

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
**1310 Prairie Street, Suite 800, Houston, Texas 77027**  
**832 927-7926 telephone; <http://rwpchouston.org>**

**Memorandum**

To: Members, Priority and Allocations Committee:  
Peta-gay Ledbetter, Co-Chair Priscilla Willridge  
Rodney Mills, Co-Chair *Rebecca Chapa Garcia*  
Laura Alvarez *Bobby Cruz*  
Jay Bhowmick *Ronnie Galley*  
Roxane May *Roxana Guzman*  
Bill Patterson *Bruce Turner*  
Megan Rowe

Copy: Josh Mica Sha'Terra Johnson  
Diane Beck Carin Martin  
Glenn Urbach Rodney Goodie  
Mauricia Chatman Charlene Flash  
Frank Ruiz Johnetta Evans-Thomas  
Tiffany Shepherd Talice Thomas, Nashville PC Staff

From: Tori Williams

Date: Tuesday, June 11, 2024

Re: Meeting Announcements

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The four-hour Special Priority and Allocations Committee meeting took place and participants created proposed FY 2025 allocations in the amount of \$30 million. Staff will now carefully review the decisions to be sure there were no mathematical or other errors, distribute the recommendations to the community for their input, and get the proposed allocations ready for the whole committee to review and approve at your final meeting in June. Enclosed you will find an agenda and other materials which you will need for the meeting. Details are as follows:

**Regularly Scheduled Committee Meeting:** 12 noon, Thursday, June 27, 2024

You can participate via Zoom or in-person at Bering Church. See the top of the enclosed meeting agenda for detailed information.

However you decide to participate, please be sure to RSVP to Rod at 832 927-7926 or via email at: [Rodriga.Avila@harriscountytexas.gov](mailto:Rodriga.Avila@harriscountytexas.gov). We appreciate your valuable time and look forward to seeing you on June 27<sup>th</sup>.

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

12 noon, Thursday, June 27, 2024

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

<https://us02web.zoom.us/j/87822126043?pwd=byt5eTlrMmI4OThvTmJCUIRBbnZlUT09>

Meeting ID: 878 2212 6043    Passcode: 117715    Or call: 346 248-7799

**In-Person:** Bering Church, 1440 Harold St, Houston, 77006. Enter from parking lot behind the church.

**AGENDA**

\*To be provided at the meeting

- 
- I.      Call to Order Rodney Mills and  
Peta-Gay Ledbetter, Co-Chairs
- A. Moment of Reflection
- B. Approval of Agenda
- C. Approval of April 24, 2024 Minutes
- D. 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 of the Council 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.    Other Ryan White Planning Committee Recommendations Tori Williams
- A. Changes Recommended for FY 2025 Service Definitions
- B. Proposed new services: temporary assisted living, durable medical equipment and medically tailored meals
- IV.    Allocations for FY 2025 Part A/MAI, Part B & State Services Funding Glenn and Tiffany
- A. Any Staff Corrections or Recommendations
- B. Committee Philosophy for FY 2025: Sustain Current Services
- C. Review Public Comments
- D. Review the FY 2025 Level Funding Scenario
- E. Review the FY 2025 Increase/Decrease Funding Scenarios
- F. Vote on the 3 Funding Scenarios
- V.     Announcements
- A. IMPORTANT:
- Meet Thurs., July 18 or 25, 2024 to set priorities & allocate carryover funds, see calendar
- VI.    Adjourn

# Houston Area HIV Services Ryan White Planning Council

## Priority & Allocations Committee Meeting

12:00 p.m., Thursday, April 25, 2024

Meeting Location: Bering Church, 1440 Harold Street and Zoom Teleconference

### MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Peta-gay Ledbetter, Co-Chair	Rebecca Chapa Garcia	<i>The Resource Group</i>
Jay Bhowmick	Ronnie Galley, excused	Tiffany Shepherd
Roxane May	Rodney Mills, excused	Sha’Terra Johnson
Bill Patterson	Megan Rowe, excused	
Paul Richards	Priscilla Willridge	<i>Ryan White Grant Admin</i>
<i>Bobby Cruz</i>		Glenn Urbach
<i>Roxana Guzman</i>	<b>OTHERS PRESENT</b>	Mauricia Chatman
<i>Bruce Turner</i>	Josh Mica, RWPC Chair	Eric James
	Talice Thomas, Nashville TGA staff	Frank Ruiz
	Regina Bell, Nashville TGA staff	
	Charlene Flash, Avenue360	<i>Office of Support</i>
	Rosanne Palmer, Montrose Center	Tori Williams
	Kyle Leisher, Montrose Center	Diane Beck

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

**Call to Order:** Jay Bhowmick, Committee Vice Chair, called the meeting to order at 12:09 p.m.. He then asked for a moment of reflection.

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

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Patterson, Ledbetter) to approve the February 22, 2024 meeting minutes. Motion carried.* Abstentions: May, Turner.

**Public Comment and Announcements:** None.

### Reports from the Administrative Agencies

See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:

- FY23 Procurement Part A & MAI, dated 04/16/24
- FY23 Service Utilization Part A & MAI, dated 04/15/24

See the attached reports from the Part B/State Services Administrative Agent:

- FY23-24 Procurement Part B, dated 04/04/24
- FY23-24 Procurement State Services, dated 04/04/24

**Proposed Changes to the 2024 Committee Meeting Schedule:** Williams said that the Needs Assessment would not be ready to use for prioritizing services until late June or early July. The following changes to the committee’s meeting schedule are recommended: have three special meetings on June 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> and the regular meeting on June 27<sup>th</sup> to allocate FY2025 funds and in July, determine the FY2025 priorities to go to the Planning Council for approval in August. **Motion #3:** *it was moved and seconded (Ledbetter, Turner) to approve the changes in committee meeting dates as suggested.* **Motion carried.**

**Determine the FY25 Priority Setting Process:** See attached. **Motion #4:** *it was moved and seconded (Patterson, Ledbetter) to approve the attached FY 2025 Priority Setting Process which assures that the Council will set priorities for all HRSA allowable services.* **Motion carried.**

**Update the Request for Service Category Increase Form:** See attached. **Motion #5:** *it was moved and seconded (Turner, Ledbetter) to approve the form entitled Request for Service Category Increase to include a definition for “Disbursements”. Both administrative agencies are asked to use this form to notify agencies when unobligated or unspent funds are available. The Ryan White Part B/SS administrative agency is asked to update the form for their use.* **Motion carried.** **Motion #6:** *it was moved and seconded (Ledbetter, Patterson) to ask the Part B/State Services Administrative Agent to use the approved form to notify subrecipients of funds available starting in their next funding cycle.* **Motion carried.**

**Allocate Unobligated State Services Funds:** See attached memo from The Resource Group dated 04/15/24. **Motion #7:** *it was moved and seconded (Turner, Ledbetter) to recommend the reallocation of \$175,000 from Referral for Healthcare–Incarcerated to Health Insurance Assistance to avoid duplication of services and because of an increased need for Health Insurance Assistance.* **Motion carried.**

**Announcements:** None.

**Adjournment:** **Motion:** *it was moved and seconded (Ledbetter, Turner) to adjourn the meeting at 1:34 p.m.* **Motion Carried.**

Submitted by:

Approved by:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**2024 Priority & Allocations Committee Voting Record for 04/25/24**

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Adjust Committee meeting schedule Carried				Motion #4 FY 2025 Priority Setting Process Carried				Motion #5 Update Svc Cat Incr form Carried				Motion #6 PtB/SS AA follow the same Svc Cat Incr process Carried				Motion #7 Reallocate SS Unobligated Funds Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Peta-gay Ledbetter, Co-Chair		X				X				X				X				X				X				X		
Rodney Mills, Co-Chair	X				X				X				X				X				X				X			
Jay Bhowmick				C				C				C				C				C				C				C
Roxane May		X						X		X				X				X				X				X		
Bill Patterson		X				X				X				X				X				X				X		
Paul Richards		X				X				X				X				X				X				X		
Megan Rowe	X				X				X				X				X				X				X			
Priscilla Willridge	X				X				X				X				X				X				X			
<i>Bobby Cruz</i>		X				X				X				X				X				X				X		
<i>Rebecca Chapa Garcia</i>	X				X				X				X				X				X				X			
<i>Roxana Guzman</i>		X				X				X				X				X				X				X		
<i>Ronnie Galley</i>	X				X				X				X				X				X				X			
<i>Bruce Turner</i>		X						X		X				X				X				X				X		

2024 Proposed Idea

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

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY

Control Number \_\_\_\_\_ Date Received \_\_\_\_\_
Proposal will be reviewed by the: Quality Improvement Committee on: \_\_\_\_\_ (date)
Priority & Allocation Committee on: \_\_\_\_\_ (date)

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

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

This will provide 350 clients with 6 months of 10 meals/weekly units of service.

2. ADDRESS THE FOLLOWING:

A. DESCRIPTION OF SERVICE:

Medically tailored meals are delivered to individuals living with severe and chronic illnesses who are unable to prepare their own meals. Menus are tailored to the medical needs of the recipients by a Registered Dietitian-Nutritionist (RDN). Meal recipients are referred to the meal program by a medical provider or their healthcare plan. The provider indicates the type of menu supporting health for people with HIV and a week’s worth of lunches and dinners, are frozen or chilled, then delivered weekly to the recipients’ homes. Meal plans are tailored by RDN and prepared by our chef-lead culinary department. Recipients receive regular nutrition education information and access to an RDN for consultation. In addition, will screen all clients for food insecurity and connect them with food and state-funded social and health services such as SNAP, Medicaid, as needed. Our organization has identified partnerships that could refer members that are already receiving care as PLWH.

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

People living with HIV (PLWH), living in Harris County and minority marginalized communities such as African American, Hispanic, male and female.

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

Meal recipients are referred to the meal program by a medical provider or their healthcare plan. The provider indicates the type of menu supporting health for people with HIV and a week’s worth of lunches and dinners, are frozen or chilled, then delivered weekly to the recipients’ homes. Meal plans are tailored by a RDN and prepared by our chef-lead culinary department. Recipients receive regular nutrition education information and access to an RDN for consultation. In addition, will screen all clients for food insecurity and connect them with food and state-funded social and health services such as SNAP, Medicaid, as needed.

Goals/objectives:

- 1. Fewer hospitalization admissions
2. Reduction in health care costs
3. Fewer skilled nursing facility admissions
4. Reduction in emergency department visits
5. Reduction in inpatient admissions

**DRAFT**

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

1. Better adherence to medication and address HIV associated nutritional deficiencies or dietary needs.
2. Improve lab results for PLWH with chronic and co-occurring conditions such as hypertension, cholesterol, or diabetes.
3. Improve quality of life.
4. Increase nutrition literacy, knowledge, and perception of nutritious food.

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

**Current Needs Assessment (Year: 2020)** Page(s): 24-25 Paragraph: 1-7

\_\_\_ Current HIV Comprehensive Plan (Year: \_\_\_\_\_) Page(s): \_\_\_ Paragraph: \_\_\_

\_\_\_ Health Outcome Results: Date: \_\_\_\_\_ Page(s): \_\_\_ Paragraph: \_\_\_

\_\_\_ Other Ryan White Planning Document:  
Name & Date of Document: \_\_\_\_\_ Page(s): \_\_\_ Paragraph: \_\_\_

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

REASON FOR RECOMMENDATION:

(Continue on Page 2 of this application form)

**Proposed Idea**

**THIS PAGE IS FOR THE PRIORITY AND ALLOCATIONS COMMITTEE**

*(See Criteria and Principles to Guide Decision Making)*

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

CURRENTLY APPROVED RELATED SERVICE CATEGORY ALLOCATION/UTILIZATION:

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

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

**AMOUNT OF FUNDING REQUESTED:**

**\$1,554,000** This will provide funding for the following purposes which will further the objectives in this service category: (describe how): **Funding will cover food and delivery cost. Funding will also include operational cost associated with ongoing meal support for 350 clients over 6 months. Originally requesting funds for 700 clients, however, after regrouping, the 700 clients is connected to approximately how many patient(s) are referred to Medical Nutrition Therapy. If half of the participants, qualify for the service, would support 350 PLWH. See budget below for weekly MTM cost per client - \$185 to cover food cost, delivery, packaging, and administrative cost including client intake for receiving referrals for 10 meals/week.**

**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:**

Food and home delivery services will be connected to an established workflow, Medical Nutrition Therapy (MNT), a core medical service under the HRSA RWHAP. As PLWH are referred by their PCP to an RDN for MNT services, clients will be screened by the RDN based on an established criteria, backed by 2020 Houston HIV Care Services Need Assessment, on page 43, identified that PLWH are also living with a physical health condition in addition to HIV, such as hypertension (high blood pressure) or diabetes. The eligibility criteria could be Diagnosis with HIV plus a co-occurring condition such as hypertension or diabetes, which could ultimately impact fewer hospitalization admissions, reduction in health care costs, fewer skilled nursing facility admissions, reduction in emergency department visits and reduction in inpatient admissions and positively counter-impact high utilization of primary care, the largest funded core medical service. Meals will be prepared based on conditions such as heart-healthy or diabetes friendly meals, with a Registered Dietitian-Nutritionist approval, chilled, frozen, and delivered weekly the PLWH enrolled in services for 6 months. Currently, New York is providing a similar service, however NY is a Medicaid expansion state, so fewer grant dollars are needed for primary care. Please see supported documents from God's Love We Deliver, Medically Tailored Meals for PLWH: Research, Policy, and Practice. From the study, "Research shows that access to food helps at each step of the Treatment Cascade. Access to food is often the reason PLWH get connected to care, because being active in care is a requirement of receipt of food and nutrition through RWHAP. Creating a closed-loop service to connect and maintain PLWH to primary care and food access, to increase medication adherence and maintain food security.



RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

- Recommended for Funding in the Amount of: \$ \_\_\_\_\_
- Not Recommended for Funding
- Other:

REASON FOR RECOMMENDATION:

The Services:

Service work-flow

- 1. Referral from PCP to dietitian
- 1.1 Education/Counseling – Clients Receiving New Food prescription for Medically Tailored Meals. All clients receiving a Food for the first time will receive appropriate education/counseling. This must include written information regarding food benefits in the client's primary language.
- 1.2 Education/Counseling – Follow-Up Clients receive education/counseling regarding medically tailored Meals (s) again at
  - Follow-up
  - When there is a change in diagnosis /disease process
  - At the discretion of the registered dietician if clinically indicated

Criteria

- PLWH
- PLUS
  - Co-occurring conditions:
    - Diabetes/A1c >7% (Per American Diabetes Association, defines uncontrolled diabetes as an A1c level of 7% or higher)
    - Hypertension: Uncontrolled blood pressure is **defined by SBP≥140 mm Hg or DBP≥90 mm Hg.**
    - Malnourished: losing more than 5% of your weight over 6 to 12 months

Addressing Questions:

- Capacity and infrastructures in place
  - 10,000 sq ft. kitchen
  - Adequate refrigeration and/or freezer storage capacity
  - Capable of producing 20K meals/daily
- How are the meals prepared
  - Meals are made in house with the Culinary team and RDN to assess nutritional needs, as these meals are made to address chronic conditions. Chilled, frozen, and delivered on a weekly basis.

		Part A	MAI	Part B	State Services	Total	FY 2025 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	Total	FY 2025 Allocations & Justification
<b>1</b>	<b>Ambulatory/Outpatient Primary Care</b>	\$11,107,927	\$2,098,411	\$0	\$0	\$13,206,338	FY25: Level fund since EHE Rapid Start Program brings ~ 1,000 new clients into the system annually.
1.a	PC-Public Clinic	\$4,254,296				\$4,254,296	
1.b	PC-AA	\$1,151,096	\$1,061,151			\$2,212,247	
1.c	PC-Hisp - see 1.b above	\$986,209	\$1,037,260			\$2,023,469	
1.d	PC-White - see 1.b above	\$1,242,022				\$1,242,022	
1.e	PC-Rural	\$1,191,872				\$1,191,872	
1.f	PC-Women at Public Clinic	\$1,781,932				\$1,781,932	FY25: Reduce by \$382,752 due to underspending in FY23
1.g	PC-Pedi						
1.h	Vision Care	\$450,500				\$450,500	FY25: reduce by \$49,500 due to underspending in FY23
1.j	PC-Pay for Performance Pilot Project	\$50,000				\$50,000	
<b>2</b>	<b>Medical Case Management</b>	\$2,183,040	\$318,597	\$0	\$0	\$2,501,637	
2.a	CCM - Mental/Substance	\$531,025				\$531,025	
2.b	MCM - Public Clinic	\$301,129				\$301,129	
2.c	MCM - AA	\$183,663	\$159,299			\$342,962	
2.d	MCM - Hisp	\$183,665	\$159,298			\$342,963	
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	<b>MCM - Older adults (50+)</b>	\$400,899				\$400,899	New subcategory in FY24
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>	\$2,067,104	\$0	\$0	\$0	\$2,067,104	
3.a	LPAP - Public Clinic	\$367,104				\$367,104	
3.b	LPAP - Untargeted	\$1,700,000				\$1,700,000	
<b>4</b>	<b>Oral Health</b>	\$166,404	\$0	\$2,410,068	\$0	\$2,576,472	
4.a	General Oral Health			\$1,833,318			FY23/24 Pt B: Grant Increase added \$17,782
4.b	Prosthodontics			\$576,750			FY23/24 SS: Grant Increase added \$60,093
4.c	Rural Dental	\$166,404				\$166,404	
<b>5</b>	<b>Health Insurance Co-Pays &amp; Co-Ins</b>	\$1,483,137	\$0	\$1,028,433	\$1,167,101	\$3,678,671	FY23/24 SS: Grant Increase added \$27,595 + \$175,000 was moved from Referral - Incarcerated
<b>6</b>	<b>Mental Health Services</b>		\$0	\$0	\$300,000	\$300,000	
6.a.	Mental Health - General				\$200,000	\$200,000	
6.b.	Mental Health - Special Populations		\$0	\$0	\$100,000	\$100,000	
<b>7</b>	<b>Medical Nutritional Therapy</b>	\$341,395	\$0	\$0	\$0	\$341,395	
<b>8</b>	<b>Substance Abuse Treatment - Outpatient</b>	\$25,000	\$0	\$0	\$0	\$25,000	

		Part A	MAI	Part B	State Services	Total	FY 2025 Allocations & Justification
	<b>Remaining Funds to Allocate</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>9</b>	<b>Hospice</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$293,832</b>	<b>\$293,832</b>	FY23/24 SS: Grant Increase added \$34,000
<b>10</b>	<b>Emergency Financial Assistance</b>	<b>\$2,139,136</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,139,136</b>	
10.a.	EFA - Pharmacy Assistance	\$2,039,136				\$2,039,136	<b>FY25 Pt. A: Keep as is due to former ADAP issues. Additional funds can be added later in year if needed</b>
10.b	EFA - Other	\$75,000				\$75,000	<b>FY25 Pt A: Reduce by \$25,000 to fund Durable Med Equip</b>
10.c	EFA - Durable Medical Equipment (urgent)	\$25,000	\$0	\$0	\$0	\$25,000	<b>FY25 Pt A: New Service</b>

	Part A	MAI	Part B	State Services	Total	FY 2025 Allocations & Justification
<b>Remaining Funds to Allocate</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
11 Referral for Health Care & Support Services	\$0	\$0	\$0	\$0	\$0	FY23/24 SS: moved \$175,000 to Health Insurance when alternative funding was found for RHCSS - Incarcerated
12 Non-Medical Case Management	\$1,267,002	\$0	\$0	\$250,000	\$1,517,002	
12.a SLW - Youth	\$110,793				\$110,793	
12.a SLW - Testing	\$100,000				\$100,000	
12.b SLW - Public clinic	\$370,000				\$370,000	
12.c SLW - CBO, includes some Rural	\$686,209				\$686,209	
12.d Substance Use	\$0			\$250,000	\$250,000	FY25 SS: Reduc by \$100,000 due to underspending
13 Transportation	\$374,911	\$0	\$0	\$0	\$374,911	
13.a Van Based - Urban	\$252,680				\$252,680	
13.b Van Based - Rural	\$97,185		\$0		\$97,185	
13.c Bus Passes & Gas Vouchers	\$25,046				\$25,046	FY25 Pt A: Reduce by \$50,000 because bus passes will be purchased in FY24
14 Linguistic Services	\$0	\$0	\$0	\$68,000	\$68,000	
15 Outreach Services	\$220,000	\$0	\$0	\$0	\$220,000	FY25 Pt A: Reduce by \$100,000 due to underspending in FY23
16 Food Bank/Home Delivered Meals	\$49,500					FY25 Pt A: New Service: Meciially tailored meals
17 Housing - Temporary Assisted Living	\$49,500					FY25 Pt A: New service for temporary medical necessity
<b>Total Service Allocation</b>	<b>\$21,474,056</b>	<b>\$2,417,008</b>	<b>\$3,438,501</b>	<b>\$2,078,933</b>	<b>\$29,408,498</b>	
NA FY25 Quality Management	\$817,112				\$817,112	FY25 Pt A: increase by \$286,542
NA FY25 Administration - RWGA + PC Support	\$2,421,749				\$2,421,749	FY25 Pt A: increase by \$346,210 (reduced by \$49,500 to fund Housing). Indirect costs included in RWGA Admin Budget
NA <b>Total Non-Service Allocation</b>	<b>\$3,238,861</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,238,861</b>	
<b>Total Grant Funds</b>	<b>\$24,712,917</b>	<b>\$2,417,008</b>	<b>\$3,438,501</b>	<b>\$2,078,933</b>	<b>\$32,647,359</b>	

