

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12 noon, Thursday, May 27, 2021

Join the Zoom meeting at:

<https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltz09>

Meeting ID: 893 7471 3843

Passcode: 339238

Or call in at: 346 248-7799

AGENDA

-
- I. Call to Order Bobby Cruz and
Peta-gay Ledbetter, 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/MAI Carin Martin
- B. Update on the FY 2021 Ryan White Grants
- C. Reports from the Grant Recipient, Ryan White Part B & SS* Sha'Terra Johnson
- D. Determine June Meeting Dates – See attached calendar Tori Williams
- 1) Special Meetings: June 7 – 18, 2021
- 2) June Committee Meeting: 12 noon, Thurs. June 24, 2021
- 3) Record Public Hearing: _____
- 4) Special Meeting if comments: _____, Tues. June 29, 2021
- V. Priority Setting Process
- A. Review the policy for setting priorities
- B. Determine FY 2022 Service Priorities
- 1) Review 2020 Needs Assessment Data – see enclosed email
- 2) Public Comment – must be directly related to either the midpoints or the numerical ranking of a particular service
- 3) Vote on the FY 2022 service priorities

(Continued)

- VI. New Business
 - A. Proposed Idea Form
 - B. Quarterly Committee Report
- VII. Announcements
- VIII. Adjourn

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12:00 p.m., Thursday, April 22, 2021
Meeting Location: Zoom Teleconference

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Peta-gay Ledbetter, Co-Chair	Bobby Cruz, Excused	<i>The Resource Group</i>
Ardry Skeet Boyle	Roxane May, Excused	Sha'Terra Johnson
Mauricia E. Chatman	Robert Sliepka, Excused	Crystal Townsend
Kimberley Collins		
Josh Mica		<i>Ryan White Grant Admin</i>
Bruce Turner		Carin Martin
		Heather Keizman
		Rebecca Edwards
		<i>Office of Support</i>
		Tori Williams
		Ricardo Mora
		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 12:06 p.m. and asked for a moment of reflection.

Adoption of the Agenda: **Motion #1:** *it was moved and seconded (Chatman, Turner) to approve the agenda with one change - move Report from the Part A Administrative Agency and Reallocate Ryan White Part A Funds to before III. Old Business. Motion carried unanimously.*

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Turner, Chatman) to approve the March 25, 2021 minutes. Motion carried. Abstentions: Boyle, Collins*

Public Comment and Announcements: Williams said there was a comment from Steven Vargas related to the How to Best Meet the Need workgroup results. Vargas stated that the service utilization and cost per client numbers for 2020 are unusual due to the pandemic so committees should be careful when considering the 2020 numbers as they may not be as solid as they usually are. For instance, many clients utilized telehealth instead of going in for services.

Report from the Administrative Agency - Part A/MAI

Updates on the FY 2020 and 2021 Grant Awards: Martin said that they are still in the process

of finalizing FY 2020 so the procurement report in the committee packet is still the most current. Due to Covid-19 in 2020 we do anticipate a lot of unspent funds but we have a plan for that. HRSA has waived the unspent funding penalty, which helps a lot. If Houston does go over 5% of formula in carryover we have an agreement in place to offer reimbursement of ADAP medications for Houston area clients. For FY 2021, Martin is now in receipt of the full notice of grant award, which includes a slight overall decrease but is more substantial for the supplemental, about \$137,175. Her office has implemented the decrease funding scenario for FY 2021 and sent copies to the Office of Support for distribution.

Reallocate Ryan White Part A funds: Turner said that since the amount is so small, it might make sense to table the item until the Committee can include carryover funds in the reallocation process. Martin added that agencies have not yet received their full contract awards so at this point they are requesting additional funds when they don't have a number for their full contract. ***Motion #3: it was moved and seconded (Turner, Mica) to delay reallocation of the \$90,000 in Part A funding available for reallocation until the committee meets to allocate carryover funds in July.***
Motion Carried.

Old Business

Follow up email from C. Henley: See attached.

Client's Rights Cards in English and Spanish: Williams said they were left out of the packet. She will see if they can be emailed to the committee.

