DRAFT

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12 noon, Thursday, February 22, 2018
Meeting Location: 2223 West Loop South, Room 416, Houston, Texas 77027

AGENDA

I. Call to Order — Peta-gay Ledbetter and Bruce Turner, Co-Chairs
   A. Moment of Reflection
   B. Adoption of the Agenda
   C. Approval of the 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 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. All information from the public must be provided in this portion of the meeting.)

III. Committee Orientation
   A. 2018 Committee Goals — Tori Williams
   B. Committee description and Conflict of Interest Policy — Tori Williams
   C. 2018 Critical Timeline and Committee Meeting Dates and Time — Tori Williams
   D. Determine the FY 2019 Principles & Criteria
   E. Determine the FY 2019 Priority Setting Process
   F. Determine the FY 2018 Policy on Allocating Unspent Funds
   G. Continue the Subcategory Review Process? — 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 2018 HRSA Grant Award — Carin Martin
   B. General updates from Ryan White Part B/SS — Sha'Terra Johnson-Fairley
      1) SS-R expenditures (ADAP workers & Compassionate Rx Program)

V. New Business
   A. Proposed Idea Forms (2)
   B. Elect a Committee Vice Chair

VI. Announcements

VII. Adjourn

DRAFT

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

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Paul Grunenwald, Co-Chair	J. Hoxi Jones	*Ryan White Grant Administration*
Ella Collins-Nelson, Co-Chair	Krystal Perez	Carin Martin
Angela F. Hawkins		Tasha Traylor
Peta-gay Ledbetter		Leslie Grigsby
Allan Murray		*The Resource Group*
Bobby Cruz	**OTHERS PRESENT**	Sha'Terra Johnson-Fairley
C. Bruce Turner	Leslie Ellis, HCPH	*Office of Support*
		Tori Williams
		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 11:06 a.m. and asked for a moment of reflection.

Adoption 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 (Collins-Nelson, Hawkins) to approve the July 27, 2017 minutes.* **Motion carried.**

Public Comment: None.

Plan for FY 2017 Carryover Funds and FY 2017 Unspent Funds in Final Quarter:
Motion #3: *it was moved and seconded (Turner, Collins-Nelson) that if there are FY 2017 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 (Collins-Nelson, Ledbetter) that in the final quarter of the FY 2017 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**.

Updates from Ryan White Grant Administration: Martin introduced new staff persons, Leslie Grigsby, who is the new grants management project coordinator and Leslie Ellis who is a grant analyst with Harris County Public Health. Martin presented the attached procurement report dated 08/10/17.

Reports from the Resource Group: Johnson-Fairley presented the attached memo regarding State Services-R funds and procurement reports for State Services and Part B funds dated 08/02/17 and 10/10/17, and Health Insurance Assistance reports dated 07/06/17, 09/12/17, and 10/09/17. Turner asked why the State Service report showed $132,000 that was not expended. Johnson-Fairley said she would have to find out and get back to the committee. Williams said that the Planning Council needs to know when there are unexpended funds so that the Committee can provide recommendations.

Requests for Allocation Increases – Part A

July 27, 2017 Committee Minutes, Motion #7: Martin said that carryover funds can be used for Emergency Financial Assistance so the funds were RFP'd to those providers that currently have an LPAP contract in place. NO bids were received but they can do an interlocal agreement with the public clinic and they say they can use the funds. Purchasing is looking for a way to put the funds into current contracts for use this year. On a different note, the app pilot project is in progress; Thomas Street Health Center is the pilot site. The HRSA project officer for the Houston EMA is very supportive of the project; the City and State are also very interested in providing funds to continue the project. The MAI funds were received this week and will go into a contract with the University of Virginia. In the meantime, the University of Virginia has already begun working on the project.

2017 Reallocations: Martin said that the mid-year sweep up has been completed and most contracts are at 50% except for the rural contract, which is underspent. There were no requests received for additional funds so she recommends allocating these funds to the Health Insurance Assistance Program because there is so much uncertainty regarding the marketplace plans and subsidies. **Motion #5:** *it was moved and seconded (Collins-Nelson, Hawkins) to fund the Health Insurance Assistance Program in the amount of $80,000. Justification for the allocation is based upon the uncertainty of the cost of Marketplace Insurance and the availability of subsidies.* **Motion carried unanimously.**

Suggested Changes to Report Formats for 2018: Williams said that this discussion usually takes place at a joint committee meeting, but since it typically requires a very short discussion, this year staff is inviting suggestions from each committee. Turner said he would like to have a revised date on Part A reports like The Resource Group has on theirs.

2018 Committee Goals: The committee agreed by consensus that the goals for 2017 should remain the same in 2018.

Announcements: The November and December committee meetings are cancelled. Williams thanked committee members for a great job this year and for their dedication to the Planning Council. Turner said that ADAP is expanding the Hepatitis C treatment assistance program. Candidates must be HIV and HCV positive and referred by a doctor to qualify.

Adjournment: The meeting was adjourned at 11:55 a.m.

Submitted by: Approved by:

_____ _____

Tori Williams, Director Date Committee Chair Date

DRAFT

Scribe: Beck

C = chaired the meeting VP = participated via telephone LM = left meeting

2017 Priority & Allocations Committee Voting Record for 10/26/17

MEMBERS	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** Plan for FY17 Carryover funds **Carried**				**Motion #4** Plan for FY17 Unspent Funds **Carried**				**Motion #5** RW Part A reallocation **Carried**			
	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
Ella Collins-Nelson, Co-Chair		X				X				X				X				X		
Angela F. Hawkins		X				X				X				X				X		
J. Hoxi Jones	X				X				X				X				X			
Peta-gay Ledbetter		X				X				X				X				X		
Allan Murray		X				X				X				X				X		
Krystal Perez	X				X				X				X				X			
Bobby Cruz		X				X				X				X				X		
C. Bruce Turner		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 25, 2018

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2018. 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 9, 2018.**

2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2018 **will not be reimbursed at all if they are turned in after March 30, 2018.**

3.) The Office of Support may not have access to petty cash funds between March 1 and May 31, 2018. This means that volunteers should give Rod the usual reimbursement request forms for transportation, food and childcare expenses incurred after March 1, 2018 but the Office may not be able to reimburse volunteers for these expenses until mid to late May 2018.

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

2017.....

Beginning of
fiscal year 2017

Feb 9

2018.....

Turn in all
receipts

Feb 28

2018.....

