

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

MEMORANDUM

To: Steering Committee Members:
Josh Mica, he/him/él, Chair
Skeet Boyle, Vice Chair
Ryan Rose, Secretary
Johnny Deal, Co-Chair, Affected Community Committee
Carol Suazo, Co-Chair, Affected Community Committee
Kenia Gallardo, Co-Chair, Comprehensive HIV Planning Committee
Robert Sliepka, Co-Chair, Comprehensive HIV Planning Committee
Cecilia Ligons, Co-Chair, Operations Committee
Crystal R. Starr, Co-Chair, Operations Committee
Peta-gay Ledbetter, Co-Chair, Priority and Allocations Committee
Rodney Mills, Co-Chair, Priority and Allocations Committee
Tana Pradia, Co-Chair, Quality Improvement Committee
Pete Rodriguez, Co-Chair, Quality Improvement Committee

Copy: Glenn Urbach
Eric James
Mauricia Chatman
Francisco Ruiz
Tiffany Shepherd
Patrick Martin

Diane Beck
Jason Black

EMAIL ONLY:
Sha'Terra Johnson
David Williams

From: Tori Williams

Date: Tuesday, August 27, 2024

Re: Meeting Announcement

We look forward to seeing you for the following meeting:

Ryan White Steering Committee Meeting
12 noon, Thursday, September 5, 2024

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

In-Person: Please join us at Bering Church, 1440 Harold St., Houston, Texas 77006
Please park and enter from behind the building on Hawthorne Street.

Please contact Rod to RSVP, even if you cannot attend, and let her know if you prefer to participate virtually or in person. Rod can be reached by telephone at: 832 927-7926 or by email at: Rodriga.Avila@harriscountytexas.gov. Thank you!

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



STEERING COMMITTEE

AGENDA

12 noon, Thursday, September 5, 2024

Please note that the use of artificial intelligence (AI) is prohibited at Ryan White sponsored meetings.

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

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 Josh Mica, he/him/él, Chair
RW* Planning Council
 - A. Welcoming Remarks and Moment of Reflection
 - B. Select the Committee Co-Chair who will be voting today
 - C. Adoption of the Agenda
 - D. Adoption of the Minutes

- II. Public Comment and Announcements – **SEE QUALITY IMPROVEMENT COMMITTEE REPORT**
(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 Kenia Gallardo, she/her/hers &
Robert Sliepka, he/him/they,
Co-Chairs

The Committee did not meet so that members could attend their EHE/Integrated Planning meetings.

 - B. Affected Community Committee Johnny Deal, he/him/his &
Carol Suazo, she/her/ella,

The Committee did not meet so that members could continue to collect survey information for the inventory of HIV resources at Houston area colleges and universities.

Item: 2024 Project LEAP and Proyecto VIDA
Recommended Action: FYI: The winners of the Project LEAP and Proyecto VIDA recruitment contests will be announced at the Council meeting next week. The winners will be those who recruited the highest number of individuals who submitted an application and participated in the interview. There will be a \$50 gift certificate for the winner of the Project LEAP and the Proyecto VIDA contests. Drum roll please.....

- C. Quality Improvement Committee
Item: Public Comment
Recommended Action: FYI: Please see the attached transcript of 12 public comments that were made at the August Quality Improvement Committee meeting. SUGGESTION: Please invite Glenn to provide information on a number of steps that Ryan White Grant Administration is taking to address the comments.
- Item:* Reports from the Administrative Agent – Part A/MAI*
Recommended Action: FYI: See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:
- FY24 Procurement Report – Part A/MAI, dated 08/05/24
 - FY24 Service Utilization – Part A/MAI, dated 08/05/24
- Item:* Reports from the Administrative Agent – Part B/SS**
Recommended Action: FYI: See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:
- FY24-25 Procurement Report – Part B, dated 07/31/24
 - FY24-25 SUR Report – Part B, dated 07/25/24
 - FY23-24 Procurement Report – SS**, dated 07/31/24
 - FY23-24 HIAP SUR Report, dated 07/25/24
- D. Priority and Allocations Committee
Item: 2024 State Services Funding Reallocations
Recommended Action: **Motion:** Move \$150,000 in unspent State Services funds into the Health Insurance Assistance Program per the recommendation of the Ryan White Part B/ State Services Administrative Agent.
- E. Operations Committee
Item: Personnel Subcommittee
Recommended Action: FYI: Verbal update.
- Item:* 2024 Project LEAP & Proyecto VIDA
Recommended Action: **Motion:** Approve the attached 2024 Project LEAP and Proyecto VIDA service definition and student selection criteria.
- Item:* Proposed Procedure Related to Meeting Protocol
Recommended Action: FYI: The Operations Committee will be discussing the attached, proposed meeting procedure at their September 16, 2024 meeting. Please submit input that you would like to have to Tori. All comments and suggestions are welcome.
- V. Report from the Office of Support

Tana Pradia, she/her/hers &
Pete Rodriguez, he/him/él,

Peta-gay Ledbetter, she/her/hers
and Rodney Mills, he/him/his,

Cecilia Ligons, she/her/hers &
Crystal R. Starr, she/her/hers,
Co-chairs

Tori Williams, she/her/hers,
Director

- VI. Report from Ryan White Grant Administration Glenn Urbach, he/him/his,
Manager
- VII. Report from The Resource Group Sha'Terra Johnson, she/her/hers,
Health Planner
- VIII. Announcements
- IX. Adjournment

**MAI = Minority AIDS Initiative funding*

*** SS = State Services funding*

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



STEERING COMMITTEE

MINUTES

12 noon, Thursday, August 1, 2024

Meeting Location: Bering Church 1440 Harold Street; Houston, TX and Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Josh Mica, he/him/él, Chair	Robert Sliepka, excused	<i>Ryan White Grant Administration</i>
Skeet Boyle, Vice Chair	Carol Suazo	Glenn Urbach
Ryan Rose, Secretary		Eric James
Johnny Deal		Mauricia Chatman
Kenia Gallardo		Frank Ruiz
Cecilia Ligons		
Crystal R. Starr		<i>Office of Support</i>
Peta-gay Ledbetter		Tori Williams
Rodney Mills		Diane Beck
Tana Pradia		
Pete Rodriguez		

Call to Order: Josh Mica, he/him/él, Chair, called the meeting to order at 12:03 p.m.

During the opening remarks, Mica said that he hoped everyone had recovered from Hurricane Beryl and has their electricity back. At the last Council meeting, some members had not been in an air-conditioned space for quite a while. Hopefully, that wasn't the only reason why in-person attendance was so high in July. He thanked the Priority and Allocations Committee for putting in extra time last month. They created the service priorities for FY 2025 and reallocated the FY 2023 carryover funds in July, which will be reviewed and hopefully approved at the meeting today. He also thanked Ronnie Galley and his team of volunteers who have been at Ryan White funded agencies recruiting students for Project LEAP and Proyecto VIDA. Their valuable time and efforts were appreciated. Staff will interview candidates until August 13th so please see staff if anyone has friends who would benefit from the program or they haven't posted the information on their social media. Also, there are two contests going on. The person who recruits the highest number of applicants who show up for their Project LEAP or Proyecto VIDA interview will win a \$50 gift certificate to a restaurant or store of their choice.

Mica then called for a Moment of Reflection.

Those selected to represent their committee at the meeting were: Gallardo for Comprehensive HIV Planning, Deal for Affected, Starr for Operations, Ledbetter for Priority and Allocations, and Pradia for Quality Improvement.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Ligons, Rose) to approve the July 3, 2024 minutes.* **Motion carried.** Abstentions: Deal, Gallardo.

Public Comment and Announcements: None.

