

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12 noon, Thursday, July 25, 2019

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

AGENDA

* = to be handed out at the meeting

- I. Call to Order Bobby Cruz and
Peta-gay Ledbetter,
Co-Chairs
 - A. Moment of Reflection
 - B. Adoption of the Agenda
 - C. Approval of the Minutes*

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

- III. Clarify FY 2020 Part A Increase Funding Scenario Tori Williams

- IV. Reports from Ryan White Grant Administration Carin Martin

- V. Reports from the Resource Group Yvette Garvin

- VI. Requests for Allocation Increases
 - A. Available Part A funds: \$374,536 - See three (3) attached requests for increased funds
 - B. Available MAI** funds: \$18,861 – See two (2) attached requests for increased funds

- VII. New Business
 - A. Quarterly Committee Report
 - B. No Committee meetings in August

- VIII. Announcements

- IX. Adjourn

**MAI = *Minority AIDS Initiative*

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

MINUTES

12 noon, Wednesday, June 27, 2019

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

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bobby Cruz	J. Hoxi Jones, excused	<i>The Resource Group</i>
Peta-gay Ledbetter		Yvette Garvin
Allison Hesterman		
Mel Joseph		<i>Office of Support</i>
Niquita Moret		Tori Williams
Allen Murray	STAFF PRESENT	Amber Harbolt
	<i>Ryan White Grant Admin</i>	
OTHERS PRESENT	Carin Martin	
Bruce Turner, RWPC Chair	Samantha Bowen	
	Heather Keizman	

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

Call to Order: Bobby Cruz, Co-Chair, called the meeting to order at 12:09 p.m. and asked for a moment of reflection.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Hesterman, Ledbetter) to approve the May 23, 2019 minutes. Motion carried unanimously.*

Public Comment and Announcements: See attached.

Updates from the Administrative Agents

Ryan White Part A/Minority AIDS Initiative (MAI): None.

Ryan White Part B and State Services Funding: Garvin said that upon review of the new category 15.e. Service Linkage Workers for Substance Use Disorders with the providers, Garvin found that it is underfunded by \$125,000 for FY 2019. She recommended taking the \$125,000 from 5. Health Insurance Assistance to fund the SLW category. The Resource Group will use State Services-R (SS-R) funds to bring Health Insurance Assistance back to its original allocation. Garvin said that this is the second year that SS-R has funded the compassionate care program and they are not spending all the funds. **Motion #3:** *it was moved and seconded (Ledbetter, Moret) to amend the FY 2019 Level Funding Scenario for State Services, State Services-R and Part B to match the FY*

2020 allocations for these same funding streams. The justification is to provide 12 months of funding to 15.e. Service Linkage Worker – Substance Use Disorders. **Motion carried unanimously.**

FY 2020 Part A/MAI, Part B & State Services Allocations

The committee reviewed the proposed FY 2020 Level , Increase and Decrease Funding Scenarios for all funding streams, see attached. **Motion #4:** it was moved and seconded (Ledbetter, Hesterman) to approve the 2020 Level, Increase and Decrease Funding Scenarios for Ryan White Part A, MAI, Part B, State Services and State Services-R Funding. **Motion carried.** Abstention: Moret.

Announcements:

- 7:00 p.m., Monday, July 1, 2019 – Public Hearing for the FY20 Priorities & Allocations
- 12 noon, Tuesday, July 2, 2019 – Review comments from Public Hearing, if needed.
- 12 noon, Thursday, July 25, 2019 - Reallocate funds. Hesterman said she would not be available to attend this meeting.

Adjournment: The meeting adjourned at 12:34 p.m.

Submitted by:

Approved by:

Tori Williams, Director Date

Committee Chair Date

Scribe: Williams

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

2019 Priority & Allocations Committee Voting Record for 06/27/19

MEMBERS	Motion #1 Agenda Carried				Motion #2 May 23, 2019 Minutes Carried				Motion #3 Update FY2019 Level funding scenario Carried				Motion #4 All FY2020 Level, Increase and Decrease Scenarios Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair				C				C				C				C
Peta-gay Ledbetter, Co-Chair		X				X				X				X		
Allison Hesterman		X				X				X				X		
J. Hoxi Jones	X				X				X				X			
Mel Joseph		X				X				X				X		
Niquita Moret		X				X				X						X
Allen Murray		X				X				X				X		

Houston Ryan White Planning Council
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding
FY 2020 Allocations**

(Priority and Allocations Committee approved 06-27-19)

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 2020 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 \$200,000 to pilot programs in Primary Care (category 1).

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.

