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Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

11:00 a.m., Thursday, February 23, 2017
Meeting Location: 2223 West Loop South, Room 532, Houston, Texas 77027

AGENDA

I.	Call to Order	Ella Collins-Nelson and Paul Grunenwald, Co-Chairs
	A. Moment of Reflection	
	B. Approval of Agenda	
	C. Approval of Minutes	
	D. Nuts, Bolts, Petty Cash and Open Meetings Act Training	Tori Williams, Office of Support
II.	Public Comment and Announcements	

(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 status. **When signing in, guests are not required to provide their correct or complete names.** 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 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", 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. All information from the public must be provided in this portion of the meeting.)

III.	Committee Orientation	
	A. 2017 Committee Goals	
	B. 2017 Critical Timeline and Committee Meeting Dates and Time	Tori Williams
	C. Determine the FY 2018 Principles & Criteria	
	D. Determine the FY 2018 Priority Setting Process	
	E. Determine the FY 2017 Policy on Allocating Unspent Funds	
	F. Continue the Subcategory Review Process?	Tori Williams
	G. Conflict of Interest Policy	Tori Williams
	H. Training in how to review Ryan White Part A/MAI reports	Carin Martin RW Grant Admin.
	I. Training in how to review Ryan White Part B/SS reports	Sha'Terra Johnson-Fairley The Resource Group
IV.	Old Business	
	A. Updates on FY 2017 HRSA Grant Award	Carin Martin
	B. General updates from Ryan White Part B/SS	Sha'Terra Johnson-Fairley
V.	New Business	
	A. Proposed Idea Forms (2)	
	B. Special June 2017 meetings (see calendar)	
	C. Elect a Committee Vice Chair	
VI.	Announcements	
VII.	Adjourn	

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Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

11:00 a.m., Thursday, October 27, 2016
Meeting Location: 2223 West Loop South, Room 532; Houston, TX 77027

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
C. Bruce Turner, Co-Chair	Paul Grunenwald	*Ryan White Grant Admin*
Peta-gay Ledbetter, Co-Chair		Carin Martin
Melody Barr		Heather Keizman
Ella Collins-Nelson		*The Resource Group*
Angela F. Hawkins		Sha'Terra Johnson-Fairley
J. Hoxi Jones		Erin Going, Intern
John Lazo		*Office of Support*
Isis Torrente		Tori Williams
		Amber Harbolt
		Diane Beck

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

Call to Order: Bruce Turner, Co-Chair, called the meeting to order at 11:17 a.m. and asked for a moment of reflection.

Adoption of Agenda: Motion #1: *it was moved and seconded (Jones, Hawkins) to approve the agenda with one change: under VI add A. FY 2016 State Services Increase: $796,034.* **Motion carried unanimously.**

Approval of the Minutes: Motion #2: *it was moved and seconded (Lazo, Torrente) to approve the July 28, 2016 minutes.* **Motion carried.** Abstention: Torrente.

Public Comment: None.

Plan for FY 2016 Carryover Funds and FY 2016 Unspent Funds in Final Quarter:
Motion #3: *it was moved and seconded (Collins-Nelson, Hawkins) that if there are FY 2016 Ryan White Part A carryover funds, it is the intent of the committee to recommend allocating the full amount to Outpatient/Ambulatory Primary Medical Care.* **Motion carried unanimously**.

Motion #4: *it was moved and seconded (Jones, Collins-Nelson) that in the final quarter of the FY 2016 Ryan White Part A, Part B and State Services grant years, after implementing the year end Council-approved reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, Ryan White Grant Administration (RWGA) may reallocate any remaining unspent funds as necessary to ensure the Houston EMA has less than 5% unspent Formula funds and no unspent Supplemental funds. The Resource Group (TRG) may reallocate any remaining unspent funds as necessary to ensure no funds are returned to the Texas Department of State Health Services.*

RWGA and TRG must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting. **Motion carried unanimously**.

Reports from Ryan White Grants Administration: Martin said that the formula was missing on the MAI report and that expenditures are on target at 50%. One of the large primary care contracts did not submit billing for August and September until today so that is not reflected in the procurement report. She said that the available funds can be used for admin.

Reports from the Resource Group: Johnson-Fairley said that there is an increase in State Services funds in the amount of $796,034 to be allocated.

Requests for Allocation Increases – State Services: **Motion #5:** *it was moved and seconded (Lazo, Jones) to fund the Health Insurance Assistance Program in the amount of $796,034 pending a public comment period which will end at 5:00 p.m. on Wednesday, November 2, 2016. Justification for the allocation is based upon the increased cost of Marketplace Insurance and Part D.* **Motion carried unanimously.**

Request for FY 2016 Ryan White Part A Service Category Increases – Office of Support: See attached. **Motion #6:** *it was moved and seconded (Ledbetter, Lazo) to approve the funding request for additional administrative funds in the amount of $15,500.* **Motion carried.** Abstention: Collins-Nelson.

Requests for FY 2016 Ryan White Part A Service Category Increases: The committee reviewed two requests for increased service category funding. **Motion #7:** *it was moved and seconded (Lazo, Jones) to approve the funding recommendations on the attached chart.* **Motion carried unanimously.**

2016 Committee Goals: **Motion #8:** *it was moved and seconded (Collins-Nelson, Hawkins) to recommend keeping the committee goals in 2017 the same as those used in 2016.* **Motion carried unanimously.**

Announcements: The November and December committee meetings are cancelled. There will be a joint committee meeting on Thursday, November 17, 2016 at 11:00 a.m. to discuss report formats.

Adjournment: The meeting was adjourned at 12:01 p.m.

Submitted by: Approved by:

Tori Williams, Manager Date Committee Chair Date

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Priority and Allocations Committee

Ryan White Reallocations as of 10/27/16: **RYAN WHITE PART A FUNDING**

Funds Available for Reallocation: Part A: $335,880

MOTION: Approve the following reallocations using Ryan White Part A funds.

Request Control Number	FY 16 Priority Rank	Local Service Category	Amount of Request	Recommended Part A Allocation Increase	Justification
N/A	N/A	Office of Support	$15,500	$15,500	The funds will be used primarily to underwrite the cost of consumer education.
1	3	Local Pharmacy Assistance Program	$335,880	$152,380	#1 service priority. Currently meeting expected expenditures.
2	1, 3	Ambulatory Outpatient Medical Care, Local Pharmacy Assistance Program	$168,000	$168,000	#1 service priority. Fully fund the number of units requested as this will reduce wait times per documentation in the request.
		TOTAL	**$519,380**	**$335, 880**	

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Scribe: Beck

C = chaired the meeting **VP – participated via telephone** **LM - left meeting**

2016 Priority & Allocations Committee Voting Record for 10/27/16

MEMBERS	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** Plan for FY16 Carryover Funds **Carried**				**Motion #4** Plan for FY16 Unspent Funds **Carried**				**Motion #5** Plan for SS Increased Funding **Carried**				**Motion #6** Request from Office of Support **Carried**				**Motion #7** RW Part A Requests **Carried**				**Motion #8** Committee Goals **Carried**			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
C. Bruce Turner, Co-Chair				C				C				C				C				C				C				C				C
Peta-gay Ledbetter, Co-Chair		X				X				X				X				X				X				X				X		
Melody Barr	X				X				X				X				X				X					X				X		
Ella Collins-Nelson		X				X				X				X				X						X		X				X		
Paul Grunenwald	X				X				X				X				X				X				X				X			
Angela F. Hawkins		X				X				X				X				X				X				X				X		
J. Hoxi Jones		X				X				X				X				X				X				X				X		
John Lazo		X				X				X				X				X				X				X				X		
Isis Torrente		X				X				X				X				X				X				X				X		

Nuts and Bolts for New Members

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact the Office of Support.

The meeting packet will have the date, time and room number of the meeting; this information is also posted on signs on the first and second floor the day of the meeting.

Sign in upon arrival and use the extra agendas on the sign in table if you didn't bring your packet.

Only Council/committee members sit at the table since they are the voting members; staff and other non-voting members sit in the audience.

The only members who can vote on the minutes are the ones who were present at the meeting. If you were absent at the meeting, please abstain from voting.

Due to County budgeting policy, there will be no petty cash reimbursements in March and possibly April so save receipts and turn them into Eric for payment in April.

Be careful about stating personal health information in meetings as all meetings are tape recorded and, due to the Open Meetings Act, are considered public record. Anyone can ask to listen to the tapes, including members of the media.

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

MEMORANDUM

To: Members, Ryan White Planning Council
External Members, Ryan White Committees

Copy: Carin Martin

From: Tori Williams, Director, Office of Support

Date: January 26, 2017

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2017. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

1.) Council and External Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 3, 2017.**

2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2015 **will not be reimbursed at all if they are turned in after March 31, 2017.**

3.) The Office of Support may not have access to petty cash funds between March 1 and May 31, 2017. This means that volunteers should give Rod the usual reimbursement request forms for transportation, food and childcare expenses incurred after March 1, 2017 but the Office may not be able to reimburse volunteers for these expenses until mid to late May 2017.

We apologize for this significant inconvenience. Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

March 1

2016

Beginning
of fiscal year 2016

Feb 3

2017

Turn in all
receipts

Feb 28

2017

End of
fiscal year 2016.
No money
available to write
checks until April
or May

March 31

2017

Turn in all receipts
or you will not be
reimbursed for any
expenses incurred
between March 1, 2016
and Feb. 28, 2017

LIST OF COUNCIL MEMBERS WHO HAVE NOT SUBMITTED THEIR
OPEN MEETINGS ACT TRAINING CERTIFICATE
(as of 02-03-17)

NAME	Certificate in Chart	Missing Certificate
Cecilia Ross, Chair	X	
John Lazo, Vice Chair	X	
Carol Suazo, Secretary	X	
Ted Artiaga	X	
Connie L. Barnes	X	
Curtis W. Bellard	X	
David Benson	X	
Ardry "Skeet" Boyle, Jr.	X	
Bianca Burley	X	
Ella Collins-Nelson	X	
Amber David	X	
Johnny Deal	Submitted 02/03/17	X
Denny Delgado		X
Evelio Salinas Escamilla	X	
Herman L. Finley III	X	
Tracy Gorden	X	
Paul E. Grunenwald	X	
Angela F. Hawkins	X	
Arlene Johnson	X	
J. Hoxi Jones	X	
Denis Kelly	X	
Peta-gay Ledbetter	X	
Tom Lindstrom		X
Osaro Mgbere	X	
Nancy Miertschin	X	
Rodney Mills	X	
Allen Murray	X	
Robert Noble	X	
Shital Patel		X
John Poole	X	
Tana Pradia	X	
Teresa Pruitt	X	
Venita Ray	X	
Viviana Santibanez		X
Gloria Sierra	X	
Krystal Shultz		X
Isis Torrente	X	
Steven Vargas	X	
Larry Woods	X	

Houston Area HIV Services Ryan White Planning Council
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713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

Memorandum

To: Members, Houston Ryan White Planning Council

From: Tori Williams, Director, Ryan White Office of Support

Date: January 27, 2017

Re: Open Meetings Act Training

As a follow up to Council Orientation and Venita Ray's excellent presentation on The Open Meetings Act, please note that all Council members are legally required to take the Open Meetings Act training at least once in their life time. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 31, 2017. The training takes 60 minutes and can be accessed through the following link:

https://www.texasattorneygeneral.gov/og/oma-training

If you do not have high-speed internet access, you are welcome to view the video in the Office of Support. We will make the training available in suite 240 after the Council adjourns on Thursday, February 9th; popcorn will be provided. Or, you can contact Diane Beck and make an appointment to see it on one of the computers in our office.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

Print it from the Attorney General web link at:
https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php
Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

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2017 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(submitted April 2017)

Status of Committee Goals and Responsibilities (* means mandated by HRSA):

1. Conduct training to familiarize committee members with decision-making tools.
   Status:

2. Review the final quarter allocations made by the administrative agents.
   Status:

3. *Improve the processes for and strengthen accountability in the FY 2018 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
   Status:

4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
   Status:

5. *Determine the FY 2018 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
   Status:

6. *Review the FY 2017 priorities as needed.
   Status:

7. *Review the FY 2017 allocations as needed.
   Status:

8. Evaluate the processes used.
   Status:

9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
   Status:

Status of Tasks on the Timeline:

_____ _____

Committee Chairperson Date

2017 Ryan White Planning Council Committee Schedule - DRAFT

(as of 02/07/17)

AFFECTED COMMUNITY

Meetings are on the following Mondays starting at 12 noon.

February 20	July 24
MARCH 16*	August 21
March 20	September 25
April no meeting	October 23
May 22	November 20
June 19	December no mtg

COMPREHENSIVE HIV PLANNING

Meetings are on the following second Thursdays starting at 2:00 pm:

February 9	August 10
March 9	September 14
April 13	October 12
May 11	November 9
June 8	December 14
July 13	

OPERATIONS

Meetings are on the following Tuesdays starting at 2:00 pm:

February 14	August 15
March 14	September 19
April 18	October 17
May 16	November 14
June 13	December no mtg
July 18	

PLANNING COUNCIL

Meetings are on the following second Thursdays starting at 12 noon:

February 9	August 10
March 9	September 14
April 13	October 12
May 11	November 9
June 8	December 14
July 13	

PRIORITY & ALLOCATIONS

Meetings are on the following fourth Thursdays starting at 11:00 am:

February **23**	July 27
MARCH 16*	August 24
March 23	September 28
April 27	October 26
May 25	November no mtg
JUNE (Wed) 21	December no mtg

QUALITY IMPROVEMENT

Meetings are on the following third Thursdays starting at 11:00 am:

February 16	August no mtg
March 16*	September 21
April 20	October no mtg
May 18	November 16
June 15	December no mtg
July 20	

STEERING

Meetings are on the following first Thursdays starting at 12 noon:

February 2	August 3
March 2	September 7
April 6	October 5
May 4	November 2
June 4	December 7
July 6	

***Joint meeting of the Affected Community, Priority and Allocations and Quality Improvement Committees.**

**** Time to be announced**

BOLD = Special meeting date, time or place

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2017 Council Activities

(Revised 01-31-17)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location.

The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

General Information: The following is a list of significant activities regarding the 2017 Houston Ryan White Planning Council. Consumers, providers and members of the general public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or meeting packets, please contact the Office of Support at 713 572-3724 or visit our website at: www.rwpchouston.org.

Routinely, the Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.

Thurs. Jan. 26	Council Orientation.
Thurs. Feb. 2	12 noon. First 2017 Steering Committee meeting.
Tues. Feb. 7	10:00 am. Orientation for new 2017 External Committee Members.
Thurs. Feb. 9	12 noon. First 2017 Council meeting.
* Mon. Feb. 13	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding, or recommending funding, for 16 of the 28 allowable HRSA service categories. The Proposed Idea Form can be used to ask the Council to reconsider including a service that is no longer being funded by Ryan White Part A, Part B or State Services. The form requires documentation for why dollars should be used to fund a particular service and why it is not a duplication of a service already offered through another funding source. Anyone can submit a Proposed Idea Form. Please contact the Office of Support at 713 572-3724 to request a copy of the required forms
* Thurs. Feb. 23	11:00 am. Priority & Allocations Committee meets to approve the **policy on allocating FY 2017 unspent funds, FY 2018 priority setting process** and more.
March	EIIHA Workgroup meeting.
Fri. March 3	Deadline for submitting a Project LEAP application form. See April 5 for description of Project LEAP. Call 713 572-3724 for an application form.
* Thurs. March 16	11 am. Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2018 service categories** for Part A, Part B and *State Services* funding.
Mon. March 20	12 noon. **Consumer Training** on the How to Best Meet the Need process.
Wed. April 5	**Project LEAP** classes begin. Project LEAP is a free 17-week training course for individuals infected with and affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area.

(Continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2017 Council Activities

(Revised 01-31-17)

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The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

Thurs. April 6	12 noon. Steering Committee meets.
Thurs. April 13	12 noon. Planning Council meets.
*	1:30 – 4:00 pm. **Council and Community Training for the How to Best Meet the Need process**. Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority & Allocations and Affected Community Committees. Call 713 572-3724 for confirmation and additional information.
* Tentative: April 17 or 19	Workgroups for Proposed Ideas including ideas on linking transgender individuals into care and possibly others.
* Tues. April 25	10:30 am – 4:00 pm. **How To Best Meet the Need Workgroups #1 and #2** at which the following services will be reviewed: • Ambulatory/Outpatient Medical Care (including Local Pharmacy Assistance, Medical Case Management & Service Linkage – Adult, Rural and Pediatric) • Clinical Case Management • Health Insurance Premium & Co-pay Assistance • Home & Community-based Health Services (Adult Day Treatment) • Hospice • Linguistic Services • Medical Nutritional Therapy (including Nutritional Supplements) • Non-Medical Case Management (Service Linkage at Testing Sites) • Oral Health – Untargeted & Rural • Professional Counseling (Mental Health) • Substance Abuse Treatment/Counseling • Vision Care Call 713 572-3724 for confirmation and additional information.
* Wed. April 26	3:00 pm – 5:00 pm. **How To Best Meet the Need Workgroup #3** at which the following services will be reviewed: • Early Intervention Services • Legal Assistance • Transportation (van-based-Untargeted & Rural) Call 713 572-3724 for confirmation and additional information.
* Thurs. April 27	11:00 am. Priority & Allocations Committee meets to allocate **Part A unspent funds.**

(Continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2017 Council Activities

(Revised 01-31-17)

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The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

Mon. May 8	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 13 for a description of this process.) Please contact the Office of Support at 713 572-3724 to request a copy of the required forms.
Tues. May 16	2:00 pm. **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book**. The Operations Committee reviews the FY 2018 Council Support Budget.
Thurs. May 18	11:00 am. Quality Improvement Committee meets to approve the **FY 2018 How to Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority & Allocations Committee.
Mon. May 22	7:00 pm., Public Hearing on the **FY 2018 How To Best Meet the Need results**.
Tues. May 23	10:00 am. Special Quality Improvement Committee meeting to review public comments regarding **FY 2018 How To Best Meet the Need results**.
* Thurs. May 25	11:00 am. Priority & Allocations Committee meets to recommend the **FY 2018 service priorities** for Ryan White Parts A and B and *State Services* funding.
Thurs. June 1	12 noon. Steering Committee meets to approve the **FY 2018 How to Best Meet the Need results**.
Thurs. June 8	12 noon. Council approves the **FY 2018 How to Best Meet the Need results**. **Project LEAP students present the results of their needs assessment to the Council.**
June 9 - 14	Meeting times to be determined. Special Priority & Allocations Committee meetings to draft the **FY 2018 allocations for RW Part A and B and *State Services* funding**.
Thurs. June 15	11:00 am. Quality Improvement Committee reviews the results of the assessment of the administrative mechanism and hosts Standards of Care training.
* **Wed.** June 21 *	11:00 am. The Priority & Allocations Committee meets to approve the **FY 2018 allocations for RW Part A and B and *State Services* funding**. LEAP students will be in attendance.
* Mon. June 26	7 pm. Public Hearing on the **FY 2018 service priorities and allocations**.
* Tues. June 27	11:00 am. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2018 service priorities and allocations**.
July/Aug.	Workgroup meets to complete the proposed **FY 2018 EIIHA Plan**.
Thurs. July 6	12 noon. Steering Committee approves the **FY 2018 service priorities and allocations**.

(continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2017 Council Activities

(Revised 01-31-17)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location.

The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

Thurs. July 13	12 noon. Council approves the **FY 2018 service priorities and allocations**.
* Thurs. July 27	11:00 am. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the **FY 2018 priority & allocations**. They also allocate FY **2017 carryover funds**. (**Allocate even though dollar amount will not be avail. until Aug.**)
Thurs. Aug. 3	ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE **LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2018 GRANT**. (Mail out date for the August Steering Committee meeting is July 27, 2017.)
Mon. Aug. 21	12 noon. **Consumer Training** on Standards of Care and Performance Measures.
Mon. Sept. 11	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 13 for a description of this process.) Please contact the Office of Support at 713 572-3724 to request a copy of the required forms.
(Thurs. Sept. 21)	11:00 am. Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
Mon. Sept. 25	12 noon. **Consumer-Only Workgroup** meeting to review FY 2018 Standards of Care and Performance Measures.
Tues. Oct. 17	2:00 pm. Review and possibly update the Memorandum of Understanding between all Part A stakeholders.
October or November	Community Workgroup meeting to review **FY 2018 Standards of Care & Performance Measures** for all service categories.
* Thurs. Oct. 26	11:00 am. Priority & Allocations Committee meets to allocate FY 2017 unspent funds.
Nov/Dec/Jan.	Review the evaluation of 2017 Project LEAP. Operations Committee also hosts a How to Best Meet the Need Workgroup to make recommendations on 2018 Project LEAP.
November	The Resource Group contacts all stakeholders to see if changes need to be made to the Ryan White Part B/State Services Letter of Agreement.
Thurs. Nov. 9	12 noon. Council recognizes all external committee members.
Tues. Nov. 14	9:30 am. Commissioners Court to receive the World AIDS Day Resolution.
Fri. Dec. 1	**World AIDS Day**.
Thurs. Dec. 14	12 noon Council meeting to elect the **2018 Council officers**.

Priority and Allocations
FY 2017 Guiding Principles and Decision Making Criteria

(Priority and Allocations Committee approved 02-25-16)

Priority setting and allocations must be based on clearly stated and consistently applied principles and criteria. These principles are the basic ideals for action and are based on Health Resources and Services Administration (HRSA) and Department of State Health Services (DSHS) directives. All committee decisions will be made with the understanding that **the Ryan White Program is unable to completely meet all identified needs** and following legislative mandate **the Ryan White Program will be considered funding of last resort.** Priorities are just one of many factors which help determine allocations. All Part A and Part B service categories are considered to be important in the care of people living with HIV/AIDS. Decisions will address at least one or more of the following principles **and** criteria.

Principles are the standards **guiding the discussion** *of all service categories to be prioritized and to which resources are to be allocated. Documentation of these guiding principles in the form of printed materials such as needs assessments, focus group results, surveys, public reports, journals, legal documents, etc. will be used in highlighting and describing service categories (individual agencies are not to be considered). Therefore decisions will be based on service categories that address the following principles, in no particular order:*

Principles

A. Ensuring ongoing client access to a comprehensive system of core services as defined by HRSA
B. Eliminating barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)
C. Meeting the needs of diverse populations as addressed by the epidemiology of HIV
D. Identify individuals unaware of their status and link them to care and address the needs of those that are aware of their status and not in care.
E. Expressing the needs of the communities with HIV for whom the services are intended

Allocations only

F. Documented or demonstrated cost-effectiveness of services and minimization of duplication
G. Availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies

Criteria are the standards on which the committee's decisions will be based. Positive decisions will only be made on service categories that satisfy at least one of the criteria in Step 1 and all criteria in Step 2. Satisfaction will be measured by printed information that address service categories such as needs assessments, focus group results, surveys, reports, public reports, journals, legal documents, etc.

(Continued)

DECISION MAKING CRITERIA STEP 1:

A. Documented service need with consumer perspectives as a primary consideration
B. Documented effectiveness of services with a high level of benefit to people and families living with HIV infection, including quality, cost, and outcome measures when applicable
C. Documented response to the epidemiology of HIV/AIDS in the EMA and HSDA
D. Documented response to emerging needs reflecting the changing local epidemiology of HIV/AIDS while maintaining services to those who have relied upon Ryan White funded services.
E. When allocating unspent and carryover funds, services are of documented sustainability across fiscal years in order to avoid a disruption/discontinuation of services
F. Documented consistency with the current Houston Area Comprehensive HIV Prevention and Care Services Plan and the Continuum of Care and their underlying principles to the extent allowable under the Ryan White Program: to build public support for HIV services; to inform people of their serostatus and, if they test positive, get them into care; to help people maintain their negative status; to help people with HIV improve their health status and quality of life and prevent the progression to AIDS; to help reduce the risk of transmission; and to help people with AIDS improve their health status and quality of life and, if necessary, support the conditions that will allow for death with dignity

DECISION MAKING CRITERIA STEP 2:

A. Services are effective with a high level of benefit to people and families living with HIV, including cost and outcome measures when applicable
B. Services are accessible to all populations infected, affected, or at risk, allowing for differences in need between urban, suburban, and rural consumers as applicable under Part A and B guidelines
C. The Council will minimize duplication of both service provision and administration and services will be coordinated with other systems, including but not limited to HIV prevention, substance use, mental health, and Sexually Transmitted Infections (STIs).
D. Services emphasize access to and use of primary medical and other essential HRSA defined core services
E. Services are appropriate for different cultural and socioeconomic populations, as well as care needs
F. Services are available to meet the needs of all people and families living with or at risk for HIV infection as applicable under Part A and B guidelines
G. Services meet or exceed standards of care
H. Services reflect latest medical advances, when appropriate
I. Services meet a documented need that is not fully supported through other funding streams

PRIORITY SETTING AND ALLOCATIONS ARE SEPARATE DECISIONS. All decisions are expected to address needs of the overall community affected by the epidemic.

FY 2017 Priority Setting Process

(Priority and Allocations Committee approved 02-25-16)

1. Agree on the principles to be used in the decision making process.
2. Agree on the criteria to be used in the decision making process.
3. Agree on the priority-setting process.
4. Agree on the process to be used to determine service categories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Assurance, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
6. Committee members attend a training session to review the documents contained in the information binder and hear presentations from representatives of other funding sources such as HOPWA, Prevention, Medicaid and others.
7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these five items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
8. The committee meets to do the following. This step occurs at a single meeting:
   - Review documentation not included in the binder described above.
   - Review and adjust the midpoint scores.
   - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
   - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
   - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or ARIES.
   - By matching the rankings to the template, a numerical listing of services is established.
   - Justification for ranking categories is denoted by listing principles and criteria.
   - Categories that are not justified are removed from ranking.
   - If a committee member suggests moving a priority more than five places from the previous year's ranking, this automatically prompts discussion and is challenged; any other category that has changed by three places may be challenged; any category that moves less than three places cannot be challenged unless documentation can be shown (not cited) why it should change.
   - The Committee votes upon all challenged categorical rankings.
   - At the end of challenges the entire ranking is approved or rejected by the committee.

(Continued on next page)

9. At a subsequent meeting, the Priority and Allocations Committee goes through the allocations process.
10. Staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
11. The single list of recommended priorities is presented at a Public Hearing.
12. The committee meets to review public comment and possibly revise the recommended priorities.
13. Once the committee has made its final decision, the recommended single list of priorities is forwarded as the priority list of services for the following year.

2016 Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-25-16)

Background

The Ryan White Planning Council must address two different types of money: Unobligated and Carryover.

Unobligated funds are funds allocated by the Council but, for a variety of reasons, are not put into contracts. Or, the funds are put into a contract but the money is not spent. For example, the Council allocates $700,000 for a particular service category. Three agencies bid for a total of $400,000. The remaining $300,000 becomes unobligated. Or, an agency is awarded a contract for a certain amount of money. Halfway through the grant year, the building where the agency is housed must undergo extensive remodeling prohibiting the agency from providing services for several months. As the agency is unable to deliver services for a portion of the year, it is unable to fully expend all of the funds in the contract. Therefore, these unspent funds become unobligated. The Council is informed of unobligated funds via Procurement Reports provided to the Quality Assurance (QA) and Priority and Allocations (P&A) Committees by the respective Administrative Agencies (AA), HCPHS/ Ryan White Grant Administration and The Resource Group.

Carryover funds are the RW Part A Formula and MAI funds that were unspent in the previous year. Annually, in October, the Part A Administrative Agency will provide the Committee with the estimated total allowable Part A and MAI carryover funds that could be carried over under the Unobligated Balances (UOB) provisions of the Ryan White Treatment Extension Act. The Committee will allocate the estimated amount of possible unspent prior year Part A and MAI funds so the Part A AA can submit a carryover waiver request to HRSA in December.

The Texas Department of State Health Services (DSHS) does not allow carryover requests for unspent Ryan White Part B and State Services funds.

It is also important to understand the following applicable rules when discussing funds:

1.) The Administrative Agencies are allowed to move up to 10% of unobligated funds from one service category to another. But, the 10% rule applies to the amount being moved from one category and the amount being moved into the other category. For example, 10% of an $800,000 service category is $80,000. But, if a $500,000 category needs the money, the Administrative Agent is only allowed to move 10%, or $50,000 into the needy category, leaving $30,000 unobligated.

2.) Due to procurement rules, it is difficult to RFP funds after the mid-point of any given fiscal year.

In the final quarter of the applicable grant year, after implementing the Council-approved October reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, the AA may reallocate any remaining unspent funds as necessary to ensure the Houston EMA/HSDA has less than 5% unspent Formula funds and no unspent Supplemental funds. The AA for Part B and *State Services* funding may do the same to ensure no funds are returned to the Texas Department of State Health Services (TDSHS). The applicable AA must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.

Recommendations for Addressing Unobligated and Carryover Funds:

1.) Requests from Currently Funded Agencies Requesting an Increase in Funds in Service Categories where The Agency Currently Has a Contract: These requests come at designated times during the year. Usually, requests of this nature are addressed using unobligated funds.

A.) In response, the AA will provide funded agencies a standard form to document the request (see attached). The AA will state the amount currently allocated to the service category, state the amount being requested, and state if there are eligible entities in the service category. This form is known as a *Request for Service Category Increase*. The AA will also provide a Summary Sheet listing all requests that are eligible for an increase (e.g. agency is in good standing).

The AA must submit this information to the Office of Support in an appropriate time for document distribution for the April, July and October P&A Committee meetings. The form must be submitted for all requests regardless of the completeness of the request. The AA for Part B and State Services Funding will do the same, but the calendar for the Part B AA to submit the Requests for Service Category Increases to the Office of Support is based upon the current Letter of Agreement. The P&A Committee has the authority to recommend increasing the service category funding allocation, or not. If not, the request "dies" in committee.

2.) Requests for New Ideas: These requests can come from any individual or agency at any time of the year. Usually, they are also addressed using unobligated funds. The individual or agency submits the idea and supporting documentation to the Office of Support. The Office of Support will submit the form(s) as an agenda item at the next QA Committee meeting for informational purposes only, the Office of Support will inform the Committee of the number of incomplete or late requests submitted and the service categories referenced in these requests. The Office of Support will also notify the person submitting the New Idea form of the date and time of the first committee meeting where the request will be reviewed. All committees will follow the RWPC bylaws, policies, and procedures in responding to an "emergency" request.