Reports from Committees

Comprehensive HIV Planning Committee: Kenia Gallardo, Co-Chair, reported on the following:

FY 2025 EIIHA Plan Populations: **Motion #3:** *Approve the following populations for inclusion in the FY 2025 EIIHA Plan:*

1. *Black/African Americans*
2. *Hispanics/Latinx Individuals*
3. *Male-Male Sexual Contact/Men who have Sex with Men*

*Office of Support staff is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data consistently fail to assess the need for testing, referral, and linkage in vulnerable populations such as among those who are transgender, intersex, homeless, and those released from incarceration. Moving forward, the Houston Ryan White Planning Council will look to other sources, in addition to that provided by the Texas Department of State Health Services, to document the needs of these vulnerable populations. **Motion Carried.***

Affected Community Committee: Skeet Boyle, Committee Member, reported on the following:

General Check In with Committee Members: At their July meeting, the Committee Chair invited members to talk about their experiences during Hurricane Beryl and share any needs they might have.

EHE/Integrated Planning Body: Members of the Affected Community Committee, in conjunction with the Consumer and Community Engagement Workgroup, continue to work on an inventory of HIV Resources of Houston area colleges and universities.

2024 Project LEAP and Proyecto VIDA: Members of the Affected Community Committee have been recruiting students for the 2024 Project LEAP and Proyecto VIDA classes, which will start on Wednesday, August 14th. Many thanks to all Council members for posting information on social media, sharing the applications with friends and more. Special thanks were extended to the Ryan White volunteers who staffed tables at agencies and last weekend's VIBE event, and to Ronnie Galley for coordinating with volunteers and staff at the agencies. It was a big job!

Quality Improvement Committee: Pete Rodriguez, Co-Chair, reported on the following:

FY 2023 Assessment of the Administrative Mechanism: **Motion #4:** *Approve the FY 2025 Assessment of the Administrative Mechanism and commend the Ryan White Part A/MAI Administrative Agent for rapidly dispersing funds to meet the needs of people living with HIV in the Houston EMA and efficiently managing the process so that fewer dollars were returned to the federal government. No corrective action required. **Motion Carried.***

Other Professional Services: Since John Nechman is tentatively scheduled to present information to the Council about the process of expunging criminal records, members of the Committee were encouraged to attend the presentation.

Priority and Allocations Committee: Rodney Mills, Co-Chair, reported on the following:

See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:

- FY23 Procurement Report – Part A/MAI, dated 06/17/24
- FY23 Service Utilization – Part A/MAI, dated 04/15/24

See the attached reports from the Part B/State Services Administrative Agent:

- FY23-24 Procurement Report – Part B, dated 07/11/24
- FY23-24 Procurement Report – State Services, dated 07/11/24
- FY23-24 HIAP SUR Report, dated 05/29/24

FY 2025 Ryan White Service Priorities: **Motion #5:** *Based upon need, use, and a special concern for making medication easy to access, the Priority and Allocations Committee recommends approval of the attached FY 2025 service priorities for Ryan White Part A, MAI, Part B and State Services funded service categories.* **Motion Carried.**

2024 Ryan White Part A & MAI Allocation Increases: **Motion #6:** *Approve the 2024 Ryan White Part A and MAI Allocation Increases. See the attached chart, which includes justification.* **Motion Carried.**
Abstention: Boyle.

Operations Committee: Cecilia Lignons, Co-Chair, reported on the following:
No report due to Hurricane Beryl.

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: None.

Announcements: Lignons said that Living Large will have a workshop this Friday, with Richon Ohafia as the facilitator. All are welcome to attend. Boyle said that Bread of Life will be distributing food and supplies this Saturday. MetroLift cancelled the contract to pickup and deliver so those who use MetroLift will need to make other arrangements.

Adjournment: **Motion:** *it was moved and seconded (Starr, Pradia) to adjourn the meeting at 12:40 p.m.* **Motion Carried.**

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

2024 Steering Committee Voting Record for Meeting Date 08/01/24

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 2025 EIIHA Pops Carried			Motion #4 FY23 Assessment of the Admin Mech Carried			Motion #5 FY25 Service Priorities Carried			Motion #6 FY24 Pt A & MAI Alloc Increases Carried						
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain		
Josh Mica, Chair			C				C					C									C	
Skeet Boyle, Vice Chair	X				X			X					X									X
Ryan Rose, Secretary	X				X			X					X					X				
Johnny Deal, Aff	X						X						X					X				
Kenia Gallardo, Comp	X						X						X					X				
Crystal Starr, Op ja 12:07 pm	X				X								X					X				
Peta-gay Ledbetter, PA	X							X					X					X				
Tana Pradia, QI	X							X					X					X				
Non-voting members at the meeting:																						
Cecilia Lignons, Op																						
Rodney Mills, PA																						
Pete Rodriguez, QI																						
Absent members:																						
Carol Suazo, Aff																						
Robert Shlepka, Comp																						

Affected
Community
Committee

Date: _____

HIV Services Available at Houston Area Colleges

Your name: _____ Your email address & phone #: _____

Name of College: _____

Information collected by: _____ Telephone _____ Website _____ Other: _____

QUESTIONS:

Where can a student get information about HIV? _____ On campus _____ Off campus

Name and phone number of place or program where educational information is provided:

Where can a student at the college get an HIV test? _____ On campus _____ Off campus

Name and phone number of place or program where HIV test is administered:

Is there a charge for the test? _____ No _____ Yes Cost of the Test: \$ _____

Where can a student at the college get information about HIV prevention & care services?

If a student thinks they may have been exposed to HIV, where can they go for help?

If there is a place on campus where students can get HIV services, what services are offered?

_____ HIV Testing? _____ PrEP? _____ HIV Medicine? _____ Referrals for Services? _____ Counseling?

_____ Other? Describe: _____

LIST OF VOLUNTEERS CALLING UNIVERSITIES AND COLLEGES – AS OF 08-02-24

VOLUNTEER	COLLEGE OR UNIVERSITY	NOTES
Skeet	Steven F. Austin	
	Texas A&M College of the Mainland	
	HCC Downtown	
	U of H Downtown	
	HCC Stafford	
	Prairie View A&M	
	U of H Clearlake	
	University of St Thomas	
	San Jacinto College	
	University of St Thomas	
	Alvin Community College	
	Houston Christian University	
Kathryn	Texas Southern University	
	University of Houston	
	University of Texas Health	
	Baylor College	
	Rice University	
Kesh		
Diondra	Lone Star	
	Blinn	
	Lee College	
	Wharton County	
Ryan		



WIKIPEDIA
The Free Encyclopedia

List of colleges and universities in Houston

The following is a **list of colleges and universities in Houston**, located within the city limits.

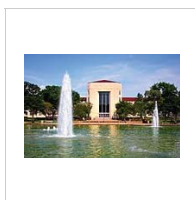
State universities

Four separate and distinct state universities are located in Houston.

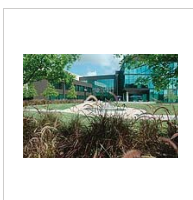
The University of Houston is the flagship institution of the University of Houston System. The University of Houston–Clear Lake and the University of Houston–Downtown are stand-alone universities; they are not branch campuses of the University of Houston. Admission into each institution is separate, and each institution has distinct admission criteria and requirements.

Texas Southern University is the only independent state university in Houston and is one of the largest historically black universities in the U.S.

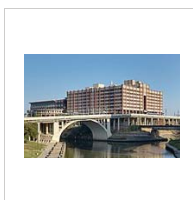
Institution	Founded	Enrollment (Fall 2012)	Campus acreage	Freshman acceptance rate ^[1] (Fall 2012)	Endowment	Research expenditures (FY 2011)	Carnegie classification ^[2]	U.S. News Ranking
University of Houston 4800 Calhoun Rd	1927	40,747	667	55.9%	\$590 million ^[3]	\$128 million ^[3]	Research (Very High)	National Universities, No. 171 (Tier 1) ^[4]
University of Houston–Clear Lake 2700 Bay Area Blvd	1971	8,153	524	N/A	\$22.6 million ^[5]	\$2.2 million ^[5]	Master's (Large)	Regional Universities, Tier 2 ^[6]
University of Houston–Downtown 1 Main St	1974	13,916	20	90.3%	\$34.7 million ^[7]	\$1.5 million ^[7]	Baccalaureate–Diverse	Regional Colleges, Tier 2 ^[8]
Texas Southern University 3100 Cleburne St	1927	9,646	150	87.3%	\$48.7 million ^[9]	N/A	Doctoral/Research	National Universities, Tier 2 ^[10]



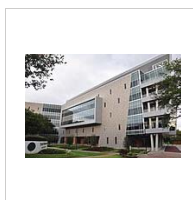
University of Houston



UH–Clear Lake



UH–Downtown



Texas Southern Univ.

