

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
2223 West Loop South, Suite 240, Houston, Texas 77027  
713 572-3724 telephone; 713 572-3740 fax  
[www.rwpchouston.org](http://www.rwpchouston.org)

**MEMORANDUM**

To: Members, Houston Ryan White Planning Council

Copy: Francis Hodge (email only)

Carin Martin

Heather Keizman

Tasha Traylor

Yvette Garvin

Sha'Terra Johnson-Fairley

Amber Harbolt

From: Tori Williams, Manager, Office of Support

Date: Wednesday, July 6, 2016

Re: Meeting Announcement

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As you know, Ms. Hila Berl is a consultant hired by HRSA to conduct an assessment of over 50 Ryan White planning council's across the country. The Houston Ryan White Planning Council has been selected as the case study of a very successful planning council that is in compliance with all HRSA Program requirements. Ms. Berl will be in Houston to collect data and visit with Council members and staff on July 13 and 14, 2016. The case study will be presented in August at the Ryan White HIV/AIDS Program (RWHAP) national conference in Washington DC. Conference attendees will include representatives from each of the nation's fifty Part A planning councils. Once again, Houston's excellence is being acknowledged and promoted as a best practice on a national level.

With this in mind, please be sure to attend the following Council meeting so that you have an opportunity to meet Hila:

**Ryan White Planning Council Meeting**

**12 noon, Thursday, July 14, 2016**

2223 W. Loop South, Room 532

Houston, Texas 77027

Please call Eric Moreno to RSVP even if you cannot attend. He can be reached at 713-572-3724. Or, respond to one of his email meeting reminders.

We look forward to seeing you next week. In the meantime, stay cool.....

**HOUSTON AREA HIV SERVICES  
RYAN WHITE PLANNING COUNCIL**



*We envision an educated community where the needs of all HIV/AIDS infected and/or affected individuals are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system. The community will continue to intervene responsibly until the end of the epidemic.*

*The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those infected and/or affected with HIV/AIDS by taking a leadership role in the planning and assessment of HIV resources*

**AGENDA**

12 noon, Thursday, July 14, 2016

Meeting Location: 2223 W. Loop South, Room 532

2101 South Street, Houston, Texas 77027

- I. Call to Order Steven Vargas, Chair  
RW Planning Council
  - A. Welcoming Remarks and Moment of Reflection
  - B. Adoption of the Agenda
  - C. Approval of the Minutes
  - D. Training: Priority Setting and Allocations Processes Bruce Turner and  
Peta-gay Ledbetter, Co-Chairs  
Priority and Allocations Committee
  
- II. Public Comments and Announcements Carol Suazo, Secretary

(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/AIDS 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/AIDS 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 with HIV/AIDS", 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 the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)
  
- III. Reports from Committees Robert Noble and  
Cecilia Ross, Co-Chairs
  - A. Quality Improvement Committee  
*Item:* Targeting for FY 2017 Service Categories  
*Recommended Action:* Motion: Approve the attached Targeting Chart for FY 2017 Service Categories for Ryan White Part A, B, MAI and State Services funding.

B. Priority and Allocations Committee

Peta-gay Ledbetter and  
Bruce Turner, Co-Chairs

*Item:* FY 2017 Ryan White Service Priorities

*Recommended Action:* Motion: Approve the attached FY 2017 Service Priorities for Ryan White Parts A and B, MAI\*\* and State Services.

*Item:* FY 2017 Allocations – Level Funding Scenario

*Recommended Action:* **Motion 1:** Approve the attached FY 2017 Level Funding Scenario for Ryan White Parts A and B, MAI and State Services funding.

*Item:* FY 2017 Allocations – Decrease Funding Scenario – MAI

*Recommended Action:* **Motion 2:** Approve the attached FY 2017 Decrease Funding Scenario for Ryan White MAI funding.

*Item:* FY 2017 Allocations – Increase Funding Scenario – MAI

*Recommended Action:* **Motion 3:** Approve the attached FY 2017 Increase Funding Scenario for Ryan White MAI funding.

