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	Patrick Martin
Heather Keizman	Mackenzie A. Hudson
Mauricia Chatman	Diane Beck
Tiffany Shepherd	Ann Robison
Sha'Terra Johnson	Gary Grier

From: Tori Williams

Date: Tuesday, June 7, 2022

Re: Meeting Notice

Please note the following meeting information, join us virtually or in person, and be sure to rsvp to Rod so that we can reserve a large meeting room if necessary:

Quality Improvement Committee Meeting
2:00 p.m., Tuesday, June 14, 2022
2223 W. Loop South, Suite 240, Houston, Texas 77027

If participating virtually, click on this link:
https://us02web.zoom.us/j/81144509622?pwd=SFNBM1RScVFabHkzakVpaUZoeHhIdz09
Meeting ID: 811 4450 9622 Passcode: 125672

Or, call in by dialing: 346 248 7799

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 pm, June 14, 2022

2223 W. Loop South, Suite 240, Houston, Texas 77027

Join the meeting via Zoom

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

* Indicates that the report will be provided at the meeting

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

II. Public Comment

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. 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. Reports from Ryan White Administrative Agents and Others
- A. Ryan White Part A — Carin Martin
- B. Ryan White Part B and State Services — Patrick Martin

IV. Old Business
- A. FY 2023 HTBMN Process: Mental Health Services
- B. Checklist for the 2022 Assessment of the Part A Administrative Agency
- C. Updates on the Quality of Life Workgroup Meetings
- D. Work Plan for 2022 Integrated HIV Prevention and Care Services Plan

V. Announcements

V. Adjourn

Optional: New members meet with committee mentor — Tana Pradia

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
2:00 p.m., Tuesday, May 3, 2022
Meeting Location: Zoom teleconference

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Denis Kelly, Co-Chair	Veronica Ardoin, excused	Crystal Starr, RWPC Chair
Daphne Jones, Co-Chair	Ardry "Skeet" Boyle	Charles Henley, Consultant
Kevin Aloysius	Tom Lindstrom	Heather Keizman, RWGA
Titan Capri	Pete Rodriguez, excused	Mauricia Chatman, RWGA
Nkechi Onyewuenyi	Andrew Wilson	Patrick Martin, TRG
Oscar Perez		Tiffany Shepherd, TRG
Tana Pradia		Sha'Terra Johnson, TRG
Gloria Sierra		Tori Williams, Ofc of Support
Deborah Somoye		Mackenzie Hudson, Ofc of Support
		Diane Beck, Ofc of Support

Call to Order: Denis Kelly, Co-Chair, called the meeting to order at 2:06 p.m. and thanked everyone who participated in the How to Best Meet the Need Workgroups. He then asked for a moment of reflection.

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

Approval of the Minutes: ***Motion #2****: it was moved and seconded (Pradia, Sierra) to approve the March 15, 2022 joint committee meeting minutes.* **Motion carried**.

Motion #3*: it was moved and seconded (Pradia, Somoye) to approve the March 15, 2022 committee meeting minutes.* **Motion carried**.

Public Comment: See attached email from A. Robison regarding the Mental Health service category.

Reports from the Administrative Agents
Ryan White Part A: Williams said that the final notice of grant award had not yet been received.

Ryan White Part B and State Services: The committee reviewed the following attached reports:

- FY2021 Part B Procurement Report, dated 03/17/22
- FY2021-22 DSHS State Services Procurement Report, dated 03/17/22
- FY2021-22 DSHS State Services Service Utilization Report, dated 03/29/22
- Health Insurance Service Utilization Report, dated 03/21/22

ADAP Update: Henley presented the attached, updated information that he presented at the FY23 How to Best Meet the Need Training.

FY 2023 How to Best Meet the Need

Workgroup Recommendations, including Financial Eligibility: See attached summary of workgroup recommendations, justification chart and the full packet of service definitions.

Motion #4*: it was moved and seconded (Sierra, Somoye) to approve the How to Best Meet the Need workgroup recommendation for Ambulatory Outpatient Medical Care (including Emergency Financial Assistance - Pharmacy Assistance, LPAP and Outreach): accept the service definitions as presented and keep the financial eligibility the same for all services except increase the financial eligibility for LPAP non-HIV meds to the same as HIV meds.* **Motion carried**.

Motion #5*: it was moved and seconded (Sierra, Pradia) to approve the How to Best Meet the Need workgroup recommendation for Vision Care: accept the service definition as presented and keep the financial eligibility the same. Motion carried.*

Motion #6*: it was moved and seconded (Pradia, Somoye) to approve the How to Best Meet the Need workgroup recommendation for Case Management - Clinical: accept the service definition as presented, keep the financial eligibility the same and recommend that the Priority and Allocations Committee increase funding for all Case Management services in an effort to increase salaries to reduce staff turnover.* **Motion carried**.

Motion #7*: it was moved and seconded (Sierra, Somoye) to approve the How to Best Meet the Need workgroup recommendation for Case Management – Non-Medical Service Linkage: accept the service definition as presented, keep the financial eligibility the same and recommend to the Priority and Allocations Committee to increase funding for all Case Management services specifically to increase salaries and reduce staff turnover.* **Motion carried**.

Motion #8*: it was moved and seconded (Pradia, Sierra) to approve the How to Best Meet the Need workgroup recommendation for Early Intervention Services (EIS): transition EIS to Referral for Health Care and Support Services to better align with the scope of services provided and keep the financial eligibility the same.* **Motion carried**.

Motion #9*: it was moved and seconded (Pradia, Onyewuenyi) to approve the How to Best Meet the Need workgroup recommendation for Emergency Financial Assistance-Other: accept the service definition as presented and keep the financial eligibility the same. Motion carried.*

Motion #10*: it was moved and seconded (Somoye, Pradia) to approve the How to Best Meet the Need workgroup recommendation for Health Insurance Premium and Cost Sharing Assistance: accept the service definition as presented and keep the financial eligibility the same. Motion carried.*

Motion #11*: it was moved and seconded (Sierra, Pradia) to approve the How to Best Meet the Need workgroup recommendation for Home and Community Based Health Services: accept the service definition as presented and keep the financial eligibility the same. Motion carried.*

Motion #12*: it was moved and seconded (Somoye, Pradia) to approve the How to Best Meet the Need workgroup recommendation for Hospice Services: accept the service definition as presented and keep the financial eligibility the same. Motion carried.*

Motion #13*: it was moved and seconded (Pradia, Sierra) to approve the How to Best Meet the Need workgroup recommendation for Linguistic Services: accept the service definition as presented and keep the financial eligibility the same. Motion carried.*

Motion #14*: it was moved and seconded (Pradia, Sierra) to approve the How to Best Meet the Need workgroup recommendation for Medical Nutritional Therapy/Supplements: accept the service definition as presented and keep the financial eligibility the same. Motion carried.*

Motion #15*: it was moved and seconded (Pradia, Somoye) to recommend tabling approval of the Mental Health service category to allow the committee more time to discuss the public comment received on May 3, 2022.* **Motion carried**.

Motion #16*: it was moved and seconded (Sierra, Pradia) to approve the How to Best Meet the Need workgroup recommendation for Oral Health (Untargeted and Targeting the Northern Rural Area): accept the service definition as presented and keep the financial eligibility the same. Motion carried.*

Motion #17*: it was moved and seconded (Pradia, Sierra) to approve the How to Best Meet the Need workgroup recommendation for Referral for Health Care and Support Services (RHCSS): accept the RHCSS service definition for ADAP Eligibility Workers as presented and keep the financial eligibility the same; transition EIS to RHCSS to better align with the scope of services provided.* **Motion carried**.

Motion #18*: it was moved and seconded (Pradia, Somoye) to approve the How to Best Meet the Need workgroup recommendation for Substance Abuse Treatment: accept the service definition as presented and keep the financial eligibility the same. Motion carried.*

Motion #19*: it was moved and seconded (Sierra, Onyewuenyi) to approve the How to Best Meet the Need workgroup recommendation for Case Management – Non-Medical targeting Substance Use Disorders: accept the service definition as presented and keep the financial eligibility the same and add the recommendation to recommend that the Priority and Allocations Committee increase funding for all Case Management services specifically to increase salaries to reduce staff turnover.* **Motion carried**.

