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Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

11:30 a.m., Wednesday, June 27, 2018
Meeting Location: 2223 West Loop South, Room 416
Houston, TX 77027

AGENDA

I. Call to Order — Peta-gay Ledbetter and Bruce Turner, Co-Chairs
   A. Moment of Reflection
   B. Approval of Agenda
   C. Approval of May 24, 2018 Minutes

II. Public Comment – **SEE ATTACHED**

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. When signing in, guests are not required to provide their correct or complete names. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)

III. Updates from the Administrative Agents
   A. Ryan White Part A/MAI — Carin Martin, RWGA
   B. Ryan White Part B and State Services Funding — Yvette Martin, TRG

IV. FY 2019 Part A/MAI, Part B & State Services Allocations
   A. Review Proposed FY 2019 Level Funding Scenario
   B. Review Proposed FY 2019 Increase & Decrease Funding Scenarios

V. Announcements
   Public Hearing: 7 p.m., Mon., July 2, 2018 at the City Annex
   Special Priority & Allocations Committee meeting: 10 am, Tues., July 3, 2018

VI. Adjourn

Questions from Project LEAP students

DRAFT

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

11:30 a.m., Thursday, May 24, 2018
Meeting Location: 2223 West Loop South, Room 416; Houston, Texas 77027

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bruce Turner, Co-Chair	Paul Grunenwald, excused	*The Resource Group*
Peta-gay Ledbetter, Co-Chair	J. Hoxi Jones, excused	Yvette Garvin
Ella Collins-Nelson	Krystal Perez, excused	
Bobby Cruz		*Ryan White Grant Admin*
Angela F. Hawkins		Carin Martin
Allen Murray		
		Office of Support
		Tori Williams
		Amber Harbolt
		Diane Beck

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

Call to Order: Bruce Turner, Co-Chair, called the meeting to order at 11:39 a.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1****: it was moved and seconded (Ledbetter, Collins-Nelson) to adopt the agenda with one change: Item III.B. should read 'TRG staff is not available to meet until Mon. June 18, 2018'.* **Motion carried unanimously.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Collins-Nelson, Hawkins) to approve the February 22, 2018 minutes.* **Motion carried unanimously.**

Public Comment: See attached comments regarding local substance abuse treatment funding and ADAP.

Old Business

FY 2018 RW Part A/MAI Notice of Grant Award: Martin stated that the final notice of grant award was received yesterday and there was an increase in funding. See attached procurement report with the increase scenario applied. She said there is $242,768 of the increase remaining to be allocated; she suggested that the funds should go to primary care in order to level fund the current providers after the addition of a new provider this year.

Because the final notice of grant award arrived three months into the fiscal year and the importance of allocating funds rapidly, the committee agreed by consensus to suspend its policy for allocating unobligated funds and asked the RWGA to allocate the funds to primary care.

Reports from Administrative Agents
Ryan White Part A/MAI: Martin presented the following reports:

- FY 2017 Part A and MAI Service Utilization Report dated 05/23/18.

Ryan White Part B/State Services: Garvin presented the following reports:

- FY17/18 Part B Procurement, dated 05/09/18
- FY17/18 DSHS State Services Procurement, dated 05/09/18
- FY17/18 DSHS State Services-R Procurement, dated 05/09/18
- Health Insurance Assist. Service Utilization Report, dated 05/07/18
- Health Insurance Assist. Service Utilization Report, dated 03/05/18
- FY17/18 Part B Service Utilization, dated 05/09/18

Determine FY 2019 Service Priorities: The committee reviewed the Policy for the FY 2019 Priorities Setting Process; there is no needs assessment data to use for prioritizing services. Turner said that the intent of Emergency Financial Assistance and Referral for Health Care and Support Services is to keep clients on medications, therefore, they should be moved up in priority to better reflect the Planning Council's urgency in creating these two categories in order to increase timely access to medications. ***Motion #3:*** *it was moved and seconded (Turner, Hawkins) to move Emergency Financial Assistance and Referral for Health Care and Support Services to priority 13 and 14 respectively.* **Motion carried unanimously.**

Public Comment: None.

Motion #4: *it was moved and seconded (Turner, Hawkins) to approve the FY 2019 Ryan White Part A/Minority AIDS Initiative (MAI), Part B, and State Services funded service priorities as revised.* **Motion carried unanimously. (See page 4 of the minutes for chart.)**

New Business
Part B/SS Letter of Agreement: See attached. Williams asked committee members to review the letter of agreement and think about any changes that need to be made. The committee will discuss the letter at a future meeting. Once it has been updated, it will go to the Operations Committee, the Texas Department of State Health Services (DSHS), and others for approval. She will forward to the committee the letter with the tracking of the recent changes made.

Announcements: Important Priority & Allocations Committee meetings: Special Meetings: 11:00 am – 4:00 pm, Monday, June 18 and Tuesday, June 19, 2018, and vote on the FY 2019 Allocations 11:30 am, **Wednesday**, June 27, 2018. The Public Hearing will be Monday, July 2, 2018 at the City Council Annex and if significant public comment is received, the committee will meet on Tuesday, July 3rd at 10:00 am.

Adjournment: The meeting adjourned at 12:26 p.m.

Submitted by: Approved by:

Tori Williams, Director Date Committee Chair Date

Scribe: Beck

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

2018 Priority & Allocations Committee Voting Record for 05/24/18

MEMBERS	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** Change the rank of EFA & RHCSS **Carried**				**Motion #4** Approve FY 2019 Priorities **Carried**			
	ABSENT	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**
Bruce Turner, Co-Chair				**C**				**C**				**C**				**C**
Peta-gay Ledbetter, Co-Chair		**X**				**X**				**X**				**X**		
Ella Collins-Nelson		**X**				**X**				**X**				**X**		
Bobby Cruz		**X**				**X**				**X**				**X**		
Paul Grunenwald	**X**				**X**				**X**				**X**			
Angela F. Hawkins		**X**				**X**				**X**				**X**		
J. Hoxi Jones	**X**				**X**				**X**				**X**			
Allen Murray		**X**				**X**				**X**				**X**		
Krystal Perez	**X**				**X**				**X**				**X**			

Worksheet for Determining FY 2019 Service Priorities

Core Services	HL Scores	HL Rank	Approved FY 2018 Priorities	Proposed FY 2019 Priorities	Justification
Ambulatory/Outpatient Medical Care	HHH	2	1		There is no new needs assessment data
Medical Case Management	HHH	2	2		in 2018. Therefore, keep these priority
Local Pharmacy Assistance Program	HHH	2	3		rankings the same as in FY 2018.
Oral Health Services	HLL	3	4		
Health Insurance	HLH	4	5		
Mental Health Services	HLH	4	6		
Early Intervention Services (jail)	LLH	7	7		
Day Treatment	LLH	7	8		
Substance Abuse Treatment	LLH	7	9		
Medical Nutritional Therapy	LLL	8	10		
Hospice*	-	-	11		

Support Services	HL Scores	HL Rank	Approved FY 2018 Priorities	Proposed FY 2019 Priorities	Justification
Outreach*	--	--	12		Moving Emergency Financial Assistance and Referral for HC & Support Services to priorities 13 and 14 in FY 2019 better reflects the Council's urgency in creating the two service categories in
Emergency Financial Assistance	--		13		FY 2017. The goal remains the same, to
Referral for Health Care & Support Services	--	--	14		get and keep clients on medication.
Non-medical case management	HHL	1	15		
Medical Transportation	LLH	7	16		
Linguistics Services	LLH	7	17		

*Hospice, Emergency Financial Assistance, Referral for Health Care and Outreach do not have HL Score or HL Rank as they were not included in the 2016 Needs Assessment service category need and accessibility rankings.

Public Comments

June 19, 2018

In an effort to save paper, please see attached two sided copies.

PUBLIC COMMENT

Submitted at the Priority and Allocations Committee meeting 06-18-18

Subject: Update on Substance Abuse Block Grant funds

Robison stated that her comments are in regard to the proposed new service linkage workers to be co-located at substance abuse treatment sites. Just wanted to remind the Council that the funding will go away August 2019 for five case managers serving about 350 consumers. The funding does not have to start until September so the Council can fund half a year the first year. DSHS said they will find a way to fund the outreach workers but they cannot handle the case managers. Case management across the board has not been revised in 10+ years.

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Ann J. Robison, PhD
Executive Director
The Montrose Center

PUBLIC COMMENT

Submitted at the Ryan White Planning Council meeting 06-14-18

Subject: Update on Substance Abuse Block Grant funds

She has already submitted two comments, one explains what is happening with the funding and the second is regarding the service linkage worker service definition. When the funding ends in August 2019, the Houston will lose five case managers that are funded through the SAMHSA grant, but DSHS will cover the funding for the outreach workers. DSHS encouraged her to come to Ryan White and try to get something established here.

--

Ann J. Robison, PhD
Executive Director
The Montrose Center

Public Comment

Submitted 6/7/2018

SUBJECT: Impact of SAMHSA's Substance Abuse Prevention and Treatment Block Grant HIV Set-Aside

In 1993, Congress authorized a set-aside of 5% of theses block grants for early HIV intervention services in designated states where the rate of AIDS cases (*not HIV cases*) was 10 out of every 100,000. These states, which included Texas at the time, had to expend 5% of the Substance Abuse Prevention and Treatment funds on HIV early intervention. It required organizations receiving these funds to establish linkages with comprehensive community resource networks of related health and social services organizations.

With the advancements in medical care, treatment and prevention, Texas has *AIDS* rate has gone below the threshold which triggered this rule. Consequently, these state funds will not be used for early intervention services starting in September 2019. Locally, three organizations have these funds to help us address the HIV epidemic among the substance use disorder community: AAMA, The Montrose Center and Change Happens. Our current *Ryan White Comprehensive HIV Prevention and Care Services Plan* stresses the need for increased access to substance use disorder services for those who need them, as does the *Roadmap To END HIV Houston.* These goals which facilitate access and retention in care will be losing key support funding and will adversely our ability to accomplish them.

It is imperative that our Priorities and Allocations Committee begin to look into measures to offset this destabilizing situation. In a recent Public Comment submitted by The Montrose Center, Ann Robison shared the Center receives more than $1,332,214 million for 4 clinical case managers and outreach services staff from this source. AAMA has 1 early intervention case manager, 2 outreach workers, a Recovery Coach, and part of a supervisor funded with these funds for a total of about $350,000. I do not know how many staff or how much money Change Happens, but the amount already accounted in this Public Comment stresses the loss of resources in terms of staff and funds coming soon.

I urge this Council to begin speaking and strategizing with the state health department for ways to mitigate this situation so that our planned objectives to ensure all people living with HIV have access to the resources which help them maintain their care is in place, to being reviewing its local upcoming priorities and allocations process for ways to also mitigate this situation.

Steven Vargas,

HIV Advocate

PUBLIC COMMENT

Submitted at the Steering Committee meeting 06-07-18

Subject: Update on Substance Abuse Block Grant funds

Robison stated that she wanted to provide the Council with an update on her previous public comments. Change Happens does not have any case managers funded through the SAMHSA grant, just outreach workers. She and her outreach coordinator met with the State to find out what will happen to the 5% and they pledged to us that they will try to repurpose the outreach money into field recovery coaches but they cannot figure out a way to do anything about case management so they encouraged us to come to Ryan White and try to get something established here. This is the first time she's gotten a real answer from them. Recovery coaching is not paid out of the set aside. She heard that there is a service category description but she has not seen it to comment on and she hopes to see it before it is approved so that she can comment on it.

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Ann J. Robison, PhD
Executive Director
The Montrose Center

SUBSTANCE ABUSE BLOCK GRANT FUNDS (NON-RYAN WHITE FUNDS)

(See attached for the public comment, which initiated the following questions and answers)

Questions from the Priority and Allocations Committee – as of 03-01-18

The following are questions from the Priority and Allocations Committee regarding the substance abuse block grant funds:

- Out of the $1.3 million how much is used for treatment? How much for case management?
- If the funds are used for Outreach, why are the client utilization numbers so low for Ryan White funded treatment?
- Could current case managers absorb the work?
- What is the status of negotiating with the State to correct the issue regarding these funds?

Response – as of 03-01-18

None is for substance use disorder treatment. We have a separate allocation for that and it is not included in the $1.3M or at risk. The case management alocation is $440,245 + the Criminal Justice Service Linkage (Francis) which is another $82,500. None of this has been fee-for-service but it is easily convertible as they follow a similar process. This does not include AAMA so I would ask Adriana about their allocation.

Not every client found by outreach goes into our outpatient treatment. Actually, 97% of the people we test in the field, while at very high risk, test negative. This is pretty standard. Outreach also does a significant amount of risk and harm reduction education and condom, bleach kit and smoker's kit (crack) distribution and demontrations. For those who do test positive, some go into inpatient, residential, recovery support services (RSS) or community support services. In fact, more go into residential than any other level of care because many of the people we find through street outreach have precarious housing at best and outpatient requires stable housing. None of the above are funded by Ryan White. We have a separate allocation for RSS out of the Block Grant that is not in jeopardy.

If you mean could Ryan White CMs absorb the work, no they cannot. I ran a report from CPCDMS on our HEI CM case load for 9.1.16-8.31.17 (the last full contract period). We have contributed that data voluntarily into the system since the beginning of CPCDMS. There were 301 clients. These are high need clients. When we have a new client present for services, the higher need ones go under HEI funding since we have more flexibility as it is not fee-for-service. We can go out into the field with outreach to find ones who have fallen out of care and can take more creative measures before the intake during the pre-engagement period to get them into care.

The status of the process (it really isn't a negotiation) is as with everything at the state, very slow and in the early stages. We have had two statewide conference calls with them and all programs affected and it has been discussed at the statewide supervisors' meeting. So far there has been an explanation of the issues and brainstorming. The MH/SUD bureau has also been talking with HIV/STD bureau about their RW funds but none of those go to urban areas for case management. It would only be a possible solution for the more rural regions.

Let me know if you need anything else.

Ann J Robison, PhD, Executive Director
the Montrose Center

UPDATE ON ADAP REPORT PRESENTED AT THE MEDICATION ADVISORY COMMITTEE IN APRIL 2018

From: Sanor, Rachel (DSHS) <Rachel.Sanor@dshs.texas.gov>
Sent: Monday, May 21, 2018 9:51 AM
Subject: Re: TRG ADAP-THMP App Upload Outline (Revised)

Thank you Marcus.
We did provide a report to the MAC last month that showed large numbers of clients dropping off the program, especially for youth. We have since found that there were errors in this report, and are working to get the most accurate information at the most detailed level possible for both the MAC and the local areas. Thank you so much for your patience.
Rachel.

Sent from my iPhone

On May 21, 2018, at 9:45 AM, mbenoit hivtrg.org <mbenoit@hivtrg.org> wrote:

Hi All,
There has been some discussion at the Ryan White Planning Council meetings regarding clients who are dropped from the Texas HIV Medication Program. A report was given to one of the council members at the ADAP Advisory meeting which showed a large number of client being dropped. After reviewing the report I explained to the Council that this number could be a reflection of the entire state and not just our region. The Ryan White Planning Council is requesting a monthly report that would detail the number of clients being dropped within our region and if we can key in on what agency that would be much more helpful. The overall factor is that the council believes that this could be a result of people falling out of care and if they are identified, this could be a chance to reengage them into care as well as back on treatment. The idea of having a note in ARIES or a letter uploaded into ARIES of a client being dropped has been discussed as a method to inform the AEWs of the client dropped status. As I explained to the council a dropped status could be of a person who starts to receives insurance, does not complete their 6 month or Annual update, or a person who goes without ordering their medication for a period of time. Considering all these indicators contribute to a client being dropped I explained the number could be inaccurate for identifying if someone is not in care anymore especially with the insurance and none ordering clients.

