

# Houston Area HIV Services Ryan White Planning Council

Office of Support

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<http://rwpchouston.org>

## MEMORANDUM

To: Steering Committee Members:  
Crystal R. Starr, Chair  
Skeet Boyle, Vice Chair  
Josh Mica, Secretary  
Rodney Mills, Co-Chair, Affected Community Committee  
Diana Morgan, Co-Chair, Affected Community Committee  
Allen Murray, Co-Chair, Comprehensive HIV Planning Committee  
Steven Vargas, Co-Chair, Comprehensive HIV Planning Committee  
Ronnie Galley, Co-Chair, Operations Committee  
Cecilia Ligons, Co-Chair, Operations Committee  
Bobby Cruz, Co-Chair, Priority and Allocations Committee  
Peta-gay Ledbetter, Co-Chair, Priority and Allocations Committee  
Tana Pradia, Co-Chair, Quality Improvement Committee  
Pete Rodriguez, Co-Chair, Quality Improvement Committee

Copy: Glenn Urbach  
Mauricia Chatman  
Tiffany Shepherd  
Patrick Martin  
Mackenzie A. Hudson

Diane Beck  
**EMAIL ONLY:**  
Ann Robison  
David Williams  
Sha'Terra Johnson

From: Tori Williams

Date: Wednesday, February 22, 2023

Re: Meeting Announcement

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We look forward to seeing you for the following meeting:

### **Ryan White Steering Committee Meeting**

12 noon, Thursday, March 2, 2023

Join the Zoom meeting by clicking on:

<https://us02web.zoom.us/j/85782189192?pwd=YmtrckTWcHY5SIV2RE50ZzYraEErQT09>

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](mailto:Rodriga.Avila@cjo.hctx.net). Thank you!

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



## STEERING COMMITTEE

### AGENDA

12 noon, Thursday, March 2, 2023

Join Zoom Meeting by clicking onto:

<https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SIV2RE50ZzYraEErQT09>

Meeting ID: 857 8218 9192

Passcode: 885832

Or, dial in by calling 346 248-7799

- I. Call to Order Crystal R. Starr, Chair  
RW Planning Council
- A. Welcoming Remarks
  - B. Moment of Reflection
  - 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.)

IV. Reports from Committees

A. Comprehensive HIV Planning Committee

*Item:* Committee Orientation

*Recommended Action:* FYI: Because the appointment of the Affiliate members was delayed this year, most Committees tabled the first portion of their February meeting, which is usually dedicated to general orientation. All Committees did review their 2023 work products.

Steven Vargas and  
Allen Murray, Co-Chairs

B. Affected Community Committee

*Item:* Committee Orientation

*Recommended Action:* FYI: The Committee reviewed the purpose of the Council, public hearings and committee participation in health fairs.

Diana Morgan and  
Rodney Mills, Co-Chairs

*Item: Committee Vice Chair*

*Recommended Action:* FYI: Skeet Boyle was elected as the Vice Chair for the Committee.

C. Quality Improvement Committee

*Item: Committee Orientation*

*Recommended Action:* FYI: Because the appointment of the Affiliate members was delayed this year, most Committees tabled the first portion of their February meeting, which is usually dedicated to general orientation. All Committees did review their 2023 work products.

Tana Pradia and  
Pete Rodriguez, Co-Chairs

D. Operations Committee

*Item: 2023 Ryan White Meeting Format*

*Recommended Action:* Motion: Unless it is contrary to the Texas Open Meetings Act, all Ryan White Planning Council, Committee and Workgroup meetings will be in hybrid format. It is also recommended that Committee Co-Chairs and Officers attend meetings in person as much as possible.

Ronnie Galley and  
Cecilia Ligons, Co-Chairs

*Item: Letter from HRSA re: Consumer Incentives, dated 12/06/22*

*Recommended Action:* Verbal update on the Houston Planning Council's response to the HRSA Letter dated 12/06/22.

