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
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MEMORANDUM

To: Steering Committee Members:
Crystal R. Starr, Chair
Skeet Boyle, Vice Chair
Kevin Aloysius, Secretary
Rodney Mills, Co-Chair, Affected Community Committee
Tony Crawford, Co-Chair, Affected Community Committee
Josh Mica, Co-Chair, Comprehensive HIV Planning Committee
Steven Vargas, Co-Chair, Comprehensive HIV Planning Committee
Ronnie Galley, Co-Chair, Operations Committee
Matilda Padilla, Co-Chair, Operations Committee
Bobby Cruz, Co-Chair, Priority and Allocations Committee
Peta-gay Ledbetter, Co-Chair, Priority and Allocations Committee
Denis Kelly, Co-Chair, Quality Improvement Committee
Daphne L. Jones, Co-Chair, Quality Improvement Committee

Copy:
Heather Keizman
Mauricia Chatman
Yvette Garvin
Sha'Terra Johnson-Fairley
Mackenzie A. Hudson
Diane Beck
Ann Robison
David Williams (email only)

From: Tori Williams

Date: Friday, November 18, 2022

Re: Meeting Announcement

We look forward to seeing you for your final Ryan White Steering Committee meeting in 2022.

Ryan White Steering Committee Meeting
12 noon, Thursday, December 1, 2022
Join the Zoom meeting by clicking on:
https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SlV2RE50ZzYraEErQT09
Meeting ID: 857 8218 9192 Passcode: 885832
Or, use your phone to dial in by calling 346 248-7799

Please contact Rod to RSVP, even if you cannot attend, and let her know if you prefer to meet at the Office of Support. There is room for up to 5 people who are socially distancing in our conference room. Rod can be reached by telephone at: 832 927-7926 or by email at: Rodriga.Avila@cjo.hctx.net. Thank you!

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
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STEERING COMMITTEE

AGENDA

12 noon, Thursday, December 1, 2022

Join Zoom Meeting by clicking onto:
https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SlV2RE50ZzYraEErQT09
Meeting ID: 857 8218 9192 Passcode: 885832
Or, dial in by calling 346 248-7799

I. Call to Order — **Crystal Renee Starr, Chair, Ryan White Planning Council**
- A. Welcoming Remarks
- B. Moment of Reflection in Honor of World AIDS Day
- C. Select the Committee Co-Chair who will be voting today
- D. Adoption of the Agenda
- E. Adoption of the Minutes

II. Public Comment 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 yourself, 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 Committees

A. Comprehensive HIV Planning Committee — **Daphne L. Jones and Denis Kelly, Co-Chairs**
No report since the 2022 Integrated HIV Prevention and Care Plan is about to be submitted.

B. Affected Community Committee — **Tony Crawford and Rodney Mills, Co-Chairs**
No report since committee members attended the Reunion Project and will be representing the Planning Council at World AIDS Day events throughout the day today.

C. Priority and Allocations Committee — **Peta-gay Ledbetter and Bobby Cruz, Co-Chairs**
No report since the Committee completed its work for the 2022 planning year in October. See the attached Quarterly Committee Report.

D. Quality Improvement Committee — **Daphne L. Jones and Denis Kelly, Co-Chairs**

Item: Reports from the Administrative Agent – Part A/MAI*
Recommended Action: FYI: See the attached report from the Part A/MAI Administrative Agent:

- FY22 Procurement Report Part A/MAI, 10/14/22
- FY22 Service Utilization Report Part A/MAI, 10/14/22
- Clinical Quality Mgmt. Committee Qtrly Report (2 parts), 8/01/22

Item: Reports from the Administrative Agent – Part B/SS**
Recommended Action: FYI: See the attached reports from the Part B/State Services Administrative Agent:

- FY22 Procurement Report Part B, 11/02/22
- FY22 Service Utilization Report Part B, 11/02/22
- FY22 Procurement Report DSHS SS**, 11/02/22
- FY21 Health Insurance Assistance Report, 09/28/22

Item: FY22 Standards of Care - Part A/MAI
Recommended Action: **Motion:** Endorse all changes to the FY23 Part A/MAI Standards of Care as presented on attached summary sheet.

Item: FY22 Standards of Care - Part B and State Services
Recommended Action: **Motion:** Endorse all changes to the FY23 Part B/SS Standards of Care as discussed in the presentation from The Resource Group, see attached.

E. Operations Committee — **Ronnie Galley and Matilda Pradia, Co-Chairs**

Item: Memorandum of Understanding, Part A Stakeholders
Recommended Action: **Motion:** Approve the revised, attached Memorandum of Understanding among Part A stakeholders.

Item: Slate of Nominees for Officers of the 2023 Planning Council
Recommended Action: FYI: See the attached slate of nominees for Officers of the 2023 Ryan White Planning Council.

Item: Important Dates in 2022
Recommended Action: FYI: Please note the following 2022 in-person meetings:

- Mentor/Mentee Luncheon – Thurs. 01/19/22
- All day Council Orientation at III Wolfgang Puck – Thurs. 01/26/22

IV. Report from the Office of Support — **Tori Williams, Director**

V. Report from Ryan White Grant Administration — **Heather Keizman, Interim Mgr**

VI. Report from The Resource Group — **Sha'Terra Johnson, Health Health Planner**

VII. Announcements

VIII. Adjournment

** MAI = Minority AIDS Initiative funding*
*** DSHS SS = TX Dept of State Health Services, State Services funding*
**** RWPC = Ryan White Planning Council*

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
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STEERING COMMITTEE

MINUTES

12 noon, Thursday, November 3, 2022
Meeting Location: Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Crystal Starr, Chair	Skeet Boyle, excused	*Ryan White Grant Administration*
Kevin Aloysius, Secretary	Tony Crawford	Heather Keizman
Rodney Mills	Ronnie Galley, excused	Mauricia Chatman
Josh Mica	Matilda Padilla	Sarah Ross
Steven Vargas		
Bobby Cruz		*The Resource Group*
Peta-gay Ledbetter		Sha'Terra Johnson
Daphne L. Jones		
Denis Kelly		*Office of Support*
		Tori Williams
		Mackenzie Hudson
		Diane Beck

Call to Order: Crystal Starr, Chair, called the meeting to order at 12:13 p.m.

During the opening remarks, Starr thanked everyone who went to The Woodlands Pride Festival on Saturday, October 22nd. The Council hosted a table where we provided Blue Books, answered general questions and recruited for possible new Affiliate Committee and Council members. We were warmly welcomed by the community and look forward to going back again next year. She also thanked the members of the Comprehensive HIV Planning Committee who graciously rearranged their meeting schedule several times this Fall to accommodate CPG meetings and the needs of the Integrated Planning process. Don't forget to support The Reunion Project which will be hosting a 2-day event for long term survivors of HIV and people living with HIV in Houston and the surrounding areas. A number of Planning Council members, including her, are involved. The event will take place on Friday November 18th & Saturday November 19, 2022 from 9am–5pm; breakfast and lunch will be served. It will be at St John's Methodist Church at 2019 Crawford Street. Beck will put the link to register in the chat and she can email it as well. Starr then called for a Moment of Reflection.

The Chair invited committee co-chairs to select the co-chair who would be voting on behalf of their committee. Those selected to vote for their committee at today's meeting are: Mills for Affected Community, Vargas for Comprehensive HIV Planning, Ledbetter for Priority and Allocations and Jones for Quality Improvement.

Adoption of the Agenda: ***Motion #1:*** *it was moved and seconded (Kelly, Mica) to adopt the agenda revised 0n October 31, 2022.* **Motion carried.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Mica, Kelly) to approve the October 6, 2022 minutes.* **Motion carried.** Abstentions: Aloysius, Jones, Ledbetter, Mills.

Public Comment and Announcements: None.

Reports from Committees

Affected Community Committee: Rodney Mills, Co-Chair, reported on the following:
2023 Standards of Care: Mauricia Chatman from RWGA and Reachelian Ellison from The Resource Group walked committee members through the FY 2022 services and asked for input on standards of care for each service category. The presentations were excellent, discussion was informative and productive.

Comprehensive HIV Planning Committee: Josh Mica, Co-Chair, reported on the following:
2022 Integrated HIV Prevention and Care Services Plan: ***Motion #3:*** *accept the updates to the goals of the 2022 Integrated HIV Prevention and Care Service Plan.* **Motion carried.**

Quality Improvement Committee: Denis Kelly, Co-Chair, reported on the following:
The Committee did not meet so that members could attend one of the two Standards of Care meetings since the Committee will be voting on the items in late November.

Priority and Allocations Committee: Bobby Cruz, Co-Chair, reported on the following:
Reports from the Administrative Agent – Part A/MAI*:

- FY 2022 Ryan White Part A/MAI Procurement Report dated 10/18/22
- FY 2022 Ryan White Part A/MAI Service Utilization Reports dated 10/14/22 & 10/19/22

Reports from the Administrative Agent – Part B/SS**:

- FY21/22 Part B Procurement Report, dated 10/05/22
- FY21/22 DSHS State Services Procurement Report, dated 10/05/22
- FY21/22 DSHS State Services Service Utilization Report, dated 09/23/23
- FY 21/22 Health Insurance Service Utilization, dated 09/28/22

FY 2021 Ryan White Part A Funding Increases: ***Motion #4:*** *Per the attached chart, fund each of the attached allocation increase requests for Ryan White Part A funds as follows: fully fund the requests of psychiatric services (Ctl 1 and 3), service linkage (Ctl 1), outreach (Ctl 1), nutritional assessments (Ctl 3), and Disbursements (Ctl 2), and equally divide the remaining funds between Primary Care requests (Ctl 1 and Ctl 3) with the suggestion that the funds be used for psychiatric services.* **Motion Carried.**

FY2021 MAI* Funding Increases: ***Motion #5:*** *allocate $273,335 in MAI* funds to reimburse the state ADAP program.* **Motion Carried.** Abstentions: Aloysius.

FY 2022 Unspent Funds: ***Motion #6:*** *In the final quarter of the FY 2022 Ryan White Part A, Part B and State Services grant years, after implementing the year end Council-approved reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, Ryan White Grant Administration (RWGA) may reallocate any remaining unspent funds as necessary to ensure the Houston EMA has less than 5% unspent Formula funds and no unspent Supplemental funds. The Resource Group (TRG) may reallocate any remaining unspent funds as necessary to ensure no funds are returned to the Texas Department of State Health Services. RWGA and TRG must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.* **Motion carried.**

FY 2022 Ryan White Part A Carryover Funds: ***Motion #7:*** *If there are FY 2022 Ryan White Part A carryover funds, it is the intent of the committee to recommend allocating the full amount to Outpatient/Ambulatory Primary Medical Care.* **Motion Carried.** Abstentions: Aloysius.

Operations Committee: Kevin Aloysius reported on the following:
2023 Slate of Nominees for 2023 Council Officers: ***Motion #8:*** *After opening nominations one more time at the Steering Committee meeting, approve the slate of nominees for Officers for the 2023 Planning Council. Nominees are as follows: Chair: Crystal Starr, Vice Chair: Skeet Boyle, Secretary: Josh Mica.* **Motion Carried.**

2023 Important Meeting Dates: Please note that the Committee has selected the following dates:

- Mentor Luncheon – Thursday, January 19
- 2023 All-day Council Orientation – Thursday, January 26

Report from Ryan White Office of Support: Tori Williams, Director, summarized the attached report.

Report from Ryan White Grant Administration: Heather Keizman, Interim Manager, summarized the attached report.

Report from The Resource Group: Sha'Terra Johnson, Health Planner, summarized the attached report.

Announcements: None.

Adjournment: ***Motion:*** *it was moved and seconded (Vargas, Kelly) to adjourn the meeting at 1:38 p.m.* **Motion Carried.**

** MAI = Minority AIDS Initiative Funding*
*** SS = State Services Funding*

Submitted by: Approved by:

Tori Williams, Director Date Committee Chair Date

2022 Steering Committee Voting Record for Meeting Date 11/03/22

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

Aff-Affected Community Committee, Comp-Comprehensive HIV Planning Committee, Op-Operations Committee, PA-Priority and Allocations Committee, QI-Quality Improvement Committee

MEMBERS	**Motion #1** Agenda – rev 10/31/22 **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** Updated Goals for the 2022 Integrated Plan **Carried**				**Motion #4** Part A Allocation Increase Requests **Carried**			
	Absent	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**
Crystal Starr, Chair				**C**				**C**				**C**				**C**
Kevin Aloysius, Secretary		**X**						**X**		**X**				**X**		
Rodney Mills, Aff		**X**						**X**		**X**				**X**		
Steven Vargas, Comp		**X**				**X**				**X**				**X**		
Peta-gay Ledbetter, PA		**X**						**X**		**X**				**X**		
Daphne L. Jones, QI		**X**						**X**		**X**				**X**		
Non-voting members at the meeting:																
Josh Mica, Comp																
Bobby Cruz, PA																
Denis Kelly, QI																
Absent members:																
Skeet Boyle, Vice Chair																
Tony Crawford, Aff																
Matilda Padilla, Op																
Ronnie Galley, Op																

MEMBERS	**Motion #5** Unallocated MAI Funds **Carried**				**Motion #6** Part A 2022 Unspent Funds **Carried**				**Motion #7** Part A 2022 Carryover Funds **Carried**				**Motion #8** Slate of Nominees **Carried**			
	Absent	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**
Crystal Starr, Chair				**C**				**C**				**C**				**C**
Kevin Aloysius, Secretary				**X**		**X**						**X**		**X**		
Rodney Mills, Aff		**X**				**X**				**X**				**X**		
Steven Vargas, Comp		**X**				**X**				**X**				**X**		
Peta-gay Ledbetter, PA		**X**				**X**				**X**				**X**		
Daphne L. Jones, QI		**X**				**X**				**X**				**X**		
Non-voting members at the meeting:																
Josh Mica, Comp																
Bobby Cruz, PA																
Denis Kelly, QI																
Absent members:																
Skeet Boyle, Vice Chair																
Tony Crawford, Aff																
Matilda Padilla, Op																
Ronnie Galley, Op																

Memorandum of Understanding

(Approved by the Council on12-08-11)

Parties to the Memorandum of Understanding:

1. Harris County Judge – The "Chief Elected Official" (CEO)
2. Houston Eligible Metropolitan Area (EMA) Ryan White CARE Act (as amended) Part A Planning Council – The "Planning Council" (RWPC)
3. Houston EMA Ryan White CARE Act Part A Planning Council Office of Support – The "Office of Support" (RWPC/OS)
4. Harris County Public Health ~~Services Department~~, Ryan White Grant Administration ~~Section~~ – The "~~Administrative Agency~~Recipient" (HCPH~~S~~/RWGA)

PURPOSE

This Memorandum of Understanding is created to facilitate cooperative and collaborative working relationships between and among the Houston Ryan White Planning Council, the Council's Office of Support and the Houston Administrative Agency. The Health Resources and Services Administration (HRSA), the federal agency that administers the Ryan White program, encourages stakeholders to draft a Memorandum of Understanding (MOU) to better define responsibilities. This document is not intended to restate all HRSA rules but to clarify entity roles and outline procedures that will foster productive interaction and efficient communication between and among the three stakeholders.

This MOU is a dynamic tool to help the aforementioned stakeholders avert misunderstanding. The underlying foundation of the memorandum is the principle of mutual respect. Mutual respect is created through open communication, active listening, seeking understanding, and acknowledging our mutual goals. This document is built upon the understanding that the three entities are equal stakeholders in the Ryan White process with the mutual goal of helping eligible individuals and families living with HIV/AIDS obtain the highest quality and most appropriate Ryan White Program services.

HRSA DEFINED ROLES AND DUTIES

The following is taken from the 20~~02~~13 HRSA ~~Title I~~/Part A manual and the ~~Title I~~/Part A Planning Council Primer and describes the role and duties of the:

Chief Elected Official (CEO or G~~grantee~~): Harris County Judge

The CEO is the person who officially receives the Ryan White Part A funds. In Houston the CEO is the County Judge, making the Judge ultimately responsible for administering all aspects of the Part A program funds (Part A includes Minority AIDS Initiative, or "MAI" funds). Duties include: ensuring that all legal requirements are met, appointing all members of the Planning Council and selecting the Harris County Public Health and Environmental Services Department to be the Administrative Agency for the Part A grant.

Planning Council: Houston Area HIV Services Ryan White Planning Council

The Houston Ryan White Planning Council is a group of volunteers appointed by the CEO whose purpose is to plan for and oversee the delivery of services to persons living with HIV in the Houston EMA. Duties include: setting up planning body operations; setting service priorities; allocating resources to those priorities; and assessing the administrative mechanism, which means reviewing how long the ~~grantee~~Recipient takes to pay providers, 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". The Council also works in partnership with the

Administrative Agency to assess need, develop a comprehensive plan, coordinate with other Ryan White programs and services, and reallocate funds. The Council reports to the CEO.

Planning Council Support: Office of Support
This entity provides administrative support to the Council. Duties include: coordinating and staffing all Council processes; interfacing with HRSA, the CEO's Office and other County Offices regarding Council business; and assisting Council members to stay in compliance with federal and county rules and regulations as well as Council bylaws, policies & procedures. The Manager of the Office of Support reports to the Planning Council and the CEO.