Motion #20*: it was moved and seconded (Pradia, Sierra) to approve the How to Best Meet the Need workgroup recommendation for Transportation: accept the service definition as presented and keep the financial eligibility the same. Motion carried.*

HIV Targeting Chart: ***Motion #21****: it was moved and seconded (Pradia, Onyewuenyi) to approve the attached Targeting Chart for FY 2023 Service Categories for Ryan White Part A, B, MAI and State Services Funding.* **Motion carried**.

Workgroup re: Strategy to coordinate substance use disorder prevention and care services: Williams said Charles Henley has created the resource inventory for the Integrated Plan. He suggested that the Council host a workgroup to determine a strategy for coordinating substance use disorder prevention and care services, per the instructions for the 2022 Integrated HIV Prevention and Care Services Plan. Soon, she will get back to the committee with more information in hopes that members of the committee participate in the workgroup.

Announcements: The co-chairs will present the How to Best Meet the Need recommendations at a Public Hearing which will be recorded later this week. The video will be posted on YouTube and aired on Houston Access television at 7:00 p.m. on Tuesday, May 24, 2022. If significant public comment is received, there will be a Special Committee Meeting on Wednesday, June 25, 2022 on Zoom.

Please register for the Quality of Life workgroup this Thursday, May 5 at 4:00 pm. See link to register in the chat.

Adjourn: ***Motion:*** *it was moved and seconded (Pradia, Perez) to adjourn the meeting at 3:25 p.m.* **Motion Carried.**

Submitted by: Approved by:

Tori Williams, Director Date Committee Chair Date

Scribe: D. Beck

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

2022 Quality Improvement Meeting Voting Record for Meeting Date 05/03/22

MEMBERS:	**Motion #1** Agenda				**Motion #2** Joint Committee Meeting Minutes				**Motion #3** Committee Meeting Minutes				**Motion #4** HTBMN wg recommendation for Primary Care				**Motion #5** HTBMN wg recommendation for Vision Care				**Motion #6** HTBMN wg recommendation for CCM			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair				**C**				**C**				**C**				**C**				**C**				**C**
Daphne Jones, Co-Chair		**X**				**X**				**X**				**X**				**X**				**X**		
Kevin Aloysius		**X**				**X**				**X**				**X**				**X**				**X**		
Veronica Ardoin	**X**				**X**				**X**				**X**				**X**				**X**			
Ardry “Skeet” Boyle	**X**				**X**				**X**				**X**				**X**				**X**			
Titan Capri				**X**				**X**		**X**				**X**				**X**				**X**		
Tom Lindstrom	**X**				**X**				**X**				**X**				**X**				**X**			
Nkechi Onyewuenyi		**X**				**X**				**X**				**X**				**X**				**X**		
Oscar Perez		**X**				**X**				**X**				**X**				**X**				**X**		
Tana Pradia		**X**				**X**				**X**				**X**				**X**				**X**		
Pete Rodriguez	**X**				**X**				**X**				**X**				**X**				**X**			
Andrew Wilson	**X**				**X**				**X**				**X**				**X**				**X**			
Gloria Sierra		**X**				**X**				**X**				**X**				**X**				**X**		
Deborah Somoye		**X**				**X**				**X**				**X**				**X**				**X**		

2022 Quality Improvement Meeting Voting Record for Meeting Date 05/03/22 - *continued*

MEMBERS:	**Motion #7** HTBMN wg recommendation for SLW				**Motion #8** HTBMN wg recommendation for EIS				**Motion #9** HTBMN wg recommendation for EFA-Other				**Motion #10** HTBMN wg recommendation for HIA				**Motion #11** HTBMN wg recommendation for HCBHS				**Motion #12** HTBMN wg recommendation for Hospice			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair				**C**				**C**				**C**				**C**				**C**				**C**
Daphne Jones, Co-Chair				**X**		**X**				**X**				**X**				**X**				**X**		
Kevin Aloysius		**X**				**X**						**X**				**X**		**X**				**X**		
Veronica Ardoin	**X**				**X**				**X**				**X**				**X**				**X**			
Ardry “Skeet” Boyle	**X**				**X**				**X**				**X**				**X**				**X**			
Titan Capri		**X**				**X**				**X**				**X**				**X**				**X**		
Tom Lindstrom	**X**				**X**				**X**				**X**				**X**				**X**			
Nkechi Onyewuenyi		**X**				**X**						**X**				**X**		**X**				**X**		
Oscar Perez		**X**				**X**						**X**		**X**						**X**				**X**
Tana Pradia		**X**				**X**				**X**				**X**				**X**				**X**		
Pete Rodriguez	**X**				**X**				**X**				**X**				**X**				**X**			
Andrew Wilson	**X**				**X**				**X**				**X**				**X**				**X**			
Gloria Sierra		**X**				**X**				**X**				**X**				**X**				**X**		
Deborah Somoye		**X**				**X**				**X**				**X**				**X**				**X**		

2022 Quality Improvement Meeting Voting Record for Meeting Date 05/03/22 - *continued*

MEMBERS:	**Motion #13** HTBMN wg recommendation for Linguistics				**Motion #14** HTBMN wg recommendation for Medical Nutritional Therapy				**Motion #15** Table Mental Health				**Motion #16** HTBMN wg recommendation for Oral Health (untargeted and Rural-North)				**Motion #17** HTBMN wg recommendation for RHCSS				**Motion #18** HTBMN wg recommendation for Sub Ab Treatment			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair				**C**				**C**				**C**				**C**				**C**				**C**
Daphne Jones, Co-Chair		**X**				**X**				**X**				**X**				**X**				**X**		
Kevin Aloysius				**X**				**X**				**X**	**X**				**X**				**X**			
Veronica Ardoin	**X**				**X**				**X**				**X**				**X**				**X**			
Ardry “Skeet” Boyle	**X**				**X**				**X**				**X**				**X**				**X**			
Titan Capri		**X**				**X**				**X**				**X**				**X**				**X**		
Tom Lindstrom	**X**				**X**				**X**				**X**				**X**				**X**			
Nkechi Onyewuenyi		**X**				**X**						**X**		**X**				**X**				**X**		
Oscar Perez		**X**				**X**				**X**						**X**		**X**				**X**		
Tana Pradia		**X**				**X**				**X**				**X**				**X**				**X**		
Pete Rodriguez	**X**				**X**				**X**				**X**				**X**				**X**			
Andrew Wilson	**X**				**X**				**X**				**X**				**X**				**X**			
Gloria Sierra		**X**				**X**				**X**				**X**				**X**				**X**		
Deborah Somoye		**X**				**X**				**X**				**X**				**X**				**X**		

2022 Quality Improvement Meeting Voting Record for Meeting Date 05/03/22 - *continued*

MEMBERS:	**Motion #19** HTBMN wg recommendation w/QI recommendation for CM targeting SUD				**Motion #20** HTBMN wg recommendation for Transportation				**Motion #21** FY 2023 Targeting Chart			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair				**C**				**C**				**C**
Daphne Jones, Co-Chair		**X**				**X**				**X**		
Kevin Aloysius	**X**				**X**				**X**			
Veronica Ardoin	**X**				**X**				**X**			
Ardry “Skeet” Boyle	**X**				**X**				**X**			
Titan Capri		**X**				**X**				**X**		
Tom Lindstrom	**X**				**X**				**X**			
Nkechi Onyewuenyi		**X**				**X**				**X**		
Oscar Perez		**X**				**X**				**X**		
Tana Pradia			**X**			**X**				**X**		
Pete Rodriguez	**X**				**X**				**X**			
Andrew Wilson	**X**				**X**				**X**			
Gloria Sierra		**X**				**X**				**X**		
Deborah Somoye		**X**				**X**				**X**		

