

**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**

Memorandum

To: Members, Quality Improvement Committee
Denis Kelly, Co-Chair Nkechi Onyewuenyi
Daphne Jones, Co- Chair Oscar Perez
Kevin Aloysius Tana Pradia
Veronica Ardoin Pete Rodriguez
Skeet Boyle Andrew Wilson
Titan Capri *Deborah Somoye*
Tom Lindstrom *Gloria Sierra*

Copy: Carin Martin Mackenzie A. Hudson
 Heather Keizman Diane Beck
 Mauricia Chatman Ann Robison
 Tiffany Shepherd Gary Grier
 Patrick Martin

From: Tori Williams

Date: Monday, February 7, 2022

Re: Meeting Notice

Please note the following meeting information:

Quality Improvement Committee Meeting
2:00 p.m., Tuesday, February 15, 2022

Location: Online or via phone. Join Zoom Meeting by clicking on this link:
<https://us02web.zoom.us/j/81144509622?pwd=SFNBM1RScVFabHkzakVpaUZoeHhldz09>

Meeting ID: 811 4450 9622

Passcode: 125672

Or, call in by dialing: 346 248 7799

Please RSVP to Rod, even if you cannot attend the meeting. She can be reached at: Rodriga.Avila@cjo.hctx.net or by telephone at 832 927-7926. And, if you have questions for your committee mentor, do not hesitate to contact her at:

Tana Pradia, 832 298-4248, tanapradia@gmail.com

Houston Area HIV Services Ryan White Planning Council
 Quality Improvement Committee
 2:00 p.m., Tuesday, February 15, 2022

Join the meeting via Zoom, please do not come to the meeting in person
<https://us02web.zoom.us/j/81519929661?pwd=cXZPdzkzdjJwWnJPeFRJc1RwOStYUT09>
 Meeting ID: 811 4450 9622
 Passcode: 125672

Or, use your cell phone to dial in at: 346 248 7799

Agenda

* = Handout to be distributed at the meeting

-
- I. Call to Order Daphne L. Jones and
Denis Kelly, Co-Chairs
 - A. Welcoming Remarks and Moment of Reflection
 - B. Introductions
 - C. Adoption of Agenda
 - D. Approval of Minutes

 - II. Public Comments and Announcements
 (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. 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. All information from the public must be provided in this portion of the meeting.)

 - III. Committee Orientation Tori Williams
 - A. Nuts, Bolts, Petty Cash & Open Meetings Act Training
 - B. Review the Calendar and Timeline 2022 Meetings
 - C. Review Committee Description
 - D. Conflict of Interest and Voting Policy
 - E. Approve 2022 Committee Goals
 - F. Elect a Committee Vice Chair

 - IV. Training in How to Read Reports from the Administrative Agents
 - A. Part B and State Services (SS) Reports Patrick Martin
 - 1. How to Read TRG Reports 2022
 - 2. 2022 Schedule of Reports
 - B. Part A and MAI reports Carin Martin
 - 1. How to Read Part A & MAI Reports
 - 2. Part A: Clinical Quality Mgmt. Committee Report Heather Keizman
 - C. Criteria for FY 2023 Service Categories – March Joint meeting Tori Williams

 - VII. Announcements

 - VIII. Adjourn

 - Optional: New members meet with committee mentor Tana Pradia

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
1:00 p.m., Tuesday, November 16, 2021
Meeting location: Zoom teleconference

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Steven Vargas, Co-Chair	Johanna Castillo	Allen Murray, RWPC Chair
Kevin Aloysius, Co-Chair	Ahmier Gibson	Denis Kelly, RWPC Vice Chair
Ardry Skeet Boyle	Crystal Starr, excused	Patrick Martin, TRG
Josh Mica	Andrew Wilson	Tiffany Shepherd, TRG
Nkechi Onyewuenyi	Karla Mills	Carin Martin, RWGA
Oscar Perez		Heather Keizman, RWGA
Pete Rodriguez		Mauricia Chatman, RWGA
Gloria Sierra		Tori Williams, Ofc of Support
Cecilia Ligons		Diane Beck, Ofc of Support
Marcely Macias		
Tana Pradia		
Deborah Somoye		

Call to Order: Denis Kelly, Co-Chair, called the meeting to order at 2:13 p.m. and asked for a moment of reflection.

Adoption of the Agenda: **Motion #1:** *it was moved and seconded (Starr, Rodriguez) to adopt the agenda. Motion carried.*

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Starr, Rodriguez) to approve the August 18, 2020 committee meeting minutes. Motion carried. Abstention: Macias*

Public Comment: Mica said he spoke to a friend recently that had signed up for Ryan White services and said that the process was tedious. He received dental services and said that all of the staff were great except for the dentist who mocked the condition of his teeth. All staff need sensitivity training, including the doctors.

Reports from the Administrative Agents

Ryan White Part A and MAI: C.Martin said that a procurement report dated 10/25/21 is attached; reallocations were approved by the Council last week.

Clinical Quality Management Quarterly Report: Keizman presented the attached report dated 09/07/21.

Ryan White Part B and State Services: P. Martin said that the following reports were included in the meeting packet:

- TRG Steering and Council report dated September 2020
- FY21/22 DSHS State Services Procurement Report, dated 11/05/21

Scribe: D. Beck

JA = Just arrived at meeting
 LR = Left room temporarily
 LM = Left the meeting
 C = Chaired the meeting

2021 Quality Improvement Meeting Voting Record for Meeting Date 11/16/21

MEMBERS:	Motion #1 Agenda				Motion #2 Committee Meeting Minutes				Motion #3 Part A SOC/PM				Motion #3 Part B SOC			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Steven Vargas, Co-Chair				C				C				C				C
Kevin Aloysius, Co-Chair	X				X				X				X			
Ardry Skeet Boyle		X				X			X				X			
Johanna Castillo	X			X					X				X			
Ahmier Gibson	X			X					X				X			
Josh Mica ja 1:15		X				X			X				X			
Nkechi Onyewuenyi		X				X			X				X			
Oscar Perez		X				X			X				X			
Pete Rodriguez		X				X			X				X			
Gloria Sierra	X				X				X				X			
Crystal Starr		X						X	X				X			
Andrew Wilson	X				X				X				X			
Cecilia Ligons	X			X					X				X			
Marcelly Macias		X				X			X				X			
Karla Mills		X						X	X				X			
Tana Pradia		X				X			X				X			
Deborah Somoye	X				X				X				X			

Nuts and Bolts for New Members

Please take into account that some of the procedures described below have been changed due to stay at home orders because of COVID-19.

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact Rod in the Office of Support. In the meantime, most reminder emails will include an electronic copy of the meeting packet.

The meeting packet will have the date, time and room number of the meeting; this information will also be posted on signs on the first and second floor the day of the meeting.

Sign in upon arrival and use the extra agendas on the sign in table if you didn't bring your packet.

Only Council/committee members sit at the table since they are voting members; staff and other non-voting members sit in the audience.

The only members who can vote on the minutes are the ones who were present at the meeting described in the minutes. If you were absent at the meeting, please abstain from voting.

Due to County budgeting policy, there may be no petty cash reimbursements in March and April. Please turn in your receipts to Rod but be prepared to receive a reimbursement check in late April.

Be careful about stating personal health information in meetings as all meetings are tape recorded and, due to the Open Meetings Act, are considered public record. Anyone can ask to listen to the recordings, including members of the media.

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www.rwpchouston.org

Memorandum

To: Members, Houston Ryan White Planning Council
Affiliate Members, Ryan White Committees

From: Tori Williams, Director, Ryan White Office of Support

Date: January 27, 2022

Re: Open Meetings Act Training

Please note that all Council members, and Affiliate Committee members, are required to take the Open Meetings Act training at least once in their lifetime. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 31, 2022. The training takes 60 minutes and can be accessed through the following link (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

<https://www.texasattorneygeneral.gov/og/oma-training>

If you do not have high-speed internet access, you are welcome to contact Rod in the Office of Support and we will see if we can help you access the information.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

Print it from the Attorney General web link at:

https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php

Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

2022 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/28/21)

AFFECTED COMMUNITY

Meetings are on the second Monday after

Council meets starting at 1:30 pm.

February 21 July 25
March 15* August 22
 March 21 September 19
 April - no meeting October 24
 May 23 November 21
 June 20 December - no mtg

COMPREHENSIVE HIV PLANNING

Meetings are the second Thursday of the month starting at 1:30 pm:

February 10 August 11
 March 10 September 8
 April - no meeting October 13
 May 12 Nov 10
 June 9 December - no mtg
 July 14

OPERATIONS

Meetings are Tuesdays following the Council meeting starting at 11:00 am:

February 15 August 16
 March 15 September 13
 April - no meeting October 18
 May 17 November 15
 June 14 December 13
 July 19

PLANNING COUNCIL

Meetings are the second Thursday of the month starting at 12 noon:

February 10 August 11
 March 10 September 8
 April 14 October 13
 May 12 Nov 10
 June 9 December 8
 July 14

PRIORITY & ALLOCATIONS

Meetings are the fourth Thursday of the month at 12 pm:

February 24 July 28
March 15* August 25
 March 24 September 22
 April 28 October 27
 May 26 November - no mtg
 June 23 December - no mtg

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 2:00 pm:

February 15 August 16
March 15* September 13
 April - no meeting October 18
 May 17 November 15
 June 14 December - no mtg
 July 19

STEERING

Meetings are the first Thursday of the month starting at 12 noon:

February 3 August 4
 March 3 September 1
 April 7 October 6
 May 5 November 3
 June 2 December 1
 July 7

***Joint meeting of the Affected**

Community, Priority and Allocations and Quality Improvement Committees.

BOLD = Special meeting date, time or place

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2022 Council Activities

(Revised 01-28-22)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. The following meetings are subject to change. Please check our website at www.rwpchouston.org or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.

General Information: The following is a list of significant activities regarding the 2022 Houston Ryan White Planning Council. Consumers, providers and members of the public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or meeting packets, please contact the Office of Support at 832 927-7926 or visit our website at: <http://rwpchouston.org>.

All Ryan White Council and Committee meetings will be held virtually January through March 2022, possibly in the Spring as well. Routinely, the Ryan White Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.

- Thurs. Jan. 27 Council Orientation. 2022 Committee meeting dates will be established at this meeting.
- Thurs. Feb. 3 12 noon. First Steering Committee meeting for the 2022 planning year.
- Feb. date TBD 10 am, Orientation for new 2022 Affiliate Committee Members.
- Thurs. Feb. 10 12 noon. First Council meeting for the 2022 planning year.

Tues. Feb. 15 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding, or recommending funding, for 17 of the 28 allowable HRSA service categories. The Idea Form is used to ask the Council to make a change to a funded service or reconsider a service that is not currently being funded in the Greater Houston area with Ryan White Part A, Part B or State Services dollars. The form requires documentation that justifies why a particular service should be funded and why it is not a duplication of a service already being offered through another funding source. Anyone can submit an Idea Form. Contact the Office of Support at 832 927-7926 to request required forms.

- Thurs. Feb. 24 12 noon. Priority & Allocations Committee meets to approve the **policy on allocating FY 2022 unspent funds, FY 2023 priority setting process** and more.
- March date TBD EIIHA Workgroup meeting.
- Tues. March 15 2:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2023 service categories** for Part A, Part B and *State Services* funding.
- Mon. March 21 1:30 pm. **Consumer Training** on the How to Best Meet the Need process.
- Thurs. April 7 12 noon. Steering Committee meets.

Thurs. April 14 12 noon. Planning Council meets.

1:30 – 4:30 pm. **Council and Community Training for the How to Best Meet the Need process.** Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority & Allocations and Affected Community Committees. Call 832 927-7926 for confirmation and additional information.

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2022 Council Activities

(Revised 01-28-22)

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Mon. April 18 10 am – 5 pm, Special workgroup meetings. Topics to be announced.

April 19 - 27

The following workgroups will be scheduled to meet. Call 832 927-7926 for confirmation and to receive meeting packets.

10:30 am. **Date to be announced.** **How To Best Meet the Need Workgroup #1** at which the following services for FY 2023 will be reviewed:

- Ambulatory/Outpatient Medical Care (including Emergency Financial Assistance – Pharmacy Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage – Adult and Rural)
- Ambulatory/Outpatient Medical Care (including Medical Case Management and Service Linkage – Pediatric)
- Referral for Health Care and Support Services
- Clinical Case Management
- Non-Medical Case Management (Service Linkage at Testing Sites)
- Vision Care

1:30 pm. **Date to be announced.** **How To Best Meet the Need Workgroup #2** at which the following services for FY 2023 will be reviewed:

- Health Insurance Premium & Co-pay Assistance
- Medical Nutritional Therapy (including Nutritional Supplements)
- Mental Health
- Substance Abuse Treatment/Counseling
- Non-Medical Case Management (Substance Use)
- Oral Health – Untargeted & Rural

3:00 pm – 5:00 pm. **Date to be announced.** **How To Best Meet the Need Workgroup #3** at which the following services will be reviewed:

- Early Intervention Services
- Emergency Financial Assistance - Other
- Home & Community-based Health Services (Adult Day Treatment)
- Hospice
- Linguistic Services
- Transportation (van-based - Untargeted & Rural)

Thurs. April 28 12 noon. Priority & Allocations Committee meets to allocate **Part A unspent funds.**

Mon. May 2 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 15 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.

Tues. May 17 11:00 am. **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book**. The Operations Committee reviews the FY 2023 Council Support Budget.

Tues. May 17 2:00 pm. Quality Improvement Committee meets to approve the **FY 2023 How to Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority & Allocations Committee.

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2022 Council Activities

(Revised 01-28-22)

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Tues. May 24	7:00 pm., Public Hearing on the FY 2023 How To Best Meet the Need results.
Wed. May 25	Time TBD. Special Quality Improvement Committee meeting to review public comments regarding FY 2023 How To Best Meet the Need results.
Thurs. May 26	12 noon. Priority & Allocations Committee meets to recommend the FY 2023 service priorities for Ryan White Parts A and B and <i>State Services</i> funding.
Thurs. June 2	12 noon. Steering Committee meets to approve the FY 2023 How to Best Meet the Need results.
Thurs. June 9	12 noon. Council approves the FY 2023 How to Best Meet the Need results.
Week of June 13-16	Dates and times TBD. Special Priority & Allocations Committee meetings to draft the FY 2023 allocations for RW Part A and B and State Services funding.
June 12 or Aug. 16	2:00 pm. Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
Thurs. June 23	12 noon. Priority & Allocations Committee meets to approve the FY 2023 allocations for RW Part A and B and State Services funding.
Mon. June 27	7 pm. Public Hearing on the FY 2023 service priorities and allocations.
Tues. June 28	Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the FY 2023 service priorities and allocations.
July/Aug.	Workgroup meets to complete the proposed FY 2023 EIIHA Plan.
Thurs. July 7	12 noon. Steering Committee approves the FY 2023 service priorities and allocations.
Thurs. July 14	12 noon. Council approves the FY 2023 service priorities and allocations.
Fri. July 15	5 pm. Deadline for submitting a Project LEAP application form. See July 28 for description of Project LEAP. Call 832 927-7926 for an application form.
Thurs. July 28	12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the FY 2023 priority & allocations. They also allocate FY 2021 carryover funds. (Allocate even though dollar amount will not be avail. until Aug.)
Wed. July 27	Project LEAP classes begin. Project LEAP is a free 17-week training course for individuals living with or affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.

(continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2022 Council Activities

(Revised 01-28-22)

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- Thurs. Aug. 4 12 noon. ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE **LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2023 GRANT**. (Mail out date for the August Steering Committee meeting is July 28, 2022.)
- Mon. Aug. 22 1:30 pm. **Consumer Training** on Standards of Care and Performance Measures.
- Fri. Sept. 2 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 15 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
- Tues. Sept. 13 2:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
- Mon. Sept. 19 1:30 pm. **Consumer-Only Workgroup** meeting to review FY 2023 Standards of Care and Performance Measures.
- Tues. Oct. 18 11:00 am. Operations Committee reviews the Memorandum of Understanding between all Part A stakeholders & Letter of Agreement between Part B stakeholders.
- October or November Date & time TBD. Community Workgroup meeting to review **FY 2023 Standards of Care & Performance Measures** for all service categories.
- Thurs. Oct. 27 12 noon. Priority & Allocations Committee meets to allocate FY 2022 unspent funds.
- Tues. Nov. 15 or 29 10:00 am. Commissioners Court to receive the World AIDS Day Resolution.
- Thurs. Nov. 10 12 noon. Council recognizes all Affiliate Committee Members.
- Thurs. Dec. 1 **World AIDS Day.**
- Thurs. Dec. 8 12 noon. Election of Officers for the 2023 Ryan White Planning Council.

Houston Area HIV Services Ryan White Planning Council

Standing Committee Structure

(Reviewed 01-14-20)

1. **Affected Community Committee**

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV/AIDS-related drug representatives are invited.

The committee will consist of HIV+ individuals, their caregivers (friends or family members) and others. All members of the PC who self-disclose as HIV+ are requested to be a member of the Affected Community Committee; however membership on a committee for HIV+ individuals will not be restricted to the Affected Community Committee.

2. **Comprehensive HIV Planning Committee**

This committee is responsible for developing the Comprehensive Needs Assessment, Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from affiliate membership and expertise.

3. **Operations Committee**

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from affiliate member participation except where resolve of grievances are concerned.

4. **Priority and Allocations Committee**

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include affiliate members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

5. Quality Improvement Committee

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on “how to best meet the need” are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year and monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council’s third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of affiliate members.

Ryan White Definition of Conflict of Interest

“Conflict of Interest” (COI) is defined as an actual or perceived interest by a Ryan White Planning Council member in an action which results or has the appearance of resulting in personal, organizational, or professional gain. COI does not refer to persons living with HIV disease (PLWH) whose sole relationship to a Ryan White Part A or B or State Services funded provider is as a client receiving services. The potential for conflict of interest is present in all Ryan White processes: needs assessment, priority setting, comprehensive planning, allocation of funds and evaluation.

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998

REV MARCH 12, 2020

POLICY No. 600.01

QUORUM, VOTING, PROXIES, ATTENDANCE

1 **PURPOSE**

2
3 This policy establishes the guidelines as to what legally constitutes a Houston Area HIV Health
4 Services (Ryan White) Planning Council meeting. In addition, the policy will define and establish
5 how voting is done, what constitutes a roll call vote and who monitors that process. This policy
6 will define attendance, and the process by which a member can be removed from the council.
7

8 **AUTHORITY**

9
10 The adoption of the Houston Area HIV Health Services (Ryan White) Planning Council Bylaws
11 Rev. 01/18 Article VI; (Sections 6.01-6.04).
12

13 **PROCESS**

14
15 **QUORUM:**

16 A majority of the members of the Council are required to constitute a quorum. A minimum of one
17 (1) self-identified member living with HIV must also be present to constitute a quorum. If quorum
18 is not met, the Council Chair, in consultation with the Office of Support staff, will determine when
19 to dismiss those present. To constitute a Standing Committee quorum, at least two (2) committee
20 members and a Chair must be present; one of these must be a self-identified member living with
21 HIV.
22

23 It is considered to be a public health emergency if the Harris County Judge declares an emergency
24 or the Public Health Department is activated as a first responder. Under a declared health
25 emergency, quorum for the Ryan White Planning Council will be determined by the number of
26 Council members present in the meeting room and/or on the conference call at the official start
27 time for the meeting. Documentation is to be provided to the Council, which determines the
28 beginning, and the end dates of the public health emergency.
29

30
31 **VOTING:**

32 Each council member will have only one vote on any regular business matter coming before the
33 Council. A simple majority of members present and voting will be required to pass any matter
34 coming before the Council except for that of proposed Bylaws changes. Proposed changes to the
35 Bylaws will be submitted in written form for review to the full Council at least fifteen (15) days
36 prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council
37 will not vote except in the event of a tie. The Chairs of the Standing Committees shall not vote at
38 Committee meetings except in the event of a tie. In a case where standing committees have co-
39 chairs, only one of them may vote at Steering. The Chair of the Council is an ex-officio member of
40 all committees (standing, subcommittee, and work groups). Ex-officio means that he/she is

41 welcome to attend and is allowed to be a part of committee discussion. He/she is not allowed to
42 vote. In the absence of the Chair of the Council, the next officer may assume the ex-officio role
43 with committees. In an effort to manage agency influence over a single committee or workgroup,
44 only one voting member (Council or Affiliate) per agency will be permitted to vote on Ryan White
45 Planning Council committees and workgroups. If there is an unresolved tie vote and the Chair of
46 the Committee works for the same agency as another committee member, then the information
47 will be forwarded to the Steering Committee for resolution.
48

49 **ALTERNATE PARTICIPATION:**

50 During committee meetings any full council member living with HIV may serve as an alternate on
51 a committee for any absent committee member living with HIV. The Chair of the Committee will
52 communicate to the rest of the committee that the alternate person living with HIV is there to
53 conduct business. Alternates have full voting privileges. This rule is not applicable in full Council
54 meetings.
55

56 **CONFLICT OF INTEREST AND VOTING AMONG AFFILIATE MEMBERS:**

57 Affiliate members must declare a conflict of interest.
58

59 The number of Affiliate members on a committee (not a subcommittee or work group) should not
60 equal or exceed the number of Council members on that committee.
61

62 **ROLL CALL VOTE:**

63 When a roll call vote is taken, the Secretary will call the roll call vote, noting voting, and will
64 announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts
65 of interest (RWPC Policy No. 800.01). The Secretary will process inquiries into votes made in
66 conflict of interest.
67

68 **ATTENDANCE:**

69 Council members are required to attend meetings of the Houston Area HIV Health Services (Ryan
70 White) Planning Council. Affiliate Committee members are required to attend meetings of the
71 committee to which they are assigned. The Secretary shall cause attendance records to be
72 maintained and shall regularly provide such records to the Chair of the Operations Committee. The
73 Operations Committee will review attendance records quarterly.
74

75 If a Council or Affiliate committee member has 4 absences (excused or unexcused) from Council
76 meetings or 4 absences from committee meetings within a calendar year or fails to perform the
77 duties of a Council member described herein without just cause, that member will be subject to
78 removal. In order to avoid such action, the following will occur: Step 1: Office of Support staff
79 will contact the member by telephone to check on their status. Step 2: If the member continues to
80 miss meetings, the Chair of the Planning Council will formally notify the member in writing to
81 remind them of Council policies regarding attendance and to give the member an opportunity to
82 request assignment to another committee. If assignment to another committee is requested, the
83 Chair of the newly selected committee and the Planning Council Chair must approve the change.
84 Step 3: If the Council member continues to miss meetings, the CEO will be informed of the
85 situation and the steps taken by the Council to address the situation. If an Affiliate committee
86 member continues to miss meetings, the Chair of the Council will be informed of the situation and

87 the steps taken by the Council to address the situation. Step 4: The CEO has the sole authority to
88 terminate a Council member and will notify said member in writing, if that is their decision. The
89 CEO or the Chair of the Planning Council has the authority to terminate an Affiliate committee
90 member and will notify said member in writing, if that is their decision.

91
92 If for two consecutive months the Office of Support is unable to make contact with a Council or
93 an Affiliate committee member by telephone and receives returned email and/or mail sent to that
94 member, staff will send a certified letter requesting the member to contact the Office of Support
95 by telephone or in writing to update their contact information. If the member does not respond to
96 the certified letter within 30 days, or if the certified letter is returned to the Office of Support, the
97 Operations Committee will be notified at their next regularly scheduled meeting. At the request
98 of the Operations Committee, the Chair of the Planning Council and the CEO will be informed of
99 the situation and the steps taken by the Council to address the situation. As stated above, the CEO
100 has the sole authority to terminate a Council member and will notify said member in writing, if
101 that is his/her decision. The CEO or the Chair of the Planning Council has the authority to terminate
102 an affiliate committee member and will notify said member in writing, if that is his/her decision.

103
104 Reasons for absences that would be used to determine reassignment or dismissal include: 1)
105 sickness; 2) work related conflicts (in or out of town and vacations), and 3) unforeseeable
106 circumstances. Any Planning Council member who is unable to attend a Planning Council meeting
107 or standing committee meeting must notify the Office of Support prior to such meeting. The Office
108 of Support staff will document why a member is absent.

109
110 **PROXIES:**
111 There will be no voting by proxy.

DRAFT
2021 Quarterly Report
Quality Improvement Committee
(November 2021)

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

1. Conduct the “How to Best Meet the Needs” (HTBMN) process, with particular attention to the continuum of care with respect to HRSA identified core services.
2. Develop a process for including consumer input that is proactive and consumer friendly for the Standards of Care and Performance Measures review process.
3. Continue to improve the information, processes and reporting (within the committee and also thru collaboration with other Planning Council committees) needed to:
 - a. Identify “The Un-met Need”;
 - b. Determine “How to Best Meet the Needs”;
 - c. *Strengthen and improve the description and measurement of medical and health related outcomes.
4. *Identify and review the required information, processes and reporting needed to assess the “Efficiency of the Administrative Mechanism”. Focus on the status of specific actions and related time-framed based information concerning the efficiency of the administrative mechanism operation in the areas of:
 - a. Planning fund use (meeting RWPC identified needs, services and priorities);
 - b. Allocating funds (reporting the existence/use of contract solicitation, contract award and contract monitoring processes including any time-frame related activity);
 - c. Distributing funds (reporting contract/service/re-imbursalment expenditures and status, as well as, reporting contract/service utilization information).
5. Annually, review the status of committee activities identified in the current Comprehensive Plan.

Status of Tasks on the Timeline:

Committee Chairperson

Date

2022 Ryan White Planning Council

WORKING STANDING COMMITTEE LIST

(Updated 02-04-22)

Green Text = Committee Mentor

Blue Text = New Member

STEERING	
Crystal Starr, RWPC Chair	Ronnie Galley, Co-Chair, Operations
Skeet Boyle, Vice Chair	Matilda Padilla, Co-Chair, Operations
Kevin Aloysius, Secretary	Bobby Cruz, Co-Chair, Priority and Allocations
Tony Crawford, Co-Chair, Affected Community	Peta Gay-Ledbetter, Co-Chair, Priority and Allocations
Holly Renee McLean, Co-Chair, Affected Community	Denis Kelly, Co-Chair, Quality Improvement
Josh Mica, Co-Chair, Comprehensive HIV Planning	Daphne Jones, Co-Chair, Quality Improvement
Steven Vargas, Co-Chair, Comprehensive HIV Planning	

AFFECTED COMMUNITY			
1. Tony Crawford, Co-Chair	8. Cecilia Ligons	<i>Affiliate Members</i>	
2. Holly Renee McLean, Co-Chair	9. Diane Morgan	<i>Deborah Hurd</i>	
3. Veronica Ardoin	10. Rodney Mills	<i>Veria Steptoe</i>	
4. Rosalind Belcher	11. Andrew Wilson		
5. Cubby Crawford-Prado			
6. Johnny Deal, Mentor			
7. Ronnie Galley			

COMPREHENSIVE HIV PLANNING			
1. Josh Mica, Co-Chair	8. Rodney Mills, Mentor	<i>Affiliate Members</i>	
2. Steven Vargas, Co-Chair	9. Matilda Padilla	<i>Dominique Brewster</i>	
3. Titan Capri	10. Shital Patel	<i>Bianca Burley</i>	
4. Johanna Castillo	11. Paul Richards	<i>Allen Murray</i>	
5. Dawn Jenkins	12. Faye Robinson		
6. Cecilia Ligons	13. Imran Shaikh		
7. Timothy Mann	14. Robert Sliepka		

OPERATIONS			
1. Ronnie Galley, Co-Chair	4. Ardry "Skeet" Boyle	7. Cecilia Ligons, Mentor	<i>No Affiliate Members</i>
2. Matilda Padilla, Co-Chair	5. Johnny Deal	8. Peta-Gay Ledbetter	
3. Kevin Aloysius	6. Denis Kelly		

PRIORITY AND ALLOCATIONS			
1. Bobby Cruz, Co-Chair	4. Roxane May	7. Bruce Turner	<i>Affiliate Members</i>
2. Peta Gay-Ledbetter, Co-Chair & Mentor	5. Josh Mica		<i>Allen Murray</i>
3. Kimberley Coffins	6. Paul Richards		

QUALITY IMPROVEMENT			
1. Denis Kelly, Co-Chair	8. Nkechi Onyewuenyi	<i>Affiliate Members</i>	
2. Daphne Jones, Co-Chair	9. Oscar Perez	<i>Gloria Sierra</i>	
3. Kevin Aloysius	10. Tana Pradia, Mentor	<i>Deborah Somoye</i>	
4. Veronica Ardoin	11. Pete Rodriguez		
5. Ardry "Skeet" Boyle	12. Andrew Wilson		
6. Titan Capri			
7. Tom Lindstrom			



RYAN WHITE HIV/AIDS PROGRAM PART B

Houston RWPC Steering Committee & Council Report

January & February 2022

1. Administrative Agency Update

TRG Reports Submission:

a. Procurement Monthly Report

- Ryan White State Services September 1-August 31
- FY 2021 SS spending through November 2021 **provided 2/2/2022**
- FY 2021 SS spending through December 2021 **provided 2/2/2022**

- Ryan White Part B April 1-March 31:
- FY 2021 RWB spending through November 2021 **provided 2/2/2022**
- FY 2021 RWB spending through December 2021 **provided 2/2/2021**

b. Service Utilization Quarterly Report

State Services September 1-August 30:

- FY 2021 1st Quarter (Sept-Nov) **provided 2/2/2022**
- FY 2021 2nd Quarter (Dec-Feb)
- FY 2021 3rd Quarter (Mar-May)
- FY 2021 4th Quarter FINAL (Jun-Aug)

Ryan White Part B April 1-March 31:

- FY 2021 1st Quarter (Apr-Jun)
- FY 2021 2nd Quarter (Jul-Sept)
- FY 2021 3rd Quarter (Oct-Dec) **provided 2/2/2022**
- FY 2021 4th Quarter RWB (Jan-Mar)

Health Insurance Assistances Service Utilization Monthly Report

- FY 20-21 Usage Through November 2021 **provided 2/2/2022**

**All reports provided to RWPC OOS*

Address: 500 Lovett Blvd Suite 100 Houston, Texas 77006

Phone: 713-526-1016

Website: www.hivtrg.org



2. DSHS Funding Ryan White Part B & State Services Update

a. New Administrative Agency Cycle:

- TRG successfully completed its reapplication to be the AA of the Eastern HASA.
- New AA Cycles will start on April 1, 2022.
- All contracts (RWB, State Services, HOPWA) will be closed out as of March 31st.
- SS and HOPWA Contracts for the remaining funding will be reissued effective April 1st.

b. TRG Website:

- Phase 1 will launch on April 1st. Website will include:
 1. For Community: information for community members/stakeholders
 2. For Consumers: information for PLWH about TRG consumer engagement activities
 3. For Funding: RFP information
 4. For Providers: information for Subrecipients
- New features will include online Training and Technical Assistance Request Process and Video On Demand (VOD) Training and Technical Assistance (via YouTube) for frequently requested topics.

c. Houston ADAP Enrollment Workers:

- Regional ADAP/Eligibility Liaison Hailey Malcolm Contact email hmalcolm@hivtrg.org
- New data system TCT went live December 20, 2021
- ARIES has been officially decommissioned
- AEWs are now using an electronic copy of the ADAP application
- Support documents are still required for application process
- Due to the change in systems, THMP is experiencing a backlog of 2-3 weeks
- TCT is brand new. As more updates become available, the ADAP liaison will share

3. HRSA Funding Ryan White Part D

a. The Positive VIBE Project (PVP) of Houston and Galveston Update (RW Part D)

- TRG submitted its Ryan White Part D Reapplication.