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
1	Ambulatory/Outpatient Primary Care	\$9,869,619	\$1,887,283	\$0	\$0	\$0	\$11,756,902	
1.a	PC-Public Clinic	\$3,591,064					\$3,591,064	
1.b	PC-AA	\$952,498	\$954,912				\$1,907,410	FY20: Part A: Increase \$12,051 in Part due to increased CBO spending MAI: FY19 Increased Scenario applied \$20,219 to 1.b
1.c	PC-Hisp - see 1.b above	\$798,473	\$932,372				\$1,730,845	FY20: Part A: Increase \$12,049 in Part due to increased CBO spending MAI: FY19 Increased Scenario applied \$20,220 to 1.c
1.d	PC-White - see 1.b above	\$1,035,846					\$1,035,846	FY20: Increase \$12,049 in Part A due to increased CBO spending
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	\$452,000					\$452,000	FY20: Increase \$50k in Part A by due to FY18 expenditures
2	Medical Case Management	\$2,185,802	\$320,100	\$0	\$0	\$0	\$2,505,902	
2.a	CCM-Mental/Substance	\$488,656					\$488,656	
2.b	MCM-Public Clinic	\$427,722					\$427,722	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.c	MCM-AA	\$266,070	\$160,050				\$426,120	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.d	MCM-Hisp	\$266,072	\$160,050				\$426,122	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.e	MCM-White	\$52,247					\$52,247	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.f	MCM-Rural	\$273,760					\$273,760	FY20: Decrease \$75k in Part A MCM-Rural due to underspending in FY18
2.g	MCM-Women	\$125,311					\$125,311	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
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	\$3,157,166	\$0	\$0	\$0	\$0	\$3,157,166	FY20: Create two subcategories for LPAP: 3.a for LPAP - Public Clinic, and 3.b LPAP-Untargeted. FY19 Increased Scenario applied \$500k to LPAP
3.a	LPAP-Public Clinic	\$610,360					\$610,360	FY20: Fund level to FY18 LPAP expenditures at public clinic

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
3.b	LPAP-Untargeted	\$2,546,806					\$2,546,806	FY20: Subtract FY18 public clinic LPAP expenditures from FY19 Increased Funding Scenario applied to LPAP to create LPAP-Untargeted amount
4	Oral Health	\$166,404	\$0	\$2,211,405	\$0		\$2,377,809	
4.a	Untargeted			\$2,211,405			\$2,211,405	FY20: Increase \$24,500 in Part B to reflect increase in cost of services (i.e., increase in prosthodontics reimbursements)
4.b	Rural Dental	\$166,404					\$166,404	
5	Health Insurance Co-Pays & Co-Ins	\$1,339,239	\$0	\$1,047,824	\$864,506	\$125,000	\$3,376,569	FY20: SS: Decrease \$7,473 in SS to balance EIS cost of living increase; SS-R: Fund \$125k in SS-R to balance reduction in SS to fully fund 15e. (SLW-Substance Use); Part B: Increase \$7,473 Part B to balance decrease in SS HIAP Part A: FY19 Increased Scenario applied \$166,169 to HIA
6	Mental Health Services	\$0	\$0	\$0	\$300,000	\$0	\$300,000	SS: Decrease \$7,473 in SS to balance EIS cost of living increase;
7	Early Intervention Services	\$0	\$0	\$0	\$175,000	\$0	\$175,000	06-10-19 TRG Note: SS \$8,789 cost of living raise for EIS staff
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	
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	
12	Outreach Services	\$420,000	\$0	\$0	\$0	\$0	\$420,000	
13	Emergency Financial Assistance	\$525,000	\$0	\$0	\$0	\$0	\$525,000	FY20: Increase \$75k in Part A due FY18 expenditures
14	Referral for Health Care & Support Services	\$0	\$0	\$0	\$0	\$375,000	\$375,000	
15	Non-Medical Case Management	\$1,381,002	\$0	\$0	\$350,000	\$0	\$1,731,002	
15.a	SLW-Youth	\$110,793					\$110,793	
15.b	SLW-Testing	\$100,000					\$100,000	
15.c	SLW-Public	\$427,000					\$427,000	
15.d	SLW-CBO, includes some Rural	\$743,209					\$743,209	FY20: Increase \$150k in Part A due to FY18 expenditures

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
15.e	SLW-Substance Use	\$0			\$350,000		\$350,000	FY20: Increase \$125k in SS to fully fund for 12 months
16	Transportation	\$424,911	\$0	\$0	\$0	\$0	\$424,911	
16.a	Van Based - Urban	\$252,680					\$252,680	
16.b	Van Based - Rural	\$97,185		\$0			\$97,185	
16.c	Bus Passes & Gas Vouchers	\$75,046					\$75,046	
17	Linguistic Services	\$0	\$0	\$0	\$68,000	\$0	\$68,000	
Total Service Allocation		\$19,856,215	\$2,207,383	\$3,372,544	\$2,017,338	\$500,000	\$27,953,480	
NA	Quality Management	\$412,940					\$412,940	06-10-19 RWGA Note: 50% CPCDMS cost moved under admin
NA	Administration	\$1,795,958					\$1,795,958	06-10-19 RWGA Note: 50% CPCDMS cost moved under admin
NA	Compassionate Care Program					\$475,000	\$475,000	06-24-19 TRG Note: \$125k moved from the Compassionate Care Program to balance \$125k moved from HIAP.
Total Non-Service Allocation		\$2,208,898	\$0	\$0	\$0	\$475,000	\$2,683,898	
Total Grant Funds		\$22,065,113	\$2,207,383	\$3,372,544	\$2,017,338	\$975,000	\$30,637,378	

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

[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	\$22,065,113	\$2,207,383	\$3,372,544	\$2,017,338	\$975,000	\$30,637,378

		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	\$2,186,905	\$0		\$2,353,309	
4.a	Untargeted			\$2,186,905			\$2,186,905	FY19: Increase \$101,340 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	\$864,506	\$125,000	\$3,202,927	06-27-19 AMENDMENT: SS-R: Fund \$125k in SS-R to balance reduction in SS to fully fund 15e. (SLW-Substance Use)
6	Mental Health Services	\$0	\$0	\$0	\$300,000	\$0	\$300,000	
7	Early Intervention Services	\$0	\$0	\$0	\$175,000	\$0	\$175,000	06-27-19 AMENDMENT: Fund SS and SS-R per FY20 Level Funding Scenario
8	Home & Community Based Health Services	\$0	\$0	\$113,315	\$0	\$0	\$113,315	
8.a	In-Home (skilled nursing & health aide)						\$0	