End of
fiscal year 2017.
No money
available to write
checks until April
the end of May

March 30

2018

Turn in any remaining receipts
for fiscal year 2017 or you
will not be reimbursed for
any expenses incurred between
March 1, 2017 and Feb. 28, 2018

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

Memorandum

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

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

Date: February 1, 2018

Re: Open Meetings Act Training

Please note that all Council members, and External Committee members, are required to take the Open Meetings Act training at least once in their lifetime. 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, 2018. The training takes 60 minutes and can be accessed through the following link (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

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.

PUBLIC COMMENT

Submitted 02-13, 2018
From email to Office of Support and Ryan White Grant Administration

Subject: Update on Substance Abuse Block Grant funds

There is legislation attached to this block grant that set aside 5% of the funding for HIV services for substance users. Due to poor wording in the enabling legislation from 1987 setting aside 5% of the block grant for HIV services, Texas has fallen under the AIDS case threshold for this set aside. (They used AIDS cases instead of HIV surveillance numbers.) The Center receives $1,332,214 for case management and outreach from this source. The set aside will end 8.31.19. We have been in conversations with the state about how this funding can be repurposed to capture the training and expertise that the staff has gained in the 22 years we have had this set aside but it will not be for HIV. We have 4 clinical case managers and part of a supervisor serving current or former substance users and those in treatment. AAMA has 1 plus part of a supervisor. We would like the council and grants administration to know this so that when the next round of allocations are done, they will understand that these positions will be lost starting 9.1.19. Please let me know what information you need to brief the council.

--

Ann J. Robison, PhD
Executive Director
The Montrose Center

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2018 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE

(Submitted April 2018)

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 2019 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 2019 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
   Status:

6. *Review the FY 2018 priorities as needed.
   Status:

7. *Review the FY 2018 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

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2018 Council Activities

(Revised 02-05-18)

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 2018 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. 25	Council Orientation.
Thurs. Feb. 1	12 noon. First Steering Committee meeting for the 2018 planning year.
Mon. Feb. 26	10:00 am. Orientation for new 2018 External Committee Members.
Thurs. Feb. 8	12 noon. First Council meeting for the 2018 planning year.
Mon. Feb. 12	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding, or recommending funding, for 17 of the 28 allowable HRSA service categories. The Proposed Idea Form is used to ask the Council to make a change to a funded service or reconsider funding a service that is not currently being funded in the Greater Houston area with Ryan White Part A, Part B or State Services dollars. 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 being 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
Feb. 22	12 noon. Priority & Allocations Committee meets to approve the **policy on allocating FY 2018 unspent funds**, **FY 2019 priority setting process** and more.
March	EIIHA Workgroup meeting.
Thurs., March 1	5 pm Deadline for submitting a Project LEAP application form. See April 4 for description of Project LEAP. Call 713 572-3724 for an application form.
March 12	12 noon. **Consumer Training** on the How to Best Meet the Need process.
March 13	1 pm Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2019 service categories** for Part A, Part B and *State Services* funding.
Wed. April 4	**Project LEAP** classes begin. Project LEAP is a free 17-week training course for individuals living 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 2018 Council Activities

(Revised 02-05-18)

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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 5	12 noon. Steering Committee meets.
Thurs. April 12	12 noon. Planning Council meets. 1:30 – 4:30 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 16 and/or 18	Workgroups for proposed ideas, as well as Outreach and Referral for Health Care and Support Services.
Tues. April 24	10:30 am – 4:00 pm. **How To Best Meet the Need Workgroups #1 and #2** at which the following services for FY19 will be reviewed: • Ambulatory/Outpatient Medical Care (including Emergency Financial Assistance, Local Pharmacy Assistance, Medical Case Management & Service Linkage – Adult, Rural and Pediatric) • Clinical Case Management • Health Insurance Premium & Co-pay Assistance • Medical Nutritional Therapy (including Nutritional Supplements) • Mental Health • Substance Abuse Treatment/Counseling • Non-Medical Case Management (Service Linkage at Testing Sites) • Oral Health – Untargeted & Rural • Vision Care Call 713 572-3724 for confirmation and additional information.
TENTATIVE: April 25	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 • Home & Community-based Health Services (Adult Day Treatment) • Hospice • Linguistic Services • Transportation (van-based-Untargeted & Rural) Call 713 572-3724 for confirmation and additional information.
April 26	12 noon. Priority & Allocations Committee meets to allocate **Part A unspent funds.**
Mon. May 7	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 12 for a description of this process.) Please contact the Office of Support at 713 572-3724 to request a copy of the required forms.

(Continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2018 Council Activities

(Revised 02-05-18)

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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.

May 22	10 am. **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book**. The Operations Committee reviews the FY 2019 Council Support Budget.
May 15	1 pm. Quality Improvement Committee meets to approve the **FY 2019 How to Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority & Allocations Committee.
Mon. May 21	7:00 pm., Public Hearing on the **FY 2019 How To Best Meet the Need results**.
Tues. May 22	10:00 am. Special Quality Improvement Committee meeting to review public comments regarding **FY 2019 How To Best Meet the Need results**.
May 24	12 noon. Priority & Allocations Committee meets to recommend the **FY 2019 service priorities** for Ryan White Parts A and B and *State Services* funding.
Thurs. June 7	12 noon. Steering Committee meets to approve the **FY 2019 How to Best Meet the Need results**.
Thurs. June 14	12 noon. Council approves the **FY 2019 How to Best Meet the Need results**. **Project LEAP students present the results of their needs assessment to the Council, hence the meeting may be at an off-site location.**
June 15, 18 & 19	11 am – 4 pm. Special Priority & Allocations Committee meetings to draft the **FY 2019 allocations for RW Part A and B and *State Services* funding**.
June 19	1 pm. Quality Improvement Committee reviews the results of the assessment of the administrative mechanism and hosts Standards of Care training.
Wed. June 27	12 noon. The Priority & Allocations Committee meets to approve the **FY 2019 allocations for RW Part A and B and *State Services* funding**. LEAP students will be in attendance.
Mon. July 2	7 pm. Public Hearing on the **FY 2019 service priorities and allocations**.
Tues. July 3	10 am. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2019 service priorities and allocations**.
July/Aug.	Workgroup meets to complete the proposed **FY 2019 EIIHA Plan**.
Thurs. July 5	12 noon. Steering Committee approves the **FY 2019 service priorities and allocations**.
Thurs. July 12	12 noon. Council approves the **FY 2019 service priorities and allocations**.

(continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2018 Council Activities

(Revised 02-05-18)

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.

