

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
2223 West Loop South, Suite 240, Houston, Texas 77027  
832 927-7926 telephone; 713 572-3740 fax  
<http://rwpchouston.org>

**Memorandum**

To: Members, Priority and Allocations Committee:  
Bobby Cruz, Co-Chair                      Josh Mica  
Peta-gay Ledbetter, Co-Chair              Paul Richards  
Allen Murray                                  Bruce Turner  
Roxane May                                      Megan Rowe  
Ronnie Galley

Copy: Crystal R. Starr                              Sha'Terra Johnson  
Diane Beck                                      Carin Martin  
Mackenzie Hudson                              Rodney Goodie  
Glenn Urbach                                      Ann Robison  
Mauricia Chatman                              Johnetta Evans-Thomas  
Tiffany Shepherd

From: Tori Williams

Date: Thursday, June 1, 2023

Re: Meeting Announcements

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This memo is a reminder that there will be a number of Priority and Allocations Committee meetings from June 12 until June 28, 2023. Enclosed you will find agendas and other materials which you will need for all of the Special meetings. All of the June meetings will be hybrid so you can participate via Zoom or in-person at the old office in the Galleria area. See the top of all meeting agendas for detailed information. Whatever you decide, please be sure to RSVP to Rod for all meetings.

**Special Priority & Allocations Committee Meetings (see enclosed agendas with Zoom links)**

To develop the FY 2024 allocations for Part A, B, MAI & State Services

- 12 noon - 4 pm, Monday, June 12, 2023
- 12 noon – 4 pm, Tuesday, June 13, 2023
- TENTATIVE: 12 noon – 4 pm, Wed. June 14, 2023

**Regularly Scheduled Committee Meeting (see enclosed agenda with Zoom link)**

The whole Committee will review and vote on the FY 2024 allocations developed at the special meetings.

- 12 noon, Thursday, June 22, 2023

**Final Special Meeting (see enclosed agenda with Zoom link)**

To review public comment and possibly amend the recommended FY 2024 priorities and allocations before they receive final approval at the July Steering Committee and Council meetings.

- 12 noon, Wednesday, June 28, 2023 – look for an email from Rod as this meeting is cancelled if we receive no public comment.

Please let Rod know if you will or will not be in attendance. We appreciate your valuable time and look forward to seeing you regularly in June!

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

12 noon – 4 pm, Monday, June 12, 2023

Click on this link to join **Zoom Meeting**:

<https://us02web.zoom.us/j/88366014571?pwd=SFpVNkxuNVpTcGFzWjZ0Uk82V0g1Zz09>

Meeting ID: 883 6601 4571    Passcode: 164456    Or call: 346 248-7799

**In-Person Meeting** will be at the old office at 2223 W. Loop South, Suite 240, Houston, TX 77027

**AGENDA**

- .....
- I. Call to Order Bobby Cruz and  
Peta-Gay Ledbetter, Co-Chairs
    - A. Moment of Reflection
    - B. Approval of Agenda
    - C. Review Meeting Goals Tori Williams, Director, OoS
  
  - II. Public Comment - (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up in the Chat Box. Or, send a text to: 832 594-1929. 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. The Chair has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)
  
  - III. Review Other Ryan White Planning Committee Recommendations Tori Williams
    - A. Changes Recommended for the FY 2024 Service Definitions
  
  - IV. Updates from the Administrative Agents Glenn Urbach, RWGA  
Tiffany Shepherd, TRG
    - A. Ryan White Part A/MAI Funding
    - B. Ryan White Part B and State Services Funding
  
  - V. Draft Allocations for FY 2024 Part A/MAI, Part B & State Services Funding Glenn and Tiffany
    - A. Any Staff Recommendations?
    - B. Optional: Determine the philosophy for allocating FY 2024 funds
    - C. Create the FY 2024 Level Funding Scenario
      - 1) Part A and MAI
      - 2) Part B and State Services
    - D. Create the FY 2024 Increase Funding Scenario
    - E. Create the FY 2024 Decrease Funding Scenario
  
  - VI. Announcements
    - A. IMPORTANT: June Priority and Allocation Committee Meeting Dates and Times:
      - 12 – 4 pm, Tuesday, June 13, 2023, Special Meeting
      - TENTATIVE: 12 – 4 pm, Wed., June 14, 2023, Special Meeting
      - 12 noon, Thursday, June 22, 2023 - Committee votes on FY 2024 Allocations
      - Tentative: 10 am, Wed., June 28, 2023 – Review public comment

VII. Adjourn

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

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- III.    Continue Drafting Allocations for FY 2024 Part A/MAI, Part B & State Services Funding Glenn or Tiffany
- A. Any Staff Recommendations?
- B. Finish the FY 2024 Level Funding Scenario
- 1) Part A and MAI
- 2) Part B and State Services
- C. Finish the FY 2024 Increase Funding Scenario
- D. Finish the FY 2024 Decrease Funding Scenario
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- 12 noon, Thursday, June 22, 2023 - Committee votes on FY 2024 Allocations
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Houston Area HIV Services Ryan White Planning Council  
Priority & Allocations Committee Meeting

DRAFT

TENTATIVE

12 noon, Wednesday, June 14, 2023

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Office of Support

II. Public Comment

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III. Draft Allocations for FY 2024 Part A/MAI, Part B & State Services Funding

- A. Finish the FY 2024 Level Funding Scenario  
1) Part A and MAI  
2) Part B and State Services  
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  - A. Review the FY 2024 Level Funding Scenario
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- V. Announcements
  
- VI. Adjourn

## Houston Area HIV Services Ryan White Planning Council

### FY 2024 How to Best Meet the Need Quality Improvement Committee Service Category Recommendation Summary (as of 05/10/23)

#### ***Those services for which no change is recommended include:***

Case Management (Medical, Clinical, Non-Medical Service Linkage, and Non-Medical Targeting Substance Use Disorders)

Hospice Services

Local Pharmacy Assistance Program (LPAP)

Medical Nutritional Therapy/Supplements

Mental Health Services

Oral Health (Untargeted and Targeting the Northern Rural Area)

Outreach

Referral for Health Care (ADAP Enrollment Workers and Incarcerated)

Substance Abuse Treatment

Vision Care

#### ***Services with recommended changes include the following:***

**Ambulatory Outpatient Medical Care** (which includes Emergency Financial Assistance - Pharmacy Assistance)

- ⚡ Add text to the service definition for EFA-Pharmacy stating that, within a single fiscal year, waivers can be submitted to the Administrative Agent requesting an extension of the 30 day time limit. If multiple waivers are required, they do not need to be submitted consecutively. Keep the financial eligibility the same: Primary Care = 300%, EFA-Pharmacy = 500%

#### **Emergency Financial Assistance – Other**

- ⚡ Keep the service definition and financial eligibility the same at 400%, with the understanding that the Planning Council may add additional services based upon additional information, which is to be provided soon.

#### **Health Insurance Premium and Cost Sharing Assistance**

- ⚡ Keep the service definition and financial eligibility the same: 0 - 400%, ACA plans must have a subsidy, and also request that the Integrated Plan's HIV Education Council increase awareness of this service among private physicians.

#### **Linguistic Services**

- ⚡ Keep the service definition the same and increase the financial eligibility to 500%. Also, explore ways to use virtual technology as much as possible to make this service more accessible and easier for consumers to use. And, ask the Quality Improvement Committee to explore language justice principles in order to make all Ryan White funded services inclusive of people from all cultures.

