

Houston Area HIV Services Ryan White Planning Council
Office of Support
Meeting Location: 1440 Harold Street, Houston, Texas 77006
832 927-7926 telephone; <http://rwpchouston.org>

Memorandum

To: Members, Quality Improvement Committee
Tana Pradia, Co-Chair Beatriz E.X. Rivera
Yvonne Arizpe, Co- Chair Evelio Salinas Escamilla
Kevin Aloysius Isis Torrente
Caleb Brown *Robert Ball*
Michael Elizabeth *Patricia James*
Georgina German *Pete Rodriguez*
Glen Hollis *Gloria Sierra*
Denis Kelly *Omar Toirac*
Oscar Perez *Marcus Woods*

Copy: Glenn Urbach Tionna Cobb
Eric James Jeff Benavides
Francisco Ruiz Diane Beck
James Supak Rod Avila
Tiffany Shepherd Gary Grier
Sha'Terra Johnson

From: Tori Williams

Date: Tuesday, February 11, 2025

Re: Meeting Notice

Please note that the Quality Improvement Committee will meet next week. Details are as follows:

Quality Improvement Committee Meeting
12:00 p.m., Tuesday, February 18, 2025
Sandwiches will be available to those with a medical need

To participate virtually, click 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

To attend in person: Bering Church, 1440 Harold St, Houston, Texas 77006. Please enter the building from the Hawthorne Street parking lot behind the church.

Please RSVP to Rod and let her know if you will be in attendance or not. She can be reached by telephone at 832 927-7926 or by email at: Rodriga.Avila@harriscountytexas.gov. And, if you have questions for your committee mentor, do not hesitate to contact her at: Tana Pradia, 832 298-4248, tanapradia@gmail.com.

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Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee

12:00 p.m., Tuesday, February 18, 2025

In Person Meeting Location: 1440 Harold Street, Houston, Texas 77006

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

* = Handout to be distributed at the meeting

- I. Call to Order Yvonne Arizpe and
Tana Pradia, 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,
RW Office of Support
 - A. Nuts, Bolts, Petty Cash & Open Meetings Act Training
 - B. Review Committee Description
 - C. Conflict of Interest and Voting Policy
 - D. Approve 2025 Committee Goals
 - E. Elect a Committee Vice Chair, see cover sheet
 - F. Review the Calendar and Timeline of 2025 Meetings
 - G. 2022 – 2026 Integrated HIV Prevention and Care Plan

- IV. Training in How to Read Reports from the Administrative Agents
 - A. Part B and State Services (SS) Reports Tionna Cobb
The Resource Group
 - 1. How to Read TRG Reports 2025
 - B. Part A and MAI reports Glenn Urban
RW Grant Admin.
Francisco Ruiz, RWGA
 - 1. How to Read Part A & MAI Reports
 - 2. Part A: Clinical Quality Mgmt. Committee Report
 - 3. Part A 2025 Standards of Care
 - C. Criteria for FY 2026 Service Categories – March Joint meeting B. Taylor & K. Lara, RWGA
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

2:00 p.m., Tuesday, November 26, 2024

Meeting location: Bering Church 1440 Harold St, Houston, TX 77006 and Zoom Teleconference

Minutes

<u>MEMBERS PRESENT</u>	<u>MEMBERS ABSENT</u>	<u>OTHERS PRESENT</u>
Tana Pradia, Co-Chair	Yvonne Arizpe	Josh Mica, he/him/él, RWPC Chair
Pete Rodriguez, Co-Chair	Michael Elizabeth	Paulina Avila-Martinez, SBCHC
Kevin Aloysius	Norman Mitchell, excused	Glenn Urbach, RWGA
Caleb Brown	Diana Morgan	Eric James, RWGA
Glen Hollis	Evelio Salinas Escamilla	Mauricia Chatman, RWGA
Denis Kelly	<i>Rodrigo Arias, excused</i>	James Supak, RWGA
Oscar Perez	<i>Lisa Felix</i>	Kevin Lara, RWGA
Beatriz E.X. Rivera	<i>Ivy Ortega</i>	Tionna Cobb, TRG
<i>Gloria Sierra</i>	<i>Mike Smith</i>	Jeff Benavides, TRG
		Tori Williams, Ofc. of Support
		Diane Beck, Ofc. of Support

Call to Order: Pete Rodriguez, Co-Chair, called the meeting to order at 2:06 p.m. and asked for a moment of reflection.

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

Approval of the Minutes: *Motion #2*: *it was moved and seconded (Brown, Rivera) to approve the October 15, 2024 minutes. Motion carried.* Abstentions: Aloysius, Perez, Rivera, Sierra.

Public Comment: None.

Reports from the Administrative Agents:

Ryan White Part B and State Services: Cobb presented the following reports, see attached:

- FY24-25 Procurement Report – Part B, dated 11/04/24
- FY23-24 Procurement Report – State Services, dated 11/04/24
- FY23-24 Service Utilization Report – State Services, dated 11/04/24
- Health Insurance Assistance Service Utilization, dated 11/04/24

Ryan White Part A/MAI: Urbach presented the following reports, see attached:

- FY24 Procurement Report – Part A/MAI, dated 11/12/24
- FY24 Service Utilization – Part A/MAI, dated 11/12/24

Update on Spanish Translation at RW funded clinics: Mauricia Chatman, RWGA, presented the attached PowerPoint slides. She will also present the information at the Council meeting.

Update on Other Services: Urbach said they are starting to see clients being served under the Geriatric Case Management service category. Rodriguez asked if they hired new staff for this

service. Urbach said not necessarily, agencies are most likely using existing case managers. James said changes were made in the CPCDMS to allow clients to receive a bus pass at any Ryan White funded agency. RWGA is working to fix a couple of hiccups in the system and the information will be presented at the front line staff trainings.

Financial Eligibility for New Service Definitions: See attached draft service definitions for Home Delivered Meals, Legal Assistance–Expungement of Criminal Records, and Housing–Temporary Assisted Living.

Motion #3: *it was moved and seconded (Pradia, Hollis) to set the financial eligibility for Home Delivered Meals at 400%. Motion carried. Abstentions: Aloysius, Kelly, Rivera.*

Motion #4: *it was moved and seconded (Pradia, Hollis) to set the financial eligibility for Legal Assistance–Expungement of Criminal Records at 500%. Motion carried. Abstention: Perez.*

Motion #4: *it was moved and seconded (Pradia, Hollis) to set the financial eligibility for Temporary Assisted Living at 500%. Motion carried. Abstentions: Kelly, Perez.*

FY 2025 Standards of Care & Performance Measures

Ryan White Part A/MAI: RWGA staff needs more time to complete the standards. They will be presented at the February meeting.

Ryan White Part B/SS Standards of Care & Performance Measures: Benavides and Cobb presented the attached PowerPoint slides. Since DSHS is still seeking input into Part B/SS Standards of Care, their documents will also not be available for Committee review until later in 2025.

Part B Standards of Care Review:

See attached DSHS service category standards for Substance Abuse Outpatient and Residential. Williams said to submit all comments to Sha’Terra Johnson at The Resource Group: sjohnson@hivtrg.org.

Suggested Changes to Committee Reports for FY 2025: Williams asked members to look over the Ryan White data reports and let her know if they have suggestions that would improve the reports for next year. She also thanked members for their valuable commitments of time and expertise at the 2024 Committee meetings.

Announcements: Pradia wished everyone a Happy Thanksgiving.

Adjourn: **Motion:** *it was moved and seconded (Aloysius, Pradia) to adjourn the meeting at 3:37 p.m. Motion Carried.*

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Scribe: Beck

ja = Just arrived at meeting
 lm = Left the meeting
 C = Chaired the meeting

2024 Quality Improvement Meeting Voting Record for Meeting Date 11/26/24

MEMBERS:	Motion #1 Agenda				Motion #2 Minutes				Motion #3 Home Del Meals-400%				Motion #4 Expungement- 500%				Motion #5 Temp Assist Living-500%			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Pete Rodriguez, Co-Chair				C				C				C				C				C
Tana Pradia, Co-Chair		X				X				X				X				X		
Kevin Aloysius		X						X				X		X				X		
Yvonne Arizpe	X				X				X				X				X			
Caleb Brown		X				X				X				X				X		
Michael Elizabeth	X				X				X				X				X			
Glen Hollis		X				X				X					X			X		
Denis Kelly		X				X						X			X					X
Norman Mitchell	X				X				X				X				X			
Diana Morgan	X				X				X				X				X			
Oscar Perez		X						X		X						X				X
Beatriz E.X. Rivera		X						X				X		X				X		
Evelio Salinas Escamilla	X				X				X				X				X			
<i>Lisa Felix</i>	X				X				X				X				X			
<i>Ivy Ortega</i>	X				X				X				X				X			
<i>Gloria Sierra</i>		X						X		X					X			X		
<i>Mike Smith</i>	X				X				X				X				X			

Nuts and Bolts for New Members

Please take into account that the following describes Council procedures under normal circumstances (no COVID, hurricanes, freezes, chemical spills or other extreme situations).

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 and time of the meeting, along with the in person meeting address and the virtual link. When contacting Rod to RSVP, please let her know if you will or will not be in attendance AND if you will be participating in person or virtually. This will determine room set up and food orders.

If attending in person, please 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.

Houston Area HIV Services Ryan White Planning Council
Office of Support
1310 Prairie Street, Suite 800, Houston, Texas 77002
832 927-7926 telephone; www.rwpchouston.org

MEMORANDUM

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

Copy: Glenn Urban, Manager, Ryan White Grant Administration

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

Date: January 23, 2025

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2025. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

- 1.) Council and Affiliate Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 22, 2025.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2025 **will not be reimbursed at all if they are turned in after March 31, 2025.**
- 3.) The Office of Support may not have access to petty cash funds between October 1 and November 15, 2025. If meetings are held in person during this time, then volunteers should give Rod the usual reimbursement request forms for transportation, food and childcare expenses, but the Office may not be able to reimburse volunteers for these expenses until early December 2025.

We apologize for what could be an inconvenience. Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

March 1

2025

Beginning of
fiscal year 2025

Feb 22

2025

Turn in all
receipts

Feb 28

2025

End of fiscal
year 2024.

March 31

2025

Turn in all remaining receipts
for fiscal year 2024 or you
will not be reimbursed for
those expenses incurred between
March 1, 2024 and Feb. 28, 2025

Houston Area HIV Services Ryan White Planning Council
Office of Support
1310 Prairie Street, Suite 800, Houston, Texas 77002
832 927-7926 telephone; 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 23, 2025

Re: Open Meetings Act Training

Please note that all Council 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 28, 2025. The training takes 60 minutes and can be accessed through the following link or QR code (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 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. Call the Office of Support with the validation code and the staff will print it for our files and give you a copy as well.

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



Houston Area HIV Services Ryan White Planning Council Standing Committee Structure

(Reviewed 02-23-23)

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-related drug representatives are invited.

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

2. **Comprehensive HIV Planning Committee**

This committee is responsible for developing the Comprehensive Needs Assessment, Integrated/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**

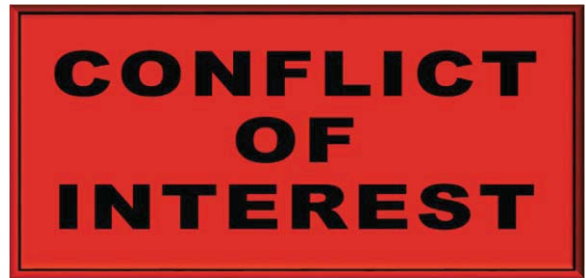
This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include affiliate members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority 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 CONFLICT OF INTEREST



Short definition:

- You,
- someone with whom you share expenses,
- or the agency that employs you

will benefit from something that the Council is voting on.

HRSA/Council definition: “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 whose sole relationship to a Ryan White 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.

EXAMPLES:

Agencies that receive Ryan White funding include:

- Legacy Community Health - Vision
- Montrose Center – Mental Health Services
- Thomas Street Health Center – Primary Medical Care & Case Management

- 1.) If you are dating someone who works for Legacy Community Health, can you vote on allocating funds to the Vision program?
- 2.) If you and your roommate are “just friends” and he works for Thomas Street Health Center, can you vote on allocating funds to primary medical care? Food Pantry?
- 3.) If you are a client at Thomas Street Health Center, can you vote on allocating funds to case management?
- 4.) If you are a realtor and you have a contract to help the Montrose Center sell their building, can you vote on the service definition for mental health?

2024 Quarterly Report
Quality Improvement Committee
(November 2024)

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. Continue the process of 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 Unmet 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-imbursement expenditures and status, as well as, reporting contract/service utilization information).
5. Annually, review the status of committee activities identified in the current Integrated HIV Prevention and Care Plan.

