

## Houston Area HIV Services Ryan White Planning Council

### Priority & Allocations Committee Meeting

11:00 a.m., Thursday, October 26, 2017

Meeting Location: 2223 West Loop South, Room 532

Houston, TX 77027

### AGENDA

\* - to be distributed at the meeting

- I. Call to Order Ella Collins-Nelson and  
Paul Grunenwald, Co-Chairs
  - A. Moment of Reflection
  - B. Adoption of the Agenda
  - C. Approval of the Minutes
  
- II. Public Comment  
 (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV 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 living 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.)
  
- III. New Business
  - A. Plan for FY2018 Carryover Funds (see attached)
  - B. Plan for FY 2017 Unspent Funds in Final Quarter (see attached)
  
- IV. Updates from Ryan White Grant Administration Carin Martin, Manager
  - A. See attached report dated 08/10/17
  
- V. Updates from the Resource Group Sha'Terra Fairley, Health Planner
  - A. Updates on the June 2017 allocation of SS-R\*\* funds
  - B. See attached reports dated 08/02/17 and 10/10/17
  
- VI. Requests for Allocation Increases
  - A. NOTE: Motion #7 on the July 27, 2017 Committee Minutes
  - B. FY 2017 Ryan White Requests\*
  
- VII. Old Business Tori Williams
  - A. Suggested changes to report formats for 2018
  - B. Quarterly Committee Report
  - C. 2018 Committee Goals
  
- VIII. Announcements
  - Appreciations
  - Committee meetings in November and December are **cancelled**
  
- IX. Adjourn

\*\* SS-R = State Services Rebate funds

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

**MINUTES**

11:00 a.m., Wednesday, July 27, 2017

Meeting Location: 2223 West Loop South, Room 532; Houston, TX 77027

<b>MEMBERS PRESENT</b>	<b>OTHERS PRESENT</b>	<b>STAFF PRESENT</b>
Paul Grunenwald, Co-Chair	Nancy Miertschin, HHS	<i>Ryan White Grant Admin</i>
Ella Collins-Nelson, Co-Chair		Carin Martin
Bobby Cruz		Tasha Traylor
Angela F. Hawkins		Heather Keizman
J. Hoxi Jones		
Peta-gay Ledbetter		<i>Office of Support</i>
Allen Murray		Tori Williams
Krystal Perez		Amber Harbolt
C. Bruce Turner		Diane Beck

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

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

**Approval of Agenda:** *Motion #1:* *it was moved and seconded (Turner, Hawkins) to approve the agenda. Motion carried unanimously.*

**Approval of the Minutes:** *Motion #2:* *it was moved and seconded (Hawkins, Jones) to approve the June 21, 2017 minutes. Motion carried.* Abstention: Cruz.

**Public Comment and Announcements:** See attached written comment dated 06-19-17. Committee member Bobby Cruz provided the following verbal comment: Mr. Cruz has an HIV+ friend who works at a restaurant and who got very sick. He had no insurance, wasn't taking medication, and ended up in the hospital. Three months later, and thanks to a Ryan White funded agency, his friend is getting wonderful care and is undetectable. Mr. Cruz had no idea that there were such services available until he took Project LEAP, met a case manager through the class and, with her help, was able to get his friend into care.

**Updates from the Ryan White Grant Administration:** Martin said that the MAI funds have been used for medical care but HRSA would like them to be used in more creative ways. Martin is aware of a mobile app that was created by AIDS United to help people stay in care. She is not yet sure of the costs, but feels that it might be a good project for a one time use of the MAI funds.

**Requests for increased funding from Ryan White Part A/MAI:** The committee reviewed 11 requests, ten for Part A and one for MAI, for increased funding and sorted them into three

categories: 1.) yes fund, 2.) maybe fund and 3.) do not fund. Then they reviewed each request, made their final recommendations and justified their decisions (see attached chart for details).

**Motion #3:** *it was moved and seconded (Turner, Hawkins) to add Emergency Financial Assistance as a funding request for both Part A and MAI funds. **Motion carried unanimously.***

**Motion #4:** *it was moved and seconded (Turner, Collins-Nelson) to fully fund MAI Control #1 (\$68,750), Emergency Financial Assistance (\$50,000) and Part A Control #4 physician visits (\$165,000), with the remaining funds (\$347,746) to be set aside for the mobile app pilot project, pending approval by the Quality Improvement Committee. **Motion carried.** Abstention: Perez*

**Motion #5:** *it was moved and seconded (Turner, Hawkins) to approve the attached allocation increase requests for FY 2017 Ryan White Part A funds. **Motion carried.** Abstention: Perez*