#### **Transportation**

- ⚡ Add ride sharing to the service definition and keep the financial eligibility the same at 400%.

## Table of Contents

### FY 2024 Houston EMA/HSDA Service Categories Definitions Ryan White Part A, Part B and State Services

<u>Service Definition</u>	<b>Approved FY23 Financial Eligibility</b> Based on federal poverty guidelines	<b>Recommended FY24 Financial Eligibility</b> Based on federal poverty guidelines	<b>Page #</b>
Ambulatory/Outpatient Medical Care (includes Medical Case Management <sup>1</sup> , Service Linkage <sup>2</sup> , Outreach <sup>3</sup> , EFA-Pharmacy Assistance <sup>4</sup> , Local Pharmacy Assistance <sup>5</sup> ) - Part A - CBO - Public Clinic - Rural	<b>300%</b> (None <sup>1</sup> , None <sup>2</sup> , None <sup>3</sup> , 500% <sup>4</sup> , 500% <sup>5</sup> )	<b>300%</b> (None <sup>1</sup> , None <sup>2</sup> , None <sup>3</sup> , 500% <sup>4</sup> , 500% <sup>5</sup> )	<b>1 18 35</b>
Case Management: - Clinical - Part A - Non-Medical (Service Linkage at Testing Sites) - Part A - Non-Medical (targeting Substance Use Disorders) - State Services	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>51 57 63</b>
Emergency Financial Assistance (EFA) - Other - Part A	<b>400%</b>	<b>400%</b>	<b>68</b>
Health Insurance Premium and Cost Sharing Assistance: - Part B/State Services - Part A	<b>0 - 400%</b> <b>ACA plans: must have a subsidy</b> (see Part B service definition for exception)	<b>0 - 400%</b> <b>ACA plans: must have a subsidy</b> (see Part B service definition for exception)	<b>71 74</b>
Hospice Services - State Services	<b>300%</b>	<b>300%</b>	<b>77</b>
Linguistic Services - State Services	<b>300%</b>	<b>500%</b>	<b>81</b>
Medical Nutritional Therapy and Nutritional Supplements - Part A	<b>400%</b>	<b>400%</b>	<b>83</b>
Mental Health Services - State Services	<b>500%</b>	<b>500%</b>	<b>87</b>
Oral Health: - Untargeted - Part B - Rural (North) - Part A	<b>300%</b>	<b>300%</b>	<b>92 95</b>
Referral for Health Care: - ADAP Enrollment Workers - State Services - Incarcerated - State Services	<b>500%</b> <b>No Financial Cap</b>	<b>500%</b> <b>No Financial Cap</b>	<b>98 100</b>
Substance Abuse Treatment - Part A	<b>500%</b>	<b>500%</b>	<b>103</b>
Transportation - Part A	<b>400%</b>	<b>400%</b>	<b>106</b>
Vision Care - Part A	<b>400%</b>	<b>400%</b>	<b>112</b>

REVISED – 05-23-23

MEMO

To: Houston Ryan White Planning Council  
From: Members, Operations Committee  
Date: Tuesday, May 15, 2023  
Re: Proposed FY 2024 Council Support Budget

Attached you will find the proposed FY 2024 Council Support Budget, which is higher than the FY 2023 budget by \$~~65,327~~ \$22,664.

FY 2024 proposed budget	\$562,919
FY 2023 budget	<u>- 540,255</u>
Difference	\$ 22,664

The reason for the increase in FY 2024 is because of the following additional activities in FY 2024:

New HIV Resource Guide/Blue Book	\$ 31,000
National HRSA Conference (hybrid format), August 2024	8,000
Rental fees at Bering Church for 6 months	12,000



**Houston Ryan White Planning Council**  
**FY 2024 Council Support Budget**  
 March 1, 2024 - February 28, 2025  
 (As of 05-23-23)

	Subtotal	Total
<b>PERSONNEL</b>		<b>\$274,474</b>
<b>RWPC Manager (V. Williams)</b> (\$6930/mo. X 12 mos. X 100%) Responsible for overall functioning of planning council, supervises all support staff.	\$83,158	
<b>RWPC Health Planner (M. Hudson)</b> (\$6493/mo. X 12 mos. X 100%) Responsible for coordinating Comprehensive Planning and Needs Assessment activities. Analyzing and presenting data.	\$77,918	
<b>RWPC Coordinator (D. Beck)</b> (\$4938/mo x 12 mos. X 100%) Coordinates support activities for the RW Planning Council and committees. Provides routine administrative duties (minutes, scheduling of meetings, mailouts, etc.).	\$59,259	
<b>Consumer Engagement (R. Avila)</b> (\$4512/mo x 12 mos. X 100%) Coordinates support activities for assigned committees. Provides routine administrative duties (minutes, scheduling of meetings, mailouts, etc.)	\$54,139	
<b>FRINGE</b>		<b>\$133,616</b>
Social Security @ 7.38%	\$20,256	
Health Insurance (4 x \$17,252/FTE)	\$69,008	
Retirement @ 14.25%	\$39,113	
Workers Compensation @ 0.88%	\$2,415	
Unemployment Insurance @ 0.10%	\$274	
Incentives/allowances	\$2,550	
<b>EQUIPMENT</b>		
Replace obsolete computers and tablets and purchase equipment needed to allow Ryan White volunteers and students access to virtual meetings	\$4,000	<b>\$4,000</b>

**Houston Ryan White Planning Council**  
**FY 2024 Council Support Budget**  
 March 1, 2024 - February 28, 2025  
 (As of 05-23-23)

	Subtotal	Total
<b>TRAVEL</b>	<b>\$8,800</b>	
Local Travel: \$0.655/mile for Planning Council Support Staff	\$800	
Out of EMA travel: Two out of town trips for either Office of Support staff and/or Ryan White volunteers to attend HIV related conferences.	\$8,000	
<b>SUPPLIES</b>	<b>\$6,000</b>	
General consumable office supplies including materials for Council members & public meetings.	\$6,000	
<b>CONTRACTUAL</b>	<b>\$0</b>	
<b>OTHER</b>	<b>\$136,029</b>	
Rental Fees for Office & Meeting Rooms Short-term rental agreement for office and meeting space for RW volunteers & staff while County building is being remodeled. (\$2,000/mos. X 12 mos. = \$24,000)	\$12,000	
Moving Costs	\$2,500	
Resource Guide	\$31,000	
Reimbursement for Volunteer Expenses: Reimbursement for meals, childcare, travel, gift cards/incentives & other eligible expenses resulting from participation in Council approved/HRSA grant required activities.	\$19,000	
Advertising for PC Activities: For publication of meeting announcements in community papers; invitations to participate in needs assessment activities and focus groups; advertisements for additional volunteers.	\$5,000	
Communications (telephone and computer): For local and long distance phone expenses, equipment and internet charges.	\$3,500	
Council Education: For speakers & training costs for ongoing training to insure that key decision-makers receive necessary information. This includes a January Orientation and a mid-year Council meeting to be held off-site in Harris County.	\$4,500	

**Houston Ryan White Planning Council**  
**FY 2024 Council Support Budget**  
 March 1, 2024 - February 28, 2025  
 (As of 05-23-23)

