

# Houston Area HIV Services Ryan White Planning Council

## Priority & Allocations Committee Meeting

12 noon, Thursday, May 23, 2019

Meeting Location: 2223 West Loop South, Room 416  
Houston, TX 77027

### AGENDA

- I. Call to Order Peta-gay Ledbetter and  
Bobby Cruz, Co-Chairs
- A. Moment of Reflection
- B. Approval of Agenda
- C. Approval of Minutes
- II. Public Comment  
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. **When signing in, guests are not required to provide their correct or complete names.** All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)
- III. Training: Houston Council Priority Setting Process Peta-Gay Ledbetter
- IV. Old Business
- A. Reports from the Grant Recipient, Ryan White Part A and MAI Carin Martin
- B. Reports from the Grant Recipient, Ryan White Part B & SS\* Yvette Garvin
- C. Determine Special Committee Meeting Dates June 10 – 14, 2019 Tori Williams
- V. Priority Setting Process
- A. Review the policy for setting priorities
- B. Determine FY 2020 Service Priorities Amber Harbolt
- 1) Review 2016 Needs Assessment Data
- 2) Public Comment – must be directly related to either the midpoints or the numerical ranking of a particular service
- 3) Vote on the FY 2020 service priorities
- VI. New Business
- A. Proposed Idea Form
- B. Quarterly Committee Report
- VII. Announcements
- 1) Special Committee Meetings to create the recommended FY 2020 Allocations
- 2) Vote on the FY 2020 Allocations: **12 noon, Thursday, June 27, 2019**
- 3) Public Hearing: 7 p.m., Mon., July 1, 2019 at the City Annex
- 4) TENTATIVE: Special Committee meeting: 10 am, Tues., July 2, 2019
- VIII. Adjourn

## Houston Area HIV Services Ryan White Planning Council

### Priority & Allocations Committee Meeting

12:00 p.m., Thursday, February 28, 2019

Meeting Location: 2223 West Loop South, Room 416, Houston, Texas 77027

### MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bobby Cruz, Co-Chair	Allen Murray	<i>The Resource Group</i>
Peta-gay Ledbetter, Co-Chair		Sha'Terra Johnson-Fairley
Allison Hesterman		
J. Hoxi Jones		<i>Ryan White Grant Admin</i>
Mel Joseph		Carin Martin
Niquita Moret		Heather Keizman
		<i>Office of Support</i>
		Tori Williams
		Diane Beck

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

**Call to Order:** Peta-gay Ledbetter, Co-Chair, called the meeting to order at 12:07 p.m. and asked for a moment of reflection.

**Adoption of the Agenda:** **Motion #1:** *it was moved and seconded (Jones, Hesterman) to approve the agenda. Motion carried unanimously.*

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Hesterman, Joseph) to approve the October 25, 2018 minutes. Motion carried. Abstention: Hesterman, Moret.*

**Public Comment:** None.

**Committee Orientation:** Williams reviewed the attached documents: Nuts and Bolts for New Members, and memorandums regarding End of Year Petty Cash Procedures and the Open Meetings Act Training, Timeline of Critical 2019 Council Activities, Committee Meeting Schedule, and Conflict of Interest Policy.

**2019 Committee Goals:** **Motion #3:** *it was moved and seconded (Jones, Joseph) to use the same committee goals in 2019 as were used in 2018. Motion carried unanimously.*

**Determine the FY 2020 Principles & Criteria:** See attached. **Motion #4:** *it was moved and seconded (Hesterman, Jones) to approve the attached FY 2019 Principles and Criteria for FY 2020. Motion carried unanimously.*

**Determine the FY 2020 Priority Setting Process:** Motion #5: *it was moved and seconded (Jones, Joseph) to approve the attached FY 2019 Priority Setting Process for FY 2020. Motion carried unanimously.*

**Determine the FY 2019 Policy on Allocating Unspent Funds:** The committee made minor edits to the document. Motion #6: *it was moved and seconded (Moret, Hesterman) to approve the attached FY 2018 Policy for Addressing Unobligated and Carryover Funds for FY 2019. Motion carried unanimously.*

**Continuation of the Subcategory Review Process:** Williams said that the Subcategory Review Process used to come from the Office of Support but as of last year it is sent from the two administrative agencies. There has been no response to this memo for several years. The committee asked the staff to continue the process in 2019.

**Old Business:**

**Updates on the FY 2019 HRSA Grant Award:** Martin stated that the notice of grant award had been received and the Planning Council's approved increase scenario was applied to the additional funds.

**Training in how to read Ryan White Part A/MAI Reports:** Martin reviewed the attached FY 2018 Procurement Report dated 02/28/2019 and the Service Utilization Report dated 12/19/2018.

**Training in how to read Ryan White Part B/State Services Reports:** Johnson-Fairley presented a PowerPoint presentation on The Resource Group and how to read their reports.

**New Business:**

**Elect a Committee Vice Chair:** Williams will ask Murray if he would agree to be the committee vice chair.

**Announcements:** The March meeting is cancelled but members are encouraged to attend the Joint Committee Meeting with the Quality Improvement and Affected Community Committees on March 18, 2019 at 2:00 p.m. The purpose of that meeting will be to review the criterion used to select and justify the FY 2020 service categories.