**Motion #6:** *it was moved and seconded (Turner, Hawkins) to approve the attached allocation increases for FY 2017 Ryan White Part A and MAI funds. **Motion carried.** Abstention: Perez*

**Motion #7:** *it was moved and seconded (Turner, Ledbetter) that, in case funds cannot be used for Emergency Financial Assistance in FY 2017, they are to be reallocated as follows: Part A funds will be allocated to LPAP and MAI funds will be allocated to the mobile app pilot project. **Motion carried unanimously.***

**Announcements:** The August and September committee meetings are cancelled.

**Adjournment:** The meeting adjourned at 1:14 p.m.

Submitted by:

Approved by:

\_\_\_\_\_  
Tori Williams, Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Date

**Ryan White Reallocations as of 07-28-17: Ryan White Part A and MAI\* Funding**

Part A Funds Available for Reallocation: **\$444,642** MAI Funds Available for Reallocation: **\$631,496**

Control Number	Service Category	Amount Requested	Recommended Part A Reallocations	Recommended MAI Reallocations	Justification
1	Oral - General Dentistry	\$30,000	\$29,717	\$0	To decrease wait time for appointments for new clients
2	Transportation	\$40,000	\$30,000	\$0	To provide transportation for clients for whom public transportation is not accessible
3	Vision	\$50,000	\$0	\$0	Reallocated funding to this service category in April 2017
4	Primary Care MD/NP/PA - \$165,000 LPAP - \$30,000 MCM - \$37,500 CMSL - \$14,000	\$246,500	\$81,500	\$165,000	To increase the number of clients served MAI: MD/NP/PA - \$165,000 Part A: LPAP - \$30,000 MCM - \$37,500 CMSL - \$14,000
5	Vision	\$39,975	\$0	\$0	Reallocated funding to this service category in April 2017
6	Primary Care Primary Care Visits - \$199,925 MCM - \$75,000 Disbursements - \$63,425	\$338,350	\$128,425	\$0	To increase the number of clients served Primary medical care visits coming from MAI Part A: MCM - \$75,000 Disbursements - \$53,425
7	Clinical Case Management	\$60,000	\$50,000	\$0	To increase the number of clients served
8	Clinical Case Management	\$75,000	\$65,000	\$0	To increase the number of clients served
9	Health Insurance Assistance Program	\$300,000	\$0	\$0	Multiple funding streams; conflicting information provided for this service category
10	Medical Nutritional Therapy	\$10,000	\$10,000	\$0	To increase the number of clients served
11	Emergency Financial Assistance	\$100,000	\$50,000	\$50,000	To bridge the gap in medications for new clients while other payers are secured
1	MAI - Primary Care	\$68,750	\$0	\$68,750	To decrease wait time for appointments for new clients
		<b>\$1,358,575</b>	<b>\$444,642</b>	<b>\$283,750</b>	
		<b>REMAINING:</b>	<b>\$0</b>	<b>\$ 347,746</b>	

\*MAI = Minority AIDS Initiative

**\*\* Earmark \$347,746 in MAI for phone app program (pending QI)**

Scribe: Beck

C = chaired the meeting; VP – participated via telephone; JA – just arrived; LM – left meeting

2017 Priority & Allocations Committee Voting Record for 07/27/17

MEMBERS	Motion #1 Agenda Carried				Motion #2 June 21, 2017 Minutes Carried				Motion #3 Add EFA to funding requests Carried				Motion #4 Requests for MAI funding Increases Carried				Motion #5 Requests for Part A funding Increases Carried				Motion #6 FY 2017 Funding Allocation Chart Carried				Motion #7 Reallocation of EFA funds if necessary 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	
Paul Grunenwald, Co-Chair				C					C				C				C				C								C
Ella Collins-Nelson, Co-Chair		X				X				X				X				X				X				X			
Allen Murray		X				X				X				X				X				X				X			
Angela F. Hawkins		X				X				X				X				X				X				X			
Bobby Cruz		X					X			X				X				X				X				X			
C. Bruce Turner		X				X				X				X				X				X				X			
J. Hoxi Jones		X				X				X				X				X				X				X			
Krystal Shultz		X				X				X				X				X				X				X			
Peta-gay Ledbetter		X				X				X				X				X				X				X			