Good Things,
Marcus D. Benoit, MSW, LBSW
Ryan White Regional Liaison
Houston Regional HIV/AIDS Resource Group, Inc.

PUBLIC COMMENT

Submitted 02-13-18
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

YTY Comparison	2018	2017	Net Change	Percent Change
(Formula)	$14,342,204	$14,088,300	$253,904	1.80%
(Supplemental)	$7,056,740	$6,567,876	$488,864	7.44%
(MAI)	$2,166,944	$2,117,885	$49,059	2.32%
Total	$23,565,888	$22,776,078	$789,810	3.47%

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Houston Ryan White Planning Council
Priority and Allocations Committee

Proposed Ryan White Part A, MAI, Part B and State Services Funding FY 2019 Allocations

(Priority and Allocations Committee approved 06-18-18)

MOTION 1: All Funding Streams – Level Funding Scenario

Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding.

Approve the attached Ryan White Part A, MAI, Part B, and State Services Funding FY 2019 Level Funding Scenario.

MOTION 2: MAI Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be increased by the same percent. This applies to the total amount of service dollars available.

MOTION 3: Part A Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Part A Funding.

All service categories except subcategories 1.g, 2.h, 2.i, 2.j, and 9 will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Part A Funding.

Step 1: Allocate first $500,000 to Local Pharmacy Assistance Program (category 3).

Step 2: Allocate next $300,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council.

MOTION 4: Part B and State Services Increase/Decrease Scenario

Decrease Funding Scenario for Ryan White Part B and State Services Funding.

A decrease in funds of any amount will be allocated by the Ryan White Planning Council after the notice of grant award is received.

Increase Funding Scenario for Ryan White Part B and State Services Funding.

Step 1: Allocate first $200,000 to Oral Health Untargeted (category 4a).

Step 2: Allocate next $200,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council after the notice of grant award is received.

FY 2019 - Level Funding Scenario - Draft 3 - 06/19/18

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		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
	Remaining Funds to Allocate	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	
		Part A	**MAI**	**Part B**	**State Services**	**SS-R**	**Total**	**FY 2019 Allocations & Justification**
1	**Ambulatory/Outpatient Primary Care**	**$9,783,470**	**$1,846,844**	**$0**	**$0**	**$0**	**$11,630,314**	
1.a	PC-Public Clinic	$3,591,064					$3,591,064	
1.b	PC-AA	$940,447	$934,693				$1,875,140	
1.c	PC-Hisp - see 1.b above	$786,424	$912,152				$1,698,576	
1.d	PC-White - see 1.b above	$1,023,797					$1,023,797	
1.e	PC-Rural	$1,149,761					$1,149,761	
1.f	PC-Women	$1,874,540					$1,874,540	
1.g	PC-Pedi	$15,437					$15,437	
1.h	Vision Care	$402,000					$402,000	
2	**Medical Case Management**	**$2,535,802**	**$320,100**	**$0**	**$0**	**$0**	**$2,855,902**	
2.a	CCM-Mental/Substance	$488,656					$488,656	
2.b	MCM-Public Clinic	$482,722					$482,722	
2.c	MCM-AA	$321,070	$160,050				$481,120	
2.d	MCM-Hisp	$321,072	$160,050				$481,122	
2.e	MCM-White	$107,247					$107,247	
2.f	MCM-Rural	$348,760					$348,760	
2.g	MCM-Women	$180,311					$180,311	
2.h	MCM-Pedi	$160,051					$160,051	
2.i	MCM-Veterans	$80,025					$80,025	
2.j	MCM-Youth	$45,888					$45,888	
3	**Local Pharmacy Assistance Program**	**$2,657,166**	**$0**	**$0**	**$0**	**$0**	**$2,657,166**	**FY19: Increase $465,696 in Part A due to increased expenditures in FY17.**
4	**Oral Health**	**$166,404**	**$0**	**$2,175,565**	**$0**	**$0**	**$2,341,969**	
4.a	Untargeted			$2,175,565			$2,175,565	**FY19: Increase $90,000 in Part B to reflect FY17 expenditures.**
4.b	Rural Dental	$166,404					$166,404	
5	**Health Insurance Co-Pays & Co-Ins**	**$1,173,070**	**$0**	**$1,040,351**	**$996,979**	**$0**	**$3,210,400**	**FY19:** **Part A - Decrease $100,000 in Part A, move to LPAP.** **SS - Decrease $82,715 in SS to balance funding five SLW targeted to substance use (sub-category 13e). Increase $100,000 in SS to make $100,000 available under Part A to move to LPAP.** **Part B - Increase $313,466 in Part B ($82,715 to offset funding SLW-Substance Use + $230,751 to reflect FY17 expeditures).**
6	**Mental Health Services**	**$0**	**$0**	**$0**	**$300,000**	**$0**	**$300,000**	

FY 2019 - Level Funding Scenario - Draft 3 - 06/19/18

DRAFT

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
	Remaining Funds to Allocate	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	
7	**Early Intervention Services**	**$0**	**$0**	**$0**	**$166,211**	**$0**	**$166,211**	
8	**Home & Community Based Health Services**	**$0**	**$0**	**$113,315**	**$0**	**$0**	**$113,315**	
8.a	In-Home (skilled nursing & health aide)						$0	
8.b	Facility-based (adult day care)			$113,315			$113,315	**FY19: Decrease $90,000 in Part B to reflect FY17 expenditures.**
9	**Substance Abuse Treatment - Outpatient**	**$45,677**	**$0**	**$0**	**$0**	**$0**	**$45,677**	
10	**Medical Nutritional Therapy**	**$341,395**	**$0**	**$0**	**$0**	**$0**	**$341,395**	
11	**Hospice**	**$0**	**$0**	**$0**	**$259,832**	**$0**	**$259,832**	**FY19: Decrease $100,000 in SS due to underspending and to move to LPAP through toggling between SS and Part A under Health Insurance Assistance.**
12	**Outreach Services**	**$420,000**	**$0**	**$0**	**$0**		**$420,000**	**FY19: Decrease $39,927 in Part A to restore to original FY18 allocation amount (prior to application of the FY18 Increase Scenario).**
13	**Non-Medical Case Management**	**$1,231,002**	**$0**	**$0**	**$225,000**	**$0**	**$1,456,002**	
13.a	SLW-Youth	$110,793					$110,793	
13.b	SLW-Testing	$100,000					$100,000	
13.c	SLW-Public	$427,000					$427,000	
13.d	SLW-CBO, includes some Rural	$593,209					$593,209	
13.e	SLW-Substance Use	$0			$225,000		$225,000	**FY19: Fund $225,000 under SS to support five SLWs targeted to substance use.**
14	**Transportation**	**$424,911**	**$0**	**$0**	**$0**	**$0**	**$424,911**	
14.a	Van Based - Urban	$252,680					$252,680	
14.b	Van Based - Rural	$97,185		$0			$97,185	
14.c	Bus Passes & Gas Vouchers	$75,046					$75,046	**FY19: Decrease $83,000 in Part A as current inventory can support the reduction in funding for one year.**
15	**Linguistic Services**	**$0**	**$0**	**$0**	**$68,000**	**$0**	**$68,000**	
16	**Emergency Financial Assistance**	**$450,000**	**$0**	**$0**	**$0**	**$0**	**$450,000**	
17	**Referral for Health Care & Support Services**	**$0**	**$0**	**$0**	**$0**	**$375,000**	**$375,000**	
	Total Service Allocation	**$19,228,897**	**$2,166,944**	**$3,329,231**	**$2,016,022**	**$375,000**	**$27,116,094**	
NA	Quality Management	$495,000					$495,000	

Committee Approved 06-18-18

FY 2019 - Level Funding Scenario - Draft 3 - 06/19/18

DRAFT

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
	Remaining Funds to Allocate	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	
NA	Administration	$1,675,047					$1,675,047	
NA	Compassionate Care Program					$600,000	$600,000	
	Total Non-Service Allocation	**$2,170,047**	**$0**	**$0**	**$0**	**$600,000**	**$2,770,047**	
	Total Grant Funds	**$21,398,944**	**$2,166,944**	**$3,329,231**	**$2,016,022**	**$975,000**	**$29,886,141**	

Remaining Funds to Allocate (exact same as the yellow row on top)	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Tips:

* Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet wil become "broken" and the totals will be incorrect.

* It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from $42,000 to $40,000, don't just delete the cell contents and type in a new number. Instead, type in "=42000-2000". This shows that you subtracted $2,000 from a service, so you recall later how you reached a certain amount. If you want to make another change, just add it to the end of the formula. For example, if you want to add back in $1,500, then the cell should look like "=42000-2000+1500" Make sure you put the "=" in front so Excel reads it as a formula.

[For Staff Only]

If needed, use this space to enter base amounts to be used for calculations

	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	SS-R estimated	
Total Grant Funds	**$21,398,944**	**$2,166,944**	**$3,329,231**	**$2,016,022**	**$975,000**	**$29,886,141**

SUPPORTING DOCUMENTS USED TO CREATE

THE PROPOSED

FY 2019 ALLOCATIONS

DRAFT

Houston Area HIV Services Ryan White Planning Council

2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

FY 2019 How to Best Meet the Need Service Category
Quality Improvement Committee Recommendations Summary (as of 06/07/18)

Those services for which no change is recommended include:

Ambulatory Outpatient Medical Care
Case Management (Medical and Clinical)
Early Intervention Services (targeting the Incarcerated)
Emergency Financial Assistance
Health Insurance Premium and Cost Sharing Assistance
Home and Community Based Health Services (Day Treatment)
Hospice Services
Linguistic Services
Local Pharmacy Assistance Program
Medical Nutritional Therapy/Supplements
Mental Health Services
Oral Health (Untargeted and Targeting the Northern Rural Area)
Outreach Services - Primary Care Re-Engagement
Substance Abuse Treatment
Transportation
Vision Care

Services with recommended changes include the following:

Case Management (Non-Medical Service Linkage)

- Create up to five (5) service linkage worker positions targeting outpatient substance abuse treatment.

Referral for Health Care and Support Services

- Table the discussion on this service category until more information is available.

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**	**-80,000**	**0**	**9,819,162**	**46.53%**	**9,819,162**	**0**		**9,297,193**	**95%**	**100%**
1.a	Primary Care - Public Clinic (a)	3,643,839	0	0	0		3,643,839	17.27%	3,643,839	0	3/1/2017	$3,908,590	107%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	0	17,809	0		958,256	4.54%	958,256	0	3/1/2017	$1,243,974	130%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	17,808	0		804,232	3.81%	804,232	0	3/1/2017	$940,883	117%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,038,843	0	17,808	0		1,056,651	5.01%	1,056,651	0	3/1/2017	$607,373	57%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,166,658	0	0	-80,000		1,086,658	5.15%	1,086,658	0	3/1/2017	$994,257	91%	100%
1.f	Primary Care - Women at Public Clinic (a)	1,902,089	0	0			1,902,089	9.01%	1,902,089	0	3/1/2017	$1,238,982	65%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2017	$11,400	74%	100%
1.h	Vision	302,000	50,000	0	0		352,000	1.67%	352,000	0	3/1/2017	$351,735	100%	100%
2	**Medical Case Management**	**2,215,702**	**0**	**227,500**	**0**	**0**	**2,443,202**	**11.58%**	**2,443,202**	**0**		**2,014,099**	**82%**	**100%**
2.a	Clinical Case Management	488,656	0	115,000	0		603,656	2.86%	603,656	0	3/1/2017	$456,995	76%	100%
2.b	Med CM - Public Clinic (a)	162,622	0	0	0		162,622	0.77%	162,622	0	3/1/2017	$269,571	166%	100%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	37,500	0		358,570	1.70%	358,570	0	3/1/2017	$454,640	127%	100%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	37,500	0		358,572	1.70%	358,572	0	3/1/2017	$225,068	63%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	37,500	0		144,747	0.69%	144,747	0	3/1/2017	$118,896	82%	100%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.65%	348,760	0	3/1/2017	$196,419	56%	100%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.85%	180,311	0	3/1/2017	$75,416	42%	100%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0		160,051	0.76%	160,051	0	3/1/2017	$96,814	60%	100%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.38%	80,025	0	3/1/2017	$68,934	86%	100%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.22%	45,888	0	3/1/2017	$51,347	112%	100%
3	**Local Pharmacy Assistance Program (a) (e)**	**2,384,796**	**0**	**30,000**	**0**	**0**	**2,414,796**	**11.44%**	**2,414,796**	**0**	3/1/2017	**$3,656,750**	**151%**	**100%**
4	**Oral Health**	**166,404**	**0**	**29,717**	**0**	**0**	**196,121**	**0.93%**	**196,121**	**0**	3/1/2017	**196,100**	**100%**	**100%**
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	0.93%	196,121	0	3/1/2017	$196,100	100%	100%
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**	**80,000**	**0**	**1,374,551**	**6.51%**	**1,374,551**	**0**	3/1/2017	**$1,374,549**	**100%**	**100%**
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	**$45,663**	**100%**	**100%**
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**	**1.67%**	**351,395**	**0**	3/1/2017	**$344,852**	**98%**	**100%**
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**	**1.99%**	**420,000**	**0**	**7/1/2017**	**$147,204**	**35%**	**100%**
13	**Non-Medical Case Management**	**1,231,002**	**0**	**14,000**	**0**	**0**	**1,245,002**	**5.90%**	**1,245,002**	**0**		**1,094,687**	**88%**	**100%**
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.53%	110,793	0	3/1/2017	$294,840	266%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			0		100,000	0.47%	100,000	0	3/1/2017	$85,024	85%	100%
13.c	Service Linkage at Public Clinic (a)	427,000		0	0		427,000	2.02%	427,000	0	3/1/2017	$0	0%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		14,000	0		607,209	2.88%	607,209	0	3/1/2017	$714,823	118%	100%
14	**Medical Transportation**	**527,362**	**-45,275**	**30,000**	**0**	**0**	**512,087**	**2.43%**	**512,087**	**0**		**379,864**	**74%**	**100%**
14.a	Medical Transportation services targeted to Urban	252,680	0	15,000	0		267,680	1.27%	267,680	0	3/1/2017	$294,840	110%	100%
14.b	Medical Transportation services targeted to Rural	97,185	0	15,000	0		112,185	0.53%	112,185	0	3/1/2017	$85,024	76%	100%
14.c	Transportation vouchering (bus passes & gas cards)	177,497	-45,275	0	0		132,222	0.63%	132,222	0	3/1/2017	$0	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%**	**50,000**	**0**	NA	$50,000	**100%**	**100%**
18	**Referral for Health Care and Support Services**	**0**					**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
BER27519	**Total Service Dollars**	**18,617,626**	**-190,275**	**444,642**	**0**	**0**	**18,871,993**	**87.45%**	**18,871,993**	**0**		**18,453,757**	**98%**	**100%**
	Grant Administration	**1,658,827**	**16,220**	**0**	**0**	**0**	**1,675,047**	**7.94%**	**1,675,047**	0	N/A	**1,324,318**	**79%**	**100%**

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
BER27517	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.43%	1,146,388	0	N/A	$1,080,632	94%	100%
PC	RWPC Support*	512,439	16,220		0	0	528,659	2.51%	528,659	0	N/A	243,686	46%	100%
BER27521	**Quality Management**	**495,000**	**0**	**0**	**0**	**0**	**495,000**	**2.35%**	**495,000**	**0**	**N/A**	**$473,363**	**96%**	**100%**
		20,771,453	**-174,055**	**444,642**	**0**	**0**	**21,042,040**	**97.73%**	**21,042,040**	**0**		**20,251,438**	**96%**	**100%**
								Unallocated	Unobligated					
	Part A Grant Award:	**20,656,176**	***Carry Over:***	**444,642**		***Total Part A:***	**21,100,818**	**58,778**	**0**					