Address: 500 Lovett Blvd Suite 100 Houston, Texas 77006

Phone: 713-526-1016

Website: www.hivtrg.org

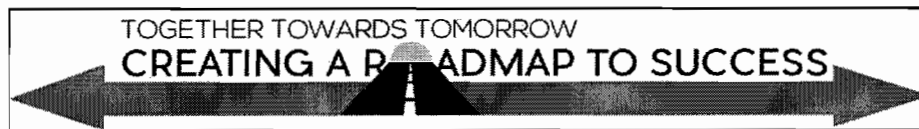


RYAN WHITE HIV/AIDS PROGRAM PART B

4. DSHS Funding HOPWA

a. HOPWA Bridge Re-Entry Initiative (BRI) Project

- The COVID HUD Regulatory Waiver to extended hotel/motel for emergency isolation through March 31, 2022.



Community Initiatives

1. Trauma-Informed Care Initiative

- TRG has completed the final session for the Trauma Informed Leadership and Supervision micro-grant.
- TRG will be conducting a staff retreat in the first quarter of the year to educate staff about trauma informed approaches (TIA), address TIA in its internal structure/practices and strategize for future funding to develop TIA with its Subrecipients.

2. create+equity Collaborative

- TRG and the c+e Team partnered with DSH to develop and conduct a training for the PHQ-9/PHQ-A for its Subrecipients who are funded care coordination.
- The c+e Team is finalizing its screening protocol for the three pilot sites. The protocol will roll out in the first quarter of this year.

3. Serving the Recently Released and Incarcerated

The January SIRR Partnership Meeting included updates from the community partners and planning for the 2022 goals. SIRR is assuming several projects from the END HIV Houston Criminal Justice Workgroup. These include mapping out mental health and substance use resources within TDCJ and HCJ, updating the HCJ portion of the HIV Care document (once HHS starts providing care in HCJ), and expanding housing program for the recently released based on the Bridge Reentry Initiative model. SIRR is also planning a community summit for the second half of 2022. To be added to the distribution list for meeting announcements, contact Felicia Booker fbooker@hivtrg.org

4. Texas Black Women's Health Initiative (TxBWHI) Houston Team

- Contact Sha'Terra Johnson tbwihouston@gmail.com

Address: 500 Lovett Blvd Suite 100 Houston, Texas 77006

Phone: 713-526-1016

Website: www.hivtrg.org

**4/1/2021- 12/31/2021 Houston HSDA (4816)
3rd Quarter**

Revised 2/1/2022

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums	1,600	614	82.25%	17.26%	0.00%	0.49%	36.97%	26.87%	33.87%	2.29%	0.00%	0.00%	1.00%	19.38%	17.91%	27.52%	27.68%	6.51%
Home and Community Based Health Services	38	18	52.63%	42.10%	0.00%	5.27%	77.77%	11.11%	11.12%	0.00%	0.00%	0.00%	5.55%	0.00%	0.00%	27.77%	44.44%	22.24%
Oral Health Care	3,510	2,451	72.59%	27.19%	0.00%	0.22%	53.69%	12.81%	31.57%	1.93%	1.91%	0.08%	1.99%	17.05%	21.54%	25.09%	25.66%	6.68%
Unduplicated Clients Served By State Services Funds	NA	1,839	69.16%	28.85%	0.00%	1.99%	56.14%	16.93%	25.52%	1.41%	0.64%	0.03%	2.85%	12.14%	13.15%	26.79%	32.59%	11.81%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2122 DSHS State Services
Procurement Report
September 1, 2021 - August 31, 2022



Chart reflects spending through December 2021

Spending Target: 33%

Revised 1/25/2022

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$853,137	43%	\$0	\$853,137	\$0	\$853,137	9/1/2020	\$0	0%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	\$0	\$300,000	9/1/2020	\$27,750	9%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2020	\$51,279	29%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$0	\$259,832	9/1/2020	\$69,960	27%
13	Non Medical Case Management (2)	\$350,000	17%	\$0	\$350,000	\$0	\$350,000	9/1/2020	\$53,357	15%
16	Linguistic Services	\$68,000	3%	\$0	\$68,000	\$0	\$68,000	9/1/2020	\$23,850	35%
Total Houston HSDA		2,005,969	100%	\$0	\$2,005,969	\$0	\$2,005,969		226,196	11%

- 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) Subcontractors behind in reporting

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2021 Ryan White Part B
Procurement Report
April 1, 2021 - March 31, 2022



Reflects spending through December 2021

Spending Target: 75%

Revised

1/25/22

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care (1)	\$1,674,036	50%	\$0	\$1,674,036	\$0	\$1,674,036	4/1/2021	\$1,074,738	64%
4	Oral Health Care -Prosthodontics (1)	\$544,842	16%	\$0	\$544,842	\$0	\$544,842	4/1/2021	\$364,162	67%
5	Health Insurance Premiums and Cost Sharing (2)	\$1,028,433	31%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2021	\$273,355	27%
9	Home and Community Based Health Services (3)	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2021	\$24,560	22%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	\$0	\$0					
Total Houston HSDA		3,360,626	100%	0	3,360,626	\$0	\$3,360,626		1,736,814	52%

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

- (1) Working with agency on spending and looking into possible reallocation
- (2) 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
- (3) Demand is still down because of COVID & Category is two months behind in reporting

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2021-11/30/2021

Revised:

1/7/2022

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	360	\$39,512.64	218			0
Medical Deductible	7	\$453.31	6			0
Medical Premium	1753	\$388,354.00	691			0
Pharmacy Co-Payment	4820	\$167,028.54	648			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	4	\$693.77	8	NA	NA	NA
Totals:	6944	\$594,654.72	1571	0	\$0.00	

Comments: This report represents services provided under all grants.

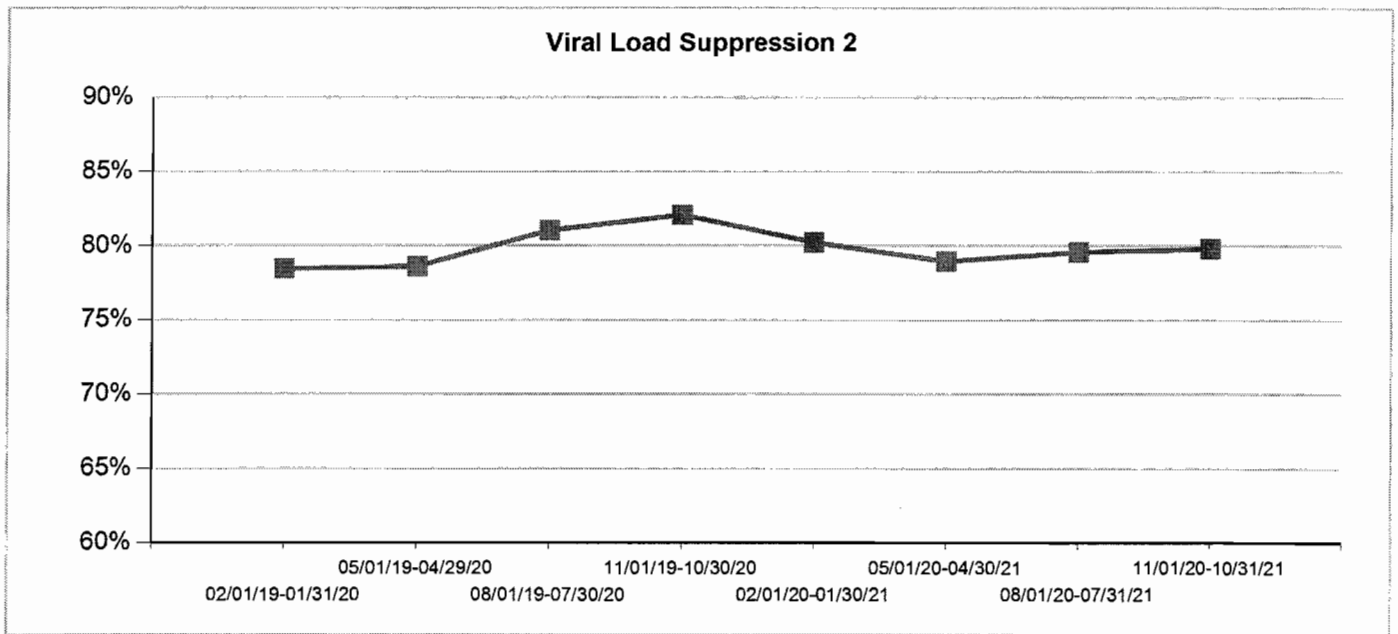
2021 - 2022 DSHS State Services Service Utilization Report
9/1/2021 thru 11/30/2021 Houston HSDA
1st Quarter

Revised 1/3/2022

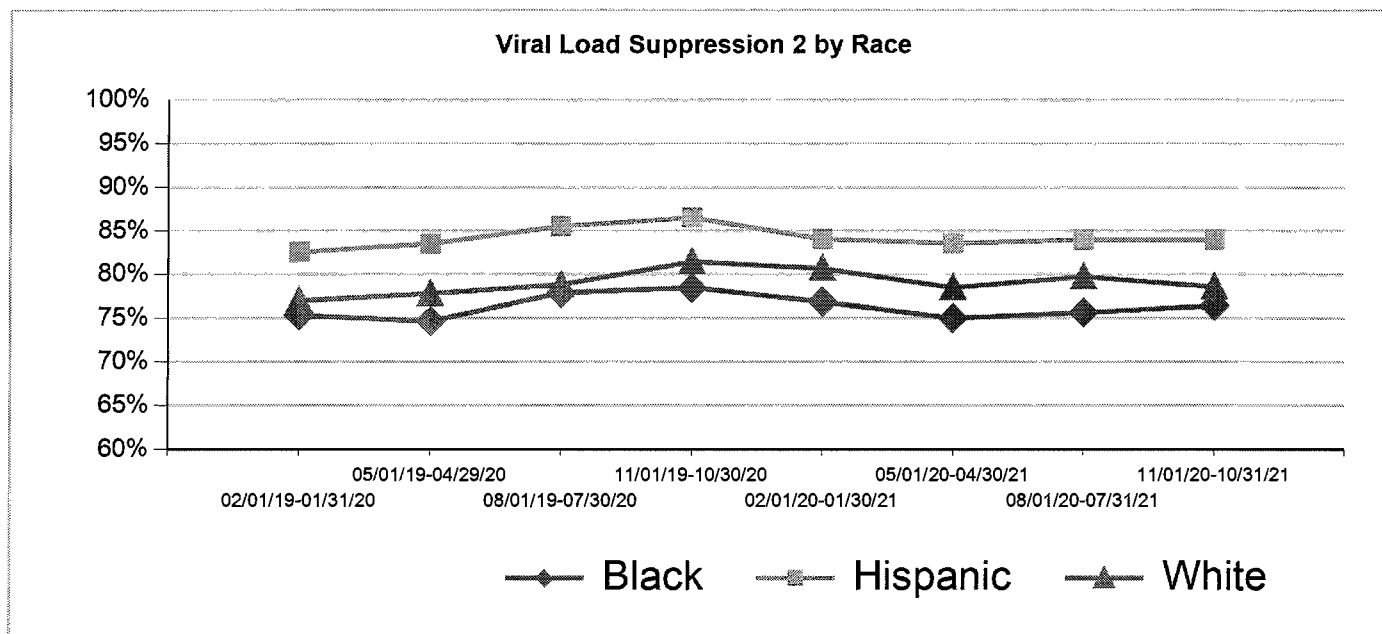
Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	700	240	85.00%	12.08%	0.00%	2.92%	64.17%	14.17%	20.83%	0.83%	0.00%	7.50%	29.59%	29.58%	0.00%	16.04%	16.04%	1.25%
Health Insurance Premiums	2,300	147	72.11%	25.85%	0.00%	2.04%	27.21%	42.86%	28.57%	1.36%	0.00%	0.00%	0.00%	16.33%	16.33%	27.55%	27.55%	12.24%
Hospice	35	8	75.00%	25.00%	0.00%	0.00%	50.00%	12.50%	37.50%	0.00%	0.00%	0.00%	0.00%	25.00%	25.00%	12.50%	12.50%	25.00%
Linguistic Services	50	28	50.00%	46.43%	0.00%	3.57%	42.86%	7.14%	17.86%	32.14%	0.00%	0.00%	0.00%	12.07%	16.07%	34.14%	34.15%	3.57%
Mental Health Services	250	73	77.00%	23.00%	0.00%	0.00%	31.09%	45.99%	22.92%	0.00%	0.00%	17.52%	17.53%	35.37%	17.69%	0.00%	0.00%	11.89%
Unduplicated Clients Served By State Services Funds:	NA	496	71.82%	26.47%	0.00%	1.71%	43.07%	24.53%	25.54%	6.87%	0.00%	5.00%	9.42%	23.67%	15.02%	18.05%	18.05%	10.79%

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
Clinical Quality Management Committee Quarterly Report
 Last Quarter Start Date: 11/1/2020

Viral Load Suppression 2- HAB Measure				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who have a viral load of <200 copies/ml during the measurement year	6,920	6,964	7,093	7,047
Number of clients who have had at least 1 medical visit with a provider with prescribing privileges	8,625	8,819	8,911	8,828
Percentage	80.2%	79.0%	79.6%	79.8%
Change from Previous Quarter Results	-1.9%	-1.3%	0.6%	0.2%



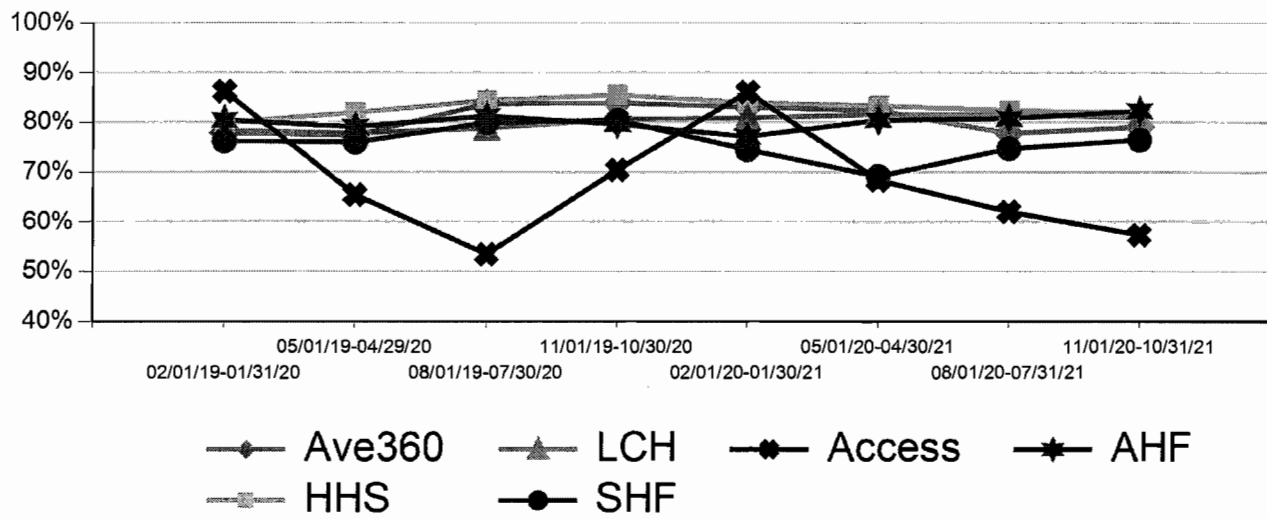
VL Suppression 2 by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load of <200 copies/ml during the measurement year	3,143	2,802	853	3,194	2,859	866	3,193	2,862	821
Number of clients who have had at least 1 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	4,191	3,353	1,087	4,223	3,405	1,086	4,179	3,409	1,045
Percentage	75.0%	83.6%	78.5%	75.6%	84.0%	79.7%	76.4%	84.0%	78.6%
Change from Previous Quarter Results	-1.9%	-0.5%	-2.2%	0.6%	0.4%	1.3%	0.8%	0.0%	-1.2%