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
	Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$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	Emergency Financial Assistance	\$450,000	\$0	\$0	\$0	\$0	\$450,000	
14	Referral for Health Care & Support Services	\$0	\$0	\$0	\$0	\$375,000	\$375,000	
15	Non-Medical Case Management	\$1,231,002	\$0	\$0	\$350,000	\$0	\$1,581,002	
15.a	SLW-Youth	\$110,793					\$110,793	
15.b	SLW-Testing	\$100,000					\$100,000	
15.c	SLW-Public	\$427,000					\$427,000	
15.d	SLW-CBO, includes some Rural	\$593,209					\$593,209	
15.e	SLW-Substance Use	\$0			\$350,000		\$350,000	06-27-19 AMENDMENT: Increase \$125K to provide full 12 months of funding. Decrease from SS and SS-R per FY20 Level Funding Scenario.
16	Transportation	\$424,911	\$0	\$0	\$0	\$0	\$424,911	
16.a	Van Based - Urban	\$252,680					\$252,680	
16.b	Van Based - Rural	\$97,185		\$0			\$97,185	
16.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.
17	Linguistic Services	\$0	\$0	\$0	\$68,000	\$0	\$68,000	
	Total Service Allocation	\$19,228,897	\$2,166,944	\$3,340,571	\$2,017,338	\$500,000	\$27,253,750	
NA	Quality Management	\$495,000					\$495,000	
NA	Administration	\$1,675,047					\$1,675,047	
NA	Compassionate Care Program					\$475,000	\$475,000	06-27-19 AMENDMENT: Decrease \$125K to fund increase in 15.e (SLW-Sub Use) per FY20 Level Funding Scenario

	Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
Total Non-Service Allocation	\$2,170,047	\$0	\$0	\$0	\$475,000	\$2,645,047	
Total Grant Funds	\$21,398,944	\$2,166,944	\$3,340,571	\$2,017,338	\$975,000	\$29,898,797	

Remaining Funds to Allocate (exact same as the yellow row on top)	\$0	\$0	\$0	\$0	\$0	\$0	
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[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	\$3,340,571	\$2,017,338	\$975,000	\$29,898,797

Houston Ryan White Planning Council
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding
FY 2020 Allocations**

(Priority and Allocations Committee approved 06-27-19)

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 2020 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 \$200,000 to pilot programs in Primary Care (category 1).

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.

Ryan White Part B and State Services Funding – No Funds To Reallocate At This Time (07-16-19)

From: Yvette Garvin <ygarvin@hivtrg.org>
Sent: Tuesday, July 16, 2019 8:45 AM
To: Williams, Victoria (County Judge's Office) <Victoria.Williams@cjo.hctx.net>

No funds to reallocate. We will provide an update if any funds are moved in State Services (ends August 31, 2019) for the final quarter. Ryan White B just started in April so we will look for any reallocation needs for Ryan White B in October.


Thanks,

Yvette Garvin
Executive Director
The Resource Group

From: Williams, Victoria (County Judge's Office) <Victoria.Williams@cjo.hctx.net>
Sent: Monday, July 15, 2019 7:20 PM
To: Yvette Garvin
Cc: Patrick Martin; ShaTerra Fairley
Subject: Any funds to reallocate?

Yvette,
Does the Resource Group have any Ryan White Part B, State Services, or any other funds that need to be reallocated? Please let me know as soon as possible. The packet for the July 25th Priority and Allocations Committee goes in the mail on Thursday, July 18th so I must have the information by then. Typically, the Committee does not meet in August or September so the next opportunity for them to reallocate funds will be in October.

Thanks,
Tori

Tori Williams 
Director, Ryan White Office of Support
2223 West Loop South, Suite 240
Houston, Texas 77027
Ph: 832 927-7926 main
Ph: 832 927-7928 direct
Fx: 713-572-3740
Cell: 832 594-1929
www.rwpchouston.org

FY 2019 RW PART A REQUESTS FOR ALLOCATION INCREASE (July 2019)

REVISED: 7/18/2019

Request Control Number	FY 19 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2018 Final Contract Amount	Expended 2018	Percent Expended	FY 2019 Contract Amount	FY 2019 Expended YTD	FY 2019 Percent YTD	FY 2019 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
1	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$374,536	\$0	\$3,131,926	\$3,131,855	100%	\$3,088,070	\$712,020	23%	33%	Yes	Pcare; MCM; SLW; LPAP
2	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$233,000	\$0	\$2,129,783	\$2,129,777	100%	\$2,062,508	\$525,760	25%	33%	Yes	Pcare; SLW;
3	1.h	Primary Medical Care	Vision	\$40,000	\$0	\$251,000	\$251,000	100%	\$201,000	\$67,300	33%	33%	Yes	
				\$647,536	\$0	\$5,512,709	\$5,512,632		\$5,351,578	\$1,305,080				
Confirmed Funds Avail. for Reallocation				\$374,536	Part A									
Source of Funds Available for Reallocation:				Explanation:										
Anticipated FY 2018 Carryover Funds				\$374,536	Unspent FY 2018 program year funds									