July 26	12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the **FY 2019 priority & allocations**. They also allocate FY **2018 carryover funds**. (**Allocate even though dollar amount will not be avail. until Aug.**)
Thurs. Aug. 2	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 2019 GRANT**. (Mail out date for the August Steering Committee meeting is July 26, 2018.)
Aug. 13	**Consumer Training** on Standards of Care and Performance Measures.
Mon. Sept. 10	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 12 for a description of this process.) Please contact the Office of Support at 713 572-3724 to request a copy of the required forms.
Sept. 17	**Consumer-Only Workgroup** meeting to review FY 2019 Standards of Care and Performance Measures.
Sept. 18	1 pm. Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
Oct. 16	10 am. Review and possibly update the Memorandum of Understanding between all Part A stakeholders.
October or November	Community Workgroup meeting to review **FY 2019 Standards of Care & Performance Measures** for all service categories.
Oct. 25	12 noon. Priority & Allocations Committee meets to allocate FY 2018 unspent funds.
Nov/Dec/Jan.	Review the evaluation of 2018 Project LEAP. Operations Committee also hosts a How to Best Meet the Need Workgroup to make recommendations on 2019 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. 8	12 noon. Council recognizes all external committee members.
Tues. Nov. 13	9:30 am. Commissioners Court to receive the World AIDS Day Resolution.
Sat. Dec. 1	**World AIDS Day**.
Dec. 6	12 noon. Due to a national meeting, the date for the December Council meeting will be earlier than usual. **2019 Council officers** will be elected at the meeting.

2018 Ryan White Planning Council Committee Schedule - DRAFT

(as of 02/01/18)

AFFECTED COMMUNITY

Meetings are on the Mondays following Council starting at 12 noon**.**

February 12	July 16
March 12	August 13
March 13*	September 17
April no meeting	October 15
May 14	November 12
June 18	December no mtg

COMPREHENSIVE HIV PLANNING

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

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

OPERATIONS

Meetings are on the Tuesdays following Council starting at 10 am:

February 20	August 21
March 20	September 25
April 24	October 23
May 22	November 20
June 26	December no mtg
July 24	

PLANNING COUNCIL

Meetings are the second Thursdays starting at 12 noon:

February 8	August 9
March 8	September 13
April 12	October 11
May 10	November 8
June 14	December 6
July 12	

PRIORITY & ALLOCATIONS

Meetings are on the fourth Thursdays starting at 12:00 pm:

February 22	July 26
March 13*	August 23
March 22	September 27
April 26	October 25
May 24	November no mtg
June 15, 18 & 19	December no mtg
Wed. June 27	

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 1:00 pm:

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

STEERING

Meetings are on the first Thursdays starting at 12 noon:

February 1	August 2
March 1	September 6
April 5	October 4
May 3	November 1
June 7	November 29
July 5	December – meeting on Nov 29

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

**** Time to be announced**

BOLD = Special meeting date, time or place

Houston Area HIV Services Ryan White Planning Council
Standing Committee Structure

(Reviewed 07-15-15)

1. Affected Community Committee

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV/AIDS-related drug representatives are invited.

The committee will consist of HIV+ individuals, their caregivers (friends or family members) and others. All members of the PC who self-disclose as HIV+ are requested to be a member of the Affected Community Committee; however membership on a committee for HIV+ individuals will not be restricted to the Affected Community Committee.

2. Comprehensive HIV Planning Committee

This committee is responsible for developing the Comprehensive Needs Assessment, Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from external membership and expertise.

3. Operations Committee

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from external member participation except where resolve of grievances are concerned.

4. Priority and Allocations Committee

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include external members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

5. Quality Improvement Committee

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on "how to best meet the need" are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year, are monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council's third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of external members.

HOUSTON AREA HIV HEALTH SERVICES
RYAN WHITE PLANNING COUNCIL

EST. JUL. 15, 1998 **REV JANUARY 1, 2018** **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 HIV 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 Ryan White HIV/AIDS Treatment Extension Act of 2009, Sec.2602(b)(1); Sec.2602(b)(5)(A); Sec.2602(b)(5)(B); Article VIII, Sec8.01 of the Bylaws (01/18) of the Houston Area HIV Health Services (RW) Planning Council.

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 Policy 500.01). 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.

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.

Priority and Allocations
FY 2018 Guiding Principles and Decision Making Criteria

(Council approved 03-09-17)

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
H. Reduction of time period between diagnosis and entry into HIV medical care to facilitate timely linkage.

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~~ have 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 2018 Priority Setting Process

(Priority and Allocations Committee approved 02-23-17)

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 Improvement, 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.

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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.

2017 Policy for Addressing Unobligated and Carryover Funds

(Council approved 03-09-17)

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 Improvement (QI) 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 QI 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

Memorandum

To: Members, Ryan White Planning Council
Members, Affected Community Committee

From: Tori Williams, Manager

Date: March 22, 2017

Re: Public Comment on FY 2018 Allocations

Attached you will find a copy of the FY 2017 allocations. Before the process for the FY 2018 begins, you are invited to submit input to the Priority and Allocations Committee if you would like the committee to review a particular service category or subcategory. Please provide justification for the suggested change. Forms will be considered incomplete if justification is not included.

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 Monday, April 17, 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@cjo.hctx.net
713 572-3740 (fax)

Thank you.

Form for Suggesting Allocation Changes For Fiscal Year 2018 (03/01/18 through 02/28/19)

NAME: _____ EMAIL ADDRESS: _____ PHONE: _____

Service Category *Example: Medical Case Management (MCM)*	Subcategory *Example: MCM targeting Youth*	FY 2017 Allocation *Example: $45,888*	Suggested FY 2018 Allocation *Example: $1 million*	Justification *Example: See attached page xxxx from the 2016 Houston Area HIV Needs Assessment*
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	