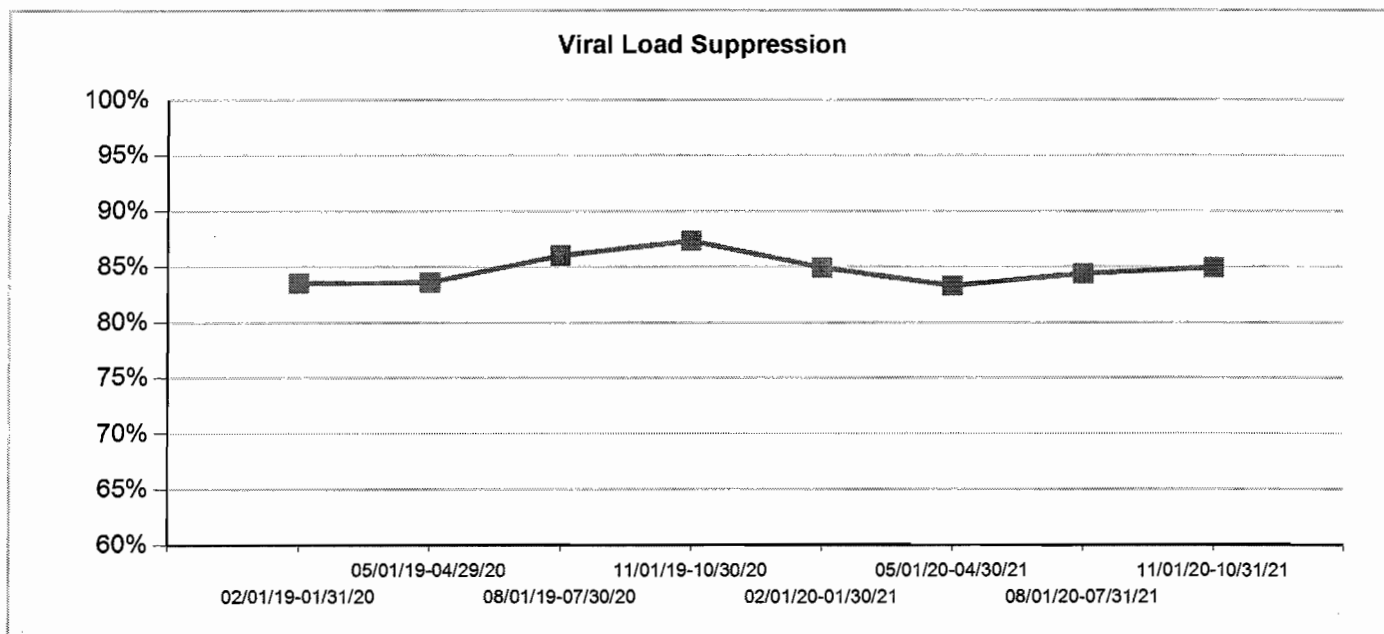
Viral Load 2 Suppression by Agency

	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who have a viral load of <200 copies/ml during the measurement year	529	2,158	2,256	1,634	49	568	544	2,008	2,239	1,699	47	618
Number of clients who have had at least 1 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	680	2,619	2,767	2,187	79	703	688	2,451	2,765	2,222	82	751
Percentage	77.8%	82.4%	81.5%	74.7%	62.0%	80.8%	79.1%	81.9%	81.0%	76.5%	57.3%	82.3%
Change from Previous Quarter Results	-4.6%	-1.0%	-0.1%	5.6%	-6.3%	0.3%	1.3%	-0.5%	-0.6%	1.7%	-4.7%	1.5%

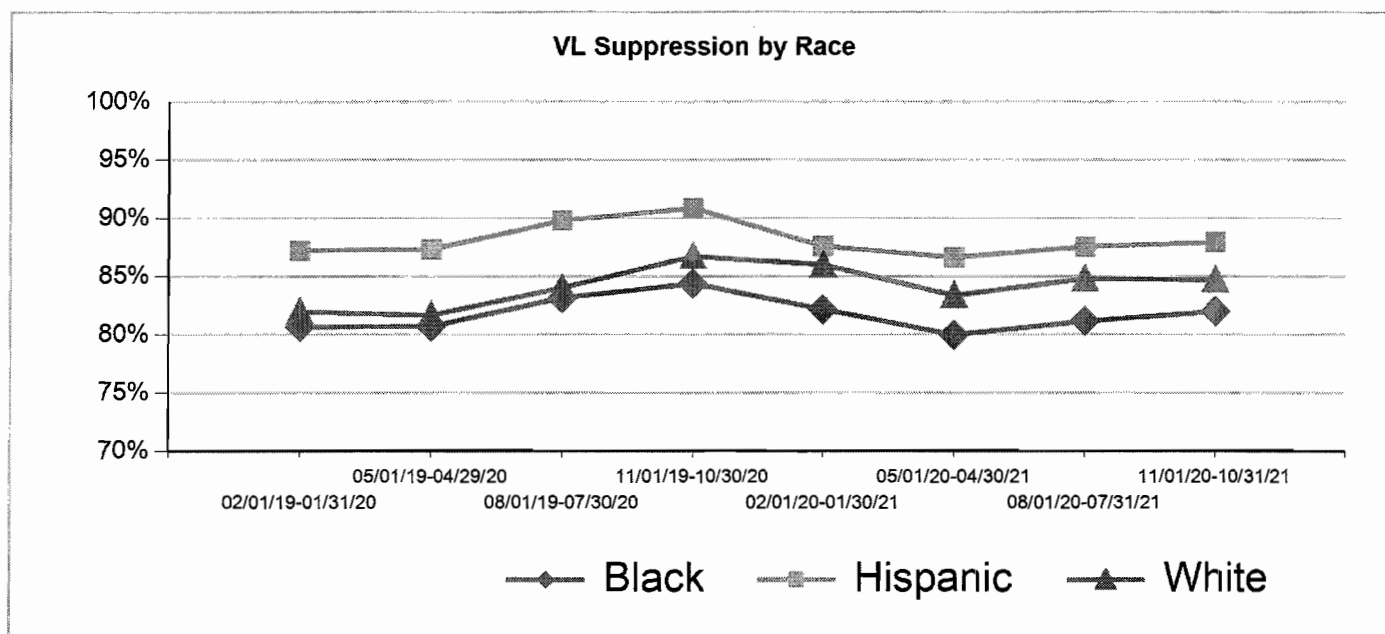
Viral Load Suppression 2 by Agency



Viral Load Suppression				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who have a viral load of <200 copies/ml during the measurement year	5,195	5,155	5,190	5,106
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	6,118	6,190	6,151	6,014
Percentage	84.9%	83.3%	84.4%	84.9%
Change from Previous Quarter Results	-2.4%	-1.6%	1.1%	0.5%



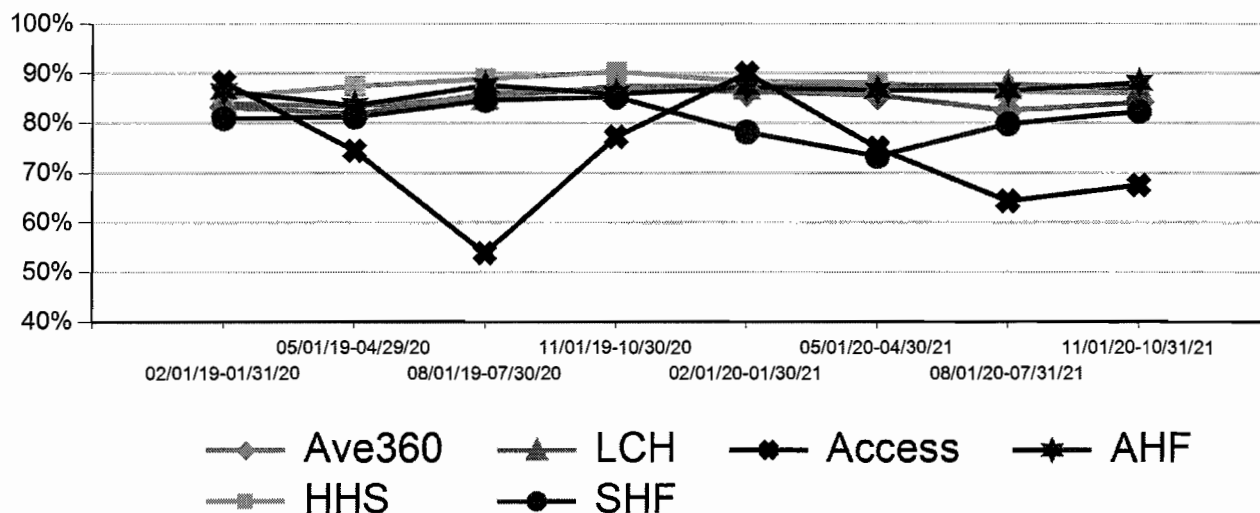
VL Suppression by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load of <200 copies/ml during the measurement year	2,283	2,148	606	2,284	2,177	608	2,257	2,138	581
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	2,855	2,480	727	2,815	2,487	717	2,753	2,432	686
Percentage	80.0%	86.6%	83.4%	81.1%	87.5%	84.8%	82.0%	87.9%	84.7%
Change from Previous Quarter Results	-2.2%	-1.0%	-2.6%	1.2%	0.9%	1.4%	0.8%	0.4%	-0.1%



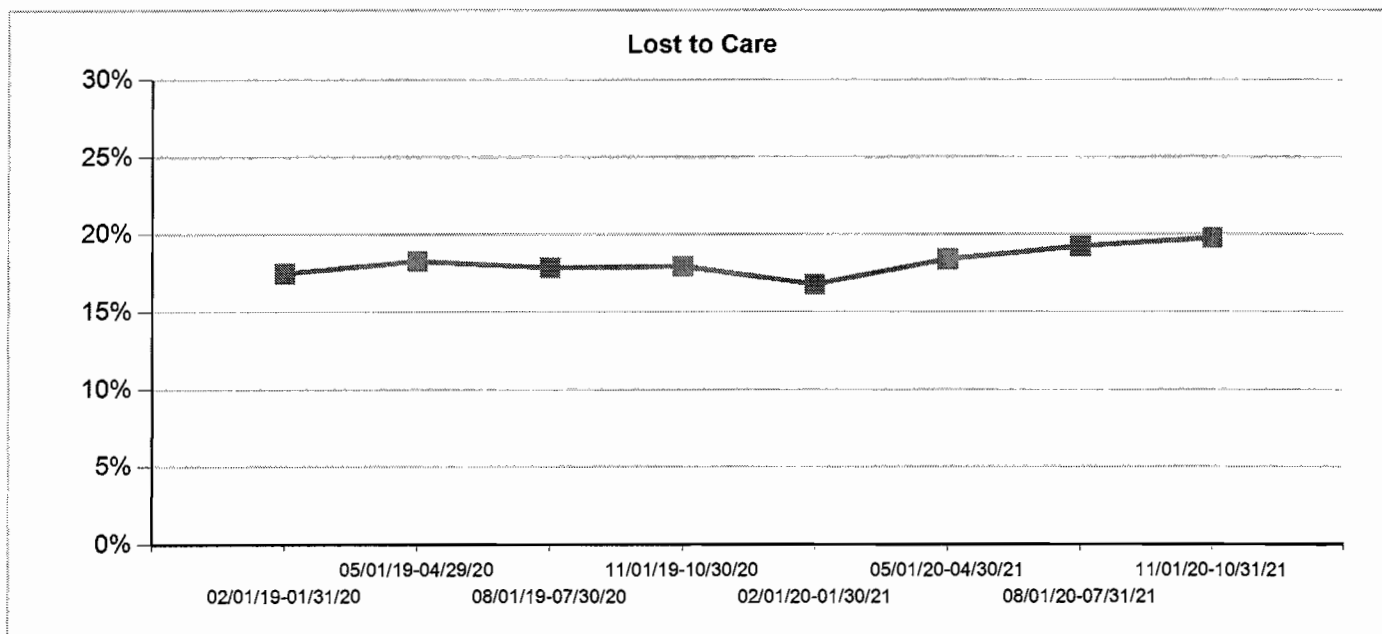
VL Suppression by Agency

	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who have a viral load of <200 copies/ml during the measurement year	477	1,535	1,356	1,427	27	397	478	1,396	1,324	1,487	27	428
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six months	578	1,778	1,544	1,787	42	459	568	1,623	1,524	1,806	40	486
Percentage	82.5%	86.3%	87.8%	79.9%	64.3%	86.5%	84.2%	86.0%	86.9%	82.3%	67.5%	88.1%
Change from Previous Quarter Results	-3.1%	-1.8%	0.4%	6.5%	-10.7%	-0.1%	1.6%	-0.3%	-0.9%	2.5%	3.2%	1.6%