Response to Requests: Although requests will be accepted at any time of the year, the Priority and Allocations Committee will Review requests at least three times a year (in April, July, and October). The AA will notify all Part A or B agencies when the P&A Committee is preparing to allocate funds.

3.) Committee Process: The Committee will prioritize recommended requests so that the AA can distribute funds according to this prioritized list up until May 31, August 31 and the end of the grant year. After these dates, all requests (recommended or not) become null and void and must be resubmitted to the AA or the Office of Support to be considered in the next funding cycle.

After reviewing requests and studying new trends and needs the committee will review the allocations for the next fiscal year and, after filling identified gaps in the current year, and if appropriate and possible, attempt to make any increase in funding less dramatic by using an incremental allocation in the current fiscal year.

4.) Projected Unspent Formula Funds: Annually in October, the Committee will allocate the projected, current year, unspent, Formula funds so that the Administrative Agent for Part A can report this to HRSA in December.

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.rwpc.org

EXAMPLE

Memorandum

To: Members, Ryan White Planning Council
Members, Affected Community Committee
Executive Directors, Ryan White Part A and B Funded Agencies

From: Tori Williams, Manager

Date: March 13, 2017

Re: Public Comment on Subcategory Allocations

Attached you will find a form for submitting input to the Priority and Allocations Committee if you would like the committee to review a particular service subcategory. Please use the columns on the right to state your suggested change and provide justification for the suggested change. Forms will not be considered complete if you do not include justification.

Please contact Rod if you would like the form in electronic format. She can be reached by telephone at 713 572-3724 or by email at rodriga.avila@cjo.hctx.net.

The deadline for submission is **5 p.m. on Friday, April 21, 2017**. Please send your completed form to my attention by mail at the above address or by fax or email at:

ATT: Tori Williams
Victoria.Williams@hctx.net
713 572-3740 (fax)

Thank you.

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL. 15, 1998 **REV DECEMBER 13, 2007** **POLICY No. 800.01**

CONFLICT OF INTEREST

PURPOSE

To define the policy in which the Houston Area HIV Health Services (RW) Planning Council identifies and addresses conflict of interest within the planning council (PC).

- Inherent in the system - The Ryan White Program states: The HIV health services planning council shall include representatives of...community-based organizations serving affected populations and AIDS service organizations; local public health agencies...

- Must be managed - The Ryan White Program states: The PC may not be directly involved in the administration of a grant. The PC may not designate (or otherwise be involved in the selection of) particular entities as recipients of any amount provided in the grant.

AUTHORITY

The CARE Act Amendments of 2000 through 2006 Sec.2602(b)(1);Sec.2602(b)(5)(A); Sec.2602(b) (5)(B);Article VIII,Sec8.01 of the Bylaws of the Houston Area HIV Health Services (RW) Planning Council 2001.

DEFINITION(S)

"Conflict of Interest" (COI) is defined as an actual or perceived interest by a RWPC member in an action which results or has the appearance of resulting in personal, organizational, or professional gain. COI does not refer to persons living with HIV disease (PLWH) whose sole relationship to a Ryan White Part A or B or State Services funded provider is as a client receiving services. The potential for conflict of interest is present in all Ryan White processes: needs assessment, priority setting, comprehensive planning, allocation of funds and evaluation. *

PROCESS

The rules contained in this policy apply to all RWPC members, council support, contractors and consultants to the Houston Area HIV Health Services (RW) Planning Council, all of whom shall be referred to as RWPC members in this policy.

RWPC members who have a financial interest in, are employed by, sit on Boards of Directors, or have been employed by such an entity at any time during the previous twelve months, or are members of a public or private entity seeking Ryan White Part A or B or State Services funding will not participate directly or in an advisory capacity, in the Administrative Agency's processes of selecting entities to receive Ryan White Part A or B or State Services funding within that particular service category. RWPC members shall be provided with copies of, and shall abide by local state regulations governing COI. *

RWPC members must complete a COI Disclosure Form annually and/or as needed, describing the relationship of the person to each organization that can benefit from an action by the RWPC. This information, in the form of a matrix of members and their conflicts of interest, will be provided to all members of the RWPC. Additionally all RWPC members will identify conflicts of interest during a discussion and/or vote and abstain from voting on issues pertaining to that conflict. All RWPC members are encouraged to request a review of potential COI of another member during a RWPC meeting.

The Secretary of the RWPC has responsibility for addressing actions to resolve COI when they occur (see RWPC Policy500.01). When the Secretary has a COI, monitoring voting for COI and processing inquiries related to COI will fall to the role of the Council Vice Chair, if the Council Vice Chair has a COI the responsibility will fall to the Council Chair. If still unresolved then the responsibility will fall to the Chair of the Operation Committee.

In the event of a COI and/or during the period of review of said COI, members with a COI may participate in the discussion of the COI or questions, but shall abstain from voting on the matter.

The Operations Committee of the RWPC shall recommend to the CEO the termination of a member from the RWPC if the member refuses to complete a COI disclosure form, refuses to declare a COI, or refuses to cooperate in a COI review, or if it is determined that the member took action intended to influence the conduct of the Administrative Agency in selecting entities to receive Ryan White Part A or B or State Services funding within a particular service category or an action which resulted in or had the appearance of resulting in personal, organizational, or professional gain.

COI INQUIRY/INTRODUCTION/PROCEDURE:

A COI matrix from the information provided on the COI questionnaire will indicate the service category(ies) in which a conflict(s) occurs.

An inquiry as to whether or not an individual has a conflict of interest that has not been disclosed is handled as a privileged motion: raising a question of privilege.

Questions of privilege relate to the conduct of officers, members, and employees. In this specific case, the conduct being addressed would be not having disclosed a COI. A question of privilege (COI Inquiry) will usually take place during or after a discussion or vote. If necessary, raising a question of privilege may interrupt a member's speech.

A member of the RWPC, who feels that another member has violated the COI policy by failing to disclose a COI or by voting on an issue regarding a service category in which a conflict has been disclosed, should raise a question of privilege in order to inquire about a possible conflict. The following steps will take place:

Step 1: A member rises, addresses the chair, and then, without waiting, says, "I rise to a question of privilege."

Step 2: The Chair will at this time request the Secretary to take control of the meeting. The Secretary will direct him/her to state his/her question.

Step 3: The member will briefly express his/her complaint and propose, as a motion, a solution. The motion is the actual question of privilege or a request to inquire about a COI.

Step 4: The Secretary will attempt to process the motions to inquire as to whether a member has a COI by general consent. (General consent requires no objections). If the general consent is obtained, the motion will be discussed.

If general consent fails, the Secretary will ascertain if there is a second to the motion and then process it as a main motion (even if a main motion was interrupted).

As soon as the interrupting question of privilege is disposed of, the assembly resumes consideration of the question that was interrupted.

METHOD OF DISCLOSURE:

Annually and on an as needed basis, PC and external committee members are required to submit a Proposed Conflict of Interest Disclosure Questionnaire (RWPC Form 2, COI) to PC Support Staff.

RESOLUTION OF CONFLICT OF INTEREST:

Ryan White Planning Council's "APPROPRIATE STEPS FOR CONFLICT RESOLUTION" five-step process will be followed. (See RWPC Steps to Conflict Resolution Form).

PROCEDURE FOR COUNCIL MEMBERS WHO BECOME VENDORS AFTER JOINING THE COUNCIL:

Vendors must abide by the same conflict of interest policies that everyone else does.

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998 | **REV November 13, 2014** | **POLICY No. 600.01**

QUORUM, VOTING, PROXIES, ATTENDANCE

PURPOSE

This policy establishes the guidelines as to what legally constitutes a Houston Area HIV Health Services (Ryan White) Planning Council meeting. In addition, the policy will define and establish how voting is done, what constitutes a roll call vote and who monitors that process. This policy will define attendance, and the process by which a member can be removed from the council.

AUTHORITY

The adoption of the Houston Area HIV Health Services (Ryan White) Planning Council Bylaws Rev. 12/07 Article VI; Sections 6.01-6.04).

PROCESS

QUORUM:

A majority of the members of the Council are required to constitute a quorum. A minimum of one (1) self-identified HIV+ member must also be present to constitute a quorum. In the event that there is not a quorum, the council meeting can begin discussions but no official business of the body can be conducted or approved. Once quorum is established then the Chair will end discussions up to that point and put forth a motion to adopt items needed to be approved by a majority before business can continue. To constitute a Standing Committee quorum, at least two (2) committee members and a Chair must be present; one of these must be a self-identified HIV positive member.

VOTING:

Each council member will have only one vote on any regular business matter coming before the Council. A simple majority of members present and voting will be required to pass any matter coming before the Council except for that of proposed Bylaws changes. Proposed changes to the Bylaws will be submitted in written form for review to the full Council at least fifteen (15) days prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council will not vote except in the event of a tie. The Chairs of the Standing Committees shall not vote at Committee meetings except in the event of a tie. In a case where standing committees have co-chairs, only one of them may vote at Steering. The Chair of the Council is an ex-offico member of all committees (standing, subcommittee, and work groups). Ex-offico means that he/she is welcome to attend and is allowed to be a part of committee discussion. He/she is not allowed to vote. In the absence of the Chair of the Council, the next officer may assume the ex-officio role with committees. In an effort to manage agency influence over a single committee or workgroup, only one voting member (Council or External) per agency will be permitted to vote on Ryan White Planning Council committees and workgroups. If there is an unresolved tie vote and the Chair of the Committee works for the same agency as another committee member, then the information will be forwarded to the Steering Committee for resolution. *

ALTERNATE PARTICIPATION:
During committee meetings any HIV+ full council member may serve as an alternate on a committee for any absent HIV+ committee member. The Chair of the Committee will communicate to the rest of the committee that the alternate HIV+ person is there to conduct business. Alternates have full voting privileges. This rule is not applicable in full council meetings.

CONFLICT OF INTEREST AND VOTING AMONG EXTERNAL MEMBERS:
External members must declare a conflict of interest.

The number of external members on a committee (not a subcommittee or work group) should not equal or exceed the number of council members on that committee.

ROLL CALL VOTE:
When a roll call vote is taken, the Secretary will call the roll call vote, noting voting, and will announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts of interest (RWPC Policy No. 800.01). The Secretary will process inquiries into votes made in conflict of interest.

ATTENDANCE:
Council members are required to attend meetings of the Houston Area HIV Health Services (Ryan White) Planning Council. External Committee members are required to attend meetings of the committee to which they are assigned. The Secretary shall cause attendance records to be maintained and shall regularly provide such records to the Chair of the Operations Committee. The Operations Committee will review attendance records quarterly.

If a Council or external committee member has 4 absences (excused or unexcused) from Council meetings or 4 absences from committee meetings within a calendar year or fails to perform the duties of a Council member described herein without just cause, that member will be subject to removal. In order to avoid such action, the following will occur: Step 1: Office of Support staff will contact the member by telephone to check on their status. Step 2: If the member continues to miss meetings, the Chair of the Planning Council will formally notify the member in writing to remind them of Council policies regarding attendance and to give the member an opportunity to request assignment to another committee. If assignment to another committee is requested, the Chair of the newly selected committee and the Planning Council Chair must approve the change. Step 3: If the Council member continues to miss meetings, the CEO will be informed of the situation and the steps taken by the Council to address the situation. If an external committee member continues to miss meetings, the Chair of the Council will be informed of the situation and the steps taken by the Council to address the situation. Step 4: The CEO has the sole authority to terminate a Council member and will notify said member in writing, if that is their decision. The CEO or the Chair of the Planning Council has the authority to terminate an external committee member and will notify said member in writing, if that is their decision.

If for two consecutive months the Office of Support is unable to make contact with a Council or external committee member by telephone and receives returned email and/or mail sent to that member, staff will send a certified letter requesting the member to contact the Office of Support by telephone or in writing to update their contact information. If the member does not respond to the certified letter within 30 days, or if the certified letter is returned to the Office of Support, the Operations Committee will be notified at their next regularly scheduled meeting. At the request of the Operations Committee, the Chair of the Planning Council and the CEO will be informed

of the situation and the steps taken by the Council to address the situation. As stated above, the CEO has the sole authority to terminate a Council member and will notify said member in writing, if that is his/her decision. The CEO or the Chair of the Planning Council has the authority to terminate an external committee member and will notify said member in writing, if that is his/her decision.

Reasons for absences that would be used to determine reassignment or dismissal include: 1) sickness; 2) work related conflicts (in or out of town and vacations), and 3) unforeseeable circumstances. Any Planning Council member who is unable to attend a Planning Council meeting or standing committee meeting must notify the Office of Support prior to such meeting. The Office of Support staff will document why a member is absent.

PROXIES:

There will be no voting by proxy.