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2022 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**10,965,788**	**0**	**0**	**0**	**0**	**10,965,788**	**47.27%**	**10,750,351**	**215,437**				**8%**
1.a	Primary Care - Public Clinic (a)	3,927,300					3,927,300	16.93%	3,927,300	0	3/1/2022			8%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576					1,064,576	4.59%	1,064,576	0	3/1/2022			8%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551					910,551	3.92%	910,551	0	3/1/2022			8%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924					1,147,924	4.95%	1,147,924	0	3/1/2022			8%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000					1,100,000	4.74%	1,100,000	0	3/1/2022			8%
1.f	*Primary Care - Women at Public Clinic (a)*	2,100,000					2,100,000	9.05%	2,100,000	0	3/1/2022			8%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.07%	0	15,437	3/1/2022			8%
1.h	Vision	500,000					500,000	2.16%	500,000	0	3/1/2022			8%
1.x	Primary Care Health Outcome Pilot	200,000					200,000	0.86%	0	200,000				8%
2	**Medical Case Management**	**1,730,000**	**0**	**0**	**0**	**0**	**1,730,000**	**7.46%**	**1,639,949**	**90,051**				**8%**
2.a	Clinical Case Management	488,656					488,656	2.11%	488,656	0	3/1/2022			8%
2.b	Med CM - Public Clinic (a)	277,103					277,103	1.19%	277,103	0	3/1/2022			8%
2.c	Med CM - Targeted to AA (a) (e)	169,009					169,009	0.73%	169,009	0	3/1/2022			8%
2.d	Med CM - Targeted to H/L (a) (e)	169,011					169,011	0.73%	169,011	0	3/1/2022			8%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186					61,186	0.26%	61,186	0	3/1/2022			8%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.18%	273,760	0	3/1/2022			8%
2.g	Med CM - Women at Public Clinic (a)	75,311					75,311	0.32%	75,311	0	3/1/2022			8%
2.h	Med CM - Targeted to Pedi (a.1)	90,051					90,051	0.39%	0	90,051	3/1/2022			8%
2.i	Med CM - Targeted to Veterans	80,025					80,025	0.34%	80,025	0	3/1/2022			8%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.20%	45,888	0	3/1/2022			8%
3	**Local Pharmacy Assistance Program**	**1,810,360**	**200,000**	**0**	**0**	**0**	**2,010,360**	**8.67%**	**2,010,360**	**0**	3/1/2022			8%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360					310,360	1.34%	310,360	0	3/1/2022			8%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	200,000				1,700,000	7.33%	1,700,000	0	3/1/2022			8%
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.72%**	**166,404**	**0**	3/1/2022			8%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A			0%
4.b	Oral Health - Targeted to Rural	166,404					166,404	0.72%	166,404	0	3/1/2022			8%
5	**Health Insurance (c)**	**1,383,137**	**200,000**	**0**	**0**	**0**	**1,583,137**	**6.82%**	**1,673,566**	**-90,429**	3/1/2022			8%
6	**Mental Health Services (c)**	**0**					**0**	**0.00%**	**0**	**0**	NA			0%
7	**Early Intervention Services (c)**	**0**					**0**	**0.00%**	**0**	**0**	NA			0%
8	**Medical Nutritional Therapy (supplements)**	**341,395**					**341,395**	**1.47%**	**341,395**	**0**	3/1/2022			8%
9	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	NA			0%
9.a	In-Home	0									N/A			0%
9.b	Facility Based	0									N/A			0%
10	**Substance Abuse Services - Outpatient (c)**	**45,677**	**0**	**0**	**0**	**0**	**45,677**	**0.20%**	**45,677**	**0**	3/1/2022			8%
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	NA			0%
12	**Referral for Health Care and Support Services (c)**	**0**	**0**				**0**	**0.00%**	**0**	**0**	NA			0%
13	**Non-Medical Case Management**	**1,267,002**	**0**	**0**	**0**	**0**	**1,267,002**	**5.46%**	**1,267,002**	**0**	3/1/2022			8%
13.a	Service Linkage targeted to Youth	110,793					110,793	0.48%	110,793	0	3/1/2022			8%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000					100,000	0.43%	100,000	0	3/1/2022			8%
13.c	Service Linkage at Public Clinic (a)	370,000					370,000	1.59%	370,000	0	3/1/2022			8%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209					686,209	2.96%	686,209	0	3/1/2022			8%
13.e	SLW-Substance Use	0					0	0.00%	0	0	NA			0%
14	**Medical Transportation**	**424,911**	**0**	**0**	**0**	**0**	**424,911**	**1.83%**	**424,911**	**0**				**8%**
14.a	*Medical Transportation services targeted to Urban*	252,680					252,680	1.09%	252,680	0	3/1/2022			8%
14.b	Medical Transportation services targeted to Rural	97,185					97,185	0.42%	97,185	0	3/1/2022			8%
14.c	Transportation vouchering (bus passes & gas cards)	75,046					75,046	0.32%	75,046	0	3/1/2022			8%
15	**Emergency Financial Assistance**	**1,545,439**	**0**	**0**	**0**	**0**	**1,545,439**	**6.66%**	**1,545,439**	**0**				**8%**
16.a	EFA - Pharmacy Assistance	1,305,439					1,305,439	5.63%	1,305,439	0	3/1/2022			8%

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2022 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
16.b	EFA - Other	240,000					240,000	1.03%	240,000	0	3/1/2022			8%
16	**Linguistic Services (c)**	**0**	**0**				0	0.00%	0	0	N/A			0%
17	**Outreach**	**420,000**					**420,000**	**1.81%**	**420,000**	**0**	**3/1/2022**			8%
BEU27516	**Total Service Dollars**	20,100,113	400,000	0	0	0	20,500,113	88.37%	20,285,054	215,059				8%
	Grant Administration	**1,795,958**	**169,915**	**0**	**0**	**0**	**1,965,873**	**8.47%**	1,795,958	169,915	N/A			8%
BEU27517	HCPH/RWGA Section	1,271,050	169,915	0		0	1,440,965	6.21%	1,271,050	169,915	N/A			8%
PC	RWPC Support*	524,908			0	0	524,908	2.26%	524,908	0	N/A			8%
BEU27521	**Quality Management**	**412,940**		**0**	**0**	**0**	**412,940**	**1.78%**	**412,940**	0	N/A			8%
		22,309,011	569,915	0	0	0	22,878,926	98.62%	22,493,952	384,974				8%
								Unallocated	Unobligated					
	Part A Grant Award:	23,198,771	*Carry Over:*	0		***Total Part A:***	23,198,771	319,845	384,974					

	Original Allocation	Award Reconciliation	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent
Core (must not be less than 75% of total service dollars)	**16,442,761**	**400,000**	**0**	**0**	**0**	**16,842,761**	**82.16%**		
Non-Core (may not exceed 25% of total service dollars)	**3,657,352**	**0**	**0**	**0**	**0**	**3,657,352**	**17.84%**		
Total Service Dollars (does not include Admin and QM)	**20,100,113**	**400,000**	**0**	**0**	**0**	**20,500,113**			
Total Admin (must be ≤ 10% of total Part A + MAI)	**1,795,958**	**169,915**	**0**	**0**	**0**	**1,965,873**	**7.67%**		
Total QM (must be ≤ 5% of total Part A + MAI)	**412,940**	**0**	**0**	**0**	**0**	**412,940**	**1.61%**		

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**2,002,860**	**104,950**	0	0	0	**2,107,810**	**86.82%**	**2,107,810**	**0**				8%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,012,700	53,065				1,065,765	43.90%	1,065,765	0	3/1/2022			8%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	990,160	51,884				1,042,044	42.92%	1,042,044	0	3/1/2022			8%
2	**Medical Case Management**	**320,100**	**0**	**0**	0	**0**	**320,100**	**13.18%**	**320,100**	**0**				8%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	6.59%	160,050	0	3/1/2022			8%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	6.59%	160,050	0	3/1/2022			8%
	Total MAI Service Funds	**2,322,960**	**104,950**	**0**	**0**	**0**	**2,427,910**	**100.00%**	**2,427,910**	**0**				8%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0				0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0				0%
	Total MAI Non-service Funds	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**				0%
	Total MAI Funds	**2,322,960**	**104,950**	**0**	**0**	**0**	**2,427,910**	**100.00%**	**2,427,910**	**0**				8%
	MAI Grant Award	**2,427,918**	*Carry Over:*	**0**		***Total MAI:***	**2,427,918**							
	Combined Part A and MAI Orginial Allocation Total	**24,631,971**												

Footnotes:

All	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.
(a)	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.
(c)	Funded under Part B and/or SS
(e)	10% rule reallocations

Part A Reflects "Decrease" Funding Scenario
MAI Reflects "Decrease" Funding Scenario