Community colleges

Colleges in or nearby Houston

- [Houston Community College System](#)
- [Lone Star College System](#)
- [San Jacinto College](#)

Other Community Colleges around Houston

- [Alvin Community College](#)
- [Blinn College](#)
- [Brazosport College](#)
- [College of the Mainland](#)
- [Lee College](#)
- [Wharton County Junior College](#)

Private universities

Nonsectarian

- [Rice University](#), established in 1912, is a private Tier One research university located at 6100 Main, Houston, Texas.^{[11][12]} Rice enrolled 3,001 undergraduate, 897 post-graduate, and 1,247 doctoral students and awarded 1,448 degrees in 2007. The university is organized into eight schools offering 40 undergraduate degree programs,^[13] 51 masters programs, and 29 doctoral programs.^{[14][15]}
- [Strayer University](#), established in 1892, is a private college offering associate's, bachelor's and master's degree programs. There are 3 campuses in the Houston area offering both on campus and online class options.^[16]
- [Houston Graduate School of Theology](#)
- [North American University](#), established in 2007, is a private college offering bachelor's degree programs in three disciplines: computer science, business administration and education.^[17]
- [American InterContinental University](#), 9999 Richmond Avenue, Houston, Texas, offers 2 associate degree programs, 24 bachelor programs, and 11



Rice University

masters programs in 5 disciplines: business administration, accounting, criminal justice, healthcare management and information technology.^[18]

Sectarian

- The College of Biblical Studies, 7000 Regency Square Blvd., Houston, Texas, is a Bible college that is non-denominational. It is dual-accredited by SACS-COC and ABHE and was founded in 1976 by Rev. Ernest L. Mays. The school continues to strive to equip African American and other ethnic minority pastors to serve the church and the world through both English- and Spanish-language undergraduate degree offerings.^{[19][20]}
- Houston Christian University, 7502 Fondren Road, Houston, Texas, offers more than 50 undergraduate majors. Pre-professional programs range from Biblical languages to nursing.^[21]
- University of St. Thomas, located at 3800 Montrose, Houston, Texas, is a comprehensive Catholic university, grounded in the liberal arts. Founded by 1947 by Basilian Fathers, it serves as the only Catholic university in the Archdiocese of Galveston-Houston.^[22]

Law schools

Public

- Texas Southern University, Thurgood Marshall School of Law
- University of Houston Law Center

Private

- South Texas College of Law



University of Houston Law Center

Independent schools

- Center for Advanced Legal Studies

Health institutions

Public

- Institute of Biosciences and Technology
- Prairie View A&M University College of Nursing
- Texas Southern University School of Pharmacy and Health Science
- Texas Woman's University Health Science Center Houston
- University of Houston College of Medicine
- University of Houston College of Optometry
- University of Houston College of Pharmacy
- The University of Texas Health Science Center at Houston
- MD Anderson Cancer Center

Private

- Baylor College of Medicine
- Memorial Hermann Clinical Innovation and Research Institute (CIRI)^[23]
- The Methodist Hospital Research Institute^[24]
- Texas Children's Hospital



Baylor College of Medicine (BCM) is ranked among the top schools of medicine in the United States.

Former institutions

- Christian College of America^[25]
- Gulf Coast Bible College (moved to Oklahoma City, Oklahoma in 1985)^[25]
- South Texas Junior College

See also

- List of colleges and universities in Texas

References

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- ↑ (http://classifications.carnegiefoundation.org/lookup_listings/srp.php?clq={%22first_letter%22:%22U%22}&limit=100,50&orderby=sortname&start_page=institution.php) Carnegie Foundation University Classification | accessdate = 2011-02-06
- ↑ "University of Houston Progress Card" (http://www.uhsa.uh.edu/chancellor/strategic-direction/strategic-documents/UH%202011-12%20Progress%20Card.pdf) (PDF). University of Houston System. Retrieved 2011-11-18.
- ↑ "2013 Best Colleges: University of Houston" (http://colleges.usnews.rankingsandreviews.com/best-colleges/university-of-houston-3652). *U.S. News & World Report*. Retrieved September 11, 2013.
- ↑ "University of Houston–Clear Lake Progress Card" (http://www.uhsa.uh.edu/chancellor/strategic-direction/strategic-documents/UHCL%202011-12%20Progress%20Card.pdf) (PDF). University of Houston System. Retrieved 2011-11-18.
- ↑ "2013 Best Colleges: University of Houston–Clear Lake" (http://colleges.usnews.rankingsandreviews.com/best-colleges/university-of-houston-clear-lake-11711). *U.S. News & World Report*. Retrieved September 11, 2013.

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21. HBU – Visit HBU (<https://www.hbu.edu/admissions/visit-hbu/>)
22. Contact UST (<http://www.stthom.edu/About/Contact-Us/Index.aqf>)
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Retrieved from "https://en.wikipedia.org/w/index.php?title=List_of_colleges_and_universities_in_Houston&oldid=1179007769"

Quality
Improvement
Committee

Ryan White Planning Council
Quality Improvement Committee
Transcription of Public Comments
Tuesday, August 13, 2024, 2:00 p.m.
Bering Church, 1440 Harold Street, Houston, Texas

GEORGINA GERMAN (Needs Assessment Survey Interpreter): Yes, I have a public comment. This is something that I witnessed and I experienced. Two months ago, it was actually in May, I was a what you do to help other Ryan White Planning Council to do that customer survey at one of the clinics. Actually, I'm going to say the clinic: Thomas Street on Quentin. I was able to do two days. It was on a Tuesday and a Thursday. One of those days, I encountered, while we were encouraging some of the clients, the patients they attend the clinic, to complete the survey, I know almost going to the end of the day, one of the clients, that he was a monolingual, Spanish-speaking person. I'm not going to get into detail what the person looked like or anything like that, but we offer, along with completing the survey, we offer food to the people that we're completing, right? And also, an incentive.

So one person came with a case manager. I wouldn't have had it like that. The case manager was an English monolingual person. This client expressed that it was his first time to attend the clinic. It was a newly diagnosed person, and the client had his kids with him, as well. You know, when it's a first appointment, going through the whole process, it takes usually like hours, right? The client asked for extra food. We give him extra food for his kids.

What I observed in the moment, it was: The case manager was a really nice person, but the way he/she was communicating with the patient, the client, he was using Google Translate. At the moment I saw that, how can I say? He expressed to be confused on the process but also

appreciated that the case manager was helping him, you know, like even though that the case managers, what you see, this Google Translate, that is not the appropriate way how we communicate or we provide services to our clients or to our patients, and I would say especially, especially when it's your first appointment, when you have been newly diagnosed and you require way more information to (audio dropout). So it was kind of confusing. He showed confusion, but was more eager to go through the process and just, you know, like doing the labs, continue what he needed to do. Like I said, the case manager was very nice. I saw how they were interacting.

But using a Google app to translate, my observation was: not correct at the moment, because it's more than really translating to our client. It's being able to communicate, educate, explain what is going to be the process so they can continue with their care. And I think that I witnessed in person, as a previous, being a prevention manager, the same experience as my team had encountered; that it was difficult for them to find bilingual people in the clinics.

Did I finish my time? Okay, sorry. Thank you.

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STEVEN VARGAS: I'm going to start my public comment. I hope you-all can catch it. Three minutes. I'm here essentially just looking at the data we've been looking at for this entire year, when it looks like when it comes to Latinos, just newly diagnosed, increasing our numbers of people living with HIV, as well, those numbers have been spiking across the country.