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

FY 2017 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconciliation (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**	9,795,737	50,000	53,425	0	0	9,899,162	47.92%	9,899,162	0		3,249,625	33%	58%
1.a	Primary Care - Public Clinic (a)	3,643,839	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	17,809	0		958,256	4.64%	958,256	0	3/1/2017	$734,807	77%	58%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	17,808	0		804,232	3.89%	804,232	0	3/1/2017	$547,381	68%	58%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,038,843	0	17,808	0		1,056,651	5.12%	1,056,651	0	3/1/2017	$350,174	33%	58%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,166,658	0	0	0		1,166,658	5.65%	1,166,658	0	3/1/2017	$584,571	50%	58%
1.f	Primary Care - Women at Public Clinic (a)	1,902,089	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				15,437	0.07%	15,437	0	3/1/2017	$8,100	52%	58%
1.h	Vision	302,000	50,000	0	0		352,000	1.70%	352,000	0	3/1/2017	$233,555	66%	58%
2	**Medical Case Management**	2,215,702	0	227,500	0	0	2,443,202	11.83%	2,443,202	0		1,079,909	44%	58%
2.a	Clinical Case Management	488,656	0	115,000	0		603,656	2.92%	603,656	0	3/1/2017	$306,125	51%	58%
2.b	Med CM - Public Clinic (a)	162,622	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	37,500	0		358,570	1.74%	358,570	0	3/1/2017	$273,789	76%	58%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	37,500	0		358,572	1.74%	358,572	0	3/1/2017	$144,029	40%	58%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	37,500	0		144,747	0.70%	144,747	0	3/1/2017	$64,713	45%	58%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.69%	348,760	0	3/1/2017	$110,356	32%	58%
2.g	Med CM - Women at Public Clinic (a)	180,311	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		160,051	0.77%	160,051	0	3/1/2017	$73,529	46%	58%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.39%	80,025	0	3/1/2017	$50,026	63%	58%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.22%	45,888	0	3/1/2017	$6,245	14%	25%
3	**Local Pharmacy Assistance Program (a) (e)**	2,384,796	0	30,000	0	0	2,414,796	11.69%	2,414,796	0	3/1/2017	$1,848,312	77%	58%
4	**Oral Health**	166,404	0	29,717	0	0	196,121	0.95%	196,121	0	3/1/2017	110,300	56%	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	29,717			196,121	0.95%	196,121	0	3/1/2017	$110,300	56%	58%
5	**Mental Health Services (c)**	0	0	0	0	0	0	0.00%	0	0	NA	$0	0%	0%
6	**Health Insurance (c)**	1,294,551	0	0	0	0	1,294,551	6.27%	1,294,551	0	3/1/2017	$837,423	65%	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	0.22%	45,677	0	3/1/2017	$30,413	67%	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	10,000	0	0	351,395	1.70%	351,395	0	3/1/2017	$203,448	58%	58%
11	**Hospice Services**	0	0	0	0	0	0	0.00%	0	0	NA	$0	0%	0%
12	**Outreach Services**	490,000	-70,000				420,000	2.03%	420,000	0	7/1/2017	$0	0%	58%
13	**Non-Medical Case Management**	1,231,002	0	14,000	0	0	1,245,002	6.03%	1,245,002	0		668,853	54%	58%
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.54%	110,793	0	3/1/2017	$168,306	152%	58%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			0		100,000	0.48%	100,000	0	3/1/2017	$40,514	41%	58%
13.c	Service Linkage at Public Clinic (a)	427,000		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		14,000	0		607,209	2.94%	607,209	0	3/1/2017	$460,033	76%	58%
14	**Medical Transportation**	527,362	-45,275	30,000	0	0	512,087	2.48%	379,865	132,222		208,820	55%	58%
14.a	Medical Transportation services targeted to Urban	252,680	0	15,000	0		267,680	1.30%	267,680	0	3/1/2017	$168,306	63%	58%
14.b	Medical Transportation services targeted to Rural	97,185	0	15,000	0		112,185	0.54%	112,185	0	3/1/2017	$40,514	36%	58%
14.c	Transportation vouchering (bus passes & gas cards)	177,497	-45,275	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		50,000			50,000	0.24%	0	50,000	NA		0%	0%
18	**Referral for Health Care and Support Services**	0					0	0.00%	0	0	NA		0%	0%
	Total Service Dollars	18,617,626	-190,275	444,642	0	0	18,871,993	89.09%	18,689,771	182,222		8,237,102	44%	58%
	Grant Administration	1,658,827	16,220	0	0	0	1,675,047	8.11%	1,675,047	0	N/A	1,324,318	79%	58%

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

FY 2017 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconciliation (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
	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.55%	1,146,388	0	N/A	$ 1,080,692	94%	58%
	RWPC Support*	512,439	16,220		0	0	528,659	2.56%	528,659	0	N/A	243,686	46%	58%
	Quality Management	495,000	0	0	0	0	495,000	2.40%	495,000	0	N/A	$ 0	0%	58%
		20,771,453	-174,055	444,642	0	0	21,042,040	99.59%	20,859,818	182,222		9,561,898	45%	58%
								Unallocated	Unobligated					
	Part A Grant Award:	20,656,176	*Carry Over:*	0		*Total Part A:*	20,656,176	444,642	182,222					

	Original Allocation	Award Reconciliation (b)	July Adjusments (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)	16,244,262	50,000	350,642	0	0	16,644,904	90.45%	16,644,904	90.45%
Non-Core (may not exceed 25% of total service dollars)	1,883,364	-170,275	44,000	0	0	1,757,089	9.55%	1,757,089	9.55%
Total Service Dollars (does not include Admin and QM)	18,127,626	-120,275	394,642	0	0	18,401,993		18,401,993	
Total Admin (must be ≤ 10% of total Part A + MAI)	1,658,827	16,220	0	0	0	1,675,047	8.11%		
Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.40%		

MAI Procurement Report

riority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconciliation (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**	2,057,949	59,936	233,750	0	0	2,351,635	100.00%	2,057,949	293,686		1,197,350	58%	25%
(MAI)	Primary Care - CBO Targeted to African American	1,040,245	29,968	116,875	0	0	1,187,088	50.48%	1,040,245	146,843	3/1/2017	$679,800	65%	25%
(MAI)	Primary Care - CBO Targeted to Hispanic	1,017,704	29,968	116,875	0	0	1,164,547	49.52%	1,017,704	146,843	3/1/2017	$517,550	51%	25%
17	**Emergency Financial Assistance**	0	0	50,000			50,000	2.13%	0	50,000			#DIV/0!	0%
18	**Referral for Health Care and Support Services**	0	0	347,746			347,746	14.79%	0	347,746			#DIV/0!	0%
	Total MAI Service Funds	2,057,949	59,936	631,496	0	0	2,351,635	100.00%	2,057,949	293,686		1,197,350	58%	25%
	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%
	Total MAI Funds	2,057,949	59,936	631,496	0	0	2,351,635	100.00%	2,057,949	293,686		1,197,350	58%	25%
	MAI Grant Award	2,117,885	*Carry Over:*	0		*Total MAI:*	2,117,885							
	Combined Part A and MAI Orginial Allocation Total	22,829,402												

otnotes:

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

Prepared by: Ryan White Grant Administration

FY 2017 Ryan White Part A and MAI Service Utilization Report

SUR - 3rd Quarter Cumulative (3/1-11/30)																	
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**	**4,964**	**74%**	**26%**	**48%**	**15%**	**2%**	**35%**	**0%**	**1%**	**5%**	**25%**	**27%**	**14%**	**26%**	**2%**
1.a	Primary Care - Public Clinic (a)	2,350	2,360	69%	31%	51%	10%	2%	37%	0%	0%	3%	18%	27%	15%	35%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	1,051	70%	30%	98%	0%	1%	0%	0%	1%	10%	39%	26%	10%	15%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	778	85%	15%	0%	0%	0%	100%	0%	1%	6%	29%	32%	14%	18%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	459	90%	10%	0%	88%	11%	1%	0%	0%	3%	26%	23%	17%	28%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	400	419	70%	30%	42%	27%	3%	29%	0%	0%	7%	28%	27%	15%	22%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	739	0%	100%	62%	8%	1%	29%	0%	0%	2%	14%	32%	17%	32%	4%
1.g	Primary Care - Pediatric (a)	7	8	75%	25%	75%	13%	0%	13%	38%	50%	13%	0%	0%	0%	0%	0%
1.h	Vision	1,600	944	74%	26%	48%	13%	2%	37%	0%	0%	4%	24%	24%	15%	30%	3%
2	**Medical Case Management (f)**	**3,075**	**2,814**														
2.a	Clinical Case Management	600	637	74%	26%	61%	22%	2%	15%	0%	1%	6%	29%	20%	12%	28%	4%
2.b	Med CM - Targeted to Public Clinic (a)	280	337	96%	4%	55%	12%	3%	30%	0%	3%	18%	20%	20%	11%	27%	2%
2.c	Med CM - Targeted to AA (a)	550	1,002	69%	31%	99%	0%	1%	0%	0%	1%	8%	34%	26%	12%	18%	1%
2.d	Med CM - Targeted to H/L(a)	550	497	88%	12%	0%	0%	0%	100%	0%	1%	7%	33%	31%	12%	15%	1%
2.e	Med CM - Targeted to White and/or MSM (a)	260	200	87%	14%	0%	88%	12%	1%	0%	0%	4%	22%	22%	20%	29%	4%
2.f	Med CM - Targeted to Rural (a)	150	387	69%	31%	46%	25%	3%	26%	0%	1%	6%	23%	25%	14%	29%	3%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	142	0%	100%	57%	10%	3%	30%	0%	2%	10%	14%	32%	11%	25%	5%
2.h	Med CM - Targeted to Pedi (a)	125	67	49%	51%	78%	7%	0%	15%	52%	42%	6%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	114	96%	4%	72%	20%	0%	8%	0%	0%	0%	2%	4%	4%	71%	20%
2.j	Med CM - Targeted to Youth	120	68	99%	1%	60%	6%	1%	32%	0%	13%	87%	0%	0%	0%	0%	0%
3	**Local Drug Reimbursement Program (a)**	**2,845**	**2,858**	**78%**	**22%**	**47%**	**16%**	**2%**	**35%**	**0%**	**0%**	**5%**	**29%**	**29%**	**14%**	**21%**	**1%**
4	**Oral Health**	**200**	**170**	**65%**	**35%**	**35%**	**36%**	**2%**	**26%**	**0%**	**1%**	**4%**	**22%**	**28%**	**10%**	**33%**	**2%**
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	170	65%	35%	35%	36%	2%	26%	0%	1%	4%	22%	28%	10%	33%	2%
5	**Mental Health Services (d)**	**NA**	**NA**														
6	**Health Insurance**	**1,700**	**711**	**81%**	**19%**	**40%**	**32%**	**3%**	**25%**	**0%**	**0%**	**2%**	**13%**	**20%**	**16%**	**42%**	**6%**
7	**Home and Community Based Services (d)**	**NA**	**NA**														
8	**Substance Abuse Treatment - Outpatient**	**40**	**11**	**100%**	**0%**	**27%**	**45%**	**0%**	**27%**	**0%**	**0%**	**0%**	**18%**	**45%**	**9%**	**27%**	**0%**
9	**Early Medical Intervention Services (d)**	**NA**	**NA**														
10	**Medical Nutritional Therapy/Nutritional Supplements**	**650**	**348**	**77%**	**23%**	**41%**	**21%**	**4%**	**34%**	**0%**	**0%**	**0%**	**9%**	**16%**	**21%**	**45%**	**8%**
11	**Hospice Services (d)**	**NA**	**NA**														
12	**Outreach**	**NA**	**5**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
13	**Non-Medical Case Management**	**7,045**	**3,658**														
13.a	Service Linkage Targeted to Youth	320	93	81%	19%	58%	10%	3%	29%	0%	14%	86%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	86	66%	34%	57%	6%	1%	36%	0%	0%	0%	42%	19%	12%	24%	3%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	1,638	68%	32%	63%	11%	1%	25%	0%	0%	0%	18%	24%	14%	40%	4%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	1,841	78%	22%	50%	15%	2%	33%	2%	1%	7%	31%	23%	13%	22%	2%
14	**Transportation**	**2,850**	**1,270**														
14.a	Transportation Services - Urban	170	173	67%	33%	55%	11%	2%	31%	0%	1%	9%	28%	18%	10%	29%	5%
14.b	Transportation Services - Rural	130	39	77%	23%	38%	33%	0%	28%	0%	0%	8%	26%	23%	8%	31%	5%
14.c	Transportation vouchering	2,550	1,058														
15	**Linguistic Services (d)**	**NA**	**NA**														
16	**Other Professional Services (e)**	**NA**	**NA**														
17	**Emergency Financial Assistance (e)**	**NA**	**NA**														
18	**Referral for Health Care - Non Core Service (d)**	**NA**	**NA**														
Net unduplicated clients served - all categories*		**11,657**	**9,142**	**74%**	**26%**	**52%**	**16%**	**2%**	**31%**	**1%**	**1%**	**5%**	**23%**	**24%**	**13%**	**30%**	**3%**
Living AIDS cases + estimated Living HIV non-AIDS (from FY 17 App) (b)		**NA**	**22,830**	**74%**	**26%**	**49%**	**23%**	**3%**	**25%**	**0%**	**6%**		**18%**	**27%**	**30%**	**18%**	

***11,657** clients to be served is based on the number of unduplicated clients served in FY 2016 (update per CPCDMS)

Printed: 2/13/2018

FY 2017 Ryan White Part A and MAI Service Utilization Report

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	954	73%	27%	99%	0%	1%	0%	0%	1%	10%	38%	26%	10%	14%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	671	86%	14%	0%	0%	0%	100%	0%	1%	6%	33%	30%	13%	16%	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 (3/1/17 - 2/28/18)