Administrative Agency (the CEO 's Agent, also called the ~~grantee~~Recipient): Harris County PH~~S~~/Ryan White Grant Administration
This entity carries out the day-to-day administrative activities required to implement and administer services in the Houston EMA according to the plan set forth by the Planning Council. Duties include: procuring services for PLWH~~/A~~ consistent with Planning Council priorities and allocations, including all aspects of the RFP, review, award and contracting process with service providers; establishing intergovernmental agreements; ensuring services to women, infants, children and youth living with HIV ~~with HIV disease~~; ensuring that Ryan White Part A funds are used to fill gaps; ensuring delivery of quality services; preparing and submitting Part A applications; assuring all services are in compliance with the HRSA Ryan White National Part A and Universal Monitoring Standards; limiting ~~grantee~~Recipient administrative costs; limiting contractor administrative costs; monitoring contracts; implementing Quality Management activities, advising the Council on HRSA mandates; and working with the Council to assess need, develop a Comprehensive Plan, coordinate with other Ryan White programs and services, and reallocate funds. According to HRSA, an employee of the ~~grantee~~Recipient may serve as a co-chair to the Planning Council, provided the bylaws of the planning council permit or specify that arrangement. At the current time, Council bylaws do not permit such an arrangement. The Manager of RWGA reports to the Executive Director of the Harris County Public Health Services Department (HCPHS) or his/her designee.

LOCALLY DEFINED RESPONSIBILITIES

HRSA clearly assigns responsibility for certain work products to specific entities. For example: the Planning Council is the only entity allowed to set service priorities and determine annual allocations. Similarly, the Administrative Agency is the only entity allowed to monitor contracts and collect agency-specific information. In areas where there is shared responsibility, it is agreed that, in the Houston EMA, the entity named below will have primary responsibility for initiating and completing the following:

Planning Council:

- Through the Needs Assessment process, determine the size and demographics of the population of individuals with HIV disease (Section VI, page 2).
- Determine the needs of such population.
- Adapt the HRSA defined service definitions to meet the local needs.
- Indicate to the ~~grantee~~Recipient, through the service definitions and standards of care, how the services are to be purchased.
- Determine the annual Part A service priorities.
- Determine the annual Part A allocations.
- Collaborate with the Administrative Agency in determining the Part A Standards of Care.
- Collaborate with the Administrative Agency in determining the Part A Performance ~~Outcome~~ Measures.

- Reallocate unspent or carryover funds in a timely manner (see below under Administrative Agency for an explanation of the 10% rule).
- Through Council membership and joint activities, such as the Needs Assessment process, coordinate with other Ryan White programs and services.
- According to HRSA mandates, produce the Comprehensive Needs Assessment that is currently required at least every three (3) years.
- According to HRSA mandates, produce and update the Integrated HIV Prevention and Care Services ~~Comprehensive~~ Plan that is currently required at least every five (5) ~~three (3)~~ years.
- Produce the Blue Book so long as it is a Council-approved priority. Work with the Harris County Purchasing Department to procure a printer for the final product.
- Procure vendors for specific work products where the contract is under $25,000 and no formal RFP process is needed. Provide system-wide guidance regarding the Continuum of Care, client eligibility and preferred treatment strategies, at a minimum meeting HHS treatment guidelines, in order that HCPHS/RWGA can implement the Centralized Patient Care Data Management System (CPCDMS) in a manner supportive of the Council's annual implementation plan and approved ~~Comprehensive~~ Integrated Plan. Examples of such guidance include the Council's approved stance on de-identified client-level data collection (i.e., no names or other identifying information stored in the CPCDMS) and applicable goals and objectives listed in the Integrated ~~Comprehensive~~ Plan.

RWPC Office of Support Staff:

- Provide guidance to the Council on HRSA and County policy that relates to Council processes and work products.
- Provide guidance and leadership to the Council in order to ensure the Council accomplishes all required and necessary goals and objectives.
- At the beginning of each grant year (i.e., January and February) meet with all stakeholders in the Ryan White Part A process to provide guidance and leadership in the Council's development and implementation of a timeline for all required Council work products that is consistent with published deadlines. Inform and advise the Council on multi-year and/or recurring processes such as needs assessment and integrated ~~comprehensive~~ planning in order that the Council is appropriately informed of its deadlines and expected work products.
- Coordinate and staff all Council processes except the workgroups for Standards of Care and Performance ~~Outcome~~ Measures.
- If an outside vendor is utilized, supervise the vendor contract for the Comprehensive Needs Assessment.
- If an outside vendor is utilized, supervise the vendor contract for the Integrated ~~Comprehensive~~ Plan.
- Work with the Council to develop the Blue Book. The Office of Support will work with the Purchasing Department to secure and supervise the printer and other vendors needed to produce the document.
- Provide RWPC-related information required for the submission of the annual HRSA grant application in a timely manner in order that HCPH~~S~~/RWGA can prepare the ~~annual~~ grant application and non-competing renewable funding request for review and submission by the CEO.

Administrative Agency:

- Provide the Council with accurate, timely, aggregate service category and other information needed for the different Council processes such as the *How to Best Meet the Need*, priority setting, annual allocations and other processes.
- Collaborate with the Planning Council in determining the Part A Standards of Care.

- Collaborate with the Planning Council in determining the Part A Performance ~~Outcome~~ Measures.
- Coordinate and staff the Part A Standard of Care and Outcome Measures workgroups in order to ensure appropriate interface with the Quality Management Program and because Standards of Care must also reflect the HRSA Ryan White Part A National Programmatic, Fiscal and Universal Monitoring Standards, the current Part A grant guidance, conditions of award and more.
- Reallocate funds per Council-approved decisions. Inform the Council no later than the next scheduled Planning Council Steering Committee meeting of any allocation changes made under the Houston RWPC-approved "10% rule". The 10% rule allows the administrative agency to shift funds between Service Categories without prior Council approval so long as the funds shifted are no more than 10% of the current approved Council allocation for either service category affected by the change.
- Prepare the Houston EMA HRSA grant application and non-competing renewal funding request for review and submission to HRSA by the CEO.
- Implement and maintain the de-identified client-level data system used in the Houston EMA. The data system used by HCPH~~S~~/RWGA is the Centralized Patient Care Data Management System (CPCDMS). The CPCDMS is the property of HCPH~~S~~/RWGA and is used to securely collect and store HRSA- and RWPC- required data on client utilization, client demographics, medical and co-morbidity information, health outcomes and to enable the ~~grantee~~Recipient to implement the HRSA-mandated Quality Management program.
- Inform the Council in an ongoing and timely manner of issues surrounding automated client-level data collection, changing data requirements from HRSA and other stakeholders, future technology changes and potential future issues of concern to Houston EMA stakeholders (e.g. interface with the State's Take Charge Texas ~~ARIES~~ data system for RW Part B data collection by TDSHS).

PROCEDURES

Meetings: Please refer to Council bylaws, policies and procedures for details regarding protocol for Council members. This section is devoted to outlining staff functions in relationship to Council protocol. Regarding the Administrative Agent and Office of Support:

- Staff representation from the Office of Support will be provided at all regular Council meetings including standing committees, ad-hoc and workgroup meetings. Staff representation from RWGA will be provided as appropriate.
- In an effort to help chairs and other attendees delineate between members of the voting body, staff and the general public, neither staff nor members of the general public will sit at the table with Council or committee members while business is being conducted. Because of the more informal nature of the Affected Community Committee and most workgroups, the chair of the committee or workgroup may choose to make an exception to this rule by allowing the general public to sit at the table and participate in discussion throughout the meeting. Only members of the committee may vote at a committee meeting. See the Council policy regarding voting at workgroup meetings.
- Staff will provide data and give periodic reports to the Planning Council during time allotted on the meeting agenda.
- Additional insights and suggestions from staff will be given to the Planning Council during meetings in the following manner:
    - Staff and Planning Council members will request permission from the Chairperson before providing input or requesting information from other members of the group.

Requesting Information: Council committees and workgroups will follow Council-approved policy and procedures to request information from the Office of Support or RWGA. This may be done via a standardized

form or, in more informal situations, by request of the Council Chair or Vice Chair, Committee Chair or Co-Chair, or workgroup Chair as applicable. Individual Council members should make requests for information through the Committee or workgroup chair as described above.

Distributing Information to the Council, its Committees and Work Groups: Information will be delivered to the Manager of the Office of Support for distribution to the Council, its Committees and workgroups. The Manager will determine the appropriate process to be used to disseminate the information. When providing information, please keep the following in mind:

1.) Requests requiring Council or committee approval must be submitted in writing eight days before the date of the meeting.

2.) If the information does not require approval, submission of the information eight days before the date of the meeting is preferred.

3.) Once a workgroup or committee has created a recommendation in response to the request, the chair of the Committee, workgroup or designee will be responsible for moving the request forward and speaking on behalf of the request.

Verifying Information. Any member of this MOU can question accuracy and request sources to support or verify reports and other information. When accuracy is questioned within the context of a Council or Committee meeting, the chair can ask the entity that submitted the document or report to verify the information at the next meeting. It is incumbent on the one who submitted the document or report to verify the source and attest to its accuracy. While the information is being verified, it is important that decision-making continue and that the information be treated as valid to the extent possible.

However, it is the responsibility of HCPHS/RWGA and RWPC Office of Support staff to provide guidance to the Council regarding HRSA policy, County rules and procedures and other relevant information necessary for the Council to perform its responsibilities in an appropriate and timely manner. Therefore, information provided to the Council or its committees by staff is expected to be accurate and relevant to the issue or question being discussed and Stakeholders should respect such information. When necessary, more detail regarding the accuracy or applicability of such information may be requested, however such requests must not infringe upon established roles and responsibilities under the Ryan White Program (e.g., Council members may not, in their role as Council members, request agency or contract-specific information). Office of Support and HCPHS/RWGA staff are responsible for ensuring the overall Ryan White Part A grant process complies with all applicable HRSA guidelines and other Federal, State and local laws, rules and guidelines.

Proof Reading the ~~Annual~~ Ryan White Part A Grant Application: The Administrative Agency will provide the Office of Support with a draft copy of the application for review by the Council. Notwithstanding HRSA giving ~~grantee~~Recipients less than the customary 60 days to prepare and submit the annual Part A grant application, the Council will nominally have one week (7 calendar days) to review the application and suggest corrections, edits or improvements. The Office of Support will be responsible for collecting and collating the comments and sending these to the Administrative Agency in a timely manner.

Contracting with outside vendors: Any contracting process that requires issuing an RFP or Interlocal Agreement shall be the responsibility of the Administrative Agency.

Reviewing and Updating the MOU: Annually in October of each year the Operations Committee of the Ryan White Planning Council will contact the principal Stakeholders (i.e., RWPC, RWPC Office of Support, CEO and Administrative Agency) in this MOU to see if any of the Stakeholders wish to review and/or revise the document.

This annual process will provide an opportunity for Stakeholders to ensure the MOU will continue to be responsive to the needs and responsibilities of all concerned.

THE DO'S AND DON'TS OF COUNCIL PARTICIPATION: As members of a planning body, there are a number of areas where HRSA and/or county legislation mandates Council participation. The following is not a complete list, but strives to address areas where there are more likely to be questions.

DO's	DON'T's
✓ Do use Robert's Rules of Order in Meetings	✓ Don't ignore the Chairperson and interrupt others who have been called upon to speak.
✓ When giving reports, do present key information your committee used to make a decision.	✓ Don't offer your personal opinion.
✓ Do ask for questions and think beyond your own situation.	✓ Don't force your point of view on others.
✓ Do make a motion for action.	✓ Don't repeat what everyone else has just stated.
✓ Do attend meetings in order to listen and learn.	✓ Don't feel intimidated and stop participating.
✓ Do share your concerns and ask questions.	✓ Don't vote for something you don't understand.
✓ Do come to meetings prepared.	✓ Don't ignore your meeting packets.
✓ Do work with other committee members to determine the information needs of the committee and have the committee chair ask the staff to prepare the information.	✓ As a Council member, don't ask the staff to prepare reports for your agency or personal use.
✓ Do assess how well services that are funded by the ~~grantee~~Recipient address the planning council's priorities, allocations and instructions for addressing these priorities.	✓ Don't evaluate how well services are being delivered and the cost effectiveness of such services which are to be undertaken separately under the leadership of the ~~grantee~~Recipient.
✓ Do assess the administrative mechanism in the following ways: 1.) evaluate how well the ~~grantee~~Recipient manages to get funds to providers by reviewing how quickly contracts with service providers are signed and how long the ~~grantee~~Recipient takes to pay providers. 2.) Review whether the funds are used to pay only for services that were identified as priorities by the planning council and whether all the funds were spent. 3.) Evaluate how well services funded by Ryan White Part A are meeting community needs.	✓ Don't evaluate the ~~grantee~~Recipient or individual service providers, which is a ~~grantee~~Recipient responsibility.

✓ **Do review and discuss aggregate data about service categories.**	✓ **Don't get directly involved in the administration of the grant or be involved in the selection of particular entities as recipients of Part A funds.**

Signed By:

County Judge Lina Hidalgo ~~Ed Emmett~~	Date
~~Morénike Giwa~~Crystal Renee Starr, Chair Houston Ryan White Planning Council	Date
~~Charles Henley~~Heather Keizman, Interum Manager HCPHS/Ryan White Grant Administration	Date
Victoria "Tori" Williams, Director ~~Manager~~, Office of Support, Houston Ryan White Planning Council	Date

Ryan White Planning Council Committee
INFORMATION REQUEST FORM

Signature of Committee Chair: _____ Date: _____

Name of Committee Chair: ~~Liaison~~: _____

Telephone:_____

Email Address:_____ Due date:_____(Min. of 30 Days From Date of Request)

Question you want answered. (ex. How many youth are in primary care?)

In what form/s would you like the information (please check all that apply)

Word Table___ Word Chart___ Word Text___PowerPoint presentation____
Excel Table___ Excel Chart___ SPSS Table___ SPSS Chart____
Other: (Please
Describe)_____

In order that we might present the information in the most useful format for you, please indicate how you plan to use the data

.

Thank you. Email ~~Fax~~ this form to: Victoria.williams@cjo.hctx.net. ~~713-572-3740~~
~~ATTENTION: Health Planner~~

Date request filled: _____

Received by_____ Date Received: _____

Quality Improvement Committee Report

Prepared by: Ryan White Grant Administration

FY 2022 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 2nd Quarter (3/1-8/31)

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	6,167	75%	23%	2%	43%	13%	3%	41%	0%	0%	4%	27%	28%	12%	27%	2%
1.a	Primary Care - Public Clinic (a)	2,350	2,125	72%	27%	1%	40%	9%	2%	49%	0%	0%	2%	16%	27%	14%	38%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	1,659	70%	27%	3%	98%	0%	1%	0%	0%	0%	6%	37%	28%	10%	17%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,384	82%	15%	4%	0%	0%	0%	100%	0%	0%	6%	31%	30%	12%	20%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	608	86%	13%	1%	0%	84%	16%	0%	0%	0%	3%	27%	26%	10%	33%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	499	71%	28%	1%	42%	23%	2%	33%	0%	0%	2%	29%	30%	11%	26%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	570	0%	99%	1%	49%	5%	1%	44%	0%	0%	2%	9%	26%	17%	42%	4%
1.g	Primary Care - Pediatric (a)	7	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!
1.h	Vision	1,600	1,524	74%	24%	2%	46%	13%	2%	39%	0%	0%	4%	23%	25%	12%	31%	5%
2	Medical Case Management (f)	3,075	3,054															
2.a	Clinical Case Management	600	572	74%	25%	1%	50%	13%	1%	35%	0%	0%	3%	22%	26%	13%	30%	6%
2.b	Med CM - Targeted to Public Clinic (a)	280	328	91%	7%	2%	51%	12%	2%	36%	0%	0%	2%	24%	26%	9%	34%	5%
2.c	Med CM - Targeted to AA (a)	550	882	67%	30%	3%	99%	0%	1%	0%	0%	0%	4%	29%	25%	11%	27%	4%
2.d	Med CM - Targeted to H/L(a)	550	408	78%	16%	6%	0%	0%	0%	100%	0%	1%	7%	28%	27%	11%	24%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	294	84%	13%	3%	0%	91%	9%	0%	0%	0%	2%	19%	26%	11%	34%	8%
2.f	Med CM - Targeted to Rural (a)	150	310	68%	31%	1%	40%	32%	2%	26%	0%	0%	3%	24%	27%	11%	30%	5%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	134	0%	99%	1%	66%	11%	3%	20%	0%	0%	1%	22%	28%	12%	31%	7%
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	119	97%	3%	0%	71%	21%	1%	8%	0%	0%	0%	0%	3%	3%	46%	48%
2.j	Med CM - Targeted to Youth	120	7	86%	14%	0%	43%	29%	0%	29%	0%	0%	100%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	4,214	75%	22%	3%	45%	12%	3%	40%	0%	0%	3%	25%	29%	13%	27%	2%
4	Oral Health	200	226	70%	29%	1%	35%	29%	2%	34%	0%	0%	3%	20%	26%	15%	31%	5%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	226	70%	29%	1%	35%	29%	2%	34%	0%	0%	3%	20%	26%	15%	31%	5%
5	Mental Health Services (d)	NA	NA															
6	Health Insurance	1,700	1,301	80%	19%	2%	41%	27%	3%	28%	0%	0%	1%	13%	16%	10%	43%	17%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	7	100%	0%	0%	14%	57%	14%	14%	0%	14%	0%	29%	29%	0%	29%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	375	74%	24%	1%	43%	20%	4%	33%	0%	0%	1%	7%	17%	9%	50%	15%
11	Hospice Services (d)	NA	NA															
12	Outreach	700	451	77%	19%	4%	59%	15%	0%	25%	0%	0%	4%	29%	27%	9%	26%	5%
13	Non-Medical Case Management	7,045	5,253															
13.a	Service Linkage Targeted to Youth	320	126	76%	24%	0%	52%	4%	2%	42%	0%	16%	84%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	58	72%	26%	2%	57%	9%	5%	29%	0%	0%	0%	48%	34%	7%	10%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	2,226	69%	30%	1%	49%	9%	2%	40%	0%	0%	0%	18%	25%	13%	38%	6%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	2,843	75%	22%	3%	54%	13%	3%	31%	0%	0%	4%	29%	24%	10%	28%	5%
14	Transportation	2,850	1,409															
14.a	Transportation Services - Urban	170	523	67%	31%	2%	60%	7%	3%	30%	0%	0%	5%	25%	24%	10%	30%	5%
14.b	Transportation Services - Rural	130	110	63%	35%	2%	29%	32%	2%	37%	0%	0%	5%	18%	18%	17%	32%	10%
14.c	Transportation vouchering	2,550	776															
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	NA	1,197	75%	23%	2%	46%	9%	2%	43%	0%	0%	3%	23%	28%	12%	30%	3%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
*Net unduplicated clients served - all categories**		12,941	11,569	74%	23%	2%	48%	14%	2%	36%	0%	0%	4%	24%	25%	11%	30%	6%
Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)		NA																