Pete (the Committee Chair), I'm sure you're probably aware of this, also, just of your travels and helping out other areas. It's what I've seen, as well. And we know that here in our own state of Texas, Latinos, led the pack of late diagnoses since the beginning of this century, and now we're seeing young Latino MSMs becoming positive at an alarming rate across the country and in our own city, not just our state.

I think it's about time that we start redoubling our efforts to focus in on Latinos, to help them realize their HIV status and capitalize on the treatment advances when it comes to getting to viral suppression. Right now, I am going to be trying to push for folks to redouble our efforts to duplicate what we did about a quarter century ago. When we saw the numbers of African Americans living with HIV, our city created a state-of-emergency response and put monies from our own city's coffers and health departments to address the issue. Well, I'm going to be doing the same with our own city, and I'm calling on this council to basically do what you can. We've done what we can to address this inasmuch as we can. And at this point, I think we need to do what we need to do and not just what we can.

I know that the grant administration has mentioned that we encourage and prefer to hire folks that are bilingual to help with our Latinos that are monolingual speaking, to help them with their facilitation and access the maintenance in care. But we know, just from what we just heard from this first public comment, that is not meeting the mark. We did what we can. Now we need to do what we need to do. We need to demand that bilingual staff be hired at every CBO and clinic that the Ryan White Planning Council funds in Houston. Not recommend. Not would be nice to have. Demand. Make it mandatory that everyone receiving any funding from Ryan White-funded services — care or support — needs to have people that are bilingual so that we can get this under control when it comes to Latinos living with HIV. And so we'll be repeating the same information with the city and the county judge's office. My hope is that we can follow suit, and that's the end of my comments.

Thank you.

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ADRIANA DIBELLO (AAMA, Inc.): Hello, good afternoon, everyone. I definitely echo the message Steven shared a few minutes ago: increasing job opportunities for individuals who are

bilingual and making it almost mandatory for many of these funded Ryan White locations.

I, myself, have been at AAMA now for — I'm going on 19 years, you guys. So 19 years, and throughout this time frame, we've had a lot of programs around HIV prevention services or HIV early intervention services. And throughout the time that I have been here and working also with the City of Houston Health Department, our Latino population has always needed a little extra support because they face maybe twice to three times the challenges that any other individual may have. And needless to say, there are also — you know, there's a lot of fear factors involved with this specific population. And so, many times it's navigating the system: what documents to bring, what services they can utilize and what they can't. Being able to educate a lot more. I'll tell you that if we do not have that type of what we call intensive, supportive case management service, then you're going to continue seeing an increase amongst this population, and it's just going to evolve even greater.

Thank you.

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ELIA CHINO (FLAS, Inc.): Good afternoon, everyone. Nice to see you. Thank you for the opportunity to let me speak on behalf of the Latino community. We've been challenging forever this problem. The Latino community in Houston, it's still the stigma is a huge barrier that we are facing. As I expanded the organization, we are celebrating this year be 30 years. And I've been involved with Ryan White for all these years, and you know what? FLAS never received any support from Ryan White whatsoever. But I also think we need to — acting as Steven and Adriana, they already mentioned about all the needs. I think we need to allocate money from the City of Houston and Harris County to provide more support for the CBOs, because we are challenges. Our community needs transportation. Our community, they need food to bring to the tables. They need to do whatever they have to do to continue surviving, to continue facing

the discrimination, the transphobia, the homophobia across all the clinics. We need to have more bilingual people that are work and to have empathy for the population that we serve because that is not happening nowhere, and we need to address these issues because we need support. We need more funding.

Thank you.

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GLORIA SIERRA (Chair, Latino HIV Task Force): I am the chair of the Latino HIV Task Force, and this has been an issue since as long as I've been in HIV, which has been at least 30 year now. What I see, the continued issue, is that while we have monies to do testing and things like that, it's always our HIV providers that are getting this money, and yes, they target certain populations, and that's always been a somewhat unspoken rule that they do testing, they stick to their own, they go to the gay communities. But as our Latino communities, they're never out there. They're never testing there.

Why not look beyond the usual HIV — the five to seven clinics that get funding all the time? To look beyond and look at some other clinics that are in the communities, to get some testing money for the ones that do visit these clinics, and maybe we can get some more people onboard and not just the same five or six. And I'm counting Texas Children's Hospital in there, as well. I'm not avoiding that we don't do the same thing, but we get people to come to us. But as the chair of the Latino Task Force, this has been an issue.

I mean, about seven years ago, we did a micro mystery shoppers, where we didn't have any agencies that are out there with monies that had Spanish speakers. And then they treated us terrible. This is just not okay, and we continue to have this same issue, and it hasn't gone away.

When is the City of Houston, the Ryan White Planning Council, going to look at all of this and really do something about it and get us some assistance, get us some help? And I'm not

talking about avoiding the African-American or the young gays or whoever, but let's all work together and try to get everyone to do whatever it is we need to do for everyone to get tested so we can all know what our status is.

Thank you.

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DANIEL RAMOS (ViiV Healthcare): Thank you, and thank you, committee members, for your time and your work today. My name is Daniel Ramos. I am a community engagement specialist with ViiV Healthcare, but I've been living here in the Houston area and working here for a few years.

I used to be a planning council member at the Austin TGA Planning Council between the years 2019–2021. There, we had very similar conversations with regard to providing interpretation and translation services to clients with limited English proficiency. So this is absolutely something that I believe is not unique to the Houston EMA, but absolutely something that's very ubiquitous in planning councils all over: How do we provide services, again, to our clients who have limited English proficiency?

Now, keep in mind that any healthcare organization that receives federal funding is regulated. It is required to offer translation and interpretation services to any clients of limited English proficiency. And let me just rattle off three: Title III of the Americans with Disabilities Act does speak to this need. Section 1557 of the Affordable Care Act also has information related specifically to healthcare providers needing to offer these services. And last but not least — there are others — but Title VI of the Civil Rights Act, as well.

So with that in mind, keep — I know that you are all very well savvy with regard to Ryan White funds being funds of last resort. We're only using our funds to provide services as need be. Keep in mind that all of the contracted agencies that are providing services under Ryan

White have to be able to provide services for translation and interpretation from clients with limited English proficiency, out of their own funds. Out of their own funds.

Yes, I think it's important that if we do need to oversee and support rollout of better interpretation services at all Ryan White grantee spaces, that some funds be allocated for that. But keep in mind, these agencies have — it's imperative that they provide services, and not only through apps or through phone lines, but actual live, in-person interpretation.

Now, I want to mention and corroborate kind of what Georgina had mentioned earlier. I, myself, was at Quentin Mease a couple of months ago, waiting for an appointment with one of my customers, and I overheard a case manager, in the hallway, using a Google app, Translate, on their phone, speaking in English to their phone, and it spouting out Spanish to the client, in a hallway. Absolutely, patient confidentiality was out the window. That's unheard of.

Aside from hiring people that are bilingual, organizations need to provide services by certified translators and certified interpreters. Now, I'm more than happy to share the American Translators Association information, atanet.org, and I know people in Austin and around the state who can connect us with more information if that's necessary.

Thank you so much for your time today.

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KIMMY PALACIOS (FLAS, Inc.): Good afternoon. My name is Kimmy Palacios. I'm a project director here at FLAS. I've been here close to 13 years, and I'm just going to share a story.

A couple of years ago, I'm going to talk about 11 years ago, I had to provide transportation and translation services — I am not certified — to a transgender client. This particular person had to have a breast exam with a very specific machine, and the doctor, from the very beginning, was very, very rude to her. He did not use she/her pronouns. He was very

rude, and when he had to use the machine on her breast to see the size of the ball that was growing in her breast, he was very, very aggressive. He was pushing on the machine very — I could tell that he was doing it in a mean way. He not a caring person, you know, and very softly. No, he was like pushing down on the thing and hurting her breast. And I could not say anything to the doctor. I was just there holding her hand as she was getting this procedure done.