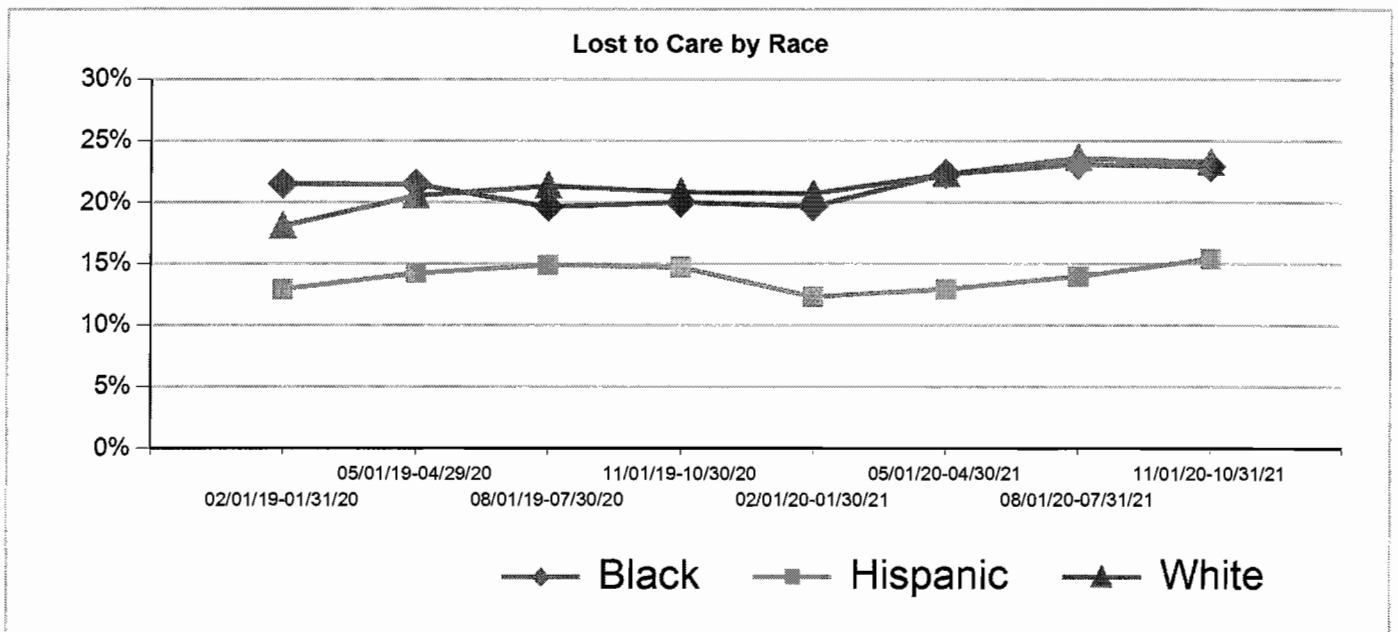
Viral Load Suppression by Agency



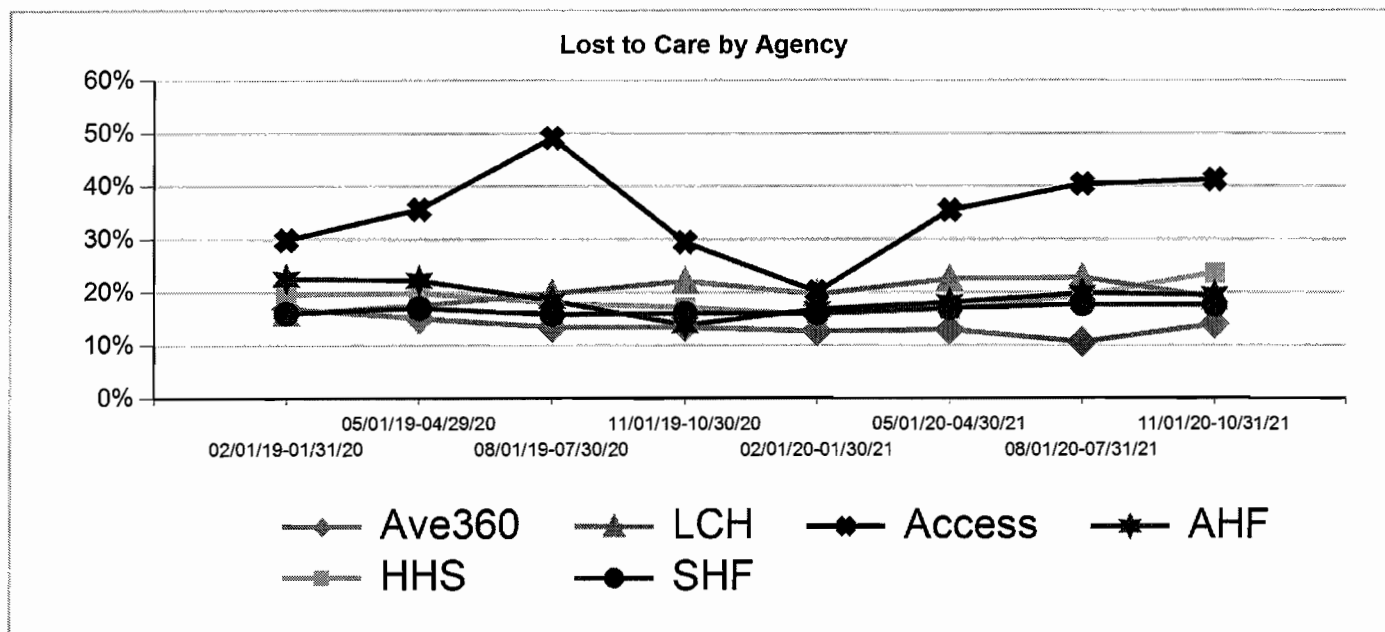
Lost to Care				
In+Care Campaign Gap Measure				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	1,022	1,135	1,188	1,220
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	6,091	6,168	6,179	6,177
Percentage	16.8%	18.4%	19.2%	19.8%
Change from Previous Quarter Results	-1.2%	1.6%	0.8%	0.5%



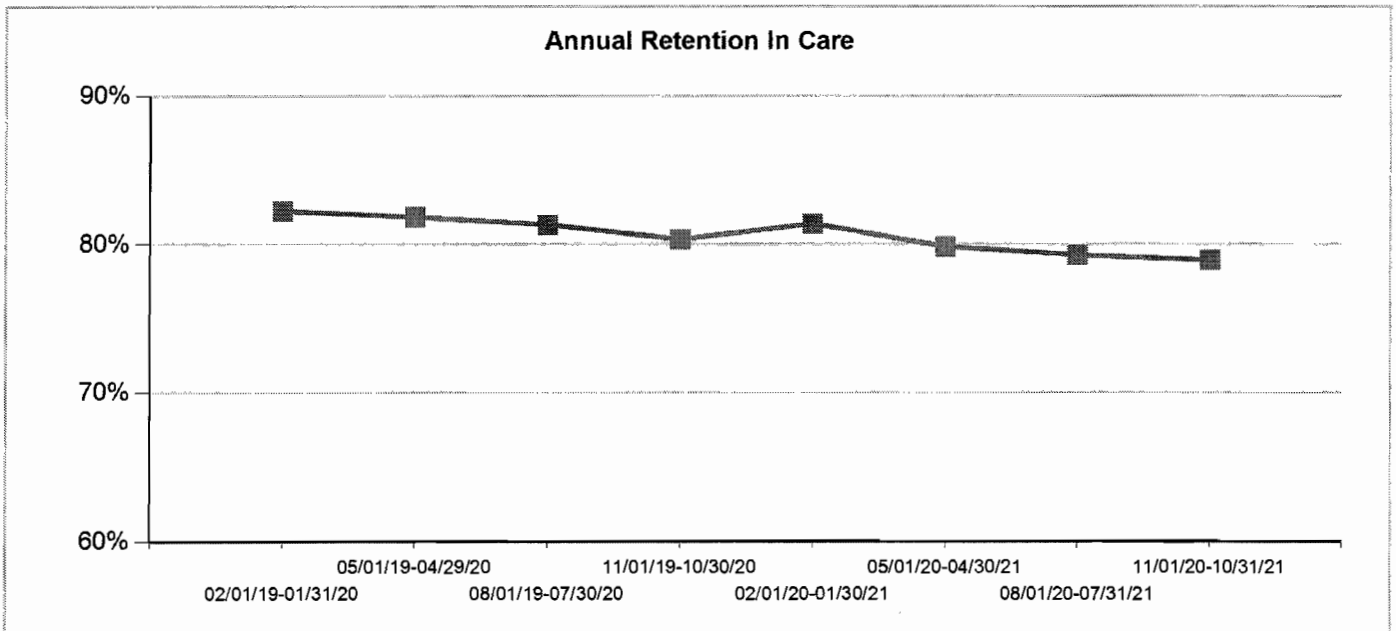
Lost to Care by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	635	320	162	659	347	169	649	386	163
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	2,849	2,473	727	2,853	2,482	716	2,832	2,506	701
Percentage	22.3%	12.9%	22.3%	23.1%	14.0%	23.6%	22.9%	15.4%	23.3%
Change from Previous Quarter Results	2.6%	0.6%	1.6%	0.8%	1.0%	1.3%	-0.2%	1.4%	-0.4%



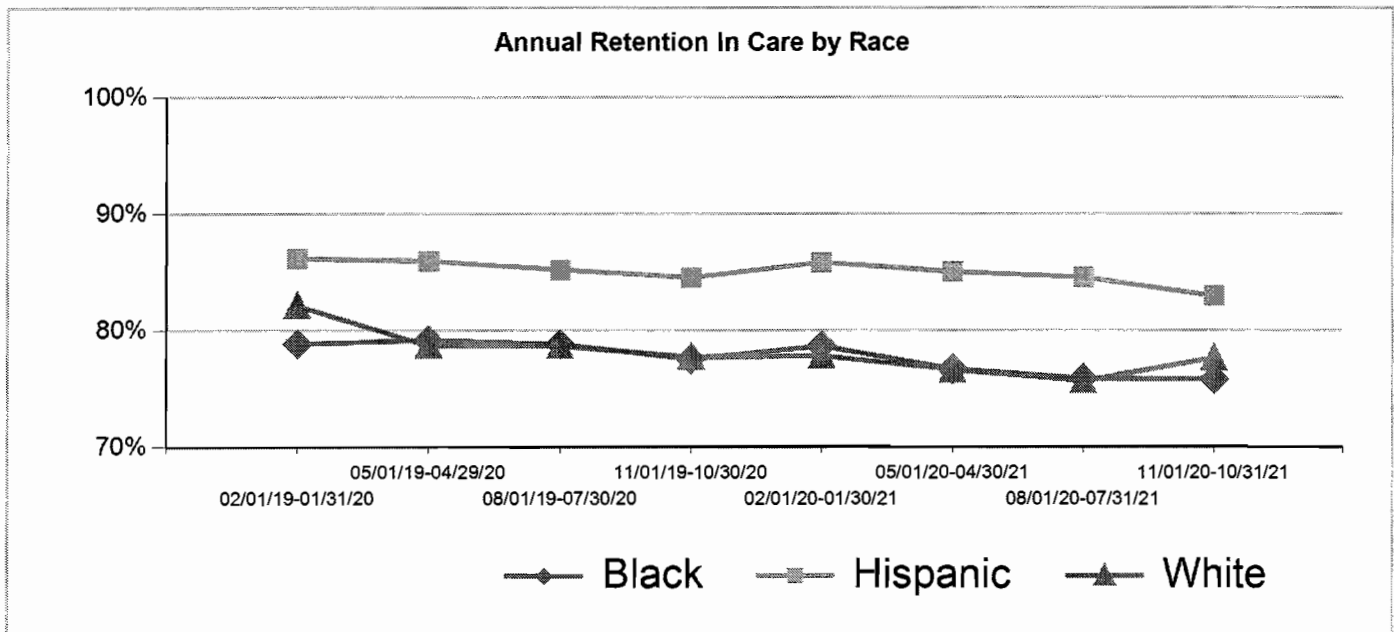
Lost to Care by Agency													
	08/01/20 - 07/31/21						11/01/20 - 10/31/21						
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF	
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	57	357	380	295	23	87	75	423	305	305	21	94	
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	539	1,843	1,672	1,667	57	440	540	1,792	1,613	1,740	51	484	
Percentage	10.6%	19.4%	22.7%	17.7%	40.4%	19.8%	13.9%	23.6%	18.9%	17.5%	41.2%	19.4%	
Change from Previous Quarter Results	-2.3%	2.6%	0.3%	0.8%	4.9%	1.8%	3.3%	4.2%	-3.8%	-0.2%	0.8%	-0.4%	



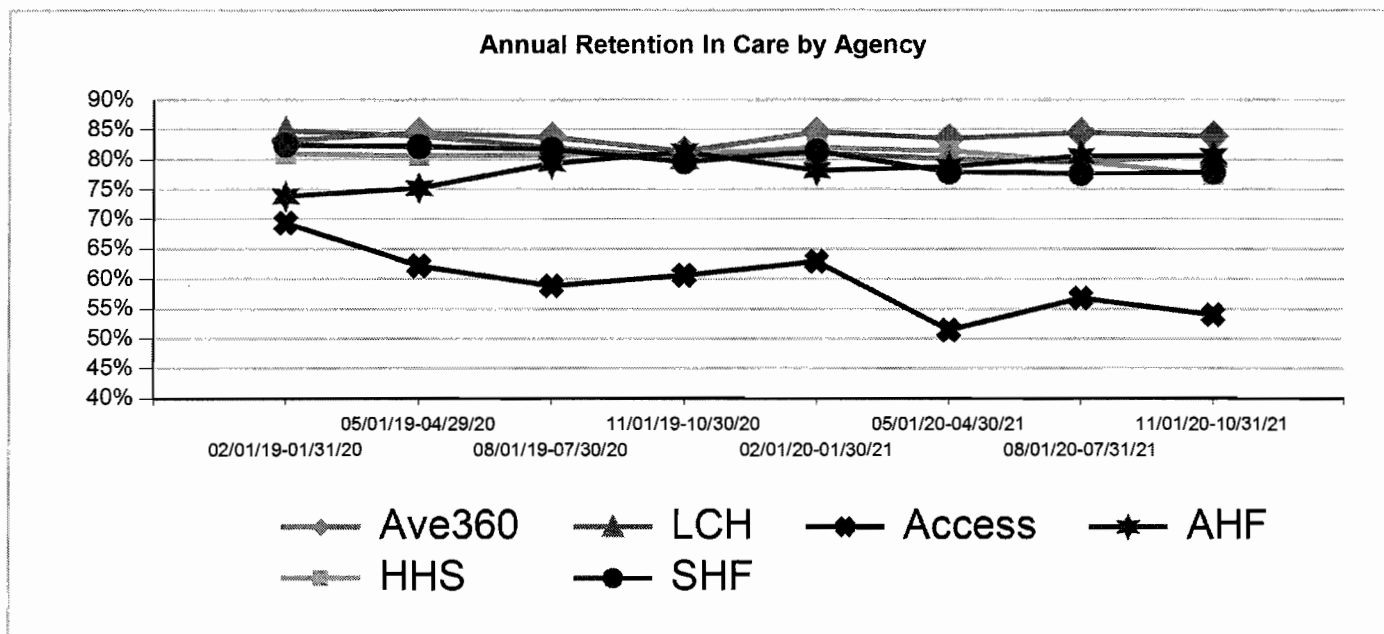
Annual Retention In Care				
Houston EMA Medical Visits Measure				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who had either of the following more than 90 days apart from 1st encounter: a) at least 1 VL test - b) a subsequent medical visit encounter with a provider with prescribing privileges - during the measurement year*	6,432	6,443	6,449	6,358
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	7,905	8,069	8,136	8,056
Percentage	81.4%	79.8%	79.3%	78.9%
Change from Previous Quarter Results	1.0%	-1.5%	-0.6%	-0.3%
* Not newly enrolled in care				



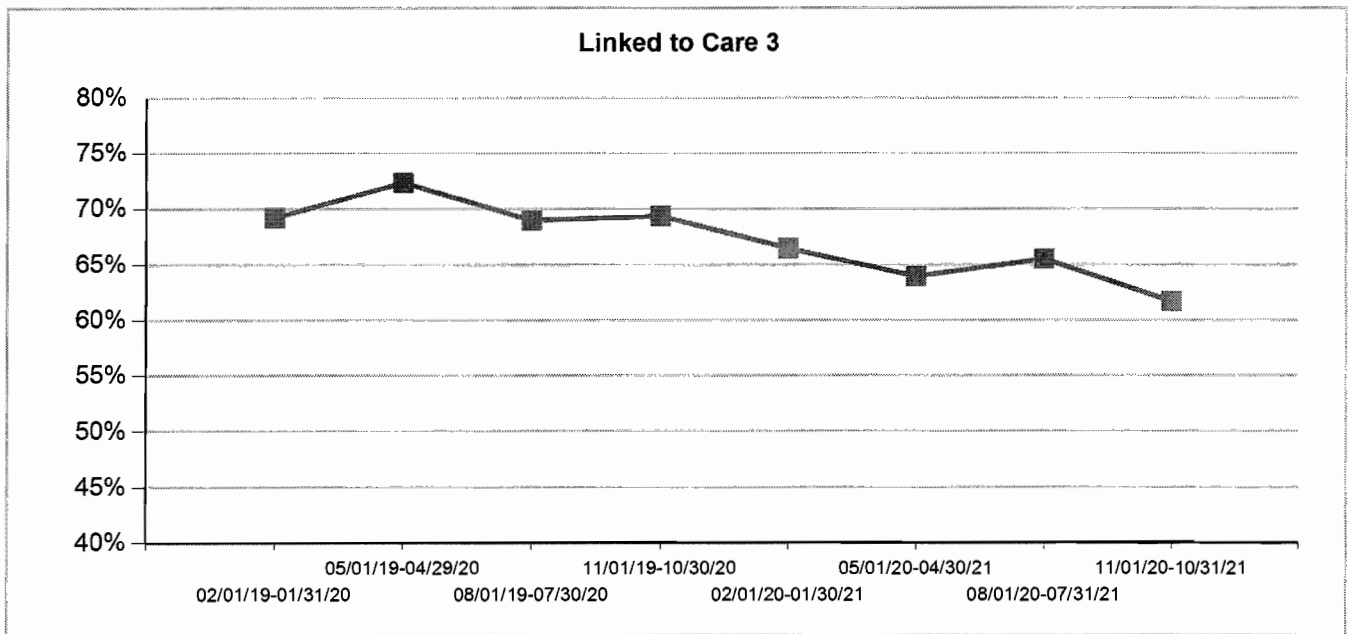
Annual Retention In Care by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had either of the following more than 90 days apart from 1st encounter: a) at least 1 VL test - b) a subsequent medical visit encounter with a provider with prescribing privileges - during the measurement year	2,918	2,632	760	2,914	2,641	752	2,886	2,584	741
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	3,807	3,096	992	3,840	3,124	994	3,808	3,116	955
Percentage	76.6%	85.0%	76.6%	75.9%	84.5%	75.7%	75.8%	82.9%	77.6%
Change from Previous Quarter Results	-2.0%	-0.8%	-1.2%	-0.8%	-0.5%	-1.0%	-0.1%	-1.6%	1.9%