		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**	**88.20%**	**16,644,904**	**88.20%**
	Non-Core (may not exceed 25% of total service dollars)	**2,373,364**	**-240,275**	**94,000**	**0**	**0**	**2,227,089**	**11.80%**	**2,227,089**	**11.80%**
	Total Service Dollars (does not include Admin and QM)	**18,617,626**	**-190,275**	**444,642**	**0**	**0**	**18,871,993**		**18,871,993**	
	Total Admin (must be ≤ 10% of total Part A + MAI)	**1,658,827**	**16,220**	**0**	**0**	**0**	**1,675,047**	**7.94%**		
	Total QM (must be ≤ 5% of total Part A + MAI)	**495,000**	**0**	**0**	**0**	**0**	**495,000**	**2.35%**		

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	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**	**85.53%**	**2,351,635**	**0**		**2,134,272**	**91%**	**100%**
1.b (MAI)	Primary Care - CBO Targeted to African American	1,040,245	29,968	116,875	0	0	1,187,088	43.18%	1,187,088	0	3/1/2017	$1,217,847	103%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,017,704	29,968	116,875	0	0	1,164,547	42.36%	1,164,547	0	3/1/2017	$916,425	79%	100%
17	**Emergency Financial Assistance**	**0**	**0**	**50,000**			**50,000**	**1.82%**	**50,000**	**0**	**12/1/2017**	**$50,000**	**100%**	**100%**
18	**Referral for Health Care and Support Services**	**0**	**0**	**347,746**			**347,746**	**12.65%**	**0**	**347,746**			**#DIV/0!**	**100%**
	Total MAI Service Funds	**2,057,949**	**59,936**	**631,496**	**0**	**0**	**2,749,381**	**100.00%**	**2,401,635**	**347,746**		**2,134,272**	**89%**	**100%**
	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%**
BEQ 27516	**Total MAI Funds**	**2,057,949**	**59,936**	**631,496**	**0**	**0**	**2,749,381**	**100.00%**	**2,401,635**	**347,746**		**2,134,272**	**89%**	**100%**
	MAI Grant Award	**2,117,885**	***Carry Over:***	**631,496**		***Total MAI:***	**2,749,381**							
	Combined Part A and MAI Orginial Allocation Total	**22,829,402**												

Footnotes:

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 - 4th Quarter Cumulative (3/1-2/28)

Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Outpatient/Ambulatory Primary Care (excluding Vision)**	**6,467**	**7,620**	**74%**	**26%**	**49%**	**15%**	**2%**	**34%**	**0%**	**1%**	**5%**	**26%**	**27%**	**13%**	**26%**	**2%**
1.a	Primary Care - Public Clinic (a)	2,350	3,525	69%	31%	52%	10%	2%	36%	0%	0%	3%	19%	27%	14%	34%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	1,762	71%	29%	99%	0%	1%	0%	0%	1%	9%	37%	25%	10%	18%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,223	85%	15%	0%	0%	0%	100%	0%	1%	5%	31%	31%	13%	18%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	743	90%	10%	0%	89%	11%	0%	0%	0%	4%	27%	22%	16%	29%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	400	599	71%	29%	43%	25%	3%	29%	0%	0%	8%	29%	28%	11%	23%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	1,093	0%	100%	62%	8%	1%	28%	0%	0%	2%	14%	31%	16%	33%	4%
1.g	Primary Care - Pediatric (a)	7	12	75%	25%	67%	8%	0%	25%	33%	58%	8%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,478	76%	24%	48%	15%	2%	35%	0%	1%	4%	23%	23%	15%	31%	3%
2	**Medical Case Management (f)**	**3,075**	**5,445**														
2.a	Clinical Case Management	600	1,265	75%	25%	59%	20%	2%	19%	0%	1%	7%	28%	22%	13%	27%	3%
2.b	Med CM - Targeted to Public Clinic (a)	280	699	95%	5%	56%	12%	3%	29%	0%	2%	14%	22%	20%	11%	28%	2%
2.c	Med CM - Targeted to AA (a)	550	1,918	71%	29%	99%	0%	1%	0%	0%	1%	8%	34%	25%	11%	20%	2%
2.d	Med CM - Targeted to H/L(a)	550	930	87%	13%	0%	0%	0%	100%	0%	1%	7%	34%	29%	11%	16%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	480	88%	12%	0%	88%	12%	0%	0%	0%	4%	23%	20%	16%	33%	4%
2.f	Med CM - Targeted to Rural (a)	150	712	70%	30%	45%	28%	3%	24%	0%	0%	6%	24%	25%	12%	28%	3%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	315	0%	100%	66%	10%	1%	23%	0%	2%	7%	15%	30%	14%	29%	3%
2.h	Med CM - Targeted to Pedi (a)	125	89	56%	44%	76%	6%	0%	18%	60%	36%	4%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	189	96%	4%	69%	22%	1%	8%	0%	0%	0%	2%	3%	6%	69%	20%
2.j	Med CM - Targeted to Youth	120	113	96%	4%	62%	6%	4%	28%	0%	15%	85%	0%	0%	0%	0%	0%
3	**Local Drug Reimbursement Program (a)**	**2,845**	**4,653**	**78%**	**22%**	**49%**	**16%**	**2%**	**34%**	**0%**	**0%**	**6%**	**30%**	**28%**	**13%**	**21%**	**2%**
4	**Oral Health**	**200**	**322**	**66%**	**34%**	**39%**	**33%**	**2%**	**25%**	**0%**	**1%**	**4%**	**22%**	**30%**	**13%**	**28%**	**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	322	66%	34%	39%	33%	2%	25%	0%	1%	4%	22%	30%	13%	28%	2%
5	**Mental Health Services (d)**	**NA**	**NA**														
6	**Health Insurance**	**1,700**	**1,562**	**82%**	**18%**	**45%**	**28%**	**2%**	**25%**	**0%**	**0%**	**3%**	**17%**	**20%**	**15%**	**39%**	**6%**
7	**Home and Community Based Services (d)**	**NA**	**NA**														
8	**Substance Abuse Treatment - Outpatient**	**40**	**24**	**96%**	**4%**	**29%**	**46%**	**4%**	**21%**	**0%**	**0%**	**4%**	**29%**	**29%**	**13%**	**25%**	**0%**
9	**Early Medical Intervention Services (d)**	**NA**	**NA**														
10	**Medical Nutritional Therapy/Nutritional Supplements**	**650**	**496**	**76%**	**24%**	**41%**	**24%**	**3%**	**32%**	**0%**	**0%**	**1%**	**11%**	**16%**	**19%**	**45%**	**8%**
11	**Hospice Services (d)**	**NA**	**NA**														
12	**Outreach**	**NA**	**387**	**77%**	**23%**	**60%**	**12%**	**2%**	**26%**	**0%**	**0%**	**7%**	**29%**	**26%**	**13%**	**24%**	**1%**
13	**Non-Medical Case Management**	**7,045**	**7,560**														
13.a	Service Linkage Targeted to Youth	320	178	79%	21%	61%	8%	3%	28%	0%	13%	87%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	138	71%	29%	57%	7%	2%	34%	0%	0%	0%	37%	22%	11%	28%	2%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	3,173	68%	32%	61%	11%	1%	27%	0%	0%	0%	18%	24%	14%	38%	5%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	4,071	77%	23%	53%	15%	2%	29%	1%	1%	7%	30%	24%	13%	23%	2%
14	**Transportation**	**2,850**	**3,173**														
14.a	Transportation Services - Urban	170	587	70%	30%	59%	11%	2%	27%	0%	0%	7%	28%	27%	10%	23%	4%
14.b	Transportation Services - Rural	130	169	69%	31%	35%	40%	2%	23%	0%	0%	4%	21%	28%	14%	30%	2%
14.c	Transportation vouchering	2,550	2,417														
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	12,890	74%	26%	53%	16%	2%	29%	1%	1%	5%	24%	24%	13%	30%	4%
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: 5/23/2018

Prepared by: Ryan White Grant Administration

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	1,849	73%	27%	99%	0%	1%	0%	0%	1%	10%	38%	25%	10%	16%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,252	86%	14%	0%	0%	0%	100%	0%	1%	6%	32%	31%	13%	17%	1%

RW Part A New Client Service Utilization Report

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Primary Medical Care**	**2,100**	**1,698**	**76%**	**24%**	**54%**	**15%**	**2%**	**29%**	**0%**	**2%**	**7%**	**35%**	**25%**	**11%**	**18%**	**2%**
2	**LPAP**	**1,200**	**758**	**81%**	**19%**	**54%**	**17%**	**1%**	**28%**	**0%**	**1%**	**8%**	**38%**	**24%**	**10%**	**17%**	**1%**
3.a	Clinical Case Management	400	216	84%	16%	55%	20%	3%	22%	0%	2%	13%	36%	19%	10%	20%	0%
3.b-3.h	Medical Case Management	1,600	1097	76%	24%	56%	16%	2%	25%	1%	3%	10%	34%	22%	10%	19%	2%
3.i	Medical Case Manangement - Targeted to Veterans	60	62	95%	5%	58%	29%	2%	11%	0%	0%	0%	2%	2%	11%	63%	23%
4	**Oral Health**	**40**	**46**	**65%**	**35%**	**41%**	**37%**	**2%**	**20%**	**0%**	**2%**	**7%**	**17%**	**33%**	**22%**	**20%**	**0%**
12.a. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	**3,700**	**2,064**	**75%**	**25%**	**58%**	**14%**	**2%**	**26%**	**1%**	**2%**	**7%**	**32%**	**24%**	**11%**	**21%**	**3%**
12.b	**Service Linkage at Testing Sites**	**260**	**81**	**74%**	**26%**	**58%**	**5%**	**2%**	**35%**	**0%**	**2%**	**20%**	**37%**	**19%**	**6%**	**16%**	**0%**

ootnotes:

(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 March 2018
final

Spending Target: 100%

Revised 6/12/2018

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 (1)	$2,370,346	71%	($434,450)	$1,935,896	67%	4/1/2017	$1,635,581	69%
7	Health Insurance Premiums and Cost Sharing (2)	$726,885	22%	($16,122)	$710,763	25%	4/1/2017	$1,113,243	153%
9	Home and Community Based Health Services(3)	$232,000	7%	($3,840)	$228,160	8%	4/1/2017	$113,504	49%
	Total Houston HSDA	~~3,329,231~~	100%	($454,412)	$2,874,819	100%		2,862,328	86%

this is what 18/19 will be

Note: Spending variances of 10% will be addressed:

1 OHS - Services were disrupted during Hurricane Harvey. Staff vacanies during grant period resulted in less services and less expenses.

2 HIP - Provider overbilled RWB to minimize returning funds to DSHS resulting in underspending in State Services.

3 Services utilization has decreased. Changes in program have been implemented. Service category may need an allocation reduction.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1718 DSHS State Services Rebate

Procurement Report

September 1, 2017- August 31, 2018

Chart reflects spending through April 2018

Spending Target: 67%

Revised 6/12/2018

Priority	Service Category	Original Allocation per	% of Grant	Amendment	Contractual Amount	% of Grant	Date of Original	Expended YTD	Percent YTD
6	ADAP Eligibility Worker (1)	$375,000	38%		$375,000	38%	9/1/2017	$102,987	27%
7	Emergency Financial Assistance (2)	$600,000	62%		$600,000	62%	9/1/2017	$156,521	26%
	Total Houston HSDA	**975,000**	**100%**	$0	$975,000	100%		259,507	27%

Note: Spending variances of 10% will be addressed

1 2 of 5 positions are unfilled; This is a start-up project and all positions were new hires.

2 Contract was implemented late; The public clinic has yet to utilize services, however, DSHS has expanded statewide. Expenditures has increased.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2017-04/30/2018

Revised: 6/6/2018

	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	1184	$111,263.79	473			*0*
Medical Deductible	98	$39,511.43	78			*0*
Medical Premium	4468	$1,753,288.05	841			*0*
Pharmacy Co-Payment	2449	$296,291.70	838			*0*
APTC Tax Liability	0	$0.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	7	$2,751.12	14	*NA*	*NA*	*NA*
Totals:	8206	$2,197,603.85	2244	0	$0.00	

Comments: This report represents services provided under all grants.

2017-2018 Ryan White Part B Service Utilization Report
4/1/2017 - 3/31/2018 Houston HSDA (4816)
4th Quarter

Revised 5/7/2018

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	*941*	941	81.9%	17.8%	0.0%	0.3%	40.1%	28.8%	28.9%	2.2%	0.1%	0.1%	1.6%	14.0%	16.4%	15.5%	45.4%	6.9%
Home & Community Based Health Services	*40*	25	68.0%	32.0%	0.0%	0.0%	80.0%	4.0%	16.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.0%	20.0%	60.0%	12.0%
Oral Health Care	*4,180*	2,791	144.4%	197.7%	0.0%	2.3%	106.3%	29.3%	6.9%	3.2%	0.0%	0.2%	2.2%	17.0%	19.9%	13.3%	40.4%	7.0%
Unduplicated Clients Served By RW Part B Funds:	*NA*	**3,757**	**294.33%**	**247.43%**	**0.00%**	**2.65%**	**226.4%**	**62.1%**	**51.8%**	**5.4%**	**0.0%**	**0.1%**	**1.2%**	**10.4%**	**14.8%**	**16.3%**	**48.6%**	**8.6%**

FY 2018 - Level Funding Scenario - Draft 5 - 06/23/17

DRAFT

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2018 Allocations & Justification
	Remaining Funds to Allocate	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	
		Part A	**MAI**	**Part B**	**State Services**	**SS-R**	**Total**	**FY 2018 Allocations & Justification**
1	**Ambulatory/Outpatient Primary Care**	**$9,634,415**	**$1,797,785**	**$0**	**$0**	**$0**	**$11,432,200**	
1.a	PC-Public Clinic	$3,520,995					$3,520,995	**FY18: Decrease $122,844 in Part A to help fund four additional MCM.**
1.b	PC-AA	$940,447	$910,163				$1,850,610	Part A: Allocate total (RW/A+MAI) CBO funds as follows: **Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%. FY18: Decrease $160,050 in MAI to fund two additional MCM to provide more targeted case management to AA consumers.**
1.c	PC-Hisp - see 1.b above	$786,424	$887,622				$1,674,046	Part A: Allocate total (RW/A+MAI) CBO funds as follows: **Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%. FY18: Decrease $160,050 in MAI to fund two additional MCM to provide more targeted case management to Hispanic consumers.**
1.d	PC-White - see 1.b above	$1,003,821					$1,003,821	Part A: Allocate total (RW/A+MAI) CBO funds as follows: **Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%. FY18: Decrease $35,022 in Part A to help fund four additional MCM.**
1.e	PC-Rural	$1,127,327					$1,127,327	**FY18: Decrease $39,331 in Part A to help fund four additional MCM.**
1.f	PC-Women	$1,837,964					$1,837,964	**FY18: Decrease $64,125 in Part A to help fund four additional MCM.**
1.g	PC-Pedi	$15,437					$15,437	
1.h	Vision Care	$402,000					$402,000	**FY18: Increase $100,000 over the FY17 allocation in Part A due to previous FY expenditures.**
2	**Medical Case Management**	**$2,535,802**	**$320,100**	**$0**	**$0**	**$0**	**$2,855,902**	
2.a	CCM-Mental/Substance	$488,656					$488,656	**FY18 (Addressing public comment regarding increased unit rate): Maintain level funding, with the expectation that carryover funding may be available.**
2.b	MCM-Public Clinic	$482,722					$482,722	**FY18: Increase $320,100 in Part A to fund four additional MCM.**
2.c	MCM-AA	$321,070	$160,050				$481,120	**FY18: Increase $160,050 in MAI to fund two additional MCM to provide more targeted case management to AA consumers.**