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	581	77%	23%	55%	13%	2%	29%	0%	2%	8%	35%	27%	11%	16%	2%
2	LPAP	1,200	250	81%	19%	53%	18%	1%	28%	0%	2%	6%	38%	29%	12%	13%	0%
3.a	Clinical Case Management	400	64	91%	9%	48%	25%	2%	25%	0%	3%	8%	41%	16%	14%	19%	0%
3.b-3.h	Medical Case Management	1,600	344	77%	23%	54%	13%	3%	30%	0%	3%	10%	31%	27%	10%	16%	2%
3.i	Medical Case Manangement - Targeted to Veterans	60	31	97%	3%	65%	23%	0%	13%	0%	0%	0%	3%	3%	3%	65%	26%
4	Oral Health	40	10	40%	60%	20%	40%	0%	40%	0%	0%	20%	10%	30%	10%	30%	0%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	842	75%	25%	56%	14%	2%	28%	1%	1%	7%	31%	25%	12%	21%	2%
12.b	Service Linkage at Testing Sites	260	25	72%	28%	44%	8%	0%	48%	0%	0%	4%	68%	16%	4%	8%	0%

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 2017

(f) Total MCM served does not include Clinical Case Management

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 December 2017

Spending Target: 75%

Revised 2/6/2018

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	$1,038,203	44%
7	Health Insurance Premiums and Cost Sharing*,*	$726,885	22%	($16,122)	$710,763	22%	4/1/2017	$645,969	89%
9	Home and Community Based Health Services**	$232,000	7%	($3,840)	$228,160	7%	4/1/2017	$86,544	37%
	Total Houston HSDA	3,329,231	100%	($54,743)	$3,274,488	100%		1,770,716	53%

* 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. An agency has vacany in data positions which has lead to low

**** 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 ~~16/17~~ 17/18 DSHS State Services Procurement Report

September 1, 2017- August 31, 2018

Chart reflects spending through December 2017

Spending Target: 33%

Revised 2/6/2018

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	16%		$300,000	16%	9/1/2017	$51,970	17%
7	Health Insurance Premiums and Cost Sharing	$937,694	50%		$937,694	50%	9/1/2017	$429,803	46%
9	Hospice **	$414,832	22%		$414,832	22%	9/1/2017	$108,020	26%
11	EIS - Incarcerated	$170,000	9%		$170,000	9%	9/1/2017	$42,554	25%
16	Linguistic Services	$51,211	3%		$51,211	3%	9/1/2017	$14,052	27%
	Total Houston HSDA	1,873,737	100%	$0	$1,873,737	100%		646,400	34%

* Service utilization is lagging

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

2016 - 2017 Ryan White Part B Service Utilization Report
4/1/2016 - 3/31/2017 Houston HSDA (4816)
4th Quarter

Revised 2/5/2018

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	925	1,202	81.8%	17.9%	0.0%	0.3%	32.3%	29.7%	35.7%	2.3%	0.1%	0.0%	2.2%	15.1%	21.4%	15.8%	40.3%	5.1%
Home & Community Based Health Services	85	33	60.6%	36.4%	0.0%	3.0%	69.7%	12.1%	15.2%	3.0%	0.0%	0.0%	0.0%	3.0%	21.2%	21.2%	45.5%	9.1%
Oral Health Care	3,500	3,018	72.2%	27.1%	0.0%	0.7%	50.7%	17.2%	30.6%	1.5%	0.0%	0.1%	2.2%	15.4%	20.3%	14.1%	40.8%	6.8%
Unduplicated Clients Served By RW Part B Funds:	N/A	3,933	74.3%	25.0%	0.1%	0.6%	43.8%	20.1%	29.3%	1.7%	0.0%	0.1%	2.2%	15.7%	20.8%	14.3%	40.2%	6.2%

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2017-11/30/2017

Revised: 2/5/2018

	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	418	$52,814.52	272			0
Medical Deductible	0	$0.00	0			0
Medical Premium	1463	$575,191.27	655			0
Pharmacy Co-Payment	930	$116,356.60	464			0
APTC Tax Liability	0	$0.00	0			0
Out of Network Out of Pocket	0	$0.00	0			0
ACA Premium Subsidy Repayment	13	$1,370.00	8	NA	NA	NA
Totals:	2824	$742,992.39	1399	0	$0.00	

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2017-10/31/2017

Revised: 2/5/2018

	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	273	$32,507.69	201			0
Medical Deductible	0	$0.00	0			0
Medical Premium	1075	$422,679.98	633			0
Pharmacy Co-Payment	594	$78,526.21	392			0
APTC Tax Liability	0	$0.00	0			0
Out of Network Out of Pocket	0	$0.00	0			0
ACA Premium Subsidy Repayment	9	$1,190.00	6	NA	NA	NA
Totals:	1951	$532,523.88	1232	0	$0.00	

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 9/1/2016-08/31/2017

Revised: 10/9/2017

	Assisted			NOT Assisted		
Requests 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	1732	$152,169.45	664			*0*
Medical Deductible	[illegible]	[illegible]	[illegible]			*0*
Medical Premium	7108	$2,439,693.44	961			*0*
Pharmacy Co-Payment	[illegible]	[illegible]	[illegible]			*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*
Totals:	14414	$3,152,408.37	3267	0	$0.00	

Comments: This report represents services provided under all grants.

Williams, Victoria (County Judge's Office)

Subject: FW: Communication - Part A Funding Update

Importance: High

From: Hecht, Elaine (HRSA) [mailto:EHecht@hrsa.gov]
Sent: Tuesday, January 23, 2018 9:01 AM
Subject: FW: Communication - Part A Funding Update
Importance: High

Ryan White HIV/AIDS Program Part A Colleagues -

We want to share with you two important informational items related to Part A funding.

Ryan White HIV/AIDS Program Part A Funding Update

The Ryan White HIV/AIDS Program Part A Program has been operating under a series of continuing resolutions (CRs) that funds the U.S. government. Under the CRs, only a prorated amount of grant funding has been made available for the Part A program. Without a full-year appropriation, HRSA is not able to fully fund the fiscal year 2018 awards.

HRSA will issue a funding memo to all 52 Part A jurisdictions with a partial award based on the FY17 Part A formula and Minority AIDS Initiative award levels. This partial award will be made by February 1, 2018 for the new budget period start date of March 1, 2018. The partial formula award will be 31.5% of the FY17 formula award and the Minority AIDS Initiative award will be 20.6% of the FY17 Minority AIDS Initiative award. Given the HAB DMHAP approach to budget submission and review for the FY18 award year, this partial notice of funding award will indicate the review/approval of your full year proposed budget and any applicable program terms/resubmission requirements.

HRSA will issue further FY 2018 notice of funding awards as soon as additional funds become available.