E. Priority and Allocations Committee

*Item: 2023 Policy for Addressing Unobligated & Carryover Funds*

*Recommended Action: **Motion:** Approve the attached 2023 Policy for Addressing Unobligated and Carryover Funds.*

Peta-gay Ledbetter and  
Bobby Cruz, Co-Chairs

*Item: FY24 Guiding Principles and Criteria*

*Recommended Action: **Motion:** Approve the attached FY 2024 Guiding Principles and Decision Making Criteria.*

*Item: FY 2024 Priority Setting Process*

*Recommended Action: **Motion:** Approve the attached FY 2024 Priority Setting Process.*

*Item: Committee Vice Chair*

*Recommended Action:* FYI: \_\_\_\_\_ was elected as the vice chair for the Committee.

III. Report from the Office of Support

Tori Williams, Director

IV. Report from Ryan White Grant Administration

Glenn Urbach, Manager

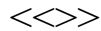
V. Report from The Resource Group

Sha'Terra Johnson,  
Health Planner

VI. Announcements

VII. Adjournment

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



## STEERING COMMITTEE

### MINUTES

12 noon, Thursday, February 2, 2023  
Meeting Location: Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Crystal Starr, Chair	Diana Morgan	<i>Ryan White Grant Administration</i>
Skeet Boyle, Vice Chair		Glenn Urbach
Josh Mica, Secretary		Mauricia Chatman
Rodney Mills		
Allen Murray	OTHERS PRESENT	<i>The Resource Group</i>
Steven Vargas	Charles Henley	Sha'Terra Johnson
Ronnie Galley		
Cecilia Ligons		
Bobby Cruz		<i>Office of Support</i>
Peta-gay Ledbetter		Tori Williams
Tana Pradia		Mackenzie Hudson
Pete Rodriguez		Diane Beck

**Call to Order:** Crystal Starr, Chair, called the meeting to order at 12:03 p.m.

During the opening remarks, Starr welcomed the new members of the Leadership Team and thanked them for agreeing to serve as leaders. She also thanked the Operations Committee and the Office of Support staff for organizing the new member orientation, the mentor/mentee meeting and the Planning Council Orientation. Almost all members of the Council participated in Orientation. Hopefully, the information was useful and everyone enjoyed Diane's game. Next week, please look for the Council meeting packet and be sure to read the cover page carefully. There will be a lot of important information on there, including the fact that Peta has generously offered to provide lunch for all who attend the meeting in person. Be sure to rsvp to Rod so she can give Peta a headcount. Thank you, Peta! Crystal then called for a Moment of Reflection.

Those selected to represent their committee at today's meeting are: Mills for Affected Community, Murray for Comprehensive HIV Planning, Ligons for Operations, Ledbetter for Priority and Allocations and Rodriguez for Quality Improvement.

**Adoption of the Agenda:** **Motion #1:** *it was moved and seconded (Ligons, Mica) to adopt the agenda with one change: after the Operations Committee gives its committee report, open the floor for a brief general discussion about the December 6th letter from HRSA, which is included in our packets. **Motion carried.***

**Approval of the Minutes:** ***Motion #2:** it was moved and seconded (Mica, Pradia) to approve the December 1, 2022 minutes. **Motion carried.*** Abstentions: Mills, Murray, Ligon, Pradia, Rodriguez.

**Public Comment and Announcements:** See attached.

### **Reports from Committees**

**Comprehensive HIV Planning Committee:** No report.

**Affected Community Committee:** No report.

**Quality Improvement Committee:** No report.

**Priority and Allocations Committee:** No report.

**Operations Committee:** Ronnie Galley, Co-Chair, reported on the following:

2023 New Member Orientation & Mentor/Mentee Meeting: Galley said that the meetings went very well. He thanked the mentors and mentees who attended.

2023 Council Orientation: Galley said that the 2023 Orientation was well attended.

HRSA Letter re: Consumer Incentives: See the attached letter from HRSA dated December 6, 2022, which relates to two options for reimbursing consumers for attending meetings: Option 1: provide a gift card to consumers who attend Ryan White meetings. Option 2: reimburse consumers for transportation, childcare services and meals (only if needed for health reasons). Please submit thoughts and comments to the Office of Support for consideration at the February 14, 2023 Operations Committee meeting.