Report from the Administrative Agency – Part B/State Services: See attached reports included in the meeting packet. Johnson said that they are in the process of closing Part B which ended March 31st. There are four months remaining in this year for State Services funding.

Announcements: Williams said that reallocation recommendations would have been the only agenda item for the upcoming Steering Committee and Council meetings. Since the Committee voted to delay the reallocation process. the May Steering and Planning Council meetings will be cancelled.

Adjournment: Motion: *it was moved and seconded (Turner, Chatman) to adjourn the meeting at 12:26 p.m.* **Motion Carried.**

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Scribe: Beck

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

2021 Priority & Allocations Committee Voting Record for 04/22/21

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Delay reallocation of Part A funds 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
Ardry Skeet Boyle		X						X		X		
Mauricia E. Chatman		X				X				X		
Kimberley Collins		X						X		X		
Roxane May	X				X				X			
Josh Mica		X				X				X		
Robert Sliepka	X				X				X			
Bruce Turner		X				X				X		



Houston Ryan White Planning Council
Priority Setting Process
May 27, 2021

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.

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.



Ryan White Part B, C, D HOPWA and State Services Grant Administrative Agency

RWPC Steering Committee & Council Report

May 2021

1. Administrative Agency Update

a. TRG Reports Submission:

▪ Procurement

1. Ryan White State Services September 1-August 31:

a. FY 20-21 Spending Through February 2021 provided 5/18/2021

2. Ryan White Part B April 1-March 31:

a. FY 20-21 Spending Through February 2021 provided 5/18/2021

▪ Service Utilization Quarterly Report

1. Ryan White State Services September 1-August 30:

a. FY 2021 1st Quarter provided 12/14/2020 (Sept-Nov)

b. FY 2021 2nd Quarter (Dec-Feb)

c. FY 2021 3rd Quarter (Mar-May) Coming June 2021

d. FY 2021 4th Quarter FINAL (Jun-Aug) Coming September 2021

2. Ryan White Part B April 1-March 31:

a. FY 2021 1st Quarter (Apr-Jun)

b. FY 2021 2nd Quarter (Jul-Sept)

c. FY 2021 3rd Quarter (Oct-Dec) provided 3/3/2021

d. FY 2021 4th Quarter RWB (Jan-Mar)-FINAL 5/18/2021

▪ Health Insurance Assurances Service Utilization Monthly Report

a. FY 20-21 Usage Through February 2021 provided 3/30/21

**All reports provided to RWPC OOS*

Contact Information
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713-526-1016

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plmartin@hivtrg.org

Sha'Terra Johnson, LMSW, Health Planner

sjohnson@hivtrg.org



Ryan White Part B, C, D HOPWA and State Services Grant Administrative Agency

- 2. DSHS Funding Ryan White Part B & State Services Update**
 - RWB contracts signed
 - a. EIS Implementation Workgroup**
 - The EIS Workgroup is continuing the development of its evaluation project with BCM and AETC. EIS Team is conducting a Medication Questionnaire through April 8th. The questionnaire results will be tabulated and presented to stakeholders in June.
 - b. Houston ADAP Enrollment Workers:**
 - Regional ADAP/Eligibility Liaison Hailey Malcolm Contact email hmalcolm@hivtrg.org
 - All Houston RW agencies are fully staffed with an AEW
 - THMP is reviewing public comment and feedback for the new ADAP application; final approval is pending.
 - THMP is continuing to use Emergency application. Effective 3/1/21 all applications must include support documentation.
 - THMP is delaying the elimination of spend down through at least June 2021
 - AEW Workers are leveraging PAP programs and EFA due to THMP application approval delays
- 3. HRSA Funding Ryan White Part D**
 - a. The Positive VIBE Project (PVP) of Houston and Galveston Update (Ryan White Part D)**
 - No updates
- 4. DSHS Funding HOPWA**
 - a. HOPWA Bridge Re-Entry Initiative (BRI) Project**
 - No Update.

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Ryan White Part B, C, D HOPWA and State Services Grant Administrative Agency

HOUSTON AREA HIV MEDICATION ASSISTANCE PROGRAMS

Every resource has their own eligibility and usage requirements.

Every Ryan White funded clinic has ADAP Enrollment Workers (AEW's) and Case Managers that can help with accessing all medication options.