FY 2021 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	10,965,788	-75,776	1,415,641	60,600	-1,377,246	10,989,007	46.00%	10,989,007	0		9,085,320	83%	100%
1.a	Primary Care - Public Clinic (a)	3,927,300	-27,177			-1,404,381	2,495,742	10.45%	2,495,742	0	3/1/2021	$1,926,746	77%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	-7,367	441,880	244,386	9,713	1,753,188	7.34%	1,753,188	0	3/1/2021	$1,915,159	109%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	-6,301	441,880	75,000	9,713	1,430,843	5.99%	1,430,843	0	3/1/2021	$1,595,257	111%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	-7,944	441,880		9,713	1,591,574	6.66%	1,591,574	0	3/1/2021	$745,541	47%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	-7,612		-75,000	-2,004	1,015,384	4.25%	1,015,384	0	3/1/2021	$1,050,578	103%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	-14,532				2,085,468	8.73%	2,085,468	0	3/1/2021	$1,347,954	65%	100%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.06%	15,437	0	3/1/2021	$5,400	35%	100%
1.h	Vision	500,000	-3,460	90,000	-85,000		501,540	2.10%	501,540	0	3/1/2021	$498,685	99%	100%
1.x	Primary Care Health Outcome Pilot	200,000	-1,384		-98,786		99,830	0.42%	99,830	0		$0	0%	100%
2	**Medical Case Management**	1,730,000	-100,528	30,000	0	30,433	1,689,905	7.07%	1,689,905	0		1,485,955	88%	100%
2.a	Clinical Case Management	488,656	-3,381	30,000			515,275	2.16%	515,275	0	3/1/2021	$356,517	69%	100%
2.b	Med CM - Public Clinic (a)	277,103	-1,918			80,856	356,041	1.49%	356,041	0	3/1/2021	$271,551	76%	100%
2.c	Med CM - Targeted to AA (a) (e)	169,009	-1,170			-6,687	161,153	0.67%	161,153	0	3/1/2021	$244,261	152%	100%
2.d	Med CM - Targeted to H/L (a) (e)	169,011	-1,170			-6,687	161,155	0.67%	161,155	0	3/1/2021	$125,876	78%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186	-423			-6,687	54,076	0.23%	54,076	0	3/1/2021	$83,763	155%	100%
2.f	Med CM - Targeted to Rural (a)	273,760	-1,894			-30,363	241,503	1.01%	241,503	0	3/1/2021	$136,886	57%	100%
2.g	Med CM - Women at Public Clinic (a)	75,311	-521				74,790	0.31%	74,790	0	3/1/2021	$152,862	204%	100%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	-90,051				0	0.00%	0	0	3/1/2021	$0	#DIV/0!	100%
2.i	Med CM - Targeted to Veterans	80,025	0				80,025	0.33%	80,025	0	3/1/2021	$62,517	78%	100%
2.j	Med CM - Targeted to Youth	45,888	0				45,888	0.19%	45,888	0	3/1/2021	$51,724	113%	100%
3	**Local Pharmacy Assistance Program**	1,810,360	-12,528	22,920	0	10,461	1,831,213	7.67%	1,831,213	0	3/1/2021	$2,041,079	111%	100%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360	-2,148			251,033	559,245	2.34%	559,245	0	3/1/2021	$559,245	100%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	-10,380	22,920		-240,572	1,271,968	5.32%	1,271,968	0	3/1/2021	$1,481,834	116%	100%
4	**Oral Health**	166,404	-1,152	0	0	0	165,252	0.69%	165,252	0	3/1/2021	165,250	100%	100%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	-1,152		0		165,252	0.69%	165,252	0	3/1/2021	$165,250	100%	100%
5	**Health Insurance (c)**	1,383,137	-9,571	300,000	0	0	1,673,566	7.01%	1,673,566	0	3/1/2021	$1,673,556	100%	100%
6	**Mental Health Services (c)**	0					0	0.00%	0	0	NA	$0	0%	0%
7	**Early Intervention Services (c)**	0					0	0.00%	0	0	NA	$0	0%	0%
8	**Medical Nutritional Therapy (supplements)**	341,395	-2,362		55,000		394,033	1.65%	394,033	0	3/1/2021	$382,241	97%	100%
9	**Home and Community-Based Services (c)**	0	0	0	0	0	0	0.00%	0	0	NA	$0	0%	0%
9.a	In-Home	0									N/A	$0	0%	0%
9.b	Facility Based	0									N/A	$0	0%	0%
10	**Substance Abuse Services - Outpatient**	45,677	0	0	0	0	45,677	0.19%	45,677	0	3/1/2021	$25,350	55%	100%
11	**Hospice Services**	0	0	0	0	0	0	0.00%	0	0	NA	$0	0%	0%
12	**Referral for Health Care and Support Services (c)**	0	0				0	0.00%	0	0	NA	$0	0%	0%
13	**Non-Medical Case Management**	1,267,002	-8,768	40,000	-70,600	95,685	1,323,319	5.54%	1,323,319	0	3/1/2021	$1,218,925	92%	100%
13.a	Service Linkage targeted to Youth	110,793	-767		-20,600		89,426	0.37%	89,426	0	3/1/2021	$94,788	106%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	-692		-50,000		49,308	0.21%	49,308	0	3/1/2021	$62,780	127%	100%
13.c	Service Linkage at Public Clinic (a)	370,000	-2,560			107,411	474,851	1.99%	474,851	0	3/1/2021	$453,719	96%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	-4,749	40,000		-11,726	709,734	2.97%	709,734	0	3/1/2021	$607,637	86%	100%
13.e	SLW-Substance Use	0	0				0	0.00%	0	0	NA	$0	0%	0%
14	**Medical Transportation**	424,911	-2,940	0	0	0	421,971	1.77%	421,971	0		421,959	100%	100%
14.a	Medical Transportation services targeted to Urban	252,680	-1,749				250,931	1.05%	250,931	0	3/1/2021	$257,980	103%	100%
14.b	Medical Transportation services targeted to Rural	97,185	-673				96,512	0.40%	96,512	0	3/1/2021	$89,462	93%	100%
14.c	Transportation vouchering (bus passes & gas cards)	75,046	-519				74,527	0.31%	74,527	0	3/1/2021	$74,517	100%	100%
15	**Emergency Financial Assistance**	1,545,439	-10,694	0	-45,000	1,326,272	2,816,017	11.79%	2,816,017	0		2,851,156	101%	100%
16.a	EFA - Pharmacy Assistance	1,305,439	-9,034		75,000	1,326,272	2,697,677	11.29%	2,697,677	0	3/1/2021	$2,771,670	103%	100%

Part A Reflects "Decrease" Funding Scenario
MAI Reflects "Decrease" Funding Scenario

FY 2021 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
16.b	EFA - Other	240,000	-1,661		-120,000		118,339	0.50%	118,339	0	3/1/2021	$79,486	67%	100%
16	Linguistic Services (c)	0	0				0	0.00%	0	0	NA	$0	0%	0%
17	Outreach	420,000	-2,906			-85605	331,489	1.39%	331,489	0	3/1/2021	$334,723	0%	100%
[illegible]	Total Service Dollars	20,100,113	-227,226	1,808,561	0	0	21,681,448	90.75%	21,681,448	-1		19,685,514	91%	100%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	7.52%	1,795,958	0	N/A	1,501,779	84%	100%
[illegible]	HCPH/RWGA Section	1,271,050		0		0	1,271,050	5.32%	1,271,050	0	N/A	$1,021,601	80%	100%
PC	RWPC Support*	524,908			0	0	524,908	2.20%	524,908	0	N/A	480,178	91%	100%
[illegible]	Quality Management	412,940		0	0	0	412,940	1.73%	412,940	0	N/A	$338,092	82%	100%
		22,309,011	-227,226	1,808,561	0	0	23,890,346	100.00%	23,890,346	-1		21,525,385	90%	100%
								Unallocated	Unobligated					
	Part A Grant Award:	22,171,816	*Carry Over:*	1,718,511		*Total Part A:*	23,890,327	-19	-1					

	Original Allocation	Award Reconcilation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent
Core (must not be less than 75% of total service dollars)	16,442,761	-201,918	1,768,561	115,600	-1,336,352	16,125,004	83.60%		
Non-Core (may not exceed 25% of total service dollars)	3,657,352	-25,309	40,000	-115,600	1,336,352	3,556,443	16.40%		
Total Service Dollars (does not include Admin and QM)	20,100,113	-227,226	1,808,561	0	0	21,681,448			
Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	0	0	0	0	1,795,958	6.64%		
Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.53%		

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,002,860	-52,609	100,100	0	0	2,050,351	64.56%	2,050,351	0		1,853,500	90%	100%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,012,700	-26,601	50,050			1,036,149	32.63%	1,036,149	0	3/1/2021	$992,750	96%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	990,160	-26,009	50,050			1,014,201	31.94%	1,014,201	0	3/1/2021	$860,750	85%	100%
2	Medical Case Management	320,100	0	0	0	0	320,100	10.08%	320,100	0		$243,614	76%	100%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	5.04%	160,050	0	3/1/2021	$140,451	88%	100%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	5.04%	160,050	0	3/1/2021	$103,163	64%	100%
	ADAP	0	0	805,261			805,261	25.36%	805,261	0		$805,261	100%	100%
	Total MAI Service Funds	2,322,960	-52,609	905,361	0	0	3,175,712	100.00%	3,175,712	0		2,902,375	91%	100%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
[illegible]	**Total MAI Funds**	2,322,960	-52,609	905,361	0	0	3,175,712	100.00%	3,175,712	0		2,902,375	91%	100%
	MAI Grant Award	2,270,349	*Carry Over:*	905,361		*Total MAI:*	3,175,710							
	Combined Part A and MAI Orginial Allocation Total	24,631,971												

Footnotes:

All	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.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.

