish speaking (primary language at home) clients served:	88	Transfusion	4
Deaf/hard of hearing clients served:	2	Heterosexual Contact	155
Blind/sight impaired clients served:	1	MSM (not IDU)	202
Homeless clients served:	161	IV Drug Use (not MSM)	2
Transgender M to F clients served:	5	MSM/IDU	0
Transgender F to M clients served:	0	Multiple Exposure Categories	6
Clients served this period who live w/in Harris County:	394	Other risk	38
Clients served this period who live outside Harris County:	6	Multi-Race Breakdown	
Active substance abuse clients served:	12	BLK,ASN	I ·
Active psychiatric illness clients served:	. 47	BLK,NTV	2
		BLK,WHT	2

#### FOOTNOTES

<sup>1</sup> Visit = time spent per client per agency per service per day

<sup>2</sup> Age as of 6/30/16

<sup>3</sup> If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15.

#### FY 2016 RW PART A REQUESTS FOR ALLOCATION INCREASE (July 2016)

							~		51/ 00/ 0			51/0010	1	N - 6
Request	FY 16	HRSA Service Category	Local Service Category or	Amount of	Amount	FY 2015 Final	Expended 2015	Percent	FY 2016 Contract	FY 2016 Expended	FY 2016 Percent	FY 2016 Percent	Is agency currently in	Notes
Control	Priority		Subcategory	Request	Approved by RWPC		2015	Expended	Amount	YTD	YTD	Expected		
Number	Rank				RVVPC	Contract Amount			Amount	110		YTD	contract	
[	[					Amount						110	conditions and	
						Í							therefore eligible	
									2.5.5	ĺ			for increase?	
1	1.h	Primary Medical Care	Vision	\$24,960		\$261,847	\$164,905	63%	\$140,557	\$28,730	20%	25%	Yes	Amount approved detail:
	ļ				,	1								
2	1.h	Primary Medical Care	Vision	\$50,000		\$141,000	\$137,000	97%	\$116,920	\$26,100	22%	25%	Yes	
						1								
													(	
3	2.a	Medical Case Management	Clinical Case Management	\$25,000		\$224,325	\$167,120	74%	\$244,350	\$55,825	23%	25%	Yes	
Ĭ	2.3	nedical cuse management	onnieur odoc munugement	\$20,000		W22 1,020	<i><b>Q</b>107,120</i>		<b>\$211,000</b>	\$00,010		20,0		
													)	
	4		Oral Health - Rural			\$166,400	\$166,400	100%	\$166,400	\$42,050	25%	25%	Yes	
4	4.b	Oral Health	Oral Health - Rural	\$30,000		\$100,400	\$166,400	100%	\$166,400	\$42,050	25%	20%	165	
								Í						
												ļ		
	_													
5	13.a-13.b		Medical Transportation - Rural	\$40,000		\$349,865	\$349,864	100%	\$349,865	\$81,220	23%	25%	Yes	
			& Urban			Í								
6	1.b-1.d		Community-based Primary	\$200,000		\$1,835,812	\$1,835,492	100%	\$1,833,698	\$265,732	14%	25%	Yes	
			Medical Care targeted to African		1						ĺ			
			American, Hispanic and White			1				1		ļ		
7	1.b-1.d	Primary Medical Care	Community-based Primary	\$399,975		\$2,676,828	\$2,676,480	100%	\$2,979,889	\$583,497	20%	25%	Yes	
			Medical Care targeted to African											
			American, Hispanic and White	Ì										
	1													1
1.	COMPACTOR OF			\$769,935	\$0	\$5,656,077	\$5,497,261		\$5,831.679	\$1,083,154	in This	TO GERMAN	the second second	
The late of the other states	and the second proof the										10 14 PK 10 103	Party Market Confront Sel		
		ail. for Reallocation	\$680,325	Part A										
		lable for Reallocation:		Explanation:										ļ
1	FY 2015 Ca	rryover Funds	\$680,325	Unspent FY 2	015 program y	ear funds								

.

Ι.	Name of Agency (not provided to RWPC)	F	** .				
	Contract Number (not provided to RWPC)						であるというで
	Service Category Title (per RFP)	Vision Care				Control No.	7
	Request for Increase under (check one):	Part A: X	A DE COL	MAI:	時代の時代の日本の日本		
	Request Period (check one):	April:	August: X	Oct:	Final Otr:	たいないなな小型	いたのである
	Amount of additional funding Requested:	\$24,960.00				の学校はない。	たけ、行政に対応
	Unit of Service:	a. Number of	ف	c. Number of	d. Total:		
	(list only those units and disbursements where an	units in		additional	(p x c)	ないため	しいとの意を読む
	increase is requested)	current		units	•	なられていた。	
		contract:		requested:		「「「「「「」」」	いうたいでは
	1. Optometrist/Cert. Opthalmic Asst. Ophthalmologist	2162	\$65.00	384	\$24,960.00	新世界和中央の	いていたが、「「「「」」
	2.				\$0.00		
	3.				\$0.00	がないで	シーンでは小学
	4.				\$0.00	観日本の言語	
	5.				\$0.00		
	6.				\$0.00	「「「「「「「」」」	
	7.				\$0.00		中心を留いた。
	8. Disbursements (list current amount in column a. and		La contra con		\$0.00		
	requestedamount in column c.)	-				の行うない。	見かっているなる
	9. Total additional funding (must match E. above):				\$24,960.00	語彙性に実態性	
	Number of new/additional clients to be served with						
	requested increase.						
	Number of clients served under current contract -	a. Number of	b. Percent AA c. Percent	c. Percent	d. Percent	e. Percent	f. Percent
	Agencies must use the CPCDMS to document numbers	clients served	(non-Hispanic) White (non-	White (non-	=	Male	Female
	served.	per CPCDMS		Hispanic)	races)		
	De-identified CPCDMS-generated reports will be						
	provided to the KWPC by KWGA.						
	1. Number of clients that received this service under						
	rait A (01 M/A) III FT 2013. March 1 2015 - Fehriaw 28 2016)						
	* If a nency was funded for service under Part A (or MAI)						
		1272	42%	21%	37%	%22	23%
	2. Number of clients that have received this service						
	under Part A (or MAI) in FY 2016.						
	<ul> <li>April Request Feriou - Not Applicable</li> <li>b. August Request Period = 03/01/16 - 06/30/16</li> </ul>						
		507	1004	100/	1001	70	
- I	d. 4th Qtr. Kequest Period = 03/01/16 - 11/30/16		44.70	0/01	40.%		23%

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Page 1

Request for Service Category Increase Ryan White Part A and MAI

.

	·	- 			
c. Comments (do <b>not</b> include agency name or identifying information):	The agency has a large number of Ryan White patients seeking vision services as one of the two Ryan White-funded vision clinics. The agency is requesting funding in order to sufficiently meet the continued demands for vision services 3 for new Rvan White patients	The agency has a large number of Ryan White patients seeking vision services as one of the two Ryan White-funded vision clinics. The agency is requesting funding in order to sufficiently meet the continued demands for vision services	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for Datients	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	a. Funding       b. End Date of c. Amount       d. Comment (50 words or less):         Source:       Contract:
<ul> <li>b. How many</li> <li>Weeks will</li> <li>this be if full</li> <li>amount of</li> <li>request is</li> <li>received?</li> </ul>	0		0	0	b. End Date of c. Amount Contract: Contract: Get narrative and fee-for-s act total (amount in Item F.
a. Enter Number of Weeks in this column	4	m	0	0	a. Funding Source: Source: he request (bud he revised contra
Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	<ol> <li>Length of waiting time (in weeks) for an appointment for a new client:</li> </ol>	<ol><li>Length of waiting time (in weeks) for an appointment for a current client:</li></ol>	3. Number of clients on a "waiting list" for services (per Part A SOC):	<ol> <li>Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):</li> </ol>	J.       List all other sources and amounts of funding for similar a. Funding b. End Date of c. Amount is comment (50 words or less services currently in place with agency:       Derivation of the contract is contract.         1       Services currently in place with agency:       Source:       Contract:       Contract.         2       Contract.       Contract.       Contract.       Contract.         3       .       A.       Contract.       Contract.         4.       .       .       Contract.       Contract.         1.       .       .       .       .         2.       .       .       .       .         3.       .       .       .       .         4.       .       .       .       .         6.       .       .       .       .         7.       .       .       .       .         3.       .       .       .       .         4.       .       .       .       .         6.       .       .       .       .       .         7.       .       .       .       .       .         8.       .       .       .       .       .
<u></u>					-;

Form RFCI-2014/1

#### HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA SERVICE UTILIZATION REPORT

[Grant]: All [Service]: PCARE [Service Performer]: 0 [Agency]

Services performed between 3/1/15 and 2/29/16 1

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE [Contract 1]: ALL [Sub Cats 1]: VOMA, VOPTH, VOPTO [Contract 2]: n/a [Sub Cats 2]: All [Contract 3]: n/a [Sub Cats 3]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

г

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

					_					
		-	MALE			FEMALE	-	ВО	TH GENDI	ERS
RACE	AGE <sup>2</sup>		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	1	0	1	2	0	2
	20-24	22	1	21	8	0	8	30	1	29
	25-34	80	2	78	23	1	22	103	3	100
	35-44	64	1	63	49	0	49	113	1	112
	45-54	112	2	110	59	0	59	171	2	169
	55-64	72	0	72	39	3	36	111	3	108
	65+	4	0	4	5	0	5	9	0	9
	SubTotals:	355	6	349	184	. 4	180	539	10	- 529
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	3	0	3	0	0	0	3	0	3
	35-44	2	0	2	1	0	1	3	0	3
	45-54	2	0	2	1	0	1	3	0	3
	55-64	2	0	2	1	0	1	3	0	3
	65+	0	0	0	1	0	1	1	0	1
	SubTotals:	9	0	9	4	0	4	13	0	13
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	2	1	1	0	0	0	2	1	1
	35-44	2	0	2	0	0	0	2	0	2
	45-54	2	1	1	1	1	0	3.	2	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	1	0	1	0	0	0	1	0	1
	SubTotals:	8	2	6	1	1	0	9	3	6
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	2	1	1	0	0	0	2	1	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0		0	0	0	1	0	
	55-64	2	1	1	1	1		3	2	
1	65+	0	0	. 0			0	0	0	
	SubTotals:	5	2	3			0	6	3	3
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	- 0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