Priority	Service Category	Original Allocation <i>R/WPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	<b>Outpatient/Ambulatory Primary Care</b>	9,795,737	50,000	0	0	0	9,845,737	47.66%	9,845,737	0		1,682,758	17%	25%
1.a	Primary Care - Public Clinic (a)	3,643,839	0	0	0	0	3,643,839	17.64%	3,643,839	0	3/1/2017	\$543,297	15%	25%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	0	0	0	0	940,447	4.55%	940,447	0	3/1/2017	\$259,923	28%	25%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	0	0	0	786,424	3.81%	786,424	0	3/1/2017	\$216,218	27%	25%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,038,843	0	0	0	0	1,038,843	5.03%	1,038,843	0	3/1/2017	\$121,810	12%	25%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,166,658	0	0	0	0	1,166,658	5.65%	1,166,658	0	3/1/2017	\$185,790	16%	25%
1.f	Primary Care - Women at Public Clinic (a)	1,902,089	0	0	0	0	1,902,089	9.21%	1,902,089	0	3/1/2017	\$247,740	13%	25%
1.g	Primary Care - Pediatric (a.1)	15,437	0	0	0	0	15,437	0.07%	15,437	0	3/1/2017	\$4,200	27%	25%
1.h	Vision	302,000	50,000	0	0	0	352,000	1.70%	352,000	0	3/1/2017	\$103,780	29%	25%
2	<b>Medical Case Management</b>	2,215,702	0	0	0	0	2,215,702	10.73%	2,215,702	0		\$22,191	24%	25%
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.37%	488,656	0	3/1/2017	\$134,285	27%	25%
2.b	Med CM - Public Clinic (a)	162,622	0	0	0	0	162,622	0.79%	162,622	0	3/1/2017	\$32,784	20%	25%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0	0	321,070	1.55%	321,070	0	3/1/2017	\$128,849	40%	25%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0	0	321,072	1.55%	321,072	0	3/1/2017	\$78,150	24%	25%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0	0	107,247	0.52%	107,247	0	3/1/2017	\$21,285	20%	25%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0	0	348,760	1.69%	348,760	0	3/1/2017	\$42,913	12%	25%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.87%	180,311	0	3/1/2017	\$18,314	10%	25%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0	0	160,051	0.77%	160,051	0	3/1/2017	\$33,985	21%	25%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.39%	80,025	0	3/1/2017	\$25,382	32%	25%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.22%	45,888	0	3/1/2017	\$6,245	14%	25%
3	<b>Local Pharmacy Assistance Program (a) (e)</b>	2,384,796	0	0	0	0	2,384,796	11.55%	2,384,796	0	3/1/2017	\$817,005	34%	25%
4	<b>Oral Health</b>	166,404	0	0	0	0	166,404	0.81%	166,404	0	3/1/2017	\$7,350	34%	25%
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0	0	0	166,404	0.81%	166,404	0	3/1/2017	\$57,350	34%	25%
5	<b>Mental Health Services (c)</b>	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
6	Health Insurance (c)	1,294,551	0	0	0	0	1,294,551	6.27%	1,294,551	0	3/1/2017	\$286,177	22%	25%
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	0.22%	45,677	0	3/1/2017	\$13,463	29%	25%
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	1.65%	341,395	0	3/1/2017	\$110,276	32%	25%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Outreach Services	490,000	-70,000	0	0	0	420,000	2.03%	0	420,000	7/1/2017	\$0	0%	0%
13	<b>Non-Medical Case Management</b>	1,231,002	0	0	0	0	1,231,002	5.96%	1,231,002	0		278,970	23%	25%
13.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.54%	110,793	0	3/1/2017	\$68,910	62%	25%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	0	0	100,000	0.48%	100,000	0	3/1/2017	\$11,730	12%	25%
13.c	Service Linkage at Public Clinic (a)	427,000	0	0	0	0	427,000	2.07%	427,000	0	3/1/2017	\$0	0%	25%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	0	0	593,209	2.87%	593,209	0	3/1/2017	\$198,330	33%	25%
14	<b>Medical Transportation</b>	527,362	-45,275	0	0	0	482,087	2.33%	349,865	132,222		80,640	23%	25%
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.22%	252,680	0	3/1/2017	\$68,910	27%	25%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.47%	97,185	0	3/1/2017	\$11,730	12%	25%
14.c	Transportation vouchers (bus passes & gas cards)	177,497	-45,275	0	0	0	132,222	0.64%	0	132,222	3/1/2017	\$0	#DIV/0!	0%
15	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
16	Other Professional Services	125,000	-125,000	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
17	Emergency Financial Assistance	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
18	Referral for Health Care and Support Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
BER27/18	<b>Total Service Dollars</b>	18,617,626	-120,275	0	0	0	18,427,351	87.18%	17,875,129	132,222		3,848,829	22%	25%
	<b>Grant Administration</b>	1,658,827	16,220	0	0	0	1,675,047	8.11%	1,146,388	528,659	N/A	1,080,632	94%	25%