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

FY 2016 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	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	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**9,746,354**	**516,252**	**399,947**	**0**	**0**	**10,662,553**	**49.70%**	**10,662,553**	**0**		**4,250,706**	**40%**	**58%**
1.a	Primary Care - Public Clinic (a)	3,570,049	73,790	0	0		3,643,839	16.99%	3,643,839	0	3/1/2016	$1,359,697	37%	42%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,066,552	148,743	108,329	0		1,323,624	6.17%	1,323,624	0	3/1/2016	$672,574	51%	58%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e) (f)	929,215	128,225	108,329	0		1,165,769	5.43%	1,165,769	0	3/1/2016	$527,319	45%	58%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	926,294	78,076	108,329	0		1,112,699	5.19%	1,112,699	0	3/1/2016	$367,176	33%	58%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,143,032	23,626	0	0		1,166,658	5.44%	1,166,658	0	3/1/2016	$476,810	41%	58%
1.f	Primary Care - Women at Public Clinic (a)	1,863,570	38,519	0			1,902,089	8.87%	1,902,089	0	3/1/2016	$663,324	35%	42%
1.g	Primary Care - Pediatric (a.1)	15,124	313				15,437	0.07%	15,437	0	3/1/2016	$12,517	81%	58%
1.h	Vision	232,518	24,960	74,960	0		332,438	1.55%	332,438	0	3/1/2016	$171,290	52%	58%
2	**Medical Case Management**	**2,215,702**	**0**	**174,999**	**0**	**0**	**2,390,701**	**11.14%**	**2,390,701**	**0**		**1,163,459**	**49%**	**58%**
2.a	Clinical Case Management	488,656	0		0		488,656	2.28%	488,656	0	3/1/2016	$267,825	55%	58%
2.b	Med CM - Public Clinic (a)	162,622	0	0	0		162,622	0.76%	162,622	0	3/1/2016	$88,319	54%	42%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	58,333	0		379,403	1.77%	379,403	0	3/1/2016	$248,132	65%	58%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	58,333	0		379,405	1.77%	379,405	0	3/1/2016	$100,525	26%	58%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	58,333	0		165,580	0.77%	165,580	0	3/1/2016	$69,139	42%	58%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.63%	348,760	0	3/1/2016	$186,163	53%	58%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.84%	180,311	0	3/1/2016	$70,043	39%	42%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0		160,051	0.75%	160,051	0	3/1/2016	$67,634	42%	58%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.37%	80,025	0	3/1/2016	$48,856	61%	58%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2016	$16,823	37%	42%
3	**Local Pharmacy Assistance Program (a) (e)**	**2,581,440**	**53,356**		**0**	**0**	**2,634,796**	**12.28%**	**2,634,796**	**0**	3/1/2016	**$1,274,710**	**48%**	**58%**
4	**Oral Health**	**166,404**	**0**	**30,000**	**0**	**0**	**196,404**	**0.92%**	**196,404**	**0**	3/1/2016	**97,200**	**49%**	**58%**
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	30,000			196,404	0.92%	196,404	0	3/1/2016	$97,200	49%	58%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,029,422**	**0**	**0**	**0**	**0**	**1,029,422**	**4.80%**	**1,029,422**	**0**	3/1/2016	**$604,732**	**59%**	**58%**
7	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**0**	**0**	**45,677**	**0.21%**	**45,677**	**0**	3/1/2016	**$18,581**	**41%**	**58%**
9	**Early Intervention Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**0**	**0**	**0**	**341,395**	**1.59%**	**341,395**	**0**	3/1/2016	**$198,874**	**58%**	**58%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Non-Medical Case Management**	**1,440,385**	**0**	**35,378**	**0**	**0**	**1,475,763**	**6.88%**	**1,475,763**	**0**		**537,147**	**36%**	**58%**
12.a	Service Linkage targeted to Youth	110,793		0			110,793	0.52%	110,793	0	3/1/2016	$29,367	27%	58%
12.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	245,497			0		245,497	1.14%	245,497	0	3/1/2016	$22,226	9%	58%
12.c	Service Linkage at Public Clinic (a)	490,886		0	0		490,886	2.29%	490,886	0	3/1/2016	$149,379	30%	42%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		35,378	0		628,587	2.93%	628,587	0	3/1/2016	$336,176	53%	58%
13	**Medical Transportation**	**527,362**	**0**	**40,000**	**0**	**0**	**567,362**	**2.64%**	**567,362**	**0**		**183,376**	**32%**	**58%**
13.a	Medical Transportation services targeted to Urban	252,680	0	20,000	0		272,680	1.27%	272,680	0	3/1/2016	$140,200	51%	58%
13.b	Medical Transportation services targeted to Rural	97,185	0	20,000	0		117,185	0.55%	117,185	0	3/1/2016	$43,176	37%	58%
13.c	Transportation vouchering (bus passes & gas cards)	177,497	0	0	0		177,497	0.83%	177,497	0	3/1/2016	$0	0%	0%
14	**Linguistic Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	$0	**0%**	**0%**
15	**Legal Assistance**	**293,406**	**-293,406**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
BEO27518	**Total Service Dollars**	**18,387,547**	**276,202**	**680,324**	**0**	**0**	**19,344,073**	**90.17%**	**19,344,073**	**0**		**8,328,784**	**43%**	**58%**
	Grant Administration	**1,612,704**	**0**	**0**	**0**	**0**	**1,612,704**	**7.52%**	**1,612,704**	0	**N/A**	**696,072**	**43%**	**58%**
BEO27517	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.34%	1,146,388	0	N/A	$605,809	53%	58%
PC	County Judge & RWPC Support*	466,316	0		0	0	466,316	2.17%	466,316	0	N/A	90,263	19%	58%
BEO27519	**Quality Management**	**495,000**	**0**	**0**	**0**	**0**	**495,000**	**2.31%**	**495,000**	**0**	**N/A**	$277	**0%**	**58%**
		20,495,251	**276,202**	**680,324**	**0**	**0**	**21,451,777**	**100.00%**	**21,451,777**	**0**		**9,025,134**	**42%**	**58%**
								Unallocated	Unobligated					
	Part A Grant Award:	**20,771,451**	***Carry Over:***	**680,325**		***Total Part A:***	**21,451,776**	**-1**	**-1**					

MAI Reflects "Increase" Funding Scenario

FY 2016 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	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	Percent Expected YTD
		Original Allocation	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	16,126,394	569,608	604,946	0	0	17,300,948	89.44%	17,300,948	89.44%				
	Non-Core (may not exceed 25% of total service dollars)	2,261,153	-293,406	75,378	0	0	2,043,125	10.56%	2,043,125	10.56%				
	Total Service Dollars (does not include Admin and QM)	18,387,547	276,202	680,324	0	0	19,344,073		19,344,073					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,612,704	0	0	0	0	1,612,704	7.52%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.31%						

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	2,011,206	46,743	334,989	0	0	2,392,938	100.00%	2,011,206	381,732		1,126,950	56%	58%
l.b (MAI)	Primary Care - CBO Targeted to African American	1,016,618	23,627	167,495	0	0	1,207,740	50.47%	1,016,618	191,122	3/1/2016	$614,900	60%	58%
l.c (MAI)	Primary Care - CBO Targeted to Hispanic	994,588	23,116	167,494	0	0	1,185,198	49.53%	994,588	190,610	3/1/2016	$512,050	51%	58%
	Total MAI Service Funds	2,011,206	46,743	334,989	0	0	2,392,938	100.00%	2,011,206	381,732		1,126,950	56%	58%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEO 27-16	**Total MAI Funds**	2,011,206	46,743	334,989	0	0	2,392,938	100.00%	2,011,206	381,732		1,126,950	56%	58%
	MAI Grant Award	2,057,949	***Carry Over:***	577,522		***Total MAI:***	2,635,471							
	Combined Part A and MAI Total	22,506,457												

ootnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations
(f)	Include MAI funds when reviewing 10% rule reallocations

Prepared by: Ryan White Grant Administration

FY 2015 Ryan White Part A and MAI Service Utilization Report

REVISED/CORRECTED 06-08-16

SUR - 4th Quarter Cumulative (3/1-2/28)																	
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Outpatient/Ambulatory Primary Care (excluding Vision)**	**6,467**	**7,216**	**73%**	**27%**	**50%**	**15%**	**2%**	**32%**	**0%**	**1%**	**7%**	**24%**	**28%**	**14%**	**25%**	**2%**
1.a	Primary Care - Public Clinic (a)	2,350	3,623	69%	31%	54%	10%	2%	34%	0%	0%	4%	18%	27%	15%	33%	2%
1.b	Primary Care - CBO Targeted to AA (a) (g)	1,060	1,568	69%	31%	99%	0%	1%	0%	0%	1%	12%	34%	28%	10%	14%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a) (g)	960	981	84%	16%	0%	0%	0%	100%	0%	0%	6%	29%	35%	13%	15%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	692	88%	12%	0%	90%	10%	0%	0%	0%	5%	25%	25%	16%	26%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	506	70%	30%	41%	26%	2%	30%	0%	1%	9%	25%	29%	15%	19%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	1,112	0%	100%	65%	7%	1%	28%	0%	0%	3%	16%	31%	17%	31%	2%
1.g	Primary Care - Pediatric (a)	7	13	69%	31%	54%	8%	0%	38%	15%	46%	38%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,152	75%	25%	48%	17%	2%	34%	0%	0%	6%	22%	25%	15%	30%	3%
2	**Local Drug Reimbursement Program (a)**	**2,845**	**3,931**	**78%**	**22%**	**47%**	**18%**	**2%**	**33%**	**0%**	**0%**	**7%**	**29%**	**30%**	**15%**	**18%**	**1%**
3	**Medical Case Management (f)**	**3,075**	**5,261**														
3.a	Clinical Case Management	600	1,018	73%	27%	54%	29%	2%	15%	0%	0%	5%	21%	24%	13%	34%	2%
3.b	Med CM - Targeted to Public Clinic (a)	280	528	98%	2%	53%	12%	2%	33%	0%	2%	15%	18%	20%	12%	32%	3%
3.c	Med CM - Targeted to AA (a)	550	1,987	69%	31%	99%	0%	1%	0%	0%	1%	11%	31%	25%	12%	19%	1%
3.d	Med CM - Targeted to H/L(a)	550	811	86%	14%	0%	0%	0%	100%	0%	1%	9%	32%	30%	13%	15%	1%
3.e	Med CM - Targeted to White and/or MSM (a)	260	560	85%	15%	0%	92%	8%	0%	0%	0%	4%	25%	22%	17%	29%	4%
3.f	Med CM - Targeted to Rural (a)	150	695	69%	31%	44%	28%	2%	26%	0%	1%	7%	20%	26%	15%	29%	3%
3.g	Med CM - Targeted to Women at Public Clinic (a)	240	301	0%	100%	69%	7%	1%	23%	0%	0%	11%	15%	28%	14%	29%	2%
3.h	Med CM - Targeted to Pedi (a)	125	113	53%	47%	81%	4%	0%	15%	60%	27%	12%	0%	0%	0%	0%	0%
3.i	Med CM - Targeted to Veterans	200	178	94%	6%	67%	21%	1%	11%	0%	0%	0%	3%	3%	5%	68%	20%
3.j	Med CM - Targeted to Youth	120	88	98%	2%	59%	7%	1%	33%	0%	10%	90%	0%	0%	0%	0%	0%
4	**Oral Health**	**200**	**302**	**69%**	**31%**	**37%**	**35%**	**1%**	**26%**	**0%**	**0%**	**7%**	**21%**	**32%**	**13%**	**25%**	**3%**
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	302	69%	31%	37%	35%	1%	26%	0%	0%	7%	21%	32%	13%	25%	3%
5	**Medical Nutritional Therapy/Nutritional Supplements**	**650**	**521**	**78%**	**22%**	**40%**	**26%**	**3%**	**30%**	**0%**	**0%**	**3%**	**13%**	**21%**	**18%**	**40%**	**5%**
6	**Mental Health Services (d)**	**NA**	**NA**														
7	**Health Insurance**	**1,700**	**1,393**	**83%**	**17%**	**41%**	**30%**	**3%**	**26%**	**0%**	**0%**	**3%**	**19%**	**23%**	**16%**	**36%**	**3%**
8	**Substance Abuse Treatment - Outpatient**	**40**	**24**	**96%**	**4%**	**21%**	**63%**	**0%**	**17%**	**0%**	**0%**	**13%**	**29%**	**38%**	**8%**	**13%**	**0%**
9	**Hospice Services (d)**	**NA**	**NA**														
10	**Home and Community Based Services (d)**	**NA**	**NA**														
11	**Early Medical Intervention Services (d)**	**NA**	**NA**														
12	**Non-Medical Case Management**	**7,045**	**6,805**														
12.a	Service Linkage Targeted to Youth	320	234	77%	23%	63%	5%	1%	30%	0%	12%	88%	0%	0%	0%	0%	0%
12.b	Service Linkage at Testing Sites	260	206	67%	33%	69%	10%	2%	19%	0%	0%	0%	29%	26%	13%	32%	0%
12.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	2,942	67%	33%	61%	11%	1%	27%	0%	0%	0%	18%	26%	15%	38%	3%
12.d	Service Linkage at CBO Primary Care Programs (a)	2,765	3,423	75%	25%	55%	15%	2%	29%	2%	1%	8%	27%	26%	13%	22%	2%
13	**Food Pantry ~~(funded by State Services)~~**	**NA**	**NA**														
14	**Transportation**	**2,850**	**3,374**														
14.a	Transportation Services - Urban	170	509	73%	27%	58%	12%	2%	28%	0%	1%	10%	28%	29%	9%	20%	3%
14.b	Transportation Services - Rural	130	165	70%	30%	39%	38%	2%	21%	0%	1%	10%	19%	19%	19%	27%	4%
14.c.1	Transportation vouchering (bus passes)	2,500	2,612														
14.c.2	Transportation vouchering (gas vouchers)	50	88														
15	**Legal Assistance**	**390**	**221**	**62%**	**38%**	**49%**	**23%**	**1%**	**27%**	**0%**	**0%**	**1%**	**7%**	**26%**	**19%**	**43%**	**5%**
16	**Linguistic Services (d)**	**NA**	**NA**														
Net unduplicated clients served - all categories*		**10,200**	**11,966**	**74%**	**26%**	**53%**	**17%**	**2%**	**29%**	**1%**	**1%**	**6%**	**22%**	**25%**	**14%**	**29%**	**3%**
Living AIDS cases + estimated Living HIV non-AIDS (from FY 14 App) (b)		**NA**	**22,830**	**74%**	**26%**	**49%**	**23%**	**3%**	**25%**	**0%**	**6%**		**18%**	**27%**	**30%**	**18%**	

Printed: 6/7/2016

RW MAI Service Utilization Report

Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,571	72%	28%	99%	0%	1%	0%	0%	1%	12%	37%	26%	10%	13%	0%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,162	87%	13%	0%	0%	0%	100%	0%	1%	7%	31%	34%	13%	12%	1%

RW Part A New Client Service Utilization Report

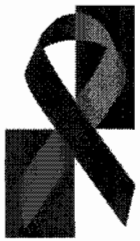
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/12 - 2/28/13)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Primary Medical Care**	**2,100**	**1,721**	**78%**	**22%**	**55%**	**14%**	**2%**	**29%**	**0%**	**2%**	**12%**	**33%**	**24%**	**11%**	**18%**	**1%**
2	**LPAP**	**1,200**	**721**	**82%**	**18%**	**52%**	**17%**	**2%**	**29%**	**0%**	**2%**	**10%**	**38%**	**23%**	**13%**	**13%**	**1%**
3.a	Clinical Case Management	400	167	80%	20%	54%	26%	2%	19%	0%	2%	9%	29%	20%	13%	26%	1%
3.b-3.h	Medical Case Management	1,600	1161	77%	23%	57%	16%	2%	25%	3%	3%	14%	30%	22%	11%	17%	1%
3.i	Medical Case Manangement - Targeted to Veterans	60	54	96%	4%	63%	26%	2%	9%	0%	0%	0%	6%	4%	7%	67%	17%
4	**Oral Health**	**40**	**38**	**82%**	**18%**	**39%**	**39%**	**0%**	**21%**	**0%**	**0%**	**13%**	**32%**	**21%**	**11%**	**24%**	**0%**
12.a. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	**3,700**	**1,729**	**75%**	**25%**	**58%**	**14%**	**2%**	**27%**	**2%**	**2%**	**9%**	**28%**	**24%**	**12%**	**22%**	**2%**
12.b	**Service Linkage at Testing Sites**	**260**	**146**	**72%**	**28%**	**70%**	**4%**	**1%**	**25%**	**0%**	**5%**	**15%**	**29%**	**20%**	**10%**	**21%**	**1%**

Footnotes:

(a)	Bundled Category
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.
(d)	Funded by Part B and/or State Services
(e)	Not funded in FY 2014
(f)	Total MCM served does not include Clinical Case Management
(g)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1617 Ryan White Part B
Procurement Report
April 1, 2016 - March 31, 2017



Reflects spending through November 2016

Spending Target: 67%

Revised 2/8/2017

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	$2,120,346	64%	($34,781)	$2,085,565	64%	4/1/2016	$1,272,667	60%
7	Health Insurance Premiums and Cost Sharing **	$976,885	29%	($16,122)	$960,763	29%	4/1/2016	$841,172	86%
9	Home and Community Based Health Services	$232,000	7%	($3,840)	$228,160	7%	4/1/2016	$136,880	59%
	Total Houston HSDA	3,329,231	100%	($54,743)	$3,274,488	100%		2,250,719	68%

* Amendment-Reduction in award amount and each service category has been reduced proportionately

** HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.
Ending dates: State Services 08/31/17, Part A 02/29/17, Part B 03/31/17,

2016 - 2017 Ryan White Part B Service Utilization Report
9/1/2016 thru 11/30/2016 Houston HSDA (4816)
1st Quarter