*Item:* FY 2017 Allocations – Decrease Funding Scenario – Part A

*Recommended Action:* **Motion 4:** Approve the attached FY 2017 Decrease Funding Scenario for Ryan White Part A.

*Item:* FY 2017 Allocations – Increase Funding Scenario – Part A

*Recommended Action:* **Motion 5:** Approve the attached FY 2017 Increase Funding Scenario for Ryan White Part A.

*Item:* FY 2017 Allocations – Increase Funding Scenario – Part B & State Services

*Recommended Action:* **Motion 6:** Approve the attached FY 2017 Increase Funding Scenario for Ryan White Part B and State Services.

*Item:* FY 2017 Allocations – Decrease Funding Scenarios – Part B & State Services

*Recommended Action:* **Motion 7:** Approve the attached FY 2017 Decrease Funding Scenario for Ryan White Part B and State Services.

C. Comprehensive HIV Planning Committee

John Lazo and Nancy Miertschin,  
Co-Chairs

*Item:* Speaker's Bureau Workgroup Report

*Recommended Action:* FYI: The Speaker's Bureau workgroup met for the first time in May to discuss finding businesses needing speakers and to assign volunteers to help the speakers at each engagement.

\*\* *Minority AIDS Initiative (MAI)*

*Item: 2016 Needs Assessment Update*

*Recommended Action:* FYI: The Committee reviewed the final sampling summary. See attached. Though the minimum sampling goal for the Needs Assessment was 587 surveys, the Committee voted to end data collection at 507 surveys completed in light of the limited amount of time to incorporate Needs Assessment findings into the 2017 Comprehensive Plan, and as long as any limitations resulting would be discussed in the limitations section of the final report. Staff calculated the new margin of error for this sample size as 4.31%, compared to 4% for the original minimum sample size, and verified with a statistician that this would have no bearing on generalizability of findings, particularly as the sample would be weighted by race/ethnicity, sex at birth, and age range.

*Item: 2017 Comprehensive Plan Process Update*

*Recommended Action:* FYI: Committee reviewed Logic Model 1 sheets detailing Goals, Solutions, and Benchmarks for each Workgroup. With the exception of two outstanding benchmarks for Prevention and Early Identification, all Workgroups have completed their Logic Model 1 sheets and substantial progress has been made on Logic Model 2 sheets, which address Solution Foci and Activities. The Leadership Team met June 30 to provide feedback and to receive a mid-development update.

D. Affected Community Committee

Tana Pradia, Chair

*Item: Committee Training*

*Recommended Action:* FYI: The Committee met at Change Happens and learned about HIV and the Heterosexual Community.

*Item: 2016 Greeters*

*Recommended Action:* FYI: See the attached list of 2016 volunteer greeters for monthly Council meetings.

*Item: 2016 Monthly Meeting Schedule*

*Recommended Action:* FYI: See the attached list of 2016 committee meetings and training topics.

*Item: 2016 Community Events*

*Recommended Action:* FYI: See the attached list of 2016 events at which there will be a Council presence. Please contact Eric Moreno if you signed up to assist with the Pride Festival and you have not been assigned to a shift.