FY 2017 Ryan White Part A and MAI Service Utilization Report

SUR - 1st Quarter (3/1-5/31)																				
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Verify	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	Verify	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	Verify
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	4,072	72%	28%	100%	48%	15%	3%	34%	100%	0%	0%	5%	24%	27%	14%	27%	2%	100%
1.a	Primary Care - Public Clinic (a)	2,350	2,124	69%	31%	100%	51%	10%	2%	37%	100%	0%	0%	3%	18%	27%	15%	35%	3%	100%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	774	68%	32%	100%	98%	0%	2%	0%	100%	0%	1%	10%	37%	28%	9%	15%	1%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	513	85%	15%	100%	0%	0%	0%	100%	100%	0%	0%	5%	30%	31%	14%	19%	1%	100%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	350	91%	9%	100%	0%	90%	10%	0%	100%	0%	1%	3%	24%	24%	17%	28%	3%	100%
1.e	Primary Care - CBO Targeted to Rural (a)	400	358	71%	29%	100%	41%	26%	3%	30%	100%	0%	1%	7%	29%	27%	15%	21%	1%	100%
1.f	Primary Care - Women at Public Clinic (a)	1,000	667	0%	100%	100%	62%	8%	1%	28%	100%	0%	0%	2%	14%	31%	17%	32%	4%	100%
1.g	Primary Care - Pediatric (a)	7	7	86%	14%	100%	71%	14%	0%	14%	100%	29%	57%	14%	0%	0%	0%	0%	0%	100%
1.h	Vision	1,600	634	75%	25%	100%	47%	13%	2%	39%	100%	0%	1%	4%	23%	22%	15%	32%	4%	100%
2	Local Drug Reimbursement Program (a)	2,845	2,249	79%	21%	100%	45%	17%	3%	36%	100%	0%	0%	5%	27%	29%	15%	23%	1%	100%
3	Medical Case Management (f)	3,075	2,157																	
3.a	Clinical Case Management	600	516	74%	26%	100%	82%	20%	2%	17%	100%	0%	1%	6%	29%	21%	12%	26%	4%	100%
3.b	Med CM - Targeted to Public Clinic (a)	280	228	97%	3%	100%	54%	14%	4%	29%	100%	0%	3%	21%	19%	19%	10%	26%	2%	100%
3.c	Med CM - Targeted to AA (a)	550	775	69%	31%	100%	99%	0%	1%	0%	100%	0%	1%	8%	34%	26%	13%	17%	2%	100%
3.d	Med CM - Targeted to H/L (a)	550	411	87%	13%	100%	0%	0%	0%	100%	100%	0%	1%	6%	33%	32%	11%	16%	2%	100%
3.e	Med CM - Targeted to White and/or MSM (a)	260	153	86%	14%	100%	0%	86%	14%	0%	100%	0%	0%	4%	21%	22%	20%	30%	3%	100%
3.f	Med CM - Targeted to Rural (a)	150	285	69%	31%	100%	48%	25%	3%	24%	100%	0%	1%	6%	26%	24%	12%	28%	2%	100%
3.g	Med CM - Targeted to Women at Public Clinic (a)	240	109	0%	100%	100%	57%	9%	4%	30%	100%	0%	2%	12%	12%	31%	13%	24%	6%	100%
3.h	Med CM - Targeted to Pedi (a)	125	62	45%	55%	100%	81%	8%	0%	11%	100%	50%	44%	6%	0%	0%	0%	0%	0%	100%
3.i	Med CM - Targeted to Veterans	200	80	96%	4%	100%	75%	18%	0%	8%	100%	0%	0%	0%	0%	1%	1%	74%	24%	100%
3.j	Med CM - Targeted to Youth	120	54	98%	2%	100%	63%	7%	2%	28%	100%	0%	11%	89%	0%	0%	0%	0%	0%	100%
4	Oral Health	200	146	66%	34%	100%	36%	35%	3%	26%	100%	0%	1%	5%	24%	28%	10%	31%	2%	100%
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	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	146	66%	34%	100%	36%	35%	3%	26%	100%	0%	1%	5%	24%	28%	10%	31%	2%	100%
5	Medical Nutritional Therapy/Nutritional Supplements	650	313	78%	22%	100%	41%	21%	4%	33%	100%	0%	0%	0%	9%	17%	21%	45%	8%	100%
6	Mental Health Services (d)	NA	NA																	
7	Health Insurance	1,700	691	82%	18%	100%	40%	32%	3%	25%	100%	0%	0%	2%	13%	20%	17%	42%	6%	100%
8	Substance Abuse Treatment - Outpatient	40	8	100%	0%	100%	25%	38%	0%	38%	100%	0%	0%	0%	25%	50%	13%	13%	0%	100%
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	2,573																	
12.a	Service Linkage Targeted to Youth	320	76	83%	17%	100%	59%	9%	1%	30%	100%	0%	16%	84%	0%	0%	0%	0%	0%	100%
12.b	Service Linkage at Testing Sites	260	57	74%	26%	100%	58%	7%	0%	35%	100%	0%	0%	0%	47%	19%	11%	19%	4%	100%
12.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	1,131	67%	33%	100%	62%	12%	1%	25%	100%	0%	0%	0%	18%	24%	15%	39%	4%	100%
12.d	Service Linkage at CBO Primary Care Programs (a)	2,765	1,309	78%	22%	100%	51%	14%	2%	33%	100%	3%	1%	6%	30%	22%	14%	22%	2%	100%
13	Food Pantry (funded by State Services)	NA	NA																	
14	Transportation	2,850	896																	
14.a	Transportation Services - Urban	170	150	67%	33%	100%	55%	11%	3%	31%	100%	0%	1%	7%	26%	18%	11%	31%	6%	100%
14.b	Transportation Services - Rural	130	44	75%	25%	100%	34%	36%	0%	30%	100%	0%	0%	7%	23%	25%	7%	34%	5%	100%
14.c.1	Transportation vouchers (bus passes)	2,500	662																	
14.c.2	Transportation vouchers (gas vouchers)	50	40																	
15	Legal Assistance	390	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
16	Linguistic Services (d)	NA	NA																	
Net unduplicated clients served - all categories*		11,657	7,904	74%	26%	100%	51%	16%	2%	31%	100%	1%	1%	5%	23%	24%	14%	30%	3%	100%
Living AIDS cases + estimated Living HIV non-AIDS (from FY 14 App) (b)		NA	22,830	74%	26%	100%	49%	23%	3%	25%	100%	0%	6%	18%	27%	30%		18%		100%
*11,657 clients to be served is based on the number of unduplicated clients served in FY 2014 (update per CPCDMS)																				