Available Data As Of: 10/14/2022

Prepared by: Ryan White Grant Administration

FY 2022 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 2nd Quarter (03/01 - 08/31)

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	1,310	71%	25%	3%	99%	0%	1%	0%	0%	0%	6%	35%	28%	10%	19%	2%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,191	82%	14%	4%	0%	0%	0%	100%	0%	0%	5%	32%	30%	13%	19%	1%
2	**Medical Case Management (f)**																	
2.c	Med CM - Targeted to AA (a)	1,060	525	80%	16%	3%	46%	16%	3%	35%	0%	0%	6%	35%	29%	10%	19%	1%
2.d	Med CM - Targeted to H/L(a)	960	362	69%	28%	3%	59%	13%	3%	26%	0%	3%	5%	21%	26%	13%	23%	10%

RW Part A New Client Service Utilization Report - 2nd Quarter (03/01-08/31)

Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/22- 2/28/23)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Primary Medical Care**	**2,100**	**1,023**	**80%**	**18%**	**2%**	**46%**	**14%**	**3%**	**38%**	**0%**	**1%**	**8%**	**34%**	**28%**	**9%**	**2%**	**19%**
2	**LPAP**	**1,200**	**432**	**80%**	**16%**	**3%**	**46%**	**16%**	**3%**	**35%**	**0%**	**0%**	**6%**	**35%**	**29%**	**10%**	**1%**	**19%**
3.a	Clinical Case Management	400	39	69%	28%	3%	59%	13%	3%	26%	0%	3%	5%	21%	26%	13%	10%	23%
3.b-3.h	Medical Case Management	1,600	527	78%	20%	2%	47%	17%	2%	34%	0%	0%	7%	35%	24%	8%	4%	22%
3.i	Medical Case Manangement - Targeted to Veterans	60	12	100%	0%	0%	58%	25%	8%	8%	0%	0%	0%	0%	8%	8%	42%	42%
4	**Oral Health**	**40**	**19**	**63%**	**37%**	**0%**	**47%**	**26%**	**11%**	**16%**	**0%**	**0%**	**5%**	**32%**	**16%**	**11%**	**11%**	**26%**
12.a. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	**3,700**	**1,067**	**75%**	**24%**	**1%**	**52%**	**13%**	**3%**	**31%**	**0%**	**1%**	**6%**	**29%**	**25%**	**10%**	**24%**	**4%**
12.b	**Service Linkage at Testing Sites**	**260**	**50**	**76%**	**22%**	**2%**	**58%**	**10%**	**4%**	**28%**	**0%**	**4%**	**30%**	**26%**	**28%**	**6%**	**6%**	**0%**

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)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served

Available Data As Of: 10/14/2022

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 Reconcilation	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**	**-15,437**	**0**	**0**	**0**	**10,950,351**	**45.46%**	**10,750,351**	**200,000**		**2,620,157**	**24%**	**42%**
1.a	Primary Care - Public Clinic (a)	3,927,300					3,927,300	16.30%	3,927,300	0	3/1/2022	$340,227	9%	42%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576					1,064,576	4.42%	1,064,576	0	3/1/2022	$587,788	55%	42%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551					910,551	3.78%	910,551	0	3/1/2022	$502,381	55%	42%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924					1,147,924	4.77%	1,147,924	0	3/1/2022	$296,939	26%	42%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000					1,100,000	4.57%	1,100,000	0	3/1/2022	$434,630	40%	42%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000					2,100,000	8.72%	2,100,000	0	3/1/2022	$226,873	11%	42%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437				0	0.00%	0	0	3/1/2022	$0	0%	0%
1.h	Vision	500,000					500,000	2.08%	500,000	0	3/1/2022	$231,320	46%	42%
1.x	Primary Care Health Outcome Pilot	200,000					200,000	0.83%	0	200,000		$0	#DIV/0!	42%
2	**Medical Case Management**	**1,730,000**	**-90,051**	**0**	**0**	**0**	**1,639,949**	**6.81%**	**1,639,949**	**0**		**596,869**	**36%**	**42%**
2.a	Clinical Case Management	488,656					488,656	2.03%	488,656	0	3/1/2022	$284,114	58%	42%
2.b	Med CM - Public Clinic (a)	277,103					277,103	1.15%	277,103	0	3/1/2022	$42,689	15%	42%
2.c	Med CM - Targeted to AA (a) (e)	169,009					169,009	0.70%	169,009	0	3/1/2022	$96,404	57%	42%
2.d	Med CM - Targeted to H/L (a) (e)	169,011					169,011	0.70%	169,011	0	3/1/2022	$36,041	21%	42%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186					61,186	0.25%	61,186	0	3/1/2022	$34,524	56%	42%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.14%	273,760	0	3/1/2022	$52,828	19%	42%
2.g	Med CM - Women at Public Clinic (a)	75,311					75,311	0.31%	75,311	0	3/1/2022	$16,827	22%	42%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	-90,051				0	0.00%	0	0	3/1/2022	$0	0%	0%
2.i	Med CM - Targeted to Veterans	80,025					80,025	0.33%	80,025	0	3/1/2022	$25,311	32%	42%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.19%	45,888	0	3/1/2022	$8,131	18%	42%
3	**Local Pharmacy Assistance Program**	**1,810,360**	**200,000**	**0**	**0**	**0**	**2,010,360**	**8.35%**	**2,010,360**	**0**	3/1/2022	**$661,144**	**33%**	**42%**
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360					310,360	1.29%	310,360	0	3/1/2022	$52,633	17%	42%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	200,000				1,700,000	7.06%	1,700,000	0	3/1/2022	$608,511	36%	42%
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.69%**	**166,404**	**0**	3/1/2022	**97,750**	**59%**	**42%**
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					166,404	0.69%	166,404	0	3/1/2022	$97,750	59%	42%
5	**Health Insurance (c)**	**1,383,137**	**431,299**	**138,285**	**0**	**0**	**1,952,721**	**8.11%**	**1,952,721**	**0**	3/1/2022	**$789,381**	**40%**	**42%**
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**					**341,395**	**1.42%**	**341,395**	**0**	**3/1/2022**	**$166,896**	**49%**	**42%**
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 (c)**	**45,677**	**0**	**0**	**0**	**0**	**45,677**	**0.19%**	**45,677**	**0**	3/1/2022	**$2,081**	**5%**	**42%**
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**	**0**	**0**	**0**	**0**	**1,267,002**	**5.26%**	**1,267,002**	**0**	**3/1/2022**	**$507,721**	**40%**	**42%**
13.a	Service Linkage targeted to Youth	110,793					110,793	**0.46%**	110,793	0	3/1/2022	$30,994	28%	42%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000					100,000	**0.42%**	100,000	0	3/1/2022	$49,511	50%	42%
13.c	Service Linkage at Public Clinic (a)	370,000					370,000	**1.54%**	370,000	0	3/1/2022	$89,013	24%	42%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209					686,209	**2.85%**	686,209	0	3/1/2022	$338,203	49%	42%
13.e	SLW-Substance Use	0					0	**0.00%**	0	0	NA	$0	0%	0%
14	**Medical Transportation**	**424,911**	**0**	**0**	**0**	**0**	**424,911**	**1.76%**	**424,911**	**0**		**172,052**	**40%**	**42%**
14.a	Medical Transportation services targeted to Urban	252,680					252,680	1.05%	252,680	0	3/1/2022	$138,698	55%	42%
14.b	Medical Transportation services targeted to Rural	97,185					97,185	0.40%	97,185	0	3/1/2022	$33,354	34%	42%
14.c	Transportation vouchering (bus passes & gas cards)	75,046					75,046	0.31%	75,046	0	3/1/2022	$0	0%	42%

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
15	**Emergency Financial Assistance**	1,545,439	189,168	750,000	0	0	2,484,607	10.32%	2,484,607	0		477,765	19%	42%
16.a	EFA - Pharmacy Assistance	1,305,439	189,168	750,000			2,244,607	9.32%	2,244,607	0	3/1/2022	$425,101	19%	42%
16.b	EFA - Other	240,000					240,000	1.00%	240,000	0	3/1/2022	$52,664	22%	42%
16	**Linguistic Services (c)**	0	0				0	0.00%	0	0	NA	$0	0%	0%
17	**Outreach**	420,000					420,000	1.74%	420,000	0	3/1/2022	$107,454	26%	42%
BEU27516	**Total Service Dollars**	20,100,113	714,979	888,285	0	0	21,703,377	90.10%	21,503,377	200,000		6,199,270	29%	42%
	Grant Administration	1,795,958	169,915	0	0	0	1,965,873	8.16%	1,965,873	0	N/A	791,144	40%	42%
BEU27517	HCPH/RWGA Section	1,271,050	169,915	0		0	1,440,965	5.98%	1,440,965	0	N/A	$532,014	37%	42%
PC	RWPC Support*	524,908			0	0	524,908	2.18%	524,908	0	N/A	259,131	49%	42%
BEU27521	**Quality Management**	412,940		0	0	0	412,940	1.71%	412,940	0	N/A	$150,588	36%	42%
		22,309,011	884,894	888,285	0	0	24,082,190	99.98%	23,882,190	200,000		7,141,003	30%	42%
								Unallocated	Unobligated					
	Part A Grant Award:	23,198,771	*Carry Over:*	888,285		*Total Part A:*	24,087,056	4,866	200,000					

		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	525,811	138,285	0	0	17,106,857	78.82%	4,144,897	78.17%
	Non-Core (may not exceed 25% of total service dollars)	3,657,352	189,168	750,000	0	0	4,596,520	21.18%	1,157,538	21.83%
	Total Service Dollars (does not include Admin and QM)	20,100,113	714,979	888,285	0	0	21,703,377		5,302,436	
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	169,915	0	0	0	1,965,873	7.41%		
	Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.56%		

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		1,048,575	50%	42%
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	$544,775	51%	42%
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	$503,800	48%	42%
2	**Medical Case Management**	320,100	0	0	0	0	320,100	13.18%	320,100	0		$105,236	33%	42%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	6.59%	160,050	0	3/1/2022	$67,024	42%	42%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	6.59%	160,050	0	3/1/2022	$38,212	24%	42%
	Total MAI Service Funds	2,322,960	104,950	0	0	0	2,427,910	100.00%	2,427,910	0		1,153,811	48%	42%
	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%
	Total MAI Funds	2,322,960	104,950	0	0	0	2,427,910	100.00%	2,427,910	0		1,153,811	48%	42%
	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												

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
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													

For complete copies of Standards of Care for Ryan White Part A/MAI and Part B/SS see the electronic copies attached to our email meeting reminders. If you want a hard copy of either document, call Tori at: 832-594-1929.

Thank you for helping us save lots of paper.

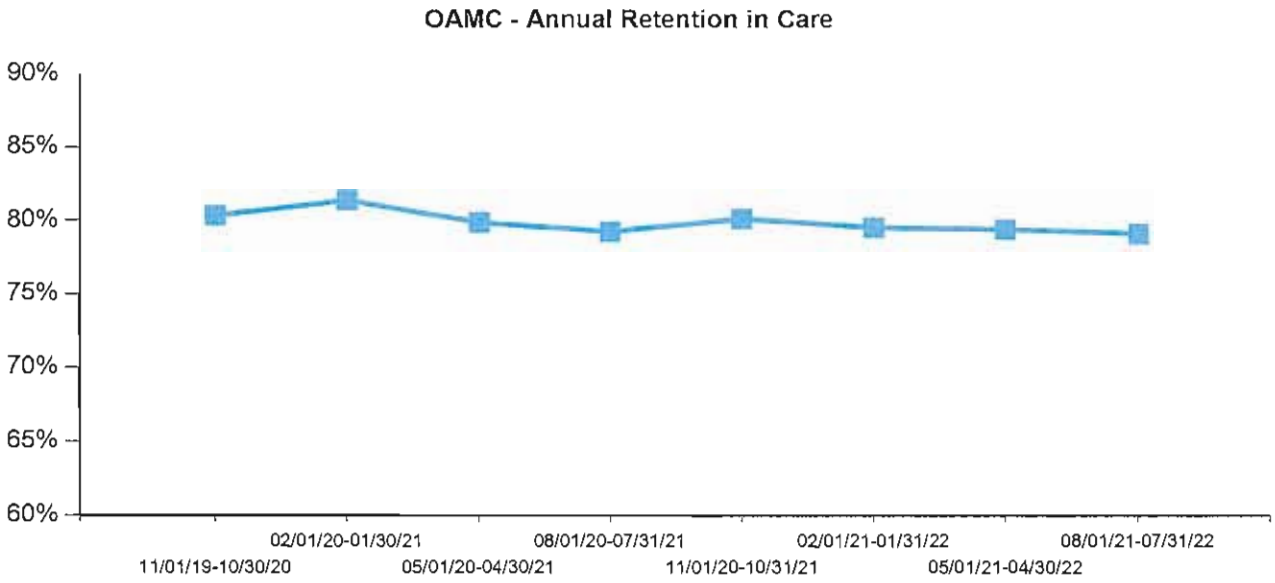
HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

Clinical Quality Management Committee Quarterly Report

Last Quarter Start Date: 8/1/2021

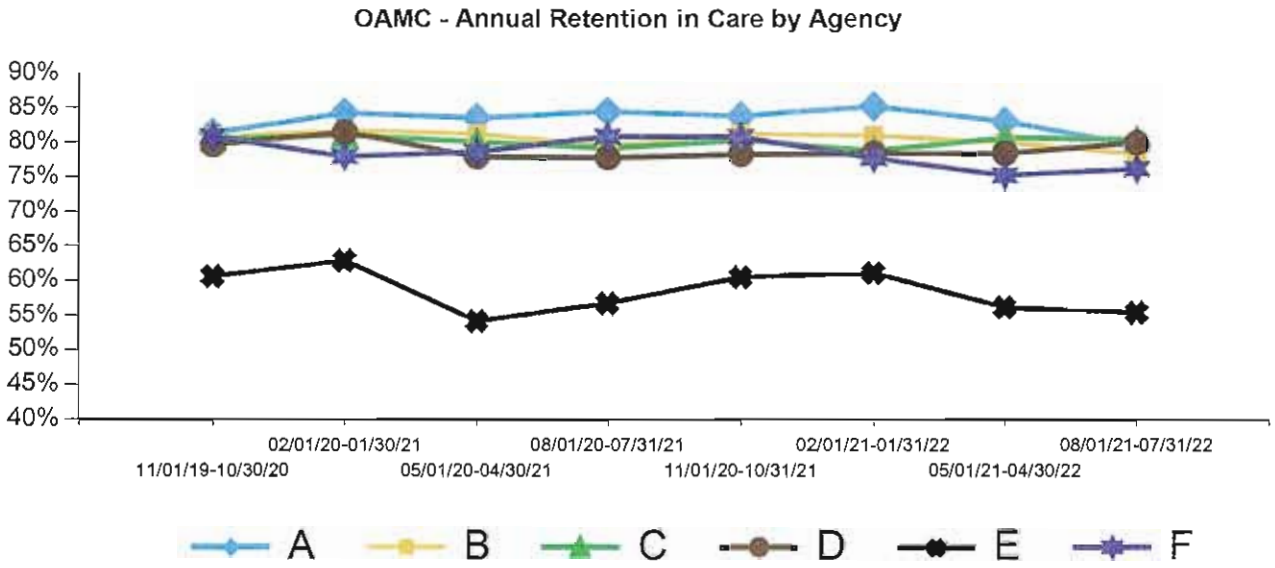
OAMC - Annual Retention in Care

	11/01/20 - 10/31/21	02/01/21 - 01/31/22	05/01/21 - 04/30/22	08/01/21 - 07/31/22
Number of clients in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year	6,520	6,340	6,377	6,355
Number of clients living with HIV who had at least one HIV medical encounter within the measurement year	8,138	7,975	8,033	8,036
Percentage	80.1%	79.5%	79.4%	79.1%
Change from Previous Quarter Results	0.9%	-0.6%	-0.1%	-0.3%