Discussion: Williams stressed that the letter is not from the Office of Support or the Ryan White Grant Administration, it is a HRSA mandate. Ligon suggested that the Council send a letter to the Project Officer voicing the collective opinions of the Council. Henley said that it did not come from the project officer specifically. Mica suggested sending the Council's response to CMD Chavez and the other Texas EMAs as well. Williams said to submit comments and questions to her and she would submit the list of questions to the project officer along with a letter listing Council concerns. ***Motion #3:** it was moved and seconded (Ligon, Vargas) to encourage council members to send their comments to the Office of Support staff so that questions can be forwarded to the HRSA Project Officer. Once more information has been gathered, the Council will send a letter to HRSA expressing our collective concerns. **Motion carried.***

Survey on Format for 2023 Ryan White Meetings: See the results of a survey of all 2022 Council members regarding the preferred format for Council and committee meetings. Please submit thoughts and comments to the Office of Support for consideration at the February 14, 2023 Operations Committee meeting.

**2023 Council Activities:** See attached. Williams summarized the memorandum regarding Petty Cash procedures, Open Meetings Act Training and the 2023 Timeline of Critical Activities. These items will also be reviewed at the first meeting of each committee.

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

**Report from Ryan White Grant Administration:** Glenn Urbach, Manager, summarized the attached report.

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

**Training: Managing Meetings:** Ligons presented the attached PowerPoint slides.

**Announcements:** Ledbetter wished Ligons a happy birthday. Rodriguez asked everyone to take a moment to read the article that was sent out recently about HIV and breastfeeding recommendations. Vargas said that the Texas HIV Medication Advisory Committee asked him to chair the Data and Governance committee which was previously chaired by Nancy Miertschin. The first thing he will do is ask for details on those in our area who were denied ADAP as to why this happened so we can see if there is anything we can do to fix some of the issues. Pradia asked everyone to note that a flyer is being circulated regarding the upcoming HIV Advocacy Day on March 27, 2023. A bus will be going to Austin from Harris County. More information will be available soon.

**Adjournment: Motion:** *it was moved and seconded (Galley, Pradia) to adjourn the meeting at 1:28 p.m. Motion Carried.*

Submitted by:

Approved by:

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

\_\_\_\_\_  
Committee Chair    Date

## 2023 Steering Committee Voting Record for Meeting Date 02/02/23

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 Carried				Motion #2 Minutes Carried				Motion #3 Council response to letter from HRSA Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
Crystal Starr, Chair				C				C				C
Skeet Boyle, Vice Chair		X				X				X		
Josh Mica, Secretary		X				X				X		
Rodney Mills, Aff		X						X		X		
Allen Murray, Comp		X						X		X		
Cecilia Ligons, Op		X						X		X		
Peta-gay Ledbetter, PA		X				X				X		
Pete Rodriguez, QI		X						X		X		
<b><i>Non-voting members at the meeting:</i></b>												
Steven Vargas, Comp												
Bobby Cruz, PA												
Ronnie Galley, Op												
Tana Pradia, QI												
<b><i>Absent members:</i></b>												
Diana Morgan, Aff												



# Affected Community Committee Training

Purpose of the Planning Council  
Participation in Health Fairs  
Purpose of Public Hearings

February 20, 2023

## Purpose of the Planning Council

- What does the Planning Council do?
  - Conducts a Needs Assessment
  - Creates a plan to improve HIV services in Houston
  - Reviews data about existing Ryan White funded HIV services
  - Designs HIV services that will be provided using Ryan White funds in the Houston EMA/HSDA
  - Makes a list of the most important services
  - Decides the amount of Ryan White funding that will be allocated to each of the services

## Purpose of the Planning Council

- What does the Planning Council NOT do?
  - Review grant applications from agencies
  - Decide which agencies in Houston get money
  - Hire and fire staff at agencies
  - Respond to complaints from consumers about specific agencies
  - Write letters to politicians in Washington
  - March at protests
  - Conduct HIV prevention
- HRSA sets the rules for Planning Councils
  - HRSA says Planning Councils can only focus on services, not specific agencies.
  - The Administrative Agencies (Ryan White Grant Administration & The Resource Group) monitor grants and agencies.