FY 2018 - Level Funding Scenario - Draft 5 - 06/23/17

DRAFT

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2018 Allocations & Justification
	Remaining Funds to Allocate	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	
2.d	MCM-Hisp	$321,072	$160,050				$481,122	**FY18: Increase $160,050 in MAI to fund two additional MCM to provide more targeted case management to Hispanic consumers.**
2.e	MCM-White	$107,247					$107,247	
2.f	MCM-Rural	$348,760					$348,760	
2.g	MCM-Women	$180,311					$180,311	
2.h	MCM-Pedi	$160,051					$160,051	
2.i	MCM-Veterans	$80,025					$80,025	
2.j	MCM-Youth	$45,888					$45,888	
3	**Local Pharmacy Assistance Program**	**$1,934,796**	**$0**	**$0**	**$0**	**$0**	**$1,934,796**	**FY18: Decrease $450,000 in Part A due to historic underspending and to fund Emergency Financial Assistance.**
4	**Oral Health**	**$166,404**	**$0**	**$2,085,565**	**$0**	**$0**	**$2,251,969**	
4.a	Untargeted			$2,085,565			$2,085,565	**FY18: Decrease $284,781 in Part B to fund at the FY16/17 contractual amount, due to a decrease in the FY18/19 Part B award. This contractual amount exceeded the amount expended in FY16/17 by $270,243.**
4.b	Rural Dental	$166,404					$166,404	
5	**Health Insurance Co-Pays & Co-Ins**	**$1,244,551**	**$0**	**$726,885**	**$979,694**	**$0**	**$2,951,130**	**FY18: Decrease $50,000 in Part A as this service is well funded through multiple funding streams. Decrease $48,489 in SS due to underspending, as well as this service being well funded through multiple funding streams.**
6	**Mental Health Services**	**$0**	**$0**	**$0**	**$300,000**	**$0**	**$300,000**	
7	**Early Intervention Services**	**$0**	**$0**	**$0**	**$166,211**	**$0**	**$166,211**	
8	**Home & Community Based Health Services**	**$0**	**$0**	**$203,315**	**$0**	**$0**	**$203,315**	
8.a	In-Home (skilled nursing & health aide)						$0	
8.b	Facility-based (adult day care)			$203,315			$203,315	**FY18: Decrease $28,685 in Part B due to a decrease in the FY18/19 Part B award.**
9	**Substance Abuse Treatment - Outpatient**	**$45,677**	**$0**	**$0**	**$0**	**$0**	**$45,677**	
10	**Medical Nutritional Therapy**	**$341,395**	**$0**	**$0**	**$0**	**$0**	**$341,395**	
11	**Hospice**	**$0**	**$0**	**$0**	**$359,832**	**$0**	**$359,832**	**FY18: Decrease $55,000 in SS due to underspending.**
12	**Outreach Services**	**$420,000**	**$0**	**$0**	**$0**		**$420,000**	**FY18: Decrease $70,000 in Part A as there is no need for a Rural FTE in the current pilot of this service.**

FY 2018 - Level Funding Scenario - Draft 5 - 06/23/17

DRAFT

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2018 Allocations & Justification
	Remaining Funds to Allocate	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	
13	**Non-Medical Case Management**	**$1,231,002**	**$0**	**$0**	**$0**	**$0**	**$1,231,002**	
13.a	SLW-Youth	$110,793					$110,793	
13.b	SLW-Testing	$100,000					$100,000	
13.c	SLW-Public	$427,000					$427,000	
13.d	SLW-CBO, includes some Rural	$593,209					$593,209	
14	**Transportation**	**$482,087**	**$0**	**$0**	**$0**	**$0**	**$482,087**	
14.a	Van Based - Urban	$252,680					$252,680	
14.b	Van Based - Rural	$97,185		$0			$97,185	
14.c	Bus Passes & Gas Vouchers	$132,222					$132,222	**FY18: decrease $45,275 in Part A as current inventory can support the reduction in funding for one year.**
15	**Linguistic Services**	**$0**	**$0**	**$0**	**$68,000**	**$0**	**$68,000**	**FY18: Increase $20,000 in SS due to increased use of translation.**
16	**Emergency Financial Assistance**	**$450,000**	**$0**	**$0**	**$0**	**$0**	**$450,000**	**FY18: Fund at $450,000 in Part A to bridge ART medications for approximately 800 consumers while other payors are secured.**
17	**Referral for Health Care & Support Services**	**$0**	**$0**	**$0**	**$0**	**$375,000**	**$375,000**	**Approved 6/8/17: $375,000 in SS-R for 5 ADAP enrollment workers**
	Total Service Allocation	**$18,486,129**	**$2,117,885**	**$3,015,765**	**$1,873,737**	**$375,000**	**$25,868,516**	
NA	Quality Management	$495,000					$495,000	Part A: No changes
NA	Administration	$1,675,047					$1,675,047	Part A: **Approved 5/11/17: $16,220 reallocated from Other Professional Services to Office of Support Budget to support Road 2 Success.**
NA	Compassionate Care Program					$600,000	$600,000	SS-R: **Approved 06/08/17: Up to $600,000 for Compassionate Care Program**
	Total Non-Service Allocation	**$2,170,047**	**$0**	**$0**	**$0**	**$600,000**	**$2,770,047**	
	Total Grant Funds	**$20,656,176**	**$2,117,885**	**$3,015,765**	**$1,873,737**	**$975,000**	**$28,638,563**	

Remaining Funds to Allocate (exact same as the yellow row on top)	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Tips:

* Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet wil become "broken" and the totals will be incorrect.

* It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from $42,000 to $40,000, don't just delete the cell contents and type in a new number. Instead, type in "=42000-2000". This shows that you subtracted $2,000 from a service, so you recall later how you reached a certain amount. If you want to make another change, just add it to the end of the formula. For example, if you want to add back in $1,500, then the cell should look like "=42000-2000+1500" Make sure you put the "=" in front so Excel reads it as a formula.

FY 2018 - Level Funding Scenario - Draft 5 - 06/23/17

DRAFT

	Part A	MAI	Part B	State Services	SS-R	Total	FY 2018 Allocations & Justification
Remaining Funds to Allocate	$0	$0	$0	$0	$0	$0	

[For Staff Only]

If needed, use this space to enter base amounts to be used for calculations

	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	SS-R estimated	
Total Grant Funds	$20,656,176	$2,117,885	$3,015,765	$1,873,737	$975,000	$28,638,563

FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Epidemiological Trends

Who is living with HIV in the Houston EMA?[a]
27,023 diagnosed people were living with HIV (PLWH) in the EMA at the end of 2016. Of all diagnosed PLWH in the EMA:

- 75% are male (sex at birth)
- 49% are Black/African American; 28% are Hispanic
- 28% are between the ages of 45 and 54; 23% are 55+
- 57% have MSM risk factor; 29% have heterosexual risk factor

Who is newly diagnosed with HIV in the Houston EMA?[a]
1,325 people were newly diagnosed with HIV in the EMA in 2016. Of those newly diagnosed in 2016

- 78% are male (sex at birth)
- 47% are Black/African American; 35% are Hispanic
- 39% were between the ages of 25 and 34; 22% were between the ages of 13 and 24
- 66% have MSM risk factor

It is estimated that an additional 5,653 people in the EMA are living with HIV but unaware of their status.

Which groups in the Houston EMA are experiencing increasing rates of new HIV diagnoses?[a]
Relative rates of increase for new HIV diagnoses can indicate new and emerging populations while accounting for the size of each group within the population. Though the overall HIV diagnosis rate decreased by 9% between 2011 and 2016, two populations in the Houston EMA have experienced increases in the relative rates of new diagnoses:

- 33% relative rate increase among individuals ages 25-34
- 3% relative rate increase among Hispanic individuals

Source:
[a]2018 Epidemiological Profile – In Progress

Unmet Need for HIV Care

What is unmet need?
Unmet need is when a person diagnosed with HIV is out of care. According to HRSA, a person is considered out of care if they have not had at least 1 of the following in 12 months: (1) an HIV medical care visit, (2) an HIV monitoring test (either a CD4 or viral load), or (3) a prescription for HIV medication.

How many people are out of care in the Houston EMA?[a]

- In 2016, there were 6,537 PLWH out of care in the EMA, or 24% of all diagnosed PLWH.

What trends can be seen among those out of care in the Houston EMA? [a]
The highest proportions of people out of care in 2016 were:

- 25% of male (sex at birth) diagnosed PLWH – ↓ from 37% in 2009
- 28% of other race/ethnicity diagnosed PLWH – ↓ from 41% in 2009
- 26% of Hispanic diagnosed PLWH – ↓ from 36% in 2009
- 25% of Black/African American diagnosed PLWH – ↓ from 37% in 2009
- 26% of diagnosed PLWH age 35-44 – ↓ from 36% in 2009; 26% of diagnosed PLWH age 55 and over – ↓ 37% in 2009
  - The age range with highest unmet need in 2009 was age 25-34 at 39%
- 28% of diagnosed PLWH with an injection drug use risk factor – ↓ 39% in 2009
- 27% of people diagnosed with HIV between 2006 and 2010
  - In 2009, 38% of out of care PLWH were diagnosed between 2004 and 2006

29% of all PLWH in the 2016 Needs Assessment[b] reported stopping HIV medical care for 12 months year or more at some point since their initial diagnosis. The most common reasons for falling out of care were: substance abuse concerns, wanting a break from treatment, reluctance to take HIV medication, not feeling sick, and mental health concerns.

Sources:
[a]2018 Epidemiological Profile – In Progress
[b]2016 Houston Area HIV Needs Assessment

National, State, and Local Priorities

Initiatives at the national, state, and local level offer important guidance on how to design effective HIV care services for the Houston EMA:

National HIV/AIDS Strategy (NHAS) Updated for 2020
Released in July 2015, NHAS includes three broad outcomes for HIV care:

- Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%.
- Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%.
- Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%.

Early Identification of Individuals with HIV/AIDS (EIIHA)
EIIHA is a HRSA initiative required of all Part A grantees. It has four goals:

1. Identifying individuals unaware of their HIV status
2. Informing individuals unaware of their HIV status
3. Referring to medical care and services
4. Linking to medical care

The EMA's EIIHA Strategy also includes a special populations focus:

1. African Americans
2. Hispanics/Latinos age 25 and over
3. Men who have Sex with Men (MSM)

HIV Care Continuum[a]
Developed by the CDC in 2012, the Continuum of Care is a five-step model of PLWH engagement in HIV medical care. Using the model, local communities can identify specific areas for scaled-up engagement efforts. The Houston EMA's current HIV Care Continuum (2016) is as follows:

- 27,023 people are currently diagnosed with HIV in the EMA; an additional 5,653 people are estimated to be living with HIV, but unaware of their status
- Of those diagnosed, 76% have accessed HIV care
- Of those diagnosed, 61% have been retained in HIV care
- Of those diagnosed, 58% have a suppressed viral load

Source:
[a]Houston EMA HIV Care Continuum, http://rwpchouston.org/Publications/2017_Comp_Plan/Care_Continuum.htm

Epidemiological Trends

Con't from Page 1

Which groups in the Houston EMA experience disproportionately higher rates of new HIV diagnoses?[a]

Using the total 2016 Houston EMA HIV diagnosis rate (21.9 per 100,000 population) as a benchmark, the following populations experience disproportionately higher rates of new HIV diagnoses:

- 163% higher rate among Black/African Americans individuals
- 156% higher rate among individuals age 25-34
- 58% higher rate among males (sex at birth)
- 30% higher rate among individuals age 13-24
- 23% higher rate among individuals age 35-44
- 11% higher rate among individuals age 45-54

While there has been no change in ***which*** groups experience disproportionally higher rates of new diagnoses since 2011, the ***extent of disproportionality*** within each population group changed in the Houston EMA between 2011 and 2016. The following groups experienced the greatest increase in extent of disproportionality:

- 81 percentage point increase among individuals age 25-34
- 11 percentage point increase among Hispanic individuals

How does the Houston EMA compare to Texas[a]

- The prevalence rate in the Houston EMA in 2016 (446.0 per 100,000 population) was higher than Texas (311.1 per 100,000 population). All sex at birth, race/ethnicity, and age range groups in the Houston EMA experience higher HIV prevalence rates that corresponding groups for the state as a whole.
- The rate of new HIV diagnosis in the Houston EMA in 2016 (21.9 per 100,000 population) was higher than Texas (16.1 per 100,000 population). All sex at birth, race/ethnicity, and age range groups in the Houston EMA experience higher rates of new diagnoses that corresponding groups for the state as a whole.

Sources:
[a]2018 Epidemiological Profile – In Progress

Unmet Need for HIV Care

Con't from Page 1

What proportion of newly diagnosed PLWH are linked to care in the EMA?[a]

- 65% of those newly diagnosed in 2016 in the Houston EMA were linked to HIV medical care within 1 month of their diagnosis. An additional 17% were linked to care within 2-3 months of their diagnosis, 8% were linked to care within 4-12 months of their diagnosis, and 5% were linked to care over 12 months after they diagnosed.
- 10% of those newly diagnosed in 2016 in the EMA ***were not*** linked by the end of that year. This accounts for 135 newly diagnosed individuals. Most of these individuals were:
- 81% males (sex at birth)
  - Among unlinked males, 56% were Black/African American males and 29% were Hispanic males
- 60% Black/African American individuals
  - 76% of unlinked females were Black/African American
- 40% were individuals age 25-34
  - 21% were individuals age 35-44
  - 18% were youth age 13-24
- 69% were individuals with MSM risk factor
  - 24% were individuals with heterosexual risk factor

Which groups are experiencing concurrent (late) diagnosis?[a]

Of people newly diagnosed in the Houston EMA in 2015, 275 or 20% also received an HIV stage 3 (formerly AIDS) diagnosis within 3 months.

Populations disproportionately impacted by late/concurrent diagnoses in the Houston EMA in 2015 include Hispanic females age 35 – 44 (50%), Hispanic females age 55 and older (55%), Hispanic males age 35 – 44 (41%), Hispanic males age 55 and older (59%), and African American males age 35-54 (36%).