		Subtotal	Total
Project LEAP Student Reimbursement: 45 participants for 17-week & 16-week courses including travel, childcare, gift card/incentives & other expenses resulting from participation in required consumer training activities in English and Spanish related to the Ryan White grant.	\$7,592		
Project LEAP Education: Training costs for 17 weeks & 16 weeks including facilitation & speaker fees, translators & educational materials in English and Spanish.	\$15,000		
Consumer Education: Training costs for up to 5 seminars including speaker fees, translators and educational materials.	\$2,500		
Interpreter Services: For Spanish-speaking & sign-language interpretation services during Council meetings, public hearings, focus groups and more.	\$10,000		
Fees and Dues: Registration costs for attending meetings, trainings & conferences related to HIV/AIDS health planning.	\$500		
English/Spanish Translation (written): For professional translation of Council, Project LEAP & other educational materials into Spanish.	\$5,000		
Storage Unit for HIV Resource Directories: Storage for 30,000 directories @ \$250/month	\$3,000		
Postal Machine Rental & Postage: For mailouts of Committee and Council agendas, minutes and attachments; HIV/AIDS Resource Guides for those who are unable to pickup in person; other office of support communications.	\$6,000		
Copier Rental: For rental, service agreement of high-use Xerox machine used by Council staff.	\$9,000		
<b>TOTAL</b>			<b>\$562,919</b>

		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2023 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2023 Allocations & Justification
<b>1</b>	<b>Ambulatory/Outpatient Primary Care</b>	<b>\$11,449,635</b>	<b>\$2,068,055</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$13,517,690</b>	<b>\$500,000 added to all subcategories except Pilot Project</b>
1.a	PC-Public Clinic	\$4,109,697					\$4,109,697	
1.b	PC-AA	\$1,114,019	\$1,045,669				\$2,159,688	
1.c	PC-Hisp - see 1.b above	\$952,840	\$1,022,386				\$1,975,226	
1.d	PC-White - see 1.b above	\$1,201,238					\$1,201,238	
1.e	PC-Rural	\$1,151,088					\$1,151,088	
1.f	PC-Women	\$2,197,531					\$2,197,531	
1.g	PC-Pedi	\$0					\$0	Must zero out for FY24 (-\$16,153) Done (RWPC 5/12/23)
1.h	Vision Care	\$523,222					\$523,222	
1.j	PC-Pay for Performance Pilot Project	\$200,000					\$200,000	
<b>2</b>	<b>Medical Case Management</b>	<b>\$1,782,141</b>	<b>\$314,061</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,096,202</b>	
2.a	CCM-Mental/Substance	\$531,025					\$531,025	\$150,000 overall increase redistributed among all subcategories. Done.
2.b	MCM-Public Clinic	\$301,129					\$301,129	
2.c	MCM-AA	\$183,663	\$157,030				\$340,693	
2.d	MCM-Hisp	\$183,665	\$157,031				\$340,696	
2.e	MCM-White	\$66,491					\$66,491	
2.f	MCM-Rural	\$297,496					\$297,496	
2.g	MCM-Women	\$81,841					\$81,841	
2.h	MCM-Pedi	\$0					\$0	Must zero out for FY24 (-\$97,859) Done (RWPC 5/12/23)
2.i	MCM-Veterans	\$86,964					\$86,964	
2.j	MCM-Youth	\$49,867					\$49,867	
<b>3</b>	<b>Local Pharmacy Assistance Program</b>	<b>\$2,067,104</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,067,104</b>	
3.a	LPAP-Public Clinic	\$367,104					\$367,104	FY23 Part A: Increase by \$56,744 to address ADAP issues. Done.
3.b	LPAP-Untargeted	\$1,700,000					\$1,700,000	
<b>4</b>	<b>Oral Health</b>	<b>\$166,404</b>	<b>\$0</b>	<b>\$2,218,878</b>	<b>\$0</b>		<b>\$2,385,282</b>	
4.a	General Oral Health			\$1,758,878				
4.b	Prosthodontics			\$460,000				
4.c	Rural Dental	\$166,404					\$166,404	
<b>5</b>	<b>Health Insurance Co-Pays &amp; Co-Ins</b>	<b>\$1,583,137</b>	<b>\$0</b>	<b>\$1,028,433</b>	<b>\$864,506</b>	<b>\$0</b>	<b>\$3,476,076</b>	<b>\$200,000 added.</b>
<b>6</b>	<b>Mental Health Services</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$300,000</b>	<b>\$0</b>	<b>\$300,000</b>	
<b>7</b>	<b>Early Intervention Services</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>FY23 SS: Move \$175,000 to Referral for Healthcare and Services (RHSS) since the service fits better within RHSS.</b>

FY23 - Increase Scenario with April Reallocation Funding Implemented

		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2023 Allocations & Justification
	<b>Remaining Funds to Allocate</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
8	<b>Medical Nutritional Therapy</b>	\$341,395	\$0	\$0	\$0	\$0	\$341,395	
9	<b>Home &amp; Community Based Health Services</b>	\$0	\$0	\$113,315	\$0	\$0	\$113,315	
9.a	In-Home (skilled nursing & health aide)						\$0	
9.b	Facility-based (adult day care)			\$113,315			\$113,315	
10	<b>Substance Abuse Treatment - Outpatient</b>	\$45,677	\$0	\$0	\$0	\$0	\$45,677	
11	<b>Hospice</b>	\$0	\$0	\$0	\$259,832	\$0	\$259,832	
12	<b>Referral for Health Care &amp; Support Services</b>	\$0	\$0	\$0	\$175,000		\$175,000	FY23 SS: Move \$175,000 from EIS to Referral to Healthcare & Support Services (RHSS) since service fits better within RHSS.
13	<b>Non-Medical Case Management</b>	\$1,267,002	\$0	\$0	\$350,000	\$0	\$1,617,002	FY23 Pt A: Per a request from Quality Improvement Committee, increase the average allocation per FTE in order to encourage higher case management salaries and address high turnover. Due to underspending in FY21, Priority & Alloc. Committee feels that level funding will be enough to allow all SLW FTE positions to be increased if agencies wish to make this change.
13.a	SLW-Youth	\$110,793					\$110,793	
13.b	SLW-Testing	\$100,000					\$100,000	
13.c	SLW-Public	\$370,000					\$370,000	
13.d	SLW-CBO, includes some Rural	\$686,209					\$686,209	
13.e	SLW-Substance Use	\$0			\$350,000		\$350,000	
14	<b>Transportation</b>	\$424,911	\$0	\$0	\$0	\$0	\$424,911	
14.a	Van Based - Urban	\$252,680					\$252,680	
14.b	Van Based - Rural	\$97,185		\$0			\$97,185	
14.c	Bus Passes & Gas Vouchers	\$75,046					\$75,046	