Revised 2/6/2017

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	*945*	939	82.1%	17.6%	0.0%	0.3%	40.2%	29.9%	27.1%	2.9%	0.1%	0.0%	1.9%	13.5%	21.5%	17.1%	41.7%	4.1%
Home & Community Based Health Services	*55*	26	57.7%	38.5%	0.0%	3.9%	73.1%	7.7%	19.2%	0.0%	0.0%	0.0%	0.0%	3.8%	23.1%	15.4%	46.2%	11.5%
Oral Health Care	*3,810*	1,590	73.0%	26.5%	0.0%	0.6%	47.3%	17.9%	33.0%	1.8%	0.0%	0.1%	1.3%	14.1%	20.6%	13.5%	43.1%	7.3%
Unduplicated Clients Served By RW Part B Funds:	*NA*	2,409	76.0%	23.5%	0.00%	0.5%	45.2%	21.9%	30.8%	2.0%	0.0%	0.0%	1.6%	14.2%	21.3%	14.8%	42.2%	5.9%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1617 DSHS State Services
Procurement Report
September 1, 2016 - August 31, 2017

Chart reflects spending through December 2016

Spending Target: 33%

Revised 2/8/2017

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services	$300,000	15%		$300,000	15%	9/1/2016	$82,248	27%
7	Health Insurance Premiums and Cost Sharing*	$1,043,312	53%		$1,043,312	53%	9/1/2016	$0	0%
9	Hospice	$414,832	21%		$414,832	21%	9/1/2016	$111,980	27%
11	EIS - Incarcerated	$166,211	8%		$166,211	8%	9/1/2016	$51,585	31%
16	Linguistic Services	$48,000	2%		$48,000	2%	9/1/2016	$20,400	43%
	Total Houston HSDA	1,972,355	100%	$0	$1,972,355	100%		266,213	13%

* HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date
Ending date: Part A 02/2/17, Part B 03/31/17, State Services 08/31/17

2016 - 2017 Ryan White Part B Service Utilization Report
9/1/2016 thru 11/30/2016 Houston HSDA (4816)
1st Quarter

Revised 2/6/2017

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	*945*	939	82.1%	17.6%	0.0%	0.3%	40.2%	29.9%	27.1%	2.9%	0.1%	0.0%	1.9%	13.5%	21.5%	17.1%	41.7%	4.1%
Home & Community Based Health Services	*55*	26	57.7%	38.5%	0.0%	3.9%	73.1%	7.7%	19.2%	0.0%	0.0%	0.0%	0.0%	3.8%	23.1%	15.4%	46.2%	11.5%
Oral Health Care	*3,810*	1,590	73.0%	26.5%	0.0%	0.6%	47.3%	17.9%	33.0%	1.8%	0.0%	0.1%	1.3%	14.1%	20.6%	13.5%	43.1%	7.3%
Unduplicated Clients Served By RW Part B Funds:	*NA*	2,409	76.0%	23.5%	0.00%	0.5%	45.2%	21.9%	30.8%	2.0%	0.0%	0.0%	1.6%	14.2%	21.3%	14.8%	42.2%	5.9%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1617 Ryan White Part B
Procurement Report
April 1, 2016 - March 31, 2017

Reflects spending through November 2016

Spending Target: 67%

Revised 2/8/2017

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	$2,120,346	64%	($34,781)	$2,085,565	64%	4/1/2016	$1,272,667	60%
7	Health Insurance Premiums and Cost Sharing **	$976,885	29%	($16,122)	$960,763	29%	4/1/2016	$841,172	86%
9	Home and Community Based Health Services	$232,000	7%	($3,840)	$228,160	7%	4/1/2016	$136,880	59%
	Total Houston HSDA	3,329,231	100%	($54,743)	$3,274,488	100%		2,250,719	68%

* Amendment-Reduction in award amount and each service category has been reduced proportionately

** HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.
Ending dates: State Services 08/31/17, Part A 02/29/17, Part B 03/31/17,

2016 - 2017 DSHS State Services Service Utilization Report
9/1/2016 thru 11/30/2016 Houston HSDA (4816)
1st Quarter

Revised 2/6/2017

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	*850*	456	81.6%	16.7%	0.0%	1.8%	71.7%	15.6%	12.3%	0.4%	0.0%	1.3%	6.1%	27.6%	24.3%	13.6%	25.4%	1.5%
Health Insurance Premiums & Cost Sharing Assistance	*1,200*	4	100.0%	0.0%	0.0%	0.0%	25.0%	50.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	50.0%	0.0%
Hospice	*35*	10	80.0%	20.0%	0.0%	0.0%	50.0%	20.0%	30.0%	0.0%	0.0%	0.0%	0.0%	20.0%	10.0%	0.0%	70.0%	0.0%
Linguistic/Interpreter Services	*40*	38	50.0%	47.4%	0.0%	2.6%	52.6%	5.3%	5.3%	36.8%	0.0%	0.0%	0.0%	13.2%	42.1%	28.9%	13.2%	2.6%
Mental Health Services	*250*	180	94.4%	3.3%	0.0%	2.2%	24.4%	50.0%	25.0%	0.6%	0.0%	0.0%	1.7%	16.7%	18.3%	15.6%	42.2%	5.6%
Group:		14																
Individual:		172																
Unduplicated Clients Served By State Services Funds:	*NA*	690	83.3%	14.9%	0.0%	1.7%	57.5%	24.5%	15.5%	2.5%	0.0%	0.9%	4.5%	23.5%	23.8%	14.8%	30.0%	2.6%

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 9/1/2016-12/30/2016

Revised: 2/8/2017

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	274	$38,119.33	160			*0*
Medical Deductible	133	$30,716.77	95			*0*
Medical Premium	2466	$742,649.90	784			*0*
Pharmacy Co-Payment	1160	$104,449.81	539			*0*
APTC Tax Liability	1	$213.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	0	$0.00	0	*NA*	*NA*	*NA*
Totals:	4034	$916,148.81	1578	0	$0.00	

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 9/1/2016-11/30/2016

Revised: 1/10/2017

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	203	$26,232.10				*0*
Medical Deductible	90	$20,845.80				*0*
Medical Premium	1797	$524,068.69				*0*
Pharmacy Co-Payment	962	$82,650.96				*0*
APTC Tax Liability	1	$213.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	0	$0.00	0	*NA*	*NA*	*NA*
Totals:	3053	$654,010.55	0	0	$0.00	

Comments: This report represents services provided under all grants.

2016-2017 Ryan White Part B Service Utilization Report
4/1/2016 - 12/31/2016
3rd Quarter

Revised 2/3/2017

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	*945*	1,024	82.1%	17.5%	0.0%	0.4%	41.0%	30.1%	26.3%	2.6%	0.1%	0.0%	1.8%	14.1%	21.9%	16.5%	41.7%	4.0%
Home & Community Based Health Services	*55*	31	61.3%	35.5%	0.0%	3.2%	67.7%	12.9%	16.1%	3.2%	0.0%	0.0%	0.0%	3.2%	25.8%	19.4%	41.9%	9.7%
Oral Health Care	*3,810*	2,681	72.4%	27.2%	0.0%	0.5%	49.9%	17.6%	30.9%	1.6%	0.0%	0.1%	2.1%	15.1%	20.9%	14.1%	40.9%	6.8%
Unduplicated Clients Served By RW Part B Funds:	*NA*	3,483	74.5%	25.0%	0.03%	0.5%	47.9%	20.5%	29.9%	1.8%	0.0%	0.1%	2.0%	15.2%	21.5%	14.5%	40.7%	6.0%

NOTE: Missing data for December 2016; Missing data for Age Group (1 client)

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1617 DSHS State Services
Procurement Report
September 1, 2016 - August 31, 2017

Chart reflects spending through December 2016

Spending Target: 33%

Revised 2/8/2017

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services	$300,000	15%		$300,000	15%	9/1/2016	$82,248	27%
7	Health Insurance Premiums and Cost Sharing*	$1,043,312	53%		$1,043,312	53%	9/1/2016	$0	0%
9	Hospice	$414,832	21%		$414,832	21%	9/1/2016	$111,980	27%
11	EIS - Incarcerated	$166,211	8%		$166,211	8%	9/1/2016	$51,585	31%
16	Linguistic Services	$48,000	2%		$48,000	2%	9/1/2016	$20,400	43%
	Total Houston HSDA	1,972,355	100%	$0	$1,972,355	100%		266,213	13%

* HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date
Ending date: Part A 02/2/17, Part B 03/31/17, State Services 08/31/17

2016 - 2017 DSHS State Services Service Utilization Report
9/1/2016 thru 11/30/2016 Houston HSDA (4816)
1st Quarter

Revised 2/6/2017

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	850	456	81.6%	16.7%	0.0%	1.8%	71.7%	15.6%	12.3%	0.4%	0.0%	1.3%	6.1%	27.6%	24.3%	13.6%	25.4%	1.5%
Health Insurance Premiums & Cost Sharing Assistance	1,200	4	100.0%	0.0%	0.0%	0.0%	25.0%	50.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	50.0%	0.0%
Hospice	35	10	80.0%	20.0%	0.0%	0.0%	50.0%	20.0%	30.0%	0.0%	0.0%	0.0%	0.0%	20.0%	10.0%	0.0%	70.0%	0.0%
Linguistic/Interpreter Services	40	38	50.0%	47.4%	0.0%	2.6%	52.6%	5.3%	5.3%	36.8%	0.0%	0.0%	0.0%	13.2%	42.1%	28.9%	13.2%	2.6%
Mental Health Services	250	180	94.4%	3.3%	0.0%	2.2%	24.4%	50.0%	25.0%	0.6%	0.0%	0.0%	1.7%	16.7%	18.3%	15.6%	42.2%	5.6%
Group:		14																
Individual:		172																
Unduplicated Clients Served By State Services Funds:	NA	690	83.3%	14.9%	0.0%	1.7%	57.5%	24.5%	15.5%	2.5%	0.0%	0.9%	4.5%	23.5%	23.8%	14.8%	30.0%	2.6%

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 9/1/2016-12/30/2016

Revised: 2/8/2017

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	274	$38,119.33	160			*0*
Medical Deductible	133	$30,716.77	95			*0*
Medical Premium	2466	$742,649.90	784			*0*
Pharmacy Co-Payment	1160	$104,449.81	539			*0*
APTC Tax Liability	1	$213.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	0	$0.00	0	*NA*	*NA*	*NA*
Totals:	4034	$916,148.81	1578	0	$0.00	

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 9/1/2016-11/30/2016

Revised: 1/10/2017

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	203	$26,232.10				*0*
Medical Deductible	90	$20,845.80				*0*
Medical Premium	1797	$524,068.69				*0*
Pharmacy Co-Payment	962	$82,650.96				*0*
APTC Tax Liability	1	$213.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	0	$0.00	0	*NA*	*NA*	*NA*
Totals:	3053	$654,010.55	0	0	$0.00	

Comments: This report represents services provided under all grants.

2016 Proposed Idea

(Applicant must complete this two-page form as it is. Agency identifying information must be removed or the application will not be reviewed. Please read the attached documents before completing this form: 1.) HRSA HIV-Related Glossary of Service Categories to understand federal restrictions regarding each service category, 2.) Criteria for Reviewing New Ideas, and 3.) Criteria & Principles to Guide Decision Making.)

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY

#1 Control Number Date Received 02/13/17

Proposal will be reviewed by the: Quality Assurance Committee on: 02/16/17 (date)
Priority & Allocation Committee on: 02/23/17 (date)

THIS PAGE IS FOR THE QUALITY ASSURANCE COMMITTEE
(See Glossary of HIV-Related Service Categories & Criteria for Reviewing New Ideas)

1. SERVICE CATEGORY: Emergency Financial Assistance
(The service category must be one of the Ryan White Part A or B service categories as described in the HRSA Glossary of HIV-Related Service Categories.)

This will provide 200 clients with 200 units of service.

2. ADDRESS THE FOLLOWING:

A. DESCRIPTION OF SERVICE: Bridge payment to get new patients HIV medications immediately upon presentation of prescript.

B. TARGET POPULATION (Race or ethnic group and/or geographic area): NO

C. SERVICES TO BE PROVIDED (including goals and objectives): one time HIV medication payment to eliminate wait time for approval by CCP, LPAP or ADAP. elimination of complex administrative process

D. ANTICIPATED HEALTH OUTCOMES (Related to Knowledge, Attitudes, Practices, Health Data, Quality of Life, and Cost Effectiveness): 1. Drop in % of patients lost.
2. stress importance of treatment by immediate start.
3. earlier treatment starts the better the outcome.

3. ATTACH DOCUMENTATION IN ORDER TO JUSTIFY THE NEED FOR THIS NEW IDEA. AND, DEMONSTRATE THE NEED IN AT LEAST ONE OF THE FOLLOWING PLANNING COUNCIL DOCUMENTS:

✓ Current Needs Assessment (Year: 2016) Page(s): 66 Paragraph: ___
___ Current HIV Comprehensive Plan (Year: ____) Page(s): ___ Paragraph: ___
___ Health Outcome Results: Date: _____ Page(s): ___ Paragraph: ___
___ Other Ryan White Planning Document:
Name & Date of Document: _____ Page(s): ___ Paragraph: ___

RECOMMENDATION OF QUALITY ASSURANCE COMMITTEE:
___ Recommended ___ Not Recommended ___ Sent to How To Best Meet Need

REASON FOR RECOMMENDATION:

(Continue on Page 2 of this application form)

DRAFT

Proposed Idea

THIS PAGE IS FOR THE PRIORITY AND ALLOCATIONS COMMITTEE
(See Criteria and Principles to Guide Decision Making)

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY AND INCLUDE A BRIEF HISTORY OF RELATED SERVICE CATEGORY, IF AVAILABLE.

CURRENTLY APPROVED RELATED SERVICE CATEGORY ALLOCATION/UTILIZATION:
Allocation: $ Ø
Expenditure: $ Ø Year-to-Date

Utilization: Ø Unduplicated Clients Served Year-to-Date
Ø Units of Service Provided Year-to-Date

AMOUNT OF FUNDING REQUESTED:
$ 125,000 This will provide funding for the following purposes which will further the objectives in this service category: (describe how): medication purchases

PLEASE STATE HOW THIS IDEA WILL MEET THE PRIORITY AND ALLOCATIONS CRITERIA AND PRINCIPLES TO GUIDE DECISION MAKING. SITE SPECIFIC STEPS AND ITEMS WITHIN THE STEPS: A comprehensive system starts with diagnosis and early treatment. Getting gaps in medical treatment delivery filled assure better results (principle A+B)
1 criteria - A. consumer getting immediate care.
2 criteria A. B. C. D. E. F. G. H. I - all criteria met.

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

___ Recommended for Funding in the Amount of: $_____
___ Not Recommended for Funding
___ Other:

REASON FOR RECOMMENDATION:

LOCAL HIV MEDICATION ASSISTANCE

Local HIV medication assistance, technically referred to as the *Local Pharmacy Assistance Program (LPAP)*, provides HIV-related pharmaceuticals to persons living with HIV (PLWH) who are not eligible for medications through other payer sources, including the state AIDS Drug Assistance Program (ADAP).

(**Graph 1**) In the 2016 Houston HIV Care Services Needs Assessment, 74% of participants indicated a need for *local HIV medication assistance* in the past 12 months. 66% reported the service was easy to access, and 8% reported difficulty. 10% stated that they did not know the service was available.