Sources:
[a]2018 Epidemiological Profile – In Progress

National, State, and Local Priorities

Con't from Page 1

The 2017-2021 Texas HIV Plan

The Texas Department of State Health Services (DSHS) has also developed a model of PLWH engagement in HIV medical care, which serves as the foundation for efforts to reduce HIV transmissions for the state as a whole. Goals specific to HIV care services improvements for the state are:

- Increase timely linkage to HIV-related care and treatment
- Increase continuous participation in systems of care and treatment
- Increase viral suppression

Houston Area Comprehensive HIV Plan (2017 – 2021)

This document outlines strategies, activities, and benchmarks for improving the entire system of HIV prevention and care in the EMA. HIV care services improvements slated for achievement by 2021 are:

- Increase the proportion of newly-diagnosed individuals linked to clinical HIV care within one month of their HIV diagnosis to at least 85%
- Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis within one year by 25%
- Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis within one year among Hispanic and Latino men age 35+ by 25%
- Increase the percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care to at least 90.0%
- Increase the percentage of individuals with diagnosed HIV in the Houston Area who are retained in HIV medical care to at least 90.0%.
- Maintain, and if possible, increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed to at least 90.0%
- Increase the percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed at least 80.0%

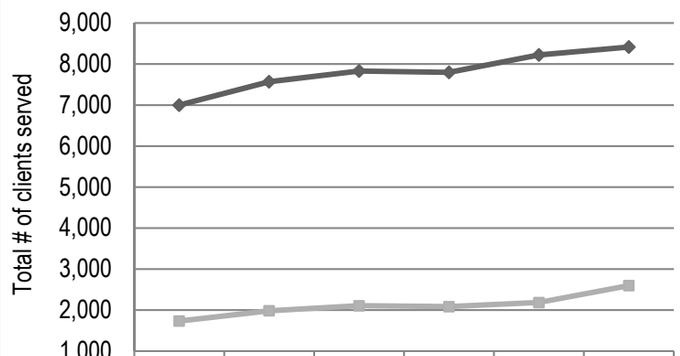
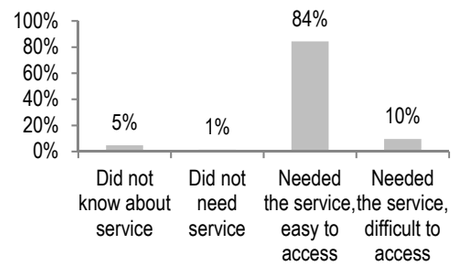
The plan also includes a special populations focus: Youth (13-24), Homeless, I/RR, IDU, MSM, Transgender & Gender Non-conforming, and Women of Color

Roadmap to Ending the HIV Epidemic in Houston (2017-2021)

This document offers over 30 recommendations to end the local HIV epidemic by decreasing new diagnoses to 600 per year; increasing the diagnosed proportion to 90%, fostering 90% retention in care, and supporting 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression.

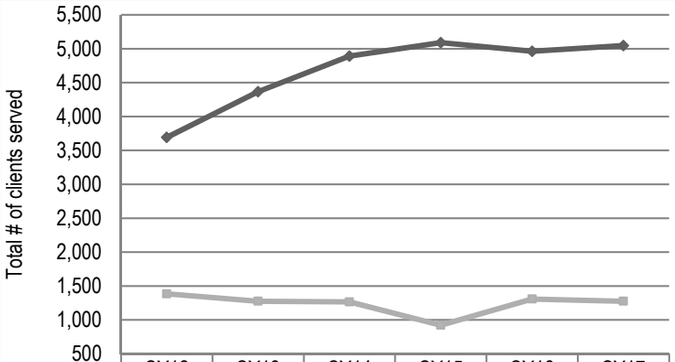
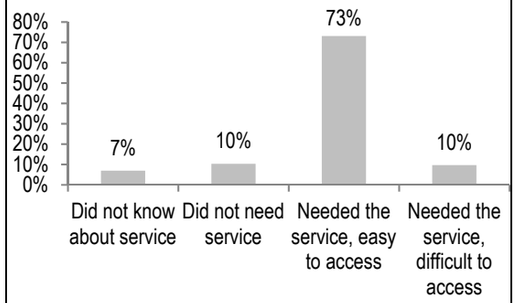
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Ambulatory Outpatient Medical Care (Adult and Pediatric) incl. Vision Care)	<u>Part A:</u> FY98: $2,084,928 FY99: $1,231,605 FY00: $1,891,325 FY01: $1,679,294 FY02: $1,941,561 FY03: $1,966,899 FY04: $1,687,404 FY05: $2,319,440 FY06: $3,161,000 FY07: $3,161,000 <u>Part A/MAI/B:</u> FY08: $9,214,688 FY09: $9,454,433 FY10: $9,510,270 FY11: $9,964,057 FY12: $9,941,410 FY13: $11,043,672 FY14: $10,656,734 <u>Part A/MAI:</u> FY15: $11,181,410 FY16: $11,757,561 FY17: $11,853,686 FY18: $11,432,200 <u>Source</u>: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 PCare 7,000 7,570 7,830 7,799 8,224 8,416 Vision 1,734 1,984 2,108 2,087 2,186 2,598 <u>Source</u>: RWGA and The Resource Group, 4/23/18	<u>Primary Care</u>[a]: • Following Primary Care, 75% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart).[a] • 18% of primary care clients had CD-4 < 200 within 90 days of enrollment in primary care.[a] • 71% of primary care clients were virally suppressed.[a] • There was 3 percentage point variability between race/ethnicity categories for ART prescription and 5 percentage point variability for viral suppression.[b] <u>Vision Care</u>: • 13 diagnoses were reported for HIV-related ocular disorders, all of which were managed appropriately.[c] • 95% of client records reviewed contained documentation of new prescription for lenses at the agency with the year.[c] • Overall performance rates of vision care providers have remained high.[c] <u>Source</u>: [a] RWGA FY 2016 Highlights from Performance Measures [b]RWGA Primary Care Chart Review FY 2016 (December 2017) [c]RWGA Vision Care Chart Review FY 2016 (December 2017)	<u>Needs Assessment Rankings</u>: Primary Care was surveyed as "*HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)"* in the 2016 Needs Assessment. Results as defined are below:  • 94% of respondents reported a need for Primary Care, placing this service as the highest ranked need surveyed. • The most common barrier reported for Primary Care was administrative issues (19% of all reported barriers to this service). • Females, other/multiracial and white PLWH, and PLWH age 50+ reported the least difficulty accessing Primary Care. • Out of care, rural, transgender, recently released, and unstably housed PLWH reported more difficulty accessing Primary Care than the sample as a whole. <u>Source</u>: 2016 Houston Area HIV Needs Assessment	This service aligns with the following goals: <u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u> • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. <u>HIV Care Continuum</u> • Increase the percentage of those aware of their HIV+ status retained in HIV care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load <u>The Texas HIV Plan (2017-2021):</u> • Increase continuous participation in systems of care and treatment • Increase viral suppression <u>Comprehensive HIV Plan (2017-2021):</u> • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. • Maintain / increase the proportion of RW clients who are virally suppressed to ≥ 90% • Increase the percentage of PLWH who are virally suppressed ≥80% The following Special Population is also specifically addressed by this service: • Youth (age 13 – 24) <u>END Plan (2017-2021)</u> • Foster 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

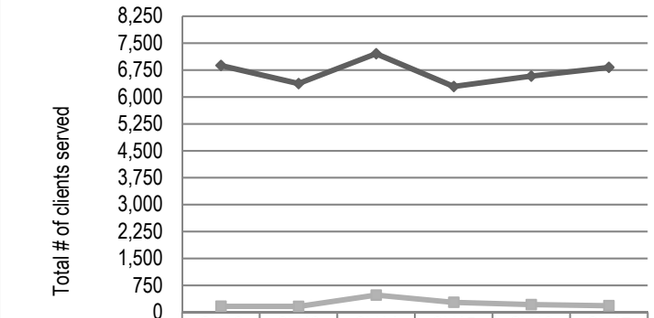
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Case Management - Medical (MCM) (incl. Clinical Case Management (CCM) for Mental Health/Sub Use)	<u>Part A:</u> FY98: $ 2,084,928 FY99: $1,231,605 FY00: $1,891,325 FY01: $1,679,294 FY02: $1,941,561 FY03: $1,966,899 FY04: $1,687,404 FY05: $2,319,440 FY06: $3,161,000 FY07: $1,747,070 FY08: $2,210,511 FY09: $2,616,512 FY10: $2,616,512 FY11: $2,139,991 <u>Part A/B:</u> FY12: $1,990,481 FY13: $1,840,481 <u>Part A</u> FY14: $1,752,556 FY15: $2,031,556 FY16: $2,215,702 FY17: $2,215,702 FY18: $2,855,902 <u>Source</u>: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 MCM 3,692 4,366 4,891 5,089 4,962 5,046 CCM 1,385 1,275 1,266 922 1,308 1,276 <u>Source</u>: RWGA and The Resource Group, 4/23/18	<u>Medical Case Management (MCM):</u> • Following MCM, 50% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 3% accessed primary care for the first time. • Following MCM, 38% of clients had 3rd party payer coverage, and 5% accessed mental health services for the first time. • 68% of MCM clients had suppressed viral loads. <u>Clinical Case Management (CCM):</u> • Following CCM, 49% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 2% accessed primary care for the first time. • Following CCM, 8% of clients accessed mental health services for the first time. • 69% of CCM clients had suppressed viral loads <u>Source</u>: RWGA FY 2016 Highlights from Performance Measures	<u>Needs Assessment Rankings</u>: Medical, Clinical, and SLW Case Management were not each surveyed *explicitly* in the 2016 Needs Assessment, but rather as a general category entitled "Case Management" and defined as: "*these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments.*" Results as defined are below:  • 83% of respondents reported a need for case management services, placing it as the 2nd highest ranked need. • The most common barrier reported was interactions with staff (54% of all barriers reported for case management). • Females, other/multiracial PLWH, and PLWH ages 25-49 reported the least difficulty accessing case management services. • MSM PLWH reported more difficulty accessing case management services that the sample as a whole. <u>Source</u>: 2016 Houston Area HIV Needs Assessment	This service aligns with the following goals: <u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u> • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. <u>EIIHA</u> • Referring to medical care and services • Linking to medical care <u>HIV Care Continuum</u> • Increase the percentage of those aware of their HIV+ status retained in HIV care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load <u>The Texas HIV Plan (2017-2021):</u> • Increase continuous participation in systems of care and treatment • Increase viral suppression <u>Comprehensive HIV Plan (2017-2021):</u> • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year • Increase the proportion of RW clients with UVL by 10% The following Special Populations are also specifically addressed by this service: • Youth (age 13 – 24) • IDU <u>END Plan (2017-2021)</u> • Foster 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

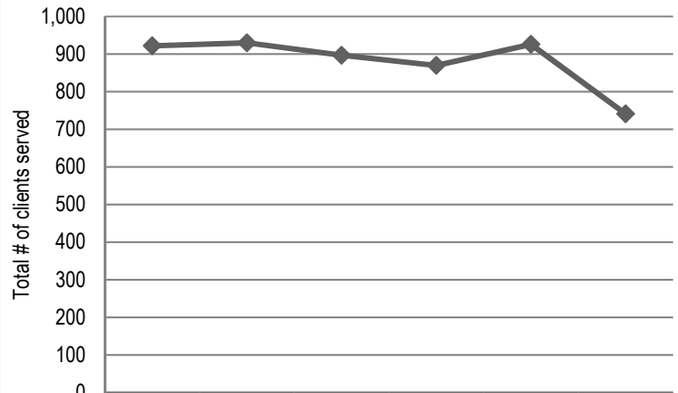
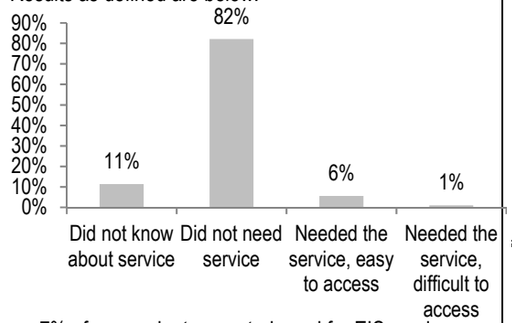
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Case Management - (Non-Medical / Service Linkage (SLW) (incl. SLW at public testing sites)	Part A: FY98: $2,084,928 FY99: $1,231,605 FY00: $1,891,325 FY01: $1,679,294 FY02: $1,941,561 FY03: $1,966,899 FY04: $1,687,404 FY05: $2,319,440 FY06: $3,161,000 FY07: $1,010,871 FY08: $1,079,062 FY09: $957,897 FY10: $957,897 FY11: $1,163,539 FY12: $1,212,217 FY13: $1,362,217 FY14: $1,359,832 FY15: $1,440,384 FY16: $1,440,384 FY17: $1,231,001 FY18: $1,231,002 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 SLW 6,877 6,373 7,206 6,292 6,582 6,823 Testing Sites* 168 164 480 277 214 183 *These are data for SLW at public testing sites only Source: RWGA and The Resource Group, 4/23/18	• Following receipt of SLW services, 45% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 53% accessed primary care for the first time. • The average number of days between first service linkage visits and first primary care visit was 36 days, an increase from 29 days in FY 2015. Source: RWGA FY 2016 Highlights from Performance Measures	Needs Assessment Rankings:[a] Medical, Clinical, and SLW Case Management were not surveyed *explicitly* in the 2016 Needs Assessment. Please refer to Case Management-Medical for 2016 Needs Assessment results, ranking, and barriers relating to general case management. Other Needs Assessment Data Related to SLW:[a] • Among participants who were newly diagnosed at the time of survey: o 81% received a list of HIV clinics o 88% were offered help to get into care o 76% were given an HIV care appt o 74% were linked to care w/in 1 month • 39% of respondents reported delayed entry (> 1 month) into HIV care. The most common reported reasons were fear of status disclosure (19%), denial (17%), and not feeling sick (12%). Other Data Related to SLW:[b] • 12% of PLWH in the Houston EMA who were newly diagnosed in 2015 were not linked to care that year. Source: [a]2016 Houston Area HIV/AIDS Needs Assessment [b]Epidemiological Overview – 2017-2021 Comprehensive Plan	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%. EIIHA • Referring to medical care and services • Linking to medical care This service also directly implements the EMA's EIIHA Strategy of linking the following special populations: 1. African Americans 2. Hispanics/Latinos age 25 and over 3. Men who have Sex with Men (MSM) HIV Care Continuum • Increase the percentage of those aware of their HIV+ status linked to HIV care The Texas HIV Plan (2017-2021): • Increase timely linkage to HIV-related care and treatment Comprehensive HIV Plan (2017-2021): • Increase proportion of newly-diagnosed individuals linked to care w/in 1 month diagnosis to ≥85% END Plan (2017-2021) • Foster 90% retention in care

FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Early Intervention Services (EIS) (Incarcerated)	Part A: FY03: $83,577 FY04: $60,588 SS: FY09: $166,211 FY10: $166,211 FY11: $166,211 FY12: $166,211 FY13: $166,211 FY14: $166,211 FY15: $166,211 FY16: $166,211 FY17: $166,211 FY18: $166,211 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 EIS 922 930 897 870 926 741 Source: RWGA and The Resource Group, 4/23/18	• 98% of client records reviewed showed a completed intake assessment. • 70% of client records reviewed for clients had a discharge plan present had documentation of the client being assessed for risk and provided targeted health literacy and education in the client record (including receipt of a BlueBook) • 81% of records reviewed for clients had a discharge plan present • 81% of client records reviewed had a discharge plan present. • No client records reviewed showed at least one multidisciplinary team conference had occurred Source: TRG 2017 Chart Review Report	Needs Assessment Rankings:[a] EIS was surveyed as "*Pre-discharge Planning*" defined as: "*this is when jail staff help you plan for HIV medical care after your release*" in the 2016 Needs Assessment. Results as defined are below:  • 7% of respondents reported need for EIS services, placing it as the lowest ranked need. • The most common barrier reported was accessibility (40%). • Males, other/multiracial PLWH, and PLWH age 25-49 reported the least difficulty accessing EIS services. • Recently released and unstably housed PLWH reported more difficulty accessing EIS services than the sample as a whole. 2016 Needs Assessment Recently Released Profile:[b] • Recently released participants reported reluctance taking HIV medication and substance abuse concerns as barriers to retention more often than all participants. • Only 34% of recently released participants reported no interruption in care (vs. 71% of all participants) • Education and awareness was cited as a service barrier more often for recently released participants (27% v. 21%). Source: [a] 2016 Houston Area HIV Needs Assessment [b] 2016 Houston Area HIV Needs Assessment: Profile of the Recently Released	This service aligns with the following goals: Comprehensive HIV Plan (2017-2021): • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. The following Special Population is addressed by this service: 1. I/RR Criminal Justice Recommendations from END Plan (2017-2021): 1. Create drop-in center(s) for persons recently released from incarceration 2. Make transition back into community less onerous 3. Implement the Healthy Person initiative to improve HIV literacy in the correctional system 4. Improve HIV/AIDS medical care in the correctional health system 5. Allow access to condoms in the correctional system