FY23 - Increase Scenario with April Reallocation Funding Implemented

		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2023 Allocations & Justification
	<b>Remaining Funds to Allocate</b>	\$0	\$0	\$0	\$0	\$0	\$0	
15	<b>Emergency Financial Assistance</b>	\$2,139,136	\$0	\$0	\$0	\$0	\$2,139,136	
15.a	EFA - Pharmacy Assistance	\$2,039,136					\$2,039,136	FY23: Increase by \$240,000 to address ADAP issues. April reallocation = \$485,889; \$7,808 added under 10% rule to reconcile allocations against available funds (RWGA). FY23 Part A: Decreased by \$140,000 due to underspending in FY21.
15.b	EFA - Other	\$100,000					\$100,000	
16	<b>Linguistic Services</b>	\$0	\$0	\$0	\$68,000	\$0	\$68,000	
17	<b>Outreach Services</b>	\$420,000	\$0	\$0	\$0	\$0	\$420,000	
	<b>Total Service Allocation</b>	<b>\$21,686,542</b>	<b>\$2,382,116</b>	<b>\$3,360,626</b>	<b>\$2,017,338</b>	<b>\$0</b>	<b>\$29,446,622</b>	
NA	Quality Management	\$428,695					\$428,695	
NA	Administration - RWGA + RWPC Support	\$2,226,914					\$2,226,914	Indirect costs are now included in RWGA Admin Budget; April: added \$18,000 to PC Support (rent at Bering)
	<b>Total Non-Service Allocation</b>	<b>\$2,655,609</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,655,609</b>	
	<b>Total Grant Funds</b>	<b>\$24,342,151</b>	<b>\$2,382,116</b>	<b>\$3,360,626</b>	<b>\$2,017,338</b>	<b>\$0</b>	<b>\$32,102,231</b>	

<b>Remaining Funds to Allocate (exact same as the yellow row on top)</b>	\$0	\$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

**Core medical \$17,435,493 80%**

<b>[For Staff Only]</b>						
If needed, use this space to enter base amounts to be used for calculations						
	<b>RW/A Amount Actual</b>	<b>MAI Amount Actual</b>	<b>Part B actual</b>	<b>State Service est.</b>	<b>State Rebate est.</b>	
Total Grant Funds	\$24,342,151	\$2,382,116	\$3,360,626	\$2,017,338	\$0	\$32,102,231

DATE: 06/12/2023  
 TO: RWPC Priorities & Allocations Committee  
 FR: Ryan White Grant Administration  
 RE: FY 2022 Part A/MAI Procurement Report

Please note the following regarding the ***FY 2022 Part A/MAI Procurement Report dated 06/06/2023:***

FY 2022-as of 6/6/23	Total Award	Expense	%	Unspent
Part A Services <sup>1</sup>	\$21,708,243	\$21,051,463	97%	\$656,780
MAI Services <sup>2</sup>	\$2,704,223	\$2,685,100	99.3%	\$19,123
Administration <sup>3</sup>	\$1,440,965	\$1,030,811	71.6%	\$410,154
RWPC Support	\$524,908	\$525,193	100.1%	-\$285
CQM	\$412,940	\$339,969	82.4%	\$72,971
<b>Total*</b>	<b>\$26,791,279</b>	<b>\$25,632,536</b>	<b>95.7%</b>	<b>\$1,158,743</b>

\*Final numbers are certified when Harris County submits its Federal Financial Report (FFR) due July 30, 2023

- The Houston EMA will be required submit a *retrospective Core Services Waiver* for FY22 because final Core Services expenditures were less than 75% of total service expenditures (this is the first time Houston has been under 75% Core services expenditures)
  - Core Services expenditures: 74.03% (primarily underspending in Primary Care)
  - Support Services expenditures: 25.97% (primarily due to higher than originally allocated expenditures in EFA-Pharmacy and Non-MCM)
- 97.2% of all procured RW/A & MAI service dollars were expended (\$24,409,611 allocated; \$23,736,563 expended)
- Of the total of \$1,158,743 in unspent funds in Outpatient Primary Care, \$437,926 (39%) is attributed to Primary Care Targeted to Women at Public Clinic (service priority 1.f) while \$483,125 is attributed to unspent RWGA Admin and CQM funds. Taken together, these two amounts represent 80% of all FY22 unspent funds.
- \$888,285 in FY21 carryover funds were allocated to Health Insurance Assistance (\$138,285) and EFA-Pharmacy (\$750,000) and these funds were fully expended

<sup>1</sup> Part A Services includes carryover funds of \$888,285

<sup>2</sup> MAI Services includes carryover funds of \$276,305

<sup>3</sup> PHS did not take indirect costs of \$169,915 in FY22, but will charge indirect costs for FY 2023, which will be included in the admin budget

- Most of the Final Quarter Adjustments were reallocated to LPAP, Non-Medical Case Management (SLW), and EFA-Pharmacy
- Vision (service category 1.h): only \$404,505 (81%) was expended in FY22 out of the \$500,000 allocated
  - One Vision care provider did not accept their full award in FY22. For FY23, the other Vision care provider have accepted those additional funds
- The Primary Care Pay for Performance (P4P) pilot project awarded only \$29,070 to agencies in FY22 despite an allocation of \$200,000
  - Only two out of the five outpatient primary care providers billed for P4P services. This is historically an underspent category. RWGA is waiting to hear back from agencies to gauge interest in continuing the pilot project
  - The RWPC may consider reallocating this \$200,000 to other service categories in FY24. If needed, RWGA can usually identify unspent funds in the final quarter of the grant year to cover potential P4P costs

**Glenn Urbach, LMSW**  
**RWGA Program Manager**  
**Harris County Public Health**  
**(713) 274-5790**  
**glenn.urbach@phs.hctx.net**

*HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.*

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Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments (to avoid UOB penalty)	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
<b>1</b>	<b>Outpatient/Ambulatory Primary Care</b>	<b>10,965,788</b>	<b>-15,437</b>	<b>0</b>	<b>84,657</b>	<b>-239,401</b>	<b>10,795,607</b>	<b>44.82%</b>	<b>10,795,607</b>	<b>0</b>	3/1/2022	<b>9,447,043</b>	<b>88%</b>	<b>100%</b>
1.a	Primary Care - Public Clinic (a)	3,927,300				-249,250	3,678,050	15.27%	3,678,050	0	3/1/2022	\$3,488,935	95%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576			90,574	9,849	1,164,999	4.84%	1,164,999	0	3/1/2022	\$1,383,157	119%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551			75,774		986,325	4.09%	986,325	0	3/1/2022	\$1,295,725	131%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924			16,300		1,164,224	4.83%	1,164,224	0	3/1/2022	\$731,455	63%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000			-97,990		1,002,010	4.16%	1,002,010	0	3/1/2022	\$866,195	86%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000					2,100,000	8.72%	2,100,000	0	3/1/2022	\$1,248,001	59%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437				0	0.00%	0	0	3/1/2022	\$0	0%	0%
1.h	Vision	500,000					500,000	2.08%	500,000	0	3/1/2022	\$404,505	81%	100%
1.x	Primary Care Health Outcome Pilot	200,000					200,000	0.83%	200,000	0	3/1/2022	\$29,070	15%	100%
<b>2</b>	<b>Medical Case Management</b>	<b>1,730,000</b>	<b>-90,051</b>	<b>0</b>	<b>-15,000</b>	<b>-51,045</b>	<b>1,573,904</b>	<b>6.53%</b>	<b>1,573,904</b>	<b>0</b>	3/1/2022	<b>1,810,623</b>	<b>115%</b>	<b>100%</b>
2.a	Clinical Case Management	488,656					488,656	2.03%	488,656	0	3/1/2022	\$557,172	114%	100%
2.b	Med CM - Public Clinic (a)	277,103				53,200	330,303	1.37%	330,303	0	3/1/2022	\$432,591	131%	100%
2.c	Med CM - Targeted to AA (a) (e)	169,009				-52,123	116,886	0.49%	116,886	0	3/1/2022	\$237,123	203%	100%
2.d	Med CM - Targeted to H/L (a) (e)	169,011				-52,123	116,888	0.49%	116,888	0	3/1/2022	\$95,821	82%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186				61,186	61,186	0.25%	61,186	0	3/1/2022	\$90,077	147%	100%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.14%	273,760	0	3/1/2022	\$120,320	44%	100%
2.g	Med CM - Women at Public Clinic (a)	75,311					75,311	0.31%	75,311	0	3/1/2022	\$154,384	205%	100%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	-90,051			0	0	0.00%	0	0	3/1/2022	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	80,025			-15,000	0	65,025	0.27%	65,025	0	3/1/2022	\$40,737	63%	100%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.19%	45,888	0	3/1/2022	\$82,398	180%	100%
<b>3</b>	<b>Local Pharmacy Assistance Program</b>	<b>1,810,360</b>	<b>200,000</b>	<b>0</b>	<b>0</b>	<b>177,476</b>	<b>2,187,836</b>	<b>9.08%</b>	<b>2,187,836</b>	<b>0</b>	3/1/2022	<b>\$1,862,173</b>	<b>85%</b>	<b>100%</b>
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360				196,050	506,410	2.10%	506,410	0	3/1/2022	\$393,778	78%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	200,000			-18,574	1,681,426	6.98%	1,681,426	0	3/1/2022	\$1,468,395	87%	100%
<b>4</b>	<b>Oral Health</b>	<b>166,404</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>166,404</b>	<b>0.69%</b>	<b>166,404</b>	<b>0</b>	3/1/2022	<b>\$166,400</b>	<b>100%</b>	<b>100%</b>
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404				0	166,404	0.69%	166,404	0	3/1/2022	\$166,400	100%	100%
<b>5</b>	<b>Health Insurance (c)</b>	<b>1,383,137</b>	<b>431,299</b>	<b>138,285</b>	<b>0</b>	<b>0</b>	<b>1,952,721</b>	<b>8.11%</b>	<b>1,952,721</b>	<b>0</b>	3/1/2022	<b>\$1,952,386</b>	<b>100%</b>	<b>100%</b>
<b>6</b>	<b>Mental Health Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>	NA	\$0	0%	0%
<b>7</b>	<b>Early Intervention Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>	NA	\$0	0%	0%
<b>8</b>	<b>Medical Nutritional Therapy (supplements)</b>	<b>341,395</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>341,395</b>	<b>1.42%</b>	<b>341,395</b>	<b>0</b>	3/1/2022	<b>\$339,519</b>	<b>99%</b>	<b>100%</b>
<b>9</b>	<b>Home and Community-Based Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>	NA	\$0	0%	0%
9.a	In-Home	0					0	0.00%	0	0	N/A	\$0	0%	0%
9.b	Facility Based	0					0	0.00%	0	0	N/A	\$0	0%	0%
<b>10</b>	<b>Substance Abuse Services - Outpatient (c)</b>	<b>45,677</b>	<b>0</b>	<b>0</b>	<b>-20,667</b>	<b>0</b>	<b>25,010</b>	<b>0.10%</b>	<b>25,010</b>	<b>0</b>	3/1/2022	<b>\$6,788</b>	<b>27%</b>	<b>100%</b>
<b>11</b>	<b>Hospice Services</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>	NA	\$0	0%	0%
<b>12</b>	<b>Referral for Health Care and Support Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>	NA	\$0	0%	0%
<b>13</b>	<b>Non-Medical Case Management</b>	<b>1,267,002</b>	<b>0</b>	<b>0</b>	<b>43,000</b>	<b>112,783</b>	<b>1,422,785</b>	<b>5.91%</b>	<b>1,422,785</b>	<b>0</b>	3/1/2022	<b>\$1,401,421</b>	<b>98%</b>	<b>100%</b>
13.a	Service Linkage targeted to Youth	110,793					110,793	0.46%	110,793	0	3/1/2022	\$114,507	103%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			-7,000		93,000	0.39%	93,000	0	3/1/2022	\$95,171	102%	100%
13.c	Service Linkage at Public Clinic (a)	370,000				69,960	439,960	1.83%	439,960	0	3/1/2022	\$508,524	116%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209			50,000	42,823	779,032	3.23%	779,032	0	3/1/2022	\$683,219	88%	100%
13.e	SLW-Substance Use	0					0	0.00%	0	0	NA	\$0	0%	0%
<b>14</b>	<b>Medical Transportation</b>	<b>424,911</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>424,911</b>	<b>1.76%</b>	<b>424,911</b>	<b>0</b>	3/1/2022	<b>\$424,383</b>	<b>100%</b>	<b>100%</b>
14.a	Medical Transportation services targeted to Urban	252,680					252,680	1.05%	252,680	0	3/1/2022	\$269,988	107%	100%
14.b	Medical Transportation services targeted to Rural	97,185					97,185	0.40%	97,185	0	3/1/2022	\$79,874	82%	100%
14.c	Transportation vouchers (bus passes & gas cards)	75,046				75,046	75,046	0.31%	75,046	0	3/1/2022	\$74,521	99%	100%
<b>15</b>	<b>Emergency Financial Assistance</b>	<b>1,545,439</b>	<b>189,168</b>	<b>750,000</b>	<b>-120,000</b>	<b>121,903</b>	<b>2,486,510</b>	<b>10.32%</b>	<b>2,486,510</b>	<b>0</b>	3/1/2022	<b>\$3,344,026</b>	<b>134%</b>	<b>100%</b>
15.a	EFA - Pharmacy Assistance	1,305,439	189,168	750,000		121,903	2,366,510	9.82%	2,366,510	0	3/1/2022	\$3,267,696	138%	100%
15.b	EFA - Other	240,000			-120,000		120,000	0.50%	120,000	0	3/1/2022	\$76,331	64%	100%
<b>16</b>	<b>Linguistic Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>	NA	\$0	0%	0%
<b>17</b>	<b>Outreach</b>	<b>420,000</b>	<b>0</b>	<b>0</b>	<b>30,030</b>	<b>-121,717</b>	<b>328,313</b>	<b>1.36%</b>	<b>328,313</b>	<b>0</b>	3/1/2022	<b>\$296,700</b>	<b>90%</b>	<b>100%</b>
BEU27516	<b>Total Service Dollars</b>	<b>20,100,113</b>	<b>714,979</b>	<b>888,285</b>	<b>2,020</b>	<b>-1</b>	<b>21,705,396</b>	<b>90.11%</b>	<b>21,705,396</b>	<b>0</b>		<b>21,051,463</b>	<b>97%</b>	<b>100%</b>