1 HARBORPATH / COMPASSIONATE CARE PROGRAM

- A non-profit that provides medications assistance.
- <https://www.harborpath.org/>

2 GILEAD PATIENT ASSISTANCE PROGRAM

- A Gilead program that helps individuals with their medications, regardless of insurance status.
- <https://www.gileadadvancingaccess.com/>

3 LOCAL PHARMACY ASSISTANCE PROGRAM (LPAP)

- An LPAP is a program to ensure that clients obtain medications when other means to get medications are unavailable or insufficient.
- Contact your local Ryan White provider.

4 EMERGENCY FINANCIAL ASSISTANCE FOR MEDICATION

- Provides short-term medication assistance to individuals with an urgent need.
- Generally used while waiting on ADAP approval or denial.
- Contact your local Ryan White provider.

5 AIDS DRUG ASSISTANCE PROGRAM (ADAP)

- Texas HIV Medication Program that provides HIV medication long term for individuals with limited or no health insurance.
- Contact your local Ryan White provider.

6 HEALTH INSURANCE ASSISTANCE

- A Ryan White funded service that helps people living with HIV pay for costs associated with public and private health insurance.
- Contact: (832) 548-5111



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Ryan White Part B, C, D HOPWA and State Services Grant Administrative Agency



Community Initiatives

- 1. Trauma-Informed Care Initiative**
 - a. TRG is conducting a three-session training series regarding Having Difficult Discussions including Having Difficult Dialogues, Exploring Privileged Identities, and Disrupting Implicit Bias.
- 2. create+equity Collaborative**
 - a. TRG has identified and oriented its 3 Living Experience Experts for the local c+e Team. The provider experts are being finalized this month.
- 3. Serving the Recently Released and Incarcerated**
 - a. The March SIRR Meeting was information heavy due to the cancellation of the February Meeting. To be added to the distribution list for meeting announcements, contact Felicia Booker fbooker@hivtrg.org
- 4. Texas Black Women's Health Initiative (TxBWHI) Houston Team**
 - a. Contact Sha'Terra Johnson tbwihouston@gmail.com
- 5. END HIV Houston (END)**
 - a. To be added to the distribution list for meeting announcements, contact Crystal Townsend ctownsend@hivtrg.org
 - b. Upcoming work group meetings:
 - i. Criminal Justice –
 - ii. Policy & Research (P&R) –
 - iii. Access to Care (A2C) –
 - iv. Prevention –

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The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2021 DSHS State Services
Procurement Report
September 1, 2020 - August 31, 2021



Chart reflects spending through February 2021

Spending Target: 50%

Revised 4/26/2021

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	43%	\$0	\$864,506	\$0	\$864,506	9/1/2020	\$0	0%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	\$0	\$300,000	9/1/2020	\$59,203	20%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2020	\$93,014	53%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$0	\$259,832	9/1/2020	\$109,560	42%
	Non Medical Case Management	\$350,000	17%	\$0	\$350,000	\$0	\$350,000	9/1/2020	\$129,130	37%
15	Linguistic Services (4)	\$68,000	3%	\$0	\$68,000	\$0	\$68,000	9/1/2020	\$21,173	31%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	\$0						
Total Houston HSDA		2,017,338	100%	\$0	\$2,017,338	\$0	\$2,017,338		412,079	20%

Note

- (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.
- (2) Mental Health - One month behind in reporting and service is under utilized.
- (3) Non-Medical Case Management- Service utilization has decreased due to the interruption of COVID-19.
- (4) Linguistic- Service utilization has decreased due to the interruption of COVID-19.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2021 Ryan White Part B
Procurement Report
April 1, 2020 - March 31, 2021



Reflects spending through February 2021

Spending Target: 91%

Revised

4/26/21

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care (1)	\$1,758,878	52%	\$0	\$1,758,878	\$0	\$1,758,878	4/1/2020	\$936,100	53%
	Oral Health Care -Prosthodontics	\$460,000	14%	\$0	\$460,000	\$0	\$460,000	4/1/2020	\$392,600	85%
5	Health Insurance Premiums and Cost Sharing	\$1,028,433	31%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2020	\$864,237	84%
8	Home and Community Based Health Services (2)	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2020	\$52,640	46%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	\$0	\$0					
Total Houston HSDA		3,360,626	100%	0	3,360,626	\$0	\$2,900,626		2,245,577	77%

Note: Spending variances of 10% of target will be addressed:

- (1) OHC- Service utilization has decreased due to the interruption of COVID-19. Expected increase in billing for final two months.
- (2) HCB- Service utilization has decreased due to the interruption of COVID-19.