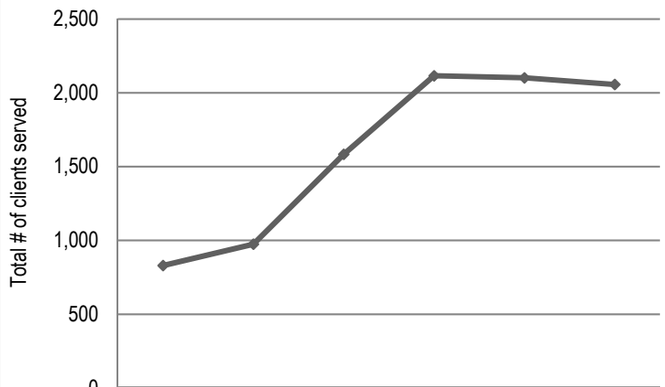
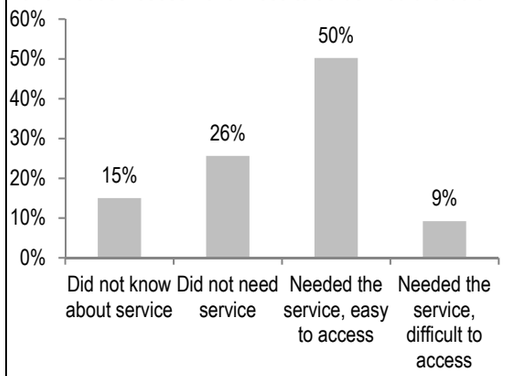
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Emergency Financial Assistance (Pharmacy Assistance)	Part A: FY18: $450,000 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	N/A – Emergency Financial Assistance is a newly funded service category.	Emergency financial assistance outcomes data are not available for this service category at this time.	Needs Assessment Rankings: As Referral for Health Care and Support Services is a newly funded service category, it was not evaluated in the 2016 Needs Assessment. However, 4% of participants reported that they had not taken anti-retroviral therapy (ART) medication or could not remember taking ART medication within the past 6 months. Additionally, 8% of participants reported that they were not taking ART medications at the time of survey. The three most common reasons given for not currently taking ART medications were lack of insurance coverage (26%), difficulty taking ART as prescribed (14%), and difficulty paying for medications (12%). Twenty-seven percent of all participants reported having difficulty paying for HIV medications, and 14% reported receiving no assistance or not knowing whether they received assistance paying for medications. While all newly-diagnosed participants reported seeing a medical provider for HIV in the past 6 months, 13% reported that they had not taken ART medication within this time period, and 14% reported that they were not taking ART medications at the time of survey. The most common reason given for not currently taking ART medications included choosing not to take medication. Thirty-six percent of newly-diagnosed participants reported having difficulty paying for HIV medications, and 10% reported receiving no assistance or not knowing whether they received assistance paying for medications. See also: LPAP Source: 2016 Houston Area HIV Needs Assessment. 2018 Epidemiological Profile – In Progress	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. Early Identification of Individuals with HIV/AIDS (EIIHA) • Refer and link newly diagnosed PLWH to medical care and services HIV Care Continuum • Increase the percentage of those aware of their HIV+ status on antiretroviral therapy (ART), retained in HIV care, and virally suppressed The Texas HIV Plan (2017-2021): • Increase timely linkage to HIV-related care and treatment • Increase viral suppression Comprehensive HIV Plan (2017-2021): • Maintain / increase the proportion of RW clients who are virally suppressed to ≥ 90% • Increase the percentage of PLWH who are virally suppressed ≥80% END Plan (2017-2021) Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

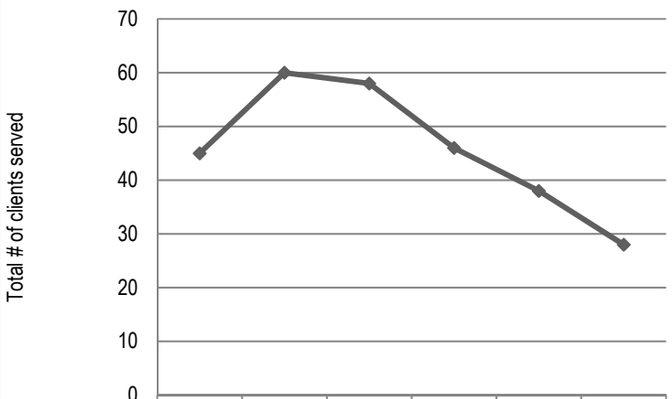
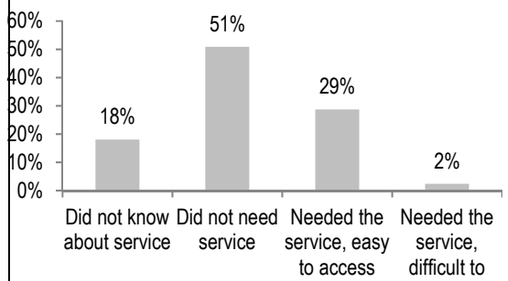
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Health Insurance Premium and Cost Sharing Assistance	<u>Part A:</u> FY98: $0 FY99: $0 FY00: $75,917 FY01: $50,917 FY02: $51,295 FY03: $81,303 FY04: $82,151 FY05: $177,852 FY06: $200,000 FY07: $400,000 FY08: $1,238,590 FY09: $573,135 FY10: $573,135 <u>Part B/SS:</u> FY11: $1,356,658 FY12: $1,406,658 FY13: $1,578,402 FY14: $2,068,402 <u>Part A/B/SS:</u> FY15: $3,442,297 FY16: $3,049,619 FY17: $3,049,619 FY18: $2,951,969 <u>Source</u>: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 HIA 830 975 1,584 2,116 2,102 2,057 <u>Source</u>: RWGA and The Resource Group, 4/23/18	Health insurance assistance outcomes data are not available for this service category at this time.	<u>Needs Assessment Rankings</u>: Health Insurance Assistance (HIA) was defined as: *"this is when you have private health insurance or Medicare and you get help paying for your co-pays, deductibles, or premiums for medications or medical visits"* in the 2016 Needs Assessment. Results as defined are below:  • 59% of respondents reported a need for HIA, placing this service as the 5th highest need. • The most common barrier reported health insurance coverage (31% of all reported barriers to this service). • Males, other/multiracial PLWH, and PLWH age 50+ reported the least difficulty accessing HIA • Recently released and rural PLWH reported more difficulty accessing HIA than the sample as a whole. <u>Sources</u>: 2016 Houston Area HIV Needs Assessment.	This service aligns with the following goals: <u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u> • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. <u>HIV Care Continuum</u> • Increase the percentage of those aware of their HIV+ status retained in HIV care <u>The Texas HIV Plan (2017-2021):</u> • Increase continuous participation in systems of care and treatment • Increase viral suppression <u>Comprehensive HIV Plan (2017-2021):</u> • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. • Maintain / increase the proportion of RW clients who are virally suppressed to ≥ 90% • Increase the percentage of PLWH who are virally suppressed ≥80% <u>END Plan (2017-2021)</u> • Foster 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

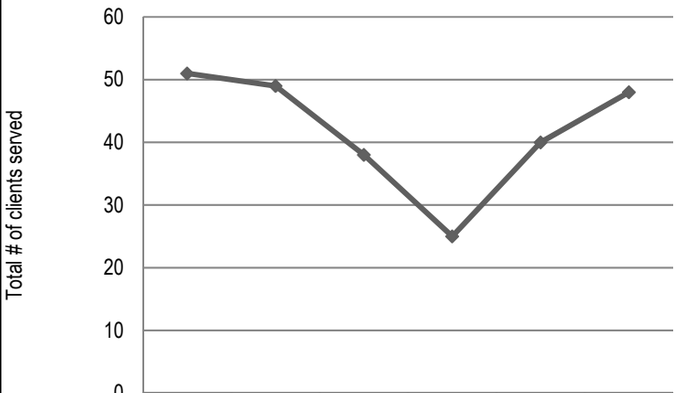
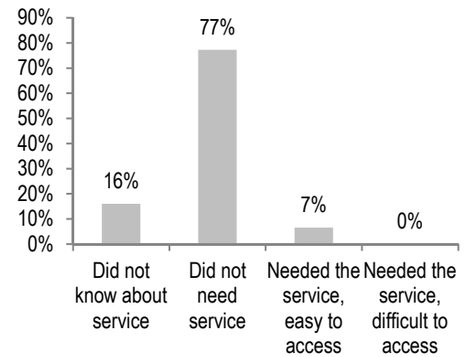
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Home & Community-Based Health Services (Adult Day Treatment)	Part A: FY98: $0 FY99: $0 FY00: $0 FY01: $0 FY02: $0 FY03: $83,577 FY04: $60,588 FY05: $72,289 FY06: $72,000 FY07: $72,000 FY08: $222,000 FY09:$148,972 Part B: FY10: $242,000 FY11: $232,000 FY12: $242,000 FY13: $232,000 FY14: $232,000 FY15: $232,000 FY16: $232,000 FY17: $232,000 FY18: $203,315 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 Adult Day 45 60 58 46 38 28 Source: RWGA and The Resource Group, 4/23/18	97% of clients receiving Home & Community Based Health Services (Adult Day Treatment) were provided with a written care plan, and 97% had periodic multidisciplinary team conferences to review the care plan. According to the nursing assessment: • Of the 36% clients with diagnosed hypertension, 57% had chart evidence showing their hypertension was controlled. • Decreased or undetectable viral load on final labs of the year was not evaluated. Source: TRG 2017 Chart Review Report	Needs Assessment Rankings: Home & Community Based Health Services (Adult Day Treatment) was surveyed as "*Day Treatment,*" defined as: "*this is a place you go during the day for help with your HIV medical care from a nurse or PA. It is not a place you live*" in the 2016 Needs Assessment. Results as defined are below:  • 31% of respondents reported a need for Home & Community Based Health Services (Adult Day Treatment), placing this service as the 11th highest ranked need. • The most common barriers reported were administrative, eligibility, health insurance coverage, interactions with staff transportation, and wait-related barriers. • Males, other/multiracial PLWH, and PLWH age 25-49 reported the least difficulty accessing Home & Community Based Health Services (Adult Day Treatment). • Unstably housed PLWH reported more difficulty accessing Home & Community Based Health Services (Adult Day Treatment) than the sample as whole Source: 2016 Houston Area HIV Needs Assessment	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. HIV Care Continuum • Increase the percentage of those aware of their HIV+ status retained in HIV care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load The Texas HIV Plan (2017-2021): • Increase viral suppression Increase continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2017-2021): • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. • Maintain / increase the proportion of RW clients who are virally suppressed to ≥ 90% • Increase the percentage of PLWH who are virally suppressed ≥80% END Plan (2017-2021) • Foster 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

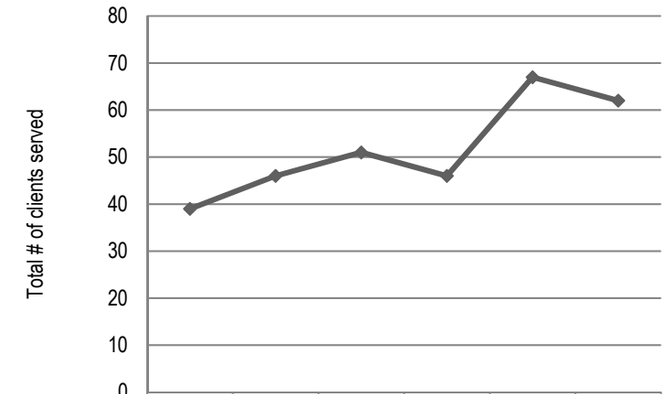
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Hospice	Part A: FY98: $132,826 FY99: $123,530 FY00: $147,889 FY01: $166,678 FY02: $167,914 FY03: $190,553 FY04: $203,039 FY05: $264,643 FY06: $283,600 FY07: $283,600 FY08: $422,915 Part A/SS: FY09: $422,915 FY10: $422,915 FY11: $419,916 FY12: $416,326 SS: FY13: $414,832 FY14: $414,832 FY15: $414,832 FY16: $414,832 FY17: $414,832 FY18: $359,832 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 Hospice 51 49 38 25 40 48 Source: RWGA and The Resource Group, 4/23/18	• According to chart review, 100% of clients receiving Hospice services had a documented multidisciplinary care plan with monthly updates. • 100% of clients had symptom management orders and medication administration records on file. • 100% of clients were assessed for pain at each shift. • Records indicated that end of life support was offered to the client's family in all applicable cases. • Upon admission, 8% of clients were experiencing homeless, 8% had active substance use, and 8% had an active psychiatric illness excluding depression. Source: TRG 2017 Chart Review Report	Needs Assessment Rankings: Hospice was defined as: "*a program for people in a terminal stage of illness to get end-of-life care*" in the 2016 Needs Assessment. Results as defined are below:  • Hospice care is not a ranked service, as historically those receiving or are in greatest need of hospice care are not representatively sampled. • The most common barrier reported was education and awareness (100% of all reported barriers to this service). • Males, other/multiracial PLWH, and PLWH age 50+ reported the least difficulty accessing Hospice care. • No special populations reported greater difficulty accessing Hospice care than the sample as a whole. Source: 2016 Houston Area HIV Needs Assessment	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. HIV Care Continuum • Increase the percentage of those aware of their HIV+ status retained in HIV care The Texas HIV Plan (2017-2021): • Increase continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2017-2021): • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. The following Special Populations are also specifically addressed by this service: • Homeless • IDU END Plan (2017-2021) • Foster 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

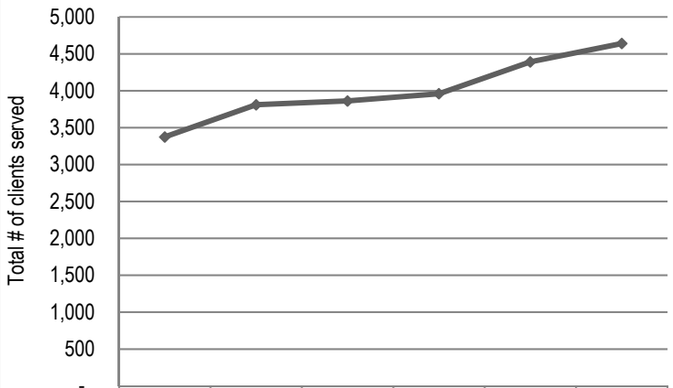
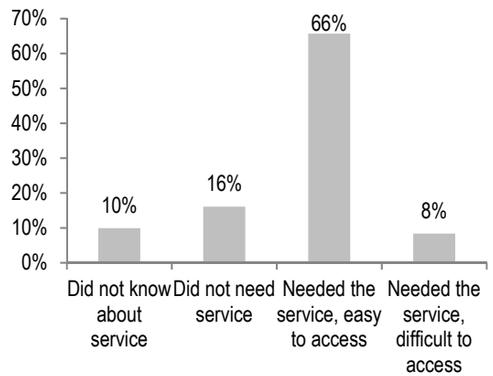
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Linguistic Services	SS: FY09: $28,000 FY10: $28,000 FY11: $28,000 FY12: $28,000 FY13: $35,000 FY14: $35,000 FY15: $35,000 FY16: $48,000 FY17: $48,000 FY18: $68,000 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 Linguistic 39 46 51 46 67 62 Source: RWGA and The Resource Group, 4/23/18	Linguistics outcome data are not available for this service category at this time.	Needs Assessment Rankings: Linguistic Services are provided to *non*-Spanish-speaking monolingual RW clients. However, needs assessment surveys are conducted in English and Spanish only; therefore, the need for Linguistic Services *as designed* may not be fully known. For this reason, Linguistic Services is not assigned a need ranking.	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. HIV Care Continuum • Increase the percentage of those aware of their HIV+ status retained in HIV care The Texas HIV Plan (2017-2021): • Increase continuous participation in systems of care and treatment Comprehensive HIV Plan (2017-2021): • Increase proportion of newly-diagnosed individuals linked to care w/in 1 month diagnosis to ≥85% • Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis w/in 1 year by 25% • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. END Plan (2017-2021) • Foster 90% retention in care