FY 2022 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 4th Quarter (3/1-2/28)																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65 plus
<b>1</b>	<b>Outpatient/Ambulatory Primary Care (excluding Vision)</b>	<b>6,467</b>	<b>7,946</b>	<b>76%</b>	<b>22%</b>	<b>2%</b>	<b>44%</b>	<b>12%</b>	<b>2%</b>	<b>41%</b>	<b>0%</b>	<b>0%</b>	<b>5%</b>	<b>28%</b>	<b>28%</b>	<b>11%</b>	<b>26%</b>	<b>2%</b>
1.a	Primary Care - Public Clinic (a)	2,350	2,607	72%	26%	1%	42%	9%	2%	47%	0%	0%	3%	17%	27%	14%	36%	4%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	2,267	71%	27%	3%	98%	0%	1%	0%	0%	0%	7%	37%	27%	10%	18%	2%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,908	82%	14%	4%	0%	0%	0%	100%	0%	0%	6%	32%	30%	11%	19%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	759	87%	11%	2%	0%	85%	15%	0%	0%	0%	2%	29%	26%	8%	32%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	400	614	71%	28%	1%	43%	21%	2%	34%	0%	0%	2%	30%	28%	11%	26%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	697	0%	99%	1%	52%	5%	1%	42%	0%	0%	2%	10%	27%	18%	38%	5%
1.g	Primary Care - Pediatric (a)	7	0															
1.h	Vision	1,600	2,251	74%	24%	2%	46%	13%	2%	38%	0%	0%	4%	23%	24%	12%	31%	6%
<b>2</b>	<b>Medical Case Management (f)</b>	<b>3,075</b>	<b>4,567</b>															
2.a	Clinical Case Management	600	753	71%	27%	2%	53%	13%	1%	33%	0%	0%	3%	23%	25%	12%	31%	6%
2.b	Med CM - Targeted to Public Clinic (a)	280	480	91%	7%	2%	50%	13%	1%	35%	0%	0%	1%	23%	28%	10%	32%	5%
2.c	Med CM - Targeted to AA (a)	550	1,404	67%	30%	3%	99%	0%	1%	0%	0%	0%	4%	30%	26%	10%	26%	4%
2.d	Med CM - Targeted to H/L(a)	550	678	79%	15%	6%	0%	0%	0%	100%	0%	0%	6%	29%	30%	11%	22%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	449	86%	12%	2%	0%	89%	11%	0%	0%	0%	2%	20%	25%	10%	35%	8%
2.f	Med CM - Targeted to Rural (a)	150	462	66%	33%	1%	44%	30%	3%	24%	0%	0%	3%	24%	26%	10%	32%	6%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	199	0%	99%	1%	65%	10%	3%	23%	0%	0%	4%	22%	32%	12%	25%	5%
2.h	Med CM - Targeted to Pedi (a)	125	0															
2.i	Med CM - Targeted to Veterans	200	135	97%	3%	0%	70%	20%	1%	10%	0%	0%	0%	0%	3%	4%	44%	49%
2.j	Med CM - Targeted to Youth	120	7	86%	14%	0%	29%	29%	0%	43%	0%	14%	86%	0%	0%	0%	0%	0%
<b>3</b>	<b>Local Drug Reimbursement Program (a)</b>	<b>2,845</b>	<b>5,505</b>	<b>75%</b>	<b>21%</b>	<b>3%</b>	<b>46%</b>	<b>12%</b>	<b>2%</b>	<b>40%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>28%</b>	<b>28%</b>	<b>12%</b>	<b>26%</b>	<b>2%</b>
<b>4</b>	<b>Oral Health</b>	<b>200</b>	<b>285</b>	<b>68%</b>	<b>31%</b>	<b>1%</b>	<b>39%</b>	<b>28%</b>	<b>1%</b>	<b>31%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>20%</b>	<b>24%</b>	<b>15%</b>	<b>31%</b>	<b>7%</b>
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	285	68%	31%	1%	39%	28%	1%	31%	0%	0%	3%	20%	24%	15%	31%	7%
<b>5</b>	<b>Mental Health Services (d)</b>	<b>NA</b>	<b>NA</b>															
<b>6</b>	<b>Health Insurance</b>	<b>1,700</b>	<b>1,698</b>	<b>79%</b>	<b>19%</b>	<b>2%</b>	<b>43%</b>	<b>25%</b>	<b>3%</b>	<b>29%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>15%</b>	<b>19%</b>	<b>10%</b>	<b>41%</b>	<b>15%</b>
<b>7</b>	<b>Home and Community Based Services (d)</b>	<b>NA</b>	<b>NA</b>															
<b>8</b>	<b>Substance Abuse Treatment - Outpatient</b>	<b>40</b>	<b>9</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>11%</b>	<b>44%</b>	<b>11%</b>	<b>33%</b>	<b>0%</b>	<b>11%</b>	<b>0%</b>	<b>44%</b>	<b>22%</b>	<b>0%</b>	<b>22%</b>	<b>0%</b>
<b>9</b>	<b>Early Medical Intervention Services (d)</b>	<b>NA</b>	<b>NA</b>															
<b>10</b>	<b>Medical Nutritional Therapy/Nutritional Supplements</b>	<b>650</b>	<b>452</b>	<b>75%</b>	<b>23%</b>	<b>2%</b>	<b>43%</b>	<b>19%</b>	<b>3%</b>	<b>35%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>8%</b>	<b>17%</b>	<b>8%</b>	<b>50%</b>	<b>15%</b>
<b>11</b>	<b>Hospice Services (d)</b>	<b>NA</b>	<b>NA</b>															
<b>12</b>	<b>Outreach</b>	<b>700</b>	<b>843</b>	<b>77%</b>	<b>20%</b>	<b>3%</b>	<b>58%</b>	<b>14%</b>	<b>2%</b>	<b>26%</b>	<b>0%</b>	<b>0%</b>	<b>5%</b>	<b>32%</b>	<b>28%</b>	<b>9%</b>	<b>22%</b>	<b>5%</b>
<b>13</b>	<b>Non-Medical Case Management</b>	<b>7,045</b>	<b>7,619</b>															
13.a	Service Linkage Targeted to Youth	320	165	77%	23%	0%	51%	6%	2%	41%	0%	13%	87%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	83	73%	24%	2%	54%	6%	4%	36%	0%	0%	0%	46%	33%	10%	12%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	3,085	68%	30%	1%	50%	9%	1%	39%	0%	0%	0%	18%	25%	13%	38%	6%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	4,286	75%	23%	3%	53%	12%	2%	33%	0%	0%	4%	29%	24%	10%	27%	5%
<b>14</b>	<b>Transportation</b>	<b>2,850</b>	<b>2,032</b>															
14.a	Transportation Services - Urban	170	659	69%	30%	2%	59%	7%	3%	31%	0%	0%	5%	26%	24%	10%	30%	6%
14.b	Transportation Services - Rural	130	161	66%	32%	1%	29%	29%	1%	41%	0%	0%	4%	19%	19%	18%	30%	9%
14.c	Transportation vouchering	2,550	1,212															
<b>15</b>	<b>Linguistic Services (d)</b>	<b>NA</b>	<b>NA</b>															
<b>16</b>	<b>Emergency Financial Assistance (e)</b>	<b>NA</b>	<b>1,786</b>	<b>76%</b>	<b>22%</b>	<b>2%</b>	<b>46%</b>	<b>9%</b>	<b>2%</b>	<b>43%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>26%</b>	<b>28%</b>	<b>12%</b>	<b>27%</b>	<b>3%</b>
<b>17</b>	<b>Referral for Health Care - Non Core Service (d)</b>	<b>NA</b>	<b>NA</b>															
<b>Net unduplicated clients served - all categories*</b>		<b>12,941</b>	<b>13,745</b>	<b>75%</b>	<b>23%</b>	<b>2%</b>	<b>49%</b>	<b>14%</b>	<b>2%</b>	<b>35%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>25%</b>	<b>25%</b>	<b>11%</b>	<b>29%</b>	<b>6%</b>
<b>Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)</b>		<b>NA</b>	<b>30,198</b>	<b>75%</b>	<b>25%</b>		<b>48%</b>	<b>17%</b>	<b>5%</b>	<b>30%</b>	<b>0%</b>	<b>4%</b>		<b>21%</b>	<b>23%</b>	<b>25%</b>	<b>20%</b>	<b>7%</b>