**Adjournment:** The meeting adjourned at 1:34 p.m.

Submitted by:

Approved by:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Scribe: Beck

C = chaired the meeting; JA = just arrived; LM = left meeting

**2019 Priority & Allocations Committee Voting Record for 02/28/19**

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Goals Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair		X				X				X		
Peta-gay Ledbetter, Co-Chair				C				C				C
Allison Hesterman		X						X		X		
J. Hoxi Jones		X				X				X		
Mel Joseph		X				X				X		
Niquita Moret		X						X		X		
Allen Murray	X				X				X			

MEMBERS	Motion #4 Principles & Criteria Carried				Motion #5 Priority Setting Process Carried				Motion #6 Unspent Funds Policy Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair		X				X				X		
Peta-gay Ledbetter, Co-Chair				C				C				C
Allison Hesterman		X				X				X		
J. Hoxi Jones		X				X				X		
Mel Joseph		X				X				X		
Niquita Moret		X				X				X		
Allen Murray	X				X				X			

# Steps in the Houston Planning Council Priority Setting Process



# Steps in the Houston Planning Council Priority Setting Process

1. Determine principles and criteria
2. Review new data sources
3. Score measures from NA and service utilization data
4. Adjust scores
5. Rank scores as service priorities for next fiscal year
  - Core Services
  - Support Services

# 1. Determine Principles and Criteria

- ▶ Priorities and Allocations committee agrees on principles and criteria to be used during PSRA
- ▶ Examples:
  - Ensure ongoing client access to comprehensive system of core services as defined by HRSA
  - Eliminate barriers for services among affected subpopulations (racial, ethnic, and behavioral) and low-income, unserved, underserved, and severe-need populations, both rural and urban

## 2. Review New Data Sources

- ▶ Discovered through:
  - Needs assessment
  - service category selection and design
- ▶ Meet to review new data (availability, utilization)
- ▶ Hear presentations from reps of other funding sources (Prevention, HOPWA, etc.)



# 3. Score Measures from NA and Service Utilization Data

- ▶ Service need
- ▶ Use of services
- ▶ Accessibility of services

# 4. Adjust Scores

Based on:

- ▶ Other documentation
- ▶ Public comment

# 5. Rank Scores as Service Priorities for Next Fiscal Year – Core Services

Core Services	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes
Primary Care	94	7,535	90	H	H	H	HHH	2	1	
Medical/ Clinical Case Management	83	6,270	88	H	H	H	HHH	2	2	
Local Medication Assistance	74	4,392	89	H	H	H	HHH	2	3	
Oral Health Services	73	3,372	76	H	L	L	HLL	3	4	
Health Insurance	59	2,102	85	H	L	H	HLH	4	5	
Mental Health Services	53	351	88	H	L	H	HLH	4	6	
Early Intervention Services (jail)	7	926	85	L	L	H	LLH	7	7	
Day Treatment	31	38	92	L	L	H	LLH	7	8	
Substance Abuse Treatment	24	30	92	L	L	H	LLH	7	9	
Medical Nutrition Treatment	38	501	82	L	L	L	LLL	8	10	
Hospice		40			L				11	
<b>Proposed Midpoints</b>	<b>51</b>	<b>3,783</b>	<b>83</b>							

Midpoint=Highest Use+Lowest Use/2

High (H)=Use above the midpoint

Low (L)=Use below the midpoint

# 5. Rank Scores as Service Priorities for Next Fiscal Year – Support Services

Support Services	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes
Outreach Services									12	
Non-Medical Case Management*	93	6,796	74	H	H	L	HHL	1	13	
Medical Transportation	47	2,894	85	L	L	H	LLH	7	14	
Linguistics Services	6	67	93	L	L	H	LLH	7	15	
Emergency Financial Assistance									16	
Referral for Health Care & Support Services									17	
<b>Proposed Midpoints</b>	<b>50</b>	<b>3,432</b>	<b>84</b>							

Midpoint=Highest Use+Lowest Use/2

High (H)=Use above the midpoint  
Low (L)=Use below the midpoint



Houston Ryan White Planning Council  
Priority Setting Process  
May 23, 2019

***Principles and Criteria***

**Principles**

Sound priority setting must be based on clearly stated and consistently applied principles for decision-making.

- These principles are the basic ideals for action

**Criteria**

Criteria are the standards on which judgment will be based.

## ***Priority Setting***

### **Needs Assessment Data**

The percentages are taken from the needs assessment and then broken down and used to determine the priorities.

### **Midpoint**

When a service percentage is above the set median point it will rank as a high for that column, if below the midpoint then it will be a low rank. This will be done for each column.

### **High Low Score**

E.g. Score: LLHL

**Attached is a listing of each possible high low scenario.**

## ***Priority Setting***

The group will then place each service into one of two groups: Core or Non Core

### **CORE**

Outpatient/Ambulatory Medical Care (Primary Care)  
Local Pharmaceutical Assistance Program (LPAP)  
Oral Health Care  
Early Intervention Services  
Health Insurance Premium and Cost-Sharing Assistance  
Home Health Care  
Home  
Hospice  
Home and community based health services  
Medical Nutrition Therapy  
Mental Health  
Outpatient Substance Abuse  
Medical Case Management (including treatment adherence services)

### **NON-CORE**

Case Management (Non-Medical)  
Health Education Risk Reduction  
Medical Transportation  
Outreach Services  
Psychosocial Support Services  
Referral for healthcare/supportive services  
Treatment Adherence Counseling

## Prioritization

### Lets Try It!

#### Happy HSDA

Service	Need	Use	Availability
Oral Health Care	68	45	15
Primary Care	82	82	3
Case Management	81	76	10
Medical Case Management	68	68	7
Van Transportation	51	49	15
Health Insurance	77	42	30
Vision Care	74	31	38

Let's set our midpoints!

*\*Hint, Remember the midpoint is the average of the highest and lowest NA percentage.*

Need: 67% Use: 57% Availability: 21%

## Prioritization

### Happy HSDA

Service	Need	Use	Availability	Need	Use	Avail
Oral Health Care	68	45	15	H	L	L
Primary Care	82	82	3	H	H	L
Case Management	81	76	10	H	H	L
Medical Case Management	68	68	7	H	H	L
Van Transportation	51	49	15	L	L	L
Health Insurance	77	42	30	H	L	H

Midpoints: Need: 67% Use 57% Availability 21%

Service	High-Low Scores:	C/N	Rank
Primary Care:	HHL	C	1
Medical Case Management:	HHL	C	2
Health Insurance:	HLH	C	3
Oral Health:	HLL	C	4
Case Management:	HHL	N	5
Van Transportation:	LLL	N	6

## ***Prioritization***

### **Tie Breaking and finalizing**

Once this is done the committee will use any additional relevant information and public comment to break any ties until there is an established priority list.