## Participation in Health Fairs



- Tell the public about what the Ryan White Planning Council does
- Tell the public about services by giving out the Blue Book
- Tell the public how to volunteer with the Planning Council



- Give out condoms or HIV prevention materials
- Do HIV prevention
- Tell the public about specific agencies



## Purpose of Public Hearings

- Twice a year
- Inform the community about recommended changes that the Planning Council will decide upon.
- Get feedback from consumers of Ryan White services as to how the recommended changes will affect their ability to receive care and support services.
- Community input is vital to all of the Planning Councils processes and is encouraged at every level.
  - Public Hearings are televised to help all PLWH participate in the planning process – especially PLWH who cannot travel to Planning Council meetings

# **Houston Area HIV Services Ryan White Planning Council Standing Committee Structure**

(Reviewed 02-23-23)

## **1. Affected Community Committee**

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

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

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

## **2. Comprehensive HIV Planning Committee**

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

## **3. Operations Committee**

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

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

## **4. Priority and Allocations Committee**

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

**5. Quality Improvement Committee**

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

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

# DRAFT

## 2023 Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-23-23)

### Background

The Ryan White Planning Council must address two different types of money: Unobligated and Carryover.

**Unobligated** funds are funds allocated by the Council but, for a variety of reasons, are not put into contracts. Or, the funds are put into a contract but the money is not spent. For example, the Council allocates \$700,000 for a particular service category. Three agencies bid for a total of \$400,000. The remaining \$300,000 becomes unobligated. Or, an agency is awarded a contract for a certain amount of money. Halfway through the grant year, the building where the agency is housed must undergo extensive remodeling prohibiting the agency from providing services for several months. As the agency is unable to deliver services for a portion of the year, it is unable to fully expend all of the funds in the contract. Therefore, these unspent funds become unobligated. The Council is informed of unobligated funds via Procurement Reports provided to the Quality Improvement (QI) and Priority and Allocations (P&A) Committees by the respective Administrative Agencies (AA), HCPH/Ryan White Grant Administration and The Resource Group.

**Carryover** funds are the RW Part A Formula and MAI funds that were unspent in the previous year. Annually, in October, the Part A Administrative Agency will provide the Committee with the estimated total allowable Part A and MAI carryover funds that could be carried over under the Unobligated Balances (UOB) provisions of the Ryan White Treatment Extension Act. The Committee will allocate the estimated amount of possible unspent prior year Part A and MAI funds so the Part A AA can submit a carryover waiver request to HRSA in December.

The Texas Department of State Health Services (TDSHS) does not allow carryover requests for unspent Ryan White Part B and State Services funds.

It is also important to understand the following applicable rules when discussing funds:

- 1.) The Administrative Agencies are allowed to move up to 10% of unobligated funds from one service category to another. The 10% rule applies to the amount being moved from one category and the amount being moved into the other category. For example, 10% of an \$800,000 service category is \$80,000. If a \$500,000 category needs the money, the Administrative Agent is only allowed to move 10%, or \$50,000 into the receiving category, leaving \$30,000 unobligated.
- 2.) Due to procurement rules, it is difficult to RFP funds after the mid-point of any given fiscal year.

In the final quarter of the applicable grant year, after implementing the Council-approved October reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, the AA may reallocate any remaining unspent funds as necessary to ensure the Houston EMA/HSDA has less than 5% unspent Formula funds and no unspent Supplemental funds. The AA for Part B and *State Services* funding may do the same to ensure no funds are returned to the Texas Department of State Health Services (TDSHS). The applicable AA must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.

# DRAFT

## Recommendations for Addressing Unobligated and Carryover Funds:

- 1.) Requests from Currently Funded Agencies Requesting an Increase in Funds in Service Categories where The Agency Currently Has a Contract: These requests come at designated times during the year.