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

**Core medical \$17,374,007 81%**

<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>	
Total Grant Funds	\$24,712,917	\$2,417,008	\$3,438,501	\$2,078,933	\$32,647,359

## Houston Area HIV Services Ryan White Planning Council

### FY 2025 How to Best Meet the Need Quality Improvement Committee Service Category Recommendation Summary (as of 05/15/24)


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

Ambulatory Outpatient Medical Care - CBO and Public Clinic (which includes Emergency Financial Assistance - Pharmacy Assistance, Local Pharmacy Assistance Program, and Outreach)  
Case Management (Non-Medical Targeting Substance Use Disorders)  
Health Insurance Premium and Cost Sharing Assistance  
Hospice Services  
Linguistic Services  
Mental Health Services (Untargeted and Targeting Special Populations)  
Oral Health (Untargeted and Targeting the Northern Rural Area)  
Referral for Health Care - ADAP Enrollment Workers  
Substance Use Disorder Treatment  
Vision Care


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

##### ***\*\*New ideas recommended for services currently not funded (see page 2)***


**Ambulatory Outpatient Medical Care - Rural** (which includes Emergency Financial Assistance - Pharmacy Assistance, and Local Pharmacy Assistance Program)

-  Keep the service definition as is. Increase the financial eligibility for PriCare to 400% and keep the financial eligibility the same for EFA=500%, Outreach=none, LPAP= 500%.



**Case Management (Medical and Clinical)**

-  Keep the service definition as is and the financial eligibility the same: none. Recommend that the Priority and Allocations Committee increase the allocation to Medical Case Management and ask the Recipient to encourage agencies to use it to increase salaries to improve staff retention.

**Case Management (Non-Medical Service Linkage)**

-  In the service definition under Staff Requirements, remove the bachelor's degree requirement, change paid working experience to one-year experience working with people living with HIV (PLWH) or a community health worker. Keep the financial eligibility the same: none.

**Emergency Financial Assistance – Other**

-  Keep the service definition and financial eligibility the same: 400%.
-  Add durable medical equipment to the service definition, ask the Priority and Allocations Committee to assign it to Part B or State Services and ask the Houston area Part B Recipient to bring information to the Quality Improvement Committee on how the mechanics of delivering the service will work.

**\*\*Food Bank/Home Delivered Meals**

- ⓧ Revive the Food Bank/Home Delivered Meals service definition for the purpose of possibly providing Medically Tailored Meals.

**\*\*Housing**

- ⓧ Revive the Housing service definition for the purpose of providing temporary assisted living, and ask staff to conduct a resource inventory of facility based medical respite programs and underutilized hospice services.

**Medical Nutritional Therapy/Supplements**

- ⓧ Keep the service definition and financial eligibility the same: 400%. Request that the provider increase awareness about the availability of supplemental nutrition drinks.

**Referral for Health Care – Incarcerated**

- ⓧ Eliminate the portion of the service category that addresses the needs of incarcerated individuals due to the availability of alternative resources and to avoid a duplication of services.


**Transportation**

- ⓧ Add text to the service definition to ensure all clients with mobility issues have access to appropriate transportation and increase the financial eligibility for all transportation services to 500%. Ask the Recipient to make it possible for clients to receive a bus pass from any Ryan White funded agency where they are a client, not just their CPCDMS record holder.

## Table of Contents

FY 2025 Houston EMA/HSDA Service Categories Definitions  
Ryan White Part A, Part B and State Services


<u>Service Definition</u>	<b>Approved FY24 Financial Eligibility</b> Based on federal poverty guidelines	<b>Recommended FY25 Financial Eligibility</b> Based on federal poverty guidelines	<b>Page #</b>
Ambulatory/Outpatient Medical Care - Part A CBO, Public Clinic, and Rural	<b>300%</b>	<b>300%, Rural=400%</b>	<b>7</b>
- EFA-Pharmacy Assistance	500%	500%	<b>8</b>
- Local Pharmacy Assistance Program	500%	500%	<b>9</b>
- Medical Case Management	None	None	<b>10</b>
- Outreach	None	None	<b>11</b>
- Service Linkage	None	None	<b>12</b>
Case Management:			
- Clinical - Part A			<b>13</b>
- Non-Medical (Service Linkage at Testing Sites) - Part A	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>14</b>
- Non-Medical (targeting Substance Use Disorders) - State Services			<b>15</b>
Vision Care - Part A	<b>400%</b>	<b>400%</b>	<b>16</b>
Referral for Health Care:			
- ADAP Enrollment Workers - State Services	<b>500%</b>	<b>500%</b>	<b>17</b>
Medical Nutritional Therapy and Nutritional Supplements - Part A	<b>400%</b>	<b>400%</b>	<b>18</b>
Substance Use Disorder Treatment - Part A	<b>500%</b>	<b>500%</b>	<b>19</b>
Oral Health:			
- Untargeted - Part B	<b>300%</b>	<b>300%</b>	<b>20</b>
- Rural (North) - Part A			
Health Insurance Premium and Cost Sharing Assistance:			
- Part B/State Services	<b>0 - 400%</b>	<b>0 - 400%</b>	<b>21</b>
- Part A	<b>ACA plans: must have a subsidy</b> (see Part B service definition for exception)	<b>ACA plans: must have a subsidy</b> (see Part B service definition for exception)	
Mental Health Services - State Services			
- Untargeted	<b>500%</b>	<b>500%</b>	<b>23</b>
- Targeting Special Populations			
Emergency Financial Assistance (EFA) - Other			
- Part A	<b>400%</b>	<b>400%</b>	<b>24</b>
Transportation - Part A	<b>400%</b>	<b>500%</b>	<b>25</b>
Hospice Services - State Services	<b>300%</b>	<b>300%</b>	---
Linguistic Services - State Services	<b>500%</b>	<b>500%</b>	---



Harris County  
**Public Health**  
Building a Healthy Community

**FY 2025**  
**How to Best Meet The Need Workgroups**  
**Workgroup 1**

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# FY24 Ryan White Service Categories

- **AIDS Drug Assistance Program Treatments**
- **AIDS Pharmaceutical Assistance (LPAP)**
- Child Care Services
- Early Intervention Services (EIS)
- **Emergency Financial Assistance**
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- **Health Insurance Premium and Cost Sharing Assistance for Low Income Individuals**
- Home and Community-Based Health Services
- Home Health Care
- **Hospice Services**
- Housing
- **Linguistic Services**
- **Medical Case Management, including Treatment Adherence Services**
- **Medical Nutrition Therapy**
- **Medical Transportation**
- **Mental Health Services**
- **Non-medical Case Management Services**
- **Oral Health Care**
- Other Professional Services
  - Legal
  - Permanency Planning
  - Income Tax Preparation
- **Outpatient/Ambulatory Health Services**
- **Outreach Services**
- Psychosocial Support Services
- **Referral for Health Care and Support Services**
- Rehabilitation Services
- Respite Care
- **Substance Abuse Outpatient Care**
- Substance Abuse Services (residential)