Status of Tasks on the Timeline:

Committee Chairperson

Date

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998

REV OCTOBER 14, 2021 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 QUORUM:

15 Pending the Governor rescinding the COVID-19 related waiver suspending all in-person
16 quorum requirements in the Texas Open Meetings Act, thirty percent of the members will
17 constitute Council quorum to satisfy in-person requirements.
18

19
20 It is considered to be a public health emergency if the Harris County Judge declares an
21 emergency or the Public Health Department is activated as a first responder. Under a
22 declared health emergency, quorum for the Ryan White Planning Council will be determined
23 by the number of Council members present in the meeting room and/or on the conference
24 call at the official start time for the meeting. Documentation is to be provided to the Council,
25 which determines the beginning, and the end dates of the public health emergency.
26

27 To constitute a Standing Committee quorum, at least two (2) committee members and a Chair must
28 be present; one of these must be a self-identified member living with HIV.
29

30 VOTING:

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

41 vote. In the absence of the Chair of the Council, the next officer may assume the ex-officio role
42 with committees. In an effort to manage agency influence over a single committee or workgroup,
43 only one voting member (Council or Affiliate) per agency will be permitted to vote on Ryan White
44 Planning Council committees and workgroups. If there is an unresolved tie vote and the Chair of
45 the Committee works for the same agency as another committee member, then the information
46 will be forwarded to the Steering Committee for resolution.

47

48 **ALTERNATE PARTICIPATION:**

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

54

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

56 Affiliate members must declare a conflict of interest.

57

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

60

61 **ROLL CALL VOTE:**

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

66

67 **ATTENDANCE:**

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

73

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

87 terminate a Council member and will notify said member in writing, if that is their decision. The
88 CEO or the Chair of the Planning Council has the authority to terminate an Affiliate committee
89 member and will notify said member in writing, if that is their decision.

90

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

102

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

108

109 **PROXIES:**

110 There will be no voting by proxy.

2025 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/23/25)

AFFECTED COMMUNITY

Meetings are on the second Tuesday after Council meets starting at 12:00 noon:

February 25 July 22
March 18* August 26
March 25 September 23
April - no mtg October 21
May 20 November 25
June 24 December - no mtg

COMPREHENSIVE HIV PLANNING

Meetings are on the second Thursday of the month starting at 10:00 am:

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

OPERATIONS

Meetings are on the second Mondays after Council meets starting at 1:00 pm:

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

PLANNING COUNCIL

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

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

PRIORITY & ALLOCATIONS

Meetings are on the fourth Thursday of the month starting at 12 noon:

February 27 July 24
March 18* August 28
March 27 September 25
April 24 October 23
May 22 November - no mtg
June 26 December - no mtg

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 12:00 noon:

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

STEERING

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

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

* Joint meeting of the Affected Community, Priority and Allocations and Quality Improvement Committees.

BOLD = Special meeting date, time or place

Calendar for Year 2025 (United States)



January

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February

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March

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30	31					

April

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27	28	29	30			

May

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18	19	20	21	22	23	24
25	26	27	28	29	30	31

June

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22	23	24	25	26	27	28
29	30					

July

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13	14	15	16	17	18	19
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27	28	29	30	31		

August

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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September

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14	15	16	17	18	19	20
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28	29	30				

October

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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November

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23	24	25	26	27	28	29
30						

December

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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- Jan 1** • New Year's Day
- Jan 9** • National Day of Mourning for Jimmy Carter
- Jan 20** • Inauguration Day (DC, MD (partly), VA (partly))
- Jan 20** • Martin Luther King Jr. Day
- Feb 14** • Valentine's Day
- Feb 17** • Presidents' Day

- Mar 17** • St. Patrick's Day
- Apr 15** • Tax Day
- Apr 20** • Easter Sunday
- Apr 21** • Easter Monday
- May 5** • Cinco de Mayo
- May 11** • Mother's Day
- May 26** • Memorial Day
- Jun 14** • Flag Day

- Jun 15** • Father's Day
- Jun 19** • Juneteenth
- Jul 4** • Independence Day
- Sep 1** • Labor Day
- Oct 13** • Columbus Day
- Oct 31** • Halloween
- Nov 4** • Election Day
- Nov 11** • Veterans Day

- Nov 27** • Thanksgiving Day
- Nov 28** • Black Friday
- Dec 24** • Christmas Eve
- Dec 25** • Christmas Day
- Dec 31** • New Year's Eve

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2025 Council Activities

(Revised 01-30-25)

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 <http://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 2025 Houston Ryan White Planning Council. People living with HIV, 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 review monthly calendars and/or meeting packets, please contact the Office of Support at 832 927-7926 or visit our website at: <http://rwpchouston.org>.

Most Ryan White Council and Committee meetings will use a hybrid format in 2025. 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. 23 Council Orientation. 2025 Committee meeting dates will be established at this meeting.
- February EHE/Integrated Planning body Committees and Workgroups start meeting. Contact the Office of Support to become a member of these groups.
- Thurs. Feb. 6 12 noon. First Steering Committee meeting for the 2025 planning year.
- Thurs. Feb.13 12 noon. First Council meeting for the 2025 planning year.

Tues. Feb. 11	5:00 pm. Deadline for submitting Proposed Idea Forms to the Office of Support. The Council is currently funding 18 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 funds. 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 forms.
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- Feb. TBD 10 am, Orientation for new 2025 Affiliate Committee Members.
- Thurs. Feb. 27 12 noon. Priority & Allocations Committee meets to approve the **policy on allocating FY 2025 unspent funds, FY 2026 priority setting process** and more.
- March Integrated Planning body Committees and Workgroups meet to continue working on goals. Committees and Workgroups will meet every other month (May, July, September, November). The Leadership Team will meet in alternative months (April, June, August, October, December). Contact the Office of Support to become a member of these groups.
- March dates TBD EIIHA Workgroup and the Project LEAP/Proyecto VIDA Advisory Committee meet.
- Tues. March 18 12 noon. Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2026 service categories** for Part A, Part B, MAI* and *State Services* funding.
- Tues. March 25 12 noon. **Consumer Training** on the How to Best Meet the Need process.
- Thurs. April 3 12 noon. Steering Committee meets.

(continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2025 Council Activities

(Revised 01-30-25)

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Thurs. April 10

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.

Fri. April 11

5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 11 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.

APRIL & MAY

How to Best Meet the Need workgroups are scheduled to meet. Call 832 927-7926 for confirmation and to receive meeting packets.

Mon. April 14

1:00 pm – 5:00 pm, Special workgroup meetings. Topics to be announced.

Tues. April 15

10:30 am. **How To Best Meet the Need Workgroup #1** at which the following services for FY 2026 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)
- Referral for Health Care and Support Services – ADAP Enrollment Workers
- Clinical Case Management
- Non-Medical Case Management (Service Linkage at Testing Sites)
- Vision Care

Tues. April 15

1:30 pm. **How To Best Meet the Need Workgroup #2** at which the following services for FY 2026 will be reviewed:

- Health Insurance Premium & Co-pay Assistance
- Medical Nutritional Therapy (including Nutritional Supplements)
- Food Bank/Home Delivered Meals
- Mental Health – Untargeted & Special Populations
- Substance Use Disorder Treatment/Counseling
- Non-Medical Case Management (Substance Use Disorders)
- Oral Health – Untargeted & Rural

Weds. April 16

2:00 pm – 4:00 pm. **How To Best Meet the Need Workgroup #3** at which the following services for FY 2026 will be reviewed:

- Emergency Financial Assistance - Other
- Hospice
- Housing – Temporary Assisted Living
- Linguistic Services
- Other Professional Services or Legal Services
- Transportation (van-based - Untargeted & Rural)

(continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2025 Council Activities

(Revised 01-30-25)

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 <http://rwpchouston.org> or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.**

- Thurs. April 24 12 noon. Priority & Allocations Committee meets to allocate **Part A/MAI* unspent funds.**
- Tues. May 13 12 noon. Quality Improvement Committee meets to approve the **FY 2026 How to Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority & Allocations Committee.
- Mon. May 19 1:00 pm. **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book**. The Operations Committee reviews the FY 2026 Council Support Budget.

TENT: Tues. May 20 7:00 pm., Public Hearing on the **FY 2026 How To Best Meet the Need results.**

- Weds. May 21 2:00 pm, Special Quality Improvement Committee meeting to review public comments regarding **FY 2026 How To Best Meet the Need results.**
- Thurs. May 22 12 noon. P&A meets to recommend the **FY 2026 service priorities** for Ryan White Parts A and B and *State Services* funding.

JUNE OR JULY 12 noon. Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.

Thurs. June 5 12 noon. Steering Committee meets to approve the **FY 2026 How to Best Meet the Need results.**

Thurs. June 12 12 noon. Council approves the **FY 2026 How to Best Meet the Need results.**

June 16, 17 & 18 Time TBD. Special Priority & Allocations Committee meetings to draft the **FY 2026 allocations for RW Part A and B, MAI* and State Services** funding.

Thurs. June 26 12 noon. Priority & Allocations Committee meets to approve the **FY 2026 allocations for RW Part A and B, MAI* and State Services** funding.

July/Aug. Workgroup meets to complete the proposed **FY 2026 EIIHA Plan.**

Fri. July 11 5:00 pm. Deadline for submitting a Project LEAP application form. See July 31 for description of Project LEAP. Call 832 927-7926 for an application form.

Thurs. July 24 12 noon. The Priority and Allocations Committee allocates **FY 2025 carryover funds.** **(Allocate even though dollar amount will not be avail. until Aug.)**

Mon. July 28 7 pm. Public Hearing on the **FY 2026 service priorities and allocations.**

Tues. July 29 Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2026 service priorities and allocations.**

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DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2025 Council Activities

(Revised 01-30-25)

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 <http://rwpchouston.org> or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.**

TENT: July 30

Project LEAP and Proyecto VIDA classes begin. These are free 17-week training courses in English and Spanish for individuals living with or affected by HIV. The goal is to provide knowledge and skills needed to plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.

Thurs. Aug. 7

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 2026 GRANT**. (Mail out date for the August Steering Committee meeting is July 31, 2025.)

Thurs. Aug 14

12 noon. Council approves the **FY 2026 service priorities and allocations**.

Tues. Aug. 26

12 noon. **Consumer Training** on Standards of Care and Performance Measures.

Fri. Sept. 5

5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 11 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. 23

12 noon. **Consumer-Only Workgroup** meeting to review FY 2025 Standards of Care.

Mon. Oct. 20

1:00 pm. Operations Committee reviews the Memorandum of Understanding between all Part A stakeholders & the Letter of Agreement between Part B stakeholders.

October or
November

Date & time TBD. Community Workgroup meeting to review **FY 2026 Standards of Care** for all service categories.

Thurs. Oct. 23

12 noon. Priority & Allocations Committee meets to allocate FY 2025 unspent funds.

Thurs. Nov. 13

12 noon. Council recognizes all Affiliate Committee Members.

Thurs. Nov. 20

10:00 am. Commissioners Court to receive the World AIDS Day Resolution.

Mon. Dec. 1

World AIDS Day.

Thurs. Dec. 11

12 noon. Election of Officers for the 2026 Ryan White Planning Council.

* = *Minority AIDS Initiative (MAI) funding*

RYAN WHITE PART A & MAI PROCUREMENT & SERVICE UTILIZATION REPORTS

HOW TO READ RWGA REPORTS

FEBRUARY 2025



PROCUREMENT & SERVICE UTILIZATION REPORTS SUPPORT THE HIGHLIGHTED ACTIVITIES COMMON TO PART A & PART B ADMINISTRATIVE AGENTS

- Needs Assessment incl. special studies & Unmet Need Framework
- Integrated Prevention and Care Planning (Comp Plan)
- **Priority Setting**
- **Directives** – How to Best Meet the Need (HTBMTN)
- **Resource Allocation**
- Coordination of Services
- **Procurement** (RFP, Reviews, Contracting, Invoices)
- Contract Monitoring (fiscal and programmatic)
- Clinical Quality Management



RESOURCE ALLOCATION

- After setting priorities, the Council allocates resources, which means it decides how much RWA and MAI, RWB and TDSHS funding will be used for each of these priorities
- The **RWGA Procurement Report** documents
 - The Council's **planned allocations** for Part A and MAI-funded services and how these funds are adjusted during the grant year (March 1 – February 28)
 - **Changes in allocations** made during the year
 - These changes are usually done in April (final NoA is issued from HRSA/HAB), July (for carryover funds from the previous fiscal year), October (mid-year review of underspending Agency contracts), and fourth quarter (sweep up funds of Agency underspending contracts)
 - The associated YTD **monthly expenditures** by service category/subcategory



PROCUREMENT

- RWGA, the Administrative Agency or “AA” for RW Part A & MAI, contracts with eligible entities to provide services
- RWGA uses RFPs, Interlocal Agreements and contract renewals to **procure** the services
- During the grant year, RWGA identifies funds that can be reallocated by the Council to other service priorities with unmet need (e.g., carryover, underspending contracts)
- These changes in Allocations are documented in the Procurement Report



EXPENDITURES

- The Procurement Report also documents the year-to-date (YTD) **expenditures** for each individual service category and subcategory the Council has allocated funds to
- Expenditures often lag behind reports because Agencies are required to submit their bills within 10 business days after the end of each month, but some take longer
- RWGA identifies service categories where expenditures are not on track and works with the Agency to resolve challenges
- RWGA will reduce contracts when spending has fallen behind
- Those funds are returned to the Council for reallocation



RULES / CAVEATS

- No less than 75% of RWA and MAI funds must be allocated to Core Services unless the Recipient has received a waiver from HRSA/HAB
- RWA and MAI **carryover** funds are also subject to the 75% Core Services Requirement
- Due to the time needed to issue an RFP, select new vendors and for those vendors to begin service delivery, new Service Categories or contracting with new Agencies is not an option after the April reallocation opportunity when HRSA/HAB issues its final Notice of Award
- After April, reallocations can only be made into existing Service Categories, with the sole exception of allocating funds to ADAP