Request for Service Category Increase
Ryan White Part A and MAI

A. Name of Agency (not provided to RWPC)						
B. Contract Number (not provided to RWPC)						
C. Service Category Title (per RFP) PHC Visits by Physician or Physician Extender/MCM/SLW/LPAP Control No.						
D. Request for Increase under (check one): Part A: X of MAI:						
Request Period (check one): April: August: X Oct: Final Qtr:						
E. Amount of additional funding Requested: \$374,536.00						
F. Unit of Service: (list only those units and disbursements where an increase is requested)						
	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
1. Primary Health Care Visits	3092	\$275.00	545	\$149,875.00		
2. Medical Case Management	6162.52	\$25.00	2000	\$50,000.00		
3. Service Linkage Worker	10594.6	\$20.00	2500	\$50,000.00		
4. LPAP Disbursements (see below)				\$0.00		
5.				\$0.00		
6.				\$0.00		
7.				\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)	\$1,073,525.00	N/A	\$124,661.00	\$124,661.00		
9. Total additional funding (must match E. above):				\$374,536.00		
G. Number of new/additional clients to be served with requested increase.						
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served.						
De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.						
1. Number of clients that received this service under Part A (or MAI) in FY 2018.* (March 1, 2018 - February 28, 2019)						
	3704	46%	20%	34%	83%	17%
*If agency was funded for service under Part A (or MAI) in FY 2018 - if not, mark these cells as "NA".						
2. Number of clients that have received this service under Part A (or MAI) in FY 2018.						
a. April Request Period = Not Applicable	2608	45%	19%	36%	83%	17%
b. August Request Period = 03/01/19 - 06/30/19	2200	42%	21%	35%		
c. October Request Period = 03/01/19 - 09/30/19						
d. 4th Qtr. Request Period = 03/01/19 - 11/30/19						

Request for Service Category Increase
Ryan White Part A and MAI

<p>I. Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.</p>	<p>a. Enter Number of Weeks in this column</p>	<p>b. How many Weeks will this be if full amount of request is received?</p>	<p>c. Comments (do not include agency name or identifying information):</p>
<p>1. Length of waiting time (in weeks) for an appointment for a new client:</p>	<p align="center">4</p>		<p>The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.</p>
<p>2. Length of waiting time (in weeks) for an appointment for a current client:</p>	<p align="center">3</p>		<p>The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.</p>
<p>3. Number of clients on a "waiting list" for services (per Part A SOC):</p>	<p align="center">0</p>		<p>The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.</p>
<p>3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):</p>	<p align="center">0</p>		<p>The agency offers a limited number of same day appointment slots for patients.</p>
<p>-----</p>			
<p>J. List all other sources and amounts of funding for similar services currently in place with agency:</p>	<p>a. Funding Source:</p>	<p>b. End Date of Contract:</p>	<p>c. Amount d. Comment (50 words or less):</p>
<p>1.</p>			
<p>2.</p>			
<p>3.</p>			
<p>4.</p>			
<p>-----</p>			
<p>K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax): Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount). This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18</p>			

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: [Grant]: RW1 [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/19 and 6/30/19
 [Age Group]: AgeGrn1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: [Contract 2]: All [Contract 3]: All [Contract 4]: All [Contract 5]: All
 [Sub Cats 1]: All [Sub Cats 2]: All [Sub Cats 3]: All [Sub Cats 4]: All [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	6	0	6	0	0	0	6	0	6	
	20-24	60	3	57	11	1	10	71	4	67	
	25-34	241	8	233	51	3	48	292	11	281	
	35-44	151	6	145	86	3	83	237	9	228	
	45-54	145	3	142	81	1	80	226	4	222	
	55-64	88	1	87	39	1	38	127	2	125	
	65+	14	0	14	9	0	9	23	0	23	
	SubTotals:	705	21	684	277	9	268	982	30	952	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	1	0	1	2	0	2	
	25-34	15	0	15	2	0	2	17	0	17	
	35-44	5	0	5	1	0	1	6	0	6	
	45-54	10	0	10	2	0	2	12	0	12	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	1	0	1	0	0	0	1	0	1	
	SubTotals:	34	0	34	6	0	6	40	0	40	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	2	2	0	0	0	0	2	2	0	
	25-34	3	1	2	0	0	0	3	1	2	
	35-44	2	1	1	0	0	0	2	1	1	
	45-54	5	2	3	0	0	0	5	2	3	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	12	6	6	0	0	0	12	6	6	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	2	0	2	0	0	0	2	0	2	
	35-44	1	1	0	0	0	0	1	1	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	1	0	1	1	1	0	2	1	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	5	1	4	1	1	0	6	2	4	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	2	1	1	0	0	0	2	1	1	
	35-44	1	1	0	0	0	0	1	1	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	4	2	2	0	0	0	4	2	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	8	6	2	1	1	0	9	7	2	
	20-24	68	55	13	6	5	1	74	60	14	
	25-34	308	197	111	22	15	7	330	212	118	
	35-44	275	190	85	31	23	8	306	213	93	
	45-54	302	173	129	34	23	11	336	196	140	
	55-64	135	55	80	16	11	5	151	66	85	
	65+	36	12	24	2	2	0	38	14	24	
	SubTotals:	1,132	688	444	112	80	32	1,244	768	476	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	14	6	8	1	1	0	15	7	8	
	20-24	131	60	71	18	6	12	149	66	83	
	25-34	571	207	364	75	18	57	646	225	421	
	35-44	435	199	236	118	26	92	553	225	328	
	45-54	464	178	286	117	24	93	581	202	379	
	55-64	226	56	170	56	13	43	282	69	213	
	65+	51	12	39	11	2	9	62	14	48	
	SubTotals:	1,892	718	1,174	396	90	306	2,288	808	1,480	