A.) In response, the AA will provide funded agencies a standard form to document the request (see attached). The AA will state the amount currently allocated to the service category, state the amount being requested, and state if there are eligible entities in the service category. This form is known as a *Request for Service Category Increase*. The AA will also provide a Summary Sheet listing all requests that are eligible for an increase (e.g. agency is in good standing).

The AA must submit this information to the Office of Support in an appropriate time for document distribution for the April, July and October P&A Committee meetings. The form must be submitted for all requests regardless of the completeness of the request. The AA for Part B and State Services Funding will do the same, but the calendar for the Part B AA to submit the Requests for Service Category Increases to the Office of Support is based upon the current Letter of Agreement. The P&A Committee has the authority to recommend increasing the service category funding allocation, or not. If not, the request "dies" in committee.

- 2.) Requests for Proposed Ideas: These requests can come from any individual or agency at any time of the year. Usually, they are also addressed using unobligated funds. The individual or agency submits the idea and supporting documentation to the Office of Support. The Office of Support will submit the form(s) as an agenda item at the next QI Committee meeting for informational purposes only, the Office of Support will inform the Committee of the number of incomplete or late requests submitted and the service categories referenced in these requests. The Office of Support will also notify the person submitting the Proposed Idea form of the date and time of the first committee meeting where the request will be reviewed. All committees will follow the RWPC bylaws, policies, and procedures in responding to an "emergency" request.

Response to Requests: Although requests will be accepted at any time of the year, the Priority and Allocations Committee will Review requests at least three times a year (in April, July, and October). The AA will notify all Part A or B agencies when the P&A Committee is preparing to allocate funds.

- 3.) Committee Process: The Committee will prioritize recommended requests so that the AA can distribute funds according to this prioritized list up until May 31, August 31 and the end of the grant year. After these dates, all requests (recommended or not) become null and void and must be resubmitted to the AA or the Office of Support to be considered in the next funding cycle.

After reviewing requests and studying new trends and needs the committee will review the allocations for the next fiscal year and, after filling identified gaps in the current year, and if appropriate and possible, attempt to make any increase in funding less dramatic by using an incremental allocation in the current fiscal year.

- 4.) Projected Unspent Formula Funds: Annually in October, the Committee will allocate the projected, current year, unspent, Formula funds so that the Administrative Agent for Part A can report this to HRSA in December.

**DRAFT**  
**Priority and Allocations**  
**FY 2024 Guiding Principles and Decision Making Criteria**  
(Priority and Allocations Committee approved 02-23-23)

Priority setting and allocations must be based on clearly stated and consistently applied principles and criteria. These principles are the basic ideals for action and are based on Health Resources and Services Administration (HRSA) and Texas Department of State Health Services (TDSHS) directives. All committee decisions will be made with the understanding that **the Ryan White Program is unable to completely meet all identified needs** and following legislative mandate **the Ryan White Program will be considered funding of last resort**. Priorities are just one of many factors which help determine allocations. All Part A and Part B service categories are considered to be important in the care of people living with HIV. Decisions will address at least one or more of the following principles **and** criteria.

*Principles are the standards **guiding the discussion** of all service categories to be prioritized and to which resources are to be allocated. Documentation of these guiding principles in the form of printed materials such as needs assessments, focus group results, surveys, public reports, journals, legal documents, etc. will be used in highlighting and describing service categories (individual agencies are not to be considered). Therefore decisions will be based on service categories that address the following principles, in no particular order:*

**Principles**

- A. Ensure ongoing client access to a comprehensive system of core services as defined by HRSA
- B. Eliminate barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)
- C. Meet the needs of diverse populations as addressed by the epidemiology of HIV
- D. Identify individuals newly aware of their status and link them to care. Address the needs of those that are aware of their status and not in care.

**Allocations only**

- E. Document or demonstrate cost-effectiveness of services and minimization of duplication
- F. Consider the availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies
- G. Reduce the time period between diagnosis and entry into HIV medical care to facilitate timely linkage.