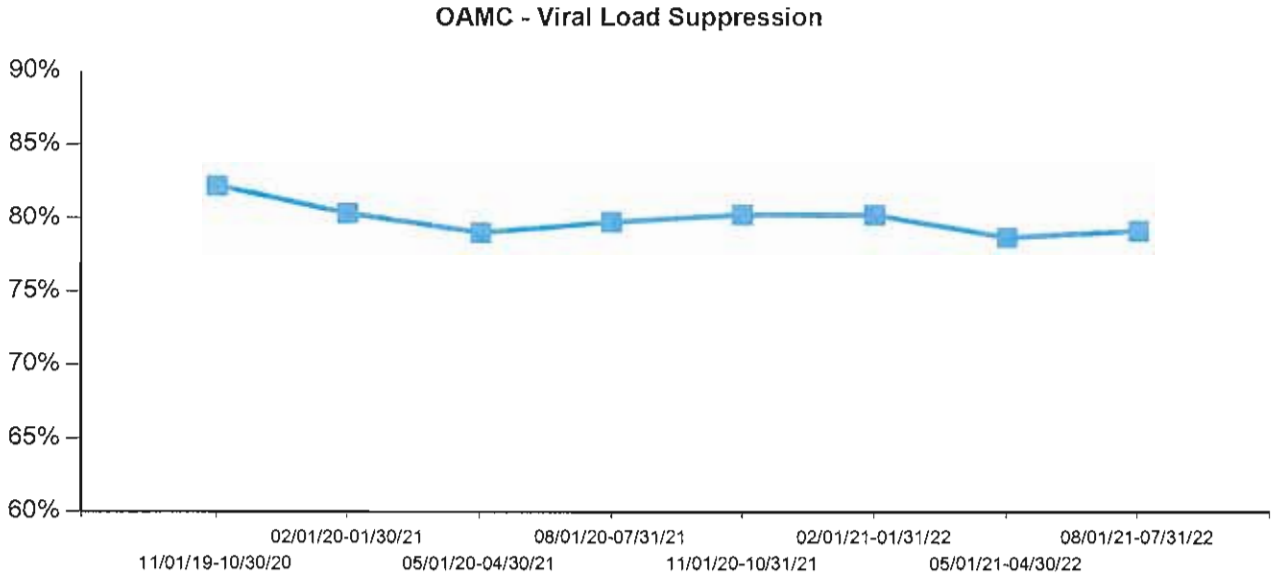
OAMC - Annual Retention in Care by Agency

	05/01/21 - 04/30/22						08/01/21 - 07/31/22					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year	559	1,750	2,028	1,600	41	501	609	1,676	2,012	1,616	41	505
Number of clients living with HIV who had at least one HIV medical encounter within the measurement year	673	2,189	2,514	2,042	73	666	766	2,140	2,502	2,022	74	663
Percentage	83.1%	79.9%	80.7%	78.4%	56.2%	75.2%	79.5%	78.3%	80.4%	79.9%	55.4%	76.2%
Change from Previous Quarter Results	-2.2%	-1.0%	1.9%	0.0%	-4.9%	-2.5%	-3.6%	-1.6%	-0.3%	1.6%	-0.8%	0.9%



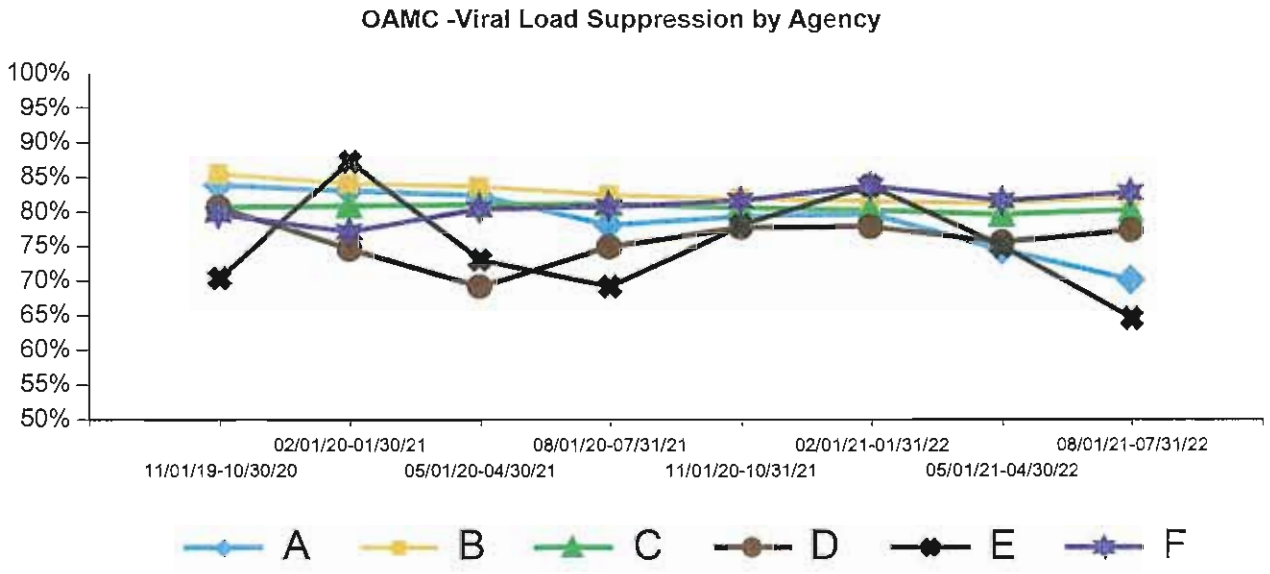
OAMC - Viral Load Suppression

	11/01/20 - 10/31/21	02/01/21 - 01/31/22	05/01/21 - 04/30/22	08/01/21 - 07/31/22
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	7,155	6,970	6,907	7,000
Number of clients living with HIV, with at least one medical visit in the measurement year	8,917	8,691	8,779	8,848
Percentage	80.2%	80.2%	78.7%	79.1%
Change from Previous Quarter Results	0.6%	0.0%	-1.5%	0.4%



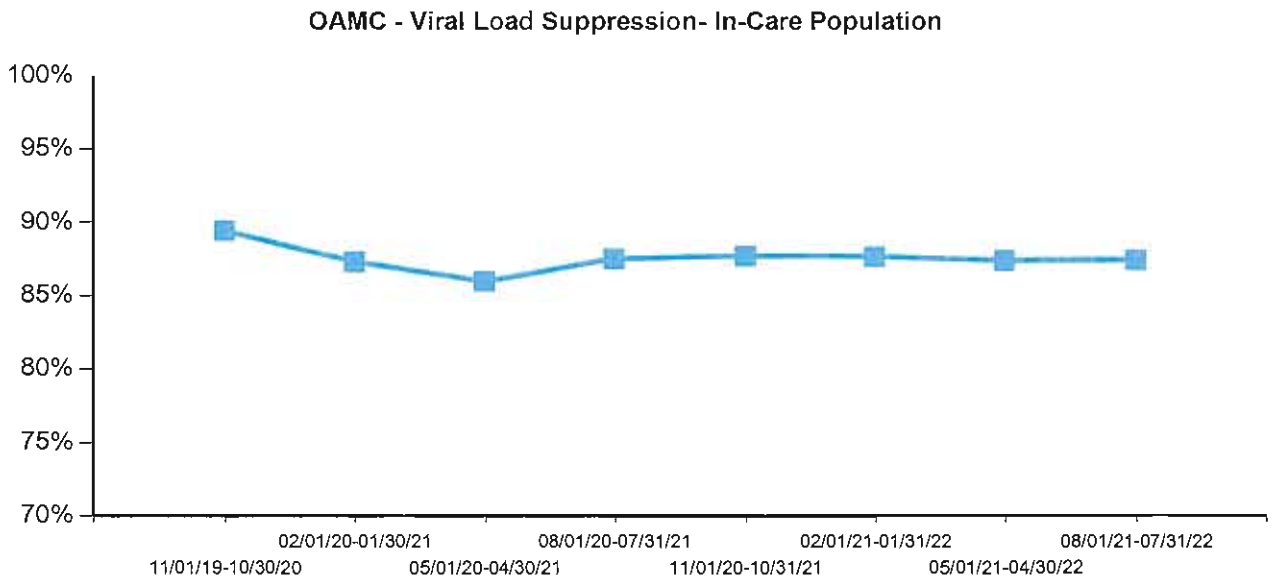
OAMC - Viral Load Suppression by Agency

	05/01/21 - 04/30/22						08/01/21 - 07/31/22					
	A	B	C	D	E	F	A	B	C	D	E	F
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	533	1,895	2,194	1,659	60	675	580	1,880	2,221	1,673	51	712
Number of clients living with HIV, with at least one medical visit in the measurement year	715	2,334	2,755	2,195	80	827	827	2,288	2,767	2,164	79	860
Percentage	74.5%	81.2%	79.6%	75.6%	75.0%	81.6%	70.1%	82.2%	80.3%	77.3%	64.6%	82.8%
Change from Previous Quarter Results	-5.2%	-0.3%	-0.6%	-2.2%	-8.8%	-2.1%	-4.4%	1.0%	0.6%	1.7%	-10.4%	1.2%



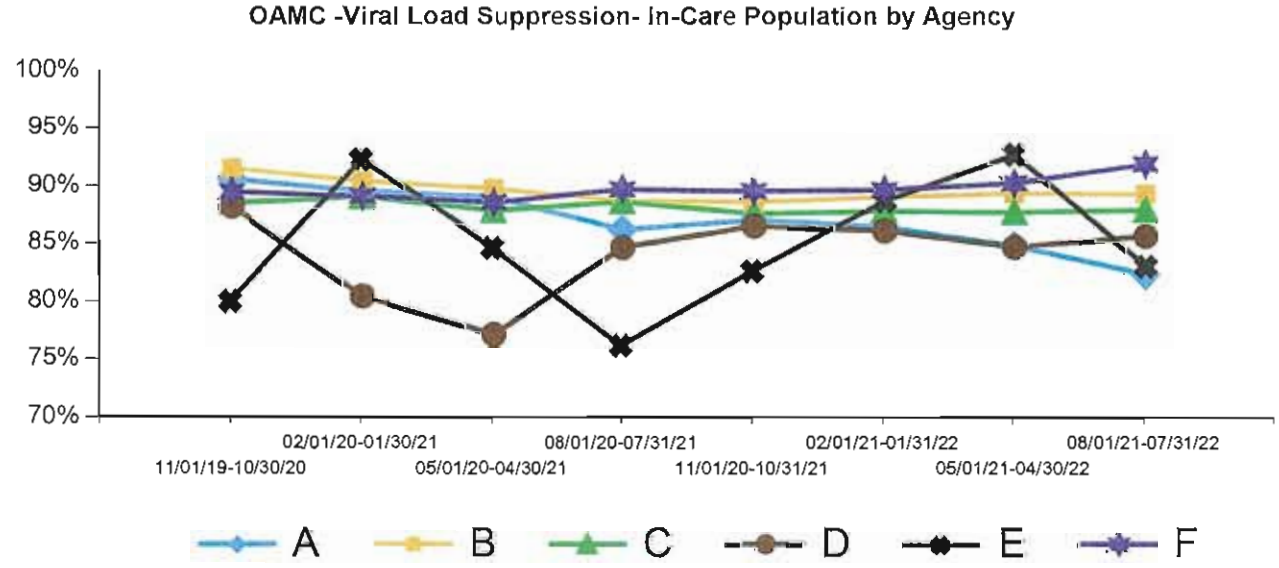
OAMC - Viral Load Suppression- In-Care Population

	11/01/20 - 10/31/21	02/01/21 - 01/31/22	05/01/21 - 04/30/22	08/01/21 - 07/31/22
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	5,720	5,559	5,574	5,557
Number of clients living with HIV, with two or more medical encounters, 90 days apart, in an HIV care setting in the measurement year	6,520	6,340	6,377	6,355
Percentage	87.7%	87.7%	87.4%	87.4%
Change from Previous Quarter Results	0.2%	0.0%	-0.3%	0.0%



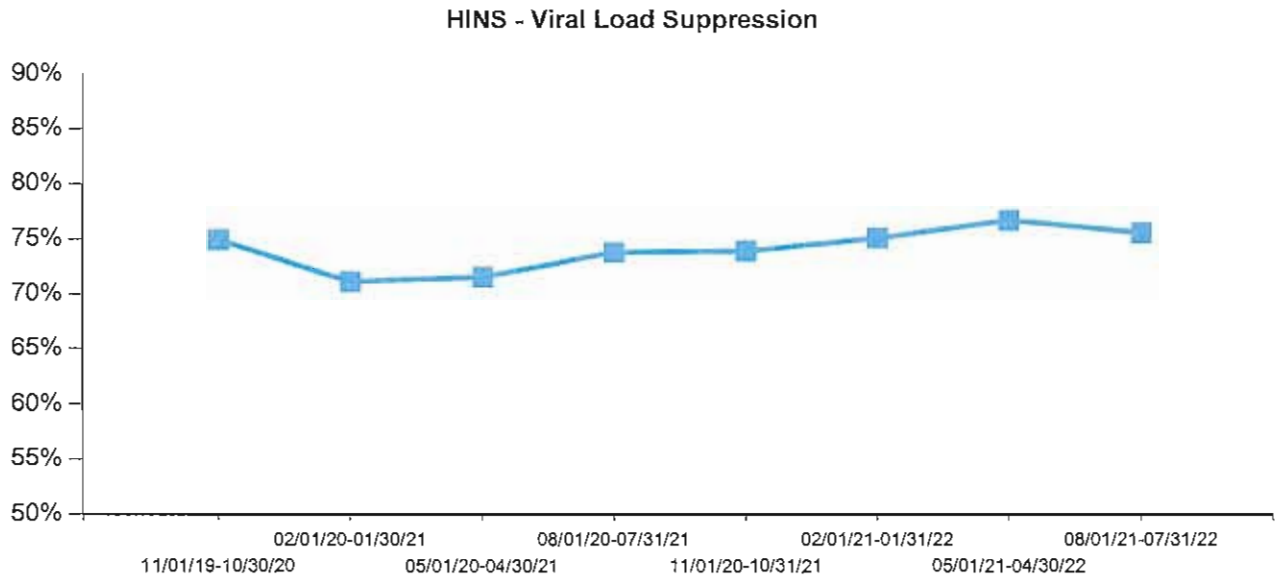
OAMC - Viral Load Suppression- In-Care Population by Agency

	05/01/21 - 04/30/22						08/01/21 - 07/31/22					
	A	B	C	D	E	F	A	B	C	D	E	F
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	474	1,563	1,778	1,354	38	452	501	1,496	1,768	1,383	34	464
Number of clients living with HIV, with two or more medical encounters, 90 days apart, in an HIV care setting in the measurement year	559	1,750	2,028	1,600	41	501	609	1,676	2,012	1,616	41	505
Percentage	84.8%	89.3%	87.7%	84.6%	92.7%	90.2%	82.3%	89.3%	87.9%	85.6%	82.9%	91.9%
Change from Previous Quarter Results	-1.6%	0.3%	-0.1%	-1.4%	4.0%	0.6%	-2.5%	-0.1%	0.2%	1.0%	-9.8%	1.7%



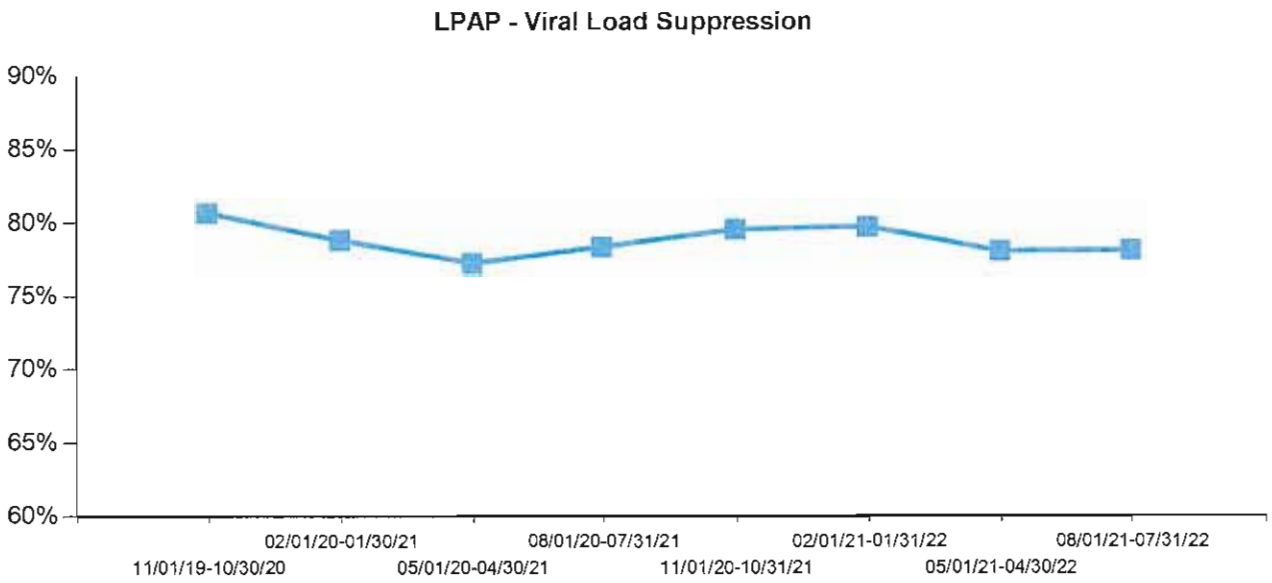
HINS - Viral Load Suppression

	11/01/20 - 10/31/21	02/01/21 - 01/31/22	05/01/21 - 04/30/22	08/01/21 - 07/31/22
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	1,637	1,733	1,789	1,776
Number of clients living with HIV, with 1 or more Health Insurance Assistance encounters in the measurement year	2,216	2,310	2,334	2,353
Percentage	73.9%	75.0%	76.6%	75.5%
Change from Previous Quarter Results	0.1%	1.1%	1.6%	-1.2%