MEDICAL NUTRITIONAL THERAPY

Priority	Planned Allocation	Award Reconciliation	Total Allocation	Amount Procured	Expended YTD	Percent Expended YTD	Percent Expected YTD
8	\$341,395	\$0	\$341,395	\$341,395	\$281,716	83%	83%



OTHER CONSIDERATIONS

- Reading the Procurement Report when the Category has multiple subcategories (e.g., OAHS, LPAP, MCM, and SLW)
 - Each subcategory has its own row
 - The **bolded** row is the sum of all the subcategories
 - Otherwise, it is the same information
- **Procurement Date** is the date the contract begins
- The RWGA Procurement Report reflects Part A and MAI procurement and expenditures only



SERVICE UTILIZATION REPORT SUR

- The **SUR** mimics the Procurement Report and documents service utilization – how many clients have gotten the service
- **Goal** is the number of unduplicated clients (UDC) intended to be served for each service category during the grant year
- **UDC served YTD** is the unduplicated number of clients who have accessed the service so far in the grant year
- **Demographic** data for the UDC served YTD is listed for each category and subcategory
- **Bolded** rows are the unduplicated sum of all clients served per the HRSA Category



EXAMPLE

- Let's read the most recent SUR together

Prepared by: Ryan White Grant Administration
 FY 2022 Ryan White Part A and MAI Service Utilization Report
 RW PART A SUR - 3rd Quarter (01-11/20)

Priority	Service Category	Goal	Uninsured pop. w/ty	Male	Female	Trans	AA	White	Hispanic	Other	6-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Occupational/mandatory Primary Care (excluding Vision)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
1.1	Primary Care - Public Health (A)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
1.2	Primary Care - CHS (A)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
1.3	Primary Care - CHS (B) - Address to Housing (A)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
1.4	Primary Care - CHS (B) - Address to WIC/IVM/MSM (A)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
1.5	Primary Care - CHS (B) - Address to WIC/IVM/MSM (B)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
1.6	Primary Care - Women at Public Health (A)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
1.7	Primary Care - Women at Public Health (B)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
1.8	Vision	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2	Sexual Health Management (C)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.1	MSM CH - Address to Public Health (A)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.2	MSM CH - Address to Public Health (B)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.3	MSM CH - Address to WIC/IVM/MSM (A)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.4	MSM CH - Address to WIC/IVM/MSM (B)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.5	MSM CH - Address to WIC/IVM/MSM (C)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.6	MSM CH - Address to WIC/IVM/MSM (D)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.7	MSM CH - Address to WIC/IVM/MSM (E)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.8	MSM CH - Address to WIC/IVM/MSM (F)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.9	MSM CH - Address to WIC/IVM/MSM (G)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.10	MSM CH - Address to WIC/IVM/MSM (H)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.11	MSM CH - Address to WIC/IVM/MSM (I)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.12	MSM CH - Address to WIC/IVM/MSM (J)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.13	MSM CH - Address to WIC/IVM/MSM (K)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.14	MSM CH - Address to WIC/IVM/MSM (L)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.15	MSM CH - Address to WIC/IVM/MSM (M)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.16	MSM CH - Address to WIC/IVM/MSM (N)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.17	MSM CH - Address to WIC/IVM/MSM (O)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.18	MSM CH - Address to WIC/IVM/MSM (P)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.19	MSM CH - Address to WIC/IVM/MSM (Q)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.20	MSM CH - Address to WIC/IVM/MSM (R)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.21	MSM CH - Address to WIC/IVM/MSM (S)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.22	MSM CH - Address to WIC/IVM/MSM (T)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.23	MSM CH - Address to WIC/IVM/MSM (U)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.24	MSM CH - Address to WIC/IVM/MSM (V)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.25	MSM CH - Address to WIC/IVM/MSM (W)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.26	MSM CH - Address to WIC/IVM/MSM (X)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.27	MSM CH - Address to WIC/IVM/MSM (Y)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
2.28	MSM CH - Address to WIC/IVM/MSM (Z)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
3	Local Drug Rehabilitation Program (A)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4	Oral Health - Uninsured (C)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.1	Oral Health - Rural Pop (A)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.2	Oral Health - Rural Pop (B)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.3	Oral Health - Rural Pop (C)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.4	Oral Health - Rural Pop (D)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.5	Oral Health - Rural Pop (E)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.6	Oral Health - Rural Pop (F)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.7	Oral Health - Rural Pop (G)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.8	Oral Health - Rural Pop (H)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.9	Oral Health - Rural Pop (I)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.10	Oral Health - Rural Pop (J)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.11	Oral Health - Rural Pop (K)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.12	Oral Health - Rural Pop (L)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.13	Oral Health - Rural Pop (M)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.14	Oral Health - Rural Pop (N)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.15	Oral Health - Rural Pop (O)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.16	Oral Health - Rural Pop (P)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.17	Oral Health - Rural Pop (Q)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.18	Oral Health - Rural Pop (R)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.19	Oral Health - Rural Pop (S)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.20	Oral Health - Rural Pop (T)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.21	Oral Health - Rural Pop (U)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.22	Oral Health - Rural Pop (V)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.23	Oral Health - Rural Pop (W)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.24	Oral Health - Rural Pop (X)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.25	Oral Health - Rural Pop (Y)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
4.26	Oral Health - Rural Pop (Z)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
5	Health Insurance	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
5.1	Health Insurance - Rural Pop (A)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
5.2	Health Insurance - Rural Pop (B)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%	0%	0%	0%
5.3	Health Insurance - Rural Pop (C)	1,420	775	795	295	0	135	135	135	135	0%	0%	0%	0%	0%			

OTHER CONSIDERATIONS

- Reading the SUR when the Category has multiple subcategories (e.g., OAHs, LPAP, MCM, and SLW)
 - Each subcategory has its own row
 - The **bolded** row is the sum of all the subcategories
 - Otherwise, it is the same information
- The RWGA SUR reflects Part A and MAI service utilization only
- At the request of the RWPC, RWGA can run reports that include all clients served under all funding streams the Council allocates money for (e.g., Part B and State Services)



QUESTIONS/DISCUSSION

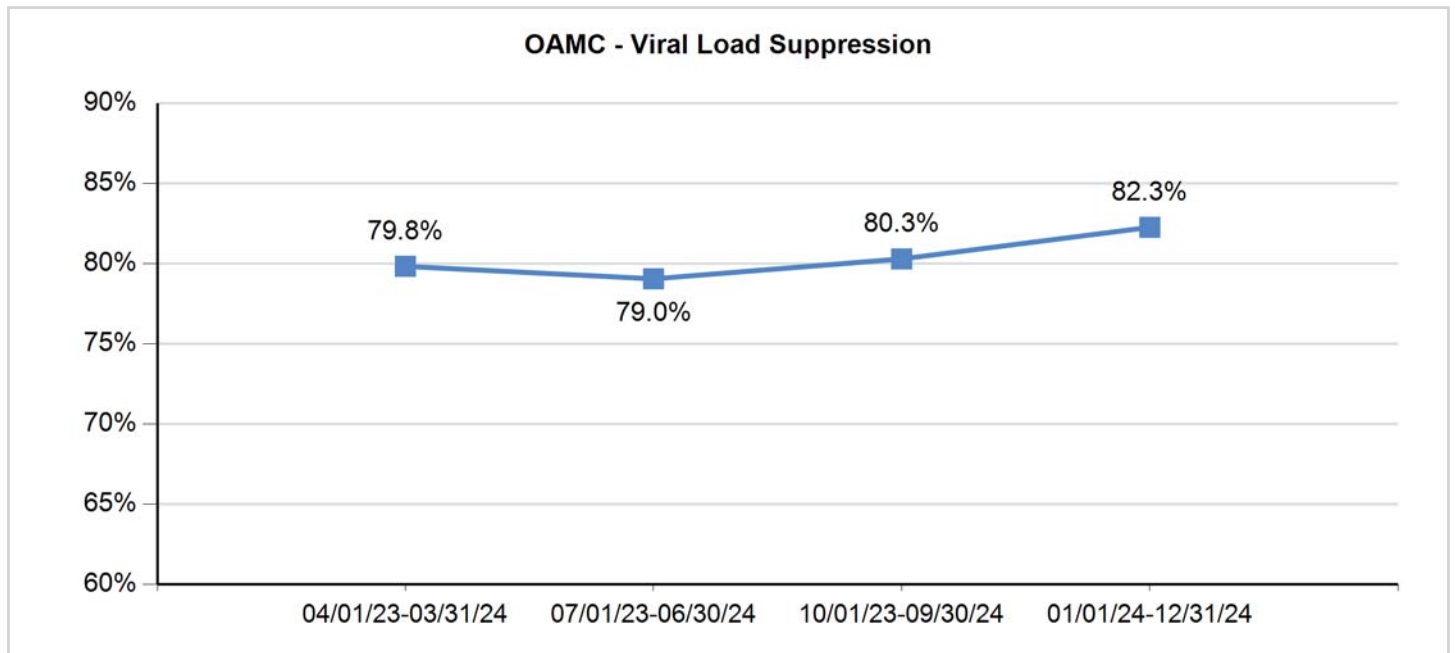


HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA Clinical Quality Management Committee Quarterly Report