FY 2017 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report																				
Priority	Service Category	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Verify	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	Verify	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	Verify
	MAI unduplicated served includes clients also served under Part A																			
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	847	74%	26%	100%	99%	0%	1%	0%	100%	0%	1%	10%	39%	26%	9%	14%	1%	100%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	610	86%	14%	100%	0%	0%	0%	100%	100%	0%	1%	6%	33%	30%	12%	15%	1%	100%
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	Verify	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	Verify	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	Verify
1	Primary Medical Care	2,100	396	76%	24%	100%	56%	13%	2%	30%	100%	0%	2%	7%	35%	27%	12%	15%	2%	100%
2	LPAP	1,200	129	78%	22%	100%	49%	21%	1%	29%	100%	0%	2%	6%	33%	33%	15%	11%	0%	100%
3.a	Clinical Case Management	400	42	88%	12%	100%	57%	17%	0%	26%	100%	0%	2%	7%	40%	19%	17%	14%	0%	100%
3.b-3.h	Medical Case Management	1,600	211	75%	25%	100%	52%	14%	4%	31%	100%	0%	3%	10%	31%	28%	8%	18%	1%	100%
3.i	Medical Case Management - Targeted to Veterans	60	22	95%	5%	100%	73%	14%	0%	14%	100%	0%	0%	0%	0%	5%	0%	68%	27%	100%
4	Oral Health	40	8	50%	50%	100%	13%	38%	0%	50%	100%	0%	0%	25%	13%	38%	13%	13%	0%	100%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	530	73%	27%	100%	58%	13%	1%	28%	100%	1%	1%	7%	29%	25%	12%	22%	2%	100%
12.b	Service Linkage at Testing Sites	260	12	83%	17%	100%	50%	8%	0%	42%	100%	0%	0%	8%	75%	8%	8%	0%	0%	100%
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																			

## DRAFT

### Motions Regarding FY 2017 Carryover & Unspent Funds

#### 1.) UPDATED, SUGGESTED MOTION #1:

Plan for FY 2017 Carryover Funds (due to HRSA in December): Motion: *if there are FY 2017 Ryan White Part A carryover funds, it is the intent of the committee to recommend allocating* **COMMITTEE MUST UPDATE THE FOLLOWING: the full amount to Outpatient/Ambulatory Primary Medical Care.**