Prepared by: Ryan White Grant Administration

FY 2021 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 4th Quarter (3/1-2/28)																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	8,632	75%	23%	2%	47%	12%	2%	39%	0%	0%	5%	28%	27%	11%	25%	2%
1.a	Primary Care - Public Clinic (a)	2,350	2,913	72%	27%	1%	46%	9%	2%	44%	0%	1%	2%	16%	26%	14%	37%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	2,515	70%	27%	3%	99%	0%	1%	0%	0%	0%	7%	39%	27%	10%	16%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,719	82%	14%	4%	0%	0%	0%	100%	0%	0%	5%	31%	31%	12%	19%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	791	89%	10%	2%	0%	85%	15%	0%	0%	0%	3%	27%	25%	11%	32%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	734	69%	30%	1%	47%	22%	2%	29%	0%	0%	3%	30%	29%	11%	25%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	790	0%	99%	1%	55%	5%	1%	38%	0%	0%	1%	11%	26%	18%	38%	5%
1.g	Primary Care - Pediatric (a)	7	6	83%	17%	0%	50%	0%	0%	50%	17%	50%	33%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,966	73%	25%	2%	48%	12%	3%	37%	0%	0%	4%	24%	24%	13%	30%	5%
2	Medical Case Management (f)	3,075	5,325															
2.a	Clinical Case Management	600	896	73%	25%	2%	57%	13%	1%	29%	0%	0%	4%	23%	26%	12%	30%	5%
2.b	Med CM - Targeted to Public Clinic (a)	280	612	89%	9%	2%	54%	11%	1%	33%	0%	0%	2%	25%	24%	10%	33%	5%
2.c	Med CM - Targeted to AA (a)	550	1,583	68%	29%	3%	99%	0%	1%	0%	0%	1%	6%	32%	26%	10%	22%	3%
2.d	Med CM - Targeted to H/L(a)	550	786	80%	15%	5%	0%	0%	0%	100%	0%	0%	5%	26%	31%	12%	23%	3%
2.e	Med CM - Targeted to White and/or MSM (a)	260	454	84%	13%	2%	0%	88%	12%	0%	0%	0%	3%	23%	23%	7%	36%	7%
2.f	Med CM - Targeted to Rural (a)	150	525	67%	32%	1%	46%	31%	1%	21%	0%	0%	2%	26%	24%	11%	30%	6%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	266	0%	100%	0%	73%	6%	2%	18%	0%	0%	2%	21%	33%	11%	27%	5%
2.h	Med CM - Targeted to Pedi (a)	125	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.i	Med CM - Targeted to Veterans	200	186	95%	5%	0%	72%	20%	1%	8%	0%	0%	0%	0%	5%	3%	48%	44%
2.j	Med CM - Targeted to Youth	120	17	88%	6%	6%	65%	12%	0%	24%	0%	18%	82%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	5,834	75%	22%	3%	47%	13%	2%	38%	0%	0%	4%	29%	28%	12%	25%	2%
4	Oral Health	200	376	67%	31%	1%	46%	27%	1%	27%	0%	0%	2%	23%	25%	14%	31%	6%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	376	67%	31%	1%	46%	27%	1%	27%	0%	0%	2%	23%	25%	14%	31%	6%
5	Mental Health Services (d)	NA	NA															
6	Health Insurance	1,700	2,032	80%	19%	1%	43%	26%	3%	29%	0%	0%	1%	16%	18%	11%	42%	12%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	23	87%	4%	9%	30%	48%	0%	22%	0%	0%	0%	26%	43%	13%	17%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	571	74%	24%	1%	41%	19%	3%	37%	0%	0%	1%	12%	18%	10%	46%	13%
11	Hospice Services (d)	NA	NA															
12	Outreach	700	1,132	74%	22%	4%	55%	14%	1%	30%	0%	0%	5%	35%	26%	10%	21%	3%
13	Non-Medical Case Management	7,045	7,755															
13.a	Service Linkage Targeted to Youth	320	171	79%	20%	1%	55%	5%	1%	39%	0%	20%	80%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	104	75%	23%	2%	56%	5%	3%	37%	0%	0%	0%	61%	23%	3%	13%	1%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	3,382	68%	30%	1%	53%	10%	2%	36%	0%	0%	0%	17%	25%	12%	39%	7%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	4,098	74%	23%	3%	53%	13%	2%	32%	1%	1%	5%	28%	26%	10%	26%	4%
14	Transportation	2,850	2,291															
14.a	Transportation Services - Urban	170	704	70%	29%	1%	58%	9%	1%	32%	0%	0%	4%	27%	27%	11%	27%	4%
14.b	Transportation Services - Rural	130	244	65%	34%	1%	32%	34%	2%	32%	0%	0%	4%	16%	24%	16%	34%	7%
14.c	Transportation vouchering	2,550	1,343															
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	NA	2,218	74%	23%	2%	46%	10%	2%	42%	0%	0%	4%	27%	27%	13%	27%	2%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
*Net unduplicated clients served - all categories^*		12,941	14,283	74%	24%	2%	51%	14%	2%	33%	0%	1%	4%	25%	24%	11%	30%	6%
Living AIDS cases + estimated Living HIV non-AIDS (from FY18 App) (b)			29,078															

Available Data As Of: 6/1/2022

Prepared by: Ryan White Grant Administration

FY 2021 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 4th Quarter (03/01 -02/28)

Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,745	71%	26%	3%	99%	0%	1%	0%	0%	0%	7%	36%	27%	11%	18%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,481	82%	14%	4%	0%	0%	0%	100%	0%	0%	6%	30%	32%	12%	19%	1%
2	Medical Case Management (f)																	
2.c	Med CM - Targeted to AA (a)	1,060	967	78%	19%	3%	51%	12%	2%	35%	0%	1%	9%	38%	26%	9%	15%	2%
2.d	Med CM - Targeted to H/L(a)	960	689	75%	23%	2%	67%	15%	2%	16%	0%	2%	6%	39%	23%	13%	15%	2%

RW Part A New Client Service Utilization Report - 4th Quarter (03/01-02/28)
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/21-2/28/22)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	1,897	80%	17%	3%	51%	11%	2%	36%	0%	1%	9%	38%	25%	8%	1%	17%
2	LPAP	1,200	982	78%	19%	3%	51%	12%	2%	35%	0%	1%	9%	38%	26%	9%	2%	15%
3.a	Clinical Case Management	400	111	75%	23%	2%	67%	15%	2%	16%	0%	2%	6%	39%	23%	13%	2%	16%
3.b-3.h	Medical Case Management	1,600	1067	76%	20%	3%	55%	13%	2%	30%	0%	1%	8%	36%	25%	8%	2%	18%
3.i	Medical Case Manangement - Targeted to Veterans	60	37	95%	5%	0%	86%	11%	0%	3%	0%	0%	0%	0%	11%	8%	38%	43%
4	Oral Health	40	58	69%	29%	2%	50%	31%	0%	19%	0%	0%	2%	29%	28%	12%	7%	22%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	1,860	75%	23%	2%	56%	13%	2%	29%	1%	2%	7%	31%	24%	8%	22%	5%
12.b	Service Linkage at Testing Sites	260	99	76%	21%	3%	58%	2%	4%	36%	0%	5%	19%	49%	13%	1%	11%	1%
Footnotes:																		
(a)	Bundled Category																	
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																	
(d)	Funded by Part B and/or State Services																	
(e)	Total MCM served does not include Clinical Case Management																	
(f)	BO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients serve																	

Available Data As Of: 6/1/2022

Public Comment

Re: Mental Health Service Category Definition
May 3, 2022

In regard to How to Best Meet the Need recommendations for the Mental Health Service category definition to be reviewed by the Quality Improvement Committee meeting on May 3, 2022, Ann Robison submitted the following comment to the Office of Support via email:

> "We are requesting that the Council consider adding psychiatric encounters to the mental health service category under State Services. It is in the state's definition. We are using residents to provide the care. We do not take anyone who already has a psychiatrist somewhere else. We only take people in crisis who do not already have a psychiatrist. The residents at this time are paid for by a Baylor grant from HRSA but we have to pay for the supervision. We think the same rate used for therapy would be fine at this point but we do see people living with HIV who have been unable to access psychiatry services at the clinics because of wait lists and staff shortages. Thanks."