Clients Served This Period

Unduplicated clients:	2288
Client visits: ³	6519
Spanish speaking (primary language at home) clients served:	337
Deaf/hard of hearing clients served:	12
Blind/sight impaired clients served:	34
Homeless clients served:	428
Transgender M to F clients served:	43
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	2138
Clients served this period who live outside Harris County:	150
Active substance abuse clients served:	11
Active psychiatric illness clients served:	49

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	20
Hemophilia Coagulation	2
Transfusion	10
Heterosexual Contact	472
MSM (not IDU)	1110
IV Drug Use (not MSM)	44
MSM/IDU	10
Multiple Exposure Categories	58
Other risk	601
Multi-Race Breakdown	
ASN,WHT	2
BLK,NTV	2
BLK,WHT	7
NTV,WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/19

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2019; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/18.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	ADULT COMPREHENSIVE PRIMARY CARE TARGETING URBAN				Control No.	2
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	July: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$233,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. MD/Phys Extenders	3005	\$275.00	400	\$110,000.00		
	2. PSYCH	804	\$130.00	252	\$32,760.00		
	3. SLW	7982.55	\$20.00	3012	\$60,240.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$256.00	N/A	\$30,000.00	\$30,000.00		
	9. Total additional funding (must match E. above):						\$233,000.00
G.	Number of new/additional clients to be served with requested increase.	150					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2018.* (March 1, 2018 - February 28, 2019) *If agency was funded for service under Part A (or MAI) in FY 2018 - if not, mark these cells as "NA"	2420	63% raw# 1534	9% raw# 206	26% raw# 622	74% raw# 1786	26% raw# 634
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. July Request Period = 03/01/19 - 06/30/19 c. October Request Period = 03/01/19 - 09/30/19 d. 4th Qtr. Request Period = 03/01/19 - 11/30/19	1399	59% raw# 819	9% raw# 124	30% raw# 417	75% raw# 1045	25% raw# 354

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3	0	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing a average of 20-25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 4 weeks without the increase in funding. Currently we have \$235,910.95 in no pay status.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2	0	We would be able to see existing patients within the same week with funding increase.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency: 1. Urban Pcare Contract no pay contract	a. Funding Source: RWGA	b. End Date of Contract: 2/28/20	c. Amount \$235,910.95	d. Comment (50 words or less): Currently this is the dollar amount in the current no pay contract March 2019 - June 2019
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax): Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount). This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency Contract]: All [Service]: ALL [Service Performer]: 0
Services performed between 3/1/19 and 6/30/19¹

[Age Group]: AgeGroup (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: Sub Cats 1]: All [Contract 2]: Sub Cats 2]: All

[Contract 3]: Sub Cats 3]: All

[Contract 4]: Sub Cats 4]: All [Contract 5]: Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	4	0	4	1	0	1	5	0	5	
	20-24	43	3	40	10	0	10	53	3	50	
	25-34	251	7	244	56	2	54	307	9	298	
	35-44	133	6	127	84	3	81	217	9	208	
	45-54	100	4	96	68	1	67	168	5	163	
	55-64	46	1	45	43	0	43	89	1	88	
	65+	5	1	4	3	0	3	8	1	7	
	SubTotals:	582	22	560	265	6	259	847	28	819	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	8	0	8	0	0	0	8	0	8	
	35-44	2	0	2	2	0	2	4	0	4	
	45-54	8	1	7	2	0	2	10	1	9	
	55-64	2	0	2	2	0	2	4	0	4	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	20	1	19	6	0	6	26	1	25	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	2	1	1	0	0	0	2	1	1	
	25-34	7	3	4	2	0	2	9	3	6	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	2	0	2	1	1	0	3	1	2	
	55-64	1	1	0	0	0	0	1	1	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	12	5	7	3	1	2	15	6	9	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	0	1	1	0	1	2	0	2	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	0	0	0	1	0	1	1	0	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	0	1	2	0	2	3	0	3	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0
	55-64	1	0	1	1	0	1	2	0	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	0	1	1	0	1	2	0	2
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	2	0	0	0	0	2	2	0
	20-24	23	20	3	3	1	2	26	21	5
	25-34	126	107	19	12	9	3	138	116	22
	35-44	134	114	20	29	22	7	163	136	27
	45-54	81	56	25	21	15	6	102	71	31
	55-64	54	26	28	11	6	5	65	32	33
	65+	9	4	5	1	0	1	10	4	6
	SubTotals:	429	329	100	77	53	24	506	382	124
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	6	2	4	1	0	1	7	2	5
	20-24	68	24	44	13	1	12	81	25	56
	25-34	393	117	276	71	11	60	464	128	336
	35-44	269	120	149	115	25	90	384	145	239
	45-54	191	61	130	93	17	76	284	78	206
	55-64	104	28	76	57	6	51	161	34	127
	65+	14	5	9	4	0	4	18	5	13
	SubTotals:	1,045	357	688	354	60	294	1,399	417	982