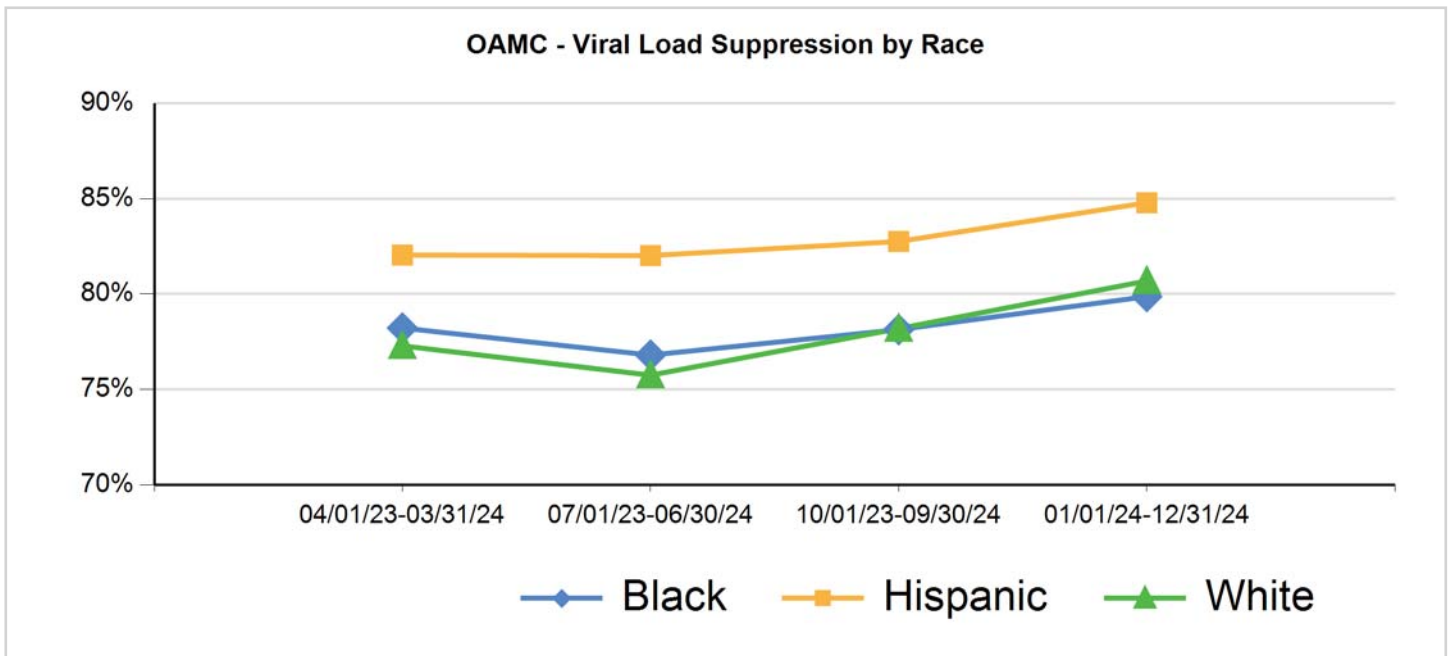
Last Quarter Start Date: 1/1/2024

Agency: ALL

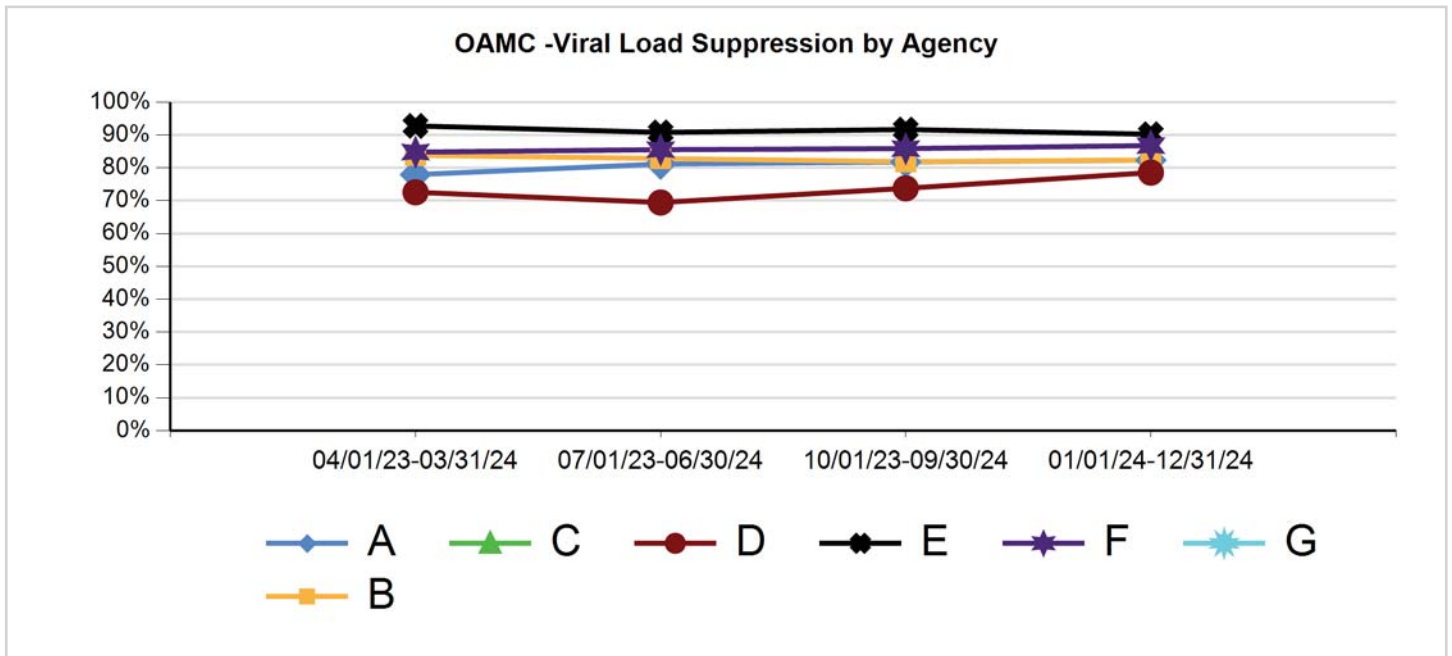
OAMC - Viral Load Suppression				
	04/01/23 - 03/31/24	07/01/23 - 06/30/24	10/01/23 - 09/30/24	01/01/24 - 12/31/24
Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	5,199	5,157	5,218	5,211
Number of clients living with HIV, with at least one medical visit in the measurement year	6,513	6,524	6,499	6,335
Percentage	79.8%	79.0%	80.3%	82.3%
Change from Previous Quarter Results	-3.2%	-0.8%	1.2%	2.0%



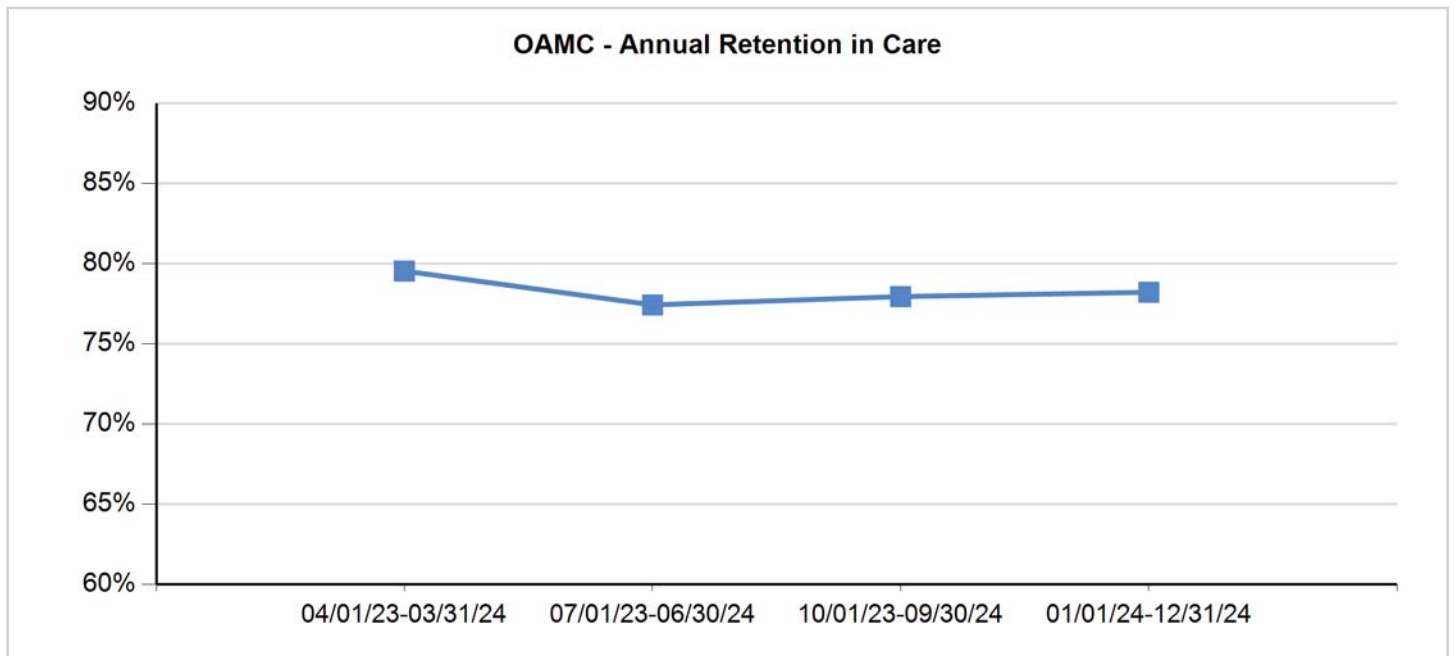
OAMC - Viral Load Suppression by Race/Ethnicity									
	07/01/23 - 06/30/24			10/01/23 - 09/30/24			01/01/24 - 12/31/24		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	2,264	2,394	406	2,269	2,442	405	2,257	2,446	401
Number of clients living with HIV, with at least one medical visit in the measurement year	2,948	2,919	536	2,904	2,951	518	2,826	2,885	497
Percentage	76.8%	82.0%	75.7%	78.1%	82.8%	78.2%	79.9%	84.8%	80.7%
Change from Previous Quarter Results	-1.4%	0.0%	-1.5%	1.3%	0.7%	2.4%	1.7%	2.0%	2.5%



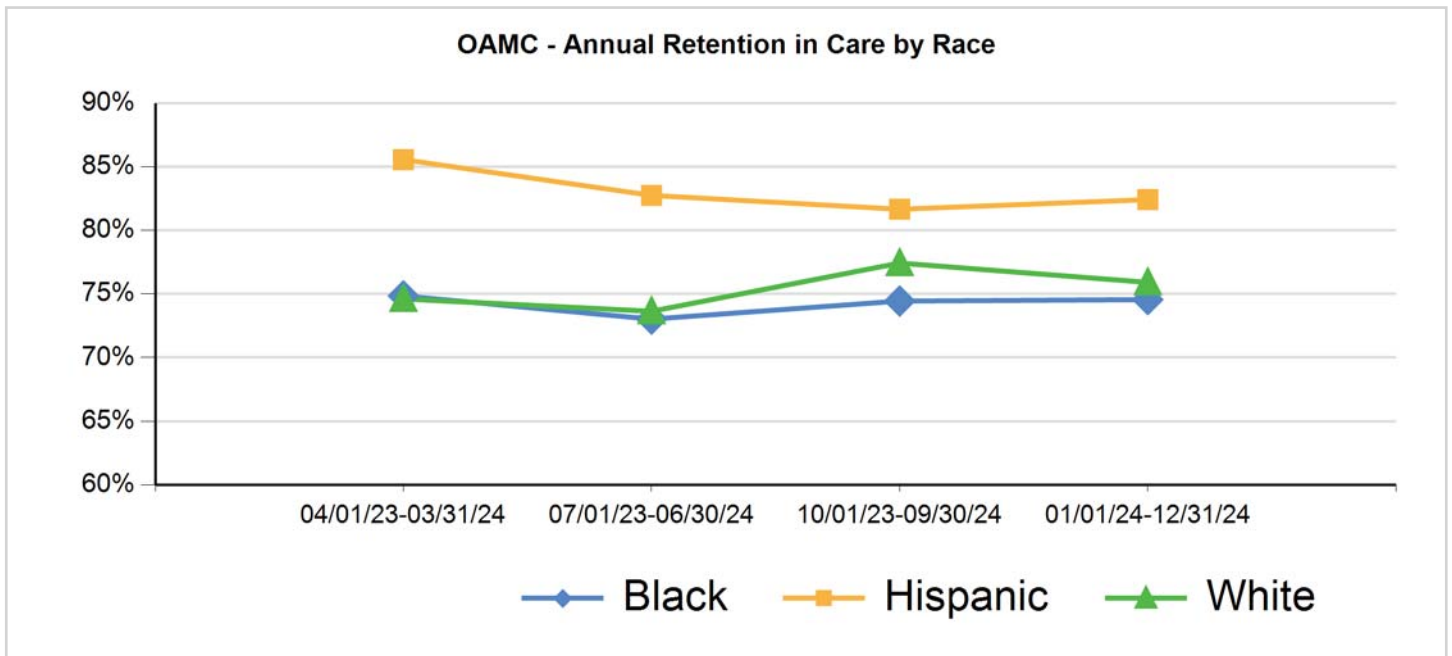
OAMC - Viral Load Suppression by Agency														
	10/01/23 - 09/30/24							01/01/24 - 12/31/24						
	A	B	C	D	E	F	G	A	B	C	D	E	F	G
Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	719	1,911	0	1,443	77	1,099	0	704	1,850	0	1,495	74	1,116	0
Number of clients living with HIV, with at least one medical visit in the measurement year	879	2,334	0	1,956	84	1,280	0	855	2,246	0	1,903	82	1,286	0
Percentage	81.8%	81.9%	NaN	73.8%	91.7%	85.9%	0.0%	82.3%	82.4%	NaN	78.6%	90.2%	86.8%	0.0%
Change from Previous Quarter Results	0.6%	-1.0%	NaN	4.3%	0.9%	0.3%	NaN	0.5%	0.5%	NaN	4.8%	-1.4%	0.9%	NaN



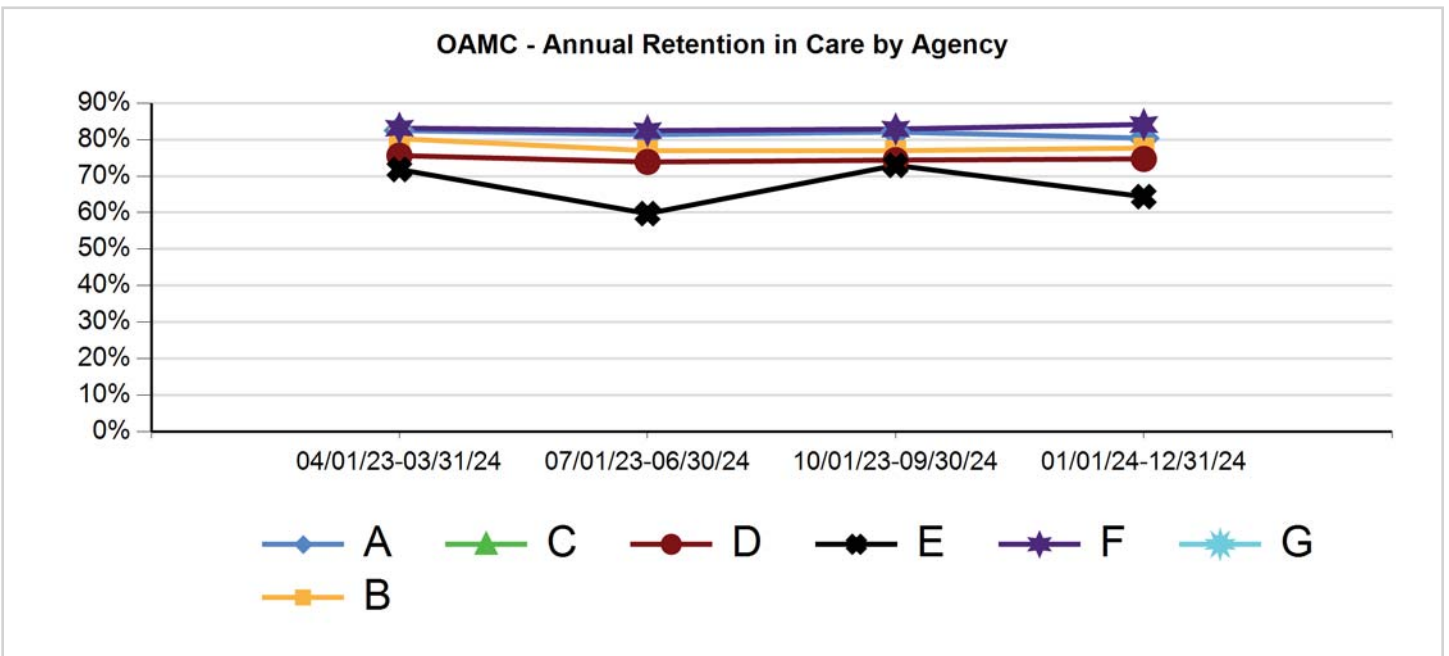
OAMC - Annual Retention in Care				
	04/01/23 - 03/31/24	07/01/23 - 06/30/24	10/01/23 - 09/30/24	01/01/24 - 12/31/24
Number of clients in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year.	4,725	4,643	4,678	4,594
Number of clients living with HIV who had at least one HIV medical encounter within the measurement year	5,941	5,997	6,002	5,874
Percentage	79.5%	77.4%	77.9%	78.2%
Change from Previous Quarter Results	-0.7%	-2.1%	0.5%	0.3%