*Note TRG may reallocated funds to avoid lapse in funds

2020-2021 Ryan White Part B Service Utilization Report
4/1/2020- 3/31/21 Houston HSDA (4816)
4th Quarter

Revised 4/22/2021

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	F/TM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums	1,600	1,236	31.41%	18.02%	0.00%	0.57%	39.32%	26.37%	31.47%	2.84%	0.00%	0.11%	0.64%	13.10%	17.88%	28.31%	29.69%	10.27%
Home and Community Based Health Services	33	20	65.00%	35.00%	0.00%	0.00%	70.00%	10.00%	20.00%	0.00%	0.00%	0.00%	5.00%	0.00%	40.00%	45.00%	10.00%	
Oral Health Care	4,860	2,923	71.58%	26.83%	0.05%	1.54%	52.95%	13.10%	32.36%	1.59%	0.00%	0.11%	1.34%	17.98%	21.95%	25.37%	24.35%	8.40%
Unduplicated Clients Served By State Services Funds:	NA	1,839	72.66%	26.62%	0.02%	0.70%	54.09%	16.49%	27.94%	1.48%	0.00%	0.07%	2.49%	10.36%	13.28%	31.23%	33.01%	9.56%

Completed By: Tabatha Ramirez

UPDATED:
05/18/21

Unless otherwise
noted, all meetings
in June will be held
via Zoom

June

2021

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
		1	2	3 12 noon z Steering	4	5 Nat'l HIV Long- Term Survivor Awareness Day
6	7 10:00 a.m. z Staff Meeting	8 Court Nat'l Caribbean American HIV Awareness Day	9	10 12 noon z Planning Council 2:00 p.m. z Comp HIV Planning	11	12
13	14 10:00 a.m. z Staff Meeting 12 noon z Affected Community	15 11:00 a.m. z Operations 1:00 p.m. z Quality Improvement	16	17 11:00 a.m. – 1:00 p.m. AFH Youth Group 5:00 p.m. z Team Building	18	19
20	21	22 12:00 p.m. In-person Staff Meeting	23 9:00 a.m. SIRR Meeting GoToMeeting	24 12 noon z Priority & Allocations	25	26
27 National HIV Testing Day	28 10:00 a.m. z Staff Meeting 7:00 p.m. Public Hearing	29 Court TBD z Priority & Allocations	30			

FY 2022 Priority Setting Process

(Council approved 04-08-21)

1. Agree on the priority-setting process.
2. Agree on the principles to be used in the decision making process.
3. Agree on the criteria to be used in the decision making 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.

Williams, Victoria (County Judge's Office)

From: Harbolt, Amber (County Judge's Office)
Sent: Monday, April 27, 2020 5:21 PM
To: Williams, Victoria (County Judge's Office)
Subject: Changes in Service Priority Worksheet Between 2016 and 2020
Attachments: Rankings - DRAFT 1 - 04-27-20.xls

Hi Tori,

Here are the changes in the service priority rankings between the 2016 and 2020 Needs Assessments. The rankings and data used are also saved in the J drive.

Core Medical Services:

- Health Insurance Assistance increased from Rank #4 (HLH) to Rank #3 (HLL). This is because service accessibility fell below the midpoint.
- Early Intervention Services decreased from Rank #7 (LLH) to Rank #8 (LLL). This is because service accessibility fell below the midpoint. As you may recall from the priority setting guide, there is less priority for addressing low service accessibility when there is low need and low utilization for the service, as opposed to higher priority for keeping high accessibility for services with low need and low utilization.
- Similarly, Medical Nutritional Therapy increased from Rank #8 (LLL) to Rank #7 (LLH). This is because service accessibility was at or above the midpoint.