(**Table 1**) When barriers to *local HIV medication assistance* were reported, the most common barrier type was related to health insurance coverage (24%). Health insurance-related barriers reported include having coverage gaps and being uninsured.

GRAPH 1-Local HIV Medication Assistance, 2016

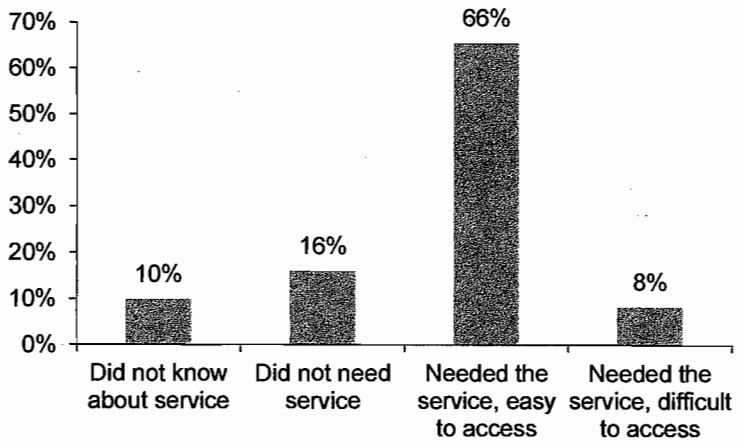


TABLE 1-Top 5 Reported Barrier Types for Local HIV Medication Assistance, 2016

	No.	%
1. Health Insurance Coverage (I)	8	24%
2. Administrative (AD)	4	12%
3. Education and Awareness (EA)	3	9%
4. Eligibility (EL)	3	9%
5. Financial (F)	3	9%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *local HIV medication assistance*, this analysis shows the following:

- More females than males found the service accessible.
- More other/multiracial PLWH than other race/ethnicities found the service accessible.
- More PLWH age 18 to 24 found the service accessible than other age groups.
- In addition, rural and recently released PLWH found the service difficult to access when compared to all participants.

TABLE 2-Local HIV Medication Assistance, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	10%	9%	7%	12%	9%	0%	5%	11%	8%
Did not need service	18%	11%	16%	17%	11%	53%	14%	14%	20%
Needed, easy to access	65%	68%	71%	62%	73%	33%	76%	66%	64%
Needed, difficult to access	7%	11%	7%	9%	7%	13%	5%	8%	8%

TABLE 3-Local HIV Medication Assistance, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	12%	8%	100%	13%	0%	14%
Did not need service	19%	18%	0%	3%	12%	14%
Needed, easy to access	61%	67%	0%	74%	73%	71%
Needed, difficult to access	8%	8%	0%	11%	15%	0%

[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

Priority and Allocations
FY 2017 Guiding Principles and Decision Making Criteria

(Priority and Allocations Committee approved 02-25-16)

Priority setting and allocations must be based on clearly stated and consistently applied principles and criteria. These principles are the basic ideals for action and are based on Health Resources and Services Administration (HRSA) and Department of State Health Services (DSHS) directives. All committee decisions will be made with the understanding that **the Ryan White Program is unable to completely meet all identified needs** and following legislative mandate **the Ryan White Program will be considered funding of last resort.** Priorities are just one of many factors which help determine allocations. All Part A and Part B service categories are considered to be important in the care of people living with HIV/AIDS. Decisions will address at least one or more of the following principles **and** criteria.

Principles are the standards **guiding the discussion** *of all service categories to be prioritized and to which resources are to be allocated. Documentation of these guiding principles in the form of printed materials such as needs assessments, focus group results, surveys, public reports, journals, legal documents, etc. will be used in highlighting and describing service categories (individual agencies are not to be considered). Therefore decisions will be based on service categories that address the following principles, in no particular order:*

Principles

A. Ensuring ongoing client access to a comprehensive system of core services as defined by HRSA
B. Eliminating barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)
C. Meeting the needs of diverse populations as addressed by the epidemiology of HIV
D. Identify individuals unaware of their status and link them to care and address the needs of those that are aware of their status and not in care.
E. Expressing the needs of the communities with HIV for whom the services are intended

Allocations only

F. Documented or demonstrated cost-effectiveness of services and minimization of duplication
G. Availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies

Criteria are the standards on which the committee's decisions will be based. Positive decisions will only be made on service categories that satisfy at least one of the criteria in Step 1 and all criteria in Step 2. Satisfaction will be measured by printed information that address service categories such as needs assessments, focus group results, surveys, reports, public reports, journals, legal documents, etc.

(Continued)

DECISION MAKING CRITERIA STEP 1:

A. Documented service need with consumer perspectives as a primary consideration
B. Documented effectiveness of services with a high level of benefit to people and families living with HIV infection, including quality, cost, and outcome measures when applicable
C. Documented response to the epidemiology of HIV/AIDS in the EMA and HSDA
D. Documented response to emerging needs reflecting the changing local epidemiology of HIV/AIDS while maintaining services to those who have relied upon Ryan White funded services.
E. When allocating unspent and carryover funds, services are of documented sustainability across fiscal years in order to avoid a disruption/discontinuation of services
F. Documented consistency with the current Houston Area Comprehensive HIV Prevention and Care Services Plan and the Continuum of Care and their underlying principles to the extent allowable under the Ryan White Program: to build public support for HIV services; to inform people of their serostatus and, if they test positive, get them into care; to help people maintain their negative status; to help people with HIV improve their health status and quality of life and prevent the progression to AIDS; to help reduce the risk of transmission; and to help people with AIDS improve their health status and quality of life and, if necessary, support the conditions that will allow for death with dignity

DECISION MAKING CRITERIA STEP 2:

A. Services are effective with a high level of benefit to people and families living with HIV, including cost and outcome measures when applicable
B. Services are accessible to all populations infected, affected, or at risk, allowing for differences in need between urban, suburban, and rural consumers as applicable under Part A and B guidelines
C. The Council will minimize duplication of both service provision and administration and services will be coordinated with other systems, including but not limited to HIV prevention, substance use, mental health, and Sexually Transmitted Infections (STIs).
D. Services emphasize access to and use of primary medical and other essential HRSA defined core services
E. Services are appropriate for different cultural and socioeconomic populations, as well as care needs
F. Services are available to meet the needs of all people and families living with or at risk for HIV infection as applicable under Part A and B guidelines
G. Services meet or exceed standards of care
H. Services reflect latest medical advances, when appropriate
I. Services meet a documented need that is not fully supported through other funding streams

PRIORITY SETTING AND ALLOCATIONS ARE SEPARATE DECISIONS. All decisions are expected to address needs of the overall community affected by the epidemic.

DRAFT

2016 Proposed Idea

(Applicant must complete this two-page form as it is. Agency identifying information must be removed or the application will not be reviewed. Please read the attached documents before completing this form: 1.) HRSA HIV-Related Glossary of Service Categories to understand federal restrictions regarding each service category, 2.) Criteria for Reviewing New Ideas, and 3.) Criteria & Principles to Guide Decision Making.)

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY

#2 Control Number Date Received 02/13/17

Proposal will be reviewed by the: Quality Assurance Committee on: 02/16/17 (date)
Priority & Allocation Committee on: 02/23/17 (date)

THIS PAGE IS FOR THE QUALITY ASSURANCE COMMITTEE
(See Glossary of HIV-Related Service Categories & Criteria for Reviewing New Ideas)

1. SERVICE CATEGORY: Transportation (Medical Transportation)
(The service category must be one of the Ryan White Part A or B service categories as described in the HRSA Glossary of HIV-Related Service Categories.)

This will provide **unknown will need staff assist** clients with _____ units of service.

2. ADDRESS THE FOLLOWING:

A. **DESCRIPTION OF SERVICE:** Cab Vouchers to access transportation for PLWHA with safety issues such as Trans-gender, Homeless, people experiencing domestic violence and others,as determined by case manager or Dr.

B. **TARGET POPULATION (Race or ethnic group and/or geographic area):** See above.

C. **SERVICES TO BE PROVIDED (including goals and objectives):** To eliminate barriers to accessing HIV core Medical Service providers in the EMA/HSDA. This services can only be used to travel to/from HIV medical services.

D. **ANTICIPATED HEALTH OUTCOMES (Related to Knowledge, Attitudes, Practices, Health Data, Quality of Life, and Cost Effectiveness):** Lack of transportation is the 5th most commonly-cited barrier among PLWHA Rank #2 w/in the 5 support services, most commonly-cited was lack of transportation (trans. study 2013) Transportation eliminates barriers to care, thereby supporting PLWHA in continuous care Transportation supports linkage to care, Maintenance/retention in care, and viral suppression.

3. ATTACH DOCUMENTATION IN ORDER TO JUSTIFY THE NEED FOR THIS NEW IDEA. AND, DEMONSTRATE THE NEED IN AT LEAST ONE OF THE FOLLOWING PLANNING COUNCIL DOCUMENTS:

x	Current Needs Assessment (Year: 2016)	Page(s): 22-23	Paragraph: 1/Tab1
x	Current HIV Comprehensive Plan (Year: 2017)	Page(s): 81	Paragraph: 1/Tab2
x	Health Outcome Results: Date: FY 2017 Serv. Cat. Info.	Page(s): 1	Paragraph: *
x	Other Ryan White Planning Document: Name & Date of Document: Transgender Study 2013	Page(s): 6	Paragraph: 1&2/tab3

RECOMMENDATION OF QUALITY ASSURANCE COMMITTEE:
___ Recommended ___ Not Recommended ___ Sent to How To Best Meet Need

REASON FOR RECOMMENDATION:

(Continue on Page 2 of this application form)

DRAFT

Proposed Idea

THIS PAGE IS FOR THE PRIORITY AND ALLOCATIONS COMMITTEE
(See Criteria and Principles to Guide Decision Making)

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY AND INCLUDE A BRIEF HISTORY OF RELATED SERVICE CATEGORY, IF AVAILABLE.

CURRENTLY APPROVED RELATED SERVICE CATEGORY ALLOCATION/UTILIZATION:
Allocation: $ 527,362
Expenditure: $ 183,376 Year-to-Date as of 10/27/16

Utilization: 3,374 Unduplicated Clients Served Year-to-Date as of 06/08/16
N/A Units of Service Provided Year-to-Date

AMOUNT OF FUNDING REQUESTED:
$ Unsure This will provide funding for the following purposes which will further the objectives in this service category: (describe how):

PLEASE STATE HOW THIS IDEA WILL MEET THE PRIORITY AND ALLOCATIONS CRITERIA AND PRINCIPLES TO GUIDE DECISION MAKING. SITE SPECIFIC STEPS AND ITEMS WITHIN THE STEPS: Principles: A,C,D,
Criteria STEP 1: A,F
Criteria Step 2: D,E,F

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

___ Recommended for Funding in the Amount of: $_____
___ Not Recommended for Funding
___ Other:

REASON FOR RECOMMENDATION:

2016 Houston HIV Care Services Needs Assessment

A collaboration of:
Houston Area HIV Services Ryan White Planning Council
Houston HIV Prevention Community Planning Group
Harris County Public Health, Ryan White Grant Administration
Houston Health Department, Bureau of HIV/STD and Viral Hepatitis Prevention
Houston Regional HIV/AIDS Resource Group, Inc.
Harris Health System
People Living with HIV in the Houston Area and Ryan White HIV/AIDS Program Consumers

Approved: December 8, 2016

Chapter 2:
Service Needs and Barriers

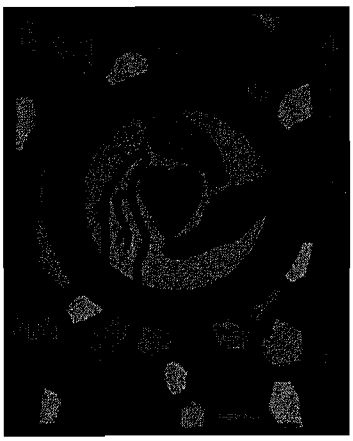
Descriptions of Barriers Encountered

All funded services were reported to have barriers, with an average of 33 reports of barriers per service. Participants reported the least barriers for Hospice (two barriers) and the most barriers for Oral Health Care (86 barriers). In total, 525 reports of barriers across all services were indicated in the sample.

(**Table 1**) Within education and awareness, knowledge of the availability of the service and where to go to access the service accounted for 82% barriers reported. Being put on a waitlist accounted for a majority (66%) of wait-related issues barriers. Poor communication and/or follow up from staff members when contacting participants comprised a majority (51%) of barriers related to staff interactions. Almost all (86%) of eligibility barriers related to participants being told they did not meet eligibly requirements to receive the service or difficulty obtaining the required documentation to establish eligibility. Among administrative issues, long or complex processes required to obtain services sufficient to create a burden to access comprised most (59%) the barriers reported.

Most (84%) of health insurance-related barriers occurred because the participant was uninsured or underinsured and experiencing coverage gaps for needed services or medications. The largest proportion (81%) of transportation-related barriers occurred when participants had no access to transportation. It is notable that multiple participants reported losing bus cards and the difficulty of replacing the cards presented a barrier to accessing other services. Inability to afford the service accounted for all barriers relating to participant financial resources. The service being offered at a distance that was inaccessible to participants or being recently released from incarceration accounted for most (77%) of accessibility-related barriers, though it is worth note that low or no literacy accounted for 14% of accessibility-related barriers. Receiving resources that were insufficient to meet participant needs accounted for most resource availability barriers. Homelessness accounted for virtually all housing-related barriers. Instances in which the participant's employer did not provide sufficient sick/wellness leave for attend appointments comprised most (60%) employment-related barriers.

TABLE 1-Barrier Proportions within Each Barrier Type, 2016					
Education & Awareness	%	Wait-Related Issues	%	Interactions with Staff	%
Availability (Didn't know the service was available)	50%	**Waitlist** (Put on a waitlist)	66%	**Communication** (Poor correspondence/ Follow up from staff)	51%
Definition (Didn't know what service entails)	7%	**Unavailable** (Waitlist full/not available resulting in client not being placed on waitlist)	15%	**Poor Treatment** (Staff insensitive to clients)	17%
Location (Didn't know where to go [location or location w/in agency])	32%	**Wait at Appointment** (Appointment visits take long)	7%	**Resistance** (Staff refusal/ resistance to assist clients)	13%
Contact (Didn't know who to contact for service)	11%	**Approval** (Long durations between application and approval)	12%	**Staff Knowledge** (Staff has no/ limited knowledge of service)	7%
				Referral (Received service referral to provider that did not meet client needs)	17%
Eligibility	%	Administrative Issues	%	Health Insurance	%
Ineligible (Did not meet eligibility requirements)	48%	**Staff Changes** (Change in staff w/o notice)	12%	**Uninsured** (Client has no insurance)	53%
Eligibility Process (Redundant process for renewing eligibility)	16%	**Understaffing** (Shortage of staff)	2%	**Coverage Gaps** (Certain services/medications not covered)	31%
Documentation (Problems obtaining documentation needed for eligibility)	38%	**Service Change** (Change in service w/o notice)	10%	**Locating Provider** (Difficulty locating provider that takes insurance)	13%
		Complex Process (Burden of long complex process for accessing services)	59%	**ACA** (Problems with ACA enrollment process)	17%
		Dismissal (Client dismissal from agency)	4%		
		Hours (Problem with agency hours of operation)	16%		
Transportation		Financial	%	Accessibility	%
No Transportation (No or limited transportation options)	81%	**Financial Resources** (Could not afford service)	100%	**Literacy** (Cannot read/difficulty reading)	14%
Providers (Problems with special transportation providers such as Metrolift or Medicaid transportation)	19%			**Spanish Services** (Services not made available in Spanish)	9%
				Released from Incarceration (Restricted from services due to probation, parole, or felon status)	32%
				Distance (Service not offered within accessible distance)	45%
Resource Availability	%	Housing	%	Employment	%
Insufficient (Resources offered insufficient for meeting need)	56%	**Homeless** (Client is without stable housing)	100%	**Unemployed** (Client is unemployed)	40%
Quality (Resource quality was poor)	44%	**IPV** (Interpersonal domestic issues make housing situation unsafe)	0%	**Leave** (Employer does not provide sick/wellness leave for appointments)	60%



Houston Area Comprehensive HIV Prevention and Care Services Plan

2017 - 2021

Capturing the community's vision for an ideal system of HIV prevention and care for the Houston Area

monthly household income of at least $6,000 or greater (n=349, 43.8%), and even more participants reported living in a house or apartment paid for by self (n=635, 79.7%).