					BI	RTH GEND	ER			2:04:32 PM
		<u> </u>	MALE		]	FEMALE		BC	TH GEND	ERS
RACE	AGE <sup>2</sup>		Hispanic	Non-Hisp		Hispanic	Non-Hisp	1	Hispanic	Non-Hisp
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	<u> </u>		
	35-44	1	1	0	0	0	0	1		
	45-54	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	1	0	0	0	0	1	1	0
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	1	1	0	0	0	2	1	1
	20-24	19	18	1	0	0	0	19	18	1
	25-34	102	74	28	5	3	2	107	77	30
	35-44	144	102	42	36	33	3	180	135	45
	45-54	216	122	94	38	31	7	254	153	101
	55-64	87	31	56	20	12	8	107	43	64
	65+	29	8	21	6	4	2	35	12	23
	SubTotals:	599	356	243	105	83	22	704		265
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	3	1	2	1	0	1	4	1	3
	20-24	42	19	23	8	0	8	50	19	31
	25-34	189	78	111	28	4	24	217	82	135
	35-44	213	104	109	86	33	53	299	137	162
	45-54	333	125	208	99	32	67	432	157	275
	55-64	163	32	131	61	16	45	224	48	176
	65+	34	8	26	12	4	8	46	12	34
	SubTotals:	977	367	610	295	89	206	1,272	456	816

#### **Clients Served This Period**

Unduplicated clients:	1272
Client visits: <sup>3</sup>	1955
Spanish speaking (primary language at home) clients served:	259
Deaf/hard of hearing clients served:	31
Blind/sight impaired clients served:	73
Homeless clients served:	404
Transgender M to F clients served:	7
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1206
Clients served this period who live outside Harris County:	66
Active substance abuse clients served:	10
Active psychiatric illness clients served:	78

Methods of Exposure (not mutually exclusive)	
PerinatalTransmission	9
Hemophilia Coagulation	1
Transfusion	3
Heterosexual Contact	335
MSM (not IDU)	452
IV Drug Use (not MSM)	17
MSM/IDU	2
Multiple Exposure Categories	49
Other risk	430
Multi-Race Breakdown	
BLK,NTV	1
BLK,NTV,WHT	1
BLK,WHT	5
HWN,WHT	1
NTV,HWN,WHT	1

#### **FOOTNOTES**

Visit = time spent per client per agency per service per day

<sup>2</sup> Age as of 2/29/16

<sup>3</sup> If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2015; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/14.

#### HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA SERVICE UTILIZATION REPORT

 [Agency]:
 [Grant]: All [Service]
 'Service Performer]: 0

 Services performed between 3/1/16 and 6/30/16 1

 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

 [Contract 1]: ALL [Sub Cats 1]: VOMA, VOPTH, VOPTO [Contract 2]: n/a [Sub Cats 2]: All

 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

					BII	RTH GENE	ER			
			MALE			FEMALE		BO	TH GENDI	ERS
RACE	AGE <sup>2</sup>		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	0	2	2	0	2	4	0	4
	20-24	. 6	0	6	3	0	3	9	0	9
	25-34	24	1	23	8	1	7	32	2	30
	35-44	22	1	21	15	0	15	37	1	36
	45-54	48	0	48	23	1	22	71	1	70
	55-64	38	0	38	22	1	21	60	1	59
	65+	4	0	. 4	0	0	0	4	0	4
	SubTotals:	. 144	2	142	. 73	3	70	217	5	212
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	1	0	1	1	0	1	2	0	2
	45-54	2	0	2	1	0	1	3	0	3
	55-64	2	0	2	1	0	1	3	0	3
	65+	0	0	0	1	0	1	1	0	1
	SubTotals:	6	0	6	4	0	4	10	0	10
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	1	0	1	1	0	1
	25-34	1	0	1	0	0	0	1	0	1
	35-44	3	1	2	0	0	0	3	1	2
	45-54	1	1	0	0	0	0	1	1	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	5	2	3	1	0	1	6	2	4
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	. 0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	- 0	0	0	ot	0
	45-54	1	0	1	0	0	o	1	0	1
	55-64	0	0	0	1	1	0	1	1	0
	65+	0	0	0	0	0	0	0		0
	SubTotals:	1	0	<i>I</i>	1		0	2	1	1
PAC.ISLND/HAWAII	0-12	0	. 0	0	0	0	0	0		0
	13-19	0	0	0	0	0	0	0	0	0

					BI	RTH GEND	ER			2:07:23 PM
,,,,,,,,,			MALE			FEMALE		BO	TH GENDI	ERS
RACE	AGE <sup>2</sup>		Hispanic	Non-Hisp	]	Hispanic	Non-Hisp	1	Hispanic	Non-Hisp
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	1	1	0	0	0	0	1	1	0
	45-54	0	Ó	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	1	0	0	0	0	1	1	0
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	7	6	1	1	. 1	0	8	7	1
	25-34	41	32	9	2	2	0	43	34	9
	35-44	55	44	11	11	11	0	66	55	11
	45-54	86	46	40	17	13	4	103	59	44
	55-64	37	17	20	5	2	3	42	19	23
	65+	8	4	4	1	1	0	9	5	4
· · · · · · · · · · · · · · · · · · ·	SubTotals:	234	149	85	37	30	7	271	179	92
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	0	2	2	0	2	4	0	4
	20-24	13	6	7	5	1	4	18	7	11
	25-34		33	34	10	3	7	77	36	41
	35-44	82	47	35	27	11	16	109	58	51
	45-54	138	47	91	41	14	27	179	61	118
	55-64	. 77	17	60	29	4	25	106	21	85
	65+	12	4	8	2	1	1	14	5	9
	SubTotals:	391	154	237	116	34	82	507	188	319

#### **Clients Served This Period**

Unduplicated clients:	507
Client visits: <sup>3</sup>	709
Spanish speaking (primary language at home) clients served:	102
Deaf/hard of hearing clients served:	9
Blind/sight impaired clients served:	22
Homeless clients served:	148
Transgender M to F clients served:	2
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	478
Clients served this period who live outside Harris County:	29
Active substance abuse clients served:	3
Active psychiatric illness clients served:	22

Hemophilia Coagulation
Transfusion
Heterosexual Contact
MSM (not IDU)
IV Drug Use (not MSM)
M\$M/IDU
Multiple Exposure Categories
Other risk

Methods of Exposure (not mutually exclusive)

**PerinatalTransmission** 

Multi-Race Breakdown

ASN,WHT

BLK,NTV

BLK,WHT

HWN,WHT

BLK,NTV,WHT

#### FOOTNOTES

<sup>1</sup> Visit = time spent per client per agency per service per day

<sup>2</sup> Age as of 6/30/16

<sup>3</sup> If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15.

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Request for Service Category Increase Ryan White Part A and MAI
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7	)	大学を					十二日の日本										f. Percent	Female				78%	204			34%	
Control No.																	e. Percent	Male				72%	2			66%	
		Final Qtr.		d. Totai:	(n x c)	\$50 000 00	00.000,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50 000 00	nonnonce		2	hic (all	acce)			31%				32%	<u></u>
	MAI:	Oct:		c. Number of additional unite	requested:	500																11%				12%	
	5 - OC	July X		n. Cosvunit		\$100.00										本語語がある	b. Percent AA c. Percent	(non-Hispanic) White (non- Hispanic)				57%				54%	
NISION	Part A:	April:	a Number of	a. Number of units in current	contract:	1169										0,0,2		Der CPCDMS				888	88			278	
Name of Agency (not provided to RWPC) Contract Number (not provided to RWPC) Service Category Title (per RFP)	Request for Increase under (check one):	Request Period (check one): Amount of additional frinding Dominated.	Unit of Service:	(list only those units and disbursements where an	increase is requested)	1. VISION	2.	3.	4.	Ö.			<ol> <li>UISDURSEMENTS (list current amount in column a. and requested amount in column c.)</li> </ol>	9. Total additional funding (must match E. above):	Number of new/additional clients to be served with	requested increase.	Number of clients served under current contract -	_	De-identified CPCDMS-generated reports will	1. Number of clients that received this service	under Part A (or MAI) in FY 2015.*	(March 1, 2015 - February 28, 2016)	*If agency was funded for service under Part A (or	2. Number of clients that have received this	service <u>under Part A</u> (or MAI) in FY 2016.	a. April request Period = Not Applicable b. July Request Period = 03/01/16 - 06/30/16	c. October Request Period = 03/01/16 - 09/30/16 d. 4th Qtr. Request Period = 03/01/16 - 11/30/16
		-	· · · · · · -			<u> ·</u> ∳																			v/ v	0 10	