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FY 2023 Houston EMA/HSDA Service Categories Definitions
Ryan White Part A, Part B and State Services

Local Service Category:	**Mental Health Services**
Amount Available**:**	**To be determined**
Unit Cost	
Budget Requirements or Restrictions **(TRG Only)**:	Maximum of 10% of budget for Administrative Cost.
DSHS Service Category Definition	Mental Health Services include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a family/couples, group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers. Mental health counseling services includes outpatient mental health therapy and counseling (individual and family/couple) provided solely by Mental Health Practitioners licensed in the State of Texas. Mental health services include: • Mental Health Assessment • Treatment Planning • Treatment Provision • Individual psychotherapy • Family psychotherapy • Conjoint psychotherapy • Group psychotherapy • Psychiatric medication assessment, prescription and monitoring • Psychotropic medication management • Drop-In Psychotherapy Groups • Emergency/Crisis Intervention General mental health therapy, counseling and short-term (based on the mental health professional's judgment) bereavement support is available for family members or significant others of people living with HIV.
Local Service Category Definition:	**Individual Therapy/counseling** is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible person living with HIV. **Family/Couples Therapy/Counseling** is defined as crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to a family or couple (opposite-sex, same-sex, transgendered or non-gender conforming) that includes an eligible person living with HIV. **Support Groups** are defined as professionally led (licensed therapists or counselor) groups that comprise people living with HIV, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for people living with HIV.
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV and affected individuals living within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Agencies are encouraged to have available to PLWH all modes of counseling services, i.e., crisis, individual, family, and group. Sessions may be conducted in-home. Agency must provide professional support group sessions led by a licensed counselor.

Service Unit Definition(s) **(TRG Only)**:	**Individual Crisis Intervention and/or Therapy:** A unit of service is defined as an individual counseling session lasting a minimum of 45 minutes. **Family/Couples Crisis Intervention and/or Therapy:** A unit of service is defined as a family/couples counseling session lasting a minimum of 90 minutes. **Group Therapy:** A unit of service is defined as one (1) eligible PLWH attending 90 minutes of group therapy. The minimum time allowable for a single group session is 90 minutes and maximum time allowable for a single group session is 120 minutes. No more than one unit may be billed per session for an individual or group session. A minimum of three (3) participants must attend a group session in order for the group session to eligible for reimbursement. **Consultation:** One unit of service is defined as 15 minutes of communication with a medical or other appropriate provider to ensure case coordination.
Financial Eligibility:	Income at or below 500% Federal Poverty Guidelines.
Eligibility for Services:	For individual therapy session, person living with HIV or the affected significant other of a person living with HIV, resident of Houston HSDA. Person living with HIV must have a current DSM diagnosis eligible for reimbursement under the State Medicaid Plan. PLWH must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the PLWH is in crisis and cannot be provided immediate services from the other programs/providers. In this case, PLWH may be provided services, if the PLWH applies for the other programs /providers, until the other programs/providers can take over services. Medicaid/Medicare, Third Party Payer and Private Pay status of PLWH receiving services under this grant must be verified by the provider prior to requesting reimbursement under this grant. For support group sessions, PLWH must be either a person living with HIV or the significant other of person living with HIV. Affected significant other is eligible for services only related to the stress of caring for a person living with HIV.
Agency Requirements **(TRG Only)**:	Agency must provide assurance that the mental health practitioner shall be supervised by a licensed therapist qualified by the State to provide clinical supervision. This supervision should be documented through supervision notes. Keep attendance records for group sessions. Must provide 24-hour access to a licensed counselor for current PLWH with

	emotional emergencies. PLWH eligible for Medicaid or 3rd party payer reimbursement may not be billed to grant funds. Medicare Co-payments may be billed to the contract as ½ unit of service. Documentation of at least one therapist certified by Medicaid/Medicare on the staff of the agency must be provided in the proposal. All funded agencies must maintain the capability to serve and seek reimbursement from Medicaid/Medicare throughout the term of their contract. Potential PLWH who are Medicaid/ Medicare eligible may not be denied services by a funded agency based on their reimbursement status (Medicaid/Medicare eligible PLWH may not be referred elsewhere in order that non-Medicaid/Medicare eligible PLWH may be added to this grant). Failure to serve Medicaid/Medicare eligible PLWH based on their reimbursement status will be grounds for the immediate termination of the provider's contract. Must comply with the State Services Standards of Care. Must provide a plan for establishing criteria for prioritizing participation in group sessions and for termination from group participation. Providers and system must be Medicaid/Medicare certified to ensure that Ryan White funds are the payer of last resort.
Staff Requirements:	It is required that counselors have the following qualifications: Licensed Mental Health Practitioner by the State of Texas (LCSW, LMSW, LPC PhD, Psychologist, or LMFT). At least two years' experience working with HIV disease or two years' work experience with chronic care of a catastrophic illness. Counselors providing family sessions must have at least two years' experience in family therapy. Counselors must be covered by professional liability insurance with limits of at least $300,000 per occurrence.
Special Requirements **(TRG Only)**:	All mental health interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on Federal, state and local laws and guidelines (i.e. abuse, self or other harm). All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices of protected health information (PHI) information. Mental health services can be delivered via telehealth and must follow applicable federal and State of Texas privacy laws. Mental health services that are provided via telehealth must be in accordance with State of Texas mental health provider practice requirements, see Texas Occupations Code, Title 3 Health Professions and chapter 111 for Telehealth & Telemedicine.

	When psychiatry is provided as a mental health service via telehealth then the provider must follow guidelines for telemedicine as noted in Texas Medical Board (TMB) guidelines for providing telemedicine, Texas Administrative Code, Texas Medical Board, Rules, Title 22, Part 9, Chapter 174, RULE §174.1 to §174.12 Medicare and private insurance co-payments are eligible for reimbursement under this grant (in this situation the agency will be reimbursed the PLWH's co-payment only, not the cost of the session which must be billed to Medicare and/or the Third-party payer). Extensions will be addressed on an individual basis when meeting the criteria of counseling directly related to HIV illness. Under no circumstances will the agency be reimbursed more than two (2) units of individual therapy per PLWH in any single 24-hour period. Agency should develop services that focus on the most current Special Populations identified in the *Houston Area Comprehensive Plan for HIV Prevention and Care Services* including Adolescents, Homeless, Incarcerated & Recently Released (IRR), Injection Drug Users (IDU), Men who Have Sex with Men (MSM), and Transgender populations. Additionally, services should focus on increasing access for individuals living in rural counties. Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with **the DSHS Mental Health Services Standards of Care**. The agency must have policies and procedures in place that comply with the standards ***prior*** to delivery of the service.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2122 Ryan White Part B
Procurement Report
April 1, 2021 - March 31, 2022

Reflects spending through March 2022 Final Close Out Report

Spending Target: 100%

Revised 6/1/22

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 Service (1)	$1,674,036	50%	$0	$1,674,036	$0	$1,674,036	4/1/2021	$1,540,487	92%
4	Oral Health Service -Prosthodontics (1)	$544,842	16%	$0	$544,842	$40,789	$585,631	4/1/2021	$683,908	117%
5	Health Insurance Premiums and Cost Sharing (2)	$1,028,433	31%	$0	$1,028,433	$36,446	$1,064,879	4/1/2021	$1,217,879	114%
9	Home and Community Based Health Services (3)	$113,315	3%	$0	$113,315	-$77,235	$36,080	4/1/2021	$36,080	100%
		$0	0%	$0	$0					
	Total Houston HSDA	3,360,626	100%	0	3,360,626	$0	$3,360,626		3,478,354	104%

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

(1) Agencies were allowed to spend the funds where needed within the Oral Health Service and total Oral Health Service spending is 98%

(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. Demand exceeds funding.