She cried in the vehicle, and I cried with her too, because I thought in Houston, we're a melting pot. There are so many Latinos. How dare we stay in the shadows? How dare we stay in the damn shadow? We have to speak up for our people because this is not fair. They're making money out of our people when they go to every single appointment. And it's not fair that they get the trust here at FLAS, where we have to send them out for these other services that we don't have in-house. And for what? So you can get mistreated? They're not getting their pronouns correctly? They come with trauma: escaping cartels; escaping their small villages; from their hometowns, getting burned alive just because of who they are and their sexual orientation or for who they love. Do you think that's fair? They don't cross one border. They don't cross two. They cross up to five damn borders to get here. And for what? The American dream? To get mistreated when they're looking for services? We have to demand better services for our people.

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OMAR TOIRAC (FLAS, Inc.): Hello, good afternoon. My name is Omar Toirac, and I'm employed here at FLAS for almost 10 years. All this mistreating our clients has been going since I've been here, and I've always been an advocate for them. When I got the opportunity to be a case manager for people that were getting diagnosed with HIV and they were only Spanish speakers, we will go to mainly St. Hope Foundatoin, and we were able to be the translators for them. But all of a sudden, they stopped us and say if we were certified to be translators. And the

reason why we were translating to them, because many of the uncertified translators were not speaking whatever the doctor was telling the patient, and we were just stopped. They just stopped us to be their translators. They were not using the medical terms that they were supposed to. If they're going to be hiring these big companies that translate for them, they need to make sure they hire the right people to translate in the proper medical language that they need to be using.

A week ago, I got a call from one of my clients, and he was literally crying because at St. Hope, he was scheduled an appointment on a day that they were closing early. He was there early for his appointment, and they just told him that they were not going to be able to see him. You know, these people come from other countries and they find little jobs that can pay them the minimum wage and abuse them. And when we have all these big clinics that are making mistakes on their appointments, I don't think it's fair. They need to do their job properly.

Like I once told one of the supervisors there, they need to treat our people, especially our Latino people, they need to treat them right, how they treat — I've seen firsthand how they treat black Americans. That's the same treatment we deserve. We deserve better treatment. That day, I told the supervisor that she needed to talk to my people the way she talks to their people because it's not fair that they're receiving all this money for what? Just to make them bigger and not giving good service to our Latino community? I think we need to get funding to the right clinics and make sure, do inspections or whatever it takes, for them to give the right and proper treatment to our clients.

Thank you so much for letting our voice heard, and I really appreciate it. Thank you.

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OMAR NAVARRO (FLAS, Inc.): Hi, good afternoon. I'm Omar Navarro. I'm the program manager at FLAS. I've been here 10 years, and I'm also an HIV navigator, so I'm with Omar

Toirac on everything he said.

We go to the appointments with the clients, especially on the first appointment, which is, I guess, like the most important appointment because they have to go through eligibility and then the medical, so it's like three hours to four hours. Recently, it was this year, where in one of the clinics — I don't know if I can mention the name, but I'll go ahead — it was Avenue 360 where I went, and the provider asked me, "Are you certified to translate?"

I said, "No."

So she said, "Okay." Well, she just turned around, made the call, and they were doing the translation, but it was not the correct one. The client didn't really understand what the person was telling him, so I had to still be translating. And I feel like the service is not the same because they just do it, but it's like they don't care. Case managers, as well. And it's not only in that clinic. It's in other clinics, like they mentioned St. Hope.

So I feel, like Steven Vargas mentioned, we need to hire people that are bilingual so they can have a better service. They're not using the medical terminology. They really don't care about our patients. So I just wanted to address that, as well, and thank you.

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ESMERALDA OREGON (FLAS, Inc.): Again, my name is Esmeralda. I'm with FLAS. I'm the housing support coordinator here.

I have worked as a HOPWA case manager for 11 years now, and just as everyone has been saying, the number one barrier is language. Navigating the system, even calling to make an appointment, to set a doctor appointment, to set a dentist appointment, the pharmacy, there's no way of them communicating because there's no one there that speaks Spanish.

I've had a client, a previous client, went to pick up her medication at the pharmacy, and she was given somebody else's medication because they didn't understand, I guess, her birthday

or her full name. Maybe her name was common. I don't know. But she received somebody else's medication, and she reached out to me. I was in the same building, and I tried to assist.

But yes, I mean, it was difficult even to help them within the same agency that I was working at, which was Avenue 360, but it was even difficult for me to try to help them sometimes, or if I wasn't available. So yes, we need more Spanish speakers because there's a lot of need for them in the community.

Thank you.

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EVELIO SALINAS ESCAMILLA (Latino Commission on AIDS): Hello, my fellow colleagues on this committee. Of course, I'm making a public comment as a private citizen.

We have had this conversation ever since my first tenure on the planning council, which was, I don't know, more than 10 years ago. I've served in different capacities with prevention agencies at U of H, and then I've also worked in a Ryan White serving agency, and this constantly comes up all the time. I'm a firm believer of language justice, and it's not just about translation, but translation is very important. But when you have a client and they come into your office, they need to make sure that that client has an increased level of health literacy, and whether a Google app or a translator or whatever, but the idea is that the client really has to know how to manage his care.

Hispanics are great at managing their care if you give them an opportunity. At six months, most Hispanics exceed their white counterparts in reaching viral suppression. They fall behind after one year.

These are things that we have to talk about, about quality improvements. The service categories that we always have, have always a little loophole. That loophole has to be closed. I am very sorry, but they have to be closed. They have to be. They have to have staff. We have to

see what the performance measures are for these service categories. We have to see what — if there's an MAI service category for Hispanics, people that are using that service category better be Hispanic, and there better be, as well, not Hispanic, but at least there better be Spanish-speaking staff, bilingual Spanish-speaking staff.

These are very important issues. We need to increase the literacy of our population not only within our Hispanic community, but also in our black and African-American communities, too. We need to help motivate them to really reach better health outcomes.

And so I'm just seeing that there's way too many gaps, way too many loopholes, way too many, you know, sometimes excuses. And so we really need to think about, then, figuring out ways to having good performance measures that are health-outcome-based. Not just money being spent. Not just unduplicated clients. I want to see where they're really becoming healthier individuals. That's what quality improvement is. It's not just throwing money at a problem and see whether it works or not.

So we really need to think about this, and I'm hoping that we all can work together on this committee to be a lot more scrutinizing about the services that we are looking at as a quality improvement committee because health outcomes are what provides better quality of life.

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WRITTEN PUBLIC COMMENT SUBMITTED ON 08/13/24

Sent: Tuesday, August 13, 2024 2:49 PM

Subject: S.Vargas Public Comment

I am here to provide Public Comment to help offset the disturbing trend in rising numbers of Latinos with HIV. Back in 2008, Latinos in Houston comprised about 20% of the newly diagnosed individuals. That percentage was increasing about a percentage point a year. However, we reached about 25% of newly diagnosed individuals being Latinos a year earlier than anticipated. We are continually underestimating the effect of HIV on Latino communities. It shows up in the number of Latinos who receive a late diagnosis of HIV, already having reached Stage 3 HIV, or what we called AIDS. Latinos have led the pack in late diagnoses this entire century in our state and city.

Today, though we see a decrease in overall numbers of new cases of HIV, we still see an increase among young Latinos who have sex with men. We have done what we can to address this, and we still see this trend. We need to do what we need now. That means no longer recommending hiring bilingual staff, but mandating bilingual staff be hired. This I recommend for our Ryan White Planning Council, Houston Health Department, Harris County Commissioners Court and Houston City Council.

About a quarter century ago our city recognized a need to address the rising numbers of African Americans living with HIV by declaring a state of emergency response. Today, we need the same commitment to be demonstrated on behalf of Latinos in Houston. We need specific funds to be allocated to help Latinos in Houston in their attempts to avoid acquiring HIV, and for Latinos living with HIV in their attempts to access and maintain their life-extending care. We demand, not recommend, the hiring of bilingual staff of various educational backgrounds to help our communities.