Page 1

Request for Service Category Increase Ryan White Part A and MAI

Arrentor atter in the internation int		Additional Jafarmatian Drawidad hur Drawi			
Image: control of matring time (in weeks) for an appointment for a new client:     received?     We would like to be able to provide servic appointment for a new client:       1. Length of waiting time (in weeks) for an appointment for a new client:     3.4 WEEKS     1 week increase in request for services the waiting time (in weeks) for an appointment for a new client:     3.4 WEEKS     We would like to be able to provide service services increase in request for services the waiting time (in weeks) for an appointment for a current client:     2. Length of waiting time (in weeks) for an appointment for a current client:     3.4 WEEKS     0     We would like to be able to provide service services appointment for a current client:     0     0     We would like to be able to provide service services and annucle of clients the same week if requesting services. Currently we don't have a waiting tist as we contract that we have not been paid.       1. List all other sources and amounts of funding for the part A SOC):     0     0     0       1. List all other sources and amounts of funding for the sources. Currently we have not been paid.     1.       1. List all other sources and amounts of funding for the sources. Contract that we have not been paid.       1. List all other sources and amounts of funding for the source.     0     0       1. List all other sources and amounts of funding for the source.     0     0       2. List all other sources and amounts of funding for the source.     0     0       3. Muther following documentation at the same time as the request (budget marrative and fee-for-service budgets mary be hat t	<u> </u>	Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	<ul> <li>b. How many</li> <li>Weeks will this</li> <li>be if full</li> <li>amount of</li> </ul>	<ul> <li>Comments (do not include agency name or identifying information):</li> </ul>
1. Length of waiting time (in weeks) for an appointment for a new client:     3.4 WEEKS     1 week     If week of scheduling an appointment increase in request for schroduling an appointment increase in request for schroduling an appoint increase in request for schroduling an appoint increase in request for schroduling an appoint increase in requesting service appointment for a current (in weeks) for an appointment for a current schroduling and appoint appointment for a current schroduling and appoint appointment for a current schroduling and appoint appointment for a current schroduling and appoint (per Part A SOC):     0     0     0     0       1. List all other sources and amounts of funding for schroduling schrodes     0     0     0     0       1. List all other sources and amounts of funding for schroduling schrodes     0     0     0     0       2. List all other sources and amounts of funding for schroduling schrodes     0     0     0     0       1. List all other sources and amounts of funding for schrodes current in place with agency.     0     0     0       2.     1.     1.     1.     1.     1.     1.       3.     3     0     0     0     0       4.     3.     1.     1.     1.     1.       4.     1.     1.     1.     1.     1.       3.     2.     1.     0     0     0       3.     3.     1.     1.     1.   <				request is received?	
2. Length of waiting time (in weeks) for an appointment for a current client:       2 WEEKS       0       We would like to be a ble to provide service services services services services services services. Currently we don't have a waiting list as w (per Part A SOC):         3. Number of clients on a "waiting list" for services       0       We would like to be a ble to provide service services. Currently we don't have a waiting list as w (per Part A SOC):         1. Number of clients unable to access services       0       0       Currently we don't have a waiting list as w all client requesting services. Currently we have not been paid.         1. List all other sources and amounts of funding for services. currently in place with agency.       0       0       0         1. List all other sources and amounts of funding for similar services currently in place with agency.       Source:       Contract:       d. Comment (50 words or contract).         2.       1.       1.       List all other sources currently in place with agency.       Source:       Contract:       d. Comment (50 words or contract).         3.       3.       3.       Amount the following documentation at the same time as the request (budget narrative and fee-for-services budgets may be hall Revices and Budget Narrative (Table I.A) corresponding to the revised contract:       D. Amount I. I.E. B.		<ol> <li>Length of waiting time (in weeks) for an appointment for a new client:</li> </ol>	3-4 WEEKS	1 week	We would like to be able to provide services to our new clients within 1 week of scheduling an appointment. With the steady increase in requeest for services the waiting time could easily
3. Number of clients on a "waiting list" for services (per Part A SOC):       0       0       Currently we don't have a waiting list as we align gist as we have not been paid.         4. Number of clients unable to access services       0       0       all client requesting services. Currently we don't have a waiting list as we have not been paid.         1. List all other sources and amounts of funding for sinilar services currently in place with agency:       0       0       1.         2.       1.       List all other sources and amounts of funding for sinilar services currently in place with agency:       Source:       Contract: that we have not been paid.         3.       2.       1.       List all other sources and amounts of funding for sinilar services currently in place with agency:       Source:       Contract: that we have not been paid.         3.       3.       4.       Comment (60 words of budget narrative and fee-for-service budgets may be hard services budgets may be hard services budgets may be hard fee-for-service budgets may be hard form must be submitted electronically via email by published deadline to Carin Martin: cmartin@htted.contract.contract contract for the revised contract to chard for the revised for thard for the contract to c		<ol><li>Length of waiting time (in weeks) for an appointment for a current client:</li></ol>	2 WEEKS	0	We would like to be able to provide services to our existing clients the same week if requesting services
4. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):       0       0       0         J.       List all other sources and amounts of funding for similar services currently in place with agency:       Source:       0       0         J.       List all other sources and amounts of funding for similar services currently in place with agency:       Source:       Contract:       d. Comment (50 words or contract:         1.       1.       I.       Amount       d. Comment (50 words or contract:       d. Comment (50 words or contract:         2.       3.       3.       A       d. Comment (50 words or contract:       d. Comment (50 words or contract:         3.       3.       A.       A       d. Comment (50 words or contract:       d. Comment (50 words or contract:         4.       A       A       d. Comment (50 words or contract:       d. Comment (50 words or contract:       d. Comment (50 words or contract:         3.       3.       A       d. Comment (50 words or contract (50 words or contract (50 words or contract (50 w		<ol><li>Number of clients on a "waiting list" for services (per Part A SOC):</li></ol>	o		Currently we don't have a waiting list as we have been seeing all client requesting services. Currently we have 94u in no pay contract that we have not been paid.
J.       List all other sources and amounts of funding for similar services currently in place with agency.       a: Funding b. End Date of c. Amount       d. Comment (50 words or contract or contract or contract or contract or contract or contract.         1       1.       2.       Contract.       Contract.       Contract.       A         3.       3.       4.       A       A       A       A         K.       Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be har Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract at This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@htophes.org	t de la companya de l La companya de la comp	<ol> <li>Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):</li> </ol>	0	ο	
similar services currently in place with agency:       Source:       Contract:       Contract:         1.       1.       3.       3.         2.       3.       4.       4.         3.       4.       5.       5.         4.       5.       5.       5.         5.       5.       5.       5.         6.       6.       6.       6.         7.       5.       6.       6.         8.       5.       6.       6.         9.       6.       6.       6.         10.       7.       6.       6.         10.       7.       6.       6.         10.       7.       6.       6.         10.       7.       6.       6.         10.       7.       6.       6.         10.       7.       6.       6.         10.       7.       6.       6.       6.         10.       7.       6.       6.       6.       6.         10.       7.       7.       7.       7.       7.         10.       7.       7.       7.       7.       7.	<del>ر</del>	List all other sources and amounts of funding for	a. Funding	b. End Date of	. Amount - Id Comment (50 words or lees)
2.       2.         3.       3.         4.       4.         K.       Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be har Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract at This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org		similar services currently in place with agency:	,	Contract:	
3.       3.         4.       4.         K.       Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be har Revised Budget Narrative (Table 1.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract a This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@htephes.org		2			
<ul> <li>4.</li> <li>A. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be har Revised Budget Narrative (Table 1.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract a This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org</li> </ul>		÷.			
<ul> <li>K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be har Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract a This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org</li> </ul>		4.			
Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract a This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org	۲	Submit the following documentation at the same time	ie as the reques	t (budget narrativ	e and fee-for-service budgets may be hard copy or fax).
This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org		Revised Budget Narrative (Table I.A.) correspondin	g to the revised (	contract total (an	tount in Item F.9.d. plus current contract amount).
		This form must be submitted electronically via e	email by publish	ned deadline to	Carin Martin: cmartin@hcphes.org

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# HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

**SERVICE UTILIZATION REPORT** 

Services performed between 3/1/15 and 2/29/16  $\imath$ [Grant]: All [Service]: PCARE [Service Performer]: 0 [Agency]

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE [Contract 1]: ALL [Sub Cats 1]: NOMA, VOPTH, VOPTO [Contract 2]: n/a [Sub Cats 2]: All [Contract 1]: ALL [Sub Cats 4]: n/a [Sub Cats 3]: n/a [Sub Cats 2]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

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			 ਮੁਤ	STH GEND	BIF				1	

#### Clients Served This Period

SETONT			
		THW,VTN	I
ve psychiatric illness clients served:	154	BLK,WHT	4
ve substance abuse clients served:	43	BLK,NTV	2
nts served this period who live outside Harris County:	901	Multi-Race Breakdown	
sts served this period who live win Harris County:	£8 <i>L</i>	Other risk	114
sgender F to M clients served:	0	Multiple Exposure Categories	52
sgender M to F clients served:	L	Naimsm	I
cless clients served:	L8E	IV Drug Use (not MSM)	Π
disight impaired clients served:	9	(UCI 10a) MSM	168
Vhard of hearing clients served:	4	Heterosexual Contact	0LE
ish speaking (primary language at home) clients served:	123	noisultant	4
nt visits: <sup>3</sup>	0281	Hemophilia Coagulation	0
uplicated clients:	688	Perinatal Transmission	S
nts Served This Period		(ethods of Exposure (not mutually exclusive)	

#### FOOTNOTES

 $^{1}$  Visit = time spent per client per agency per service per day

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2 Age as of 2/29/16

encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/14. 3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2015;

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# HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

[Agency]: [Grant]: All [Service]: PCARE [Service Performer]: 0

Services performed between 3/1/16 and 6/30/16 1

BIKTH GENDER

Contract 1]: ↓ [S]

• [Sub Cats I]: VONIA, VOPTH, VOPTO [Contract 2]: n/a [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cata 4]: All [Contract 5]: n/a [Sub Cata 5]: N/a [Sub Cata 5]: No 3 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

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3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016;

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encounters (for the service, agency, and grant selected) may or may not have oscinated prior to 03/01/15.