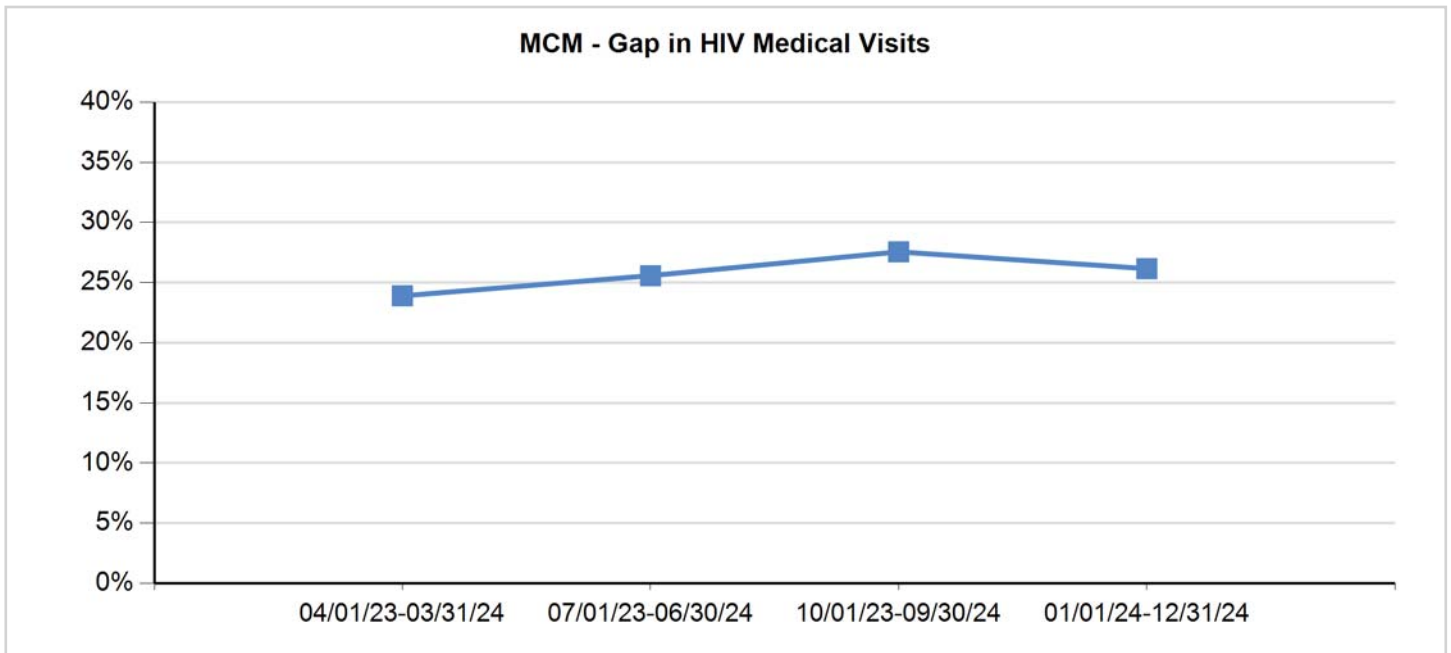
OAMC - Annual Retention in Care by Race/Ethnicity									
	07/01/23 - 06/30/24			10/01/23 - 09/30/24			01/01/24 - 12/31/24		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year.	1,979	2,217	366	1,984	2,235	374	1,937	2,227	353
Number of clients living with HIV who had at least one HIV medical encounter within the measurement year	2,710	2,679	497	2,665	2,737	483	2,598	2,702	465
Percentage	73.0%	82.8%	73.6%	74.4%	81.7%	77.4%	74.6%	82.4%	75.9%
Change from Previous Quarter Results	-1.8%	-2.8%	-1.0%	1.4%	-1.1%	3.8%	0.1%	0.8%	-1.5%



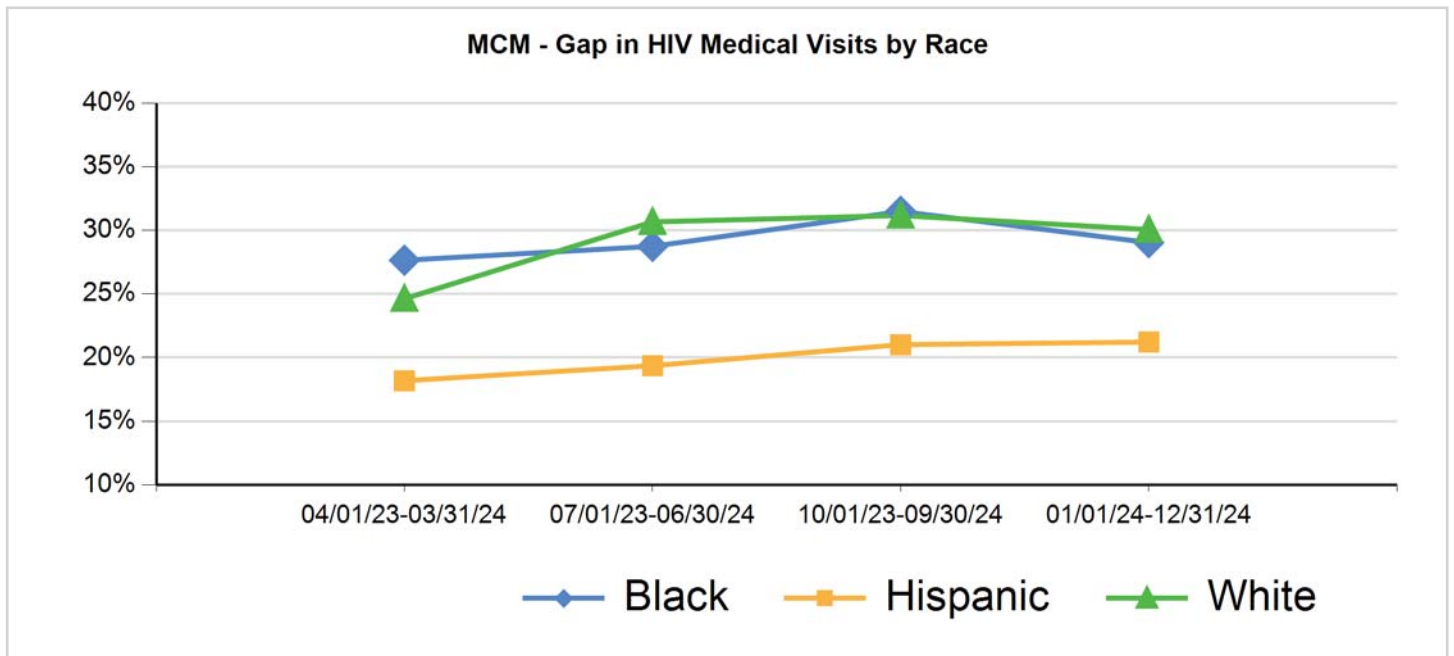
OAMC - Annual Retention in Care by Agency														
	10/01/23 - 09/30/24							01/01/24 - 12/31/24						
	A	B	C	D	E	F	G	A	B	C	D	E	F	G
Number of clients in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year.	701	1,689	0	1,380	54	878	0	665	1,650	0	1,357	47	903	0
Number of clients living with HIV who had at least one HIV medical encounter within the measurement year	854	2,194	0	1,855	74	1,059	0	827	2,124	0	1,816	73	1,073	0
Percentage	82.1%	77.0%	NaN	74.4%	73.0%	82.9%	0.0%	80.4%	77.7%	NaN	74.7%	64.4%	84.2%	0.0%
Change from Previous Quarter Results	0.7%	0.0%	NaN	0.5%	13.2%	0.4%	NaN	-1.7%	0.7%	NaN	0.3%	-8.6%	1.2%	NaN



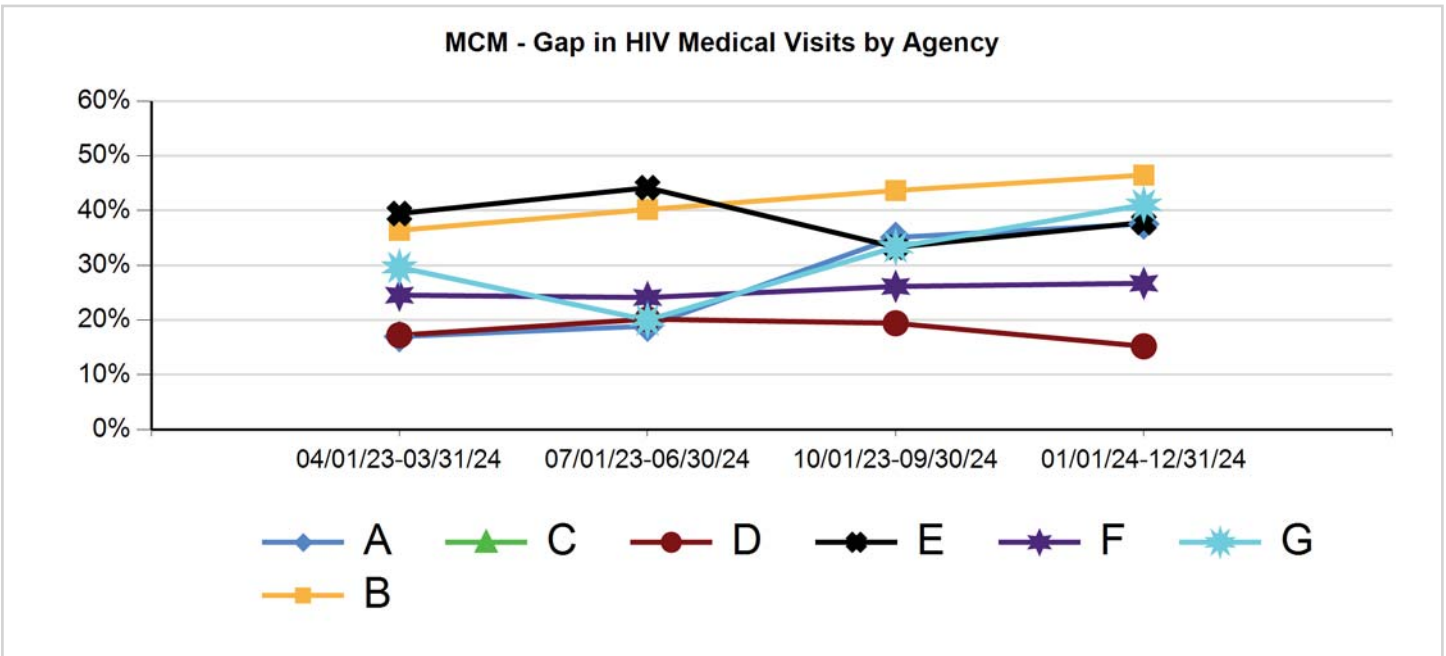
MCM - Gap in HIV Medical Visits				
	04/01/23-03/31/24	07/01/23-06/30/24	10/01/23-09/30/24	01/01/24-12/31/24
Number of clients in the denominator who did not have a medical visit in the last 6 months of the measurement year	358	421	458	423
Number of medical case management clients living with HIV who had at least one medical visit in the first 6 months of the measurement year	1,498	1,646	1,662	1,617
Percentage	23.9%	25.6%	27.6%	26.2%
Change from Previous Quarter Results	-0.9%	1.7%	2.0%	-1.4%