I'm available for continuous dialogue on this,

Steven Vargas,
HIV Advocate and Long Term Survivor

END OF PUBLIC COMMENT

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2023-06/30/2024

Revised:

7/25/2024

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1147	\$188,604.99	457	0	\$0.00	0
Medical Deductible	35	\$11,562.90	30	0	\$0.00	0
Medical Premium	6046	\$2,224,262.10	835	0	\$0.00	0
Pharmacy Co-Payment	25217	\$1,131,539.81	2179	0	\$0.00	0
APTC Tax Liability	0	\$0.00	0	0	\$0.00	0
Out of Network Out of Pocket	0	\$0.00	0	0	\$0.00	0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	32445	\$3,555,969.80	3501	0	\$0.00	

Comments: This report represents services provided under all grants.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2324 DSHS State Services
Procurement Report
September 1, 2023 - August 31, 2024



Chart reflects spending through June 2024

Spending Target: 83.33%

Revised 7/31/2024

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$892,101	29%	\$141,000	\$1,033,101	\$0	\$1,033,101	9/1/2023	\$997,596	97%
6	Mental Health Services (5)	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2023	\$203,035	68%
11	Hospice	\$293,832	10%	\$57,388	\$351,220	\$0	\$351,220	9/1/2023	\$200,420	57%
13	Non Medical Case Management (2)	\$350,000	12%	-\$57,388	\$292,612	\$0	\$292,612	9/1/2023	\$121,298	41%
16	Linguistic Services (3)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2023	\$6,880	10%
	Referral for Healthcare-Incarcerated (6)	\$141,000	0%	-\$141,000	\$0	\$0	\$0	9/1/2023	\$0	0%
	ADAP/Referral for Healthcare (4)	\$525,000	17%	\$0	\$525,000	\$0	\$525,000	9/1/2023	\$234,060	45%
	Food Bank	\$5,400	0.2%	\$0	\$5,400	\$0	\$5,400	9/1/2023	\$2,378	44%
	Medical Transportation	\$84,600	3%	\$0	\$84,600	\$0	\$84,600	9/1/2023	\$50,114	59%
	Emergency Financial Assistance (Compassionate Care)	\$368,123	12%	\$0	\$368,123	\$0	\$368,123	9/1/2023	\$190,638	52%
		3,028,056	95%	\$0	\$3,028,056	\$0	\$3,028,056		2,006,417	66%

Note

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31.
- (2) Reallocation approved due to a change in provider.
- (3) Delayed billing
- (4) Delayed billing
- (5) Delayed billing
- (6) Service was eliminated; reallocation approved by RWPC

2024-2025 Ryan White Part B Service Utilization
4/1/2024- 3/31/2025 Houston HSDA (4816)
1st Quarter 4-1-24 to 6-30-24

Revised 7/25/2024

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	759	633	56.01%	25.49%	6.33%	12.17%	36.58%	29.30%	29.17%	4.95%	0.00%	4.30%	6.33%	9.44%	10.55%	30.37%	32.62%	6.39%
Oral Health Care	3,465	1,241	46.94%	38.46%	0.00%	14.60%	41.36%	19.98%	28.82%	9.84%	0.00%	0.03%	10.71%	14.66%	17.32%	20.87%	24.01%	12.40%
Unduplicated Clients Served By State Services Funds:	N/A	1,874	51.48%	31.98%	3.17%	13.37%	38.96%	24.64%	29.00%	7.40%	0.00%	2.17%	8.52%	12.05%	13.92%	25.62%	28.32%	9.40%

Completed By: C-Agüres

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2425 Ryan White Part B
Procurement Report
April 1, 2024 - March 31, 2025



Reflects spending through June 2024

Spending Target: 25%

Revised 7/31/24

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General	\$2,101,048	59%		\$2,101,048		\$2,101,048	4/1/2023	\$327,360	16%
4	Oral Health Service -Prosthodontics	\$631,145	18%		\$631,145		\$631,145	4/1/2023	\$160,785	25%
5	Health Insurance Premiums and Cost Sharing (1)	\$805,845	23%		\$805,845		\$805,845	4/1/2023	\$716,093	89%
		\$0	0%	\$0	\$0		\$0			
		\$0	0%	\$0	\$0		\$0			
	Total Houston HSDA	3,538,038	100%	0	3,538,038	\$0	\$3,538,038		1,204,238	34%

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

- (1) Increase due to costs in spending

FY 2024 Ryan White Part A and MAI Service Utilization Report

Date Range: 03/01/2024 - 7/31/2024 23:59:00

RW PART A Service Utilization Report																			
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	45-54	55-64	65+	
1	Outpatient/Ambulatory Primary Care (excluding Vision)	9,780	4,582	74%	24%	2%	40%	12%	2%	46%	0%	0%	4%	25%	27%	23%	17%	3%	
1.a	Primary Care - Public Clinic (A)	3,113	1,907	69%	29%	1%	38%	7%	2%	53%	0%	0%	3%	17%	26%	28%	22%	5%	
1.b	Primary Care - CBO Targeted to AA (A)	2,335	1,005	70%	27%	3%	99%	0%	1%	0%	0%	6%	36%	27%	16%	12%	12%	2%	
1.c	Primary Care - CBO Targeted to Hispanic (A)	1,934	985	81%	15%	4%	0%	0%	0%	100%	0%	1%	5%	31%	30%	21%	10%	2%	
1.d	Primary Care - CBO Targeted to White and/or MSM (A)	774	419	85%	12%	2%	0%	85%	15%	0%	0%	3%	25%	26%	23%	21%	3%	3%	
1.e	Primary Care - CBO Targeted to Rural (A)	752	294	68%	31%	0%	38%	21%	2%	39%	0%	4%	23%	28%	26%	15%	3%	3%	
1.f	Primary Care - Women at Public Clinic (A)	872	559	1%	99%	1%	48%	4%	1%	46%	0%	1%	13%	27%	30%	22%	6%	6%	
1.g	Primary Care - Pediatric (A)																		
1.h	Vision	2,663	1,067	71%	26%	3%	47%	11%	2%	39%	0%	0%	3%	23%	25%	18%	4%	4%	
2	Medical Case Management	5,719	1,358	66%	31%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
2.a	Clinical Case Management	967	264	71%	26%	3%	56%	16%	1%	27%	0%	2%	21%	20%	21%	26%	9%	9%	
2.b	Med CM - Targeted to Public Clinic (A)	578	284	89%	8%	3%	52%	12%	1%	35%	0%	1%	29%	24%	18%	24%	5%	5%	
2.c	Med CM - Targeted to AA (A)	1,479	260	67%	27%	7%	97%	0%	0%	2%	0%	1%	3%	38%	30%	14%	11%	3%	
2.d	Med CM - Targeted to H/L (A)	728	142	84%	11%	5%	0%	0%	0%	100%	0%	5%	35%	28%	21%	8%	2%	2%	
2.e	Med CM - Targeted to White and/or MSM (A)	460	51	82%	18%	0%	0%	92%	8%	0%	0%	2%	24%	20%	27%	20%	8%	8%	
2.f	Med CM - Targeted to Rural (A)	554	194	62%	37%	1%	55%	25%	2%	19%	0%	2%	16%	22%	25%	25%	10%	10%	
2.g	Med CM - Targeted to Women at Public Clinic (A)	259	161	1%	99%	0%	68%	6%	1%	25%	0%	1%	27%	32%	23%	14%	3%	3%	
2.h	Med CM - Targeted to Geriatrics	532																	
2.i	Med CM - Targeted to Veterans	148																	
2.j	Med CM - Targeted to Youth	14	2	100%	0%	0%	100%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	
3	Local Drug Reimbursement Program (A)	5,781	3,048	73%	23%	4%	40%	12%	2%	47%	0%	3%	22%	27%	27%	18%	3%	3%	
4	Oral Health	348	204	66%	34%	0%	37%	30%	2%	30%	0%	0%	17%	26%	30%	15%	11%	11%	
4.a	Oral Health - Untargeted (D)	NA	NA																
4.b	Oral Health - Rural Target	348	204	66%	34%	0%	37%	30%	2%	30%	0%	0%	17%	26%	30%	15%	11%	11%	
5	Health Insurance (D)	2,034	1,123	78%	20%	2%	44%	22%	3%	31%	0%	2%	12%	21%	23%	30%	12%	12%	