2 Age as of 6/30/16

FOOTNOTES

 $^{1}$  Visit = time spent per client per agency per service per day

Clients served this period who live outside Harris County:

Spanish speaking (primary language at home) clients served:

Clients served this period who live with Harris County:

Active psychiatric illness clients served:

Active substance abuse clients served:

Transgender F to M clients served:

Transgender M to F clients served:

Blind/sight impaired clients served:

Deat/hard of hearing clients served:

Homeless clients served:

Client visits: 3

Unduplicated clients:

Clients Served This Period

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#### HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

**SERVICE UTILIZATION REPORT** 

Services performed between 3/1/16 and 6/30/16 1 [Grant]: All [Service]: PCARE [Service Performer]: 0 :[YonepA]:

[Age Groun]. Auntur (Aunanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: ub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All [MAI]: ALL [Showi)etail]: False [Registration Type]: ALL [NewClientsOnly]: No <sup>3</sup>

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#### Clients Served This Period

		FOOTVOTES
A LA WALK		
HLK,WHT	51	Active psychiatric illness clients served:
ALX'XIX	٤	Active substance abuse olients served:
Lulti-Bace Breakdown	L.	Clients served this period who live outside Harris County:
Allor risk	\$1.	Clients served this period who live win Harris County:
Author Bayesure Categories	0	Transgender F to M clients served:
NGI/WSM	U	Transgender M to F clients served:
(MSM loc (not MSM)	5'Z	Homeless clients served:
(UCI 1011) MSM	0	Blind/sight impaired clients served:
Heterosexual Contact	0	Deathard of hearing clients served:
noistlisust	81	Spanish speaking (primary language at home) clients served:
noihslugaoO silidqomoH	16	Client visits: 3
noissimanarUlatsuhot	85	Unduplicated clients:
Lethods of Exposure (not mutually exclusive)		Clients Served This Period

 $^{1}$  Visit = time spent per client per agency per service per day

2 Age as of 6/30/16

encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15. 3 If New Client = Yes is selected then clients were only included if they had to encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016;

1	A. Name of A	Name of Agency (not provided to RWPC)	•	••				
, <u> </u>		Contract Number (not provided to RWPC)	1	l				
-	C. Service Ca	Service Category Title (per RFP)	CLINICAL CASE	<b>CLINICAL CASE MANAGEMENT</b>	T		Control No.	P
	D. Request for	Request for Increase under (check one):	Part A:	est strategy and the second	MAI:	なるないのかな	がのかかったない	いたが出た
	Request F	Request Period (check one):	April:			Final Otr.		
		Amount of additional funding Requested:	\$25,000.00	No.				
	F. Unit of Service:	irvice:	a. Number of		c. Number of	d. Total:		の行うないのである
	(list only the	(list only those units and disbursements where an	units in <u>current</u>		additional units	(p x c)		
	increase	increase is requested)	contract:		requested:			
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	a. and red	and requested amount in column c.)		North Astronomy				
	9. Total ad	9. Total additional funding (must match E. above):			のないないのである	\$25,000.00		
	G. Number o	Number of new/additional clients to be served with	150		「「日本」の記載			
		requested increase.						
	H. Number o	Number of clients served under current contract -	a. Number of	b Percent AA c. Percent	c. Percent		e. Percent	t. Percent
	Agencies	Agencies must use the CPCDMS to document	clients served	(non-Hispanic) White (non-	White (non-	lic (all	Male	remale
	numbers served	served.	per CPCDMS		Hispanic)	races)		
	De-identi	De-identified CPCDMS-generated reports will						
	be provid	be provided to the RWPC by RWGA.						
	1. Numbe	<ol> <li>Number of clients that received this service</li> </ol>						
	under Par	under Part A (or MAI) in FY 2015.*						
	(March 1,	(March 1, 2015 - February 28, 2016)	659	57%	25%	16%	. 66%	34%
	*If agency	*If agency was funded for service under Part A (or	oppel					
	MAI) in F	Y 2015 - if not, mark these cells as "NA"						
	2. Numbi	<ol><li>Number of clients that have received this</li></ol>						
	service <u>ur</u>	service <u>under Part A</u> (or MAI) in FY 2016.						
	a. April R	a. April Request Period = Not Applicable	377	64%	20%	15%	71%	29%
	b. July Re	b. July Request Period = 03/01/16 - 06/30/16						
	c. Octobe	c. October Request Period = 03/01/16 - 09/30/16						
-	<u>Ia. 4ui vai</u>	. Request relian - 03/01/10 - 11/30/10						

Form RFCI-2014/1

Page 1

Request for Service Category Increase Ryan White Part A and MAI

	Additional Information Provided by Requesting	a Enter	h How many	Commente (do not includo	
	Agency (subject to audit by RWGA). Answer all	Number of	S.	- comments (up not include ageincy name or identifying information):	agency name or identifying
	questions that are applicable to agency's current situation.	Weeks in this column	be if full amount of		
			request is received?		
	1. Length of waiting time (in weeks) for an appointment for a <b>new</b> client:	N <sup>°</sup>		listorically this program utiliza Viso there's an increase in ne ubstance abuse counseling	Historically this program utilization increases towards 3Q/4Q. Also there's an increase in new patients with complex needs: substance abuse counseling non adherence to mode and
	2. Length of waiting time (in weeks) for an		c	mental health. Same Day	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	- 0	> 0		
	<ol> <li>Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):</li> </ol>	0	0		
<del>ال</del> ال	List all other sources and amounts of funding for a. Funding similar services currently in place with agency. Source: 1.	a. Funding Source:		. Amount d. Comment (	b. End Date of [c. Amount] d. Comment (50 words or less): Contract:
	2.				
	ň				
	4.				
Ч	<b>6</b>	ne as the reques	tt (budget narrativ	e and fee-for-service budgets	s may be hard copy or fax):
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount) This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcnhes.ord	ng to the revised email by publis	contract total (arr hed deadline to	iding to the revised contract total (amount in Item F.9.d. plus current contra ia email by published deadline to Carin Martin: cmartin@hcphes.org	int contract amount).
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Form RFCI-2014/1

# HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

CELEVICE UTILIZATION REPORT

Services performed between 3/1/15 and 2/29/16 1 [Agency, ...., Grant]: IV/M [Service]: CMGMT [Service Performer]: 0

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#### Clients Served This Period

FOOTNOTES			_
		TEWAIN	2
		BLK.MHT	I
Active psychiatric illness clients served:	872	BUR ALA	2
Active substance abuse clients served:	19	NSV*3718	I
Clients served this period who live outside Harris County	67 <b>7</b>	Multi-Race Breakdown	
Clients served this period who live win Harris County	437	Other risk	86
Transgender F to M clients served:	0	Multiple Exposure Categories	51
Transgender M to F clients served:	٤	DG: INSM	0
Homeless clients served:	842	(MSM for ) So $\Omega_{\rm SC}$ (NSM for )	01
Blind/sight impaired clients served:	٤	(IDI 100) MSM	273
Deat/hard of hearing clients served:	1	Helerosexual Contact	LLT
Spanish speaking (primary language at home) clients served:	38	Translisuar	L
Client visits: 3	5191	Hemenibilia Coagulation	I
Unduplicated clients:	999	Periorantiansing	2
Clients Served This Period		Methods of Exposure (not mutually exclusive)	

FOOTNOTES

 $\psi$  with = time spent per client per agency per service per day

2 Age as of 2/29/16

encounters (for the service, agency, and grant selected may or may not have occurred prices a 03/01/14. 3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2015;

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# HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

SERVICE UTILIZATION REPORT

Services performed between 3/1/16 and 6/30/16 1 ' [Grant]: RW1 [Service]: CMGMT [Service Performer]: 0 [Agency]

Cats I]: All [Contract 2]: n/a [Sub Cats 2]: All :[1 toartno2] [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 3]: n/a [Sub Cats 3]: All

[IAM]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No <sup>3</sup> [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

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### Clients Served This Period

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FOOTNOTES			
Active psychiatric illness clients served:	124	BLK,WHT	l
Active substance abuse clients served:	L٤	BLK,NTV	I
Clients served this period who live outside Harris County:	88	Multi-Race Breakdown	
Clients served this period who live win Harris County:	582	Other risk	LS
Transgender F to M clients served:	0	Multiple Exposure Carlegories	L
Transgender M to F clients served:	0	nai/wsw	0
Homeless clients served:	140	IV Drug Use (not MSM)	L
Blind/sight impaired clients served:	2	(UCI 100) MSM	£91
Deat/hard of hearing clients served:	7	Heterosexual Contact	141
Spanish speaking (primary language at home) clients served:	8	noisultanaT	I
Client visits: <sup>3</sup>	589	Hemophilis Cosguiation	0
Unduplicated clients:	LLE	Perinteral Tensor	ç
		Methods of Exposure (not mutually exclusive)	

81/05/8 fo 25 93A 5 Visit = time spent per client per agency per service per day

encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15. 3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016; Request for Service Category Increase Ryan White Part A and MAI

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	Name of Agency (not provided to RWPC) Contract Number (not provided to RWPC)	۱ ۱-۰-∔					
0	Service Category Title (per RFP)	ORAL HEALTH	<b>ORAL HEALTH TARGETING RURA</b>	URAL		Control No.	1
Ŕ	Request for Increase under (check one):	Part A:	Sector MAI:	MAI:			の言語の問題の
ſ∠	Request Period (check one):	April:		Oct:	Final Qtr:		
A	Amount of additional funding Requested:	\$30,000.00		「「「「「「「」」」」	「「「「「「「」」」		
<u></u>	Unit of Service:	a. Number of	b. Cost/unit		d. Total:		
$\underline{-}$	(list only those units and disbursements where an	units in current		<u>additional</u> units	(p x c)		
	increase is requested)	contract:		requested:	41972 ALL ARE L PA		
<u> </u>	1. GENERAL	1169	\$100.00	300	\$30,000.00		
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$\infty$	8. Disbursements (list current amount in column		A NIM		\$0.00		
a,	. and requestedamount in column c.)						
S	9. Total additional funding (must match E. above):		「「「「「「」」」	のないです。	\$30,000.00		になったのないの
Z	Number of new/additional clients to be served with	75					
2 2	requested increase.	- Ninnhan -			and the second		
<u> &lt;</u>	Number of clients served under current contract -	a. Number of	D. Percent AA C. Percent (2000 Uicanonio) (White (2000	c. Percent		e. Percent Molo	T. Percent
	Agencies inust use the CPUDIMO to accunient numbers served	Der CPCDMS	(non-mispanic) while (non- Hispanic)	wnile (non- Hispanic)	Hispanic (all races)	Male	remale
	De-identified CPCDMS-generated reports will				<b>x</b>		
2	be provided to the RWPC by RWGA.						
Ţ	1. Number of clients that received this service			•			
J	under Part A (or MAI) in FY 2015.*						
$\mathbf{z}$	(March 1, 2015 - February 28, 2016)	301	38%	35%	27%	69%	31%
¥	*If agency was funded for service under Part A (or	202	+				
2	4						
$\alpha$	2. Number of clients that have received this						
ກີ	a Anril Reguest Period = Not Annlicable						
<u></u>	b. July Request Period = 03/01/16 - 06/30/16	167	38%	37%	24%	64%	36%
<u> </u>	October Request Period = 03/01/16 - 09/30/						
Ö	. 4th Qtr. Request Period = 03/01/16 - 11/30/16						