## ***Prioritization***

### **What happens when there is NO new Needs Assessment data?**

During years where there is no new needs assessment data (or “off years”) the group will use data from the most recent needs assessment activities, special studies, HBTMN, etc.

*The group does not complete another High-Low process during these years, the work is already done !, instead....*

The group will be given the listing of the previous years priorities and make changes in the priorities as appropriate.



Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
<b>1</b>	<b>Outpatient/Ambulatory Primary Care</b>	<b>9,634,415</b>	<b>391,824</b>	<b>703,670</b>	<b>30,517</b>	<b>-120,000</b>	<b>10,640,426</b>	<b>48.14%</b>	<b>10,640,426</b>	<b>0</b>		<b>9,816,210</b>	<b>92%</b>	<b>92%</b>
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	378,670	0		3,969,734	17.96%	3,969,734	0	3/1/2018	\$3,815,916	96%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	100,000	1,839	-40,000	1,083,209	4.90%	1,083,209	0	3/1/2018	\$1,195,563	110%	92%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	100,000	1,839	-40,000	929,186	4.20%	929,186	0	3/1/2018	\$889,226	96%	92%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	100,000	1,839	-40,000	1,166,559	5.28%	1,166,559	0	3/1/2018	\$672,568	58%	92%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0		1,149,761	5.20%	1,149,761	0	3/1/2018	\$1,031,422	90%	92%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0			1,874,540	8.48%	1,874,540	0	3/1/2018	\$1,767,966	94%	75%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2018	\$9,900	64%	92%
1.h	Vision	402,000	0	25,000	25,000		452,000	2.05%	452,000	0	3/1/2018	\$433,650	96%	92%
<b>2</b>	<b>Medical Case Management</b>	<b>2,535,802</b>	<b>0</b>	<b>0</b>	<b>-200,714</b>	<b>-30,000</b>	<b>2,305,088</b>	<b>10.43%</b>	<b>2,305,088</b>	<b>0</b>		<b>1,969,573</b>	<b>85%</b>	<b>92%</b>
2.a	Clinical Case Management	488,656	0	0	-30,000		458,656	2.08%	458,656	0	3/1/2018	\$456,310	99%	92%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.18%	482,722	0	3/1/2018	\$246,992	51%	75%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	-50,038		271,032	1.23%	271,032	0	3/1/2018	\$328,437	121%	92%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	-50,038		271,034	1.23%	271,034	0	3/1/2018	\$178,850	66%	92%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	-50,038		57,209	0.26%	57,209	0	3/1/2018	\$140,857	246%	92%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.58%	348,760	0	3/1/2018	\$271,090	78%	92%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.82%	180,311	0	3/1/2018	\$120,163	67%	75%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	-20,600	-30,000	109,451	0.50%	109,451	0	3/1/2018	\$112,745	103%	92%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.36%	80,025	0	3/1/2018	\$67,084	84%	92%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2018	\$47,046	103%	75%
<b>3</b>	<b>Local Pharmacy Assistance Program (a) (e)</b>	<b>1,934,796</b>	<b>256,674</b>	<b>0</b>	<b>69,363</b>	<b>0</b>	<b>2,260,833</b>	<b>10.23%</b>	<b>2,260,833</b>	<b>0</b>		<b>\$2,563,420</b>	<b>113%</b>	<b>92%</b>
<b>4</b>	<b>Oral Health</b>	<b>166,404</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>166,404</b>	<b>0.75%</b>	<b>166,404</b>	<b>0</b>		<b>166,400</b>	<b>100%</b>	<b>92%</b>
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0	0	0	166,404	0.75%	166,404	0	3/1/2018	\$166,400	100%	92%
<b>5</b>	<b>Mental Health Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>6</b>	<b>Health Insurance (c)</b>	<b>1,244,551</b>	<b>28,519</b>	<b>0</b>	<b>0</b>	<b>150,000</b>	<b>1,423,070</b>	<b>6.44%</b>	<b>1,423,070</b>	<b>0</b>		<b>\$1,442,569</b>	<b>101%</b>	<b>92%</b>
<b>7</b>	<b>Home and Community-Based Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>8</b>	<b>Substance Abuse Services - Outpatient</b>	<b>45,677</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>45,677</b>	<b>0.21%</b>	<b>45,677</b>	<b>0</b>		<b>\$32,306</b>	<b>71%</b>	<b>92%</b>
<b>9</b>	<b>Early Intervention Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>10</b>	<b>Medical Nutritional Therapy (supplements)</b>	<b>341,395</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>341,395</b>	<b>1.54%</b>	<b>341,395</b>	<b>0</b>		<b>\$327,976</b>	<b>96%</b>	<b>92%</b>
<b>11</b>	<b>Hospice Services</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>12</b>	<b>Outreach Services</b>	<b>420,000</b>	<b>39,927</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>459,927</b>	<b>2.08%</b>	<b>459,927</b>	<b>0</b>		<b>\$294,500</b>	<b>64%</b>	<b>92%</b>
<b>13</b>	<b>Non-Medical Case Management</b>	<b>1,231,002</b>	<b>0</b>	<b>0</b>	<b>-49,400</b>	<b>0</b>	<b>1,181,602</b>	<b>5.35%</b>	<b>1,181,602</b>	<b>0</b>		<b>1,375,441</b>	<b>116%</b>	<b>92%</b>
13.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.50%	110,793	0	3/1/2018	\$99,700	90%	92%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	-29,400		70,600	0.32%	70,600	0	3/1/2018	\$81,269	115%	92%
13.c	Service Linkage at Public Clinic (a)	427,000	0	0	0		427,000	1.93%	427,000	0	3/1/2018	\$446,037	104%	75%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	-20,000		573,209	2.59%	573,209	0	3/1/2018	\$748,434	131%	92%
<b>14</b>	<b>Medical Transportation</b>	<b>482,087</b>	<b>25,824</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>507,911</b>	<b>2.30%</b>	<b>507,911</b>	<b>0</b>		<b>\$349,864</b>	<b>69%</b>	<b>92%</b>
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.14%	252,680	0	3/1/2018	\$265,776	105%	92%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.44%	97,185	0	3/1/2018	\$84,088	87%	92%
14.c	Transportation vouchers (bus passes & gas cards)	132,222	25,824	0	0	0	158,046	0.72%	158,046	0	3/1/2018	\$0	0%	0%
<b>15</b>	<b>Linguistic Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>16</b>	<b>Emergency Financial Assistance</b>	<b>450,000</b>	<b>0</b>	<b>0</b>	<b>150,000</b>	<b>0</b>	<b>600,000</b>	<b>2.71%</b>	<b>600,000</b>	<b>0</b>		<b>\$654,904</b>	<b>109%</b>	<b>92%</b>
<b>17</b>	<b>Referral for Health Care and Support Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
BES27516	<b>Total Service Dollars</b>	<b>18,486,129</b>	<b>742,768</b>	<b>703,670</b>	<b>-234</b>	<b>0</b>	<b>19,932,333</b>	<b>88.10%</b>	<b>19,932,333</b>	<b>0</b>		<b>18,043,759</b>	<b>91%</b>	<b>92%</b>
	<b>Grant Administration</b>	<b>1,675,047</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,675,047</b>	<b>7.58%</b>	<b>1,675,047</b>	<b>0</b>		<b>0</b>	<b>0%</b>	<b>92%</b>
BES27517	HCPHES/RWGA Section	1,146,388	0	0	0	0	1,146,388	5.19%	1,146,388	0	N/A	\$0	0%	92%
PC	RWPC Support*	528,659	0	0	0	0	528,659	2.39%	528,659	0	N/A	0	0%	92%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
BES27521	Quality Management	495,000	0	0	0	0	495,000	2.24%	495,000	0	N/A	\$0	0%	92%
		20,656,176	742,768	703,670	-234	0	22,102,380	97.92%	22,102,380	0		18,043,759	82%	92%
								Unallocated	Unobligated					75%
	<b>Part A Grant Award:</b>	<b>21,398,944</b>	<b>Carry Over:</b>	<b>703,670</b>		<b>Total Part A:</b>	<b>22,102,614</b>	<b>234</b>	<b>0</b>					<b>92%</b>
		<b>Original Allocation</b>	<b>Award Reconciliation (b)</b>	<b>July Adjustments (carryover)</b>	<b>October Adjustments</b>	<b>Final Quarter Adjustments</b>	<b>Total Allocation</b>	<b>Percent</b>	<b>Total Expended on Services</b>	<b>Percent</b>				
	Core (must not be less than 75% of total service dollars)	15,903,040	677,017	703,670	-100,834	0	17,182,893	86.38%	17,182,893	85.94%				
	Non-Core (may not exceed 25% of total service dollars)	2,583,089	25,824	0	100,600	0	2,709,513	13.62%	2,810,113	14.06%				
	<b>Total Service Dollars</b> (does not include Admin and QM)	<b>18,486,129</b>	<b>702,841</b>	<b>703,670</b>	<b>-234</b>	<b>0</b>	<b>19,892,406</b>		<b>19,993,006</b>					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	0	0	0	0	1,675,047	7.58%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.24%						