Funded under Part A only
Funded under Part B only
Funded under Part A & Part B
Funded under Part A & State Services
Funded under Part A, Part B & State Services
Funded under State Services only



## Funding Stream Basics

- The RWPC plans services and allocates money for the following federal & state funds in a single, unified planning & allocation process
  - **Ryan White Part A**
    - Pass-through from HRSA/HAB via Harris County Public Health/Ryan White Grant Administration
  - **Ryan White Minority AIDS Initiative (MAI)**
    - Pass-through from HRSA/HAB via Harris County Public Health/Ryan White Grant Administration
  - **RW Part B**
    - Pass-through from TDSHS via The Resource Group
  - **State Services**
    - State of Texas HIV funds via The Resource Group

## Allocation & Expenditure Data

- **Allocations** are the funds appropriated by the Planning Council to Client Services
- **Expenditures** are the actual documented expenditures during the respective Grant Year
- Allocation Data for the HTBMTN service category slides is provided by Calendar Year (CY) (2023)
- Allocations were computed by prorating FY22 and FY23 Allocations from January 2023-February 2023 (FY22) & March 2023-December 2023 (FY23)
- Expenditures by Grant and Fiscal Year will be available to P&A Committee during the allocation process to assist in finalizing FY 25 allocations

## Service Utilization Data

- Data is provided by Calendar Year (CY) 2023
- Data reflects net Unduplicated Clients (UDC) served

## CY 2023 Service Utilization Facts

- CY23 reflected a slight increase of 555 Unduplicated Clients (UDC) served compared to CY22
- 3,606 (23%) of UDC were “new” clients to the RW system as in they did not receive any RW services in CY23
- 90% resided in Harris Co. (CY22 was 90%)
- 36% Hispanic Clients were served (CY22 was 34%)
- 361 (2%) (354 M2F, 7 F2M) Transgender were served
- 696 Youth (4%) (ages 13-24) were served (CY22 was 5%)
- No Children (ages 0-12) were served (CY22 was 14)

# All Services/All Grants

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Number of New Clients (did not receive RW services in prior CY)
2023	15,936	14,284	1,652	3,606 (23%)
2022	15,381	13,868	1,513	3,451 (22%)

361 or 2% of clients served were Transgender individuals	M	F	AA Non	W non	Other non	H/L
	2023	77%	23%	48.7%	12.8%	2.3%
2022	77%	23%	49.6%	13.7%	2.3%	34.4%

# All Services/All Grants 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	15,936
2022	15,381
2021	15,140
2020	15,038
2019	15,393

There has been a 4% increase in UDC in the last five years

# New Clients vs. All Clients

(All Grants, did not receive any RW or SS funded services in prior CY)

CALENDAR YEAR 2023	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Notes
All Clients	15,936	14,284	1,652	90% Average Harris County
New Clients	3,606	3,284	322	10% Avg. Outside Harris County

CALENDAR YEAR 2023	M	F	AA non	W non	Other non	H/L
All Clients	12,239	3,697	7,763	2,055	335	5,783
New Clients	2,771	835	1,891	420	73	1,222



April 2024

**Harris Cares: Focus Issues**



# New Clients 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	3,606
2022	3,451
2021	3,174
2020	2,781
2019	3,383

There has been a 7% increase in Unduplicated New Clients in the last five years.

April 2024

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# FY 2024 Part A Areas of Focus

## HIV and Aging

- **BCM HIV & Aging Project**
  - Provides technical assistance and training to providers to address the healthcare and psychosocial needs of people aging with HIV in the RWHAP.
  - Conduct needs assessment among case managers/social workers, prescribing providers, and clients to assess baseline knowledge, barriers and understanding of needs and resources for older clients with HIV.
  - Host six-session ECHO program to reinforce concepts and knowledge, inform new considerations, and update on best practices of evidence driven care.
- **Geriatric Medical Case Management**
  - \$400,000 total in funding/\$80,000 per Urban Pcare subrecipient
  - Provides enhanced medical case management services to clients, ages 60 and older

## FY 2024 HTBMTN Workgroup 1

- Ambulatory/Outpatient Medical Care (includes Emergency Financial Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage)
  - Adult and Rural
- Case Management – Clinical
- Case Management – Non-Medical
  - (Service Linkage at Test Sites)
- Vision Care

### Primary Care (EXCLUDING VISION)

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	10,282	9,322	960	\$1,307
2022	9,722	8,824	898	\$1,262

Transgender: 2023=261 2022=245	M	F	AA non	W non	Other non	H/L
2023	78%	22%	45%	10%	2%	43%
2022	79%	21%	47%	11%	2%	40%

5% increase in the number of clients receiving primary care services in 2023 vs 2022. 3% increase in the average amount allocated per client in 2023 vs 2022

## Primary Care 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	10,282
2022	9,722
2021	9,397
2020	9,357
2019	9,384

There has been a 9% increase in UDC in the last five years

## EFA - Pharmacy

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	3,533	3,313	220	\$543
2022	3,127	2,929	198	\$415

	M	F	AA non	W non	Other non	H/L
Transgender: 2023=95 2022=68						
2023	79%	21%	46%	9%	2%	43%
2022	79%	21%	46%	10%	3%	41%

12% increase in the number of unduplicated clients receiving EFA-pharmacy services in 2023 vs 2022

24% increase in the average amount allocated per client in 2023 vs 2022-due largely to 36% increase in allocation between FY2022 \$1,296,405 vs. FY2023 \$2,039,136

## EFA-Pharmacy 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	3,533
2022	3,127
2021	2,654
2020	1,375
2019	1,527

There has been a 57% increase in UDC in the last five years

## LPAP

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	6,707	5,977	730	\$307
2022	6,454	5,776	678	\$279

Transgender 2023=228 2022=207	M	F	AA non	W non	Other non	H/L
2023	79%	21%	44%	11%	3%	42%
2022	79%	21%	47%	12%	2%	39%

4% increase in the # of UDC in 2023 vs 2022. 9% increase in the average amount allocated per client in 2023 vs 2022. FY2023 allocated \$2,067,104 FY2022 allocated \$2,010,630 (3% increase in funding)



## LPAP 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	6,707
2022	6,454
2021	6,034
2020	5,559
2019	5,119

There has been a 24% increase in UDC in the last five years

## Medical Case Management

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	3,893	3,360	533	\$533
2022	5,320	4,661	659	\$382

Transgender 2023=108 2022=143	M	F	AA non	W non	Other non	H/L
2023	74%	26%	53%	12%	2%	33%
2022	75%	25%	53%	13%	2%	32%

27% decrease in the number of unduplicated clients in 2023 vs 2022. 22% increase in the average amount allocated per client in 2023 vs 2022. FY2023 allocated \$1,880,000 FY2022 allocated \$1,639,949 (13% increase in funding)

## Medical Case Management 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	3,893
2022	5,320
2021	5,263
2020	5,478
2019	5,396

There has been a 28% decrease in UDC in the last five years

## Outreach

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	1,001	957	44	\$420
2022	994	944	50	\$422