(3) Demand is still down because of COVID

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

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2021 DSHS State Services

Procurement Report

September 1, 2020 - August 31, 2021

Chart reflects spending through August 2021

Spending Target: 100%

Revised 10/27/2021

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Final Adjustments	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	$864,506	43%		$864,506	$200,000	$1,064,506	9/1/2020	$0	$1,064,506	100%
6	Mental Health Services (2)	$300,000	15%		$300,000	-$163,000	$137,000	9/1/2020	-$16,049	$120,951	88%
7	EIS - Incarcerated	$175,000	9%		$175,000	$0	$175,000	9/1/2020	-$905	$174,095	99%
11	Hospice	$259,832	13%		$259,832	-$20,000	$239,832	9/1/2020	$27,028	$266,860	111%
	Non Medical Case Management	$350,000	17%		$350,000	-$80,000	$270,000	9/1/2020	-$13,507	$256,493	95%
15	Linguistic Services	$68,000	3%		$68,000	-$18,000	$50,000	9/1/2020	$4,600	$54,600	109%
		$0	0%								
	Total Houston HSDA	**2,017,338**	**100%**	$0	$2,017,338	-$81,000	$1,936,338		$1,167	1,937,505	100%

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) Service utilization has decreased due to the interruption of COVID-19.

*Note TRG made final adjustments moving funds to rural HSDA's to ensure 100% spending to avoid returning funds to DSHS

**Note TRG may reallocated funds to avoid lapse in funds

Houston Area HIV Services Ryan White Planning Council
Assessment of the Local Ryan White HIV/AIDS Program Administrative Mechanism
Assessment Checklist

(Quality Improvement Committee approved 05/11/21)

Background

The Ryan White CARE Act requires local Planning Councils to "[a]ssess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area" (Ryan White Part A [formerly Title I] *Manual*, Section V, Chapter 1, Page 4). To meet this mandate, a time-specific documented observation of the local procurement, expenditure, and reimbursement process for Ryan White funds is conducted by the local Planning Councils (*Manual*, Section VI, Chapter 1, Page 7). The observation process is not intended to evaluate either the local administrative agencies for Ryan White funds or the individual service providers funded by Ryan White (*Manual*, Section VI, Chapter 1, Page 8). Instead, it produces information about the procurement, expenditure, and reimbursement process for the local *system* of Ryan White funding that can be used for overall quality improvement purposes.

Process

In the Houston eligible area, an assessment of the local administrative mechanism is performed for each Fiscal Year of Ryan White funding using a written checklist of specific data points. Taken together, the information generated by the checklist is intended to measure the overall efficacy of the local procurement, reimbursement, and contract monitoring processes of the administrative agents for (1) Ryan White Part A and Minority AIDS Initiative (MAI) funds; and (2) Ryan White Part B and State Services (SS) funds. The checklist is reviewed and approved annually by the Quality Improvement Committee of the Houston Area HIV Services Ryan White Planning Council, and application of the checklist, including data collection, review, analysis and reporting, is performed by the Ryan White Planning Council Office of Support in collaboration with the administrative agents for the funds. All data and documents reviewed in the process are publicly available.

Checklist

The checklist for the assessment of the administrative mechanism for the Houston eligible area is attached below. The following acronyms are used in the checklist:

AA:	Administrative Agent
DSHS:	Texas Department of State Health Services
FY:	Fiscal Year (The FY to be assessed for Part A, B, and MAI will be the immediate prior FY, ending February 28 [Part A and MAI] and March 31 [Part B]; the FY to be assessed for SS will be the most recent completed FY.
MAI:	Minority AIDS Initiative
MOU:	Memorandum of Understanding (between the AAs and the Planning Council)
NGA:	Notice of Grant Award
PC:	Ryan White Planning Council
RFP:	Request for Proposals
SOC:	Standards of Care
SS:	State Services

Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area (Quality Improvement Committee approved 05-11-21)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
Section I: Procurement/Request for Proposals Process			
• To assess the timeliness of the AA in authorizing contracted agencies to provide services	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	a) How much time elapsed between receipt of the NGA or funding contract by the AA and contract execution with funded service providers (i.e., 30, 60, 90 days)?	Part A/MAI: (1) NGA; and (2) Commissioner's Court Agendas Part B/SS: (1) DSHS Contract Face Sheet; and (2) Contract Tracking Sheet
• To assess the timeliness of the AA in procuring funds to contracted agencies to provide services	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	b) What percentage of the grant award was procured by the: ☐ 1st quarter? ☐ 2nd quarter? ☐ 3rd quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC
• To assess if the AA awarded funds to service categories as designed by the PC	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	c) Did the awarding of funds in specific categories match the allocations established by the PC at the: ☐ 1st quarter? ☐ 2nd quarter? ☐ 3rd quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC Final PC Allocations Worksheet
• To assess if the AAs make potential bidders aware of the grant award process	Confirmation of communication by the AAs to potential bidders specific to the grant award process	d) Does the AA have a grant award process which: ☐ Provides bidders with information on applying for grants? ☐ Offers a bidder's conference?	RFP Courtesy Notices for Pre-Bid Conferences
• To assess if the AAs are requesting bids for service category definitions approved by the PC	Confirmation of communication by the AAs to potential bidders specific to PC products	e) Does the RFP incorporate service category definitions that are consistent with those defined by the PC?	RFP
• To assess if the AAs are procuring funds in alignment with allocations	Comparison of final amounts procured and total amounts allocated in each service category	f) At the end of the award process, were there still unobligated funds?	Year-end FY Procurement Reports provided by AA to PC
• To assess if the AAs are dispersing all available funds for services and, if not, are unspent funds within the limits allowed by the funder	Review of final spending amounts for each service category	g) At the end of the year, were there unspent funds? If so, in which service categories?	Year-end FY Procurement Reports provided by AA to PC

Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area (Quality Improvement Committee approved 05-11-21)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
Section I: Procurement/Request for Proposals Process (con't)			
• To assess if the AAs are making the PC aware of the procurement process	Confirmation of communication by the AAs to the PC specific to procurement results	h) Does the AA have a method of communicating back to the PC the results of the procurement process?	MOU PC Agendas
Section II: Reimbursement Process			
• To assess the timeliness of the AA in reimbursing contracted agencies for services provided	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	a) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA? b) What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice: ☐ Within 20 days? ☐ Within 35 days? ☐ Within 50 days?	Annual Contractor Reimbursement Report
Section III: Contract Monitoring Process			
• To assess if the AA is monitoring adherence by contracted agencies to PC quality standards	Confirmation of use of adopted SOC in contract monitoring activities	a) Does the AA use the SOC as part of the contract monitoring process?	RFP Policy and Procedure for Performing Site Visits Quality Management Plan

Quality of Life VISION for PLHIV

All people living with HIV will have unfettered and 'hassle-free,' access to a full range of life-extending high quality culturally sensitive, gender affirming care and social support free from all stigma and discrimination that prioritizes our mental, emotional, and spiritual health as well as our financial wellbeing. People living with HIV are "people first" and our quality of life is not defined by our race, gender identity, sexual orientation, HIV status or measured solely by viral suppression.