6	Mental Health Services (D)	NA	NA																				
7	Medical Nutritional Therapy/Nutritional Supplements	515	276	77%	21%	2%	41%	17%	5%	37%	0%	0%	1%	7%	8%	26%	38%	20%					
8	Substance Abuse Treatment - Outpatient	19	5	100%	0%	0%	0%	20%	0%	80%	0%	0%	0%	60%	20%	0%	20%	0%					
9	Hospice Services	NA	NA																				
10	Emergency Financial Assistance	3,218	453	74%	24%	2%	43%	9%	2%	46%	0%	0%	4%	20%	30%	25%	19%	2%					
10.a	Emergency Financial Assistance-Pharmacy Assistance	3,105	398	74%	24%	2%	41%	8%	2%	48%	0%	0%	4%	20%	31%	25%	17%	2%					
10.b	Emergency Financial Assistance - Other (MCC only)	113	55	73%	24%	4%	56%	13%	0%	31%	0%	0%	5%	18%	18%	18%	31%	9%					
11	Referral for Health Care - Non Core Service (D)	NA	NA																				
12	Non-Medical Case Management	8,568	3,078																				
12.a	Service Linkage Targeted to Youth	179	117	64%	32%	3%	56%	3%	2%	40%	0%	10%	90%	0%	0%	0%	0%	0%					
12.b	Service Linkage at Testing Sites	132	55	71%	25%	4%	53%	2%	5%	40%	0%	0%	0%	62%	25%	5%	5%	2%					
12.c	Service Linkage at Public Clinic Primary Care Program (A)	3,621	1,699	63%	35%	1%	48%	8%	2%	42%	0%	0%	0%	18%	26%	25%	24%	7%					
12.d	Service Linkage at CBO Primary Care Programs (A)	4,636	1,207	71%	25%	4%	46%	9%	2%	44%	0%	1%	4%	27%	29%	21%	14%	4%					
13	Transportation	2,358	651	71%	26%	3%	60%	10%	2%	28%	0%	0%	1%	15%	21%	26%	29%	8%					
13.a	Transportation Services - Urban	687	135	64%	33%	2%	50%	8%	6%	36%	0%	1%	1%	18%	25%	25%	20%	10%					
13.b	Transportation Services - Rural	195	55	64%	35%	2%	31%	35%	2%	33%	0%	0%	0%	18%	16%	27%	24%	15%					
13.c	Transportation vouchering	1,476	526	73%	25%	2%	67%	7%	1%	25%	0%	0%	1%	13%	20%	26%	32%	7%					
14	Linguistic Services (D)	NA	NA																				
15	Outreach Services	955	226	65%	32%	3%	66%	8%	2%	24%	0%	0%	6%	38%	28%	15%	11%	3%					
	Net unduplicated clients served - all categories	15,378	9,480	73%	25%	2%	45%	12%	2%	40%	0%	0%	4%	23%	26%	23%	19%	6%					
	Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (B)	NA	30,198	75%	25%	0%	48%	17%	5%	30%	0%	0%	4%	21%	23%	25%	20%	0%					

RW MAI Service Utilization Report																		
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	45-54	55-64	65+
	Outpatient/Ambulatory Primary Care (excluding Vision)	3,129																
1.b	Primary Care - MAI CBO Targeted to AA (F)	1,676	869	71%	26%	3%	100%	0%	0%	0%	0%	0%	6%	36%	28%	15%	11%	3%
1.c	Primary Care - MAI CBO Targeted to HL (F)	1,453	716	81%	15%	3%	0%	0%	100%	0%	0%	0%	4%	33%	26%	23%	11%	3%
2	Medical Case Management (E)	1,535																
2.c	Med CM - MAI Targeted to AA (A)	907	150	63%	31%	6%	100%	0%	0%	0%	0%	1%	3%	40%	31%	13%	11%	2%
2.d	Med CM - MAI Targeted to H/L (A)	628	78	72%	21%	8%	0%	0%	100%	0%	0%	0%	6%	31%	29%	21%	10%	3%

RW Part A New Client Service Utilization Report																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months																		
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	45-54	55-64	65+
1	Primary Medical Care	1,929	603	75%	22%	3%	50%	13%	1%	36%	0%	1%	8%	35%	27%	15%	11%	3%
2	LPAP	969	206	77%	17%	5%	42%	13%	1%	44%	0%	0%	7%	33%	28%	16%	15%	2%
3.a	Clinical Case Management	110	11	73%	18%	9%	55%	18%	0%	27%	0%	0%	18%	18%	36%	9%	18%	0%
3.b-3.h	Medical Case Management (E)	1,050	212	71%	27%	2%	57%	11%	1%	31%	0%	1%	3%	35%	26%	18%	15%	2%
3.i	Medical Case Management - Targeted to Veterans	28																
4	Oral Health	49	5	80%	20%	0%	60%	40%	0%	0%	0%	0%	0%	0%	20%	40%	20%	20%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	1,981	526	67%	31%	2%	57%	9%	2%	33%	0%	1%	6%	24%	27%	19%	18%	6%
12.b	Service Linkage at Testing Sites	100	49	65%	31%	4%	55%	2%	6%	37%	0%	4%	12%	51%	20%	4%	6%	2%

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

Operations Committee

Service Category Title: Grant Administration – 2024 Project LEAP

Unit of Service Definition:

1 unit of service = 1 class hour of training to Project L.E.A.P. or Proyecto VIDA participants. No other costs may be billed to the contract issued for Project LEAP/Proyecto VIDA.

GOAL: Agency will increase the number and effectiveness of People Living With HIV (PLWH) and the affected community who can participate in organizations, councils and committees dealing with the allocation of public funds for HIV-related prevention and care services, through an effort known as “Project LEAP” (Learning, Empowerment, Advocacy and Participation) and Proyecto VIDA (**V**ivir, **I**nspirar, **D**efender, **A**prender). Enrollment should include 20 to 30 persons who are living with HIV. No more than 10 individuals are to be enrolled in the training program who are affected by HIV. The race, ethnicity and gender composition of the classes must reflect current local HIV prevalence data to the extent feasible. Agency will prioritize to enroll individuals from groups that are disproportionately affected by HIV disease, including youth and transgender persons living with HIV, in Project LEAP.

Project LEAP will increase the knowledge, participation and efficacy of PLWH and affected participants through a training program specifically developed to provide PLWH and affected persons with the knowledge and skills necessary to become active, informed, and empowered members of HIV planning bodies and other groups responsible for the assessment of HIV-related prevention and service needs in the Houston EMA/HSDA. The primary focus of training is to prepare participants to be productive members of local HIV planning bodies, with an emphasis on planning activities conducted under the auspices of the Houston Ryan White Planning Council (RWPC).

Except under unusual circumstances, such as severe weather or a public health emergency (for example an outbreak of the flu), each class provided during the term of this agreement will include graduation and at least:

- A. 44 contact hours of classroom training;
- B. 6 hours of participation in Ryan White Planning Council and/or Committee related activities; and
- C. 6 hours of participation in HIV-related community activities.

There will be no more than 3 classes at 56 hours per class. The Council-approved minimum outline for the training curriculum includes: HIV funding sources, general and specific operational procedures of HIV-related planning bodies, information regarding assessment of the needs of PLWH in the Houston EMA/HSDA, reviewing and evaluating proposals for HIV-related funding such as serving on an external review panel, presentation skills, knowledge related to accessing services, overview of HIV-related quality assurance (QA) processes and parliamentary procedure/meeting management skills.