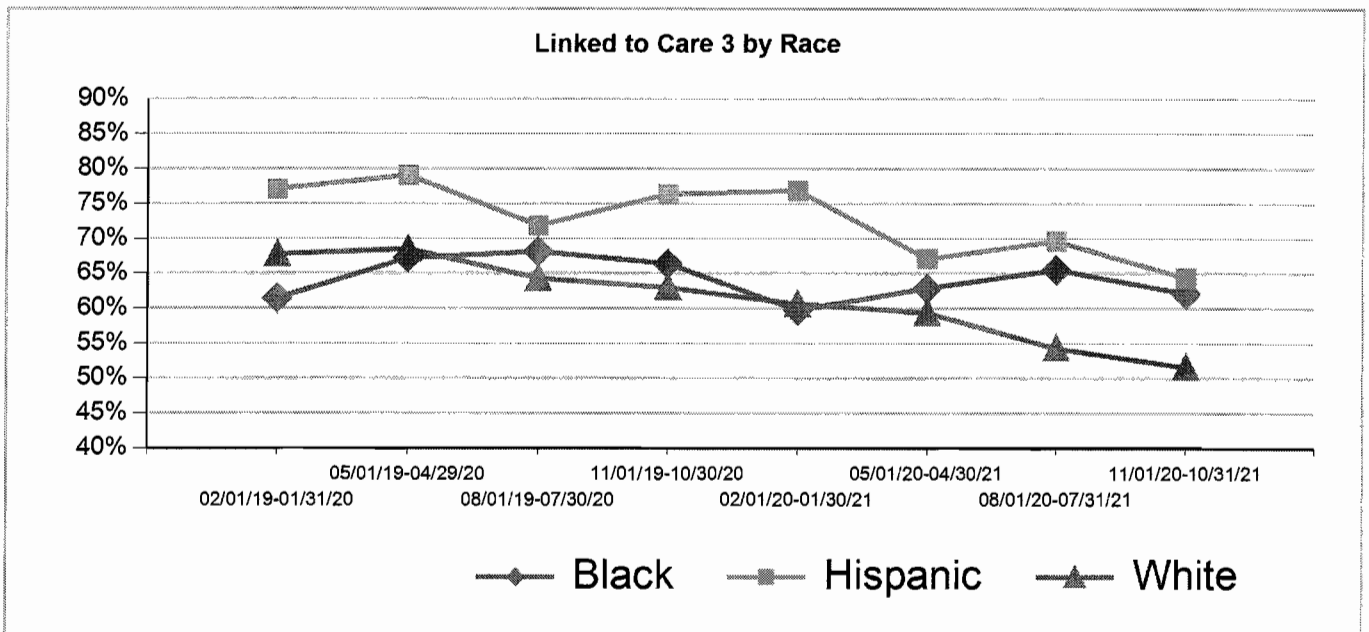
Annual Retention In Care by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who had either of the following more than 90 days apart from 1st encounter: a) at least 1 VL test - b) a subsequent medical visit encounter with a provider with prescribing privileges - during the measurement year	543	1,938	2,004	1,568	42	444	540	1,771	2,012	1,610	41	481
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	643	2,433	2,520	2,020	74	551	644	2,286	2,491	2,068	76	597
Percentage	84.4%	79.7%	79.5%	77.6%	56.8%	80.6%	83.9%	77.5%	80.8%	77.9%	53.9%	80.6%
Change from Previous Quarter Results	0.9%	-1.8%	-0.6%	-0.3%	5.4%	1.8%	-0.6%	-2.2%	1.2%	0.2%	-2.8%	0.0%



Linked to Care 3				
Medical Visits for Newly Enrolled Clients				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	301	273	334	320
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	453	427	510	519
Percentage	66.4%	63.9%	65.5%	61.7%
Change from Previous Quarter Results	-2.9%	-2.5%	1.6%	-3.8%



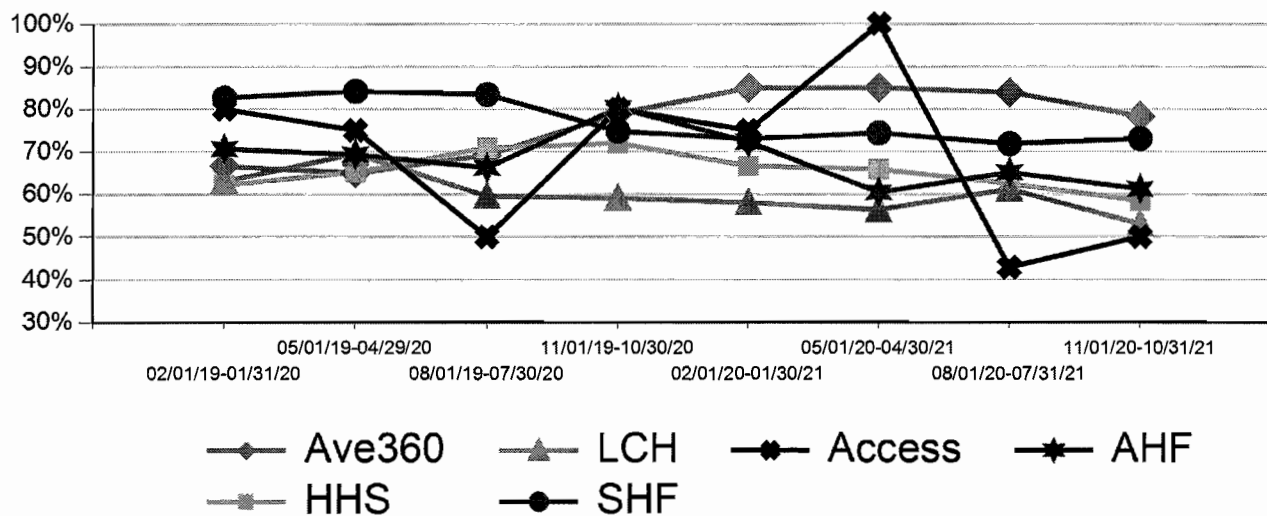
Linked to Care 3 by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	122	106	38	173	117	38	159	121	33
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	194	158	64	264	168	70	256	188	64
Percentage	62.9%	67.1%	59.4%	65.5%	69.6%	54.3%	62.1%	64.4%	51.6%
Change from Previous Quarter Results	3.2%	-9.8%	-1.2%	2.6%	2.6%	-5.1%	-3.4%	-5.3%	-2.7%



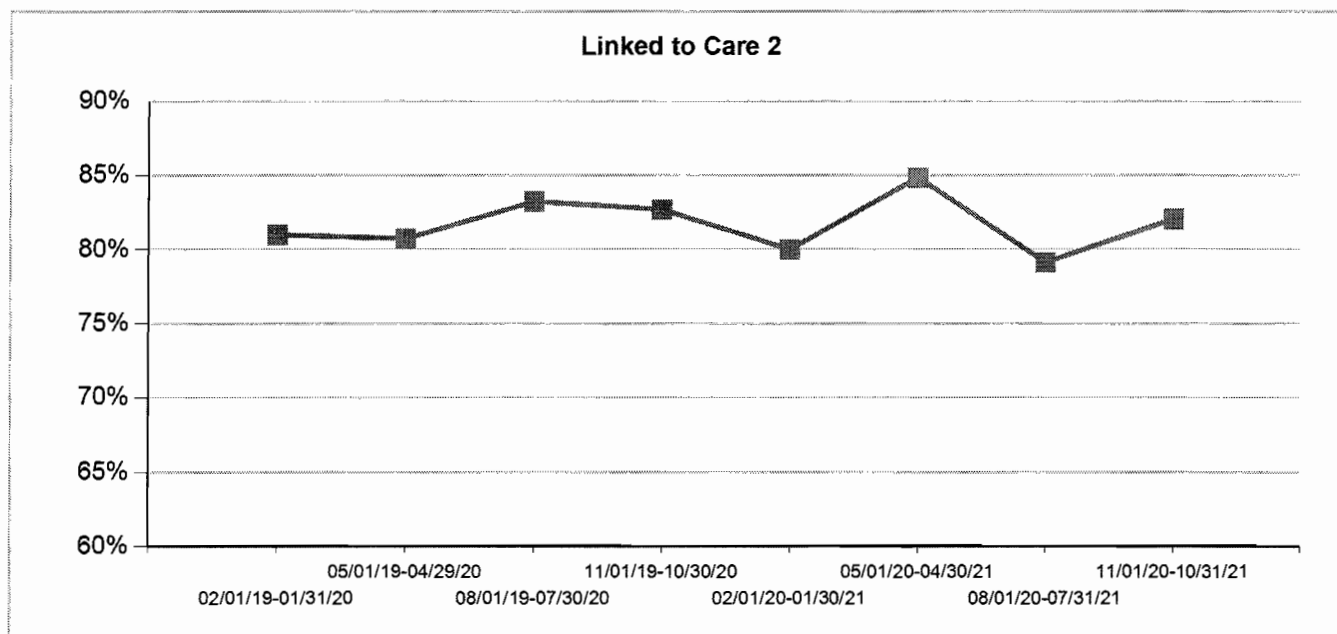
Linked to Care 3 by Agency

	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	21	70	101	69	3	73	18	69	71	84	2	79
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	25	112	165	96	7	112	23	118	134	115	4	129
Percentage	84.0%	62.5%	61.2%	71.9%	42.9%	65.2%	78.3%	58.5%	53.0%	73.0%	50.0%	61.2%
Change from Previous Quarter Results	-1.0%	-3.4%	4.8%	-2.5%	-57.1%	4.7%	-5.7%	-4.0%	-8.2%	1.2%	7.1%	-3.9%

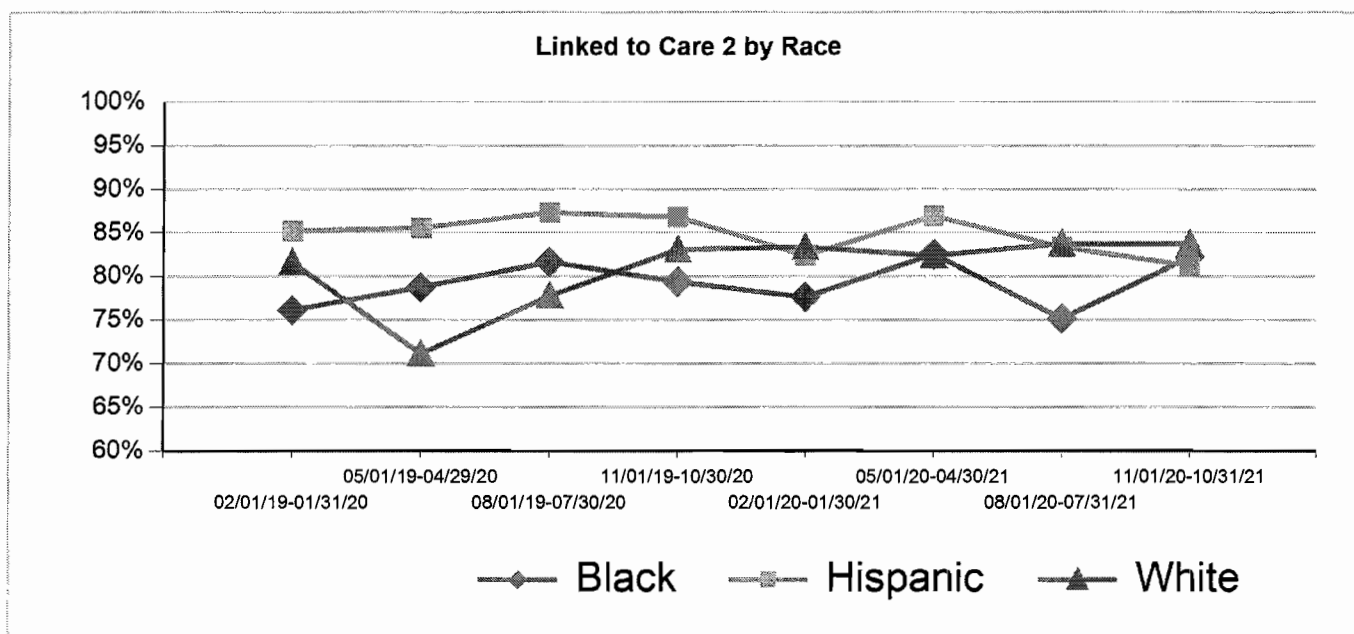
Linked to Care 3 by Agency



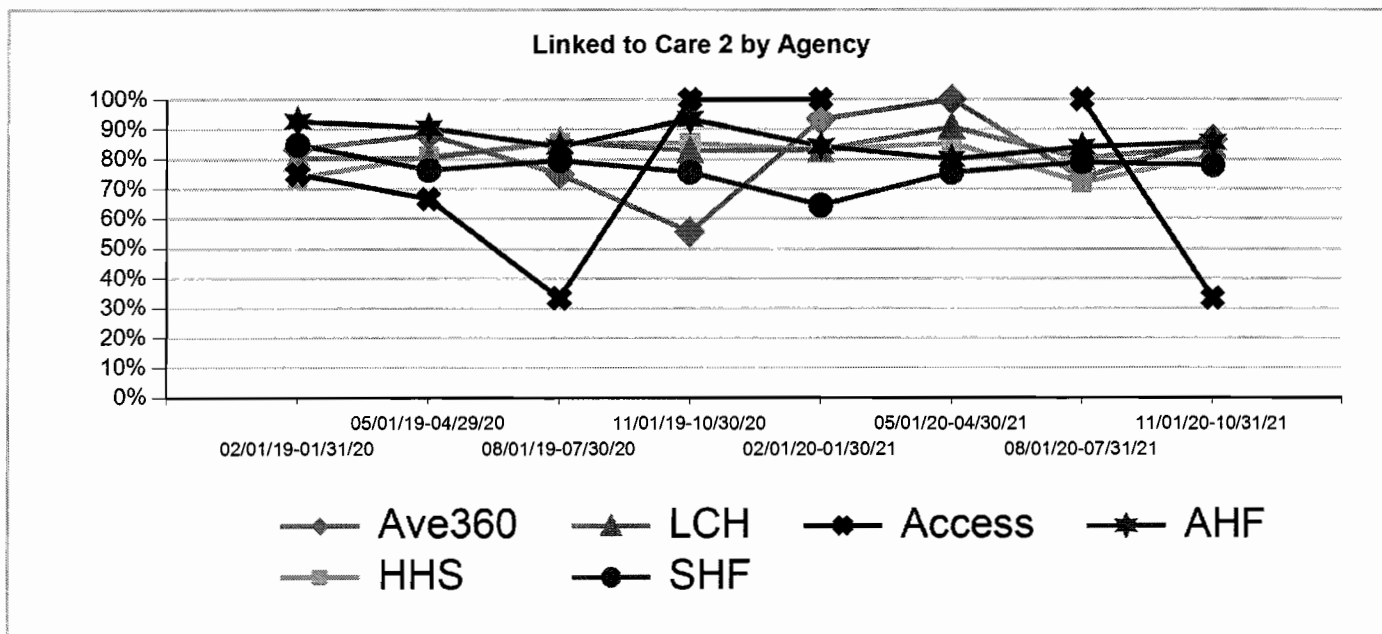
Linked to Care 2				
Viral Load Suppression Measure for Newly Enrolled Clients				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	232	213	235	265
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	290	251	297	323
Percentage	80.0%	84.9%	79.1%	82.0%
Change from Previous Quarter Results	-2.7%	4.9%	-5.7%	2.9%