Transgender 2023=30 2022=30	M	F	AA non	W non	Other non	H/L
2023	76%	24%	62%	10%	2%	26%
2022	79%	21%	58%	14%	1%	27%

## Outreach 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	1,001
2022	994
2021	1,119
2020	877
2019	779

There has been a 22% increase in UDC in the last five years

## Non-Med Case Mgmt (SLW) (excludes SLW at Testing Sites)

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	8,855	7,927	928	\$143
2022	8,431	7,648	783	\$148

	M	F	AA non	W non	Other non	H/L
Transgender 2023=177 2022=179						
2023	75%	25%	51%	10%	1%	38%
2022	74%	26%	51%	11%	2%	36%

## Non-Med Case Management (SLW) 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	8,855
2022	8,431
2021	7,581
2020	8,328
2019	8,956

2023 UDC served have rebounded from a low of 7,581 in 2021

## Clinical Case Mgmt.

Calendar Year	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	787	676	111	\$666
2022	1,012	886	126	\$483

Transgender 2023=12 2022=15	M	F	AA non	W non	Other non	H/L
2023	75%	25%	56%	15%	1%	27%
2022	77%	23%	55%	14%	1%	30%

## Clinical Case Management 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	787
2022	1,012
2021	1,198
2020	1,296
2019	1,316

There has been a 40% decrease in UDC in the last five years

## Service Linkage at Testing Sites (newly-diagnosed cases)

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	94	91	3	\$1,064
2022	129	126	3	\$775

Transgender 2023=2 2022=3	M	F	AA non	W non	Other non	H/L
2023	74%	26%	50%	4%	4%	42%
2022	77%	23%	55%	6%	3%	36%

## Service Linkage at Testing Sites (newly-diagnosed cases) 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	94
2022	129
2021	127
2020	135
2019	176

There has been a 47% decrease in UDC in the last five years

## NMCM-SUD

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2022	173	169	4	\$2023
2023	209	205	4	\$1675

	M	F	AA non	W non	Other non	H/L
2022	80%	20%	50%	49%	1%	32%
2023	84%	16%	55%	42%	3.3%	23%

Transgender-2% (down from 5%)  
Transgender- 2.9% (2023)

## Vision Care

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	2,099	1,794	305	\$247
2022	2,659	2,331	328	\$188

Transgender 2023=33 2022=43	M	F	AA non	W non	Other non	H/L
2023	75%	25%	44%	12%	3%	41%
2022	77%	23%	47%	13%	2%	38%

22% decrease in the # of UDC in 2023 vs 2022. 22% increase in the avg. amount allocated per client in 2023 vs 2022. FY23 allocated \$531,025 FY22 allocated \$500,000 (6% increase)

## Vision Care 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	2,099
2022	2,659
2021	3,059
2020	3,109
2019	2,865

There has been a 27% decrease in UDC in the last five years

## RFHC-AEW

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2022	2,656	-	-	\$64
2023	5,596	-	-	\$94

	M	F	AA non	W non	Other non	H/L
Transgender- 2% (2022)						
Transgender- 3.6% (2023)						
2021	75%	23%	46%	14%	2%	38%
2022	76%	24%	45%	12%	2%	41%
2023	79%	17%	42%	55%	3%	45%

2023-the denominator is 3293 due to data system error

REV. APRIL 2024



## FY 2024 HTBMTN Workgroup 2

- Medical Nutritional Therapy including Supplements
- Substance Abuse Treatment
- Oral Health – Rural (RW/A)
- Health Insurance Assistance

### Medical Nutritional Therapy Including Supplements

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served		
2023	478	447	31	\$714		
2022	518	483	35	\$659		
Transgender 2023=7 2022=8	M	F	AA non	W non	Other non	H/L
2023	78%	22%	45%	18%	4%	33%
2022	77%	23%	42%	19%	4%	35%

8% decrease in the number of unduplicated clients in 2023 vs 2022. 8% increase in the average amount allocated per client in 2023 vs 2023

## Medical Nutritional Therapy 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	478
2022	518
2021	593
2020	569
2019	491

There has been a 3% decrease in UDC in the last five years

## Substance Abuse Treatment

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	21	21	0	\$2,175
2022	10	10	0	\$4,568

Transgender 2023=0 2022=0	M	F	AA non	W non	Other non	H/L
2023	95%	5%	24%	43%	4%	29%
2022	100%	0%	20%	40%	0%	30%

52% increase in the number of unduplicated clients in 2023 vs 2022. 52% decrease in the average amount allocated per client in 2023 vs 2023

## Substance Abuse Treatment 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	21
2022	10
2021	26
2020	20
2019	27

There has been a 22% decrease in UDC in the last five years

## Oral Health

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	3,062	2,668	394	\$779
2022	3,053	2,686	367	\$833

	M	F	AA non	W non	Other non	H/L
Transgender 2023=64 2022=57						
2023	74%	26%	51%	12%	1%	36%
2022	73%	27%	52%	14%	2%	32%

## Oral Health 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	3,062
2022	3,053
2021	3,135
2020	3,420
2019	3,830

There has been a 20% decrease in UDC in the last five years

## Health Insurance

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	2,660	2,333	327	\$1,321
2022	2,357	2,107	250	\$1,445

Transgender 2023=43 2022=39	M	F	AA non	W non	Other non	H/L
2023	82%	18%	43%	24%	3%	30%
2022	81%	19%	43%	25%	3%	29%

12% increase in the number of UDC in 2023 vs 2022.

9% decrease in the average amount allocated per client in 2023 vs 2022

## Health Insurance Assistance 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	2,660
2022	2,357
2021	2,239
2020	2,333
2019	2,374

There has been a 11% increase in UDC in the last five years

## 2023 Insurance Coverage

### All Insurance Coverage

%FPL	Total	%	Insured	%	Uninsured	%
<b>0-100</b>	9,183	57.7%	2,640	42.7%	6,544	67.3%
<b>101-400</b>	6,346	39.9%	3,267	52.8%	3,079	31.7%
<b>&gt;400</b>	379	2.4%	275	4.4%	104	1.1%
<b>Total</b>	15,908	100.0%	6,182	38.9%	9,727	61.1%

### Marketplace Coverage

%FPL	Total	%	Marketplace	%
<b>0-100</b>	9,183	57.7%	681	36.4%
<b>101-400</b>	6,346	39.9%	1138	60.9%
<b>&gt;400</b>	379	2.4%	51	2.7%
<b>Total</b>	15,908	100.0%	1,870	11.8%

# 2022 Insurance Coverage

## All Insurance Coverage

%FPL	Total	%	Insured	%	Uninsured	%
0-100	8,821	57.4%	2,367	40.6%	6,455	67.7%
101-400	6,200	40.3%	3,240	55.5%	2,960	31.1%
>400	345	2.2%	227	3.9%	118	1.2%
<b>Total</b>	<b>15,366</b>	<b>100.0%</b>	<b>5,834</b>	<b>38.0%</b>	<b>9,533</b>	<b>62.0%</b>

## Marketplace Coverage

%FPL	Total	%	Marketplace	%
0-100	8,821	57.4%	406	26.8%
101-400	6,200	40.3%	1065	70.3%
>400	345	2.2%	44	2.9%
<b>Total</b>	<b>15,366</b>	<b>100.0%</b>	<b>1515</b>	<b>9.9%</b>