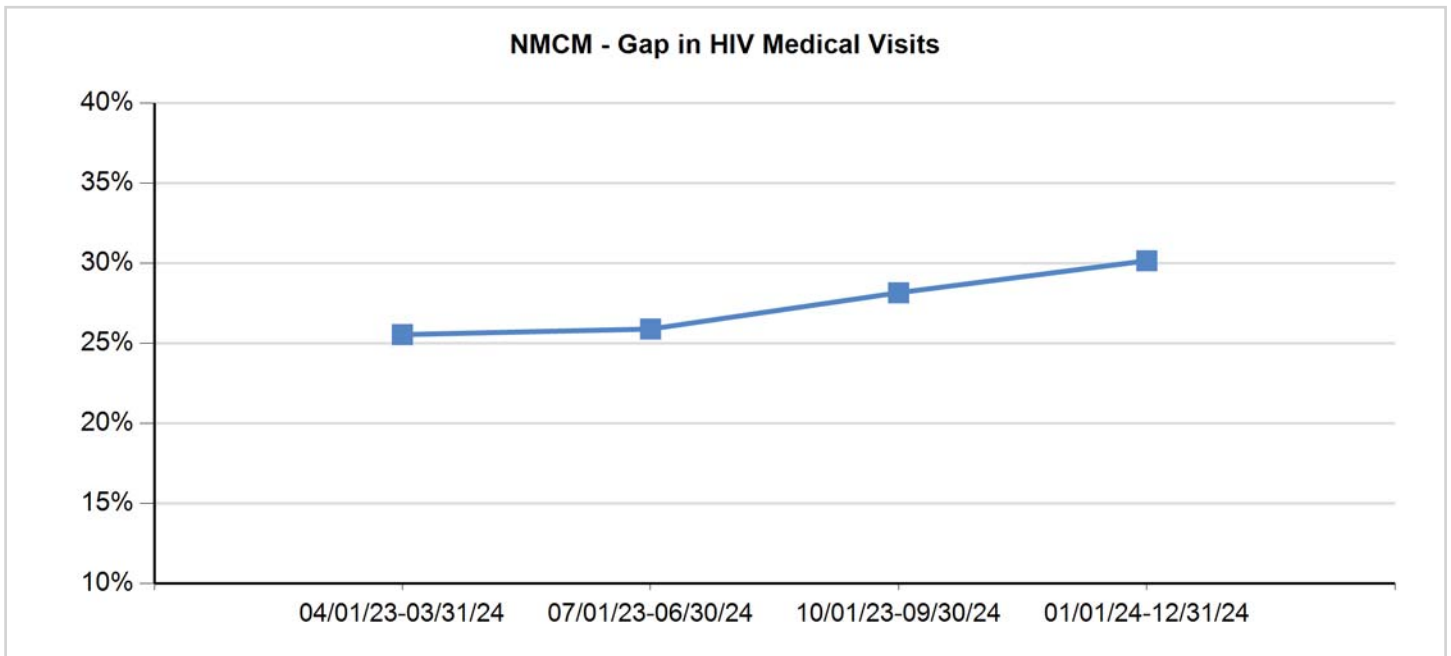
MCM - Gap in HIV Medical Visits by Race/Ethnicity									
	07/01/23-06/30/24			10/01/23-09/30/24			01/01/24-12/31/24		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients in the denominator who did not have a medical visit in the last 6 months of the measurement year	240	122	46	268	132	48	239	132	46
Number of medical case management clients living with HIV who had at least one medical visit in the first 6 months of the measurement year	835	630	150	851	628	154	823	622	153
Percentage	28.7%	19.4%	30.7%	31.5%	21.0%	31.2%	29.0%	21.2%	30.1%
Change from Previous Quarter Results	1.1%	1.2%	6.0%	2.7%	1.7%	0.5%	-2.5%	0.2%	-1.1%



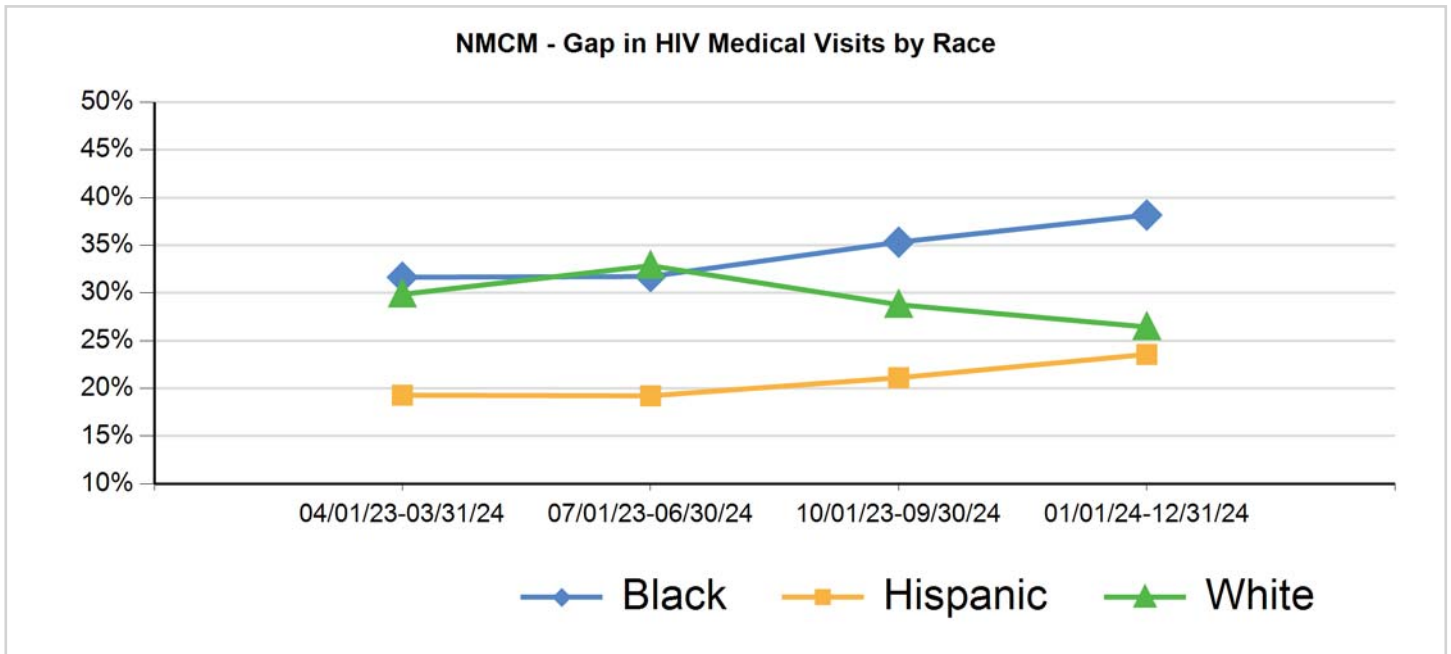
MCM - Gap in HIV Medical Visits by Agency														
	10/01/23 - 09/30/24							01/01/24 - 12/31/24						
	A	B	C	D	E	F	G	A	B	C	D	E	F	G
Number of clients in the denominator who did not have a medical visit in the last 6 months of the measurement year	53	159	0	162	13	68	17	59	146	0	131	14	62	23
Number of medical case management clients living with HIV who had at least one medical visit in the first 6 months of the measurement year	151	364	0	834	39	260	51	157	314	0	861	37	232	56
Percentage	35.1%	43.7%	NaN	19.4%	33.3%	26.2%	33.3%	37.6%	46.5%	NaN	15.2%	37.8%	26.7%	41.1%
Change from Previous Quarter Results	16.2%	3.5%	NaN	-0.8%	-10.9%	2.0%	13.3%	2.5%	2.8%	NaN	-4.2%	4.5%	0.6%	7.7%



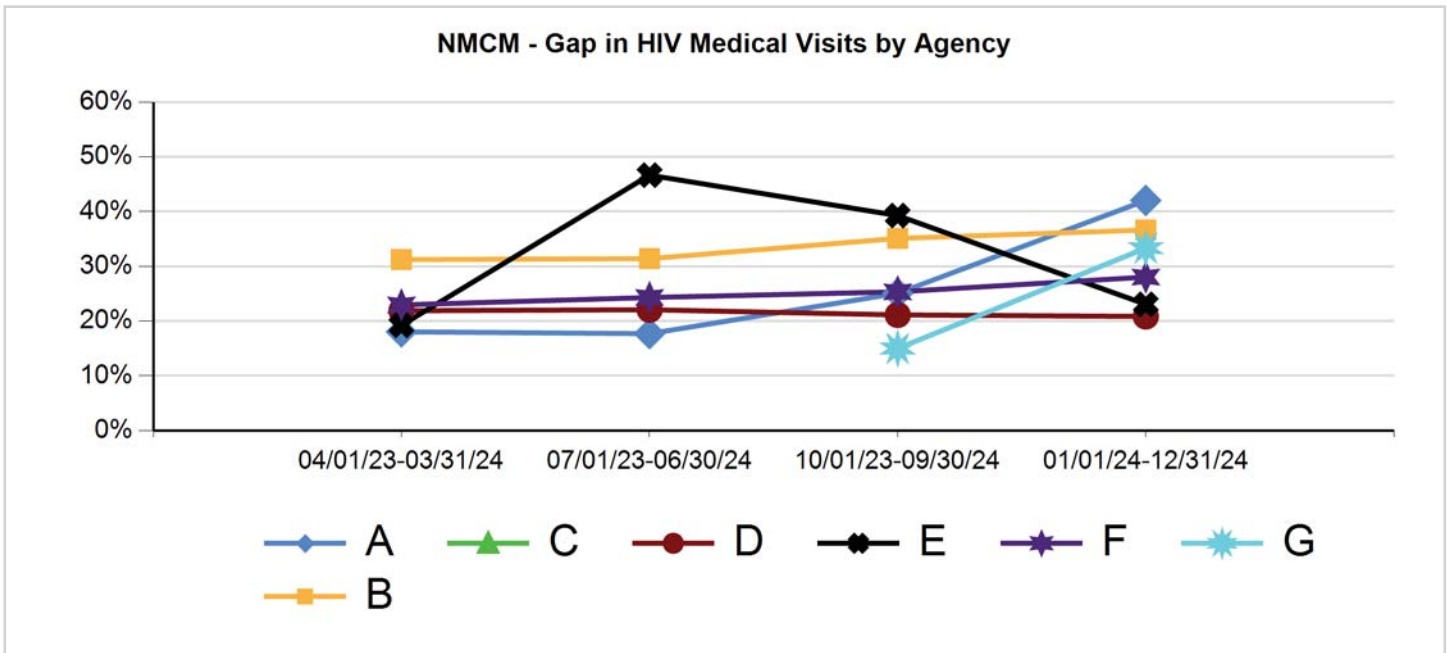
NMCM - Gap in HIV Medical Visits				
	04/01/23 - 03/31/24	07/01/23 - 06/30/24	10/01/23 - 09/30/24	01/01/24 - 12/31/24
Number of clients in the denominator who did not have a medical visit in the last 6 months of the measurement year	903	899	991	1,020
Number of non medical case management clients living with HIV who had at least one medical visit in the first 6 months of the measurement year	3,536	3,473	3,520	3,383
Percentage	25.5%	25.9%	28.2%	30.2%
Change from Previous Quarter Results	-1.1%	0.3%	2.3%	2.0%



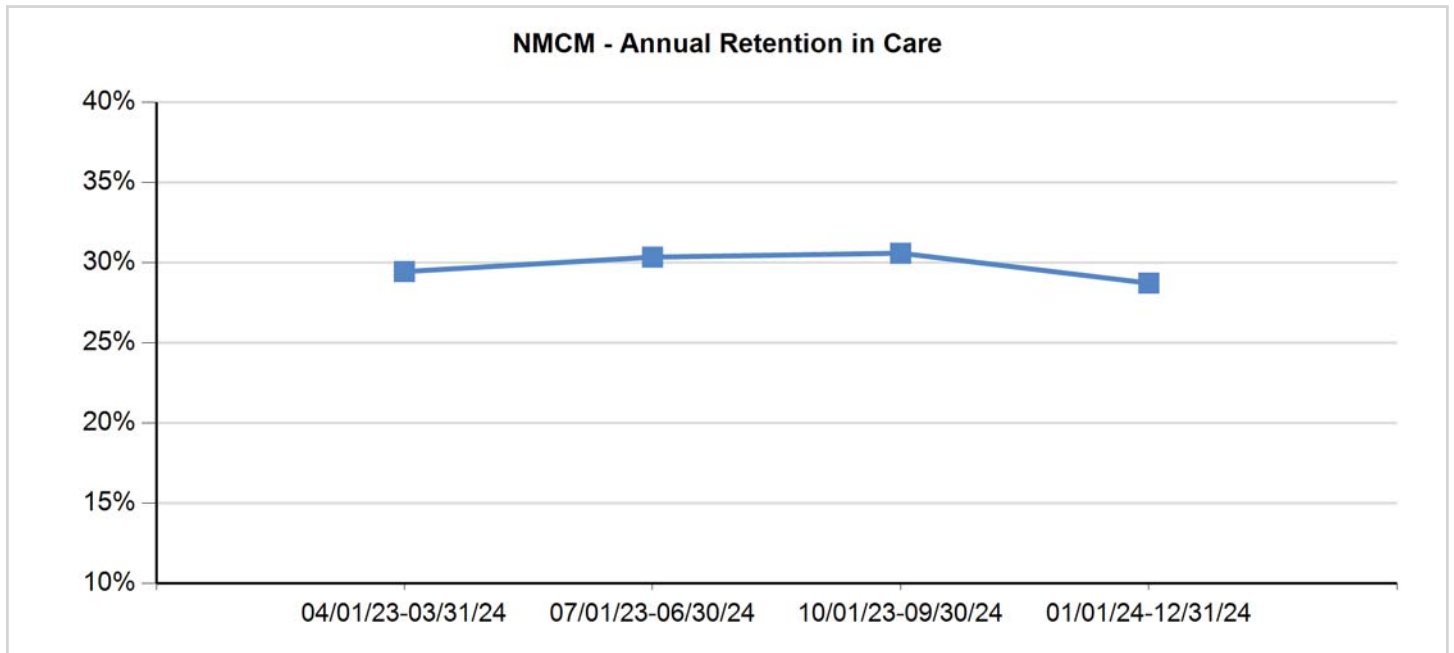
NMCM - Gap in HIV Medical Visits by Race/Ethnicity									
	07/01/23 - 06/30/24			10/01/23 - 09/30/24			01/01/24 - 12/31/24		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients in the denominator who did not have a medical visit in the last 6 months of the measurement year	475	313	93	531	352	82	542	386	69
Number of non medical case management clients living with HIV who had at least one medical visit in the first 6 months of the measurement year	1,497	1,628	283	1,503	1,667	285	1,420	1,638	261
Percentage	31.7%	19.2%	32.9%	35.3%	21.1%	28.8%	38.2%	23.6%	26.4%
Change from Previous Quarter Results	0.1%	-0.1%	3.0%	3.6%	1.9%	-4.1%	2.8%	2.4%	-2.3%