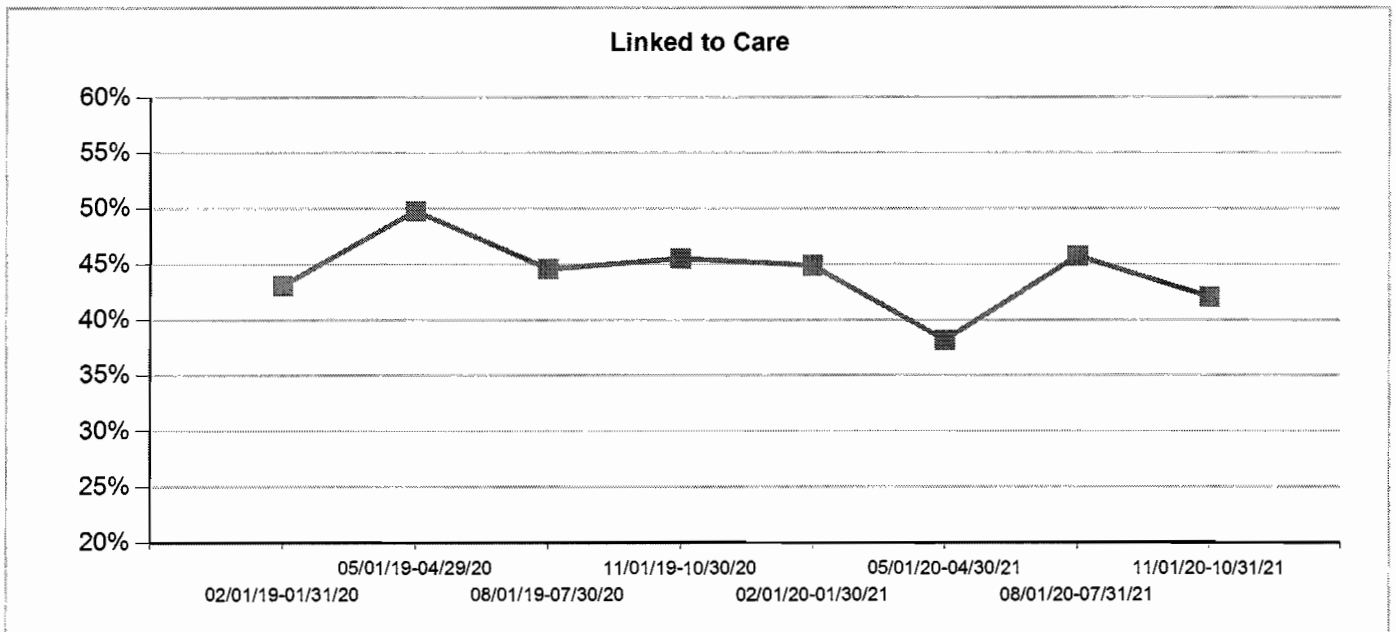
Linked to Care 2 by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	85	93	28	118	75	36	129	95	36
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	103	107	34	157	90	43	157	117	43
Percentage	82.5%	86.9%	82.4%	75.2%	83.3%	83.7%	82.2%	81.2%	83.7%
Change from Previous Quarter Results	4.9%	4.6%	-1.0%	-7.4%	-3.6%	1.4%	7.0%	-2.1%	0.0%



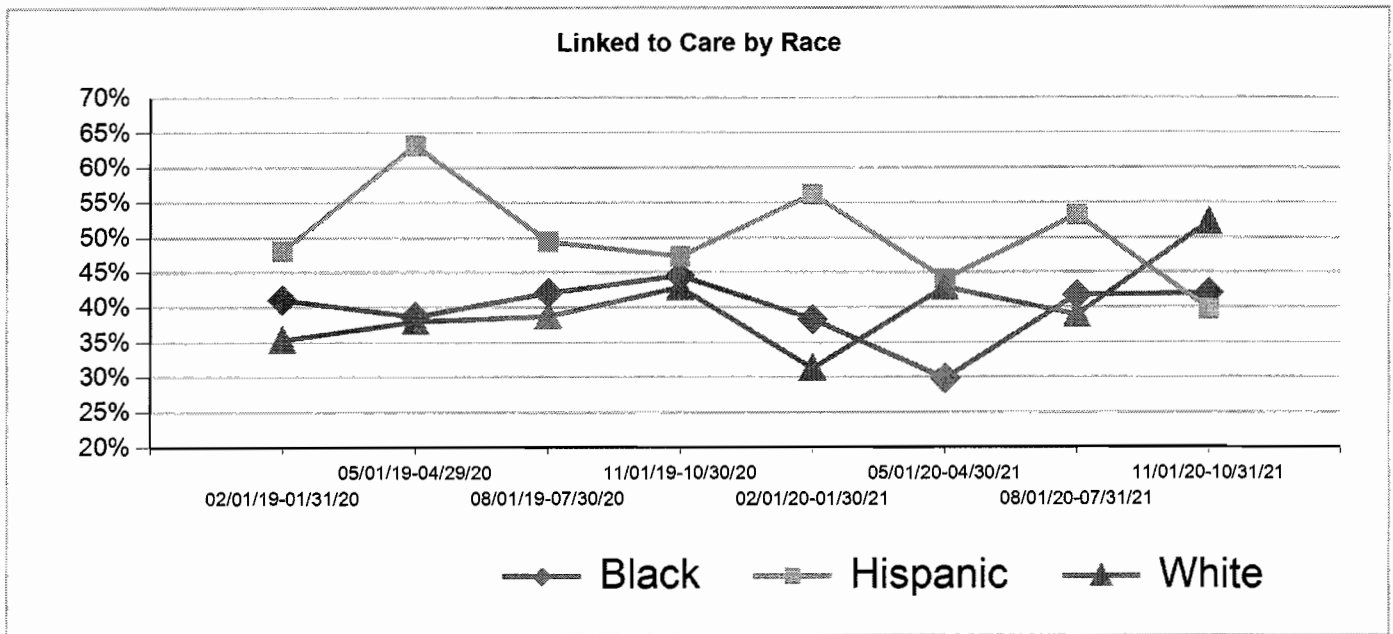
Linked to Care 2 by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	14	49	69	45	4	58	13	64	70	53	1	66
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	19	68	86	57	4	69	15	79	83	68	3	77
Percentage	73.7%	72.1%	80.2%	78.9%	100.0%	84.1%	86.7%	81.0%	84.3%	77.9%	33.3%	85.7%
Change from Previous Quarter Results	-26.3%	-13.4%	-10.6%	3.4%	NaN	4.1%	13.0%	9.0%	4.1%	-1.0%	-66.7%	1.7%



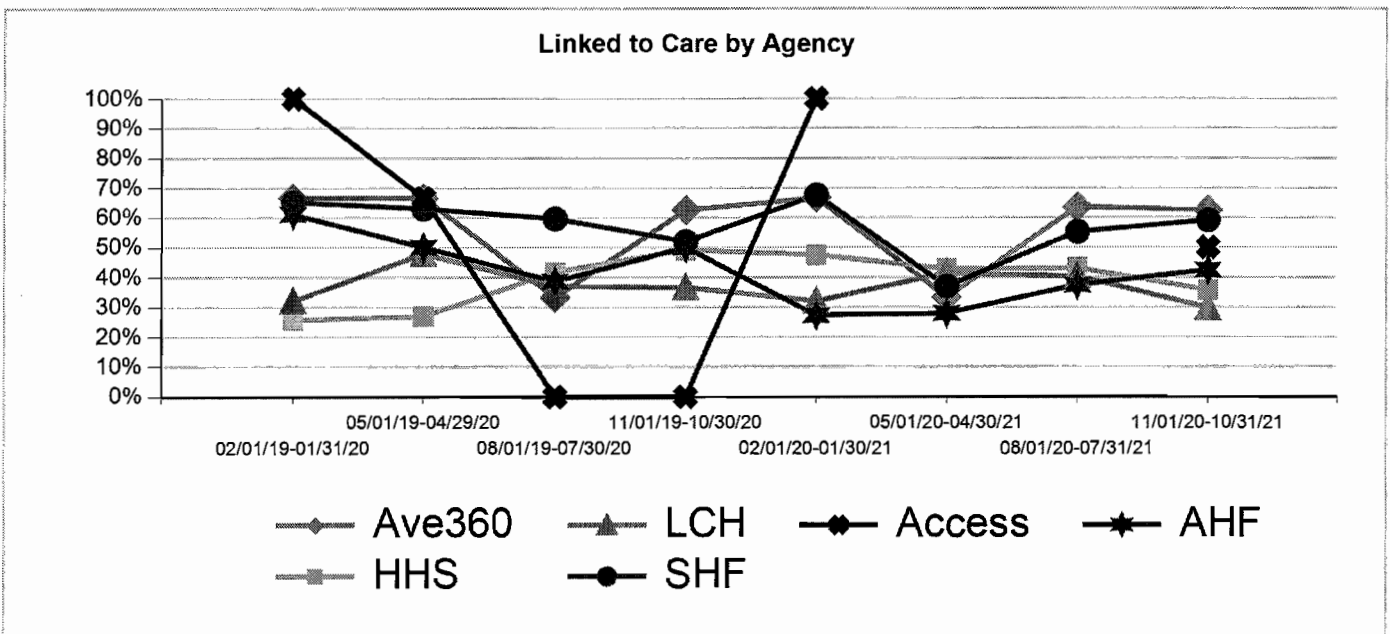
Linked to Care				
In+Care Campaign clients Newly Enrolled in Medical Care Measure				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	70	50	80	82
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	156	131	175	195
Percentage	44.9%	38.2%	45.7%	42.1%
Change from Previous Quarter Results	-0.6%	-6.7%	7.5%	-3.7%
* exclude if vl<200 in 1st 4 months				



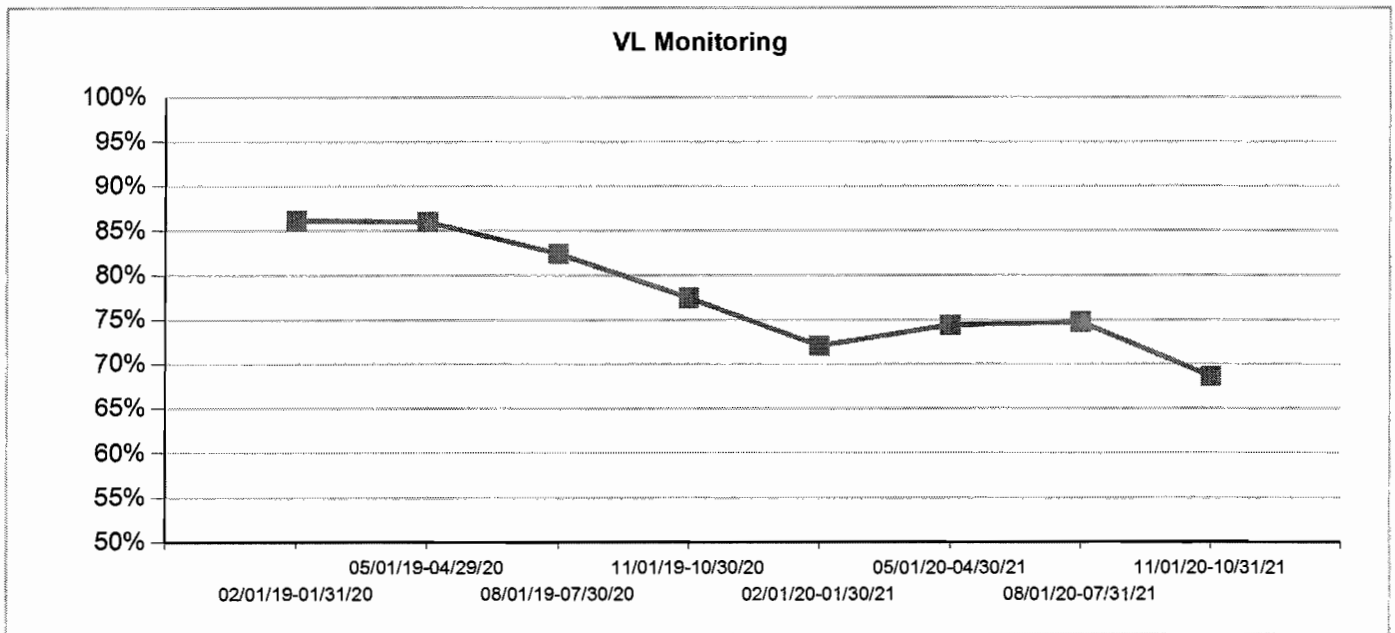
Linked to Care by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	17	26	6	38	33	7	42	27	12
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	57	59	14	91	62	18	100	68	23
Percentage	29.8%	44.1%	42.9%	41.8%	53.2%	38.9%	42.0%	39.7%	52.2%
Change from Previous Quarter Results	-8.4%	-12.1%	11.6%	11.9%	9.2%	-4.0%	0.2%	-13.5%	13.3%
* exclude if vl<200 in 1st 4 months									