MAI Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	1,797,785	49,060	90,830	86,270	0	2,023,945	88.08%	2,023,945	0		1,980,550	98%	92%
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530	45,415	43,135	0	1,023,243	44.53%	1,023,243	0	3/1/2018	\$1,153,900	113%	92%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530	45,415	43,135	0	1,000,702	43.55%	1,000,702	0	3/1/2018	\$826,650	83%	92%
2	Medical Case Management	320,100	0	40,000	-86,270	0	273,830	11.92%	320,100	-46,270		\$298,363	93%	92%
2.c (MAI)	MCM - Targeted to African American	160,050		20,000	-43,135		136,915	5.96%	136,915	0	3/1/2018	\$193,786	142%	92%
2.d (MAI)	MCM - Targeted to Hispanic	160,050		20,000	-43,135		136,915	5.96%	136,915	0	3/1/2018	\$104,577	76%	92%
	<b>Total MAI Service Funds</b>	<b>2,117,885</b>	<b>49,060</b>	<b>130,830</b>	<b>0</b>	<b>0</b>	<b>2,297,775</b>	<b>100.00%</b>	<b>2,023,945</b>	<b>273,830</b>		<b>1,980,550</b>	<b>98%</b>	<b>92%</b>
	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%
	<b>Total MAI Non-service Funds</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0%</b>	<b>0%</b>
BEO 27516	<b>Total MAI Funds</b>	<b>2,117,885</b>	<b>49,060</b>	<b>130,830</b>	<b>0</b>	<b>0</b>	<b>2,297,775</b>	<b>100.00%</b>	<b>2,023,945</b>	<b>273,830</b>		<b>1,980,550</b>	<b>98%</b>	<b>92%</b>
	<b>MAI Grant Award</b>	<b>2,166,944</b>	<b>Carry Over:</b>	<b>0</b>		<b>Total MAI:</b>	<b>2,166,944</b>							<b>92%</b>
	<b>Combined Part A and MAI Original Allocation Total</b>	<b>22,774,061</b>												

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 or Decrease funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations

Important

**Williams, Victoria (County Judge's Office)**

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**From:** Yvette Garvin <ygarvin@hivtrg.org>  
**Sent:** Wednesday, March 27, 2019 5:24 PM  
**To:** Williams, Victoria (County Judge's Office)  
**Cc:** Patrick Martin; ShaTerra Fairley  
**Subject:** Re: State Services - RR funds

Thanks for reaching out but not at this time. For our current SSR funds, DSHS has stated it is moving the contract period from 9/1-8/31 to 4/1-3/31. DSHS will need to amend TRG's contract to reflect that change.