Transportation has consistently been a known limitation to fluid mobility within the Houston Area given its significant geographic spread and limited public transportation system, often creating a barrier to accessing HIV care because of the difficulties in navigating this distance. For the sample population, the majority reported owning a vehicle (n=487, 61.1%) while 236 respondents reported relying on public transportation (29.6%). However, 12 participants in the sample reported having no transportation available to them (1.5%) (**Table 2**).

Table 2: **Demographics of Needs Assessment Participants (N=797)**

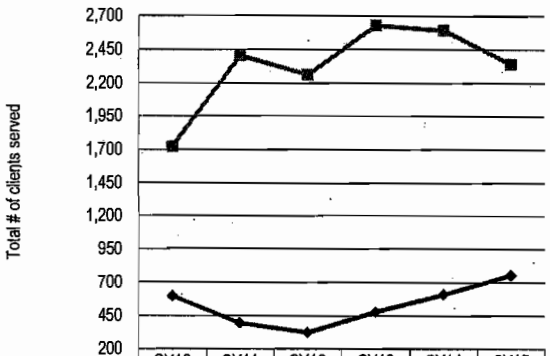
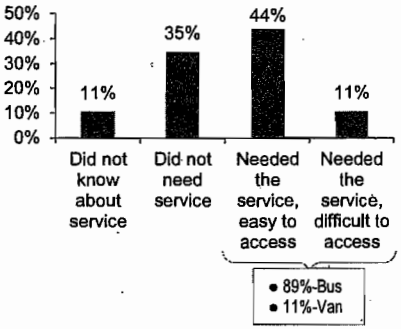
Description	No. (%)	Description	No. (%)
Birth sex		**Employment status**	
Male	498 (62.5%)	Full-time employment	302 (37.9%)
Female	245 (30.7%)	Part-time employment	192 (24.1%)
Intersex	13 (1.6%)	Temporary, contractual, or other work	162 (20.3%)
No response	41 (5.1%)	Student	26 (3.3%)
Race/Ethnicity		Retired	18 (2.3%)
Black or African American	396 (49.7%)	Disabled	48 (6.0%)
Hispanic	267 (33.5%)	Unemployed	16 (2.0%)
White	57 (7.2%)	No response	33 (4.1%)
Other/Multiracial	77 (9.7%)	**Household monthly income**	
Age Group		< $1000	34 (4.3%)
<18	8 (1.0%)	$1000-$1999	15 (1.9%)
18-24	188 (23.6%)	$2000-$2999	72 (9.0%)
25-34	175 (22.0%)	$3000-$3999	89 (11.2%)
35-44	240 (30.1%)	$4000-$4999	45 (5.6%)
45-54	110 (13.8%)	$5000-$5999	135 (16.9%)
55+	76 (9.5%)	$6000+	349 (43.8%)
Education		No response	58 (7.3%)
Post-secondary degree	437 (54.8%)	**Housing status**	
Technical/vocational degree	44 (5.5%)	House/apartment paid by self	635 (79.7%)
High school diploma	188 (23.6%)	House/apartment paid by other	87 (10.9%)
GED	63 (7.9%)	Subsidized housing	38 (4.8%)
Less than high school	59 (7.4%)	Stay with others	12 (1.5%)
No response	6 (0.8%)	No response	25 (3.1%)
Health Insurance		**Transportation**	
Private insurance	199 (25.0%)	Own vehicle	487 (61.1%)
Medicaid/Medicare	112 (14.1%)	Public transportation	236 (29.6%)
Harris Health System	60 (7.5%)	No transportation	12 (1.5%)
COBRA	67 (8.4%)	No response	62 (7.8%)
VA	11 (1.4%)		
Ryan White only	38 (4.8%)		
Self-pay	178 (22.3%)		
No response	340 (42.7%)		

Source: 2016 Houston HIV Prevention Services Needs Assessment

Of the total sample population, 493 identified as a man in their current gender identity or expression, with about 253 reporting woman and 5 reporting part-time as man and part-time as woman. Forty-six participants provided no response, total, for current gender identities or expression. About 473 participants reported a birth sex of male and a current gender identity of man (59.3%). Of those with a current gender identity or expression of man, 350 persons reported a sexual orientation of gay (43.9%), with the next highest percentage identifying as straight/heterosexual (n=121, 15.2%) followed by bisexual (n=20, 2.5%) and pansexual (n=1,

FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 2/13/17

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Transportation (Untargeted & Rural) (Van & Bus Pass)	Part A: FY98: $488,405 FY99: $580,909 FY00: $838,460 FY01: $912,947 FY02: $1,015,666 FY03: $945,743 FY04: $598,816 FY05: $570,000 FY06: $570,000 FY07: $512,000 FY08: $654,539 Part A/B: FY09: $654,539 FY10: $595,366 Part A: FY11: $625,366 FY12: $543,459 FY13: $543,459 FY14: $527,361 FY15: $527,362 FY16: $527,362 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 Van Based: 598 394 322 478 611 754 Bus Pass: 1,725 2,406 2,263 2,628 2,592 2,342 Source: RWGA and The Resource Group, 4/25/16	Van Based: • Following van based transportation services: – 69% of clients accessed HIV primary care at least once: – 72% accessed LPAP at least once; and – 74% accessed oral health services at least once. Bus Pass: • Following bus pass transportation services: – 77% of clients accessed a RW service of some kind at least once; – 36% accessed HIV primary care at least once; – 20% accessed LPAP at least once; and – 25% accessed oral health services at least once. Source: RWGA FY 2013 Final Year Outcomes Reports	Needs Assessment Rankings:[a] Transportation was defined as *"Transportation to/from your HIV medical appointments on a van or with a Metro bus card"* in the 2014 Needs Assessment. Results as defined are below:  • 55% of respondents reported a need for Transportation services, tying this service with Housing as the 5th highest ranked need. • The most common barrier reported for Transportation Services was lack of transportation (18% of all reported barriers to this service).* • Males, African American PLWHA, and PLWHA age 45+ reported the least difficulty accessing Transportation services • Homeless PLWHA, out-of-care, and recently released had the most difficulty accessing Transportation services. *Anecdotally, the initial transportation gap in accessing Transportation services, and the ongoing gap of refilling bus cards was noticed during data collection for the 2011 and 2014 Needs Assessments, and the I/RR and Transgender special studies. However, this particular issue has not been formally measured. Source: 2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year • Increase the proportion of RW clients with UVL by 10% Recommendations from the SIRR Study: • Distribute bus passes through EIS at discharge for use as transportation to a community-based HIV care provider. Recommendations from the Transgender Special Study: • Lack of transportation was cited most often (44%) by transgender consumers as a barrier to HIV care. It is recommended that the workgroup explore ways to reduce transportation barriers for this Special Population.

Access to HIV Care among Transgender and Gender Non-Conforming People in Houston

A Special Study of the Houston Area Ryan White Planning Council
Approved March 14, 2013

BACKGROUND

The Houston Area Ryan White Planning Council is responsible for designing HIV care, treatment, and support services for people living with HIV/AIDS in the Houston Eligible Metropolitan Area (EMA). The Planning Council uses several sources of information in order to meet this mandate, including epidemiological profiles, service-utilization reports, and a community-wide needs assessment of HIV-positive individuals conducted every three years. When specific populations are underrepresented in current data sources, the Planning Council may also commission a special data collection effort, or *Special Study*, to fill data gaps.

In 2012, the Planning Council released its comprehensive HIV prevention and care services plan for the Houston Area. In it are the specific HIV-infected populations in the Houston EMA with insufficient data for assessing their current level of access to HIV services. In response, the Planning Council commissioned a series of Special Studies to gather data on each underrepresented group. This article presents the results of the Planning Council's first Special Study in the series, focused on transgender and gender non-conforming people living with HIV/AIDS in the Houston EMA.

INTRODUCTION

Transgender individuals are among the highest risk for HIV infection in the U.S. today. [1] Moreover, the challenges often faced by transgender individuals in regards to discrimination, stigma, lack of resources, and other social determinants can make it difficult for them to access HIV services.[1] One study of transgender people living with HIV/AIDS showed a statistically lower rate of HIV treatment when compared to nontransgender people.[2] For these reasons and others, transgender communities are a high priority for HIV prevention, linkage, and retention in care efforts both nationally and in the Houston EMA.[3]

However, relatively little is known about the specific needs, gaps, and barriers to HIV care among transgender people in the Houston EMA. Transgender individuals are less than 1% of all Ryan White HIV/AIDS Program clients in the EMA,[4] and only 22 transgender-identified individuals participated in the EMA's most recent community-wide needs assessment of people living with HIV/AIDS.[5] This Special Study sought to describe the HIV service utilization patterns of transgender people living with HIV/AIDS in the Houston EMA, including socio-economic or behavioral factors that may be influencing their use of services, and to establish baselines for core HIV prevention and care indicators, including linkage to care and unmet need.

METHODS

Participants were self-selected, self-identified transgender HIV-positive adult residents of the Houston EMA. Because many individuals may not identify with the term "transgender," inclusion screening questions used the broader terminology of "transgender or gender non-conforming" and offered both a definition of the term and examples along a broad continuum of gender expression. The text for the transgender inclusion screening question for the study was: [6]

> **"Do you consider yourself to be transgender or gender non-conforming in any way?**
> Transgender/gender non-conforming refers to people whose gender identity or expression is different, at least part of the time, from the sex assigned to them at birth

RESULTS

HIV Testing, Diagnosis, and Linkage to Care

The first topic we wanted to address through this study was what motivates transgender people in the Houston EMA to test for HIV and where they test. In our sample, the most commonly-cited reason for testing was feeling sick (25%), followed by receiving an HIV test as part of a routine health check-up (21%). Three percent (3%) of the time the reason for testing was the recommendation of a medical provider, and another 3% was in response to community advertising, The most common location for HIV testing was a dedicated HIV clinic (34%), followed by an ER or hospital (17%). Thirteen percent (13%) said they were tested at a health department, and 9% were tested in jail or prison.

Because treatment for HIV can extend life expectancy and quality of life for those infected, length of time for linkage to care post-diagnosis and current care status are used as indicators of community health related to HIV both nationally and locally.[3,9] At the time of this study, baselines were missing for both of these measures for the transgender population in the Houston EMA. Therefore, the next topics we sought to address in the study were linkage to care and patterns of care. We asked respondents when they first saw a doctor for HIV following their diagnosis (either within three months or more than three months, per the federal benchmark[9]) and if they were currently meeting the national definition of being in care, which is defined as completing at least one of the following in the last 12 months: (1) seen a doctor for HIV, (2) taken HIV medications, (3) had an HIV viral load test, or (4) had a CD4 count test.[10]

(See Table 2) The majority of the transgender people in this study was linked to care within three months of their HIV diagnosis (76%). This percentage is comparable to current estimates for the Houston EMA as a whole (77%), [11] though lower than both local and national goals.[3,9] For those in the sample who did report delayed care, the most commonly-cited reason was denial about being HIV-positive (80%). However, 16% of the time the reasons were lack of knowledge about where to go for HIV services, fear about how the medical staff would react to their gender variance, and fear about how other clients would react. Twelve percent (12%) of the time the reason for delayed care was having to disclose their gender variant status to providers and staff.

TABLE 2-Linkage to Care among Participating Transgender People Who Are HIV Positive (n=133) Compared to the General HIV-Positive Population in the Houston Area and Local and National Goals

	Transgender Participants	General HIV+ Population[a]	Goal[b]
Linked to HIV Care within 3 Months of Diagnosis	75.9%	77.4%	85.0%

[a]Texas Department of State Health Services, 8/20/12
[b]National HIV/AIDS Strategy for the United States (July 2010); Houston Area Comprehensive HIV Prevention and Care Services Plan (2012 – 2014)

The majority of the people in this study was also currently in care (97%). This percentage far exceeds estimates for the general HIV-positive population in the Houston EMA (75%).[12] This is most likely a bias in our sample, rather than a true unmet need result, due to study recruitment taking place at HIV clinics and HIV group homes. Therefore, no additional analysis was performed on this data point.

HIV Care Service Utilization, Barriers to Care, and Service Needs

(See Table 3) Another topic we wanted to explore in this study was the use of specific HIV care, treatment, and support services by transgender people in the Houston EMA. To do this, we

TABLE 3-HIV Care Services Used and Barriers Reported by Participating Transgender People Who Are HIV Positive (n=132) in the Houston Area

Service Category (in order)	Reporting Use of Service # (%)	Service Category (in order)	Reporting Barrier to Use # (%)
Primary HIV care	113 (85.6)	Oral health care	28 (21.2)
Transportation	76 (57.6)	Primary HIV care	23 (17.4)
Case management	64 (48.5)	Case management	23 (17.4)
Oral health care	60 (45.5)	Transportation	18 (13.6)
Mental health counseling	59 (44.7)	Medical nutritional therapy	15 (11.4)
Medical nutritional therapy	51 (38.6)	Mental health counseling	13 (9.8)
HIV medication assistance	46 (34.8)	Legal services	8 (6.1)
Substance abuse treatment	28 (21.2)	Health insurance assistance	7 (5.3)
Health insurance assistance	25 (18.9)	Hospice care	7 (5.3)
Legal services	21 (15.9)	HIV medication assistance	6 (4.5)
Day treatment	19 (14.4)	Day treatment	6 (4.5)
Language services	14 (10.6)	Substance abuse treatment	4 (3.0)
Hospice care	9 (6.8)	Language services	4 (3.0)

asked each respondent if, in the past 12 months, they had used each of the services that the Planning Council had prioritized for funding through the Ryan White HIV/AIDS Program and if they had experienced any difficulties accessing each of the services, regardless of recent use. Primary HIV care (86%), transportation (58%), and clinic-based case management (49%) were the most used services in past 12 months. The services cited most often as having difficulties to access were oral health care (21%), primary HIV care (17%), and clinic-based case management (17%). These findings are consistent with the general population of HIV-positive people in the Houston EMA.[13]

(See Table 4) Specific barriers faced by this population when seeking HIV services were also explored. When asked what barriers, if any, respondents had faced at any time since their diagnosis, the most commonly-cited was lack of transportation (44%). Also high on the list was being treated poorly by staff due to gender variance (29%), lack of funds to pay for services (28%), and denial about being HIV-positive (24%). In addition, 19% of respondents reported lack of provider familiarity with transgender needs as a barrier to care. Twenty-two percent (22%) reported no barriers. When compared to

TABLE 4-Most Commonly-Cited Specific Barriers to HIV Care Reported by Participating Transgender People Who Are HIV Positive (n=105) Compared to the General HIV-Positive Population in the Houston Area

Specific Barrier Experienced (in order)	# (%) Reporting	Rank among General HIV+ Population[a]
No transportation	46 (43.8)	6
Treated poorly by staff due to being transgender	30 (28.6)	--
No money, the services cost too much	29 (27.6)	11
Fear or denial about being HIV-positive	25 (23.8)	14
Wait times for services were too long	20 (19.0)	3
Hard to get an appointment for HIV services	20 (19.0)	5
Providers are not familiar with transgender needs	20 (19.0)	--
A problem with drugs or alcohol	18 (17.1)	--
Lack of housing	18 (17.1)	--
Felt fine, not sick, "didn't think I needed HIV care"	16 (15.2)	--
HIV care a low priority	16 (15.2)	--
No Barriers Experienced	30 (22.2)	--

[a]2011 Houston Area HIV/AIDS Needs Assessment, April 2011 (n=924). Ranking is for core and support services combined; no distinction between type of service was made in our study.