Form RFCI-2014/1

Page 1

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Request for Service Category Increase Ryan White Part A and MAI

	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	<ul> <li>b. How many c. Comment Weeks will this information):</li> <li>be if full amount of request is</li> </ul>	c. Comments (do <b>not</b> include agency name or identifying information):	gency name or identifying
	<ol> <li>Length of waiting time (in weeks) for an appointment for a new client:</li> </ol>	5 7 7		The need for same day appointments for new patients is consitently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing a average of 10- 15 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 3-4 weeks without the increase in funding.	ments for new patients is to care for newly diagnosed is till have a limited number of appointments. We are seeing s each month. New patient weeks, but with the steady eframe could reach 3-4 weeks
	<ol><li>Length of waiting time (in weeks) for an appointment for a current client:</li></ol>	1-2	0	Will be able to see patients same day with funding increase	le day with funding increase
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0		
	4. Number of clients unable to access services monthly (number unable to make an appointment)       0       0         (per Part A SOC):       0       0	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of c. Amount Contract:	Amount d. Comment (50 words or less):	) words or less):
	1.ORAL HEALTH	RW-PART B	8/31/16	\$500,000 This contract se not have a certa clients.	\$500,000 This contract serves the entire EMA and does not have a certain percentage targeted to rural clients.
	2.				
	ň				
Y	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax): Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount). This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org	me as the requesing to the revised email by publis	st (budget narrati contract total (ar hed deadline to	e and fee-for-service budgets r tount in Item F.9.d. plus current <b>Carin Martin: cmartin@hcph</b>	nay be hard copy or fax): t contract amount). es.org

Form RFCI-2014/1

## **SERVICE UTILIZATION REPORT**

Services performed between 3/1/15 and 2/29/16 [Grant]: RW1 [Service]: DENT [Service Performer]: 0 [Agency]

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE [Contract I]: ALL [Sub Cats I]: All [Contract 2]: n/a [Sub Cats 2]: All

[IAM]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No <sup>3</sup> [Contract 4]: n/a [Sub Cats 4]: n/a [Sub Cats 3]: n/a [Sub Cats 3]: All

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 $^{1}$  Visit = time spent per client per agency per service per day

FOOTNOTES			
Active psychiatric illness clients served:	89	BLK,WHT	z
Active substance abuse clients served:	61	THW,NSA	ī
Clients served this period who live outside Harris County:	617	Мий-Вясе. Вгеякdown	
Clients served this period who live win Harris County:	83	Other risk	44
Transgender F to M clients served:	0	Multiple Exposure Categories	6
Transgender M to F clients served:	I	nai/wsw	0
Homeless clients served:	66	IV Drug Use (not MSM)	L
bindvight impaired clients served:	0	(UCI 10n) MSM	011
Deat/hard of hearing clients served:	0	Heterosexual Contact	141
Spanish speaking (primary language at home) clients served:	54	noisuîznerT	Z
Client visits: 3	1240	Hemophilia Coagulation	0
Unduplicated clients:	302	Perinatal Transmission	I
Dients Served Three School Clients School Clients School Clients		<u>Methods of Exposure (not mutually exclusive)</u>	

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slatoTdu2

encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/14. 3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2015; 2 Age as of 2/29/16

**SERVICE UTILIZATION REPORT** 

Services performed between 3/1/16 and 6/30/16 (Grant]: RW1 [Service]: DENT [Service Performer]: 0 [Agency.

h Cats I]: All [Contract 2]: n/a [Sub Cats 2]: All :[[ fontract ]]: [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 4]: n/a [Sub Cats 3]: All [Contract 3]: n/a [Sub Cats 3]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 4]: No 3 [Sub Cats 4]: False [Registration Type]: ALL [NewClientsOnly]: No 3

BIRTH GENDER

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ક્ય	LH GENDE	BOI		FEMALE	4		WALE	-		
			хэ хэ	TH GEND	BIB	A.				

### <u>Clients Se</u>

FOOTNOTES			
Active psychiatric illness clients served:	6E		
Active substance abuse clients served:	6	BLK,WHT	Ţ
Clients served this period who live outside Harris County:	681	Multi-Race Breakdown	
Clients served this period who live win Harris County:	82	Other risk	67
Transgender F to M clients served:	ò	Multiple Exposure Categories	8
Transgender M to F clients served:	Z	MSM/IDU	0
Homeless clients served:	64	IV Drug Use (not MSM)	4
Blindvight impaired clients served:	Z	) (UCI 10n) MSM	<del>7</del> 9
Deat/hard of hearing clients served:	2	Heterosexual Contact	٤L
Spanish speaking (primary language at home) clients served:	LI	noizultant	0
Client visits: 3	223	Hemophilia Coagulation	0
Unduplicated clients:	<i>L</i> 91	PerinataTlanara	I
<u>Clients Served This Period</u>		(avisulars villentum ton) srusogra to shortsoft	

 $^{\rm t}$  Visit = time spent per client per agency per service per day

2 Age as of 6/30/16

encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15. 3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016;

•

A         Name of Agency (not provided to RWPC)         Contract Number of Agency (into provided to RWPC)           D         Request for Increase under (check one):         MAI:         MAI:         Contract Number of Agency (into provided to RWPC)         Contract Number of Interior Proves <th></th> <th>Control No.</th> <th>No. of the second s</th> <th></th> <th>e. Percent if Percent</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>72% 28%</th> <th></th> <th></th> <th></th> <th></th> <th>639/ 278/</th> <th>0.10</th> <th></th>		Control No.	No. of the second s																			e. Percent if Percent							72% 28%					639/ 278/	0.10	
Name of Agency (not provided to RWPC)         MEDICAL TRANSPORTATION           Contract Number (not provided to RWPC)         MEDICAL TRANSPORTATION           Request Period (check one):         Part A:           Namount of additional functing Requested:         April           Amount of additional functing Requested:         \$40,000.00           Amount of additional functing Requested:         \$40,000.00           Amount of additional functing Requested:         \$10,000.00           Amount of additional functing Requested:         \$40,000.00           Amount of additional functing Requested:         \$10,000.00           Amount of additional functing (must match         162063           Amount of additional functing (must match         162063           Amount of additional functing (must match         1600.00           Amount of additional functing (must match         100           Bibursements (list current amount in column         a. Number of fine service           Amount of additional functing (must match         a. Number of fine service           Amount additional functing (must match         a. Number of fine service		Col		Final Otri			j			940'	\$0.00	\$0.UU	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$40 000 00 st				=		•				26%					7207	201	
Name of Agency (not provided to RWPC)         MEDICAL TRA           Contract Number (not provided to RWPC)         Bert A:           Service Category Title (per RFP)         MEDICAL TRA           Request for Increase under (check one):         April:           Request for Increase under (check one):         April:           Amount of additional funding Requested:         \$40,00.00           Unit of service:         anount of additional funding Requested:         \$40,00.00           Unit of service:         anount of additional funding Requested:         \$40,00.00           1         TRANS TRIP         nomber of increase is requested         \$40,00.00           2         A.         and tibursements where an units in current increase is requested (list current amount in column c)         \$162633           3         A.         A.         \$100           6         B. Disbursements (list current amount in column c)         \$162063           7         B. Disbursements (list current contract - a number of requested increase.         \$100           8         Disbursements funding (must match E, above):         \$100           9         A.         \$100           6         6         \$100           7         7         \$100           8         Disbursements (list current amount in colum			MAI:	Oct			c. Number of additional units	requested:											ないでは、「あい」の				White (non-	Hispanic)	•				18%					21%	2	
Name of Agency (not provided to RWPC)           Contract Number (not provided to RWPC)           Service Category Title (per RFP)           Request for Increase under (check one):           Request Period (check one):           Amount of additional funding Requested:           Unit of Service:           (list only those units and disbursements where an increase is requested)           Increase is requested)           1. TRANS TRIP           2.           3.           3.           4.           5.           6.           7.           7.           7.           7.           7.           7.           7.           7.           7.           8. Disbursements (list current amount in column c.)           9. Total additional funding (must match E. above):           8.         Disbursements (list current amount in column c.)           9. Total additional clients to be served with requested increase.           8. Disbursements (list current amount in column c.)           9. Total additional clients to be served with requested increase.           8. Disbursements (list current amount in column c.)           9. Total additional clients to be served with requested increases.	•	NSPOR I A IIO	10	July X		h Cost/unit		···-	\$00 00	00.4 <b>0</b>												b. Percent AA	(non-Hispanic)						54%					53%	) 	
	i F	MEDICAL IRA	Part A:	April:	\$40,000.00	a. Number of	units in current	contract:	162663										では、「ない」を		100	a. Number of		per CPCDMS	-				665	April	5	·		205		
			-				(list only those units and disbursements where an	increase is requested)	1. TRANS TRIP	5	<u></u>	4	: LC	2		Γ.	8. Disbursements (list current amount in column	a. and requestedamount in column c.)	9. Total additional funding (must match E. above):	Number of new/additional clients to be served with	requested increase.	Number of clients served under current contract -	Agencies must use the CPCDMS to document	numbers served.	De-identified CPCDMS-generated reports will	be provided to the RWPC by RWGA.	1. Number of clients that received this service	under Part A (or MAI) in FY 2015.*	(March 1, 2015 - February 28, 2016)	*If agency was funded for service under Part A (or	N.	2. Number of clients that have received this	Service unuel Fail A (OF MAI) IN FY 2016.	a. April Request Period = Not Applicable	0. July request Period = 03/01/16 - 06/30/16	4 4th Qtr. Request Period = 03/01/16 - 13/30/16