#### 2.) UPDATED, SUGGESTED MOTION #2:

FY 2017 Unspent funds: *In the final quarter of the FY 2017 Ryan White Part A, MAI, 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 Grants 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.*

## REPORT FROM THE PART B ADMINISTRATIVE AGENCY

### The June 2017 allocation of State Services-Rebate funds.

In June 2017, the Council approved the following motion: FY 2017 State Services – Rebate Funds: ***Motion #14:*** *Fund requests for Control #B (additional ADAP eligibility workers) in the amount of \$375,000 and Control #A (Compassionate Care Rx Program) up to the balance of \$600,000, with the understanding that unspent funds will be reported to the Council for reallocation at a later date. Motion Carried.*

---

**From:** Yvette Garvin [mailto:ygarvin@hivtrg.org]

**Sent:** Wednesday, October 18, 2017 10:57 AM

*Italics indicate that the Office of Support changed the original text in order to avoid agency names.*

Tori,

With the start of the grant beginning September 1, 2017, the Houston agencies are gearing up, some are still in the hiring phase. Thus, no expenses have been submitted for the ADAP eligibility worker project.

Thus far, \$11,700 for the *Compassionate Care Rx Program* for the month of September. It is important to report that *(Agency A)* has yet to start utilizing *the Compassionate Rx Program*. *Agency A* is awaiting board approval for both *the Compassionate Rx Program* and the ADAP eligibility project.

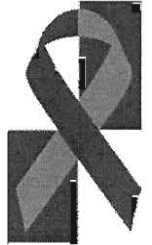
Let me if you would like more information.

Thanks,

Yvette Garvin  
Executive Director  
The Resource Group



**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 June 2017

Spending Target: 25%

Revised 8/2/2017

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 ***	\$2,370,346	71%	(\$34,781)	\$2,335,565	71%	4/1/2017	\$278,529	12%
7	Health Insurance Premiums and Cost Sharing*	\$726,885	22%	(\$16,122)	\$710,763	22%	4/1/2017	\$341,543	47%
9	Home and Community Based Health Services	\$232,000	7%	(\$3,840)	\$228,160	7%	4/1/2017	\$30,304	13%
<b>Total Houston HSDA</b>		3,329,231	100%	(\$54,743)	\$3,274,488	100%		650,376	20%

\* The difference in the allocation is made up in SS-R funds

\*\* HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.  
 Ending dates: Part A 02/29/17, Part B 03/31/17, State Services 8/31/17

\*\*\* One agency was short a dentist, but has hired a replacement and spending should increase

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

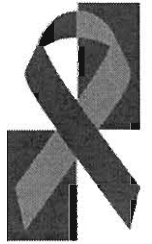


Chart reflects spending through June 2017

Spending Target: 83%

Revised 8/2/2017

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	\$187,648	63%
7	Health Insurance Premiums and Cost Sharing**	\$1,043,312	53%		\$1,043,312	53%	9/1/2016	\$1,034,993	99%
9	Hospice **	\$414,832	21%		\$414,832	21%	9/1/2016	\$260,700	63%
11	EIS - Incarcerated	\$166,211	8%		\$166,211	8%	9/1/2016	\$127,558	77%
16	Linguistic Services	\$48,000	2%		\$48,000	2%	9/1/2016	\$42,900	89%
<b>Total Houston HSDA</b>		1,972,355	100%	\$0	\$1,972,355	100%		1,653,799	84%

\* Service utilization is lagging

\*\* HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.

Ending dates: Part A 02/29/17, Part B 03/31/17, State Services 8/31/17

\*\* The agency has seen a drop in clients and is currently performing outreach to increase spending

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1718 Ryan White Part B**  
**Procurement Report**  
**April 1, 2017 - March 31, 2018**



Reflects spending through August 2017

Spending Target: 42%

Revised 10/10/2017

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 ***	\$2,370,346	71%	(\$34,781)	\$2,335,565	71%	4/1/2017	\$642,401	27%
7	Health Insurance Premiums and Cost Sharing*	\$726,885	22%	(\$16,122)	\$710,763	22%	4/1/2017	\$536,637	74%
9	Home and Community Based Health Services**	\$232,000	7%	(\$3,840)	\$228,160	7%	4/1/2017	\$47,024	20%
<b>Total Houston HSDA</b>		<b>3,329,231</b>	<b>100%</b>	<b>(\$54,743)</b>	<b>\$3,274,488</b>	<b>100%</b>		<b>1,226,062</b>	<b>37%</b>

\* The difference in the allocation is made up in SS-R funds

\*\* HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.  
 Ending dates: Part A 02/29/17, Part B 03/31/17, State Services 8/31/17

\*\*\* One agency was short a dentist, but has hired a replacement and spending should increase

\*\*\*\* Attendance has been low over the summer, but an increase of need has began and believe it will continue.