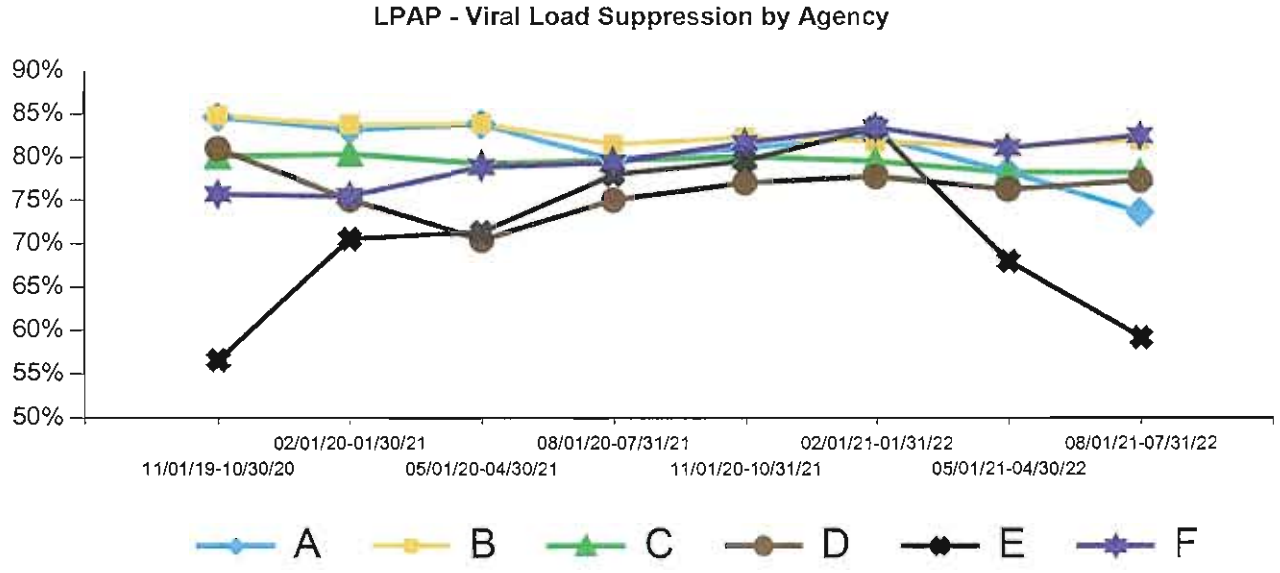
LPAP - Viral Load Suppression

	11/01/20 - 10/31/21	02/01/21 - 01/31/22	05/01/21 - 04/30/22	08/01/21 - 07/31/22
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	4,773	4,797	4,845	4,950
Number of clients living with HIV, with 1 or more Local Pharmaceutical Assistance Program encounters in the measurement year	5,999	6,016	6,206	6,337
Percentage	79.6%	79.7%	78.1%	78.1%
Change from Previous Quarter Results	1.2%	0.2%	-1.7%	0.0%



LPAP - Viral Load Suppression by Agency

	05/01/21 - 04/30/22						08/01/21 - 07/31/22					
	A	B	C	D	E	F	A	B	C	D	E	F
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	479	631	1,910	1,436	34	450	454	631	1,975	1,454	29	499
Number of clients living with HIV, with 1 or more Local Pharmaceutical Assistance Program encounters in the measurement year	611	778	2,440	1,882	50	555	616	770	2,525	1,880	49	605
Percentage	78.4%	81.1%	78.3%	76.3%	68.0%	81.1%	73.7%	81.9%	78.2%	77.3%	59.2%	82.5%
Change from Previous Quarter Results	-3.9%	-0.7%	-1.3%	-1.5%	-15.3%	-2.3%	-4.7%	0.8%	-0.1%	1.0%	-8.8%	1.4%



Footnotes:
1. Table/Chart data for this report run was taken from "ABR197 v1.1"

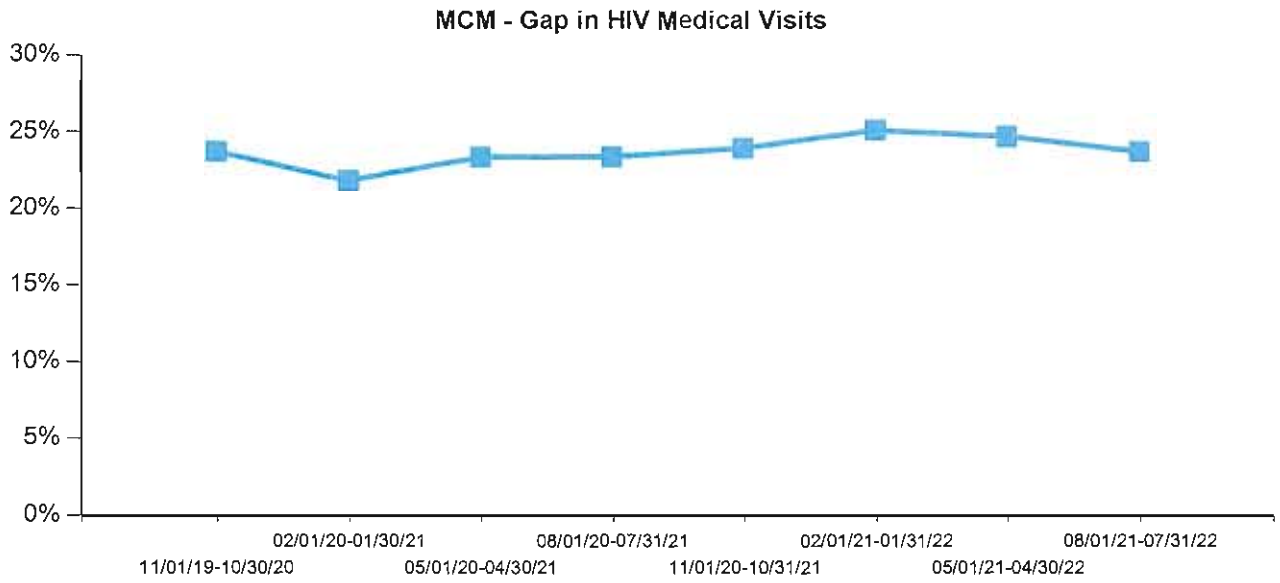
HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

Clinical Quality Management Committee Quarterly Report

Last Quarter Start Date: 8/1/2021

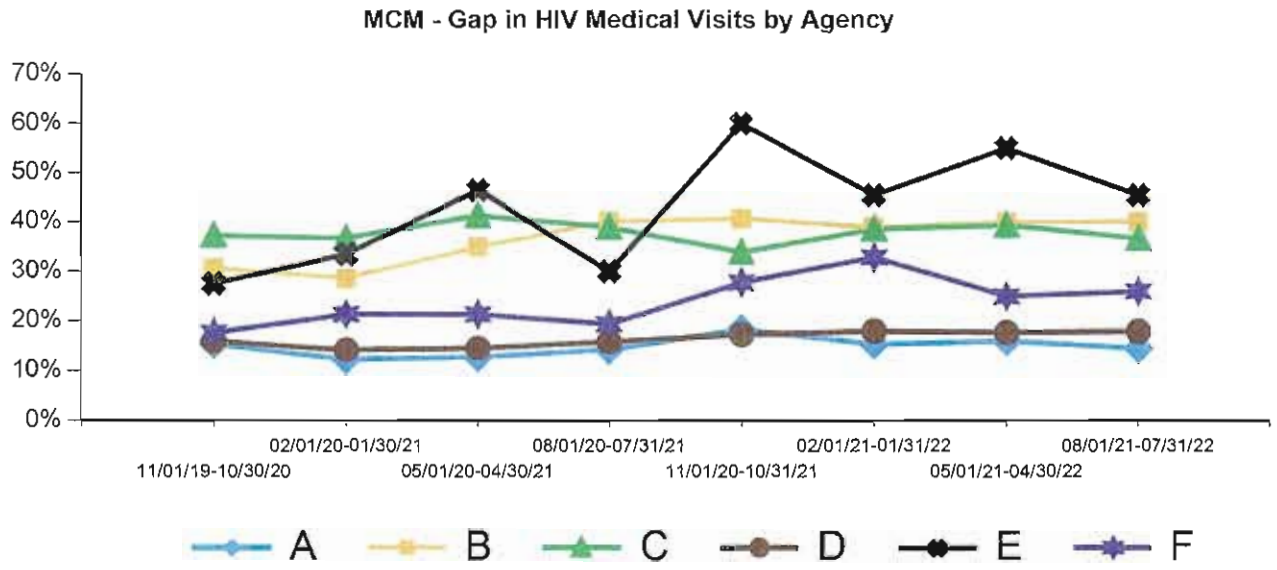
MCM - Gap in HIV Medical Visits

	11/01/20 - 10/31/21	02/01/21 - 01/31/22	05/01/21 - 04/30/22	08/01/21 - 07/31/22
Number of clients in the denominator who did not have a medical visit in the last 6 months of the measurement year	681	700	673	588
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	2,842	2,790	2,724	2,481
Percentage	24.0%	25.1%	24.7%	23.7%
Change from Previous Quarter Results	0.6%	1.1%	-0.4%	-1.0%



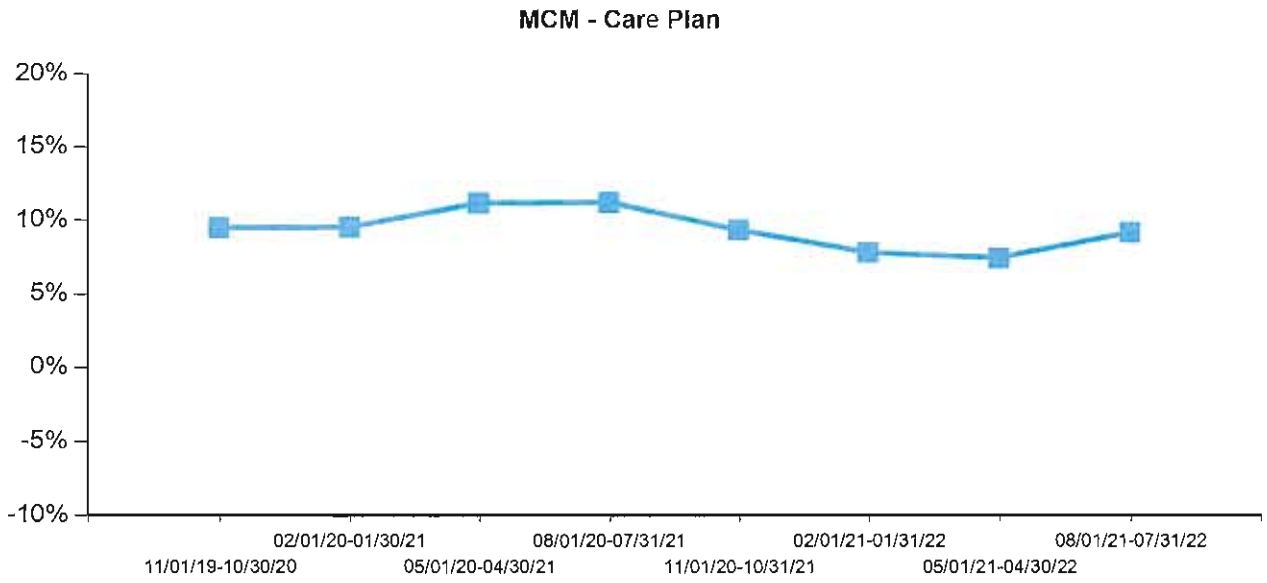
MCM - Gap in HIV Medical Visits by Agency

	05/01/21 - 04/30/22						08/01/21 - 07/31/22					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients in the denominator who did not have a medical visit in the last 6 months of the measurement year	61	151	172	232	11	45	53	137	126	218	10	45
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	383	379	438	1,322	20	181	368	343	344	1,225	22	174
Percentage	15.9%	39.8%	39.3%	17.5%	55.0%	24.9%	14.4%	39.9%	36.6%	17.8%	45.5%	25.9%
Change from Previous Quarter Results	0.7%	1.1%	0.8%	-0.3%	9.5%	-7.9%	-1.5%	0.1%	-2.6%	0.2%	-9.5%	1.0%



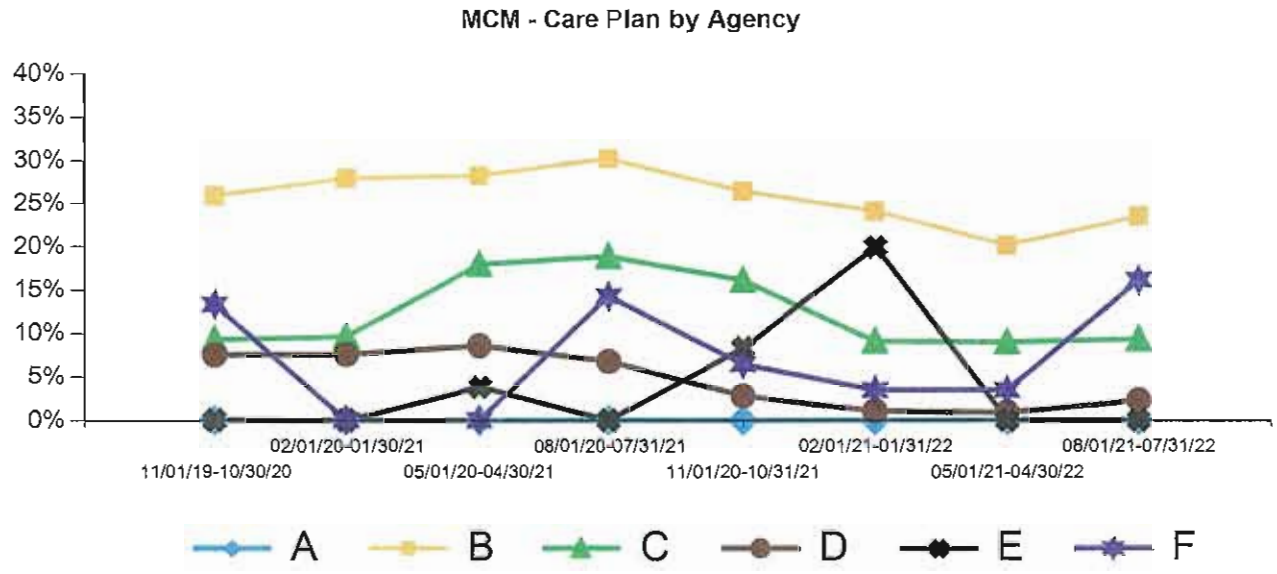
MCM - Care Plan

	11/01/20 - 10/31/21	02/01/21 - 01/31/22	05/01/21 - 04/30/22	08/01/21 - 07/31/22
Number of clients in the denominator who had a medical case management care plan developed and/or updated two or more times at least three months apart in the measurement year	129	103	89	96
Number of medical case management clients living with HIV who had two or more medical case management encounters at least six months apart in the measurement year	1,374	1,312	1,186	1,043
Percentage	9.4%	7.9%	7.5%	9.2%
Change from Previous Quarter Results	-1.8%	-1.5%	-0.3%	1.7%



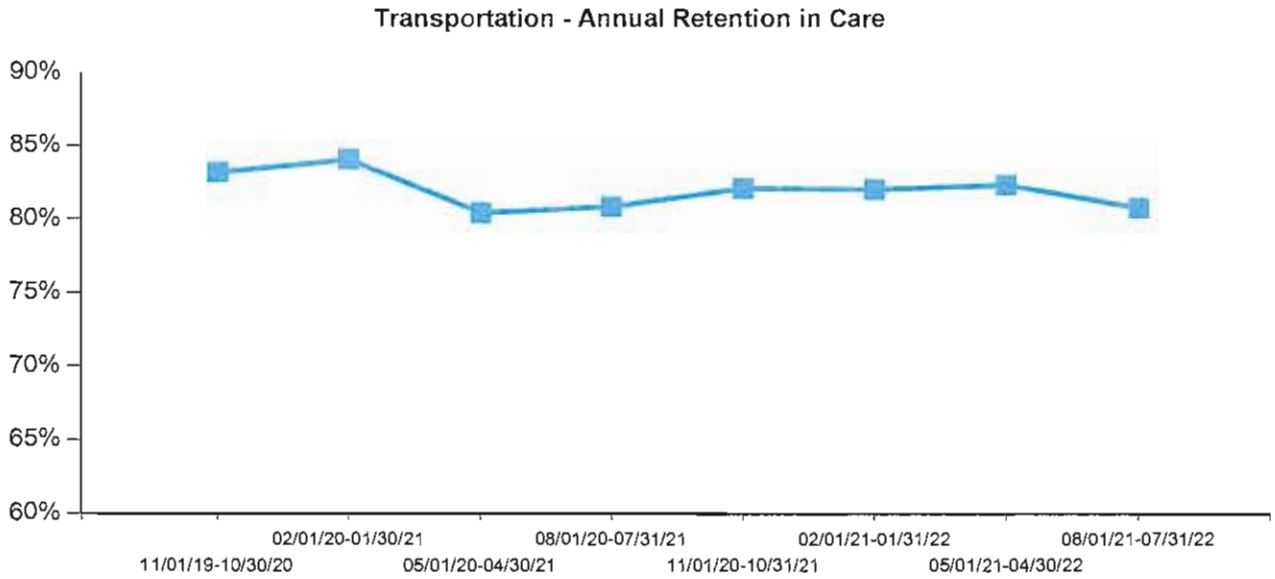
MCM - Care Plan by Agency

	05/01/21 - 04/30/22						08/01/21 - 07/31/22					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients in the denominator who had a medical case management care plan developed and/or updated two or more times at least three months apart in the measurement year	0	58	8	4	0	1	0	57	7	9	0	5
Number of medical case management clients living with HIV who had two or more medical case management encounters at least six months apart in the measurement year	116	288	89	466	4	29	98	243	75	398	5	31
Percentage	0.0%	20.1%	9.0%	0.9%	0.0%	3.4%	0.0%	23.5%	9.3%	2.3%	0.0%	16.1%
Change from Previous Quarter Results	0.0%	-3.9%	-0.1%	-0.2%	-20.0%	0.0%	0.0%	3.3%	0.3%	1.4%	0.0%	12.7%