Form RFCI-2014/1

Page 1

Request for Service Category Increase Ryan White Part A and MAI

4	c. Comments (do <b>not</b> include agency name or identifying information): With the increase of new medical (25) and dental patients (15 agency is expericing a higher request of appointments for the same week transports. Due to the increase in new patients lots have more complex needs that are requiring transportation services to and from medial and dental appointments and multiple primary care providers. Next day with a possibility of same day service with increased funding. c. Arnount d. Comment (50 words or less):	b. How many Weeks will this       c. Comment Information):         be if full amount of request is       c. Comment Information):         request is       With the incr agency is exit         received?       With the incr agency is exit         0       Iots have molitizen transportation         0       funding.         0       funding.         0       funding.         0       funding.         0       c. Amount	<u>v</u>	Agency (subject to audit by RWGA). Answer a questions that are applicable to agency's curre- situation. 1. Length of waiting time (in weeks) for an appointment for a <b>new</b> client: 2. Length of waiting time (in weeks) for an appointment for a <b>current</b> client: 3. Length of waiting time (in weeks) for an appointment for a <b>current</b> client: 3. Number of clients on a "waiting list" for servic per Part A SOC): 5. Number of clients unable to access services 1. Services and amounts of funding for 1. Inter services currently in place with agency.
				3
3 5	c. Amount d. Comment (50 words or less);	b. End Date of c Contract:		List all other sources and amounts of funding for similar services currently in place with agency: 1.
st all other sources and amounts of funding for a. Funding milar services currently in place with agency: Source:		0.		<ol> <li>Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):</li> </ol>
Number of clients unable to access services on thily (number unable to make an appointment) 0 0 0 ber Part A SOC): The Part A SOC (The Part A SOC): The Part A SOC): The Part A SOC (The Part A SOC): The Part A		o	0	
Number of clients on a "waiting list" for services 0 ber Part A SOC): 0 Number of clients unable to access services onthly (number unable to make an appointment) 0 er Part A SOC): 0 st all other sources and amounts of funding for a. Funding for a. Funding milar services currently in place with agency. Source:	Next day with a possibility of same day service with increased funding.		-	<ol><li>Length of waiting time (in weeks) for an appointment for a current client:</li></ol>
<ul> <li>Length of waiting time (in weeks) for an ppointment for a current client:</li> <li>Number of clients on a "waiting list" for services</li> <li>Number of clients unable to access services</li> <li>Number of clients unable to access services</li> <li>Number of clients unable to make an appointment)</li> </ul>	With the increase of new medical (25) and dental patients (15 agency is expericing a higher request of appoinments for the same week transports. Due to the increase in new patients lots have more complex needs that are requiring transportation services to and from medial and dental appointments and multiple appointments and multiple appointments and multiple appointments.		N	appointment for a <b>new</b> client:
appointment for a new client:       2         appointment for a new client:       2         . Length of waiting time (in weeks) for an pointment for a current client:       1         . Number of clients on a "waiting list" for services       0         . Number of clients on a "waiting list" for services on the services on the services on the services on the service of clients unable to access services on the service of clients unable to make an appointment)       0         . Number of clients unable to make an appointment)       0       0         . Number of clients unable to make an appointment)       0       0         . Number of clients unable to make an appointment)       0       0         . Sources and amounts of funding for a. Funding for a. Funding for milar services currently in place with agency.       a. Funding for a. Funding for milar services currently in place with agency.		amount of request is received?		situation.
I. Length of waiting time (in weeks) for an appointment for a new client:       column amount of request is received?         I. Length of waiting time (in weeks) for an appointment for a new client:       2       0         I. Length of waiting time (in weeks) for an ppointment for a new client:       2       0         I. Length of waiting time (in weeks) for an ppointment for a current client:       1       0       0         I. Number of clients on a "waiting list" for services for the form:       0       0       0       0         I. Number of clients on a "waiting list" for services for the form:       0       0       0       0       0         I. Number of clients unable to access services for the form for the form of the	c. Comments (do not include agency name or identifying information):	b. How many Weeks will this be if fuil	a. Enter Number of Weeks in this	Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current

Form RFCI-2014/1

:[Ygency]: **SERVICE UTILIZATION REPORT** 

Services performed between 3/1/15 and 2/29/16 1 [Service Performer]: 0 Grant]: RW1 [Service

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE [Contract 1]: ALL [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No <sup>3</sup>

BIRTH GENDER

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WA 75:15:7 9107/07/L

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		noissimen	Perinatal Tra	699			
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	ВГК'МНІ	I
140	BLK, NTV	2
53	BLK,ASA	2
<b>†9</b> I	Multi-Race Breakdown	
\$0\$	Other risk	88
0	Multiple Exposure Categories	LI
7	Nai/wsw	I
982	IV Drug Use (not MSM)	II
I	(DOI 100) MSM	301
Z	Heterosexual Contact	564
78	noisuî ana T	8
7124	Hemophilia Coagulation	0
699	PerinataT Instanta Perinata P	τ

### Clients Served This Period

Active psychiatric ill	140	
uds sonstedue svitoA	53	
Clients served this pe	t91	
Clients served this pe	\$05	
Tansgender F to M o	0	
Tansgender M to F o	z	
Homeless clients serv	5 952	
Blind/sight impaired		
_	I	
Deat/hard of hearing	Z	
Spanish speaking (pr	78	
Client visits: <sup>a</sup>	2124	
Unduplicated clients:	699	

#### $^{1}$ Visit = time spent per client per agency per service per day FOOTNOTES

2 Age as of 2/29/16

encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/14. 3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2015;

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*EL I* 

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**SERVICE UTILIZATION REPORT** 

[Grant]: RW1 [Service]: TRANS [Service Performer]: 0 [Agency]

Services performed between 3/1/16 and 6/30/16 1

[Sub Cats 1]: All [Contract 2]: :[I fortract ]] [Age Ground' A refer (expanded) [Include/Exclude Sub atel INCLUDE

[Contract 4]: n/a [Sub Cats 4]: n/a [Sub Cats 3]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MM]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No <sup>3</sup>

BIBTH GENDER

ILA :[S ats 2]: AII

	LH CENDE	во		FEMALE	-		MALE	_		
dsiH-noN	oinsqaiH		qsiH-noN	oinsqeiH		qsiH-noN	oinsqeiH		<b>VCE</b> 5	RACE
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WALE FEMALE BOTH GENDERS									_	
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851	L#	502	85	8I	92	00 I	67	67I	SubTotals;	

			FOOTNOTES
I	BLK,NTV	97	Active psychiatric illness clients served:
I	BLK,ASN	9	Active substance abuse clients served:
	Multi-Race Breakdown	L <del>1</del>	Clients served this period who live outside Harris County:
32	Other risk	851	Clients served this period who live win Harris County:
4	Multiple Exposure Categories	0	Transgender F to M clients served:
0	NGN/IDU	2	Transgender M to F clients served:
ε	IV Drug Use (not MSM)	19	Homeless clients served:
9L	(not IDU) MSM	T	Blind/sight impaired clients served:
82	Heterosexual Contact	4	Deat/hard of hearing clients served:
ε	noisthenerT	82	Spanish speaking (primary language at home) clients served:
0	Hemophilia Coagulation	687	Client visits: <sup>3</sup>
2	PerinataTlanara	502	Unduplicated clients:
	Methods of Exposure (not mutually exclusive)		Clients Served This Period

 $^{\rm t}$  Visit = time spent per client per agency per service per day

<sup>2</sup> Age as of 6/30/16

<sup>3</sup> If New Client = Yes is selected then elients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016; encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016;

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Request for Service Category Increase Ryan White Part A and MAI
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_		Adult Commun	Poood O				電気が認知がない
	Service Category Title (per RFP)	Care targeted t	Care targeted to African Americans. Hispanics White/MSM	renensive Prima ans. Hispanics	ary Medical White/MSM		(
<u> </u>	Request for Increase under (check one):	Part A: X	A SOLAR MAL	MAI			<b>}</b>
-	Request Period (check one):	April:	Julv X		Einal Ofri		
-	Amount of additional funding Requested:	\$200,000.00	\$200,000.00		li iliai Qu.		であるため
_	Unit of Service:	a. Number of	b. Cast/unit	C Number of			
<u>ب</u>	(list only those units and disbursements where an	units in current		<ol> <li>Number of additional units</li> </ol>	j j		
.=	increase is requested)	contract		requested:			
1	1. MD / NP / PA VISITS	2906	\$275.00	<u>108</u>	\$136 0E0 00		
2	2. PSYCH	600		68			対したの
ო	3. MCM	14432.48		1500			
4	CMSL	6809.40		669	\$13,980,00		
<u>n</u>							
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2					00.04		
8	8. Disbursements (list current amount in column				00.04		
ល	a. and requestedamount in column c.)		NIA		00.00		
σ	9. Total additional funding (must match E. above):				\$200,000,00		
_	Number of new/additional clients to be served with	ç					
Ľ	requested increase.	<b>N7I</b>					の行為が正式の見た
Z	Number of clients served under current contract -	a. Number of	b. Percent AA	c. Percent	d. Percent	e Percent	f Dorront
<	Agencies must use the CPCDMS to document	clients served	(non-Hispanic) White (non-	White (non-	Hispanic (all	Male	r. reivein. Female
	numbers served.	per CPCDMS		Hispanic)	races)		
מנ	De-Identified CF/CDMS-generated reports will be provided to the RWPC by RWGA.						
-	1. Number of clients that received this service						
Ξ	under Part A (or MAI) in FY 2015.*		1				
e	(March 1, 2015 - February 28, 2016)	1852	64%	10%	24%	73%	27%
*	*If agency was funded for service under Part A (or	1. and	(raw# = 1188)	(raw# = 187)	(raw# = 443)	(raw# = 1347)	(raw# = 505)
2	<u>MAI) in FY 2015 - if not. mark these cells as "NA"</u>	1010					
N V	<ol><li>Number of clients that have received this service under Part A for MAN in EV 2016.</li></ol>						
ത്	a. Abril Request Period = Not Annlicable	·	64%	100/	750/		
പ്ര	b. July Request Period = 03/01/16 - 06/30/16	1321	(raw# = 846)	(raw# = 121)	c2 % (raw# = 326)	raw# = 978)	64% (raw# = 343)
ات ز	4th Qtr. Request Period = 03/01/16 - 11/30/16						