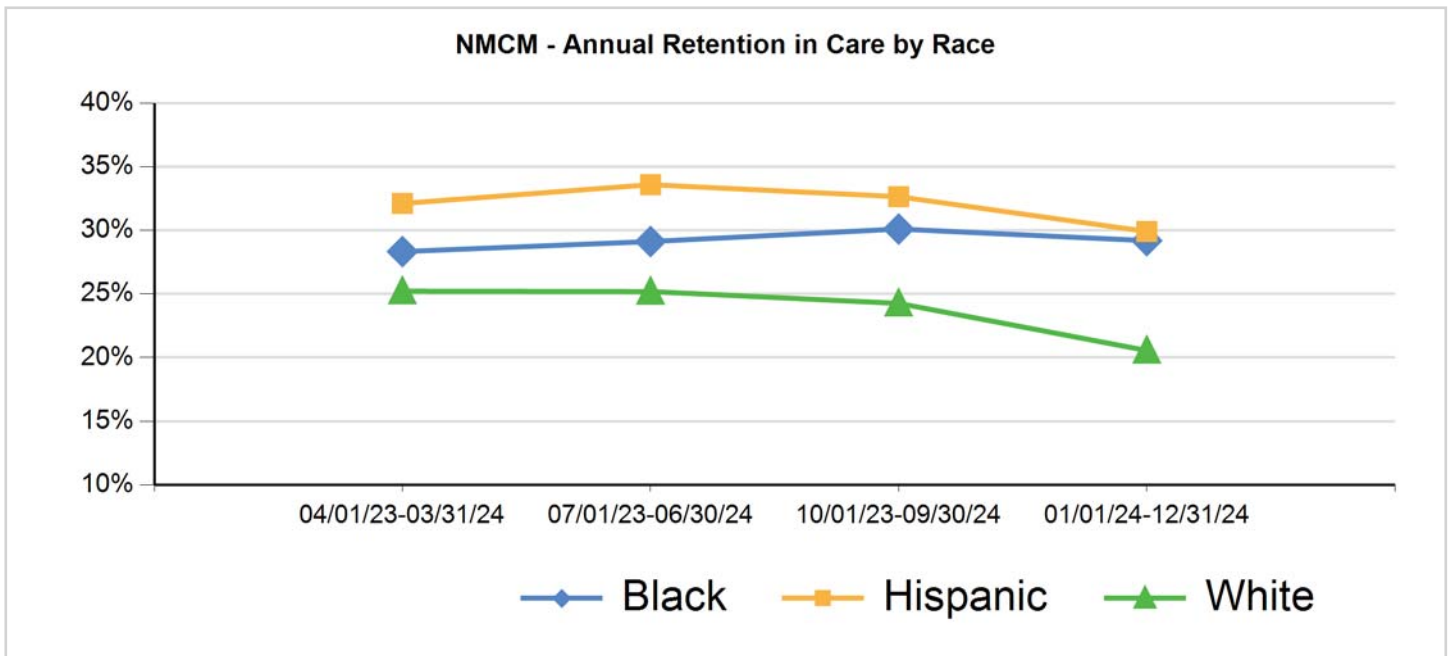
NMCM - Gap in HIV Medical Visits by Agency														
	10/01/23 - 09/30/24							01/01/24 - 12/31/24						
	A	B	C	D	E	F	G	A	B	C	D	E	F	G
Number of clients in the denominator who did not have a medical visit in the last 6 months of the measurement year	74	554	0	309	11	74	3	111	557	0	293	6	76	17
Number of non medical case management clients living with HIV who had at least one medical visit in the first 6 months of the measurement year	295	1,578	0	1,462	28	292	20	264	1,520	0	1,405	26	271	51
Percentage	25.1%	35.1%	NaN	21.1%	39.3%	25.3%	15.0%	42.0%	36.6%	NaN	20.9%	23.1%	28.0%	33.3%
Change from Previous Quarter Results	7.4%	3.7%	NaN	-0.9%	-7.4%	1.0%	NaN	17.0%	1.5%	NaN	-0.3%	-16.2%	2.7%	18.3%



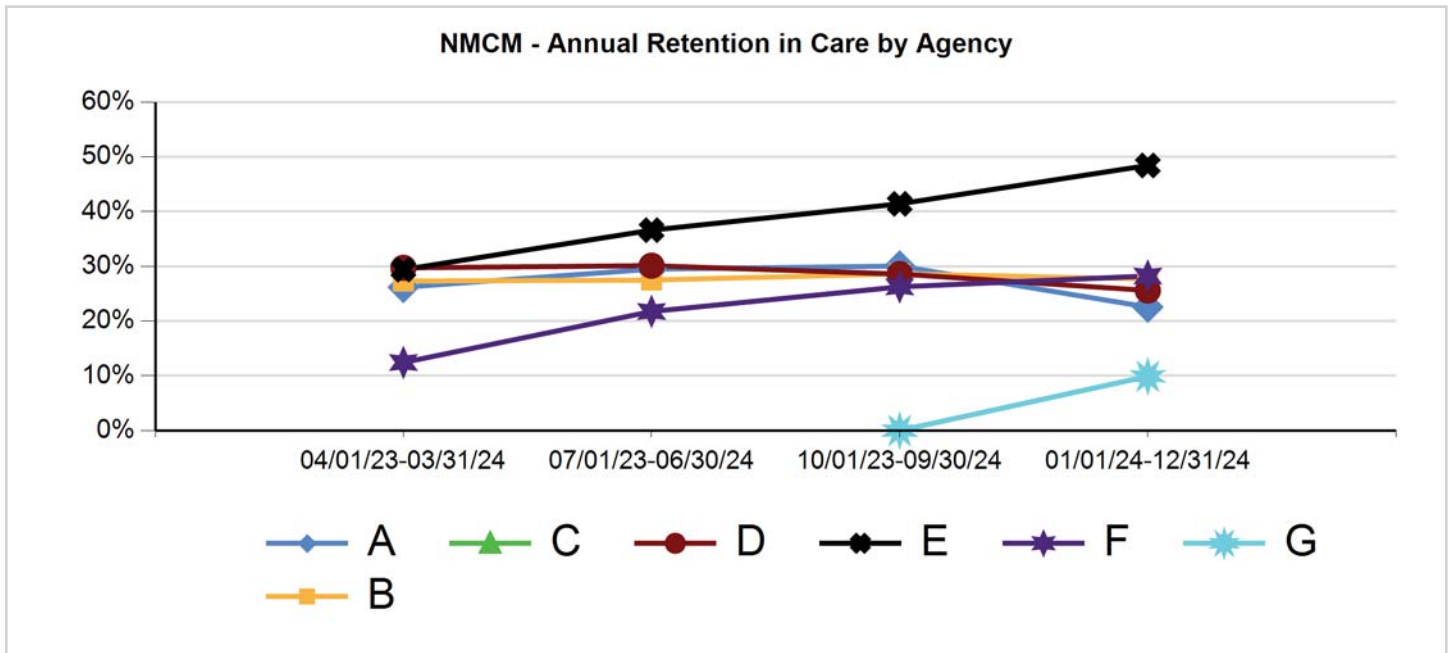
NMCM - Annual Retention in Care				
	04/01/23 - 03/31/24	07/01/23 - 06/30/24	10/01/23 - 09/30/24	01/01/24 - 12/31/24
Number of clients in the denominator who had at least two encounters at least 90 days apart within the measurement year.	2,184	2,228	2,186	2,025
Number of clients living with HIV who receive NMCM and had at least one encounter within the measurement year	7,420	7,344	7,148	7,052
Percentage	29.4%	30.3%	30.6%	28.7%
Change from Previous Quarter Results	0.3%	0.9%	0.2%	-1.9%



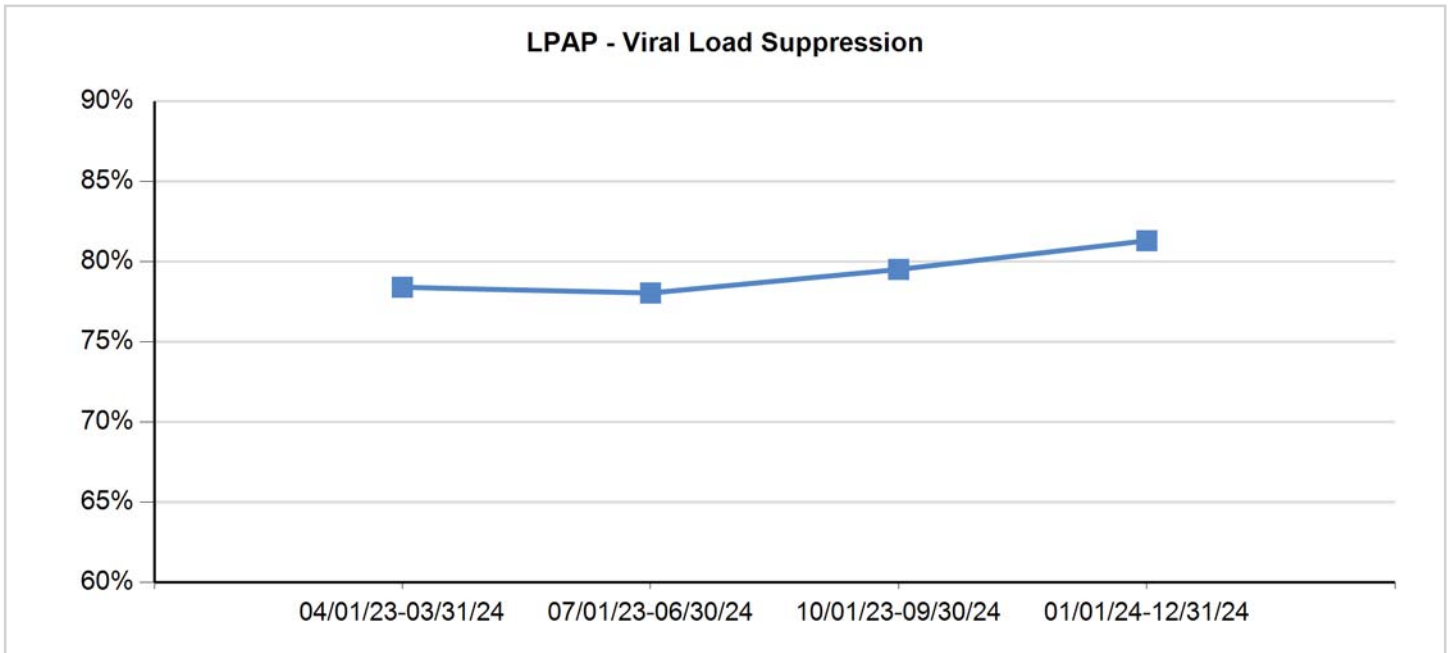
NMCM - Annual Retention in Care by Race/Ethnicity									
	07/01/23 - 06/30/24			10/01/23 - 09/30/24			01/01/24 - 12/31/24		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients in the denominator who had at least two encounters at least 90 days apart within the measurement year.	1,121	909	164	1,120	875	148	1,069	788	126
Number of clients living with HIV who receive NMCM and had at least one encounter within the measurement year	3,849	2,706	651	3,720	2,680	610	3,662	2,634	613
Percentage	29.1%	33.6%	25.2%	30.1%	32.6%	24.3%	29.2%	29.9%	20.6%
Change from Previous Quarter Results	0.8%	1.5%	0.0%	1.0%	-0.9%	-0.9%	-0.9%	-2.7%	-3.7%