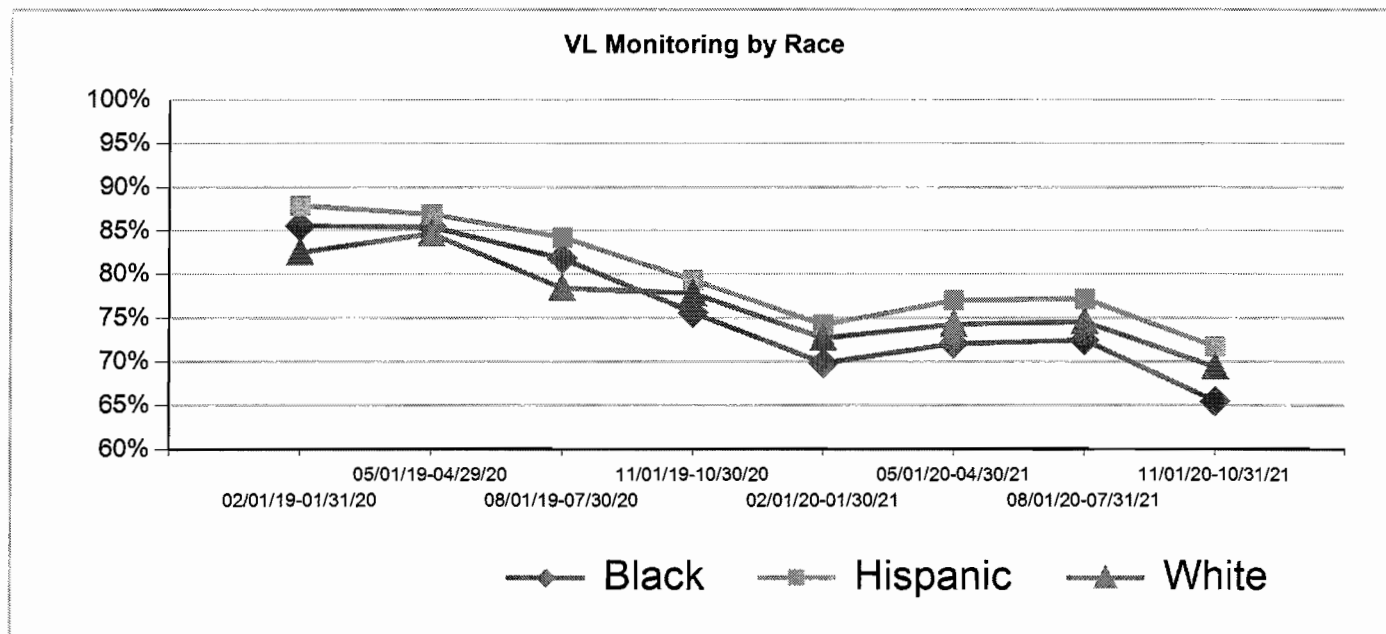
Linked to Care by Agency													
	08/01/20 - 07/31/21						11/01/20 - 10/31/21						
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF	
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	7	19	21	21	0	12	5	20	14	26	1	17	
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	11	44	52	38	0	32	8	56	47	44	2	40	
Percentage	63.6%	43.2%	40.4%	55.3%	NaN	37.5%	62.5%	35.7%	29.8%	59.1%	50.0%	42.5%	
Change from Previous Quarter Results	30.3%	0.3%	-1.1%	18.2%	NaN	9.5%	-1.1%	-7.5%	-10.6%	3.8%	NaN	5.0%	
* exclude if vl<200 in 1st 4 months													



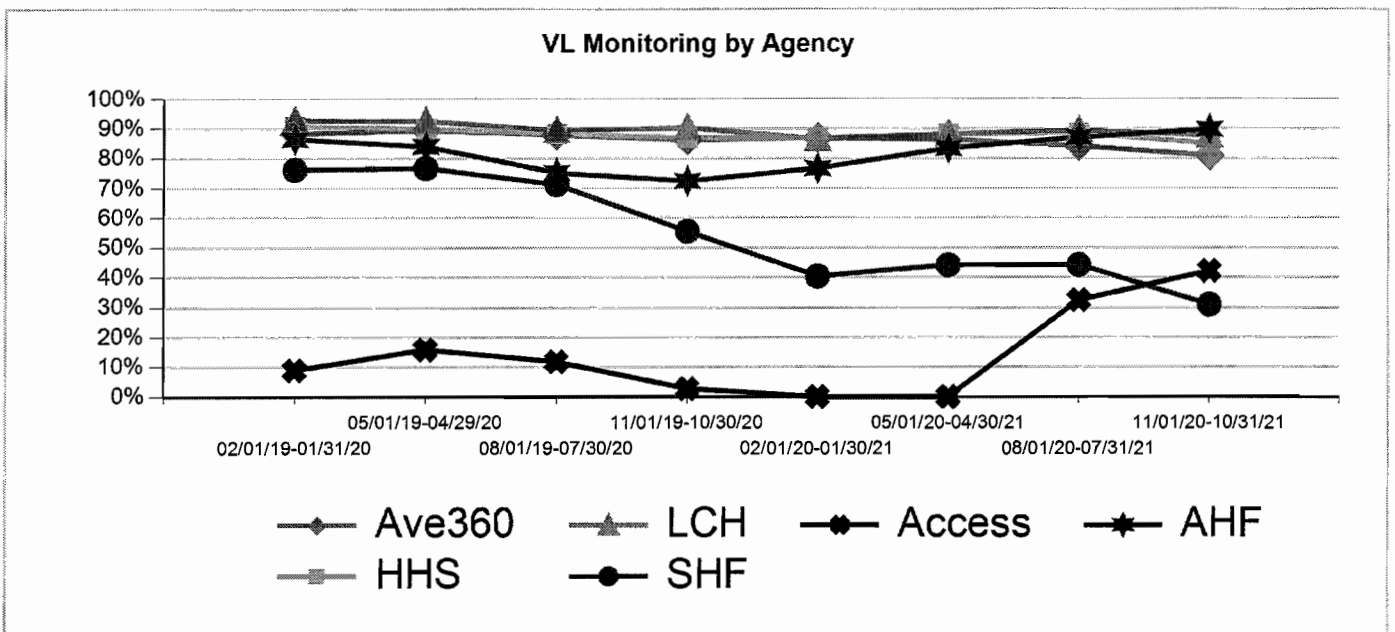
Viral Load Monitoring				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	3,874	3,977	3,915	3,478
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	5,376	5,346	5,238	5,069
Percentage	72.1%	74.4%	74.7%	68.6%
Change from Previous Quarter Results	-5.4%	2.3%	0.4%	-6.1%



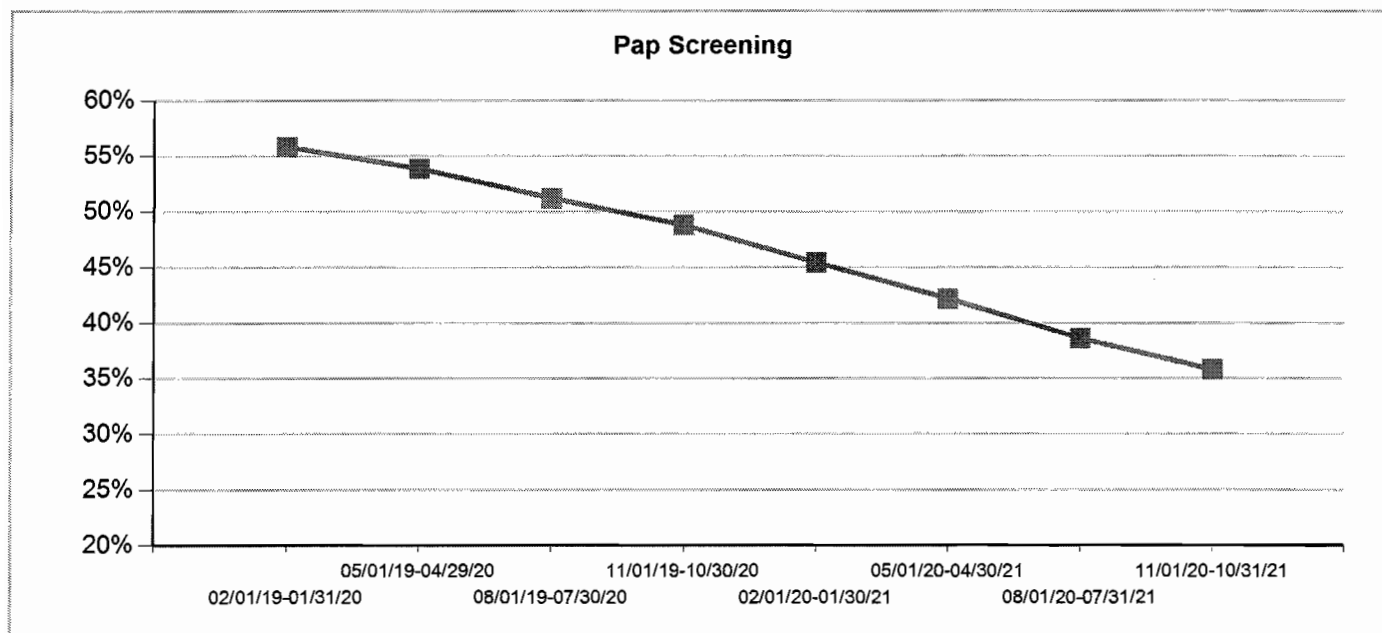
VL Monitoring Data by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	1,726	1,712	456	1,684	1,697	443	1,466	1,528	394
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	2,396	2,224	614	2,324	2,198	594	2,240	2,131	568
Percentage	72.0%	77.0%	74.3%	72.5%	77.2%	74.6%	65.4%	71.7%	69.4%
Change from Previous Quarter Results	2.2%	2.8%	1.6%	0.4%	0.2%	0.3%	-7.0%	-5.5%	-5.2%



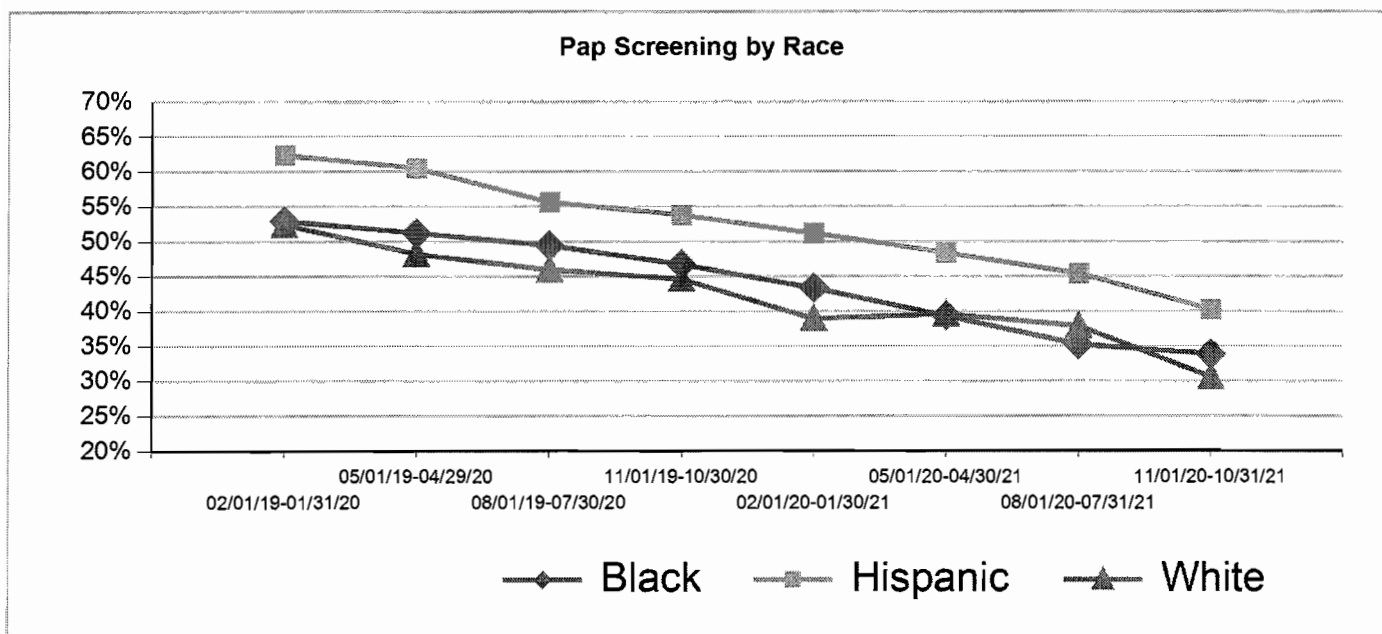
VL Monitoring by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	422	1,285	1,179	674	12	327	396	1,092	1,141	475	16	340
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	502	1,454	1,318	1,524	37	376	490	1,286	1,303	1,536	38	379
Percentage	84.1%	88.4%	89.5%	44.2%	32.4%	87.0%	80.8%	84.9%	87.6%	30.9%	42.1%	89.7%
Change from Previous Quarter Results	-2.2%	0.3%	1.3%	0.1%	32.4%	3.6%	-3.2%	-3.5%	-1.9%	-13.3%	9.7%	2.7%



Cervical Cancer Screening				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	898	853	777	696
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,977	2,023	2,012	1,945
Percentage	45.4%	42.2%	38.6%	35.8%
Change from Previous Quarter Results	-3.4%	-3.3%	-3.5%	-2.8%



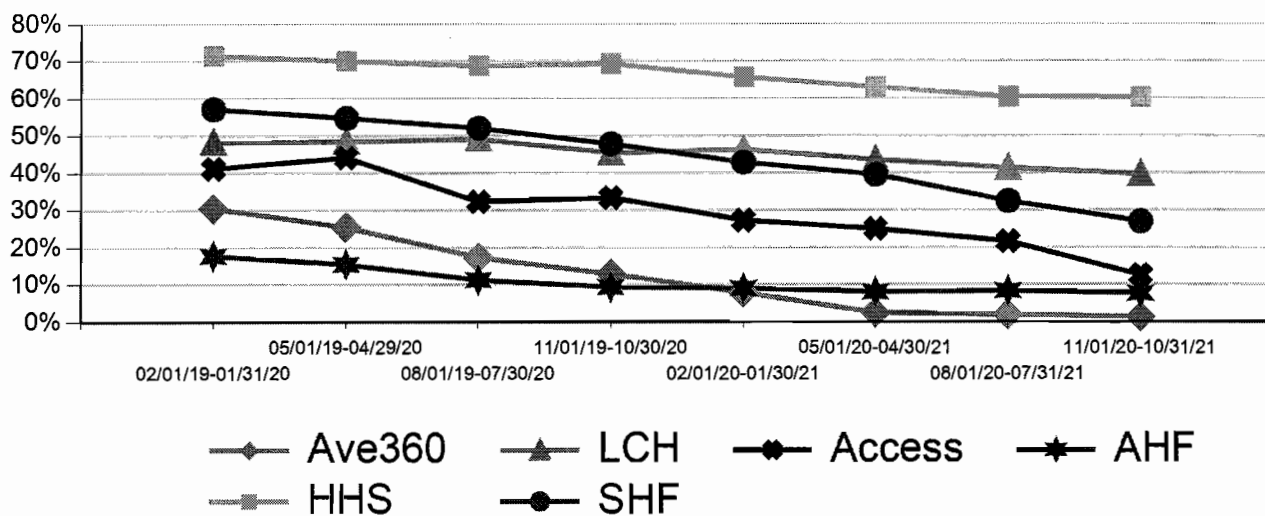
Cervical Cancer Screening Data by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	492	290	55	433	276	53	398	243	40
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,252	600	139	1,230	608	140	1,176	604	131
Percentage	39.3%	48.3%	39.6%	35.2%	45.4%	37.9%	33.8%	40.2%	30.5%
Change from Previous Quarter Results	-4.0%	-2.8%	0.7%	-4.1%	-2.9%	-1.7%	-1.4%	-5.2%	-7.3%



Cervical Cancer Screening by Agency

	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	3	435	164	435	8	17	2	392	159	142	5	16
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	159	720	397	531	37	204	154	650	401	527	40	210
Percentage	1.9%	60.4%	41.3%	32.4%	21.6%	8.3%	1.3%	60.3%	39.7%	26.9%	12.5%	7.6%
Change from Previous Quarter Results	-0.6%	-2.6%	-2.2%	-7.2%	-3.4%	0.3%	-0.6%	-0.1%	-1.7%	-5.4%	-9.1%	-0.7%

Pap Screening by Agency



Footnotes:

1. Table/Chart data for this report run was taken from "ABR152 v5.0 5/2/19 [MAI=ALL]", "ABR076A v1.4.1 10/15/15 [ExcludeVL200=yes]", and "ABR163 v2.0.6 4/25/13"

A. OPR Measures used for the ABR152 portions: "Viral Load Suppression", "Linked to Care", "CERV", "Medical Visits - 3 months", and "Viral Load Monitoring"