After the contract amendment, TRG will need to figure out what changes are needed to accommodate the change. Whether we will end current contracts with provider and begin a new contract period or amend the current contracts to extend the contract period based on how TRG has to track the information.

I will keep you posted.

Thanks,

**Yvette Garvin**  
**Executive Director**  
**The Resource Group**  
**500 Lovett Blvd, Suite 100**  
**Houston, Texas 77006**  
**E: [ygarvin@hivtrg.org](mailto:ygarvin@hivtrg.org)**  
**P: 713/526-1016**  
**F: 713/526-2369**



**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1819 Ryan White Part B**  
**Procurement Report**  
**April 1, 2018 - March 31, 2019**



Reflects spending through February 2019

Spending Target: 100%

Revised 5/14/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	\$2,085,565	62%	(\$196,000)	\$1,889,565	57%	4/1/2018	\$1,931,486	93%
7	Health Insurance Premiums and Cost Sharing	\$726,885	22%	\$525,806	\$1,252,691	38%	4/1/2018	\$1,203,635	96%
9	Home and Community Based Health Services (1)	\$202,315	6%	(\$55,000)	\$147,315	4%	4/1/2018	\$146,480	72%
	Unallocated funds approved by RWPC for Health Insurance	\$325,806	10%	-\$325,806	\$0	0%	4/1/2018	\$0	0%
	<b>Total Houston HSDA</b>	<b>3,340,571</b>	<b>100%</b>	<b>(\$51,000)</b>	<b>\$3,289,571</b>	<b>100%</b>		<b>3,281,601</b>	<b>98%</b>

Note: Spending variances of 10% will be addressed:

- 1 HCHB- The provision of service changed plus other funding supports the program. Future allocations are lower.
- 2 DSHS has a required total grant spending threshold of 95%
- 3 Close out spending and reallocations happen very quickly because of short closing window of 45 days

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1819 DSHS State Services**  
**Procurement Report**  
**September 1, 2018- August 31, 2019**



Chart reflects spending through February 2019

Spending Target: 58.33%

Revised 5/1/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$979,694	49%	\$142,285	\$1,121,979	56%	9/1/2018	\$493,033	44%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	15%	9/1/2018	\$84,106	28%
7	EIS - Incarcerated	\$166,211	8%	\$0	\$166,211	8%	9/1/2018	\$94,047	57%
11	Hospice (3)	\$359,832	18%		\$359,832	18%	9/1/2018	\$105,380	29%
15	Linguistic Services (4)	\$68,000	3%		\$68,000	3%	9/1/2018	\$20,325	30%
	Unallocated (RWPC Approved for Health Insurance - TRG will amend contract)	\$142,285	7%	-\$142,285	\$0	0%	9/1/2018	\$0	0%
	<b>Total Houston HSDA</b>	<b>2,016,022</b>	<b>100%</b>	<b>\$0</b>	<b>\$2,016,022</b>	<b>100%</b>		<b>796,892</b>	<b>0%</b>

First month of expenditures. Submissions/services/data entry are slow during first few months of contract.

- 1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31. Agency usually expends all funds.
- 2 Mental Health Services are under Utilized and under reported.
- 3 Hospice care has had lower than expected client turn out and agency has other grant funding
- 4 Linguistic is one month behind on reporting due to slow invoicing by provider, additionally there has been lower than expected client turn out.

**2018-2019 Ryan White Part B Service Utilization Report**  
**4/1/2018 - 3/31/2019 Houston HSDA (4816)**  
**4th Quarter - 4/1/2018 to 3/31/2019**

Revised 5/8/2019

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	1,250	5	100.00%	0.00%	0.00%	0.00%	60.00%	20.00%	20.00%	0.00%	0.00%	20.00%	4.00%	16.00%	20.00%	20.00%	20.00%
Home & Community Based Health Services	30	34	70.59%	26.47%	0.00%	2.94%	58.82%	8.82%	32.35%	0.00%	0.00%	5.69%	16.08%	26.47%	33.33%	12.55%	5.88%	
Oral Health Care	3,100	856	72.62%	26.22%	0.00%	1.16%	50.23%	16.47%	31.50%	1.80%	0.00%	2.02%	20.00%	15.66%	34.16%	21.00%	7.16%	
Unduplicated Clients Served By RW Part B Funds:	NA	895	81.16%	17.47%	0.00%	1.37%	61.16%	16.96%	21.26%	0.62%	0.00%	14.17%	13.08%	19.56%	29.49%	17.72%	5.98%	

**COMMENT:**  
The delay in Data Upload from CPCDMS into ARIES is the reason for the discrepancy in the HIP/HIA YTD Total.  
Please see HINS Report for review on HIP/HIA totals.

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2018-2/28/19

Revised: 3/29/2019

Request by Type	Assisted		NOT Assisted			
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1045	\$102,969.18	574			0
Medical Deductible	227	\$119,484.95	173			0
Medical Premium	3696	\$1,458,740.33	760			0
Pharmacy Co-Payment	2831	\$283,839.95	1223			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	9	\$1,042.00	8	NA	NA	NA
<b>Totals:</b>	<b>7808</b>	<b>\$1,963,992.41</b>	<b>2738</b>	<b>0</b>	<b>\$0.00</b>	

Comments: This report represents services provided under all grants.

# FY 2020 Priority Setting Process

(Priority and Allocations Committee approved 02-28-19)

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

(Continued on next page)



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

Worksheet for Determining FY 2020 Service Priorities

<b>Core Services</b>	<b>HL Scores</b>	<b>HL Rank</b>	<b>Approved FY 2019 Priorities</b>	<b>Proposed FY 2020 Priorities</b>	<b>Justification</b>
Ambulatory/Outpatient Medical Care	HHH	2	1		
Medical Case Management	HHH	2	2		
Local Pharmacy Assistance Program	HHH	2	3		
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		

<b>Support Services</b>	<b>HL Scores</b>	<b>HL Rank</b>	<b>Approved FY 2019 Priorities</b>	<b>Proposed FY 2020 Priorities</b>	<b>Justification</b>
Outreach*	--	--	12		
Emergency Financial Assistance	--	--	13		
Referral for Health Care & Support Services	--	--	14		
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.