**FY 2022 Ryan White Part A and MAI Service Utilization Report**

RW MAI Service Utilization Report - 4th Quarter (03/01 - 02/28)																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	<b>Outpatient/Ambulatory Primary Care (excluding Vision)</b>																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,819	71%	25%	3%	99%	0%	1%	0%	0%	0%	6%	35%	27%	10%	19%	2%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,627	82%	14%	4%	0%	0%	0%	100%	0%	0%	5%	31%	29%	13%	20%	1%
	<b>2 Medical Case Management (f)</b>																	
2.c	Med CM - Targeted to AA (a)	1,060	885	80%	17%	4%	47%	13%	2%	38%	0%	0%	7%	37%	27%	9%	17%	1%
2.d	Med CM - Targeted to H/L(a)	960	662	64%	33%	3%	63%	12%	1%	24%	0%	1%	6%	24%	28%	10%	24%	6%
RW Part A New Client Service Utilization Report - 4th Quarter (03/01-02/28)																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/22-2/28/23)																		
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	<b>Primary Medical Care</b>	<b>2,100</b>	<b>1,755</b>	<b>81%</b>	<b>17%</b>	<b>2%</b>	<b>47%</b>	<b>13%</b>	<b>2%</b>	<b>38%</b>	<b>0%</b>	<b>1%</b>	<b>9%</b>	<b>37%</b>	<b>26%</b>	<b>9%</b>	<b>2%</b>	<b>17%</b>
2	<b>LPAP</b>	<b>1,200</b>	<b>791</b>	<b>80%</b>	<b>17%</b>	<b>4%</b>	<b>47%</b>	<b>13%</b>	<b>2%</b>	<b>38%</b>	<b>0%</b>	<b>0%</b>	<b>7%</b>	<b>37%</b>	<b>27%</b>	<b>9%</b>	<b>1%</b>	<b>17%</b>
3.a	Clinical Case Management	400	67	64%	33%	3%	63%	12%	1%	24%	0%	1%	6%	24%	28%	10%	6%	24%
3.b-3.h	Medical Case Management	1,600	1003	77%	21%	2%	49%	15%	2%	34%	0%	0%	7%	33%	26%	8%	3%	21%
3.i	Medical Case Management - Targeted to Veterans	60	20	95%	5%	0%	55%	20%	5%	20%	0%	0%	0%	0%	5%	15%	35%	45%
4	<b>Oral Health</b>	<b>40</b>	<b>34</b>	<b>76%</b>	<b>24%</b>	<b>0%</b>	<b>44%</b>	<b>26%</b>	<b>6%</b>	<b>24%</b>	<b>0%</b>	<b>0%</b>	<b>9%</b>	<b>32%</b>	<b>18%</b>	<b>9%</b>	<b>6%</b>	<b>26%</b>
12.a. 12.c. 12.d.	<b>Non-Medical Case Management (Service Linkage)</b>	<b>3,700</b>	<b>1,753</b>	<b>75%</b>	<b>23%</b>	<b>2%</b>	<b>52%</b>	<b>13%</b>	<b>2%</b>	<b>33%</b>	<b>0%</b>	<b>1%</b>	<b>7%</b>	<b>30%</b>	<b>25%</b>	<b>9%</b>	<b>23%</b>	<b>4%</b>
12.b	<b>Service Linkage at Testing Sites</b>	<b>260</b>	<b>74</b>	<b>76%</b>	<b>22%</b>	<b>3%</b>	<b>57%</b>	<b>7%</b>	<b>3%</b>	<b>34%</b>	<b>0%</b>	<b>4%</b>	<b>23%</b>	<b>30%</b>	<b>27%</b>	<b>9%</b>	<b>7%</b>	<b>0%</b>
<i>Footnotes:</i>																		
(a)	Bundled Category																	
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																	
(d)	Funded by Part B and/or State Services																	
(e)	Total MCM served does not include Clinical Case Management																	
(f)	BO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2223 Ryan White Part B**  
**Procurement Report**  
**April 1, 2022 - March 31, 2023**



Reflects spending through March 2023 (FINAL)

Spending Target: 100%

Revised 6/1/23

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service	\$1,658,878	48%	\$0	\$1,658,878	-\$35,000	\$1,623,878	4/1/2022	\$1,582,979	97%
4	Oral Health Service -Prosthodontics	\$560,000	16%	\$0	\$560,000	\$75,000	\$635,000	4/1/2022	\$662,235	104%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,107,702	32%	\$0	\$1,107,702	\$0	\$1,107,702	4/1/2022	\$1,367,261	123%
9	Home and Community Based Health Services	\$113,315	3%	\$0	\$113,315	-\$54,000	\$59,315	4/1/2022	\$58,960	99%
		\$0	0%	\$0	\$0					
<b>Total Houston HSDA</b>		3,439,895	100%	0	3,439,895	-\$14,000	\$3,425,895		3,671,436	107%

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

(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.

\*Note TRG reallocated funds to avoid lapse in funds including reallocated funds from rural HSDAs.

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2223 DSHS State Services**  
**Procurement Report**  
**September 1, 2022 - August 31, 2023**



Chart reflects spending through April 2023

Spending Target: 67%

Revised 6/1/2023

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	47%	\$0	\$864,506	\$0	\$864,506	9/1/2022	\$771,355	89%
6	Mental Health Services (2)	\$300,000	16%	\$0	\$300,000	\$0	\$300,000	9/1/2022	\$69,629	23%
11	Hospice (3)	\$259,832	14%	\$0	\$259,832	\$0	\$259,832	9/1/2022	\$234,080	90%
13	Non Medical Case Management (4)	\$350,000	19%	\$0	\$350,000	\$0	\$350,000	9/1/2022	\$115,595	33%
16	Linguistic Services (5)	\$68,000	4%	\$0	\$68,000	\$0	\$68,000	9/1/2022	\$36,180	53%
<b>Total Houston HSDA</b>		<b>1,842,338</b>	<b>100%</b>	<b>\$0</b>	<b>\$1,842,338</b>	<b>\$0</b>	<b>\$1,842,338</b>		<b>1,226,839</b>	<b>67%</b>

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) Demand for services has been lower than expected
- (3) Service utilization has increased. TRG will reallocate funds to support care delivery
- (4) Staff vacancy has resulted in underspending
- (5) Slight decrease in utilization

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2022-4/30/2023

Revised: 5/24/2023

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	611	\$71,336.66	278	0	\$0.00	0
Medical Deductible	210	\$177,222.18	159	0	\$0.00	0
Medical Premium	4952	\$1,735,534.41	864	0	\$0.00	0
Pharmacy Co-Payment	4351	\$1,462,509.24	1708	0	\$0.00	0
APTC Tax Liability	0	\$0.00	0	0	\$0.00	0
Out of Network Out of Pocket	0	\$0.00	0	0	\$0.00	0
ACA Premium Subsidy Repayment	14	\$1,137.06	12	NA	NA	NA
Totals:	10138	\$3,445,465.43	3021	0	\$0.00	

Comments: This report represents services provided under all grants.