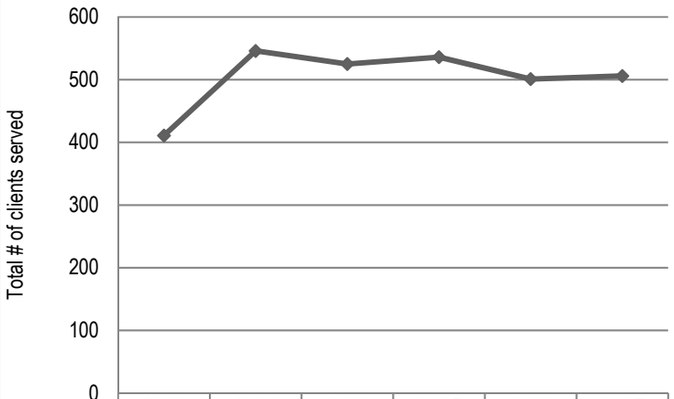
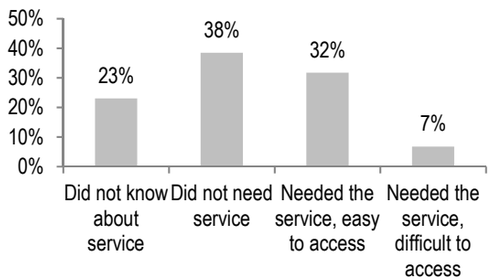
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Local Pharmacy Assistance Program (LPAP)	Part A: FY98: $627,652 FY99: $1,414,401 FY00: $1,545,043 FY01: $2,130,863 FY02: $2,014,178 FY03: $2,280,942 FY04: $2,862,518 FY05: $3,038,662 FY06: $2,496,000 FY07: $2.424,450 FY08: $3,288,420 FY09: $3,552,061 FY10: $3,452,061 FY11: $3,679,361 FY12: $3,582,046 FY13: $2,793,717 FY14: $2,544,176 FY15: $2,219,276 FY16: $2,581,440 FY17: $2,384,796 FY18: $1,934,796 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 LPAP 3,375 3,811 3,863 3,961 4,392 4,641 Source: RWGA and The Resource Group, 4/23/18	• 73% of LPAP clients were virally suppressed Source: RWGA FY 2016 Highlights from Performance Measures	Needs Assessment Rankings: LPAP was surveyed in the 2016 Needs Assessment. Results as defined are below:  • 74% of respondents reported a need for LPAP, placing this service as the 3rd highest ranked need. • The most common barrier reported was lack of health insurance coverage (24% of all reported barriers to this service). • Females, other/multiracial PLWH, and PLWH age 18-24 reported the least difficulty accessing LPAP. • Rural and recently released PLWH reported the more difficulty accessing LPAP than the sample as a whole. Source: 2016 Houston Area HIV Needs Assessment.	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. • Increase the percentage of youth and persons who inject drugs with diagnosed HIV who are virally suppressed to at least 80%. HIV Care Continuum • Increase the percentage of those aware of their HIV+ status with a suppressed viral load The Texas HIV Plan (2017-2021): • Increase continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2017-2021): • Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis w/in 1 year by 25% • Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis w/in 1 year among Hispanic and Latino men age 35+ by 25% • Maintain / increase the proportion of RW clients who are virally suppressed to ≥ 90% • Increase the percentage of PLWH who are virally suppressed ≥80% END Plan (2017-2021) • Foster 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

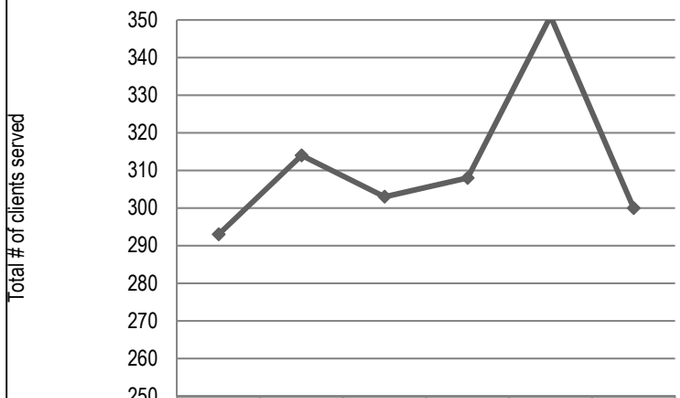
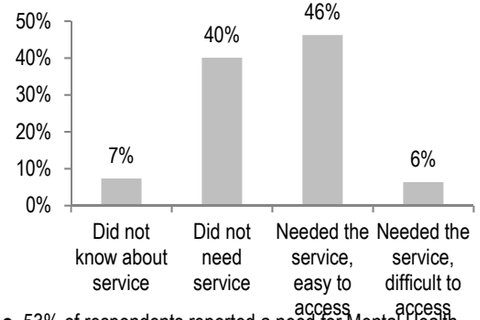
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Medical Nutritional Therapy (MNT) (incl. nutritional supplements)	<u>Part A:</u> FY07:$144,148 FY08:$301,325 <u>Part A/B:</u> FY09: $301,325 FY10: $301,325 <u>Part A:</u> FY11: $351,285 FY12: $341,994 FY13: $341,994 FY14: $341,395 FY15: $341,395 FY16: $341,395 FY17: $341,395 FY18: $341,395 <u>Source</u>: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 MNT 411 546 525 536 501 506 <u>Source</u>: RWGA and The Resource Group, 4/23/18	• 75% of medical nutritional therapy clients with wasting syndrome or suboptimal body mass improved or maintained their body mass index • 78% of medical nutritional therapy clients were virally suppressed <u>Source</u>: RWGA FY 2016 Highlights from Performance Measures	<u>Needs Assessment Rankings</u>:[a] Medical Nutrition Therapy was surveyed as "*Nutritional Supplements,"* defined as: "*like Ensure, fish oil, protein powder, etc., and/or nutritional counseling from a professional dietician"* in the 2016 Needs Assessment. Results as defined are below:  • 38% of respondents reported a need for Medical Nutrition Therapy, placing this service as the 9th highest ranked need. • The most common barrier reported was education and awareness (34% of all reported barriers to this service). • Males, other/multiracial PLWH, and PLWH age 50+ reported the least difficulty accessing Medical Nutrition Therapy. • Recently release and rural PLWH reported more difficulty accessing Medical Nutrition Therapy than the sample as a whole. <u>Source</u>: 2016 Houston Area HIV Needs Assessment.	This service aligns with the following goals: <u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u> • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. <u>HIV Care Continuum</u> • Increase the percentage of those aware of their HIV+ status with a suppressed viral load <u>The Texas HIV Plan (2017-2021):</u> • Increase continuous participation in systems of care and treatment • Increase viral suppression <u>Comprehensive HIV Plan (2017-2021):</u> • Maintain / increase the proportion of RW clients who are virally suppressed to ≥ 90% • Increase the percentage of PLWH who are virally suppressed ≥80% <u>END Plan (2017-2021)</u> • Foster 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

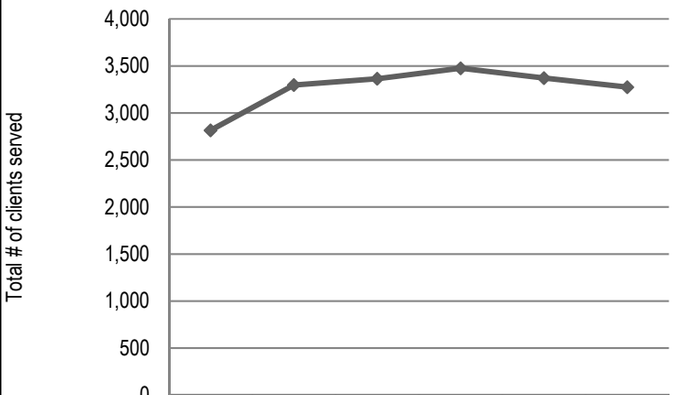
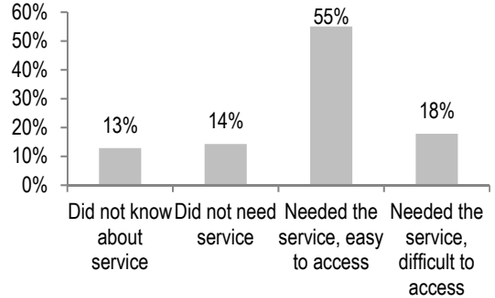
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Mental Health (Professional Counseling)	<u>Part A:</u> FY98: $547,025 FY99: $774,176 FY00: $445,344 FY01: $329,112 FY02: $174,719 FY03: $268,764 FY04: $194,834 FY05: $224,000 FY06: $234,000 FY07: $214,000 FY08: $365,798 <u>SS:</u> FY09: $252,200 FY10: $252,200 FY11: $252,200 FY12: $252,200 FY13: $252,200 FY14: $252,200 FY15: $300,000 FY16: $300,000 FY17: $300,000 FY18: $300,000 <u>Source</u>: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 Ment Health 293 314 303 308 351 300 <u>Source</u>: RWGA and The Resource Group, 4/23/18	• By the third appointment, all clients had a psychosocial assessment with all elements of the Mental Health SOC and a treatment plan. • Progress notes were completed for each counseling session. • 96% of clients had treatment plans reviewed and/or modified at least every 90 days. • 100% of charts reviewed, contained evidence of appropriate coordination across all medical care team members <u>Source</u>: TRG 2017 Chart Review Report	<u>Needs Assessment Rankings</u>: Mental Health was surveyed as "*Professional Mental Health Counseling,"* defined as: "*by a licensed professional counselor or therapist either individually or as part of a therapy group"* in the 2016 Needs Assessment. Results as defined are below:  • 53% of respondents reported a need for Mental Health services, placing it as the 6th highest ranked need. • The most common barrier reported were administrative and wait-related issues (25% of all reported barriers, respectively). • Females, other/multiracial PLWH, and PLWH age 18-24 reported the least difficulty accessing Mental Health services • Rural and unstably housed PLWH reported more difficulty accessing Mental Health Services than the sample as a whole <u>Other Needs Assessment Data Related to Mental Health Services</u>: • 57% of participants reported having current diagnosis of at least one mental health condition, and 65% reported currently experiencing at least one symptom of mental or emotional distress. • Depression was the most commonly reported diagnosed mental health condition (43%), followed by bipolar disorder (24%), and anxiety (23%). <u>Source</u>: 2016 Houston Area HIV Needs Assessment	This service aligns with the following goals: <u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u> • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. <u>HIV Care Continuum</u> • Increase the percentage of those aware of their HIV+ status retained in HIV care <u>The Texas HIV Plan (2017-2021):</u> • Increase continuous participation in systems of care and treatment • Increase viral suppression <u>Comprehensive HIV Plan (2017-2021):</u> • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. <u>END Plan (2017-2021)</u> • Foster 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Oral Health (Untargeted & Rural)	<u>Part A:</u> FY98: $607,280 FY99: $722,299 FY00: $620,240 FY01: $772,480 FY02: $776,585 FY03: $903,017 FY04: $884,176 FY05: $1,014,124 FY06: $1,060,000 FY07: $1,060,000 FY08: $1,455,678 <u>Part A/B:</u> FY09: $1,550,678 FY10: $1,700,325 FY11: $1,835,346 FY12: $2,146,063 FY13: $1,951,776 FY14: $1,951,546 FY15: $2,083,999 FY16: $2,286,750 FY17: $2,536,750 FY17: $2,251,969 <u>Source</u>: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 Oral Health 2,816 3,298 3,365 3,476 3,372 3,275 <u>Source</u>: RWGA and The Resource Group, 4/23/18	<u>Untargeted</u>: [a] • According to client charts reviewed for untargeted oral health services, 93% had chart evidence for vital signs assessment at every visit, 92% had updated health histories in their chart, 87% had a signed dental treatment plan established or updated within the last year, and 24% had chart evidence of receipt of oral health education including smoking cessation. <u>Rural</u>:[b] • According to client charts reviewed for rural oral health services, 88% of client charts had evidence of intraoral exams, 86% had evidence of extraoral exams, and 84% had evidence of receipt of periodontal screening. None of the charts reviewed showed client presentation with oral pathologies. <u>Source</u>: [a] TRG 2017 Chart Review Report [b]RWGA Oral Health Care – Rural Target Chart Review FY 2016 (December 2017)	<u>Needs Assessment Rankings</u>: Oral Health was defined as: "*Oral health care visits with a dentist or hygienist,"* in the 2016 Needs Assessment. Results as defined are below:  • 73% of respondents reported a need for Oral Health services, placing this service as the 4th highest ranked need. • The most common barrier reported was wait-related issues (35% of all reported barriers to this service). • Oral health services accounted for 21% of waiting list reports, second only to housing services. • Females, white PLWH, and PLWH age 50+ reported the least difficulty accessing Oral Health services. • Rural, unstably housed, and MSM PLWH reported more difficulty accessing Oral Health Services than the sample as a whole. <u>Source</u>: 2016 Houston Area HIV Needs Assessment.	This service aligns with the following goals: <u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u> • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. <u>HIV Care Continuum</u> • Increase the percentage of those aware of their HIV+ status retained in HIV care <u>The Texas HIV Plan (2017-2021):</u> • Increase continuous participation in systems of care and treatment <u>Comprehensive HIV Plan (2017-2021):</u> • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. <u>END Plan (2017-2021)</u> • Reach 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Outreach Services	Part A: FY17: $490,000 FY18: $420,000 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	475 unduplicated clients received Outreach Services in CY7. Source: RWGA, 4/12/18	N/A – Performance measures for FY 2017 were not reported as of 04-16-2018.	Needs Assessment Rankings: As Outreach Services is a recently funded service category, it was not evaluated in the 2016 Needs Assessment. However, 29% of all PLWH in the 2016 Needs Assessment reported stopping HIV medical care for 12 months year or more at some point since their initial diagnosis. The most common reasons for falling out of care were: substance abuse concerns, wanting a break from treatment, reluctance to take HIV medication, not feeling sick, and mental health concerns. Epidemiologic Data: In 2016, there were 6,537 PLWH out of care in the EMA, or 24% of all diagnosed PLWH. That same year, 8,450 PLWH in the Houston EMA were not retained in HIV medical care, representing 31% of the diagnosed population. Together, the following groups represent 71% of PLWH not retained in HIV medical care in the Houston EMA in 2016: • Black MSM: 24% of not retained • Hispanic MSM: 18% of not retained • Black females: 14% of not retained • White MSM: 12% of not retained Source: 2016 Houston Area HIV Needs Assessment. 2018 Epidemiological Profile – In Progress	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. HIV Care Continuum • Increase the percentage of those aware of their HIV+ status retained in HIV care and virally suppressed The Texas HIV Plan (2017-2021): • Increase continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2017-2021): • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. • Maintain / increase the proportion of RW clients who are virally suppressed to ≥ 90% • Increase the percentage of PLWH who are virally suppressed ≥80% END Plan (2017-2021) • Reach 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