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	1	Because there is no new needs assessment data in 2018, keep the priority rankings the same as they are FY 2018.
Medical Case Management	HHH	2	2	2	
Local Pharmacy Assistance Program	HHH	2	3	3	
Oral Health Services	HLL	3	4	4	
Health Insurance	HLH	4	5	5	
Mental Health Services	HLH	4	6	6	
Early Intervention Services (jail)	LLH	7	7	7	
Day Treatment	LLH	7	8	8	
Substance Abuse Treatment	LLH	7	9	9	
Medical Nutritional Therapy	LLL	8	10	10	
Hospice*	-	-	11	11	

Support Services	HL Scores	HL Rank	Approved FY 2018 Priorities	Proposed FY 2019 Priorities	Justification
Outreach*	--	--	12	12	
Non-medical case management	HHL	1	13	15	
Medical Transportation	LLH	7	14	16	
Linguistics Services	LLH	7	15	17	
Emergency Financial Assistance	--	--	16	13	Justification for FY19: Move to Priority 13 to better reflect the Planning Council's urgency in creating Emergency Financial Assistance and Referral for Health Care & Support Services to increase timely access to medications.
Referral for Health Care & Support Services	--	--	17	14	Justification for FY19: Move to Priority 14; see justification above.

\*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.

## Needs Assessment Data for FY 2018 Priorities

05-24-17

<b>Need</b>		<b>Accessibility</b>	
<u>Service Category</u>	<u>Proportion</u>	<u>Service Category</u>	<u>Proportion</u>
<i>Medical</i>		<i>Medical</i>	
Case management	83	Case management	88
Day treatment	31	Day treatment	92
Early intervention (jail only)	7	Early intervention (jail only)	85
Health insurance assistance	59	Health insurance assistance	85
Local medication assistance	74	Local medication assistance	89
Medical nutrition therapy	38	Medical nutrition therapy	82
Mental health services	53	Mental health services	88
Oral health care	73	Oral health care	76
Primary care	94	Primary care	90
Substance abuse services	24	Substance abuse services	92
	<hr/>		<hr/>
	Mean	Mean	87
	54		
<i>Non-Medical</i>		<i>Non-Medical</i>	
Emergency Financial Assistance	---	Emergency Financial Assistance	---
Linguistic Services	6	Linguistic Services	93
Non-Medical Case Management	93	Non-Medical Case Management	74
Outreach Services	---	Outreach Services	---
Referral for Health Care & Support Services	---	Referral for Health Care & Support Services	---
Transportation	47	Transportation	85
	<hr/>		<hr/>
	Mean	Mean	84
	49		

## DRAFT Key to Priority Setting Using 2016 Needs Assessment Data

(May 17, 2019)

Criteria	Definition	Data Source	Formula
<b>1. Need</b>	Proportion of consumers reporting a need for the service in the past 12 months	Needs Assessment	<p><b><math>(a + b)/N = x*100</math> (rounded)</b></p> <p><i>a</i> = total # of NA respondents selecting “I needed this service, and it was easy to get” per service category</p> <p><i>b</i> = total # of NA respondents selecting “I needed this service, and it was difficult to get” per service category</p> <p><i>N</i> = total # of NA respondents</p> <p><i>x</i> = percent indicating a need for the service per service category</p>
<b>2. Use</b>	Number of clients who used the service in the past 12 months	CPCDMS	# of unduplicated clients per service category for a designated calendar year (1/1 – 12/31)
<b>3. Availability</b>	Proportion of consumers reporting the service was easy to access in the past 12 months	Needs Assessment	<p><b><math>n/N = x*100</math> (rounded)</b></p> <p><i>n</i> = total # of NA respondents selecting “I needed this service, and it was easy to get” per service category</p> <p><i>N</i> = total # of NA respondents indicating need for the service per service category (see <i>a + b</i> above)</p> <p><i>x</i> = percent indicating service accessibility per service category</p>

### ***Other Possible Criteria\****

- **Access (revised):** Number of reported barriers per service compared to mean for all services (quantified as % above/below or as a simple High/Low for Above/Below mean)
- **Quality:** Proportion of clients achieving desired health outcome of the service in the past 12 months (quantified as % or as simple High/Low for Above/Below benchmark)
- **Out-of-Care:** Proportion of out-of-care consumers reporting a need for the service in the past 12 months
- **Newly-Diagnosed/EIHA:** Proportion of newly-diagnosed consumers reporting a need for the service in the past 12 months

\*Source document: Ryan White HIV/AIDS Program Part A Manual – Revised 2013, pg. 2013-204.

2019 Proposed Idea

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

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY
Control Number Date Received
Proposal will be reviewed by the: Quality Improvement Committee on: (date)
Priority & Allocation Committee on: (date)

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

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

This will provide clients with units of service.

2. ADDRESS THE FOLLOWING:

A. DESCRIPTION OF SERVICE:

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

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

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

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

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

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

REASON FOR RECOMMENDATION:

(Continue on Page 2 of this application form)

**Proposed Idea**

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

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

CURRENTLY APPROVED RELATED SERVICE CATEGORY ALLOCATION/UTILIZATION:

Allocation: \$ \_\_\_\_\_

Expenditure: \$ \_\_\_\_\_ Year-to-Date

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

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

PLEASE STATE HOW THIS IDEA WILL MEET THE PRIORITY AND ALLOCATIONS CRITERIA AND PRINCIPLES TO GUIDE DECISION MAKING. SITE SPECIFIC STEPS AND ITEMS WITHIN THE STEPS:

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

Recommended for Funding in the Amount of: \$ \_\_\_\_\_

Not Recommended for Funding

Other:

REASON FOR RECOMMENDATION:

**2019 QUARTERLY REPORT**  
**PRIORITY AND ALLOCATIONS COMMITTEE**  
(Submitted May 2019)

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

1. Conduct training to familiarize committee members with decision-making tools.  
**Status:**
  
2. Review the final quarter allocations made by the administrative agents.  
**Status:**
  
3. \*Improve the processes for and strengthen accountability in the FY 2020 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.  
**Status:**
  
4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.  
**Status:**
  
5. \*Determine the FY 2020 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.  
**Status:**
  
6. \*Review the FY 2019 priorities as needed.  
**Status:**
  
7. \*Review the FY 2019 allocations as needed.  
**Status:**
  
8. Evaluate the processes used.  
**Status:**
  
9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.  
**Status:**

**Status of Tasks on the Timeline:**

\_\_\_\_\_  
Committee Chairperson

\_\_\_\_\_  
Date



# Ending the HIV Epidemic

## A Plan for the United States

Anthony S. Fauci, MD; Robert R. Redfield, MD; George Sigounas, MS, PhD; Michael D. Weahkee, MHA, MBA; Brett P. Giroir, MD

**In the State of the Union Address** on February 5, 2019, President Donald J. Trump announced his administration's goal to end the HIV epidemic in the United States within 10 years. The president's budget will ask Republicans and Democrats



### Supplemental content

While landmark biomedical and scientific research advances have led to the development of many successful HIV treatment regimens, prevention strategies, and improved care for persons with HIV, the HIV pandemic remains a public health crisis in the United States and globally.

In the United States, more than 700 000 people have died as a result of HIV/AIDS since the disease was first recognized in 1981, and the Centers for Disease Control and Prevention (CDC) estimates that 1.1 million people are currently living with HIV, about 15% of whom are unaware of their HIV infection.<sup>1</sup> Approximately 23% of new infections are transmitted by individuals who are unaware of their infection and approximately 69% of new infections are transmitted by those who are diagnosed with HIV infection but who are not in care.<sup>2</sup> In 2017, more than 38 000 people were diagnosed with HIV in the United States. The majority of these cases were among young black/African American and Hispanic/Latino men who have sex with men (MSM). In addition, there was high incidence of HIV among transgender individuals, high-risk heterosexuals, and persons who inject drugs.<sup>1</sup> This public health issue is also connected to the broader opioid crisis: 2015 marked the first time in 2 decades that the number of HIV cases attributed to drug injection increased.<sup>3</sup> Of particular note, more than half of the new HIV diagnoses were reported in southern states and Washington, DC. During 2016 and 2017, of the 3007 counties in the United States, half of new HIV diagnoses were concentrated in 48 "hotspot" counties, Washington, DC, and Puerto Rico.<sup>4</sup>

The US Department of Health and Human Services (HHS) has proposed a new initiative to address this ongoing public health crisis with the goals of first reducing numbers of incident infections in the United States by 75% within 5 years, and then by 90% within 10 years. This initiative will leverage critical scientific advances in HIV prevention, diagnosis, treatment, and care by coordinating the highly successful programs, resources, and infrastructure of the CDC, the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Indian Health Service (IHS). The initial phase, coordinated by the HHS

Office of the Assistant Secretary of Health, will focus on geographic and demographic hotspots in 19 states, Washington, DC, and Puerto Rico, where the majority of the new HIV cases are reported, as well as in 7 states with a disproportionate occurrence of HIV in rural areas (eFigure in the [Supplement](#)).

The strategic initiative includes 4 pillars:

1. diagnose all individuals with HIV as early as possible after infection;
2. treat HIV infection rapidly and effectively to achieve sustained viral suppression;
3. prevent at-risk individuals from acquiring HIV infection, including the use of pre-exposure prophylaxis (PrEP); and
4. rapidly detect and respond to emerging clusters of HIV infection to further reduce new transmissions.

A key component for the success of this initiative is active partnerships with city, county, and state public health departments, local and regional clinics and health care facilities, clinicians, providers of medication-assisted treatment for opioid use disorder, and community- and faith-based organizations.

The implementation of advances in HIV research achieved over 4 decades will be essential to achieving the goals of the initiative. Clinical studies serve as the scientific basis for strategies to prevent HIV transmission/acquisition. In this regard, as reviewed in a recent Viewpoint in *JAMA*,<sup>5</sup> large clinical studies have recently proven the concept of undetectable = untransmittable (U = U), which has broad public health implications for HIV prevention and treatment at both the individual and societal level. U = U means that individuals with HIV who receive antiretroviral therapy (ART) and achieve and maintain an undetectable viral load do not sexually transmit HIV to others.<sup>5</sup> U = U will be invaluable in helping to counteract the stigma associated with HIV, and this initiative will create environments in which all people, no matter their cultural background or risk profile, feel welcome for prevention and treatment services.

Results from numerous clinical trials have led to significant advances in the treatment of HIV infection, such that a person living with HIV who is properly treated and adherent with therapy can expect to achieve a nearly normal lifespan. This progress is due to antiviral drug combinations drawn from more than 30 agents approved by the US Food and Drug Administration (FDA), as well as medications for the prevention and treatment regimens of HIV-associated coinfections and comorbidities. Furthermore, PrEP with a daily regimen of 2 oral antiretroviral drugs in a single pill has proven to be highly effective in preventing HIV infection for individuals at high risk. In addition, postexposure prophylaxis provides a highly ef-

fective means of preventing transmission from a high-risk exposure and can serve as a bridge to PrEP.

Collectively, these advances suggest that, theoretically, the HIV epidemic in this country could be ended quickly by expanding access to treatment to all persons with HIV and PrEP to all those at high risk. The administration has developed a practical, achievable plan to focus on hotspots of HIV infection, both demographic and geographic. Lessons learned and effective strategies emanating from this initiative would ultimately be applied to profoundly reduce HIV incidence nationwide through federal, state, and local health departments and nongovernmental organizations.