Support Services:

- Rank #8 (LLL) was established for Outreach Services. This service was previously unranked as it was not assessed in the 2016 Needs Assessment.
- Medical Transportation increased from Rank #7 (LLH) to Rank #3 (HLL). This is because service need was at or above the midpoint, while service accessibility fell below the midpoint.
- Linguistics decreased from Rank #7 (LLH) to Rank #8 (LLL). This is because service accessibility fell below the midpoint.
- Rank #4 (HLH) was established for Emergency Financial Assistance. This service was previously unranked as it was not assessed in the 2016 Needs Assessment. Please note that this is Emergency Financial Assistance as currently designed in the Houston EMA for medication assistance only.
- Rank #2 (HHH) was established for Referral for Health Care and Support Services (ADAP Enrollment Workers). This service was previously unranked as it was not assessed in the 2016 Needs Assessment.

Thank you,

Amber L. Harbolt, MA

Health Planner

Ryan White Planning Council

Office of Support

2223 West Loop South, Ste 240

Houston, TX 77027

832 927-7929 ofc

713 572-3740 fax

www.rwpchouston.org

Worksheet for Determining FY 2022 Service Priorities

Core Services	HL Scores	HL Rank	Approved FY 2020 Priorities	Approved FY 2021 Priorities	Proposed FY 2022 Priorities	Justification
Ambulatory/Outpatient Medical Care	HHH	2	1	1		
Medical Case Management	HHH	2	2	2		
Local Pharmacy Assistance Program	HHH	2	3	3		
Oral Health Services	HLL	3	4	4		
Health Insurance	HLL	3	5	5		
Mental Health Services	HLH	4	6	6		
Early Intervention Services (jail)	LLL	8	7	7		FY21 Justification: TRG and SIRR have prioritized improving coordination system in Early Intervention Services.
Medical Nutritional Therapy	LLH	7	10	8		FY21 Justification: Higher utilization for Medical Nutrition Therapy compared to Adult Day Treatment and Substance Abuse Treatment
Day Treatment	LLH	7	8	9		
Substance Abuse Treatment	LLH	7	9	10		
Hospice*	-	-	11	11		

Support Services	HL Scores	HL Rank	Approved FY 2020 Priorities	Approved FY 2021 Priorities	Proposed FY 2022 Priorities	Justification
Referral for Health Care & Support Services	HHH	2	14	12		FY21 Justification: The ADAP Eligibility Workers funded through Referral for Health Care & Support Services support access to life-sustaining HIV medications.
Non-medical case management	HHH	2	15	13		
Medical Transportation	HLL	3	16	14		
Emergency Financial Assistance	HLH	4	13	15		
Linguistics Services	LLL	8	17	16		
Outreach	LLL	8	12	17		

*Hospice does not have HL Score or HL Rank.

DRAFT Key to Priority Setting Using 2016 Needs Assessment Data
(May 16, 2019)

Criteria	Definition	Data Source	Formula
1. Need	Proportion of consumers reporting a need for the service in the past 12 months	Needs Assessment	$(a + b)/N = x*100$ (rounded) a = total # of NA respondents selecting “I needed this service, and it was easy to get” per service category b = total # of NA respondents selecting “I needed this service, and it was difficult to get” per service category N = total # of NA respondents x = percent indicating a need for the service per service category
2. Use	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)
3. Availability	Proportion of consumers reporting the service was easy to access in the past 12 months	Needs Assessment	$n/N = x*100$ (rounded) n = total # of NA respondents selecting “I needed this service, and it was easy to get” per service category N = total # of NA respondents indicating need for the service per service category (see $a + b$ above) x = percent indicating service accessibility per service category

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.