Ryan White HIV/AIDS Program Part A FY 2019 Notice of Funding Opportunity (NOFO) Timeline

The Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau has received the timeline for the FY 2019 Part A NOFO and we want to share some important dates to facilitate planning in Part A jurisdictions. Overall, a plan has been developed to provide a ninety-day application window for all Health Resources and Services Administration competitive NOFOs. For the Ryan White HIV/AIDS Program Part A program, key dates for FY 2019 include a mid June 2018 NOFO release date and mid September 2018 application due date. Please modify your planning and application development activities as necessary.

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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

_____ Control Number Date Received_____

Proposal will be reviewed by the: Quality Assurance Committee on:_____ (date)
Priority & Allocation Committee on: _____ (date)

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

1. SERVICE CATEGORY:_____
(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 _____ clients with _____ units of service.

2. ADDRESS THE FOLLOWING:

A. DESCRIPTION OF SERVICE:

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

C. SERVICES TO BE PROVIDED (including goals and objectives):

D. ANTICIPATED HEALTH OUTCOMES (Related to Knowledge, Attitudes, Practices, Health Data, Quality of Life, and Cost Effectiveness):

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:_____) Page(s): ___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: $_____
Expenditure: $_____ Year-to-Date

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

AMOUNT OF FUNDING REQUESTED:
$_____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:

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

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

REASON FOR RECOMMENDATION:

FYI

Coffee Social with Poztive people and Poztive Friends

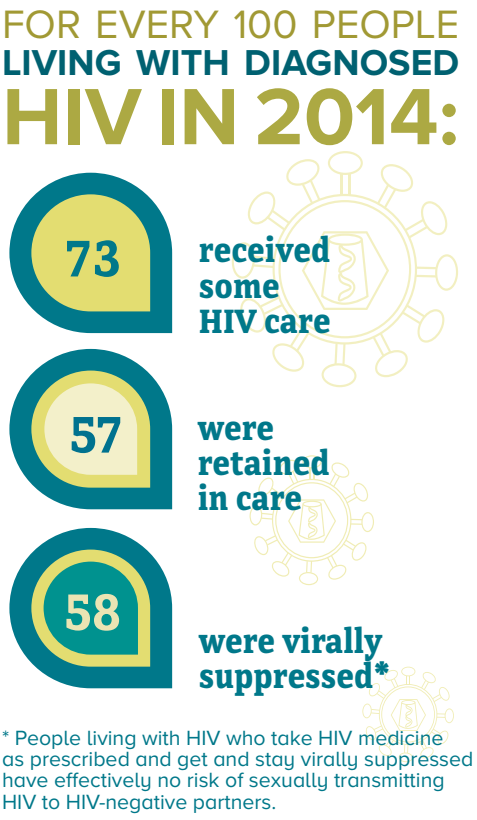
Empire Café located at 1732 Westheimer Rd. Houston 77098. 1/2 PRICE Dessert and free COFFEE Refills. 2nd and 4th Monday from 2PM till 4PM.

We are meeting January 8th and January 22nd to have a social and meet old and new friends. This Social will be held every Month. Please join our NEW SOCIAL. For more info call Denis at 832-578-9891.

Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV

HIV treatment has dramatically improved the health, quality of life, and life expectancy of people living with HIV (Cohen, 2011; Farnham, 2013; Farnham, 2013; Samji, 2013). Moreover, since breakthrough research in 2011 also showed the profound impact of HIV treatment in preventing the sexual transmission of HIV among heterosexual HIV-discordant couples, HIV treatment has transformed the HIV prevention landscape (Cohen, 2011). The Centers for Disease Control and Prevention (CDC) has worked with prevention partners across the nation to prioritize efforts to maximize the impact of HIV treatment in prevention and has responded with new initiatives that help diagnose HIV-infected individuals earlier, link or re-engage them to effective HIV care and treatment, and support adherence to HIV treatment, with the ultimate goal of achieving viral suppression (https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/cdc-hiv-ps18-1802-factsheet.pdf).

These interventions across the care continuum (https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf) are essential to help those living with HIV stay healthy, live longer, and reduce the risk of further transmission to partners. Additionally, to increase awareness of the full range of prevention strategies now available, CDC has worked to implement multiple education campaigns and provide online risk reduction tools and resources with information on different prevention strategies and their effectiveness (https://www.cdc.gov/actagainstaids/index.html; https://wwwn.cdc.gov/hivrisk/; https://effectiveinterventions.cdc.gov/).



Over the past year, as new research has provided even stronger evidence on the prevention benefit of HIV treatment and viral suppression, CDC has joined with other federal agencies as part of an effort led by the U.S. Department of Health and Human Services (HHS) to review the latest evidence and ensure that these findings are communicated in a way that is consistent and accurate. As part of CDC's continued efforts to communicate evidence around effective prevention strategies, this fact sheet summarizes the latest scientific evidence regarding the effectiveness of HIV treatment and viral suppression in preventing the sexual transmission of HIV, and provides an update on evolving prevention messages developed by the HHS workgroup,[1] as well as CDC's next steps to evaluate and update messages in our communications and prevention activities.

The Evidence

In 2011, the interim results of the HPTN052 clinical trial were released (Cohen, 2011) demonstrating a 96% reduction in HIV transmission risk among heterosexual HIV-discordant couples for those starting antiretroviral therapy (ART) versus those delaying ART initiation. In addition to the powerful initial results, subsequent analyses published in 2016 demonstrated that there were no HIV transmissions between these couples when the HIV-positive partner had a suppressed viral load (defined as having a viral load less than 400 copies per milliliter) (Cohen, 2016).

Some HIV infections were observed among couples in the treatment condition; however, most of these were not genetically linked to the primary HIV-positive partner in the study, indicating that they came from another partner outside the study. Only a limited number of linked sexual transmissions of HIV were observed; however, this

1. The HHS workgroup includes senior leaders, communicators, and subject matter experts from the Office of HIV/AIDS Infectious Disease Policy (OHAIDP) in HHS, the Centers for Disease Control and Prevention (CDC), National Institutes for Health (NIH), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA).

All content is based on the most recent data available in December 2017.

was while the HIV-positive partner was not virally suppressed. In other words, linked HIV transmissions only occurred either:

- In the months *after* the HIV-positive partner began ART but *before* the HIV-positive partner was virally suppressed, or
- When the ART regimen failed and the HIV-positive partner did not maintain viral suppression.