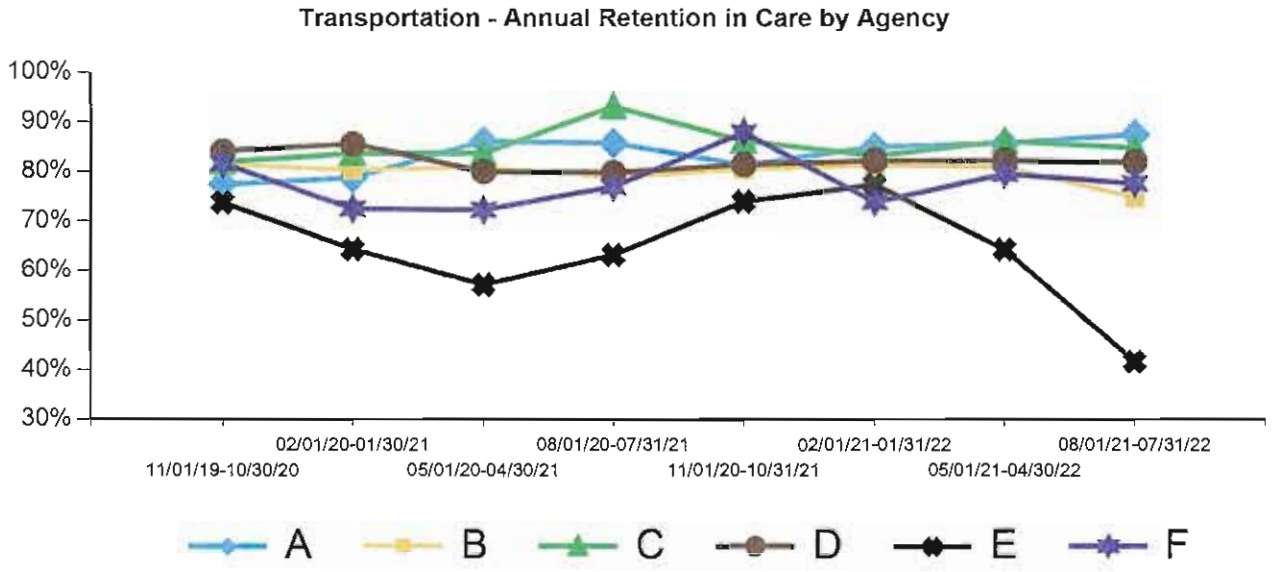
Transportation - Annual Retention in Care

	11/01/20 - 10/31/21	02/01/21 - 01/31/22	05/01/21 - 04/30/22	08/01/21 - 07/31/22
Number of clients in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year	1,134	1,023	999	1,020
Number of medical transportation clients living with HIV[1] who had at least one HIV medical encounter within the measurement year	1,382	1,248	1,214	1,264
Percentage	82.1%	82.0%	82.3%	80.7%
Change from Previous Quarter Results	1.3%	-0.1%	0.3%	-1.6%



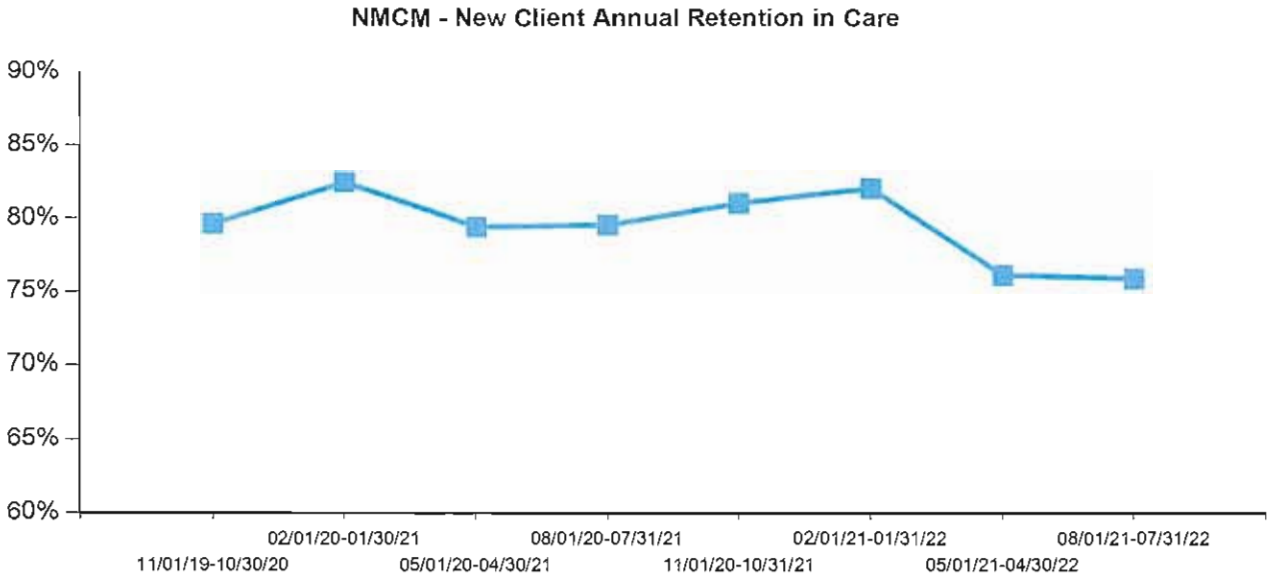
Transportation - Annual Retention in Care by Agency

	05/01/21 - 04/30/22						08/01/21 - 07/31/22					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year	60	248	93	561	9	31	77	230	105	566	5	38
Number of medical transportation clients living with HIV[1] who had at least one HIV medical encounter within the measurement year	70	307	108	683	14	39	88	308	124	692	12	49
Percentage	85.7%	80.8%	86.1%	82.1%	64.3%	79.5%	87.5%	74.7%	84.7%	81.8%	41.7%	77.6%
Change from Previous Quarter Results	0.7%	-0.4%	3.0%	0.0%	-13.0%	5.7%	1.8%	-6.1%	-1.4%	-0.3%	-22.6%	-1.9%



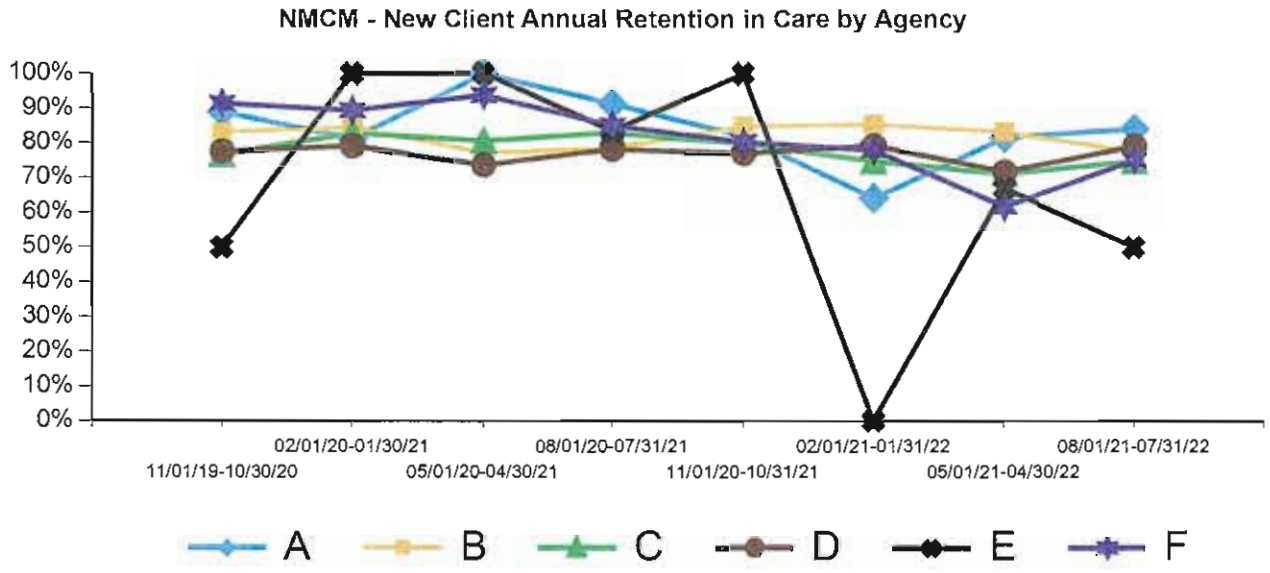
NMCM - New Client Annual Retention in Care

	11/01/20 - 10/31/21	02/01/21 - 01/31/22	05/01/21 - 04/30/22	08/01/21 - 07/31/22
Number of clients in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year	278	302	262	252
Number of non-medical case management clients living with HIV who had their first HIV medical encounter within the first six months of the measurement year	343	368	344	332
Percentage	81.0%	82.1%	76.2%	75.9%
Change from Previous Quarter Results	1.5%	1.0%	-5.9%	-0.3%



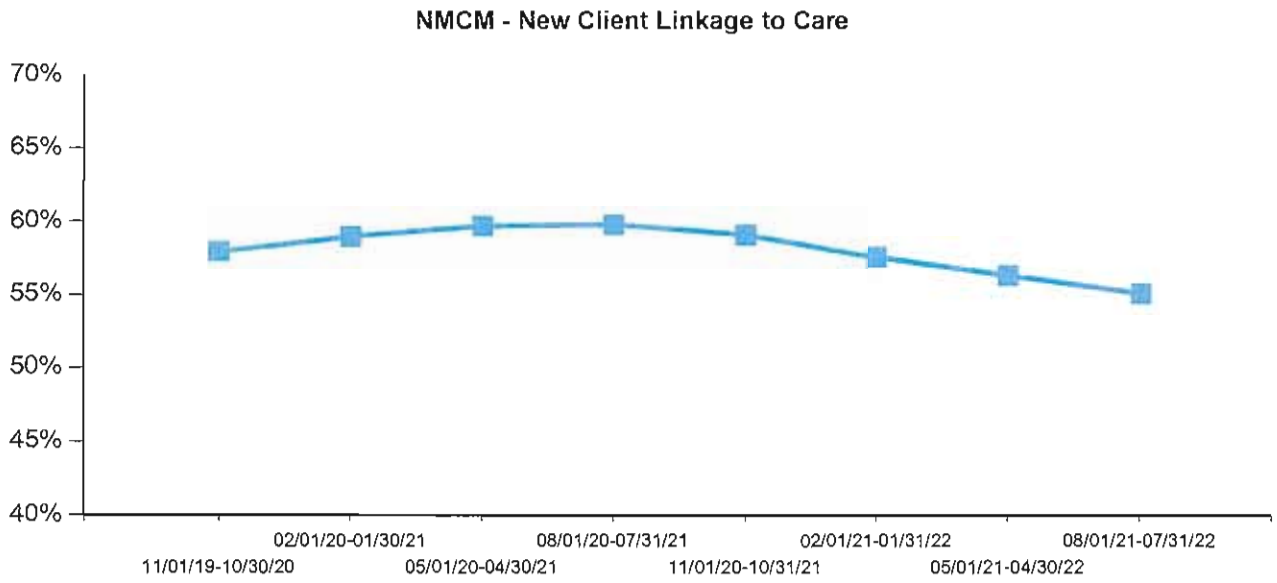
NMCM - New Client Annual Retention in Care by Agency

	05/01/21 - 04/30/22						08/01/21 - 07/31/22					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients in the denominator who had at least two HIV medical care encounters at least 90 days apart within the measurement year	22	107	44	93	2	8	21	91	50	97	1	12
Number of non-medical case management clients living with HIV who had their first HIV medical encounter within the first six months of the measurement year	27	129	62	130	3	13	25	118	67	123	2	16
Percentage	81.5%	82.9%	71.0%	71.5%	66.7%	61.5%	84.0%	77.1%	74.6%	78.9%	50.0%	75.0%
Change from Previous Quarter Results	17.5%	-2.2%	-3.6%	-7.4%	66.7%	-16.2%	2.5%	-5.8%	3.7%	7.3%	-16.7%	13.5%



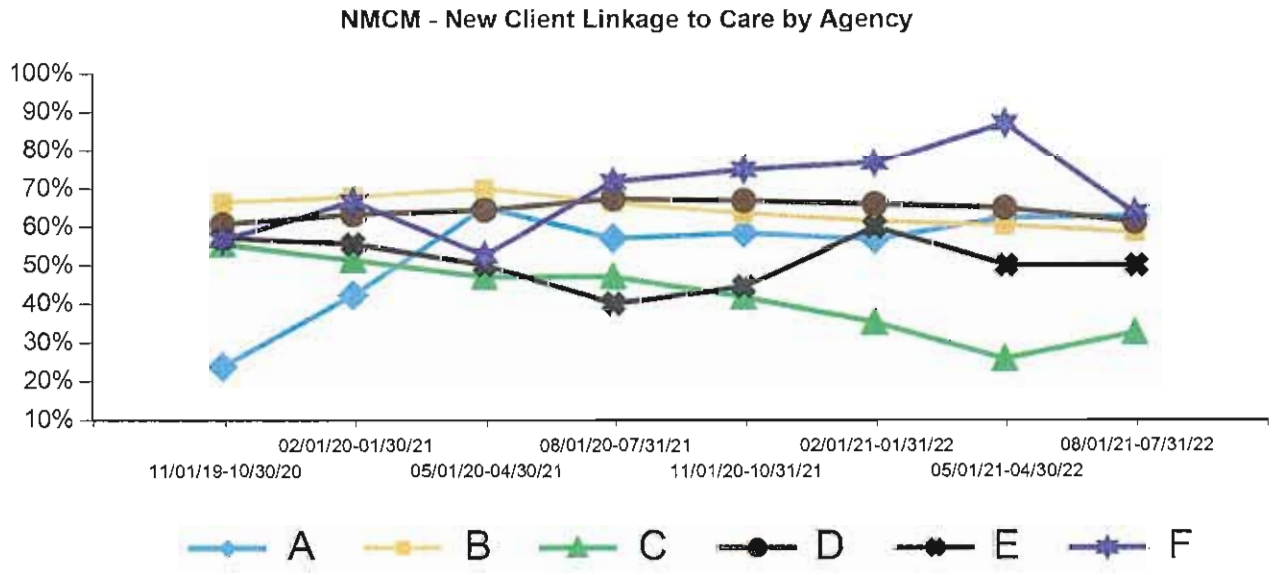
NMCM - New Client Linkage to Care

	11/01/20 - 10/31/21	02/01/21 - 01/31/22	05/01/21 - 04/30/22	08/01/21 - 07/31/22
Number of clients in the denominator who attended a medical care visit within 30 days of a non-medical case management visit	472	441	426	419
Number of newly-enrolled clients living with HIV who had an initial non-medical case management encounter in the measurement year	799	767	757	761
Percentage	59.1%	57.5%	56.3%	55.1%
Change from Previous Quarter Results	-0.7%	-1.6%	-1.2%	-1.2%