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Form RFCI-2014/1

Page 1

Request for Service Category Increase Ryan White Part A and MAI

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II Number of Weeks in this be if full Number of Weeks in this be if full amount of request is received? 2 - 3 0 1 - 2 0 0 0 0 0 0 0 0 0 0 1 - 2 0 0 1 - 2 0 0 1 - 2 0 0 1 - 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Add	Additional Information Provided by Regine ting	C Eator			
ath of waiting time (in weeks) for an time to a same day appointment for a new client:       The need for same day appointment to rank and the same day appointment to rank and the same day appointment of a new client:         2-3       2-3       0       a verage of 25 new patients each in the new client:         1       2-3       0       a verage of 25 new patients the timeframes is currently 2-3 weeks, be how patients the timeframes is currently 2-3 weeks, be how patients the timeframes is currently 2-3 weeks, be how patients the timeframe value of a clients on a "waiting list" for services         1       1-2       0       a verage of 25 new patients the timeframes the timeframe value of a clients on a "waiting list" for services         1       1-2       0       0       0       0         1       1-2       0       0       0       0         1       0       0       0       0       0       0         1       4 SOC):       0       0       0       0       0       0       0         1       4 SOC):       1-2       0	Agency ( question: situation.	y (subject to audit by RWGA). Answer all ons that are applicable to agency's current on.	Number of Veeks in this column	u. now many Weeks will this be if full amount of request is	c. Comments (do <b>not</b> include agency name or identifying information):	
If of waiting time (in weeks) for an the form of the able to see patients same dation of clients on a "waiting list" for services       1-2       0       Will be able to see patients same dation of clients on a "waiting list" for services         ber of clients on a "waiting list" for services       0       0       0       0         ber of clients unable to access services       0       0       0       0         th A SOC):       0       0       0       0         ther of clients unable to make an appointment)       0       0       0         th A SOC):       0       0       0       0         th A SOC):       0       0       0       0         other sources and amounts of funding for services:       a. Funding       b. End Date of c. Amount       d. Comment (50 workservices currently in place with agency:         Services currently in place with agency:       Source:       Source:       Contract:       b. End Date of c. Amount         Services currently in place with agency:       Source:       Source:       Source:       Source:         Bervices currently in place with agency:       Source:       Source:       Source:       Budget mark (50 workset)         Services currently in place with agency:       Source:       Source:       Source:       Budget mark (50 workset)         Serv	1. Len appoin	gth of waiting time (in weeks) for an itment for a new client:	9 1 7	0	The need for same day appointments for new patients is consitently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing a average of 25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 3-4 weeks without the increase in funding.	
ber of clients on a "waiting list" for services     0     0     0       ber of clients unable to access services     0     0     0       ber of clients unable to access services     0     0     0       of number unable to make an appointment)     0     0     0       of a SOC):     0     0     0       of a Soc):     0     0     0       of a Soc):     a. Funding     b. End Date of     c. Amount       of the sources and amounts of funding for services currently in place with agency.     a. Funding     b. End Date of     c. Amount       services currently in place with agency.     Source:     Source:     Contract:     d. Comment (50 wort       the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be     b. End Date of c. Amount in them F.9.d. plus current contract to the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be       Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in them F.9.d. plus current contract to the number of a number of the contract of a number of a number of the number of the number of the revised contract of a number of the revised contract of a number of the contract of a number of the revised contract of a number of the revised contract of a number of the number of the number of the number of the number of t	2. Lenç appoin	gth of waiting time (in weeks) for an tment for a <b>current</b> client:	1-2	0	Nill be able to see patients same day with funding increase	
Uber of clients unable to access services       0       0       0       0         Y (number unable to make an appointment)       0       0       0       0         If A SOC):              other sources and amounts of funding for services currently in place with agency.       a. Funding       b. End Date of [c. Amount]       d. Comment (50 word)         services currently in place with agency.       Source:       Contract:       contract:       b. End Date of [c. Amount]       d. Comment (50 word)         services currently in place with agency.       Source:       Source:       Contract:       b. End Date of [c. Amount]       d. Comment (50 word)         services currently in place with agency.       Source:       Contract:       Contract:       c. Amount]       d. Comment (50 word)         services currently in place with agency.       Source:       Contract:       Contract:       c. Amount]       d. Comment (50 word)         services currently in place with agency.       Source:       Contract:       Contract:       c. Amount]       d. Comment (50 word)         services currently in place with agency.       Source:       Contract:       Contract:       d. Comment (50 word)         file following documentation at the same time as the request (budget narrative and fee-for-service budge	3. Num per Pa	uber of clients on a "waiting list" for services art A SOC):	0	0		
other sources and amounts of funding for a. Funding b. End Date of c. Amount d. Comment (50 word services currently in place with agency: Source: Contract: Contract: Contract: d. Comment (50 word for the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be the following to the revised contract total (amount in Item F.9.d. plus current contract must be submitted electronically via email by published deadline to Carin Martin: cmartin (cmarting for the source)	4. Num nonthi per Pa	iber of clients unable to access services y (number unable to make an appointment) int A SOC):	0			
the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contr m must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org	List all similar 1.	other sources and amounts of funding for services currently in place with agency:	a. Funding Source:	10	c. Amount d. Comment (50 words or less):	
the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contr m must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org	Ni mi					
the following documentation at the same time as the request (budget narrative and fee-for-service budgets may b Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contr m must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org	4.					
and the second stream of the s	ubmit evised his fo	the following documentation at the same tim I Budget Narrative (Table I.A.) corresponding rm must be submitted electronicativ via o	le as the request g to the revised c	(budget narrativ ontract total (ar	/e and fee-for-service budgets may be hard copy or fax): hount in Item F.9.d. plus current contract amount).	
		יוויייי אל לייייי אין איייייי איייייייייייי	mail by publish	ed deadline to	Carin Martin: cmartin@hcphes.org	•

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Page 2

(Agency SERVICE UTILIZATION REPORT

Services performed between 3/1/15 and 2/29/16 1 [Grant]: RW1 [Service]: PCARE [Service Performer]: 0

BIRTH GENDER

[APe Ground . AseGral (expanded) [Include/Exclude SubCats]: INCLUDE

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[Contract 3]:

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All IIA :[5 sts ) du?

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No <sup>3</sup>

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### Clients Served This Period

FOOTNOTES			
		THW,VTN	3
		вік, wht	S
Active psychiatric illness clients served:	300	BLK,NTV	6
Active substance abuse clients served:	94	BLK,ASN	2
Clients served this period who live outside Harris County:	LÞ	<u>nwobisers.B.seekdown</u>	
Clients served this period who live w/in Harris County:	8081	Other risk	564
Transgender F to M clients served:	0	Multiple Exposure Categories	54
Transgender M to F clients served:	61	UGI/MSM	T
Homeless clients served:	112	(M2M ton) \$5U gund VI	61
Blind/sight impaired clients served:	15	(UGI 100) MSM	858
Deat/hard of hearing clients served:	8	Heterosexual Contact	724
Spanish speaking (primary language at home) citonts served:	<b>272</b>	noisudanarT	14
Client visits: 3	90201	Hemophilia Coagulation	I
Unduplicated clients:	5581	Perinatal Transmission	L
Clients Served This Period		Methods of Exposure (not mutually exclusive)	

 $^{\rm t}$  Visit = time spent per client per agency per service per day

91/67/2 Jo se ogA s

encounters (for the service, agency, and grant selected) may or thank not have occurred prior to 03/01/14. 3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2015;

[Agency] **SERVICE UTILIZATION REPORT** 

[Grant]: RW1 [Service]: PCARE [Service Performer]: 0

BIRTH GENDER

Services performed between 3/1/16 and 6/30/16 1

IIA :[2 sts 2 d' -----[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE [Sub Cate 13: All [Contract 2] :[I tostino2]

[Contract 3]:

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All I'm : i c sie ) duS]

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507	L	917	88	5	06	121	S	971	32-44	
501	9	L67	09	7	Z9	152	4	552	55-34	
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	0	0	0	0	0	0	0	0	0-15	<b>VERICAN AMERICAN</b>
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102	18	787	02	ĨĨ	18	151	02	107	\$\$-\$\$	
544	88	755	101	77	123	143	99	602		
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	TH GENDE	BO		FEMALE	J	wiH-noV	JuneqsiH	ĺ	VCE5	BACE
			_ <u></u>	STH GEND			WALE		_	

91/0E/9 Jo se 52A 5		
$v_1$ Visit = time spent per client per agency per service per day		
FOOTNOTES		
		NTV,WHT
		BLK,WHT
Active psychiatric illness clients served:	\$0Z	BLK,NTV
Active substance abuse clients served:	42	BLK,ASN
Clients served this period who live outside Harris County:	LZ	Мий-Вяее Вгеакооуд
Clients served this period who live win Harris County:	\$671	Other risk
Transgender F to M clients served:	· 0	Multiple Exposure Categories
Transgender M to F clients served:	15	UGI/MSM
Homeless clients served:	438	IV Drug Use (not MSM)
Blind/sight impaired clients served:	9	(UCI 10U) MSM
Deat/hard of hearing clients served:	4	Heterosexual Contact
Spanish speaking (primary language at home) clients served:	<b>L9</b> I	noisuisnarT
Client visits: 3	3614	Hemophilia Coagulation
Unduplicated clients:	1322	PerinatalTransmission
Clients Served This Period		Methods of Exposure (not mutually exclusive)

encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15. 3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016;

2 Age as of 6/30/16

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SERVICE UTILIZATION REPORT HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

Grant]: RW1 [Service]: PCARE [Service Performer]: 0 [Agency!