Two recently conducted studies, PARTNER and Opposites Attract, have reported similar results on the effectiveness of taking ART and achieving and maintaining viral suppression in preventing the sexual transmission of HIV — that is, no linked infections were observed while the HIV-positive partner was virally suppressed while the couples engaged in condomless sex with no exposure to pre-exposure prophylaxis (PrEP) (Rodger, 2016; Bavinton, 2017). In these two studies, viral suppression was defined as less than 200 copies per milliliter, although most HIV-positive participants were undetectable in the PARTNER study (<50 copies/mL; Rodger, 2016). These studies also quantified the extent of sexual exposure. Over 500 heterosexual couples, with about half having a male HIV-infected partner (PARTNER), and more than 650 male-male couples (Opposites Attract) from 14 European countries, Australia, Brazil, and Thailand engaged in over 70,000 episodes of condomless vaginal or anal intercourse, while also not taking PrEP, during approximately 1,500 couple years of observation.

The studies reported transmission risk estimates and their corresponding 95% confidence intervals as:

- PARTNER study (Rodger, 2016): 0.0 (0.00 – 0.30) per 100 couple years
- Opposites Attract study (Bavinton, 2017): 0.0 (0.00 – 1.56) per 100 couple years

When combining the data from both PARTNER and Opposites Attract studies, the combined transmission risk estimate is 0.0 (0.0 – 0.25) per 100 couple years (unpublished data). Relevant person-time data have not been reported for HPTN052 to be combined with these two studies. CDC is now working with HPTN052 investigators to examine these data. When HPTN052 data can be combined with these two studies, the upper bound of a combined transmission risk estimate is expected to be smaller than 0.25 per 100 couple years including additional years of follow-up time.

Updating Prevention Messages

Given the significance of these recent findings, HHS convened scientific and communication leadership across several federal agencies to review the latest evidence and develop updated messages to communicate that evidence to the public in a clear, concise, consistent, and accurate manner.

In September 2017, the HHS workgroup agreed on the following interim message, to be tested with multiple audiences, which summarizes the scientific evidence of the effectiveness of HIV treatment and viral suppression in preventing the sexual transmission of HIV:

> **People living with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners.**

The term “effectively no risk” was selected by the HHS workgroup as the interim language to describe the magnitude of the estimated risk of transmitting HIV to a sexual partner when an HIV-positive individual is taking ART daily as prescribed and then achieves and maintains an undetectable viral load. “Effectively no risk” was chosen to reflect the fact that there have been no linked infections observed in studies among thousands of sexually active HIV-discordant couples engaging in female-male and male-male sex without a condom or PrEP over several thousand person-years of follow-up, while the HIV-positive partner is virally suppressed.

Although these studies provide extremely strong evidence, they are based on a finite number of observations that result in point estimates (zero) and corresponding 95% confidence intervals that indicate the precision or uncertainty associated with those estimates. In these studies, the lower bounds of confidence intervals are all zero, but the upper bounds of the confidence intervals are very small but greater than zero, which implies the possibility of a non-zero risk. Although these three studies found no cases of HIV transmission over several thousand person-years of follow-up, these data, even when combined, cannot statistically rule out the possibility that the true risk is greater than zero.

Because "effectively no risk" might have different meanings in different audiences or populations, the HHS workgroup agreed that message testing was critical to evaluate the understanding of this interim message and to determine how best to communicate the evidence and potential challenges with successfully implementing this prevention strategy among people living with HIV and their sexual partners.

Maximizing the Effectiveness of the Prevention Strategy in Practice

The success of this prevention strategy is contingent on achieving and maintaining an undetectable viral load. Data show, however, that not all HIV-positive individuals on ART are virally suppressed, while even fewer maintain viral suppression over time. CDC's national surveillance data estimate that 58% of persons living with diagnosed HIV in the United States in 2014 were virally suppressed, defined as less than 200 copies/mL at most recent test (CDC, 2017). In addition, while most (about 80%) HIV-positive persons in the United States in HIV clinical care (defined as either receiving HIV medical care or having a viral load test) were virally suppressed at their last test, almost 20% were not (CDC, 2016; CDC, 2017; Marks, 2016). Also, about two-thirds achieved and maintained viral suppression over twelve months, which means about one-third (or about 33%) did not maintain viral suppression over that time period (CDC, 2016; Marks, 2016).

To help all individuals living with HIV and their partners get maximal benefit from this prevention strategy, it will be important to give providers, those living with HIV, and their partners clear information regarding the challenges with achieving and maintaining viral suppression. These challenges include the following:

- **Time to viral suppression:** Most people will achieve an undetectable viral load within 6 months of starting ART. Many will become undetectable very quickly, but it could take more time for some.
- **Importance of regular viral load testing:** Regular viral load testing is critical to confirm that an individual has achieved and is maintaining an undetectable viral load. Just because someone was virally suppressed in the past does not guarantee they are still virally suppressed. It is not known if viral load testing should be conducted more frequently than currently recommended for treatment to achieve maximal protection if relying on treatment and viral suppression as a prevention strategy.
- **Adherence challenges:** Taking HIV medicines as prescribed is the best way to achieve and maintain an undetectable viral load. Poor adherence, such as missing multiple doses in a month, could increase a person's viral load and their risk for transmitting HIV. People who are having trouble taking their HIV medicine as prescribed can work with health care providers to improve their adherence. If an individual is experiencing adherence challenges, other prevention strategies could provide additional protection until the individual's viral load is confirmed to be undetectable.
- **Stopping HIV medication:** If an individual stops taking their HIV medicine, their viral load can increase very quickly (e.g., within a few days) and eventually returns to around the same level it was before starting their HIV medicine. People who have stopped taking their HIV medicine should talk to their health care provider as soon as possible about their own health and consider using other strategies to prevent sexual HIV transmission.
- **Protection against other STIs:** Taking HIV medicine and achieving and maintaining an undetectable viral load does not protect you or your partner from getting other sexually transmitted infections. Other prevention strategies are needed to provide protection from STIs.

Next Steps in Communicating the Evidence

To help ensure prevention partners are aware of the effectiveness of this powerful HIV prevention strategy, CDC summarized the scientific evidence and the interim HHS-wide prevention message in a Dear Colleague Letter (https://www.cdc.gov/hiv/library/dcl/dcl/092717.html) for National Gay Men's HIV/AIDS Awareness Day (NGMHAAD) on September 27, 2017. CDC is currently updating key web pages to summarize the evolving science and message updates (https://www.cdc.gov/hiv/risk/art/index.html).

CDC is currently conducting message testing to better understand how to most effectively communicate the science on optimal use of HIV treatment and viral suppression for prevention and the real world requirements for its success. We will continue to update campaigns, websites, and other communications materials as messaging evolves and is improved based upon research findings.

For More Information

Call 1-800-CDC-INFO (232-4636)
Visit www.cdc.gov/hiv

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