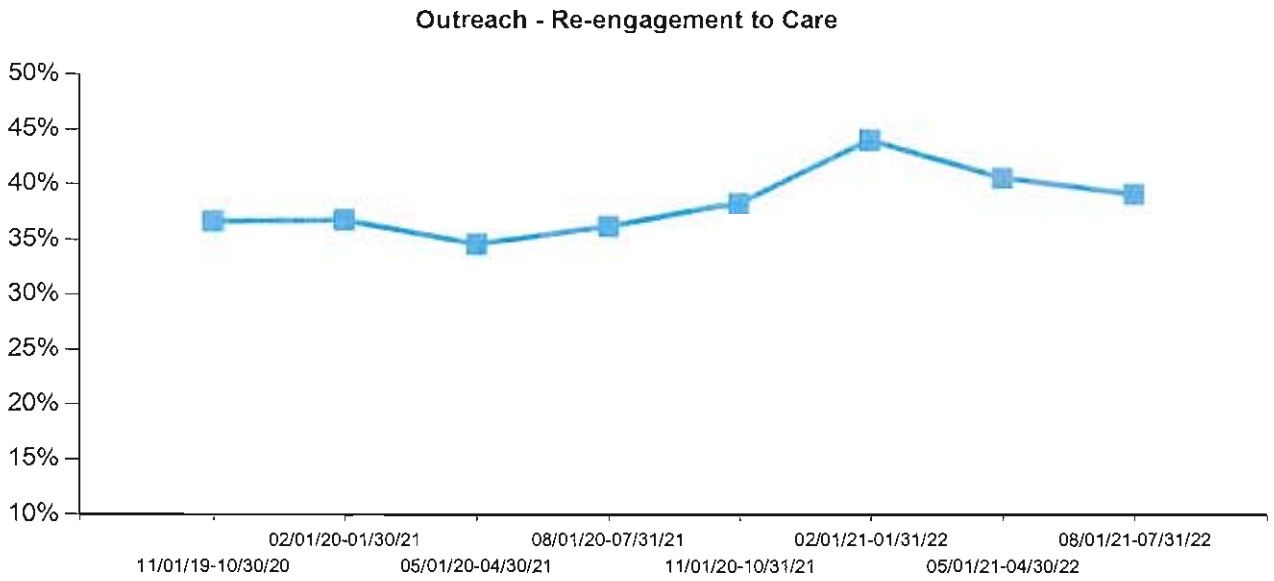
NMCM - New Client Linkage to Care by Agency

	05/01/21 - 04/30/22						08/01/21 - 07/31/22					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients in the denominator who attended a medical care visit within 30 days of a non-medical case management visit	25	196	18	172	3	14	27	189	25	161	2	14
Number of newly-enrolled clients living with HIV who had an initial non-medical case management encounter in the measurement year	40	325	70	265	6	16	43	323	77	263	4	22
Percentage	62.5%	60.3%	25.7%	64.9%	50.0%	87.5%	62.8%	58.5%	32.5%	61.2%	50.0%	63.6%
Change from Previous Quarter Results	5.7%	-1.1%	-9.4%	-1.0%	-10.0%	10.6%	0.3%	-1.8%	6.8%	-3.7%	0.0%	-23.9%



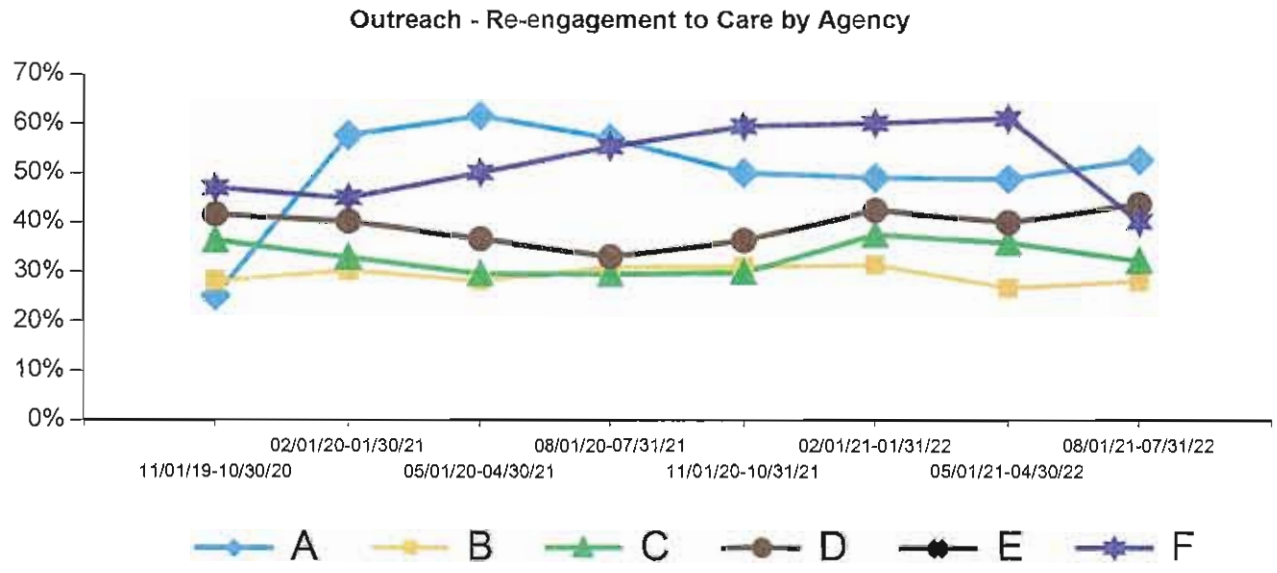
Outreach - Re-engagement to Care

	11/01/20 - 10/31/21	02/01/21 - 01/31/22	05/01/21 - 04/30/22	08/01/21 - 07/31/22
Number of clients in the denominator who had at least one HIV medical care visit within 90 days of Outreach visit	336	379	350	313
Number of clients living with HIV who had at least one Outreach encounter within the measurement year	874	860	860	798
Percentage	38.4%	44.1%	40.7%	39.2%
Change from Previous Quarter Results	2.2%	5.6%	-3.4%	-1.5%



Outreach - Re-engagement to Care by Agency

	05/01/21 - 04/30/22						08/01/21 - 07/31/22					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients in the denominator who had at least one HIV medical care visit within 90 days of Outreach visit	76	22	140	76	0	25	80	17	137	68	0	2
Number of clients living with HIV who had at least one Outreach encounter within the measurement year	156	83	392	191	0	41	152	61	427	156	0	5
Percentage	48.7%	26.5%	35.7%	39.8%	NaN	61.0%	52.6%	27.9%	32.1%	43.6%	NaN	40.0%
Change from Previous Quarter Results	-0.3%	-4.7%	-1.6%	-2.5%	NaN	1.0%	3.9%	1.4%	-3.6%	3.8%	NaN	-21.0%



Footnotes:
1. Table/Chart data for this report run was taken from "ABR197 v1.1"

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2122 DSHS State Services

Procurement Report

April 1, 2022 - August 31, 2022

Chart reflects spending through August Final 2022

Spending Target: 100%

Revised 11/2/2022

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	**Health Insurance Premiums and Cost Sharing (1)**	$853,137	70%	$0	$853,137	$0	$853,137	9/1/2020	$990,785	116%
6	**Mental Health Services (2)**	$75,000	6%	$0	$75,000	$0	$75,000	9/1/2020	$54,400	73%
11	**Hospice**	$108,000	9%	$0	$108,000	$0	$108,000	9/1/2020	$157,740	146%
13	**Non Medical Case Management (2)**	$135,000	11%	$0	$135,000	$0	$135,000	9/1/2020	$89,040	66%
16	**Linguistic Services (2)**	$40,000	3%	$0	$40,000	$0	$40,000	9/1/2020	$26,288	66%
	Total Houston HSDA	1,211,137	100%	$0	$1,211,137	$0	$1,211,137		1,318,253	109%

Note The five-month allocation is based on available funds and not 5/12 of budget

(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) Has had lower then expected serivce demand

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2122 Ryan White Part B
Procurement Report
April 1, 2022 - March 31, 2023

Reflects spending through August

Spending Target: 42%

Revised 11/2/22

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	$1,658,878	48%	$0	$1,658,878	$0	$1,658,878	4/1/2021	$645,859	39%
4	Oral Health Service -Prosthodontics	$560,000	16%	$0	$560,000	$0	$560,000	4/1/2021	$248,958	44%
5	Health Insurance Premiums and Cost Sharing (1)	$1,107,702	32%	$0	$1,107,702	$0	$1,107,702	4/1/2021	$119,219	11%
9	Home and Community Based Health Services (2)	$113,315	3%	$0	$113,315	$0	$113,315	4/1/2021	$31,920	28%
		$0	0%	$0	$0					
	Total Houston HSDA	3,439,895	100%	0	3,439,895	$0	$3,439,895		1,045,956	30%

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

(1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31.

(2) Has had lower then expected serivce demand

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

2022-2023 Ryan White Part B Service Utilization Report
4/1/2022 - 9/30/2022 Houston HSDA (4816)
2nd Quarter

Revised 10/1/2022

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	1,600	662	83.35%	16.61%	0.01%	0.03%	35.19%	27.34%	33.83%	3.64%	0.00%	0.00%	1.05%	16.91%	17.53%	26.58%	31.44%	6.49%
Home & Community Based Health Services	38	19	78.94%	21.05%	0.00%	0.01%	28.95%	28.95%	36.84%	5.26%	0.00%	0.00%	0.00%	0.00%	10.54%	36.84%	36.84%	15.78%
Oral Health Care	4,860	1,945	71.58%	26.52%	0.00%	1.90%	52.59%	11.87%	33.31%	2.23%	0.00%	0.13%	1.64%	15.88%	21.13%	25.75%	26.68%	8.79%
Unduplicated Clients Served By RW Part B Funds:	NA	2,626	77.96%	21.39%	0.00%	0.65%	38.91%	22.72%	34.66%	3.71%	0.00%	0.04%	0.90%	10.93%	16.40%	29.73%	31.65%	10.35%

Completed By: C. Aguries

NOTE: Currently there is no imported data for TRG contracts in TCT

NOTE: HIP/HIA has started submitting in RW-B as of August and is at 41.37 % of the annual objective.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2021-08/31/2022

Revised: 9/28/2022

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	*Dollar Amount of Requests*	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	1490	$184,247.72	523			*0*
Medical Deductible	137	$142,581.02	103			*0*
Medical Premium	8089	$2,290,085.35	918			*0*
Pharmacy Co-Payment	28931	$1,519,887.67	1714			*0*
APTC Tax Liability	1	$500.00	1			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment		$18,046.03	33	*NA*	*NA*	*NA*
Totals:	38648	$4,119,255.73	3292	0	$0.00	

Comments: This report represents services provided under all grants.

For complete copies of Standards of Care for Ryan White Part A/MAI and Part B/SS see the electronic copies attached to our email meeting reminders. If you want a hard copy of either document, call Tori at: 832-594-1929.
Thank you for helping us save lots of paper.

Barbie Robinson, MPP, JD, CHC
Exeentive Director
2223 West Loop South | Houston, Texas 77027
Tel: (832) 927-7500 | Fax: (832) 927-0237

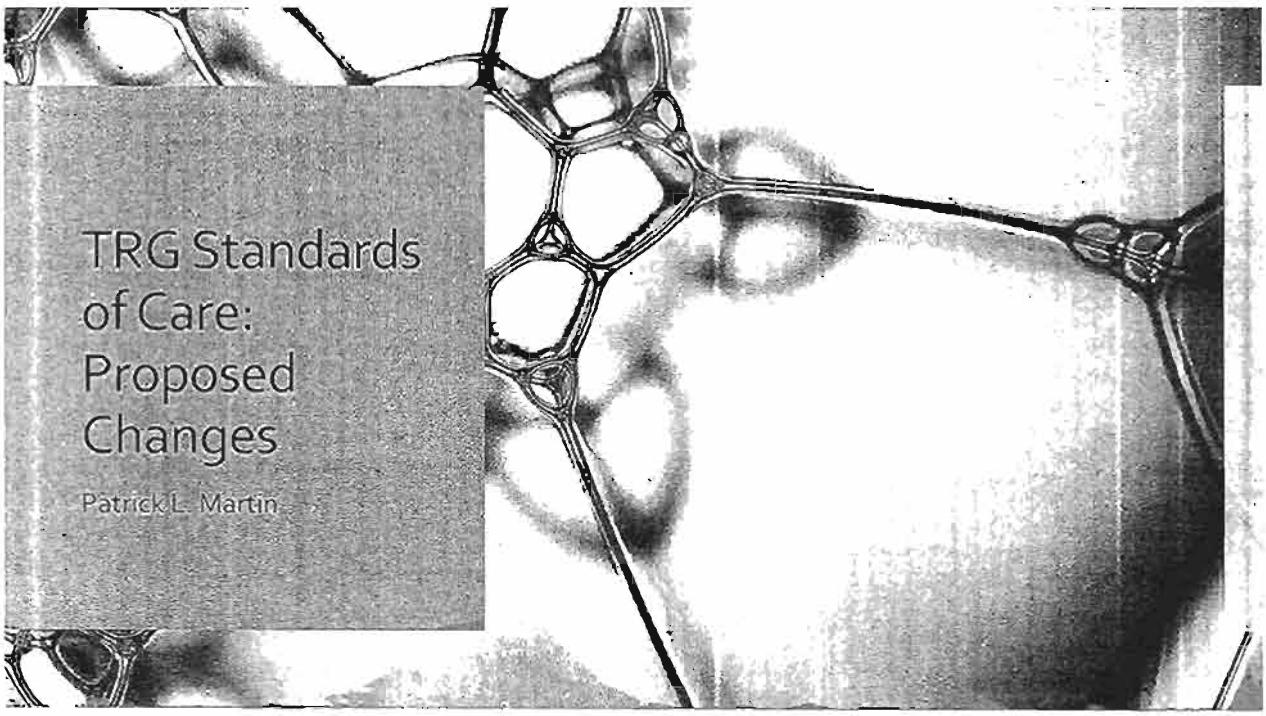
Harris County Public Health
Building a Healthy Community

Ericka Brown, MD, MBA, FACHE
Director Community Health and Wellness Division
2223 West Loop Sonth| Houston, Texas 77027
Tel: (713) 408-0775 | Fax: (832) 927-0507

2023-2024 Houston EMA: RWGA Part A Standards of Care for HIV Services Ryan White Grant Administration Section SUMMARY OF CHANGES AS OF 11/07/2022

Location	2022-2023 (old)	2023-2024 (new)
General Standard 4.9b Accessibility	Not previously in SOC	HRSA US. A #2: **Provision of services regardless of an individual's ability to pay for the service.** Subgrantee billing and collection policies and procedures do not: • Deny services for non-payment • Deny payment for inability to produce income documentation • Require full payment prior to service • Include any other procedure that denies services for non-payment
General Standards 1.5 Staff Requirements	Agency must provide training on agency's policies and procedures for eligibility determination and sliding fee schedule for, but not limited to, case managers, and eligibility & intake staff annually. All new employees must complete within ninety (90) days of hire.	Agency must provide training on agency's policies and procedures for eligibility determination and sliding fee schedule for, but not limited to, case managers, and eligibility & intake staff annually. All staff applicable to this process must complete within ninety (90) days of hire.

Outreach Services	Outreach workers focus on locating clients who are on the cusp of falling out of care, for reengagement back into care. The Ryan White Part A Outreach Worker (OW) provides field-based services to clients based on criteria identified by each agency. These services include the provision of information, referrals, and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed and advocating on behalf of clients to decrease service gaps and remove barriers to services	Outreach workers focus on locating clients who are on the cusp of falling out of care, for reengagement and retention back into care. The Ryan White Part A Outreach Worker (OW) provides field-based services to clients based on criteria identified by each agency. These services include the provision of information, referrals, and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed and advocating on behalf of clients to decrease service gaps and remove barriers to services
Non-Medical Case Management 1.1 Staff Requirements	Service linkage workers must have a bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWH may be substituted for the bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). Service linkage workers must have a minimum of 1-year paid work experience with PLWH	Service linkage workers must have a bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWH may be substituted for the bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). Service linkage workers must have a minimum of 1-year work experience with PLWH



Today's Dialogue (Breakdown)

UNIFORM REVISION

EIS TO RFHC/IRR TRANSITION

SERVICE BY SERVICE REVIEW

Uniform Inserted Requirements

DSHS Updated Language

Language Accessibility Standard Insertion

2.6 Language Accessibility Language assistance must be provided to individuals who have limited English proficiency and/or other communication needs at no cost to them in order to facilitate timely access to all health care and services. Subrecipients must provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area to inform all individuals of the availability of language assistance services. All AAs and subrecipients must establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organizations' planning and operations.	▪ Language accessibility policies and documentation of training on policies are available for on-site review. ▪ Print and multimedia materials meet requirements.

1.7 Care Plan A written care plan is completed for each PLWH within seven (7) days of intake and updated at least every sixty (60) calendar days thereafter. Development of care plan incorporates a multidisciplinary team approach. The care plan will include: ▪ Current assessment and needs of the PLWH, including activities of daily living needs (personal hygiene care, basic assistance with cleaning, and cooking activities) ▪ Need for home and community-based health services ▪ Types, quantity, and length of time services are to be provided. ▪ Establish culturally and linguistically appropriate goals	▪ Completed care plan documented in the primary service record. ▪ Care plans updated documented in primary service record. ▪ Care plans completed and updated within established timeframes.

Care Plan / Treatment Plan/ Discharge Planning Standard Insertion Example

Early Intervention Services to Referral For Health Care Transition

Services Provided At Harris County Jail

Harris County Jail Medical Care Transition

- Earlier this year, Harris County Jail finally executed the contract with Harris Health System Correctional Health to provide healthcare to inmates in Harris County Jail.
  - Had been planned since before the pandemic.
- HCJ eliminated the EIS positions and terminated its direct contract with TRG.
- Contracts can not be transferred from one Subrecipient to another.
- TRG had to determine if the service needed to be competitively bid or sole sourced.
- Had to determine what services were unique and what was duplicative.

Stakeholder Meetings

- TRG met with various stakeholders that worked with the EIS Team in HCJ.
  - Assess the core functions of the EIS Team that were needed,
  - Incorporate the changes in the delivery of medical care,
  - Redesign the service to fit the need better, and
  - Find a HRSA-defined service category that better fit what was happening

What Is Referral For Health Care (RFHC)?