Services performed between 3/1/16 and 6/30/16 1

[Contract 1]: Sub Cats 1]: And Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All [Contract 2]: n/a [Sub Cats 2]: n/a [Sub Cats 2]: All [Contract 4]: n/a [Sub Cats 4]: n/a [Sub Cats 2]: All [Contract 4]: n/a [Sub Cats 4]: n/a [Sub Cats 4]: All [Contract 4]: n/a [Sub Cats 4]: All [Sub [Contract 1]:

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

BOTH GENDERS	FEMALE Hispanic Non-Hisp	qsiH-noN sinsqeiH	VCEs	RACE	
	BIBTH GENDER	MALE			

### Clients Served This Period

EOOTNOTES			
Active psychiatric illness clients served:	0		
Active substance abuse sineits served:	0		
Clients served this period who live outside Harris County:	0		
Clients served this period who live win Harris County:	0	Other risk	0
Transgender F to M clients served:	0	Multiple Exposure Categories	0
Transgender M to F clients served:	0	UDI/MSM	0
Homeless clients served:	0	וא Drug Use (not MSM) אוע Drug Use	0
Blind/sight impaired clients served:	0	(not IDU) MSM	0
Deat/hard of hearing clients served:	0	Heterosexual Contact	0
Spanish speaking (primary language at home) clients served:	0	noisuîznarT	0
Client visits: <sup>3</sup>	0	Hemophilia Coagulation	0
Unduplicated clients:	0	Perinatal Transmission	0
<u>Clients Served This Period</u>		<u>(ethods of Exposure (not mutually exclusive)</u>	

t Visit = time spent per client per agency per service per day

2 Age as of 6/30/16

encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15. 3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016;

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Control No.	学生の学生の言語															e. Percent	Male					82%			oli	82%	
	Final Ofr		d. Total:	(p x c)		\$249 975 00			\$0.00	\$0.00	\$0.00	\$0.00	20.00	\$300 075 M		d. Percent	lic (all	I acces)			ott.	31%			291.	34%	
Care MAI:	Oct:		ber of	additional	units requested:	606	4500	1875								c. Percent				•	241.	22%			.162	21%	
ulatory Medical Care	August: X					\$275.00	\$25.00	\$20.00				「「いい」に、「いい」に、小児の別の	A NA			b. Percent AA	(non-Hispanic) White (non-				diel.	47%			dið.	45%	Page 1
Outpatient/Ambulatory Medical Care Part A: X XXXXX00000000 MAI:		99,975.00	a. Number of	units in <u>current</u>	u di li du li	1876	9974.68	11684.2					-			a. Number of t	clients served (				oft2	-2897			272	1913	
ded to RWPC) FP) check one):		tional funding Requested:		(iist offig) unose units and dispursements where an lincrease is requested)				3. Service Linkage Worker	<b>+</b>	Ċ	0.	8 Dishlifeamente /list current amount in column o	and requested amount in column c)	ch E. above):	~	;;	Agencies must use the CPCDMS to document to inumbers served.	CDMS-generated reports will he RWPC by RWGA	1. Number of clients that received this service	under Part A (or MAI) in FY 2015.*	(Warch 1, 2015 - February 28, 2016) *If agency was funded for service under Part A (or	MAI) in FY 2015 - if not, mark these cells as "NA"	<ol> <li>Number of clients that have received this service <u>under Part A</u> (or MAI) in FY 2016.</li> </ol>	a. April Request Period = Not Applicable	<ul> <li>b. August Request Period = 03/01/16 - 06/30/16</li> <li>c. October Request Period = 02/01/16</li> </ul>	d. 4th Qtr. Request Period = 03/01/16 - 11/30/16	

<u>_:</u>	Additional Information Provided by Requesting	a. Enter	b. How many	c. Comments (do <b>not</b> include agency name or identifying
	Agency (subject to audit by RWGA). Answer all	Number of	will this	information):
	questions that are applicable to agency's current	Weeks in this	be if full	
	situation.	column	amount of	
			request is	
	4   oneth of weither fire - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		received?	
	1. Lengin of walting time (in weeks) for an		-	The agency has a large number of Rvan White patients
	appointment for a <b>new</b> client:	-		seeking primary care services, and this regularized funding will
				allow the agency to sufficiently meet the continued domondo
		·		o for new Rvan White natients
	2. Length of waiting time (in weeks) for an		1	
	appointment for a current client:			seeking nrimary rate services and this recursed for the recurse
				allow the agency to sufficiently meet the continued domested.
		~		1 for existing Rvan White patients.
	3. Number of clients on a "waiting list" for services			
	(per Part A SOC):			offers a limited number of some data marking list. The agency
		0	0	unces a minimum munimer of same day appointment slots for a national
	3. Number of clients unable to access services			ncv does not maintain a waiting list
	monthly (number unable to make an appointment)			offers a limited number of same day appointment alots for
	(per Part A SOC):	0	0	
الغثانية			語言の言語語語のである	
5	Ļ	a. Funding	Ite of	: Amount d. Comment (50 words or less):
	SIIIIII SELVICES CULLETINY IN PLACE WIN AGENCY.		Contract:	
	2.	-		
,	-			
	3.			
	4.	-		
Ľ	Submit the following documentation at the same tim	e as the request	(budget narrativ	Submit the following documentation at the same time as the request (hidget narrative and fee-for-service hidgets more here and the formation at the same time as the request (hidget narrative and fee-for-service hidgets more here).
	Revised Budget Narrative (Table I A ) correshonding to the revised contract total (amount in Itam F o J -1.	the revised of	contract total (am	ount in them F.O.d. allo
	This form must be submitted all than it.			ourit in iterin r.s.u. plus current contract amount).
	11115 10111 111051 De submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org	mail by publish	ed deadline to (	Carin Martin: cmartin@hcphes.org
		A		

**ZEBAICE UTILIZATION REPORT** 

[Agency]: (Grant]: RWI [Service]: PCARE [Service Performer]: 0

Services performed between 3/1/15 and 2/29/16 1

[Age Group]: AgeGrp1 (expanded) [Inciude/Exclude SubCats]: INCLUDE

[Contract 1]: [Sub Cats 1]: All [Contract 2]: jub Cats 2]: All

[Contract 3]: [[Sub Cats 3]: An

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

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295	0/1	732	LII	12	138	544	6†I	765	75-54	
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134	122	322	8	87	98	126	£6I	618	32-44	
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### Clients Served This Period

e psychiatric illness clients served:	vitoA
e substance abuse clients served:	viioA
is served this period who live outside Harris County:	Clien
ts served this period who live win Harris County:	nsilO
gender F to M clients served:	ans T
gender M to F clients served:	rans
siess clients served;	moH
/sight impaired clients served:	bnila
hard of hearing clients served:	JssoU
sh speaking (primary language at home) clients served:	uedS
t visits: <sup>3</sup>	Clien
plicated clients:	ıpu∩

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9	BLK,NTV	7
6	THW,NZA	I
6	<u>nyobsest Breakdoyyn</u>	
t	Other risk	844
I	Multiple Exposure Categories	63
I	nai/wsw	11
ç	(MZM fon) seU Brnd VI	94
L	(UCI IOU) MSM	1207
L	Heterosexual Contact	065
1	noisutenerT	91
0	Hemophilia Coagulation	3
0	noissimanarIlataninaA	13

Methods of Exposure (not mutually exclusive)

[Agency] GERVICE UTILIZATION REPORT [Agency] GERVICE UTILIZATION REPORT

Grant]: RWI [Service]: PCARE [Service Performer]: 0

BIRTH GENDER

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: [Sub Cats 1]: All [Contract 2] [Sub Cats 2]: All

[Contract 3]: Sub Cars 5]: An

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

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0	0	0	0	0	0	0	0	0	50-24	IIAWAH/UNJ2I.DA9
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SA	TH GENDE	BO		LEWALE			WYLE			BACE .
			<u>.</u>	STH GEND	រាជ				4	
			A3	ATH CEND	118				1	

### Clients Served This Period

094	Other risk	1431	Clients served this period who live win Harris County:
		1611	Olicente alle and an out of a borner sidt bevres streit
54	Multiple Exposure Categories	0	Transgender F to M clients served:
9	Nai/wsw	13	Transgender M to F clients served:
27	IV Drug Use (not MSM)	214	Homeless clients served:
6\$9	(UGI 100) WSM	8L	Blind/sight impaired clients served:
555	Heterosexual Contact	65	Deat/hard of hearing clients served:
8	noisuìtansiT	<i>L</i> 61	Spanish speaking (primary language at home) clients served:
ε	Hemophilia Coagulation	3112	Client visits: <sup>3</sup>
51	noissimana1Tistanin94	7751	Unduplicated clients:
	Methods of Exposure (not mutually exclusive)		Clients Served This Period

FOOTNOTES
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Active psychiatric illness clients served:

Active substance abuse clients served:

Visit = time spent per client per agency per service per day

Clients served this period who live outside Harris County:

2 Age as of 6/30/16

encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15. 3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016;

THW, NWH

BLK,WHT

BLK,NTV

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16

**Β**LK, NTV, HWN, WHT

Multi-Race Breakdown

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