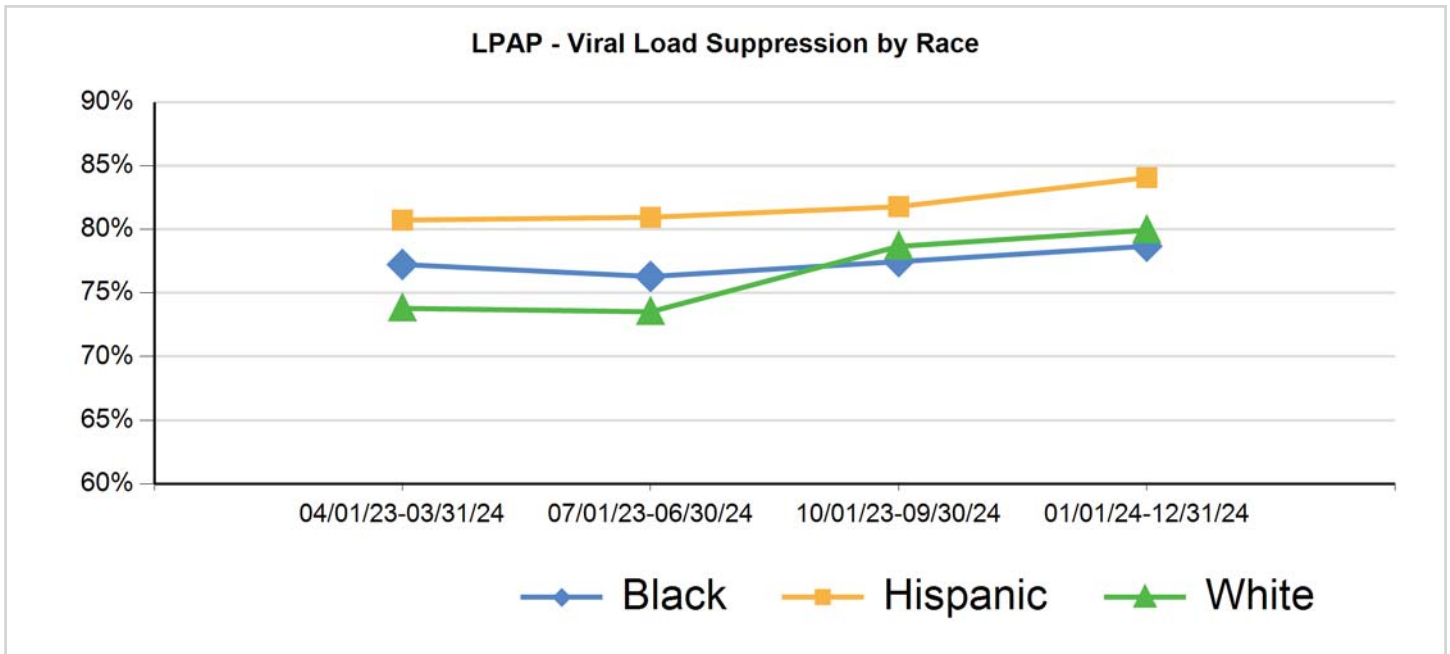
NMCM - Annual Retention in Care by Agency														
	10/01/23 - 09/30/24							01/01/24 - 12/31/24						
	A	B	C	D	E	F	G	A	B	C	D	E	F	G
Number of clients in the denominator who had at least two encounters at least 90 days apart within the measurement year.	116	1,042	0	793	29	125	0	86	997	0	675	31	135	12
Number of clients living with HIV who receive NMCM and had at least one encounter within the measurement year	386	3,638	0	2,772	70	476	44	381	3,601	0	2,637	64	478	121
Percentage	30.1%	28.6%	NaN	28.6%	41.4%	26.3%	0.0%	22.6%	27.7%	NaN	25.6%	48.4%	28.2%	9.9%
Change from Previous Quarter Results	0.6%	1.1%	NaN	-1.5%	4.8%	4.5%	NaN	-7.5%	-1.0%	NaN	-3.0%	7.0%	2.0%	9.9%



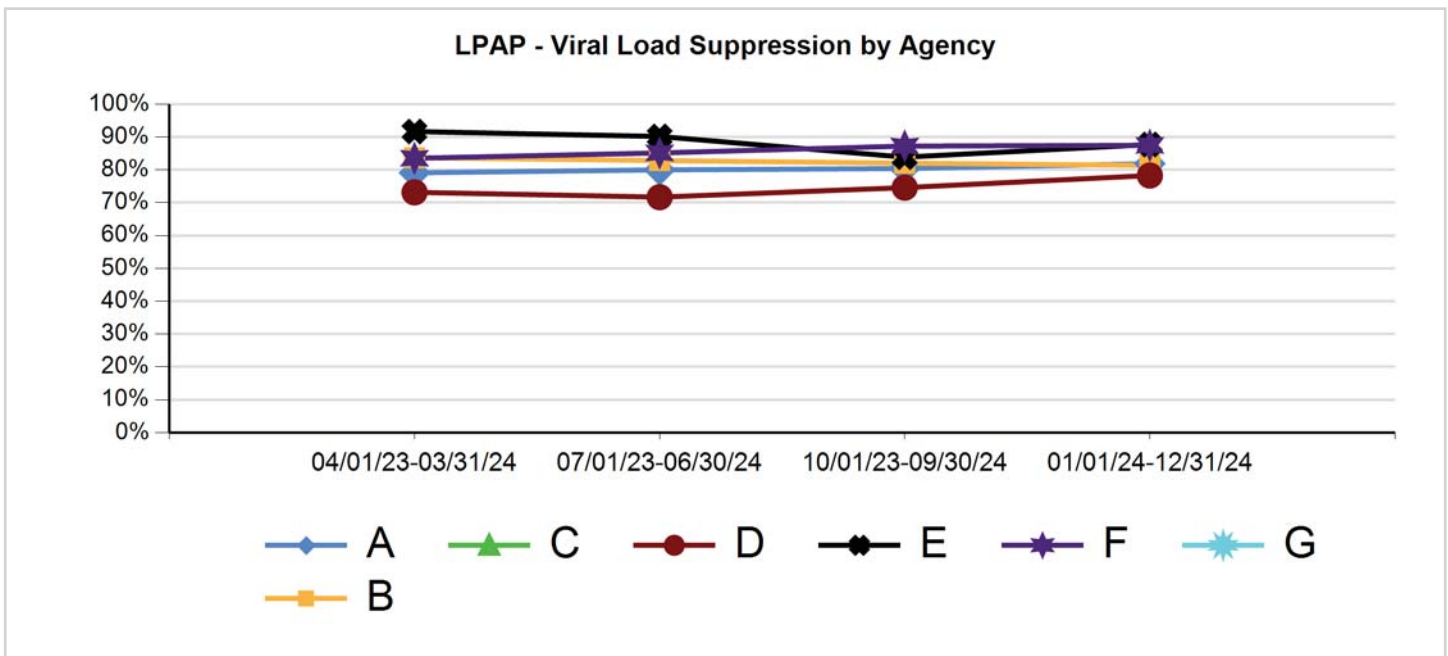
LPAP - Viral Load Suppression				
	04/01/23-03/31/24	07/01/23-06/30/24	10/01/23-09/30/24	01/01/24-12/31/24
Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	3,117	3,134	3,119	3,117
Number of clients living with HIV, with 1 or more Local Pharmaceutical Assistance Program encounters in the measurement year	3,976	4,016	3,923	3,834
Percentage	78.4%	78.0%	79.5%	81.3%
Change from Previous Quarter Results	-3.1%	-0.4%	1.5%	1.8%



LPAP - Viral Load Suppression by Race/Ethnicity									
	07/01/23-06/30/24			10/01/23-09/30/24			01/01/24-12/31/24		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	1,413	1,428	236	1,375	1,446	236	1,332	1,483	239
Number of clients living with HIV, with 1 or more Local Pharmaceutical Assistance Program encounters in the measurement year	1,852	1,764	321	1,775	1,768	300	1,693	1,764	299
Percentage	76.3%	81.0%	73.5%	77.5%	81.8%	78.7%	78.7%	84.1%	79.9%
Change from Previous Quarter Results	-0.9%	0.2%	-0.3%	1.2%	0.8%	5.1%	1.2%	2.3%	1.3%



LPAP - Viral Load Suppression by Agency														
	10/01/23-09/30/24							01/01/24-12/31/24						
	A	B	C	D	E	F	G	A	B	C	D	E	F	G
Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	435	717	0	1,268	52	718	0	425	725	0	1,297	50	691	0
Number of clients living with HIV, with 1 or more Local Pharmaceutical Assistance Program encounters in the measurement year	541	874	0	1,700	62	823	0	519	891	0	1,657	57	790	0
Percentage	80.4%	82.0%	NaN	74.6%	83.9%	87.2%	0.0%	81.9%	81.4%	NaN	78.3%	87.7%	87.5%	0.0%
Change from Previous Quarter Results	0.4%	-0.8%	NaN	2.9%	-6.3%	2.1%	NaN	1.5%	-0.7%	NaN	3.7%	3.8%	0.2%	NaN



Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals <i>not in care</i> * to access primary care? *EIIHA: Early Identification of Individuals with HIV/AIDS seeks to identify the status-unaware and link them into care *Unmet Need: Individuals diagnosed with HIV but with no evidence of care for 12 months *Continuum of Care: The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. *Ending the HIV Epidemic: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	Documentation of Need (Sources of Data include: America’s HIV Epidemic Analysis (AHEAD.HIV.gov), Ryan White HIV/AIDS Program Compass Dashboard (ryanwhite.hrsa.gov/data/dashboard), 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2023 Outcome Measures, 2020 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap. Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity? Is this service culturally appropriate for clients living with HIV?	Service Efficiency Can we make this service more efficient? For: a) Clients b) Providers Can we bundle this service? Has a recent capacity issue been identified? Does this service assist special populations to access primary care? <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	Recommendation(s) As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted.
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Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-19-24

Ambulatory/Outpatient Primary Medical Care (incl. Vision):

<p>CBO, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach & Service Linkage (Includes OB/GYN) See below for Public Clinic, Rural, and Vision.</p> <p>Workgroup #1 Motion #1: (Mica/Locks) Votes: Y=6; N=0; Abstentions = Arizpe, Franco, Hollis, Legasse, Ruggerio</p>	<p><input checked="" type="checkbox"/> Yes ___ No</p> <p><input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> EHE <input checked="" type="checkbox"/> Unmet Need</p> <p>Continuum of Care (CoC) <input checked="" type="checkbox"/> CoC RW eligible consumers <input type="checkbox"/> CoC all PLWH in EMA/HSDA</p> <p>EIIHA: The purpose of the HRSA EIIHA initiative is to identify the status-unaware and facilitate their entry into Primary Care</p> <p>Unmet Need: Facilitating entry/reentry into Primary Care reduces unmet need. Additionally, a criterion for met need is evidence of an ART</p>	<p>Epi (2020): An estimated 4,924 people in the EMA are living with HIV and unaware of their status. The current estimate of unmet need in the EMA is 8,251, or 27% of all PLWH. Current # of living HIV cases in EMA: 30,988</p> <p>Need (2020): Rank w/in funded services: Primary Care: #1 LPAP/EFA: #2 Case Management: #3 Outreach: #14</p> <p>Service Utilization (2023): # clients served:</p>	<p>Primary Care: Medicaid, Medicare, RW Part D, and private providers, including federal health insurance marketplace participants</p> <p>LPAP: ADAP, State Pharmacy Assistance Program, Medicaid, Medicare Part D, RW Health Insurance Assistance, the public clinic’s pharmacy program, private sector Patient Assistance Programs, and private pharmacy benefit programs, including federal health insurance marketplace</p>	<p>Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #1 service need by PLWH; and use has increased - Adheres to a medical home model and is bundled with LPAP, Medical Case Management, and Service Linkage - Results in desirable health outcomes for clients who access the service - Referring and linking the status-unaware to Primary</p>	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? Currently bundled with: EFA, LPAP, Medical Case Management, Outreach and Service Linkage</p> <p>Has a recent capacity issue been identified? No</p> <p>Does this service assist special populations to access primary care?</p>	<p>05/14/24 – the QI committee approved the HTBMN workgroup recommendation</p> <p>Wg Motion: Update the justification chart and keep the service definitions as is. Keep the financial eligibility the same: PriCare=300%, EFA=500%, MCM/SLW/Outreach=none, LPAP=500%.</p> <p>Recommend that the Priority and Allocations</p>
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‡ Service Category for Part B/State Services only.

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		<p>prescription, and clients cannot access LPAP until they are enrolled in Primary Care. <u>Continuum of Care:</u> Primary Care, MCM, and LPAP support maintenance/retention in care and viral suppression for PLWH.</p>	<p><i>Primary Care: 10,282 (5.76% increase v. 2022)</i> <i>LPAP: 6,707 (3.9% increase v. 2022)</i> <i>Medical Case Mgmt: 3,893 (26.8% decrease v. 2022)</i> <i>EFA-Pharmacy: 3,533 (13% increase v. 2022)</i> <i>Outreach: 1,001 (0.7% increase v. 2022)</i> <i>Non-Medical Case Mgmt, or Service Linkage: 8,855 (5% increase v. 2022)</i> <u>Outcomes (FY2020):</u> <i>Primary Care/LPAP: 79% of Primary Care clients and 78% of LPAP clients were virally suppressed;</i> <i>Medical Case Mgmt: 50% of clients were in continuous HIV</i></p>	<p>participants <u>Medical Case Management:</u> RW Part C and D <u>Service Linkage:</u> RW Part C and D, HOPWA, and a grant from a private foundation <u>EHE Funding:</u> RWGA received \$4,585,790 in HRSA funding for 2023 EHE activities. Houston Health Department (HHD) received \$2,642,329 under PS20-2010 for Integrated HIV Programs to Support Ending the HIV Epidemic. Several Houston area FQHCs continue to receive funding from HRSA’s Ending the HIV Epidemic-Primary Care HIV Prevention</p>	<p>Care is the goal of the national and local EIIHA initiative - Referring and linking the out-of-care to Primary Care is the goal of reducing unmet need - Facilitates national, state, and local goals related to continuous HIV care, reducing unmet need, and viral load suppression - Addresses activities of the EHE/Integrated Prevention and Care Services Plan and addresses certain Special Populations named in the Plan. Is this a duplicative service or activity? This service is funded locally</p>		<p>Committee increase the allocation to Medical Case Management and ask the Recipient to encourage agencies to use it to increase salaries to improve staff retention.</p>

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