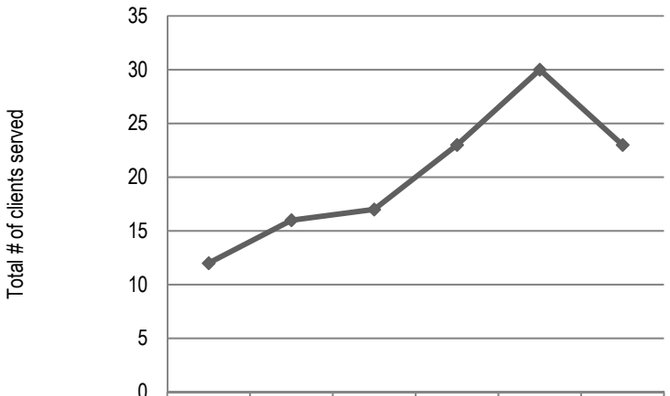
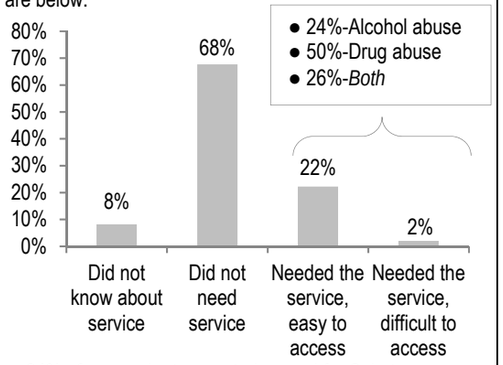
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Referral for Health Care & Support Services (ADAP Enrollment Workers)	SS-R: FY18: $375,000 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	N/A – Referral for Health Care and Support Services is a newly funded service category.	N/A – Referral for Health Care and Support Services is a newly funded service category.	Needs Assessment Rankings: As Referral for Health Care and Support Services is a newly funded service category, it was not evaluated in the 2016 Needs Assessment. However, 4% of participants reported that they had not taken anti-retroviral therapy (ART) medication or could not remember taking ART medication within the past 6 months. Additionally, 8% of participants reported that they were not taking ART medications at the time of survey. The three most common reasons given for not currently taking ART medications were lack of insurance coverage (26%), difficulty taking ART as prescribed (14%), and difficulty paying for medications (12%). Twenty-seven percent of all participants reported having difficulty paying for HIV medications, and 14% reported receiving no assistance or not knowing whether they received assistance paying for medications. While all newly-diagnosed participants reported seeing a medical provider for HIV in the past 6 months, 13% reported that they had not taken ART medication within this time period, and 14% reported that they were not taking ART medications at the time of survey. The most common reason given for not currently taking ART medications included choosing not to take medication. Thirty-six percent of newly-diagnosed participants reported having difficulty paying for HIV medications, and 10% reported receiving no assistance or not knowing whether they received assistance paying for medications. Source: 2016 Houston Area HIV Needs Assessment. 2018 Epidemiological Profile – In Progress	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. Early Identification of Individuals with HIV/AIDS (EIIHA) • Refer and link newly diagnosed PLWH to medical care and services HIV Care Continuum • Increase the percentage of those aware of their HIV+ status on antiretroviral therapy (ART), retained in HIV care, and virally suppressed The Texas HIV Plan (2017-2021): • Increase timely linkage to HIV-related care and treatment • Increase viral suppression Comprehensive HIV Plan (2017-2021): • Maintain / increase the proportion of RW clients who are virally suppressed to ≥ 90% • Increase the percentage of PLWH who are virally suppressed ≥80% END Plan (2017-2021) • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

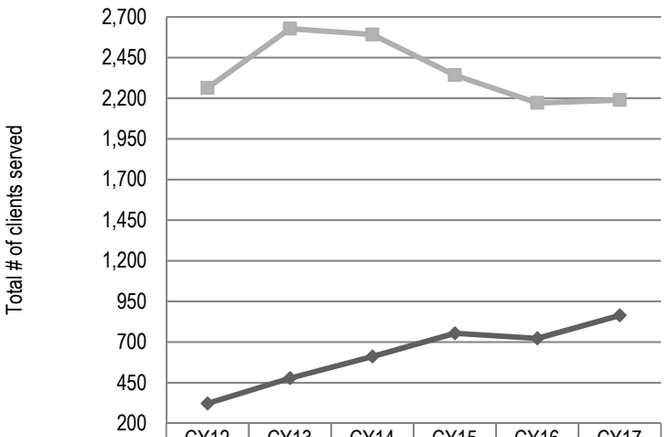
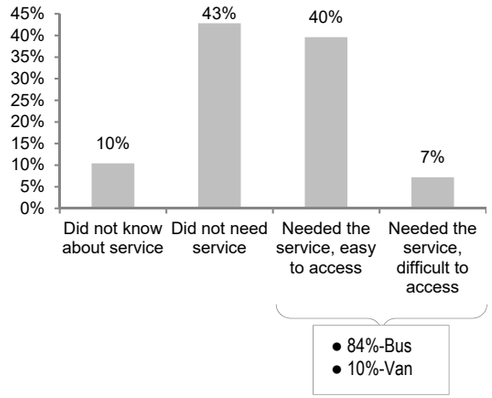
FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Substance Abuse Treatment	Part A: FY98: $294,600 FY99: $247,077 FY00: $207,639 FY01: $41,368 FY02: $56,786 FY03: $59,110 FY04: $85,745 FY05: $42,850 FY06: $45,000 FY07: $35,000 FY08: $25,051 FY09: $66,051 FY10: $72,000 FY11: $47,000 FY12: $45,757 FY13: $45,757 FY14: $45,677 FY15: $45,677 FY16: $45,677 FY17: $45,677 FY18: $45,677 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 CY13 CY14 CY15 CY16 CY17 Sub Abuse 12 16 17 23 30 23 Source: RWGA and The Resource Group, 4/23/18	• 88% of substance abuse treatment services clients completed a treatment program during the reporting period. • Following receipt of substance abuse treatment services, 83% of clients accessed HIV primary care through Ryan White or a 3rd party payer at least once and 74% were virally suppressed. Source: RWGA FY 2016 Highlights from Performance Measures	Needs Assessment Rankings: Substance Abuse Treatment was surveyed as "*alcohol or drug abuse treatment or counseling (in an outpatient setting only)*" in the 2016 Needs Assessment. Results as defined are below:  • 24% of respondents reported a need for Substance Abuse Treatment, placing this service as the 13th highest ranked need. • The most common barriers: education and awareness, eligibility, and health insurance coverage. • Females, white PLWH, and PLWH age 50+ reported the least difficulty accessing Substance Abuse Treatment • Recently released, unstably housed, and MSM PLWH reported more difficulty accessing Substance Abuse Treatment than the sample as a whole Other Needs Assessment Data Related to Substance Abuse Services: • Respondents with a history of being out of care ranked substance abuse as the #1 reason for interruption in care. Source: 2016 Houston Area HIV Needs Assessment.	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. HIV Care Continuum • Increase the percentage of those aware of their HIV+ status retained in HIV care The Texas HIV Plan (2017-2021): • Increase continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2017-2021): • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. The following Special Populations are also specifically addressed by this service: • IDU END Plan (2017-2021) • Foster 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

FY2019 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 6/20/18

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Transportation (Untargeted & Rural) (Van & Bus Pass)	Part A: FY98: $488,405 FY99: $580,909 FY00: $838,460 FY01: $912,947 FY02: $1,015,666 FY03: $945,743 FY04: $598,816 FY05: $570,000 FY06: $570,000 FY07: $512,000 FY08: $654,539 Part A/B: FY09: $654,539 FY10: $595,366 Part A: FY11: $625,366 FY12: $543,459 FY13: $543,459 FY14: $527,361 FY15: $527,362 FY16: $527,362 FY17: $527,362 FY18: $482,087 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 CY12 / CY13 / CY14 / CY15 / CY16 / CY17 Van Based: 322 / 478 / 611 / 754 / 723 / 864 Bus Pass: 2,263 / 2,628 / 2,592 / 2,342 / 2,171 / 2,189 Source: RWGA and The Resource Group, 4/23/18	Van Based: • Following van based transportation services: 69% of clients accessed RW HIV primary care at least once and 54% accessed LPAP at least once. Bus Pass: • Following bus pass transportation services: – 80% of clients accessed a RW service of some kind at least once; – 37% accessed RW HIV primary care at least once; and – 22% accessed LPAP at least once. Source: RWGA FY 2016 Highlights from Performance Measures	Needs Assessment Rankings: Transportation was defined *as "Transportation to/from your HIV medical appointments on a van or with a Metro bus card"* in the 2016 Needs Assessment. Results as defined are below:  • 47% of respondents reported a need for Transportation services, placing it as the 7th highest ranked need. • The most common barrier reported for Transportation Services was lack of transportation (28% of all reported barriers to this service).* • Females, African American/black PLWH, and PLWH age 50+ reported the least difficulty accessing Transportation services • Transgender, recently released, unstably housed, and MSM PLWH reported more difficulty accessing Transportation services than the sample as a whole. *Anecdotally, the initial transportation gap in accessing Transportation services, and the ongoing gap of refilling bus cards was noticed during data collection for the 2011, 2014, and 2016 Needs Assessments, and the I/RR and Transgender special studies. However, this particular issue has not been formally measured. Source: 2016 Houston Area HIV Needs Assessment	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. HIV Care Continuum • Increase the percentage of those aware of their HIV+ status retained in HIV care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load The Texas HIV Plan (2017-2021): • Increase continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2017-2021): • Increase proportion of newly-diagnosed individuals linked to care w/in 1 month diagnosis to ≥85% • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. • Maintain / increase the proportion of RW clients who are virally suppressed to ≥ 90% • Increase the percentage of PLWH who are virally suppressed ≥80% END Plan (2017-2021) • Foster 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

FYI

HIV Communication: Using Preferred Language to Reduce Stigma[1]

Stigmatizing	Preferred
HIV-infected person HIV or AIDS patient AIDS or HIV carrier Positives or HIVers	Person living with HIV. Do not use "infected" when referring to a person. Use *People First* language, which emphasizes the person, not their diagnosis
Died of AIDS, to die of AIDS	Died of AIDS-related illness, AIDS-related complications or end-stage HIV
AIDS virus	HIV (AIDS is a diagnosis, not a virus; it cannot be transmitted)
Full-blown AIDS	There is no medical definition for this phrase; simply use the term AIDS, or Stage 3 HIV
HIV virus	This is redundant; use HIV
Zero new infections	Zero new HIV acquisitions or transmissions
HIV infections	HIV transmissions, diagnosed with HIV, people living with HIV
HIV-infected	Living with or diagnosed with HIV; or contracted or acquired HIV
Number of infections	Number diagnosed with HIV, or number of HIV acquisitions
Became infected	Contracted, acquired, diagnosed with HIV
HIV-exposed infant	Infant exposed to HIV
Serodiscordant couple	Serodifferent, magnetic, or mixed-status couple
Mother-to-child transmission	Vertical transmission, perinatal transmission
Victim, Innocent victim, Sufferer Contaminated or infected	Person living with HIV (never use the term "infected" when referring to a person)
AIDS orphans	Children orphaned by loss of parents or guardians, who died of AIDS related complications
AIDS test	HIV test
To catch AIDS, to contract AIDS Transmit AIDS, to catch HIV	An AIDS diagnosis, developed AIDS, to contract HIV (AIDS is a diagnosis, which cannot be passed from one person to the next)
Compliant	Adherent
Prostitute or prostitution	Sex worker, sale of sexual services, transactional sex
Promiscuous	This is a value judgment and should be avoided; instead use: having multiple partners
Unprotected sex	Condomless sex with PrEP, or condomless sex without PrEP, sex not protected by condoms, sex not protected by antiretroviral prevention methods

[1] Source: *HIV is Not A Crime II National Training Academy* program booklet (May 2016). Authors are Vickie Lynn and Valerie Wojciechowicz, both women openly living with HIV.

Death sentence, fatal condition, or life threatening condition	HIV is a chronic health condition, a manageable health condition (as long as people are in care and on treatment)
"Tainted" blood, dirty needles	Blood containing HIV, shared needles
Clean, as in "I am clean. Are you?"	Referring to yourself or others as being "clean" suggests that those living with HIV are dirty. Avoid this term
"a drug that prevents HIV infection"	A drug that prevents the transmission of HIV
End HIV, End AIDS	End HIV transmission. Be specific: are we ending HIV or AIDS?

Resources Regarding the Appropriate Use of Language

Dilmitis S, Edwards O, Hull B et al (2012). Language, identity, and HIV: why do we keep talking about the responsible and responsive use of language? Language matters. Journal of the International AIDS Society, 15 (Suppl 2)

Kaiser Family Foundation. Reporting Manual on HIV/AIDS

UNAIDS (2015) Terminology Guidelines

UNESCO (2006) Guidelines on Language and Content in HIV- and AIDS-related Materials

Language of Recovery

Current Terminology	Alternative Terminology
Treatment is the goal; Treatment is the only way into Recovery	Treatment is an opportunity for initiation into recovery (one of multiple pathways into recovery)
Untreated Addict/Alcoholic	Individual not yet in Recovery
Substance Abuse	Substance Use Disorder/Addiction/ Substance Misuse
Drug of Choice / Abuse	Drug of Use
Denial	Ambivalence
Relapse Prevention	Recovery Management
Pathology Based Assessment	Strength / Asset Based Assessment
Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies	Focus on the drug CLIENT feels is creating the problems
A Drug is a Drug is a Drug	Each illicit substance has unique interactions with the brain; medication if available is appropriate.
Relapse	Recurrence/Return to Use
Relapse is part of Recovery	Recurrence/Return to Use may occur as part of the disease
Clean / Sober	Drug Free / Free from illicit and non-prescribed medications
Self Help Group	Mutual Aid Group
Drug Overdose	Drug Poisoning
Graduate from Treatment	Commence Recovery

Revised
7/16
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The Most Respectful Way of Referring to People is as People

Current	Alternative	Reasoning
Clients / Patients / Consumers	The people in our program The folks we work with The people we serve	More inclusive, less stigmatizing
Alex is an addict	Alex is addicted to alcohol Alex is a person with a substance use disorder Alex is in recovery from drug addiction	Put the person first Avoid defining the person by their disease
The terms listed below, along with others, are often people's ineffective attempts to reclaim some shred of power while being treated in a system that often tries to control them. The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others. And these efforts are not effectively bringing them to the result they want.		
Mathew is manipulative	Mathew is trying really hard to get his needs met Mathew may need to work on more effective ways of getting his needs met	Take the blame out of the statement Recognize that the person is trying to get a need met the best way they know how
Kyle is non-compliant	Kyle is choosing not to… Kyle would rather… Kyle is looking for other options	Describe what it looks like uniquely to that individual—that information is more useful than a generalization
Mary is resistant to treatment	Mary chooses not to… Mary prefers not to… Mary is unsure about…	Avoid defining the person by the behavior. Remove the blame from the statement
Jennifer is in denial	Jennifer is ambivalent about…… Jennifer hasn't internalized the seriousness of…. Jennifer doesn't understand……	Remove the blame and the stigma from the statement

Southeast (HHS Region 4)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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