E. Operations Committee  
No report.

Ruth Atkinson and  
Curtis Bellard, Co-Chairs

- |       |  |  |
|-------|--|--|
| IV.   | Report from the Office of Support                | Tori Williams, Director                        |
| V.    | Report from Ryan White Grant Administration      | Carin Martin, Manager                          |
| VI.   | Report from The Resource Group                   | S. Johnson-Fairley, Health Planner             |
| VII.  | Medical Updates                                  | Shital Patel, MD<br>Baylor College of Medicine |
| VIII. | New Business (30 seconds/report)                 |  |
|       | A. Ryan White Part C Urban and Part D            | Nancy Miertschin                               |
|       | B. Community Development Advisory Council (CDAC) | Tracy Gorden                                   |
|       | C. HOPWA   | Melody Barr                                    |
|       | D. Community Prevention Group (CPG)              | Herman Finley                                  |
|       | E. Update from Task Forces:                      |  |
|       | • African American                               | S. Johnson-Fairley                             |
|       | • Latino   | Steven Vargas                                  |
|       | • MSM  | Ted Artiaga                                    |
|       | • Transgender                                    |  |
|       | • Youth  | John Lazo                                      |
|       | • Hepatitis C                                    | Steven Vargas                                  |
|       | • Sexually Transmitted Infections (STI)          | Herman Finley                                  |
|       | • Urban AIDS Ministry                            | Amber David                                    |
|       | • Heterosexual HIV Awareness                     | Ruth Atkinson                                  |
|       | F. Positive Women’s Network                      | Tana Pradia                                    |
|       | G. HIV and Aging                                 | Bruce Turner                                   |
|       | H. END HIV Houston                               | Steven Vargas                                  |
|       | I. Texas HIV Medication Advisory Committee       | Bruce or Nancy                                 |
|       | J. Legislative Updates                           |  |
|       | K. Texas HIV/AIDS Coalition                      | Bruce Turner                                   |
|       | L. SPNS Grant: HIV and the Homeless Program      | Nancy Miertschin                               |
| IX.   | Announcements                                    |  |
| X.    | Adjournment                                      |  |

## HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



*We envision an educated community where the needs of all HIV/AIDS infected and/or affected individuals are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system. The community will continue to intervene responsibly until the end of the epidemic.*

*The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those infected and/or affected with HIV/AIDS by taking a leadership role in the planning and assessment of HIV resources.*

### MINUTES

12 noon, Thursday, June 9, 2016

Meeting location: Leonel Castillo Community Center 2101 South St; Houston, Texas 77009

<b>MEMBERS PRESENT</b>	<b>MEMBERS PRESENT</b>	<b>OTHERS PRESENT</b>
Steven Vargas, Chair	Allen Murray	Shabaura Perryman, Bristol Myers
Tracy Gorden, Vice-Chair	Robert Noble	James Ogunimi, DSHS
Carol Suazo, Secretary	Shital Patel	Mikel Marshall, ViiV
Ted Artiaga	Tana Pradia	Andrew Perry, ViiV
Rodriga Avila	Teresa Pruitt	Denis Kelly
Connie Barnes	Leslie Raneri	Pamela Chambers
Curtis Bellard	Cecilia Ross	Project LEAP students-see attached
Skeet Boyle	Isis Torrente	
Bianca Burley	C. Bruce Turner	
Ella Collins-Nelson	David Watson	<b>STAFF PRESENT</b>
Evelio Salinas Escamilla		<i>Ryan White Grant Administration</i>
Herman Finley	<b>MEMBERS ABSENT</b>	Carin Martin
Paul Grunenwald	Ruth Atkinson, excused	Tasha Traylor
Angela F. Hawkins	Melody Barr, excused	
Arlene Johnson	David Benson, excused	<i>Office of Support</i>
J. Hoxi Jones	Amber David	Tori Williams
John Lazo	Denny Delgado	Amber Harbolt
Peta-gay Ledbetter	Gloria Sierra, excused	Diane Beck
Nancy Miertschin	Larry Woods, excused	Eric Moreno
Rodney Mills		

**Call to Order:** Steven Vargas, Chair, called the meeting to order at 12:14 p.m.

During the welcoming remarks, Vargas stated that Council Member Gene Ethridge passed away on Monday, May 30th. Gene was a 2012 Project LEAP graduate, a Council member from 2013 until 2016 and the Co-Chair for the Affected Community Committee in 2015 and 2016. Please note, that there will be a service for Gene at 6:30 p.m. on Friday June 17, 2016 at The Montrose Center. If you would like to help at the service, please see Cecilia or Tracy Gorden. The Office of Support received a resignation letter from Council member Stephen Stellenwerf. He did not say why he was resigning but

Steven will be following up with him. Steven continued by stating that he missed seeing everyone in May since the Steering and Council meetings were cancelled! Steven also expressed thanks to everyone who participated in How To Best Meet the Need workgroups. Later in the meeting, the Quality Improvement Committee will share the results of those robust workgroup meetings.