Agency will provide reimbursement of eligible expenses to participants during the period of enrollment to reimburse these participants for out of pocket costs related to

their in-person classroom participation, limited to transportation, childcare, and meals. Agency agrees to provide Harris County Public Health (HCPH)/Ryan White Grant Administration (RWGA) and the Houston RWPC with written reports and project summaries as requested by Harris County and in a form acceptable to Harris County, regarding the progress and outcome of the project.

Agency will provide Harris County with a written report summarizing the activities accomplished during the term of the contract within thirty calendar days after the completion of the project. If completed with a noncontract agreement, written report must be submitted at the end, or before the end, of the project calendar year.

Objective 1: Agency will identify and provide training to at least 20 persons who are living with HIV and no more than 10 affected individuals in order for them to receive the necessary skills and knowledge to participate in the decision-making process to fund and allocate public money to HIV-related services in the Houston EMA/HSDA. The following training curriculum shall be provided:

1. Information on PrEP and the sources and purposes of HIV service funds in the Houston EMA/HSDA;
2. The structure, functions, policies and procedures of the Houston HIV Health Services Planning Council (Ryan White Planning Council/RWPC) and the Houston HIV Prevention Community Planning Group (CPG);
3. Specific training and skills building in needs assessments, parliamentary procedures and meeting management procedures, presentation skills, reviewing and evaluating proposals for HIV-related funding such as serving on an external review panel, accessing and utilizing support resources and role models, and competence in organizational participation and conduct; and
4. Specific training on HIV-related Standards of Care, quality assurance methods and HRSA service category definitions.

Objective 2: Agency will enhance the participation of the people living with HIV and affected persons in the decision-making process by the following documented activities:

1. Establishing realistic training schedule(s) which accommodate varying health situations of those selected participants;
2. Conducting a pre-training evaluation of participants to determine their knowledge and beliefs concerning HIV disease and understanding of HIV-related funding processes in the Houston area. Agency must incorporate responses from this pre-training evaluation in the final design of the course curriculum to ensure that, to the extent reasonably possible, the specific training needs of the selected participants are addressed in the curriculum;
3. Conducting a post-training evaluation to measure the change in participants knowledge and beliefs concerning HIV disease and understanding of HIV-related funding processes in the Houston area;

4. Providing reimbursement of allowable expenses to help defray costs of the individual's in-person participation, limited to transportation, child care, and meals; and
5. Providing both lecture and hands-on experiential class activities to enable participants to maximize opportunities for learning, except under unusual circumstances, such as severe weather or a public health emergency when hands-on activities are not feasible.

Objective 3: Agency will encourage cooperation and coordination among entities responsible for administering public funds for HIV-related services by:

1. Involving HCPH/RWGA, The Houston Regional HIV/AIDS Resource Group (TRG) and other administrative agencies for public HIV care and prevention funds in training activities;
2. Ensuring representatives from the RWPC, the Houston Community Planning Group (CPG) and Project LEAP alumni are members of the Project LEAP External Advisory Panel. The responsibility of the Project LEAP External Advisory Panel is to:
 - Assist in curriculum development;
 - Provide input into criteria for selecting Project LEAP participants;
 - Assist with the development of a recruitment strategy;
 - If the agency finds it difficult to find individuals that meet the criteria for participation in the Project, assist with student recruitment; and
 - Review the final report for the Project in order to highlight the successes and brainstorm/problem solve around issues identified in the report. The results of the review will be sent to the Ryan White Operations Committee and the next Advisory Panel.
3. Collaborating with the Project LEAP External Advisory Panel during the initial 60 days of the Contract term. The criteria developed and utilized will, to the maximum extent possible, ensure participants selected represent the groups most affected by HIV disease, consistent with current HIV epidemiological data in the Houston EMA/HSDA, including youth (ages 18-24) and transgender persons living with HIV.

Agency will provide RWGA with the attached matrix and chart 21 and 14 days before the first class and again the day after the first class demonstrating that the criteria established by the Project LEAP External Advisory Panel was met. The matrix must be approved by RWGA 14 days before the first class.

EXAMPLES

Recommended Project LEAP Class of 2024

Candidate	M	F	T	HIV+		Non- Aligned HIV+	W	B	H	Youth Age 18 - 19	Youth Age 20 - 24
1	X			X		X	X				
2		X		X				X		X	
3		X						X			X
4		X		X		X			X		X
5	X						X				
6	X			X		X		X			
7	X			X		X	X				
Totals	4	3		5		4	3	3	1	1	2

Race/Ethnicity	EMA HIV/AIDS prevalence as of 12/31/25*		PC Members as of 09/01/25		Non-Aligned Consumers on PC	
	No.	%	No.	%	No.	%
White, not Hispanic	5,605	26.85%	7	19.44%	4	25.00%
Black, not Hispanic	10,225	48.98%	19	52.78%	8	50.00%
Hispanic	4,712	22.57%	10	27.78%	4	25.00%
Other	333	01.60%	0	00.00%	0	0.00%
Total*	20,875	100%	36	100%	16	100%
Gender	Number	Percentage	No.	%	No.	%
Male	15,413	73.83%	21	58.33%	11	68.75%
Female	5,462	26.17%	15	41.67%	5	31.25%
Total*	20,875	100%	36	100%	16	100%

*Data are estimated cases adjusted for reporting delay. The sum total of estimates for each category may not match the EMA totals due to rounding.

DRAFT

2024 Project LEAP Student Selection Guidelines

The following guidelines will be used by the Office of Support to select students for the 2024 Project LEAP/Proyecto VIDA cohort. They are presented in order of priority:

1. As outlined in the 2024 Service Definition for Project LEAP/Proyecto VIDA:
 - a. The Office of Support shall enroll 20 to 30 persons who are living with HIV prior to the commencement of the training program. No more than 10 affected individuals are to be included in the training program. Preference will be given to non-aligned (non-conflicted) consumers of Ryan White HIV Program services in the Houston EMA and high risk applicants.
 - b. Selected students shall be representative of the demographics of current HIV prevalence in the Houston EMA, with particular attention to sex, race/ethnicity, and the special populations of young adults (age 18 - 24) and people who are transgender and/or gender non-conforming.
2. If the applicant is a prior LEAP/VIDA graduate, they may be selected for the 2024 cohort if they have not been appointed to the Planning Council following LEAP/VIDA participation and if space in the class is available.
3. Be available for the 2024 Project LEAP/Proyecto VIDA class schedules.
4. Have the ability to commit to Project LEAP/Proyecto VIDA expectations in regards to class participation, activities, and homework assignments.
5. Demonstrate an interest in planning HIV services in the Houston EMA. Students should have an understanding of the expected roles of Project LEAP/Proyecto VIDA graduates in local HIV prevention and care services planning.
6. Demonstrate an interest in volunteerism, advocacy, and other types of community involvement. If possible, have a history of past volunteerism, advocacy, and/or community involvement.
7. Demonstrated interpersonal skills consistent with successful participation in Project LEAP/Proyecto VIDA, such as ability/willingness to work in a team, effective communication skills, etc.

PROPOSED POLICY FOR ALLOWING MEMBERS TO SPEAK AT COUNCIL AND COMMITTEE MEETINGS

On September 16, 2024, the Operations Committee will be considering the proposed procedure for allowing its appointed members to speak at Ryan White Council and Committee meetings. This procedure is an alternative to the procedure outlined in Robert's Rules of Order.

Proposed Procedure:

1. If many members wish to speak at a Ryan White meeting, the Council chair, or one of the Committee Co-chairs, makes a list of all who wish to speak in the order in which they raised their hand.
2. If a member calls for the question and the motion to call for the question is approved, then everyone on the list can make their comment before the motion is voted on. But, no new names, and no one who has already spoken, will be added to the list since the motion to end discussion has ended the list.

Robert's Rules Procedure:

Once the call for the question has been approved, no one can make comments, including those who are on the waiting list, waiting for their turn to speak.