Quality of Life THEMES

1. Intersectional stigma, discrimination, racial and social justice, human rights and dignity
2. Overall wellbeing, mental, emotional and spiritual health
3. Aging, comorbidities and life span (can include functionality, cognitive ability, geriatrics)
4. Healthcare services access, care and support
5. Economic justice, employment, stable and safe housing, food security
6. Policy and research

Quality of Life DEFINITION

We demand a quality of life that achieves the following:

1. Ensures that all people living with HIV thrive and live long healthy dignified lives.
2. Recognizes that HIV is a racial and social justice issue and works to dismantle the structural barriers that marginalize and diminish our quality of life.
3. Uplifts our humanity and dignity as human beings; we are people living with HIV and not a public health threat.
4. Values our emotional labor and personal stories as worthy of compensation and meaningfully involves people living with HIV as subject matter experts in all decisions that impact our lives as paid staff and consultants and not just as volunteers.
5. Recognizes that because we have a large number of people aging with HIV that include those born with HIV, long term survivors and people over the age of 50, we need for accessible services, support and care to ensure that we age with dignity
6. Understands that safe and stable housing, healthcare and financial security are basic human rights. We should not have to live in poverty to be eligible for services.
7. Recognizes that we are human beings entitled to live full rich pleasurable sexually active lives without fear of prosecution and understands the importance of social support networks to our overall well being.
8. Embraces our rich diversity in race, age, gender identity or expression, language, sexual orientation, income, ethnicity, country of origin or where we live and tells the full story of our resilience and not just our diagnosis.

THEME #1: Intersectional stigma, discrimination, racial and social justice, human rights and dignity

Strategy	Actions/Activities	Responsible Party	Year 1, 2, 3, 4 or 5
Reduce the impact of intersectional stigma for PLHIV and communities vulnerable to HIV	Implement new research tool developed by the Global Network of PLHIV called stigma index		
Ensure that all funding, policies, programs and decisions use an intersectional racial/social justice lens approach	Develop & apply racial/social justice lens to all decision making		
Implement/Operationalize MIPA throughout all service delivery	Integrate MIPA into RW planning councils		

THEME #2: Overall well-being, mental, emotional and spiritual health

Strategy	Actions/Activities	Responsible Party	Year 1, 2, 3, 4 or 5
Focus on “people first” rather than just treating HIV	Re-evaluate rapid start and other programs to ensure that services are person centered		
Eliminate use of stigmatizing language by organizations, services and throughout the workforce	Include people first language training requirement in all contracts and pay PLHIV to deliver trainings		
Increase the availability of social support services	Require all Part A providers to provide support groups led by PLHIV Develop at least 3 support groups by December 2023 for high priority populations Develop list of peer/PLHIV willing to lead support groups and be compensated		

THEME #3: Aging, comorbidities and life span (can include functionality, cognitive ability, geriatrics)

Strategy	Actions/Activities	Responsible Party	Year 1, 2, 3, 4 or 5
Reduce mortality rates for PLHIV	Develop data that more adequately reflects mortality and comorbidities of PLHIV		
Address aging needs of PLHIV	Develop aging related services for PLHIV at all health care providers Ensure that all demographics are represented in research Create a research CAB focused on aging issues Develop needs assessment to gather data to address the special needs of verticals		

WORKPLAN

2022 Integrated HIV Prevention and Care Plan
Due to CDC and HRSA on December 9, 2022

April 2021 – July 2022:	**Gather information** from racial justice trainings, reviewing services attached to EHE pillars, focus group meetings with priority populations and subject matter-expert stakeholders.
June 2022	**Community Education Meetings** Host community meetings to present all data gathered from the focus groups, stakeholder interviews, needs assessments, resource inventory, crosswalk of comprehensive plans and more.
July 2022	**Complete the Houston EHE Plan**
Early August 2022	Host a 1-2 final **Community Education Meetings**
Mid August 2022	Host 1 -5 community meetings to **create the strategies, objectives and activities.** Use breakrooms if some of the work can be divided into sections, such as early intervention, coordination of effort, etc. These meetings could be facilitated by 3 process co-chairs who represent Ryan White Part A (the Planning Council), Ryan White Part B (rural areas) and CPG.
Sept – Oct 2022	**Write the Plan** ***Who provides "final" approval of the plan?***
November 2022	**Get Letters of Concurrence from Planning Bodies**

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CELEBRATE LGBT PRIDE MONTH - Facts about LGBT Elder People and Eldercare

LGBT OLDER PEOPLE

- 2X as likely to be single and live along than non-LGBT people.
- 4X less likely to have children than non-LGBT people.
- More likely to face poverty and homelessness and have poor physical and mental health.

CAREGIVING

- 21% of older LGBT people have provided care to friends, compared to only 6% of non-LGBT older adults.
- LGBT people become caregivers at a higher rate than non-LGBT people and make up 9% of the caregivers in the U.S.
- LGBT caregivers are more likely to be caring in isolation, which can exacerbate stress and lead to caregiver burnout.
- 54% of LGBT eldercare recipients receive care from their partners.
- 24% of LGBT eldercare recipients receive care from a friend.

CULTURAL COMPETENCY

- Many LGBT people have reported delaying or avoiding necessary medical care because they fear discrimination or mistreatment by health care staff.
- Nearly 1 in 4 transgender people report having to teach their health care provider about transgender issues in order to receive appropriate care, and 15% report being asked invasive or unnecessary questions unrelated to the health care they are seeking at the time.
- 88 %of LGBT older people say they would feel more comfortable with long-term care services if they knew staff had been specifically trained about the needs of LGBT patients. More than two thirds say this would make them feel much more comfortable.

SOCIAL ISOLATION

- 59% of LGBT older people report feeling a lack of companionship and 53% report feeling isolated from others.
- Research has shown that loneliness and isolation are associated with poor physical health. Some experts have equated the health risks of prolonged isolation to those of smoking 15 cigarettes a day.
- 25% of SAGE care management clients in New York City report having no one to call in case of an emergency.

WELLNESS

- Nearly one in three LGBT people smoke, a rate that is more than 50% higher than the general population.
- LGB older people are significantly more likely to drink alcohol excessively than heterosexual older adults, and transgender older adults are more likely to drink excessively than their non transgender counterparts.
- 39% of LGBT older adults have had suicidal thoughts, 48 and 2 of every 5 transgender people have attempted suicide in their lifetime.

DISCRIMINATION

- About two-thirds of LGBT older people have experienced victimization at least three times in their lives.
- More than half of LGBT older people report being discriminated against in employment and/or housing.
- It's been reported that LGBT older people have received inferior, neglectful health care or have been denied health care altogether.
- Research has shown that repeated experiences of discrimination can lead to long-term negative health outcomes.

HEALTHCARE

- Research has repeatedly shown that LGBT people have higher rates of poor physical health and mental distress.
- 41% of LGBT older people report having a disability, compared to 35% of heterosexual older adults.
- A national study of transgender people found that in the prior year, 23% of respondents avoided going to a doctor when they needed to because they feared being mistreated, and 33% did not go because they could not afford it.

HIV/AIDS

- In 2018, 17% of all new HIV diagnoses in the U.S. were in people aged 50 and older.
- Researchers estimate more than 50% of patients with HIV have an HIV associated neurocognitive disorder, which can impact memory, motor skills, and other aspects of cognitive function, as well as cause depression or psychological distress.
- 50% of all Americans living with HIV are over 50 years old.

HOUSING

- 34% of LGBT older people worry about having to hide their identity in order to access senior housing
- In a matched-pair test across 10 ten states, 48% of same-sex couples experienced adverse treatment when seeking senior housing.
- Nearly one-quarter (23%) of transgender individuals report having experienced some form of housing discrimination in the past year.
- 21 states and 5 territories have no explicit laws prohibiting housing discrimination based on sexual orientation and/or gender identity.

FINANCIAL SECURITY

- Transgender people in the U.S. are more than twice as likely to be living in poverty as non-transgender people. Transgender people of color are more than three times as likely.
- In general, LGBT people are poorer and have fewer financial resources than their non-LGBT counterparts.
- Research has shown that LGBT people are likelier to be subject to employment discrimination, making their earnings—and their Social Security payments—lower. One-third of LGBT elders live at or below 200% of the federal poverty level.

BRIDGE SOLUTION SERVICES:

MEDICARE & PRIVATE SKILLED CARE SERVICES:

Nursing, Certified Nursing Assistants, Physical Therapy, Occupational Therapy, Speech Therapy, Social Work

LGBT Program

Spanish Speaking Cultural Program

PVT NON-MEDICAL CAREGIVER SERVICES:

Personal Care, Medication Assistance, House Keeping, Meal Preparation, Activities and appointment coordination, Transportation, Social Engagements, Other duties depending on the individual.

GERIATRIC/DISABILITY CARE MANAGEMENT SERVICES:

Licensed Social Workers to assist you and your family in navigating the healthcare system and everyday needs.

FOR MORE INFORMATION ABOUT OUR SERVICES CONTACT:
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