Clients Served This Period

Unduplicated clients:	1399
Client visits: ³	3768
Spanish speaking (primary language at home) clients served:	261
Deaf/hard of hearing clients served:	6
Blind/sight impaired clients served:	7
Homeless clients served:	151
Transgender M to F clients served:	27
Transgender F to M clients served:	1
Clients served this period who live w/in Harris County:	1387
Clients served this period who live outside Harris County:	12
Active substance abuse clients served:	25
Active psychiatric illness clients served:	71

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	9
Hemophilia Coagulation	0
Transfusion	12
Heterosexual Contact	528
MSM (not IDU)	680
IV Drug Use (not MSM)	14
MSM/IDU	1
Multiple Exposure Categories	41
Other risk	182
<u>Multi-Race Breakdown</u>	
ASN,WHT	2
BLK,NTV	4
BLK,WHT	6
NTV,WHT	3

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/19

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2019; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/18.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)					
B.	Contract Number (not provided to RWPC)					
C.	Service Category Title (per RFP):	VISION				Control No.
D.	Request for Increase under (check one):	Part A: X	or	MAI:		
	Request Period (check one):	April:	July: X	Oct:	Final Qtr:	
E.	Amount of additional funding Requested:	\$40,000.00				
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)	
	1. Vision Services	2010	\$100.00	400	\$40,000.00	
	2.				\$0.00	
	3.				\$0.00	
	4.				\$0.00	
	5.				\$0.00	
	6.				\$0.00	
	7.				\$0.00	
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00	
	9. Total additional funding (must match E. above):				\$40,000.00	
G.	Number of new/additional clients to be served with requested increase.	275				
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male
	1. Number of clients that received this service under Part A (or MAI) in FY 2018.* (March 1, 2018 - February 28, 2019) *If agency was funded for service under Part A (or MAI) in FY 2018 - if not, mark these cells as "NA"	1417	56% raw# 796	11% raw# 157	31% raw# 436	71% raw# 1000
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. July Request Period = 03/01/19 - 06/30/19 c. October Request Period = 03/01/19 - 09/30/19 d. 4th Qtr. Request Period = 03/01/19 - 11/30/19	458	55% raw# 251	8% raw# 37	35% raw# 158	71% raw# 327

3

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3-4 weeks	1-2 weeks	We would like to be able to provide new patients services within 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily be expanded to a 4-5 week appointment time without increased funding. Currently we have \$13,500 in no pay for services we are unable to bill for.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase, we would see patients five days a week.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Vision Contract no pay contract	RWGA	2/28/20	\$13,500.00	Currently this is the dollar amount in the current no pay contract March 2019 - June
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency] [Grant]: All [Service]: ALL [Service Performer]: 0
Services performed between 3/1/19 and 6/30/19¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: Sub Cats 1: All [Contract 2]: n/a [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All
[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER								
		MALE		FEMALE		BOTH GENDERS				
		Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp			
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	13	1	12	1	0	1	14	1	13
	25-34	72	2	70	13	0	13	85	2	83
	35-44	30	0	30	27	0	27	57	0	57
	45-54	38	0	38	25	0	25	63	0	63
	55-64	12	1	11	17	0	17	29	1	28
	65+	3	1	2	4	0	4	7	1	6
	SubTotals:	169	5	164	87	0	87	256	5	251
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	3	0	3	0	0	0	3	0	3
	35-44	0	0	0	0	0	0	0	0	0
	45-54	4	0	4	1	0	1	5	0	5
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	7	0	7	1	0	1	8	0	8
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	1	0	0	0	0	1	1	0
	25-34	3	1	2	0	0	0	3	1	2
	35-44	0	0	0	1	0	1	1	0	1
	45-54	0	0	0	1	1	0	1	1	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	2	2	2	1	1	6	3	3
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	1	0	1	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	2	2	0	0	0	0	2	2	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	2	0	1	0	1	3	2	1
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	5	5	0	1	0	1	6	5	1
	25-34	21	20	1	9	7	2	30	27	3
	35-44	54	46	8	15	13	2	69	59	10
	45-54	44	33	11	10	8	2	54	41	13
	55-64	20	12	8	4	3	1	24	15	9
	65+	1	0	1	1	1	0	2	1	1
	SubTotals:	145	116	29	40	32	8	185	148	37
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	19	7	12	2	0	2	21	7	14
	25-34	99	23	76	23	7	16	122	30	92
	35-44	84	46	38	43	13	30	127	59	68
	45-54	88	35	53	37	9	28	125	44	81
	55-64	32	13	19	21	3	18	53	16	37
	65+	4	1	3	5	1	4	9	2	7
	SubTotals:	327	125	202	131	33	98	458	158	300

Clients Served This Period

Unduplicated clients:	458
Client visits: ³	673
Spanish speaking (primary language at home) clients served:	99
Deaf/hard of hearing clients served:	3
Blind/sight impaired clients served:	4
Homeless clients served:	50
Transgender M to F clients served:	7
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	406
Clients served this period who live outside Harris County:	52
Active substance abuse clients served:	7
Active psychiatric illness clients served:	30

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	3
Hemophilia Coagulation	1
Transfusion	5
Heterosexual Contact	193
MSM (not IDU)	206
IV Drug Use (not MSM)	5
MSM/IDU	0
Multiple Exposure Categories	17
Other risk	57
Multi-Race Breakdown	
ASN,WHT	1
BLK,NTV	2
BLK,WHT	2
NTV,WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/19

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2019; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/18.