**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 August 2017

Spending Target: 100%

Revised 10/19/2017

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	\$222,165	74%
7	Health Insurance Premiums and Cost Sharing**	\$1,043,312	53%		\$1,043,312	53%	9/1/2016	\$1,064,453	102%
9	Hospice **	\$414,832	21%		\$414,832	21%	9/1/2016	\$343,640	83%
11	EIS - Incarcerated	\$166,211	8%		\$166,211	8%	9/1/2016	\$153,632	92%
16	Linguistic Services	\$48,000	2%		\$48,000	2%	9/1/2016	\$56,175	117%
<b>Total Houston HSDA</b>		<b>1,972,355</b>	<b>100%</b>	<b>\$0</b>	<b>\$1,972,355</b>	<b>100%</b>		<b>1,840,065</b>	<b>93%</b>

\* Service utilization is lagging

\*\* HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.  
 Ending dates: Part A 02/29/17, Part B 03/31/17, State Services 8/31/17

\*\* The agency has seen a drop in clients and is currently performing outreach to increase spending

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

9/1/2016-08/31/2017

Revised: 10/9/2017

Request by Type	Assisted			NOT Assisted		
	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	1732	\$152,169.45	664			0
Medical Deductible	326	\$75,531.03	209			0
Medical Premium	7108	\$2,439,693.44	961			0
Pharmacy Co-Payment	5232	\$496,687.66	1423			0
APTC Tax Liability	1	\$213.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	15	\$11,886.21	9	NA	NA	NA
<b>Totals:</b>	<b>14414</b>	<b>\$3,152,408.37</b>	<b>3267</b>	<b>0</b>	<b>\$0.00</b>	

Comments: This report represents services provided under all grants.



# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

9/1/2016-07/31/2017

Revised: 9/12/2017

Request by Type	Assisted			NOT Assisted		
	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	1442	\$126,012.45	602			0
Medical Deductible	326	\$75,531.03	209			0
Medical Premium	6573	\$2,240,165.83	952			0
Pharmacy Co-Payment	4791	\$464,054.73	1385			0
APTC Tax Liability	1	\$213.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	15	\$11,375.21	9	NA	NA	NA
<b>Totals:</b>	<b>13148</b>	<b>\$2,894,601.83</b>	<b>3158</b>	<b>0</b>	<b>\$0.00</b>	

Comments: This report represents services provided under all grants.

**2017 QUARTERLY REPORT**  
**PRIORITY AND ALLOCATIONS COMMITTEE**  
(Submitted October 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

**FYI**

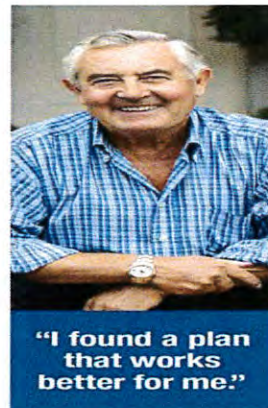
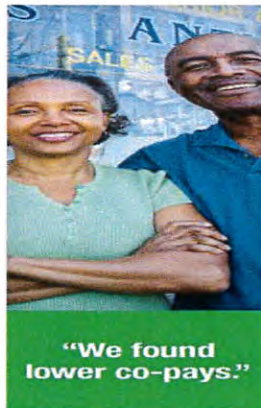
***MEDICARE OPEN ENROLLMENT  
IS  
10/15/17 TO 12/7/17  
FREE HELP IS AVAILABLE***

**CALL  
THE HARRIS COUNTY AREA AGENCY ON AGING  
TO SCHEDULE A FACE-TO-FACE APPOINTMENT  
WITH A BENEFITS COUNSELOR**

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AN IMPORTANT MESSAGE FROM MEDICARE



WHAT WILL YOU FIND DURING MEDICARE OPEN ENROLLMENT?

**DOCUMENTS NEEDED TO BRING FOR OPEN ENROLLMENT**

- 1. Medicare Card**
- 2. List of Medications currently taking**
- 3. Award letter from Social Security or proof of income**
- 4. Proof of current health insurance**



Date: August 14, 2017

**HEALTH ADVISORY:**  
Rapidly Growing Clusters of Ongoing HIV Transmission in Texas

The Texas Department of State Health Services (DSHS) encourages Texas healthcare providers to enhance efforts to prevent, diagnose and treat HIV in the wake of 16 rapidly growing clusters of HIV infections in the state.