Priority and Allocations
FY 2017 Guiding Principles and Decision Making Criteria

(Priority and Allocations Committee approved 02-25-16)

Priority setting and allocations must be based on clearly stated and consistently applied principles and criteria. These principles are the basic ideals for action and are based on Health Resources and Services Administration (HRSA) and Department of State Health Services (DSHS) directives. All committee decisions will be made with the understanding that **the Ryan White Program is unable to completely meet all identified needs** and following legislative mandate **the Ryan White Program will be considered funding of last resort.** Priorities are just one of many factors which help determine allocations. All Part A and Part B service categories are considered to be important in the care of people living with HIV/AIDS. Decisions will address at least one or more of the following principles **and** criteria.

Principles are the standards **guiding the discussion** *of all service categories to be prioritized and to which resources are to be allocated. Documentation of these guiding principles in the form of printed materials such as needs assessments, focus group results, surveys, public reports, journals, legal documents, etc. will be used in highlighting and describing service categories (individual agencies are not to be considered). Therefore decisions will be based on service categories that address the following principles, in no particular order:*

Principles

A. Ensuring ongoing client access to a comprehensive system of core services as defined by HRSA
B. Eliminating barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)
C. Meeting the needs of diverse populations as addressed by the epidemiology of HIV
D. Identify individuals unaware of their status and link them to care and address the needs of those that are aware of their status and not in care.
E. Expressing the needs of the communities with HIV for whom the services are intended

Allocations only

F. Documented or demonstrated cost-effectiveness of services and minimization of duplication
G. Availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies

Criteria are the standards on which the committee's decisions will be based. Positive decisions will only be made on service categories that satisfy at least one of the criteria in Step 1 and all criteria in Step 2. Satisfaction will be measured by printed information that address service categories such as needs assessments, focus group results, surveys, reports, public reports, journals, legal documents, etc.

(Continued)

DECISION MAKING CRITERIA STEP 1:

A. Documented service need with consumer perspectives as a primary consideration
B. Documented effectiveness of services with a high level of benefit to people and families living with HIV infection, including quality, cost, and outcome measures when applicable
C. Documented response to the epidemiology of HIV/AIDS in the EMA and HSDA
D. Documented response to emerging needs reflecting the changing local epidemiology of HIV/AIDS while maintaining services to those who have relied upon Ryan White funded services.
E. When allocating unspent and carryover funds, services are of documented sustainability across fiscal years in order to avoid a disruption/discontinuation of services
F. Documented consistency with the current Houston Area Comprehensive HIV Prevention and Care Services Plan and the Continuum of Care and their underlying principles to the extent allowable under the Ryan White Program: to build public support for HIV services; to inform people of their serostatus and, if they test positive, get them into care; to help people maintain their negative status; to help people with HIV improve their health status and quality of life and prevent the progression to AIDS; to help reduce the risk of transmission; and to help people with AIDS improve their health status and quality of life and, if necessary, support the conditions that will allow for death with dignity

DECISION MAKING CRITERIA STEP 2:

A. Services are effective with a high level of benefit to people and families living with HIV, including cost and outcome measures when applicable
B. Services are accessible to all populations infected, affected, or at risk, allowing for differences in need between urban, suburban, and rural consumers as applicable under Part A and B guidelines
C. The Council will minimize duplication of both service provision and administration and services will be coordinated with other systems, including but not limited to HIV prevention, substance use, mental health, and Sexually Transmitted Infections (STIs).
D. Services emphasize access to and use of primary medical and other essential HRSA defined core services
E. Services are appropriate for different cultural and socioeconomic populations, as well as care needs
F. Services are available to meet the needs of all people and families living with or at risk for HIV infection as applicable under Part A and B guidelines
G. Services meet or exceed standards of care
H. Services reflect latest medical advances, when appropriate
I. Services meet a documented need that is not fully supported through other funding streams

PRIORITY SETTING AND ALLOCATIONS ARE SEPARATE DECISIONS.
All decisions are expected to address needs of the overall community affected by the epidemic.

UPDATED:
02/01/17

All meetings subject to change. Please call in advance to confirm: 713 572-3724.

Unless otherwise noted, meetings are held at:

2223 W. Loop South,
Suite 240
Houston, TX 77027

June 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 12 noon Steering Committee	**2**	**3**
4	**5** National HIV Long-Term Survivors Awareness Day	**6**	**7**	**8** 12 noon Planning Council Room 532 2:00 pm Comp HIV Planning Room 532	**9**	**10**
11	**12**	**13** 2:00 p.m. Operations	**14** Project LEAP	**15** 11:00 a.m. Quality Improvement Room 532	**16**	**17**
18	**19** 12 noon Affected Community Room TBD	**20**	**21** SIRR	**22** 11:00 a.m. Priority & Allocations Room 532	**23**	**24**
25	**26** 7:00 p.m. Public Hearing 900 Bagby 77002	**27** National HIV Testing Day 11:00 a.m. Priority & Allocations	**28**	**29**	**30**	

2017 Ryan White Planning Council

STANDING COMMITTEE LIST

(Updated 02-13-17)

Red Text = Committee Mentor

STEERING	
Cecilia Ross, RWPC Chair	Curtis Bellard, Co-Chair, Operations
John Lazo, Vice Chair	Nancy Miertschin, Co-Chair, Operations
Carol Suazo, Secretary	Ella Collins-Nelson, Co-Chair, Priority and Allocations
Rodney Mills, Co-Chair, Affected Community	Paul Grunenwald, Co-Chair, Priority and Allocations
Tana Pradia, Co-Chair, Affected Community	Robert Noble, Co-Chair, Quality Improvement
Isis Torrente, Co-Chair, Comprehensive HIV Planning	Gloria Sierra, Co-Chair, Quality Improvement
Steven Vargas, Co-Chair, Comprehensive HIV Planning	

AFFECTED COMMUNITY			
1. Rodney Mills, Co-Chair	7. Arlene Johnson	***External Members:***	
2. Tana Pradia, Co-Chair	8. Denis Kelly	*1. Alex Moses*	
3. Curtis Bellard	9. Allen Murray	*2. Jacob Sandler*	
4. Ardry "Skeet" Boyle	10. John Poole		
5. Amber David	11. Teresa Pruitt		
6. Herman Finley	12. Isis Torrente		

COMPREHENSIVE HIV PLANNING			
1. Isis Torrente, Co-Chair	8. Osaro Mgbere	***External Members:***	
2. Steven Vargas , Co-Chair	9. Allen Murray	*1. Taneisha Broaddus*	
3. Ted Artiaga	10. Shital Patel	*2. Oluseyi Orija*	
4. Denny Delgado	11. Larry Woods	*3. David Watson*	
5. Evelio Salinas Escamilla		*4. Maggie White*	
6. Tracy Gorden			
7. Herman Finley			

OPERATIONS			
1. Curtis Bellard, Co-Chair	4. Denis Kelly		
2. Nancy Miertschin, Co-Chair	5. Carol Suazo		
3. Ardry "Skeet" Boyle	6. Isis Torrente		

PRIORITY AND ALLOCATIONS			
1. Ella Collins-Nelson, Co-Chair	4. J. Hoxi Jones	7. Krystal Shultz	***External Members:***
2. Paul Grunenwald, Co-Chair	5. Peta-gay Ledbetter		*1. Bruce Turner*
3. Angela F. Hawkins	6. John Lazo		

QUALITY IMPROVEMENT			
1. Robert Noble, Co-Chair	8. Amber David	***External Members:***	
2. Gloria Sierra,Co- Chair	9. Johnny Deal	*1. Kevin Aloysius*	*7. Angelica Williams*
3. Ted Artiaga	10. Tom Lindstrom	*2. Billy Ray Grant, Jr.*	
4. Connie Barnes	11. John Poole	*3. Shamra Hodge*	
5. Curtis Bellard	12. Teresa Pruitt	*4. Esther Ogunjimi*	
6. Bianca Burley	13. Venita Ray	*5. Amana Turner*	
7. David Benson	14. Viviana Santibanez	*6. Samantha Robinson*	

(Over)

FYI

In an effort to save paper, most of the following pages are two sided.

Houston Area HIV & Aging Coalition

TOPIC

Sex and Intimacy after an HIV Diagnosis

GUEST

Gabriel Clark and Bill O'Rourke

2 PM, February 25th Room 112/113

FOR:

Educators
Prevention staff
Elder service providers
Aging community members regardless of status

the Montrose Center
401 Branard Street, Houston, TX 77006

MISSION: To reduce the risk of HIV transmission in older adults and to serve the needs of those who are aging with HIV.

401 BRANARD STREET | HOUSTON, TX 77006 | 713.529.0037 | MONTROSECENTER.ORG

the Montrose Center

New SF General clinic treats older HIV patients

By Erin Allday, San Francisco Chronicle

February 2, 2017 Updated: February 3, 2017 9:07am

HIV patient Pamela Phelan, (left) meets with RN Valerie Robb, (center) and pharmacist Janet Grochowski during an appointment in San Francisco Ca. on Thursday Feb. 2, 2017. San Francisco General Hospital's long-time HIV ward has made a remarkable new addition: a geriatric clinic called Golden Compass. As Ward 86 patients grow older the clinic will address the needs of an aging AIDS population.

Photo: Michael Macor, The Chronicle

When Ward 86 opened at San Francisco General Hospital, on the sixth floor of a faded red-brick building, the patients who came and went were mostly young gay men, and they were dying of AIDS. Nearly 35 years later, the ward has made a remarkable new addition: a geriatric clinic.

As Ward 86's patients grow older, and as AIDS no longer looms as an imminent death threat, their medical needs are changing. Instead of worrying primarily about HIV and its related infections, they are now facing heart disease, cognitive decline, bone weakness and hearing and vision problems.

They're struggling with symptoms of aging that no one — not the patients or their caregivers — ever thought they'd live long enough to experience.

The associate director of Golden Compass Dr. Meredith Green in San Francisco Ca. on Thursday Feb. 2, 2017. San Francisco General Hospital's long-time HIV ward has made a remarkable new addition: a geriatric clinic called Golden Compass. As Ward 86 patients grow older the clinic will address the needs of an aging AIDS population.

Photo: Michael Macor, The Chronicle

"This is all still new. We're still figuring out how to think about the chronic conditions people are facing and not just their viral load or T-cell count," said Dr. Meredith Greene, associate director of the geriatric clinic. "We're starting to recognize that things have changed."

The new clinic, called Golden Compass, started in January and is growing, with classes, consultations and support groups for people with HIV age 50 and older. It opened with a $100,000 donation made last year by AIDS Walk, which recently committed another $75,000. Ideally, clinic leaders hope to get permanent funding from the city.

Greene, a UCSF physician who specializes in geriatric care and HIV and has been consulting part-time at Ward 86 for more than a year, said the project is among the first of its kind in the United States. In the weeks since it opened, she said, people have been calling from around the country to express interest in launching similar programs.

Last Men Standing

Read "Last Men Standing," The Chronicle's award-winning story on long-term HIV and AIDS survivors, at http://projects.sfchronicle.com/2016/living-with-aids.

The clinic is a long-needed addition to Ward 86, where 1,600 of its 2,500 patients are 50 years or older, and where many have lived with HIV for at least two decades, said Dr. Monica Gandhi, medical director of the ward.

"It thrills me every day that we are talking about thriving, not just surviving," Gandhi said. "It's all about living until you're 90 and living well. It used to be that palliative care was all we had. Now we can talk about HIV and aging."

The services offered through the clinic cover a wide array of physical and mental health ailments that are largely related to aging. A cardiologist who focuses on HIV and heart health regularly consults with doctors.

The HIV specialists in the ward, meanwhile, use the clinic to check on bone health, cognitive problems and mobility issues. In addition, the clinic provides weekly dental, vision and hearing assessments, and classes on fitness and brain health. A patient support group meets once a month.

Even before the clinic opened, a full-time pharmacist began meeting with older patients to go over their medication load, looking for problematic drug interactions and reviewing prescriptions that may need to be updated or even stopped. It's not unusual for older Ward 86 patients to be on 20 drugs to treat everything from HIV to high blood pressure and diabetes. Sometimes their health can be improved just by juggling their meds.

"Recently we had a patient who had nausea during the day," said Janet Grochowski, the Ward 86 pharmacist. "So we looked through his medication list and saw that he was taking many medications in the morning, before he ate. We moved them to the evening so he could take them with dinner, and that helped quite a bit."

A key component of the clinic is incorporating mental health care and social support, Greene said. In studies she's done of older people with HIV, she found that most experienced loneliness

or depression, or reported low levels of social support from friends and family. More than 1 in 10 have symptoms of post-traumatic stress disorder.

The effects of social isolation are especially profound among longtime HIV survivors who might have lost many friends during the AIDS epidemic, Greene said.

"People I've seen who are long-term survivors, who survived the '80s and '90s, that comes up over and over," she said. "Sometimes even getting an emergency contact number can be hard."

Simply making HIV doctors aware of the potential mental health complications of longtime survival can improve patients' access to services, which can include a psychiatric referral or an invitation to a social or support group, Greene said.

Chip Supanich, a longtime HIV survivor who has worked as an advocate for the survivor community, said the clinic is "exactly what we like to see."

"We've been concerned that gerontologists didn't know about HIV, and HIV docs were unfamiliar with issues people face in their older years," said Supanich, 56, who is not a Ward 86 patient. "We wanted to bring the two together."

Growing older with HIV can be confusing, said Supanich, who tested positive for HIV in 1985 but believes he became infected in 1981. Patients and their doctors can have difficulty understanding whether a new symptom is related to HIV or is just a normal part of growing older, which can complicate treatment.

Though he's generally pretty healthy, Supanich said he's had some recent problems with spinal stenosis and neurological issues. "It's challenging, but it goes with the territory, I guess," he said.

"I have had 30 extra years than they thought I would," he added. "I live in gratitude for that pretty much every day."

Erin Allday is a San Francisco Chronicle staff writer. Email: eallday@sfchronicle.com Twiter: @erinallday