FY 2019 RW PART MAI REQUESTS FOR ALLOCATION INCREASE (July 2019)

REVISED: 7/18/2019

Request Control Number	FY 19 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2018 Final Contract Amount	Expended 2018	Percent Expended	FY 2019 Contract Amount	FY 2019 Expended YTD	FY 2019 Percent YTD	FY 2019 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
1	1b-1.c	Primary Medical Care	Community-based Primary Medical Care and MCM targeted to African American, and Hispanic	\$18,850	\$0	\$986,468	\$986,459	100%	\$920,841	\$298,310	32%	33%	Yes	MCM Only Request
2	1b-1.c	Primary Medical Care	Community-based Primary Medical Care and MCM targeted to African American, and Hispanic	\$18,861	\$0	\$987,093	\$987,071	100%	\$900,422	\$228,317	25%	33%	Yes	
				\$37,711	\$0	\$1,973,561	\$1,973,530		\$1,821,263	\$526,627				
Confirmed Funds Avail. for Reallocation				\$18,861										
Source of Funds Available for Reallocation:														
FY 2018 Carryover Funds				\$18,861										Explanation: Unspent MAI funds from FY 18 program year

Request for Service Category Increase
Ryan White Part A and MAI

A. Name of Agency (not provided to RWPC)						
B. Contract Number (not provided to RWPC)						
C. Service Category Title (per RFP)	PHC Visits by Physician or Physician Extender/MCM					Control No.
D. Request for Increase under (check one): Request Period (check one):	Part A:	or	MAI:	X		
	April:	August:	X	Oct:	Final Qtr:	
E. Amount of additional funding Requested:	\$18,850.00					
F. Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
1. Medical Case Management	5059.92	\$25.00	754	\$18,850.00		
2.				\$0.00		
3.				\$0.00		
4.				\$0.00		
5.				\$0.00		
6.				\$0.00		
7.				\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)	N/A					
9. Total additional funding (must match E. above):				\$18,850.00		
G. Number of new/additional clients to be served with requested increase.						
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
1. Number of clients that received this service under Part A (or MAI) in FY 2018.* (March 1, 2018 - February 28, 2019) *If agency was funded for service under Part A (or MAI) in FY 2018 - if not, mark these cells as "NA"	1905 2096	31% 60%	21% 0	28% 40%	82% 80%	18% 20%
2. Number of clients that have received this service under Part A (or MAI) in FY 2018.						
a. April Request Period = Not Applicable						
b. August Request Period = 03/01/19 - 06/30/19	680 1006	58% 21%	20% 0	25% 29%	80% 81%	20% 19%
c. October Request Period = 03/01/19 - 09/30/19						
d. 4th Qtr. Request Period = 03/01/19 - 11/30/19						

Request for Service Category Increase
Ryan White Part A and MAI

I. Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):
1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking medical case management services. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.
2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking medical case management services. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.
3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.
J. List all other sources and amounts of funding for similar services currently in place with agency:			
1.	a. Funding Source:	b. End Date of Contract:	c. Amount
2.			d. Comment (50 words or less):
3.			
4.			
K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):			
Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).			
This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18			

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: [Grant]: RW1 [Service]: ALL [Service Performer]: 0
Services performed between 3/1/19 and 6/30/19¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: I [Sub Cats 1]: All [Contract 2]: - [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	6	0	6	0	0	0	6	0	6	
	20-24	43	0	43	9	1	8	52	1	51	
	25-34	217	1	216	28	0	28	245	1	244	
	35-44	119	3	116	56	0	56	175	3	172	
	45-54	93	1	92	54	0	54	147	1	146	
	55-64	63	0	63	16	1	15	79	1	78	
	65+	11	0	11	6	0	6	17	0	17	
	SubTotals:	552	5	547	169	2	167	721	7	714	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	1	0	0	0	0	1	1	0	
	25-34	1	1	0	0	0	0	1	1	0	
	35-44	1	1	0	0	0	0	1	1	0	
	45-54	1	1	0	0	0	0	1	1	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	4	4	0	0	0	0	4	4	0	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	1	1	0	0	0	0	1	1	0	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	1	0	0	0	0	1	1	0	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	1	1	0	0	0	0	1	1	0	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	1	0	0	0	0	1	1	0	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	3	3	0	0	0	0	3	3	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	25	25	0	2	2	0	27	27	0
	25-34	69	69	0	7	7	0	76	76	0
	35-44	77	77	0	9	9	0	86	86	0
	45-54	57	57	0	5	5	0	62	62	0
	55-64	18	18	0	2	2	0	20	20	0
	65+	4	4	0	1	1	0	5	5	0
	SubTotals:	253	253	0	26	26	0	279	279	0
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	9	3	6	0	0	0	9	3	6
	20-24	69	26	43	11	3	8	80	29	51
	25-34	287	71	216	35	7	28	322	78	244
	35-44	199	83	116	65	9	56	264	92	172
	45-54	151	59	92	59	5	54	210	64	146
	55-64	81	18	63	18	3	15	99	21	78
	65+	15	4	11	7	1	6	22	5	17
	SubTotals:	811	264	547	195	28	167	1,006	292	714

Clients Served This Period

Unduplicated clients:	1006
Client visits: ³	1570
Spanish speaking (primary language at home) clients served:	102
Deaf/hard of hearing clients served:	6
Blind/sight impaired clients served:	20
Homeless clients served:	192
Transgender M to F clients served:	18
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	942
Clients served this period who live outside Harris County:	64
Active substance abuse clients served:	6
Active psychiatric illness clients served:	18