# MENTAL HEALTH

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2022	230	197	33	\$1304
2023	222	207	15	\$1351

	M	F	AA non	W non	Other non	H/L
Transgender-1.3% (2022) Transgender- 2.7% (2023)						
2022	79%	21%	48%	51%	-	32%
2023	78%	22%	49%	50%	1%	27%

## FY 2024 HTBMTN Workgroup 3

- Emergency Financial Assistance – Other
- Transportation

### EFA - Other

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	109	108	1	\$1,132
2022	116	113	3	\$2,070

Transgender 2023=6 2022=3	M	F	AA non	W non	Other Non	H/L
2023	72%	28%	58%	14%	0%	28%
2022	68%	32%	51%	16%	0%	33%

45% decrease in the average amount allocated per client in 2023 vs 2022 due to FY23 allocation (\$100,000) vs. FY22 allocation (\$240,000)

## EFA-Other 2021-2023

CALENDAR YEAR	Total Number of Clients Served
2023	109
2022	116
2021	114

## Transportation-Van Based

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County		Number Outside of Harris County	Average Allocation per Unduplicated Client Served		
2023	573	406		167	\$742		
2022	946	731		215	\$370		
Transgender 2023=5 2022=14	M	F	AA non	W non	Other non	H/L	
2023	66%	34%	53%	12%	3%	32%	
2022	69%	31%	54%	13%	1%	32%	

39% decrease in the number of unduplicated clients in 2023 vs 2022. 50% increase in the average amount allocated per client in 2023 vs 2022



## Transportation-Van Based 2019-2023

CALENDAR YEAR	Total Number of Clients Served
2023	573
2022	946
2021	1,118
2020	1,355
2019	923

There has been an 8% decrease in UDC in the last four years  
 There's been a 28% decrease in UDC in the last five years

## Transportation - Bus Pass

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2023	1,201	1,185	16	\$62
2022	1,334	1,323	11	\$56

Transgender 2023=33 2022= 32	M	F	AA non	W non	Other non	H/L
2023	76%	224%	66%	9%	1%	24%
2022	76%	24%	68%	8%	2%	22%

## Transportation-Bus Pass 2020-2023

CALENDAR YEAR	Total Number of Clients Served
2023	1,201
2022	1,334
2021	1,260
2020	1,273

## Questions

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Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
<b>1</b>	<b>Outpatient/Ambulatory Primary Care</b>	<b>10,965,788</b>	<b>460,625</b>	<b>535,679</b>	<b>0</b>	<b>-283,680</b>	<b>-69,730</b>	<b>11,608,682</b>	<b>45.29%</b>	<b>11,608,682</b>	<b>0</b>		<b>10,438,095</b>	<b>90%</b>	<b>100%</b>
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397					4,109,697	16.03%	4,109,697	0	3/1/2023	\$3,769,988	92%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443	182,131			34,283	1,330,433	5.19%	1,330,433	0	3/1/2023	\$1,335,561	100%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289	155,347			29,323	1,137,510	4.44%	1,137,510	0	3/1/2023	\$1,799,191	158%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314	198,201			36,967	1,436,406	5.60%	1,436,406	0	3/1/2023	\$596,155	42%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088			-228,730	-16,713	905,645	3.53%	905,645	0	3/1/2023	\$1,041,307	115%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531					2,197,531	8.57%	2,197,531	0	3/1/2023	\$1,442,442	66%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437					0	0.00%	0	0	3/1/2023	\$0	0%	0%
1.h	Vision	500,000	0			-54,950	-9,200	435,850	1.70%	435,850	0	3/1/2023	\$397,840	91%	100%
1.x	Primary Care Health Outcome Pilot	200,000	0			0	-144,390	55,610	0.22%	55,610	0	3/1/2023	\$55,610	100%	100%
<b>2</b>	<b>Medical Case Management</b>	<b>1,880,000</b>	<b>-97,859</b>	<b>63,063</b>	<b>0</b>	<b>-96,974</b>	<b>69,590</b>	<b>1,817,820</b>	<b>7.09%</b>	<b>1,817,820</b>	<b>0</b>		<b>1,509,374</b>	<b>83%</b>	<b>100%</b>
2.a	Clinical Case Management	531,025	0	63,063		35,176	73,350	702,614	2.74%	702,614	0	3/1/2023	\$568,458	81%	100%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.17%	301,129	0	3/1/2023	\$289,596	96%	100%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.72%	183,663	0	3/1/2023	\$152,594	83%	100%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.72%	183,665	0	3/1/2023	\$65,670	36%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2023	\$63,450	95%	100%
2.f	Med CM - Targeted to Rural (a)	297,496	0			-62,150	9,000	244,346	0.95%	244,346	0	3/1/2023	\$131,538	54%	100%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2023	\$178,704	218%	100%
2.h	Med CM - Targeted to Pedi (a.1)	97,859	-97,859					0	0.00%	0	0	3/1/2023	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0			-70,000	-12,760	4,204	0.02%	4,204	0	3/1/2023	\$4,204	100%	100%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.19%	49,867	0	3/1/2023	\$55,161	111%	100%
<b>3</b>	<b>Local Pharmacy Assistance Program</b>	<b>2,067,104</b>	<b>0</b>	<b>0</b>	<b>-37,920</b>	<b>12,178</b>	<b>140</b>	<b>2,041,502</b>	<b>7.97%</b>	<b>2,041,502</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$2,327,502</b>	<b>114%</b>	<b>100%</b>
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.43%	367,104	0	3/1/2023	\$247,873	68%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0		-37,920	12,178	140	1,674,398	6.53%	1,674,398	0	3/1/2023	\$2,079,629	124%	100%
<b>4</b>	<b>Oral Health</b>	<b>166,404</b>	<b>0</b>	<b>30,429</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>196,833</b>	<b>0.77%</b>	<b>196,833</b>	<b>0</b>		<b>196,800</b>	<b>100%</b>	<b>100%</b>
4.b	Oral Health - Targeted to Rural	166,404	0	30,429				196,833	0.77%	196,833	0	3/1/2023	\$196,800	100%	100%
<b>5</b>	<b>Health Insurance (c)</b>	<b>1,383,137</b>	<b>223,222</b>	<b>479,154</b>	<b>0</b>	<b>94,004</b>	<b>0</b>	<b>2,179,517</b>	<b>8.50%</b>	<b>2,179,517</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$2,179,276</b>	<b>100%</b>	<b>100%</b>
<b>7</b>	<b>Medical Nutritional Therapy (supplements)</b>	<b>341,395</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>341,395</b>	<b>1.33%</b>	<b>341,395</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$338,531</b>	<b>99%</b>	<b>100%</b>
<b>10</b>	<b>Substance Abuse Services - Outpatient (c)</b>	<b>45,677</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-20,677</b>	<b>0</b>	<b>25,000</b>	<b>0.10%</b>	<b>25,000</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$25,000</b>	<b>100%</b>	<b>100%</b>
<b>13</b>	<b>Non-Medical Case Management</b>	<b>1,267,002</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-72,790</b>	<b>0</b>	<b>1,194,212</b>	<b>4.66%</b>	<b>1,194,212</b>	<b>0</b>		<b>\$1,524,148</b>	<b>128%</b>	<b>100%</b>
13.a	Service Linkage targeted to Youth	110,793	0			-15,500		95,293	0.37%	95,293	0	3/1/2023	\$93,766	98%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0			-46,500		53,500	0.21%	53,500	0	3/1/2023	\$46,838	88%	100%
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.44%	370,000	0	3/1/2023	\$480,088	130%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0			-10,790	0	675,419	2.64%	675,419	0	3/1/2023	\$903,455	134%	100%
<b>14</b>	<b>Medical Transportation</b>	<b>424,911</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-70,024</b>	<b>0</b>	<b>354,887</b>	<b>1.38%</b>	<b>354,887</b>	<b>0</b>		<b>\$354,885</b>	<b>100%</b>	<b>100%</b>
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	0.99%	252,680	0	3/1/2023	\$247,270	98%	100%
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.38%	97,185	0	3/1/2023	\$102,594	106%	100%
14.c	Transportation vouchering (bus passes & gas cards)	75,046	0			-70,024		5,022	0.02%	5,022	0	3/1/2023	\$5,021	100%	100%
<b>15</b>	<b>Emergency Financial Assistance</b>	<b>1,653,247</b>	<b>485,889</b>	<b>180,337</b>	<b>37,920</b>	<b>665,735</b>	<b>0</b>	<b>3,023,128</b>	<b>11.79%</b>	<b>3,023,128</b>	<b>0</b>		<b>\$3,823,819</b>	<b>126%</b>	<b>100%</b>
15.a	EFA - Pharmacy Assistance	1,553,247	485,889	180,337	37,920	690,735		2,948,128	11.50%	2,948,128	0	3/1/2023	\$3,758,841	127%	100%
15.b	EFA - Other	100,000	0			-25,000		75,000	0.29%	75,000	0	3/1/2023	\$64,979	87%	100%
<b>17</b>	<b>Outreach</b>	<b>420,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>420,000</b>	<b>1.64%</b>	<b>420,000</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$222,472</b>	<b>53%</b>	<b>100%</b>
FY23_RW_DIR	<b>Total Service Dollars</b>	<b>20,614,665</b>	<b>1,071,877</b>	<b>1,288,662</b>	<b>0</b>	<b>227,772</b>	<b>0</b>	<b>23,202,976</b>	<b>90.53%</b>	<b>23,202,976</b>	<b>0</b>		<b>\$22,939,902</b>	<b>99%</b>	<b>100%</b>
									Unallocated	Unobligated					100%
	<b>Part A Grant Award (without Carryover):</b>	<b>24,342,151</b>	<b>Carryover:</b>	<b>1,288,662</b>	<b>0</b>	<b>0</b>	<b>Total Part A:</b>	<b>25,630,813</b>	<b>0</b>	<b>0</b>					
		<b>Original Allocation</b>	<b>Award Reconciliation</b>	<b>July Adjustments (carryover)</b>	<b>August 10% Rule Adjustments</b>	<b>October Adjustments</b>	<b>Final Quarter Adjustments</b>	<b>Total Allocation</b>	<b>Percent</b>	<b>Total Expended on Services</b>	<b>Percent</b>	<b>Award Category</b>	<b>Award Amount</b>	<b>Amount Spent</b>	<b>Balance</b>
	<b>Core</b> (must not be less than 75% of total service dollars)	<b>16,849,505</b>	<b>585,988</b>	<b>1,108,325</b>	<b>-37,920</b>	<b>-295,149</b>	<b>0</b>	<b>18,210,749</b>	<b>78.48%</b>	<b>17,014,578</b>	<b>74.17%</b>	Formula			0
	<b>Non-Core</b> (may not exceed 25% of total service dollars)	<b>3,765,160</b>	<b>485,889</b>	<b>180,337</b>	<b>37,920</b>	<b>522,921</b>	<b>0</b>	<b>4,992,227</b>	<b>21.52%</b>	<b>5,925,325</b>	<b>25.83%</b>	Supplemen			0
	<b>Total Service Dollars</b> (does not include Admin and QM)	<b>20,614,665</b>	<b>1,071,877</b>	<b>1,288,662</b>	<b>0</b>	<b>227,772</b>	<b>0</b>	<b>23,202,976</b>		<b>22,939,902</b>		Carry Over	0		0