Laboratory analysis of these infections indicates sustained transmission of genetically similar types of HIV. Many of the persons within these clusters reported meeting sex partners through social media. The clusters are primarily comprised of gay men and other men who have sex with men, with evidence that active HIV transmission is ongoing.

Molecular surveillance (genotyping) is a new tool being used by the U.S. CDC to identify clusters of HIV infection. Recent analysis indicates that the 16 clusters identified in Texas are largely centered in the Houston, San Antonio and Dallas/Fort Worth metropolitan areas, but many have one or more persons within the cluster who reside in other locations in Texas. Cases are spread across more than 25 Texas counties. The clusters range in size from 5 to 34 cases, with over 200 cases being linked to the Texas clusters. However, as public health continues their work, it is likely that additional cases may be linked to these clusters.

DSHS requests that Texas healthcare providers consider adopting the following strategies in response to these findings:

- Order HIV testing for patients with symptoms of possible acute HIV infection. Common symptoms of acute HIV infection include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, and/or mouth ulcers. These symptoms can last several days to several weeks. Persons with acute HIV infection are highly infectious due to an elevated viral load.
- Order NAAT or HIV RNA testing for patients with an indeterminate supplemental HIV test result. These tests can identify whether the virus itself is present in the blood before antibodies to the virus become detectable, allowing for earlier

diagnosis of HIV infection.

- Order HIV testing for all patients diagnosed with a sexually transmitted disease (STD).
- **Ensure all HIV testing follows CDC's [HIV/AIDS Laboratory Testing Guidance](#).**
- Discuss [pre-exposure prophylaxis \(PrEP\)](#) with HIV-negative patients at increased risk of infection.

For more information, healthcare providers can contact their local health department, the [DSHS HIV/STD Program](#) at 512-533-3000, or the [National Clinicians Consultation Network](#) at (800) 933-3413.





ADAP Advocacy Association  
PO Box 15275  
Washington, DC 20003

[adapadvocacyassociation.org](http://adapadvocacyassociation.org)

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## ADAP Advocacy Association Launches Correctional Health Project

### *Improving Access to Care Among Formerly Incarcerated Populations with HIV/AIDS under the AIDS Drug Assistance Program (ADAP)*

For Immediate Release:  
October 12, 2017

Media Contact:  
Brandon M. Macsata  
(305) 519-4256

WASHINGTON, D.C. (October 12, 2017) – The [ADAP Advocacy Association](http://ADAP Advocacy Association), also known as **aaa+**<sup>®</sup>, today announced that it has launched a new project to improve access to care and treatment for correctional inmates living with HIV/AIDS who are transitioning back into community life. The project – “**Improving Access to Care Among Formerly Incarcerated Populations with HIV/AIDS under the AIDS Drug Assistance Program (ADAP)**” – aims to raise awareness about issues confronting formerly incarcerated populations living with HIV/AIDS (and/or Hepatitis C) who also access care and treatment (or whom could benefit from such care and treatment) under the AIDS Drug Assistance Program (ADAP), as well as provide useful resources and tools to the communities serving them.

Janssen Therapeutics, Gilead Sciences, Merck and ViiV Healthcare are funding the correctional health project. It will include several elements, which unfold over the coming months.

“The data on the number of formerly incarcerated populations infected with HIV/AIDS (and/or HCV), in many cases, simply isn’t available. In fact, most states’ epidemiology reports that *did* report HCV numbers didn’t account for incarcerated populations,” said **Brandon M. Macsata**, CEO of the ADAP Advocacy Association. “What data *is* available is woefully out of date, using data four years or older. The data on HIV isn’t much better.”

The Centers for Disease Control and Prevention (CDC) website, updated on March 14, 2017, cites numbers from 2010 – seven years prior to the most recent update. The data cited is obtained from a 2012 report by the Bureau of Justice Statistics (BJS) – revised in March 2015 – that looked at HIV in prisons and jails from 2001-2010. What used to be an annual report with yearly updates from 1993-2008, has apparently been shelved, over the past decade.

To learn more about the ADAP Advocacy Association or its Correctional Health Project, please email [info@adapadvocacyassociation.org](mailto:info@adapadvocacyassociation.org).

#####

**About the ADAP Advocacy Association:** The ADAP Advocacy Association mission is to promote and enhance the AIDS Drug Assistance Programs (ADAPs) and improves access to care for persons living with HIV/AIDS. **aaa+**<sup>®</sup> works with advocates, community, health care, government, patients, pharmaceutical companies and other stakeholders to raise awareness, offer patient educational program, and foster greater community collaboration.