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	12
Hemophilia Coagulation	2
Transfusion	7
Heterosexual Contact	231
MSM (not IDU)	463
IV Drug Use (not MSM)	26
MSM/IDU	2
Multiple Exposure Categories	20
Other risk	256
<u>Multi-Race Breakdown</u>	
BLK,WHT	4

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/19

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2019; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/18.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)							
B.	Contract Number (not provided to RWPC)							
C.	Service Category Title (per RFP)	ADULT COMPREHENSIVE PRIMARY CARE MAI					Control No. 2	
D.	Request for Increase under (check one): Request Period (check one):	Part A: April:	or July: X	MAI: X Oct:	Final Qtr:			
E.	Amount of additional funding Requested:	\$18,861.00						
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)			
	1. MD/Phys Extenders	2881	\$275.00	68	\$18,700.00			
	2. MCM	4325.24	\$25.00	6	\$161.00			
	3.				\$0.00			
	4.				\$0.00			
	5.				\$0.00			
	6.				\$0.00			
	7.				\$0.00			
	8. Disbursements (list current amount in column a. and requested amount in column c.)	N/A			\$0.00			
	9. Total additional funding (must match E. above):						\$18,861.00	
G.	Number of new/additional clients to be served with requested increase.	30						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female	
	1. Number of clients that received this service under Part A (or MAI) in FY 2018.* (March 1, 2018 - February 28, 2019) *If agency was funded for service under Part A (or MAI) in FY 2018 - if not, mark these cells as "NA"	1317	67% raw# 877	0% raw# 0	33% raw# 433	75% raw# 993	25% raw# 324	
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. July Request Period = 03/01/19 - 06/30/19 c. October Request Period = 03/01/19 - 09/30/19 d. 4th Qtr. Request Period = 03/01/19 - 11/30/19	790	63% raw#496	0% raw# 0	37% raw# 289	76% raw# 601	24% raw# 189	

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2 - 3	0	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing a average of 25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 3-4 weeks without the increase in funding. Currently we have \$27,225.40 in no pay status.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 2	0	Will be able to see patients same week with funding increase	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. MAI Pcare Contract no pay contract	RWGA	2/28/20	\$27,225.40	Currently this is the dollar amount in the current no pay contract March 2019 - June
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax): Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount). This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updatd 2/12/18				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: [Agency Name] [Contract]: All [Service]: ALL [Service Performer]: 0
Services performed between 3/1/19 and 6/30/19

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: [Contract 1] [Sub Cats 1]: All [Contract 2]: [Contract 2] [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER								
		MALE		FEMALE		BOTH GENDERS		Hispanic	Non-Hisp	
		Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp			
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	1	0	1	2	0	2
	20-24	31	3	28	5	0	5	36	3	33
	25-34	160	3	157	37	1	36	197	4	193
	35-44	77	1	76	48	2	46	125	3	122
	45-54	62	4	58	41	1	40	103	5	98
	55-64	25	0	25	17	0	17	42	0	42
	65+	4	1	3	3	0	3	7	1	6
	SubTotals:	360	12	348	152	4	148	512	16	496
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	1	0	0	0	0	1	1	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	1	0	0	0	0	1	1	0
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	1	0	0	0	0	1	1	0
	25-34	4	2	2	1	0	1	5	2	3
	35-44	0	0	0	0	0	0	0	0	0
	45-54	2	0	2	0	0	0	2	0	2
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	8	4	4	1	0	1	9	4	5
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	1	0	0	0	0	1	1	0
	20-24	19	19	0	0	0	0	19	19	0
	25-34	84	84	0	6	6	0	90	90	0
	35-44	69	69	0	16	16	0	85	85	0
	45-54	40	40	0	12	12	0	52	52	0
	55-64	15	15	0	2	2	0	17	17	0
	65+	4	4	0	0	0	0	4	4	0
	SubTotals:	232	232	0	36	36	0	268	268	0
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	1	1	1	0	1	3	1	2

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
ALL RACES	20-24	51	23	28	5	0	5	56	23	33
	25-34	248	89	159	44	7	37	292	96	196
	35-44	146	70	76	64	18	46	210	88	122
	45-54	105	45	60	53	13	40	158	58	100
	55-64	41	16	25	19	2	17	60	18	42
	65+	8	5	3	3	0	3	11	5	6
	SubTotals:	601	249	352	189	40	149	790	289	501

Clients Served This Period

Unduplicated clients:	790
Client visits: ³	1204
Spanish speaking (primary language at home) clients served:	193
Deaf/hard of hearing clients served:	1
Blind/sight impaired clients served:	1
Homeless clients served:	72
Transgender M to F clients served:	11
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	788
Clients served this period who live outside Harris County:	2
Active substance abuse clients served:	14
Active psychiatric illness clients served:	45

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	5
Hemophilia Coagulation	0
Transfusion	4
Heterosexual Contact	303
MSM (not IDU)	396
IV Drug Use (not MSM)	4
MSM/IDU	0
Multiple Exposure Categories	17
Other risk	92
<u>Multi-Race Breakdown</u>	
BLK,ASN	1
BLK,NTV	2
BLK,WHT	5
NTV,WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 6/30/19

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2019; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/18.

2019 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(Submitted July 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