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
												Totals	0	0	0
	<b>Total Admin</b> (must be ≤ 10% of total Part A + MAI)	<b>2,208,914</b>	<b>18,000</b>	<b>0</b>	<b>0</b>	<b>-171,947</b>	<b>-23,088</b>	<b>2,031,879</b>	<b>7.25%</b>						
	<b>Total QM</b> (must be ≤ 5% of total Part A + MAI)	<b>428,695</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-55,825</b>	<b>23,088</b>	<b>395,958</b>	<b>1.41%</b>						
<b>MAI Procurement Report</b>															
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
<b>1</b>	<b>Outpatient/Ambulatory Primary Care</b>	<b>2,107,819</b>	<b>-39,764</b>	<b>17,664</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,085,719</b>	<b>86.91%</b>	<b>2,085,719</b>	<b>0</b>		<b>2,170,575</b>	<b>104%</b>	<b>100%</b>
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106	8,832	0			1,054,501	43.94%	1,054,501	0	3/1/2023	\$1,193,260	113%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658	8,832	0			1,031,218	42.97%	1,031,218	0	3/1/2023	\$977,315	95%	100%
<b>2</b>	<b>Medical Case Management</b>	<b>320,099</b>	<b>-6,038</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>314,177</b>	<b>13.09%</b>	<b>314,177</b>	<b>0</b>		<b>\$181,861</b>	<b>58%</b>	<b>100%</b>
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019	58				157,089	6.55%	157,089	0	3/1/2023	\$126,576	81%	100%
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019	58				157,088	6.55%	157,088	0	3/1/2023	\$55,285	35%	100%
	<b>Total MAI Service Funds</b>	<b>2,427,918</b>	<b>-45,802</b>	<b>17,780</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,399,896</b>	<b>100.00%</b>	<b>2,399,896</b>	<b>0</b>		<b>2,352,436</b>	<b>98%</b>	<b>100%</b>
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	<b>Total MAI Non-service Funds</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0%</b>	<b>0%</b>
	<b>Total MAI Funds</b>	<b>2,427,918</b>	<b>-45,802</b>	<b>17,780</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,399,896</b>	<b>100.00%</b>	<b>2,399,896</b>	<b>0</b>		<b>2,352,436</b>	<b>98%</b>	<b>100%</b>
	<b>MAI Grant Award</b>	<b>2,382,116</b>	<b>Carry Over:</b>	<b>17,780</b>				<b>Total MAI:</b> <b>2,399,896</b>							
	<b>Combined Part A and MAI Original Allocation Total</b>	<b>25,680,192</b>								Unallocated	Unobligated				100%
									<b>0</b>	<b>0</b>		<b>MAI Award</b>	<b>2,399,896</b>		
<b>Footnotes:</b>								<b>Total Part A &amp; MAI</b>	<b>28,030,709</b>						
<b>All</b>	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.														
<b>(a)</b>	Single local service definition is multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.														
<b>(c)</b>	Funded under Part B and/or SS														
<b>(e)</b>	10% rule reallocations														