In the developing world, particularly in Africa, the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria have helped close gaps in HIV treatment and prevention implementation and have addressed disparities between resource-rich and resource-limited nations. PEPFAR has brought the HIV global pandemic from crisis toward control and replaced death and despair with hope and life. The latest results achieved by US leadership and partnerships through PEPFAR, the Global Fund, and other organizations are estimated to have saved more than 21.7 million lives. PEPFAR alone is supporting more than 14.6 million people with lifesaving ART, when just 50 000 people were receiving ART in Africa at the start of the PEPFAR program in 2003.<sup>6</sup>

Demographic and geographic hotspots of HIV infection need a particular focus to interrupt or disrupt the kinetics of HIV spread in the United States. The coordinated multi-HHS agency initiative will provide this focus. The HRSA Ryan White HIV/AIDS Program (RWHAP) has achieved remarkable success in implementing quality HIV treatment and care. For 2017, the program reports that 85% of individuals who had at least 1 medical visit had achieved viral suppression, far exceeding the national average of 60% of HIV-diagnosed adults and adolescents. The RWHAP has significantly increased the rate of viral suppression among key populations including women, transgender individuals, black/African American individuals, adolescents and young adults, and those with unstable housing.<sup>7</sup>

Using this experience, HRSA will accelerate its efforts working with state and county health departments and community and faith-based organizations to play a major role in the HHS initiative to end the US HIV epidemic. The RWHAP provides the infrastructure, personnel, and expertise for effective treatment and medical intervention strategies. The CDC will be critical for this initiative by amplifying its existing programs and working in communities along with state and local health authorities to bring HIV testing to all who need it, to diagnose infections as early as possible, to conduct epidemiologic investigations of new HIV clusters, and to promote rapid linkage to comprehensive care in the RWHAP. The HRSA Health Centers Program will provide PrEP services to those identified at high risk for HIV acquisition and care for those with HIV. The IHS will focus on urban and rural tribal communities, ensuring that emerging threats are addressed and effective programs and services are marshaled in these communities to address the 4 pillars of the strategic initiative. To expand access to treating HIV, the IHS has published PrEP guidelines for local use and customization and developed electronic health record clinical reminders to assist clinical staff.

The NIH's Centers for AIDS Research will inform HHS partners in this initiative on best practices, based on state-of-the-art biomedical research findings, and by collecting and disseminating data on the effectiveness of approaches used in this initiative. In addition to syringe services programs, access to FDA-approved medication-assisted treatment for substance use disorders, in concert with counseling/behavioral services, is critically important. SAMHSA's efforts to increase providers of medication-assisted treatment, particularly in the hotspots, will help control the spread of HIV, providing access for intravenous drug users with substance use disorder and HIV to receive the treatment they need.

The president, the secretary of HHS, and members of the department are committed to ending the HIV epidemic in the United States. The president's budget will propose a way forward on this bold initiative to achieve this goal.

#### ARTICLE INFORMATION

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## HOUSTON EMA/HSDA Needs Assessment Rankings

Chart for Determining FY2018 Service Priorities

Core Service	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes	Ranking
Primary Care	94	7,535	90	H	H	H	HHH	2	1		HHL 1
Medical/Clinical Case Management	83	6,270	88	H	H	H	HHH	2	2		HHH 2
Local Medication Assistance	74	4,392	89	H	H	H	HHH	2	3		HLL 3
Oral Health Services	73	3,372	76	H	L	L	HLL	3	4		HLH 4
Health Insurance	59	2,102	85	H	L	H	HLH	4	5		LHL 5
Mental Health Services	53	351	88	H	L	H	HLH	4	6		LHH 6
Early Intervention Services (jail)	7	926	85	L	L	H	LLH	7	7		LLH 7
Day Treatment	31	38	92	L	L	H	LLH	7	8		LLL 8
Substance Abuse Treatment	24	30	92	L	L	H	LLH	7	9		
Medical Nutritional Therapy	38	501	82	L	L	L	LLL	8	10		
Hospice		40			L				11		
<b>Proposed MIDPOINTS</b>	<b>51</b>	<b>3,783</b>	<b>83</b>								

Support Service	Need	Use	Access Ease	Need	Use	Access Ease	High-Low Scores	HL Rank	Tie Breaker	Changes
Outreach Services									12	
Non-medical Case Management*	93	6,796	74	H	H	L	HHL	1	13	
Medical Transportation	47	2,894	85	L	L	H	LLH	7	14	
Linguistics Services	6	67	93	L	L	H	LLH	7	15	
Emergency Financial Assistance									16	
Referral for Health Care & Support Services									17	
<b>Proposed MIDPOINTS</b>	<b>50</b>	<b>3,432</b>	<b>84</b>							

\*Question regarding linkage to care window changed from 3 months to 1 month in 2016 NA.

**Midpoint=Highest Use+Lowest Use/2**  
**High (H)=Use above the midpoint**  
**Low (L)=Use below the midpoint**

UPDATED:  
05/15/19

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

*Unless otherwise noted,  
meetings are held at:*

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

**June**

**2019**

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
						<b>1</b>
<b>2</b>	<b>3</b>	<b>4</b> TENTATIVE: 2:00 – 4:00 p.m. Special HTBMN Workgroup #2 Room 416	<b>5</b> National HIV Long- Term Survivor Awareness Day	<b>6</b> 12 noon Steering Committee	<b>7</b>	<b>8</b> National Caribbean American HIV Awareness Day
<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b> 12 noon Planning Council Room 532 2:00 p.m. Comp HIV Planning Room 532	<b>14</b>	<b>15</b>
<b>16</b>	<b>17</b>	<b>18</b> 12 noon Operations 2:00 p.m. Quality Improvement Room 416	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>
<b>23</b>	<b>24</b> 12:00 p.m. Affected Community	<b>25</b>	<b>26</b> 9:00 a.m. SIRR Meeting Montrose Center 401 Branard 77006	<b>27</b> National HIV Testing Day	<b>28</b>	<b>29</b>
<b>30</b>				12 noon Priority & Allocations Room 416		