**DRAFT**  
**Priority and Allocations**  
**FY 2024 Guiding Principles and Decision Making Criteria**  
(Priority and Allocations Committee approved 02-23-23)

Priority setting and allocations must be based on clearly stated and consistently applied principles and criteria. These principles are the basic ideals for action and are based on Health Resources and Services Administration (HRSA) and Texas Department of State Health Services (TDSHS) directives. All committee decisions will be made with the understanding that **the Ryan White Program is unable to completely meet all identified needs** and following legislative mandate **the Ryan White Program will be considered funding of last resort**. Priorities are just one of many factors which help determine allocations. All Part A and Part B service categories are considered to be important in the care of people living with HIV. Decisions will address at least one or more of the following principles **and** criteria.

*Principles are the standards **guiding the discussion** of all service categories to be prioritized and to which resources are to be allocated. Documentation of these guiding principles in the form of printed materials such as needs assessments, focus group results, surveys, public reports, journals, legal documents, etc. will be used in highlighting and describing service categories (individual agencies are not to be considered). Therefore decisions will be based on service categories that address the following principles, in no particular order:*

**Principles**

- A. Ensure ongoing client access to a comprehensive system of core services as defined by HRSA
- B. Eliminate barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)
- C. Meet the needs of diverse populations as addressed by the epidemiology of HIV
- D. Identify individuals newly aware of their status and link them to care. Address the needs of those that are aware of their status and not in care.

**Allocations only**

- E. Document or demonstrate cost-effectiveness of services and minimization of duplication
- F. Consider the availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies
- G. Reduce the time period between diagnosis and entry into HIV medical care to facilitate timely linkage.

*Criteria are the standards on which the committee's decisions will be based. Positive decisions will only be made on service categories that satisfy at least one of the criteria in Step 1 and all criteria in Step 2. Satisfaction will be measured by printed information that address service categories such as needs assessments, focus group results, surveys, reports, public reports, journals, legal documents, etc.*

(Continued)



# DRAFT

## DECISION MAKING CRITERIA STEP 1:

- A. Documented service need with consumer perspectives as a primary consideration
- B. Documented effectiveness of services with a high level of benefit to people and families living with HIV, including quality, cost, and outcome measures when applicable
- C. Documented response to the epidemiology of HIV in the EMA and HSDA
- D. Documented response to emerging needs reflecting the changing local epidemiology of HIV while maintaining services to those who have relied upon Ryan White funded services.
- E. When allocating unspent and carryover funds, services are of documented sustainability across fiscal years in order to avoid a disruption/discontinuation of services
- F. Documented consistency with the current Houston Area Comprehensive HIV Prevention and Care Services Plan, the Continuum of Care, the National HIV/AIDS Strategy, the Texas HIV Plan and their underlying principles to the extent allowable under the Ryan White Program to:
  - build public support for HIV services;
  - inform people of their serostatus and, if they test positive, get them into care;
  - help people living with HIV improve their health status and quality of life and prevent the progression of HIV;
  - help reduce the risk of transmission; and
  - help people with advanced HIV improve their health status and quality of life and, if necessary, support the conditions that will allow for death with dignity

## DECISION MAKING CRITERIA STEP 2:

- A. Services have a high level of benefit to people and families living with HIV, including cost and outcome measures when applicable
- B. Services are accessible to all people living with or affected by HIV, allowing for differences in need between urban, suburban, and rural consumers as applicable under Part A and B guidelines
- C. The Council will minimize duplication of both service provision and administration and services will be coordinated with other systems, including but not limited to HIV prevention, substance use, mental health, and Sexually Transmitted Infections (STIs).
- D. Services emphasize access to and use of primary medical and other essential HRSA defined core services
- E. Services are appropriate for different cultural and socioeconomic populations, as well as care needs
- F. Services are available to meet the needs of all people living with HIV and families, as applicable under Part A and B guidelines
- G. Services meet or exceed standards of care
- H. Services reflect latest medical advances, when appropriate
- I. Services meet a documented need that is not fully supported through other funding streams

**PRIORITY SETTING AND ALLOCATIONS ARE SEPARATE DECISIONS. All decisions are expected to address needs of the overall community affected by the epidemic.**

Houston Ryan White Planning Council  
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding  
FY 2023 Allocations**

(Priority and Allocations Committee approved 06-06-22)

**MOTION A: 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, Minority AIDS Initiative (MAI), Part B, and State Services (SS) Level Funding Scenario for FY 2023.

**MOTION B: 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 C: Part A Increase / Decrease Scenarios**

**Decrease Funding Scenario for Ryan White Part A Funding.**

All service categories except subcategories 1.g. Primary Care-Pediatric, 2.h. Medical Case Management-Pediatric, 2.i. Medical Case Management-Veterans, 2.j. Medical Case Management-Youth, 10. Substance Abuse Services-Outpatient, 13.a. Service Linkage-Youth, and 13.b. Service Linkage-Newly Diagnosed/Not in Care 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 the first \$500,000 to Primary Ambulatory/Outpatient Medical Care (category 1) to be allocated proportionately to all Primary Care subcategories by the Administrative Agent.

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

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

**MOTION D: 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 the first \$200,000 to be divided evenly between Oral Health – General Oral Health (category 4.a.) and Oral Health – Prosthodontics (category 4.b.).

Step 2: Allocate the 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.

<p>UPDATED: 06/05/23</p> <p>All meetings subject to change. Please call in advance to confirm: 832 927-7926</p> <p><b>Unless otherwise noted, all meetings will be hybrid</b></p>	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
					<p><b>1</b></p> <p>12 noon Steering Committee</p>	<p><b>2</b></p>	<p><b>3</b></p>
	<p><b>4</b></p>	<p><b>5</b></p> <p>National Long Term Survivors Awareness Day</p>	<p><b>6</b></p>	<p><b>7</b></p>	<p><b>8</b></p> <p>Nat'l Caribbean American HIV Awareness Day</p> <p>12 noon <b>hybrid</b> Planning Council</p> <p>2:00 pm <b>hybrid</b> Comp HIV Planning</p>	<p><b>9</b></p>	<p><b>10</b></p>
<p><b>June</b></p> <p><b>2023</b></p>	<p><b>11</b></p>	<p><b>12</b></p> <p>12noon – 4pm Special P&amp;A meeting: Allocations</p>	<p><b>13</b></p> <p>11:00 a.m. Operations</p> <p>12noon – 4pm Special P&amp;A meeting: Allocations</p> <p>CANCELLED Quality Improvement</p>	<p><b>14</b></p> <p>TENTATIVE Special P&amp;A meeting: Allocations</p>	<p><b>15</b></p>	<p><b>16</b></p>	<p><b>17</b></p>
	<p><b>18</b></p>	<p><b>19</b></p> <p><b>Juneteenth Office Closed</b></p>	<p><b>20</b></p> <p>12 noon Affected Community</p>	<p><b>21</b></p>	<p><b>22</b></p> <p>12 noon Priority &amp; Allocations</p>	<p><b>23</b></p>	<p><b>24</b></p>
	<p><b>25</b></p>	<p><b>26</b></p> <p>7:00 p.m. Public Hearing</p>	<p><b>27</b></p> <p>Nat'l HIV Testing Day</p>	<p><b>28</b></p> <p>9:30 a.m. SIRR Meeting GoToMeeting</p> <p>TENTATIVE 12noon Priority &amp; Allocations</p>	<p><b>29</b></p>	<p><b>30</b></p>	