Needs Assessment Data for FY 2021 Priorities

04-27-20

Need		Accessibility	
<u>Service Category</u>	<u>Proportion</u>	<u>Service Category</u>	<u>Proportion</u>
<i>Medical</i>		<i>Medical</i>	
Case management	73	Case management	92
Day treatment	32	Day treatment	90
Early intervention (jail only)	9	Early Intervention (jail only)	78
Health insurance assistance	57	Health insurance assistance	84
Local medication assistance	79	Local medication assistance	94
Medical nutrition therapy	36	Medical nutrition therapy	86
Mental health services	51	Mental health services	90
Oral health care	72	Oral health care	80
Primary care	89	Primary care	90
Substance abuse services	24	Substance abuse services	86
	Mean		Mean
	52		87
<i>Non-Medical</i>		<i>Non-Medical</i>	
Emergency Financial Assistance	79	Emergency Financial Assistance	94
Linguistic Services	5	Linguistic Services	89
Non-Medical Case Management	73	Non-Medical Case Management	92
Outreach Services	5	Outreach Services	89
Referral for Health Care & Support Services	68	Referral for Health Care & Support Services	97
Transportation	48	Transportation	86
	Mean		Mean
	46		91

HOUSTON EMA/HSDA Needs Assessment Rankings

Chart for Determining FY2021 Service Priorities

Core Service	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes	Ranking	
Primary Care	89	9,384	90	H	H	H	HHH	2			HHL	1
Medical/Clinical Case Management	73	6,712	92	H	H	H	HHH	2			HHH	2
Local Medication Assistance	79	5,119	94	H	H	H	HHH	2			HLL	3
Oral Health Services	72	3,830	80	H	L	L	HLL	3			HLH	4
Health Insurance	57	2,374	84	H	L	L	HLL	3			LHL	5
Mental Health Services	51	288	90	H	L	H	HLH	4			LHH	6
Day Treatment	32	27	90	L	L	H	LLH	7			LLH	7
Substance Abuse Treatment	24	27	86	L	L	H	LLH	7			LLL	8
Medical Nutritional Therapy	38	491	86	L	L	H	LLH	7				
Early Intervention Services (jail)	9	677	78	L	L	L	LLL	8				
Hospice		28			L							
Proposed MIDPOINTS	49	4,706	86									

Support Service	Need	Use	Access Ease	Need	Use	Access Ease	High-Low Scores	HL Rank	Tie Breaker	Changes
Non-medical Case Management*	73	9,132	92	H	H	H	HHH	2		
Referral for Health Care & Support Services	68	6,286	97	H	H	H	HHH	2		
Medical Transportation	48	3,126	86	H	L	L	HLL	3		
Emergency Financial Assistance	79	1,527	94	H	L	H	HLH	4		
Linguistics Services	5	54	89	L	L	L	LLL	8		
Outreach Services	5	779	89	L	L	L	LLL	8		
Proposed MIDPOINTS	42	4,593	92							

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

Setting Priorities

Table 1 below serves as an initial guide for the prioritization process. Services have been ranked based upon needs assessment survey information collected in 2014

Table 1: Prioritizing Needs								
Possible Scenarios	1	2	3	4	5	6	7	8
<i>Need</i>	High	High	High	High	Low	Low	Low	Low
<i>Use</i>	High	High	Low	Low	High	High	Low	Low
<i>Ease in Accessing</i>	Low	High	Low	High	Low	High	High	Low
<ol style="list-style-type: none"> 1. HHL – Clients indicate this as a high need and that it is readily used in the area. However, clients indicate that the service is difficult to access. 2. HHH - Clients indicate this as a highly needed service in the area. Clients also indicate that the service is readily used in their area and high access to service. Thus, ranking it second highest to ensure that this service continues to be accessible. 3. HLL – Clients indicate this as a high need, but the service is not readily used in the area. In addition, clients indicate that the service is not very accessible. 4. HLH – Clients indicate this as a high need and that the service is not readily used. However, clients indicate a high access to this service. 5. LHL – Clients indicate this as a low service need, but that it is readily used. However, clients indicate the service is difficult to access. 6. LHH – Clients indicate this as a low need, and that it is readily used in the area. In addition, clients indicate a high access to this service. 7. LLH – Clients indicate this as a low need and that the service is not readily used. In addition, clients indicate a high access to this service. It is there if needed. 8. LLL – Clients indicate this as a low need and the service is not readily used in the area. In addition, clients indicate difficulty to accessing this service. Not readily needed nor used thus low priority of having it accessible. 								

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:

2021 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(Submitted May 2021)

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 2022 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 2022 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status:

6. *Review the FY 2021 priorities as needed.
Status:

7. *Review the FY 2021 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