*Criteria are the standards on which the committee's decisions will be based. Positive decisions will only be made on service categories that satisfy at least one of the criteria in Step 1 and all criteria in Step 2. Satisfaction will be measured by printed information that address service categories such as needs assessments, focus group results, surveys, reports, public reports, journals, legal documents, etc.*

(Continued)



# DRAFT

## DECISION MAKING CRITERIA STEP 1:

- A. Documented service need with consumer perspectives as a primary consideration
- B. Documented effectiveness of services with a high level of benefit to people and families living with HIV, including quality, cost, and outcome measures when applicable
- C. Documented response to the epidemiology of HIV in the EMA and HSDA
- D. Documented response to emerging needs reflecting the changing local epidemiology of HIV while maintaining services to those who have relied upon Ryan White funded services.
- E. When allocating unspent and carryover funds, services are of documented sustainability across fiscal years in order to avoid a disruption/discontinuation of services
- F. Documented consistency with the current Houston Area Comprehensive HIV Prevention and Care Services Plan, the Continuum of Care, the National HIV/AIDS Strategy, the Texas HIV Plan and their underlying principles to the extent allowable under the Ryan White Program to:
  - build public support for HIV services;
  - inform people of their serostatus and, if they test positive, get them into care;
  - help people living with HIV improve their health status and quality of life and prevent the progression of HIV;
  - help reduce the risk of transmission; and
  - help people with advanced HIV improve their health status and quality of life and, if necessary, support the conditions that will allow for death with dignity

## DECISION MAKING CRITERIA STEP 2:

- A. Services have a high level of benefit to people and families living with HIV, including cost and outcome measures when applicable
- B. Services are accessible to all people living with or affected by HIV, allowing for differences in need between urban, suburban, and rural consumers as applicable under Part A and B guidelines
- C. The Council will minimize duplication of both service provision and administration and services will be coordinated with other systems, including but not limited to HIV prevention, substance use, mental health, and Sexually Transmitted Infections (STIs).
- D. Services emphasize access to and use of primary medical and other essential HRSA defined core services
- E. Services are appropriate for different cultural and socioeconomic populations, as well as care needs
- F. Services are available to meet the needs of all people living with HIV and families, as applicable under Part A and B guidelines
- G. Services meet or exceed standards of care
- H. Services reflect latest medical advances, when appropriate
- I. Services meet a documented need that is not fully supported through other funding streams

**PRIORITY SETTING AND ALLOCATIONS ARE SEPARATE DECISIONS. All decisions are expected to address needs of the overall community affected by the epidemic.**

# FY 2024 Priority Setting Process

(Priority and Allocations Committee approved 02-23-23)

1. Agree on the priority-setting process.
2. Agree on the principles to be used in the decision making process.
3. Agree on the criteria to be used in the decision making process.
4. Agree on the process to be used to determine service categories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Improvement, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
6. Committee members attend a training session to review the documents contained in the information binder and hear presentations from representatives of other funding sources such as HOPWA, Prevention, Medicaid and others.
7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these five items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
8. The committee meets to do the following. This step occurs at a single meeting:
  - Review documentation not included in the binder described above.
  - Review and adjust the midpoint scores.
  - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
  - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
  - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or TCT (Take Charge Texas).
  - By matching the rankings to the template, a numerical listing of services is established.
  - Justification for ranking categories is denoted by listing principles and criteria.
  - Categories that are not justified are removed from ranking.
  - If a committee member suggests moving a priority more than five places from the previous year's ranking, this automatically prompts discussion and is challenged; any other category that has changed by three places may be challenged; any category that moves less than three places cannot be challenged unless documentation can be shown (not cited) why it should change.
  - The Committee votes upon all challenged categorical rankings.
  - At the end of challenges, the entire ranking is approved or rejected by the committee.

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9. At a subsequent meeting, the Priority and Allocations Committee goes through the allocations process.
10. Staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
11. The single list of recommended priorities is presented at a Public Hearing.
12. The committee meets to review public comment and possibly revise the recommended priorities.
13. Once the committee has made its final decision, the recommended single list of priorities is forwarded as the priority list of services for the following year.