- HRSA Definition: Referral for Health Care and Support Services (RFHC) directs PLWH to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA Ryan White HIV/AIDS Program (RWHAP)-eligible PLWH to obtain access to other public or private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

What Is RFHC targeting IRR?

- DSHS Definition: Referral for Health Care and Support Services includes benefits/entitlement counseling and referral to health care services to assist eligible PLWH to obtain access to other public and private programs for which they may be eligible.
- Benefits counseling: Services should facilitate PLWH's access to public/private health and disability benefits and programs. This service category works to maximize public funding by assisting PLWH in identifying all available health and disability benefits supported by funding streams other than RWHAP Part B and/or State Services funds. PLWH should be educated about and assisted with accessing and securing all available public and private benefits and entitlement programs.

What Is Referral For Health Care (RFHC)?

- RWHAP Part B and State Services funds can be used to provide transitional social services to establish or re-establish linkages to the community. Linking a soon-to-be-released inmate with primary care is an example of appropriate transitional social services.
- Transitional social services should NOT exceed 180 days. (Source: DSHS Policy 591.00 Limitations on Ryan White and State Service Funds for Incarcerated Persons in Community Facilities, Section 5.3).

What Is RFHC targeting IRR?

- Health care services: PLWH should be provided assistance in accessing health insurance or Marketplace health insurance plans to assist with engagement in the health care system and HIV Continuum of Care, including medication payment plans or programs. Services focus on assisting PLWH's entry into and movement through the care service delivery network such that RWHAP and/or State Services funds are payer of last resort.

Local RFHC Targeting the IRR

- Local Definition: Referral for Health Care and Support Services includes benefits/entitlement counseling and referral to health care services to assist eligible PLWH incarcerated in Harris County Jail to prequalify for public and private programs for which they may be eligible and provide transitional social services to establish or re-establish linkages to the community. RFHC targeting IRR will not exceed 180 days without an approved waiver from TRG.

Local RFHC Targeting the IRR

- Core Components (include but are not limited to)
  - Benefits Counseling (Assessment)
    - Screening for eligibility for healthcare coverage
    - Other community programs to resolve social determinants of health
  - Submission of expedited THMP applications through TCT
  - Referral to community partners and programs
  - Referral Education to ensure successful completion of referrals
  - Referral follow-up with community partners and programs to determine outcome of referral
  - Coordination of access to HCJ for community partners

Services By Service Review

Feedback and Comments

Home and Community Based Health Services

- Standard 1.7: Care Plan – Culturally and linguistically appropriate goals.
- Standard 2.6: Language Accessibility
- Both are DSHS revised language.

HCBHC Community Comments

- Definition of service provided.
- No questions/concerns raised.

Health Insurance Assistance

- Standard 2.7: Language Accessibility
- DSHS revised language

HIA Community Comments

- There were concerns about how lab bills were paid.
- There were questions about receiving or connecting to the service with or without case manager.
- There was a discussion that a PLWH could only access the service if the PLWH changed care to the facility with HIA.

Hospice Services

- Standard 1.5: Care Plan – Culturally and linguistically appropriate goals.
- Standard 2.9: Language Accessibility
- Both are DSHS revised language.

HS Community Comments

- Definition of service provided.
- No questions/concerns raised.

Linguistic Interpretive Services

- Standard 2.3: Language Accessibility
- DSHS revised language

LIS Community Comments

- No questions/concerns raised.

Mental Health Services

- Standard 1.3: Treatment Plan – Culturally and linguistically appropriate goals.
- Standard 2.10: Language Accessibility
- Both are DSHS revised language.

MHS Community Comments

- Question of how agencies outside of RW get funded to provide care to PLWH.
- Question about who is providing MHS in the service area.
- Discussion of PLWH wanting better access to MHS and how to promote MHS.

Non-Medical Case Management Targeting SUD Services

- Standard 1.3: Care Planning – Culturally and linguistically appropriate goals.
- Standard 2.8: Language Accessibility
- Both are DSHS revised language.

NMCM SUD Community Comments

- No questions/concerns raised.

Oral Health Care

- Standard 1.5: Treatment Plan – Culturally and linguistically appropriate goals.
- Standard 2.9: Language Accessibility
- Both are DSHS revised language.

OHC Community Comments

- There was concern about PLHW needing to understand getting bills in the mail.
- PLWH request better communication or education to understand the system and why they receive a bill.

Referral for Health Care: ADAP Enrollment

- Standards 1.1, 1.2, 1.3 – Culturally and linguistically appropriate provision of services and education
- Standard 1.7: ARIES Document Upload Process – Changed to TCT Electronic Application Process
- Standard 2.5: Language Accessibility

RFHC: AE Community Comments

- Group discussed the challenges of getting connected to ADAP.

Referral for Health Care: Incarcerated and Recently Released

- Service Definitions Updated to RFHC.
- Time Limitation for Service Provision Added.
- Discharge Planning Standards – Culturally and linguistically appropriate provision of services and education
- Standard 3.6 – Language Accessibility

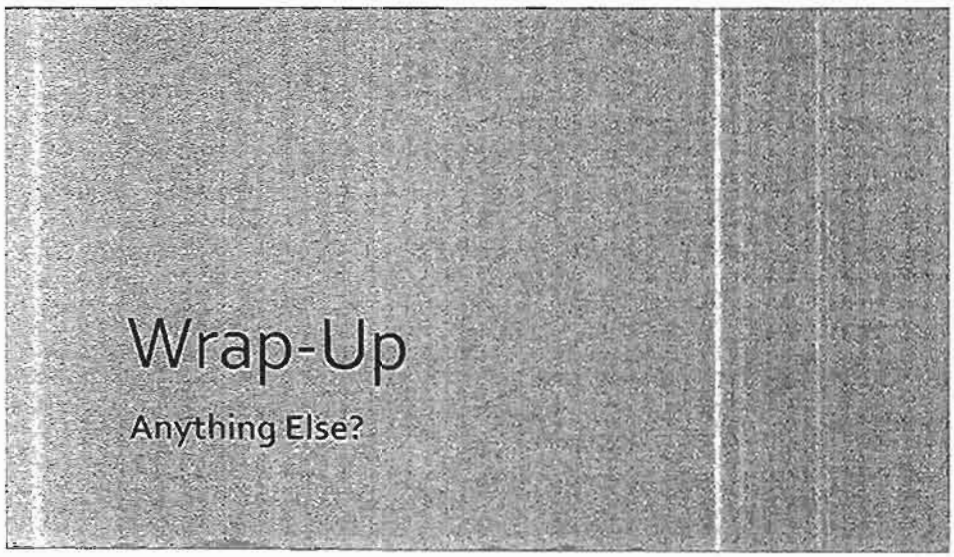
RFHC: IRR Community Comments

- No questions/concerns raised.

Additional Written Comments Accepted through Noon on 11/4

plmartin@hivtrg.org

tshepherd@hivtrg.org


Wrap-Up
Anything Else?

Operations Committee Report

HOUSTON AREA HIV HEALTH SERVICES
RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998 **REV NOVEMBER 14, 2019** **POLICY No. 500.01**

ELECTION OF OFFICERS, ELECTION OF COMMITTEE CHAIRS, DUTIES OF OFFICERS & CHAIRS

PURPOSE

This policy establishes the guidelines by which the officers of the Houston Area HIV Health Services Ryan White Planning Council will be elected. In addition, this outlines and defines the duties of RWPC Officers and duties of the Chairs of each of the Standing Committees. (See RWPC Policy No.400.01)

AUTHORITY

Bylaws (01/18) Article V, Sec5.01 - Sec5.06 ensures that the nomination and selection of officers and committee chairs will be in accordance with those principles.

DEFINITIONS

Ryan White Planning Council Officers refers to the positions of Chair, Vice Chair, and Secretary.

PROCESS

Nominations for officers may be submitted to the Planning Council Support Staff up until the end of the November Steering Committee meeting. After this time, nominations are added from the floor the day of the election. Nominations for officers will be announced at least one month prior to the December Houston Area HIV Health Ryan White Planning Council meeting. Any member may submit a nomination for himself/herself or another member for a specific office. Before the December Steering Committee meeting, each candidate must submit to the Office of Support a brief written description of their qualifications for the office they are seeking and prepare a short presentation describing their qualifications. The annual election will be held at the December RWPC meeting. Before the election takes place, members will be reminded that any member can ask for a call vote if that is their preference. If paper ballots are used, voters must print their name on their ballot before submitting. If voter does not print their name on the ballot, the ballot will be disqualified and not included in the election results. Paper ballots are to be stored in a fire proof safe in the Office of Support for twelve months after the election so that they can be accessed by anyone who wishes to review them. During the election, the Operations Committee will announce the slate of nominees, which will include but not be limited to, each candidate verbally expressing his or her interest in and qualifications for the office they are seeking. Typically, election to office will be by written ballot unless there is only one candidate running for a specific office. A simple majority vote will be required for election. (Per letter from Judge Eckels dated 12-13-00: "As in any political election, the number of candidates is not regulated. Following the first vote in the race, if one candidate has not received the majority, a run-off election is held between the two candidates receiving the most votes. The Council may accept nominations for the slate of officers that exceeds two candidates and may receive nominations from the floor regardless of the number

of candidates already nominated.") Each member of the Council shall be entitled to one vote on any regular business matter coming before the Council. A simple majority of members present and voting is required to pass any matter coming before the Council except for that of proposed Bylaw changes, which shall be submitted (in written form) for review to the full Council at least fifteen (15) days prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council shall not vote except in the event of a tie. The election of the officers will be done one at a time in the following order: Chair, Vice-Chair, and Secretary.

QUALIFICATIONS FOR RWPC OFFICERS:

Ryan White Part A or B or State Services funded providers/employees/subcontractors/Board Members and or employees/subcontractors of the Grantee(s) shall not be eligible to run for office of Chair of the Ryan White Planning Council. Except as otherwise required by the Ryan White Program, staff representing the Office of Support and Part A and B administrative agencies cannot serve as members of the Ryan White Planning Council. Staff representing these entities is requested to attend Council, committee and other meetings when work products are being developed and approved.

Candidates will have served as an appointed member of the RWPC for the preceding twelve (12) months and, if needed, have been reappointed by the CEO. If subsequent to the election the Chair of the RWPC becomes a provider/employee of a subcontractor/Board member of a subcontractor/of the Grantee he/she shall be immediately removed from office. A new election will be held to fill any open positions. In the event of a mid-year election, once an officer has vacated a position, a call to accept nominations will be announced at the Steering Committee meeting immediately following the resignation. Nominations for the vacated position may be submitted to the Planning Council Support Staff up until the end of the following Steering Committee meeting (approximately 30 days after the call for nominations). At this time, Office of Support staff will distribute the slate of nominees to all members of the Planning Council. After the close of the Steering Committee meeting, nominations can only be added from the floor the day of the election, which will take place at the Council meeting approximately seven days after the slate of nominees is closed at the Steering Committee meeting. At all times, any one of the three officers must be a self-identified HIV positive person.

ATTENDANCE REQUIREMENTS FOR RWPC OFFICERS:

If an officer of the Ryan White Planning Council misses three, unexcused consecutive meetings of the Steering Committee and Planning Council, they must step down as an officer and an election will be held to fill the position. (Example: an officer must step down if he/she does not contact the Office of Support and request an excused absence and if they miss the October Steering Committee, October Planning Council and the November Steering Committee meetings.) Staff is asked to remind nominees for officer positions of this new requirement. And, when presenting their qualifications to the Council before an election, nominees must state that, to the best of their knowledge, they will not have difficulty meeting this additional attendance requirement.

DUTIES OF OFFICERS:

The officers of the RWPC will be responsible for the following:

Chair: Chief Executive Officer of the Council; preside at all meetings of the Council; appoint Standing Committee Chairs; represent (or designate a representative to serve) on behalf of the Council at meetings, conferences, etc. where "Council representation" is requested. Chair assigns committee participation of Council members, and performs such other duties as are normally performed by a chair of an organization or such other duties as the Council may prescribe from time to time. The Chair will be responsible for correspondence to members regarding

attendance and participation issues. The Chair will also sign and date the final version of the minutes as indication of PC approval. The Chair of the Council is an ex-offico member of all committees (standing, subcommittee, and work groups). Ex-officio means that he/she is welcome to attend and is allowed to be a part of committee discussion. He/she is not allowed to vote. In the absence of the Chair of the Council, the next officer will assume the ex-offico role with committees.

Vice Chair: Preside at meetings of the Council in the absence of the Chair. Perform such other duties as the Chair may designate or the Council shall prescribe from time to time. Performs the above duties in the absence of the Chair.

Secretary: The position of Secretary will oversee the following tasks:

1. The Secretary will ensure that minutes are taken, approved, and filed as mandated by the Ryan White Program.
2. Keep an up-to-date roll of PC members. The PC Operations Committee (RWPC Policy 400.01) will file membership management reports with the Secretary for presentation to the PC.
3. Call the roll call vote, noting voting and will announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts of interest (COI), the Secretary will process inquiries into votes made in COI.
4. Keep a copy of the RWPC Bylaws and other relevant Policies and Procedures at the PC meetings, and will provide the Council with clarification from the Bylaws and Policies & Procedures, as requested.
5. Keep a record of all committees of the PC. When (if) new committees are established, the Secretary will assure or cause to be assured the actual formation and implementation of the new committees.
6. Be responsible for notification of specially called PC meeting, corresponding to the members as required by the Bylaws.

COMMITTEE CHAIRS:

Committee Chairs will be appointed by the Planning Council Chair. Committee Chairs must be members of the PC for at least one year. If committee leadership is not available from among PC members with at least one year's service, the Chair may seek leadership among remaining PC members. The Standing Committee Chairs will preside at all meetings of their respective committees. The Committee Vice Chair shall preside at all committee meetings in the absence of the Chair. If neither are present, committee members shall use consensus to select another committee member to chair that particular meeting. The Committee Chairs are responsible for the execution of the duties prescribed herein (see RWPC Policy 400.01) for the Committees and for such other duties as may be prescribed by the Chair of the Council or the Council from time to time. The Committee Chairs are responsible for the recording of or cause to be recorded all deliberations undertaken by each respective Committee. Copies of all approved minutes are available from the Office of Support (713-572-3724). Minutes from full Council meetings are available on the PC website (www.rwpc.org) once the draft copy has been approved by the Chair of the Council.

Members Eligible to Run for Chair of the 2023 Ryan White Planning Council

(as of 10-17-22)

According to Council Policy 500.01 regarding election of officers: "Ryan White Part A, B and State Services funded providers/employees/subcontractors/Board Members and/or employees/subcontractors of the Grantees for these entities shall not be eligible to run for office of Chair of the Ryan White Planning Council. Candidates will have served as an appointed member of the RWPC for the preceding twelve (12) months and, if needed, have been reappointed by the CEO. One of the three officers must be a self-identified HIV positive person. "Nominations for all three positions: Council Chair, Vice Chair and Secretary, must be submitted to the Director of the Office of Support before the end of the November Steering Committee or at the December Council meeting, which is the day of the election.

Eligible To Run for Chair (* must be reappointed):	Not Eligible To Run for Chair
Veronica Ardoin*	Kevin Aloysius (Legacy Community Health)
Rosalind Belcher	Melody Barr (City of Houston)
Skeet Boyle*	Dawn Jenkins-conflicted (Harris Health System)
Titan Capri	Daphne Jones-conflicted (City of Houston)
Johanna Castillo*	Matilda Padilla*-conflicted (AIDS Healthcare Foundation)
Tony Crawford*	Shital Patel*-conflicted (Harris Health System)
Bobby Cruz	Oscar Perez -conflicted (Avenue 360)
Ronnie Galley	Faye Robinson-conflicted (City of Houston)
Peta-gay Ledbetter	Imran Shaikh*-conflicted (City of Houston)*
Cecilia Ligons	Steven Vargas (contractor for Proyecto VIDA with the Office of Support)
Roxane May	
Holly Renee McLean*	
Josh Mica*	
Rodney Mills	
Diana Morgan*	
Tana Pradia	
Paul Richards*	
Pete Rodriguez*	
Evelio Salinas Escamilla	
Robert Sliepka*	
Crystal Starr*	
Bruce Turner	
Andrew Wilson	

SLATE OF NOMINEES

As of Thursday, November 3, 2022, the following people have been nominated and accepted the nomination to run for an officer position on the 2023 Ryan White Planning Council:

Chair:

Crystal Starr

Vice Chair:

Skeet Boyle

Secretary:

Josh Mica

Priority and Allocations Committee Report

2022 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(Submitted October 2022)

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

1. Conduct training to familiarize committee members with decision-making tools.
   Status: ~~DUE~~ ACCOMPLISHED

2. Review the final quarter allocations made by the administrative agents.
   Status: COMPLETED

3. *Improve the processes for and strengthen accountability in the FY 2023 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
   Status: ONGOING

4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
   Status: COMPLETED

5. *Determine the FY 2023 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
   Status: ONGOING

6. *Review the FY 2022 priorities as needed.
   Status: COMPLETED

7. *Review the FY 2022 allocations as needed.
   Status: COMPLETED

8. Evaluate the processes used.
   Status: ONGOING

9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
   Status: ACCOMPLISHED

Status of Tasks on the Timeline: DONE/REVIEWED

BOBBY CRUZ
Committee Chairperson

10/27/22
Date