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

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Pruitt, Torrente) to approve the April 7, 2016 minutes. Motion carried.* Abstentions: Barnes, Boyle, Finley, Grunenwald, Ledbetter, Noble, Patel, Turner.

**Project LEAP Presentation:** Harbolt and the Project LEAP students presented the results of the mini needs assessment on Community Knowledge, Perceptions and Stigma about HIV, Prevention, Risk, and PrEP that was designed by the class. See the attached PowerPoint presentation for details.

**Public Comment and Announcements:** Shabaura Perryman, Bristol Myers Squibb distributed a new tool for patient viral suppression. She would like to do training with agency staff on how to use the tool. See attached. Vargas then directed the Council to review the written Public Comment that was at their place, see attached. Williams read the comments aloud, per the request of those who submitted the comments.

#### **Reports from Committees:**

**Quality Improvement Committee:** Cecilia Ross, Co-Chair, reported on the following:

Report from the Administrative Agency: Part B/SS: See the attached reports:

- 2015/16 RW Part B Procurement, dated 05/19/16
- 2015/16 RW Part B Service Utilization, dated 05/19/16
- 2015/16 DSHS State Services Procurement, dated 05/19/16
- Health Insurance Service Utilization, revised 05/05/16
- 2015 Consumer Interview Results

FY 2017 Other Professional Services - Income Tax Preparation Services: **Motion #3:** *Approve the attached service definition for Other Professional Services – Income Tax Preparation Services. Motion carried.* Abstentions: Boyle, Escamilla, Jones. **Motion #4:** *it was moved and seconded (Ross, Lazo) to increase the financial eligibility for Other Professional Services to 500% of the federal poverty level. Motion carried.* Abstentions: Escamilla, Jones, Noble.

FY 2017 Outreach Services – Primary Care Re-Engagement: **Motion #5:** *Approve the attached service definition for Outreach Services – Primary Care Re-Engagement with the following additions/changes:*

1. Change name to Outreach Services – Primary Care Retention in Care
2. Under Target Population include: “youth transitioning into adult care”
3. Keep Staff Requirements broad so that it is not a licensed position.
4. Set the financial eligibility at None.

**Motion carried.** Abstentions: Artiaga, Escamilla, Grunenwald, Miertschin, Noble.

FY 2017 Ryan White/State Services Service Definitions: **Motion #6:** *Accept the workgroup recommendations for the following FY 2017 service definitions: Early Intervention Services, Linguistics, Mental Health Services, Transportation, and Substance Abuse Treatment. Motion carried.* Abstentions: Artiaga, Patel.

FY 2017 Ryan White/State Services Service Definitions: **Motion #7:** *Accept the workgroup recommendations for the following FY 2017 service definitions: Ambulatory Outpatient Medical Care, Case Management, Non-Medical Case Management, Health Insurance Assistance, Home and Community Based Health Services, Hospice Services, Local Pharmacy Assistance, Medical Nutritional Therapy/Supplements, Oral Health and Vision Care.* **Motion carried.** Abstentions: Artiaga, Escamilla, Miertschin, Noble, Patel, Watson.

Transportation: **Motion #8:** *it was moved and seconded (Ross, Boyle) to increase the financial eligibility for all transportation services (bus passes, van service, and gas vouchers) to 400% of the federal poverty level.* **Motion carried.** Abstentions: Artiaga, Escamilla, Mills, Turner.

Community Health Worker Training: **Motion #9:** *Have the Council send a letter to the Texas Department of State Health Services asking them to include more HIV training in their certification training for Community Health Workers, especially in regards to accessing HIV testing and linkage to care.* **Motion carried.** Abstentions: Escamilla, Grunenwald, Watson.

2016 Assessment of the Administrative Mechanism: **Motion #10:** *Approve the attached checklist for the 2016 Assessment of the Administrative Mechanism.* **Motion carried unanimously.**

Quarterly Committee Report: See the attached Quarterly Committee Report.

**Operations Committee:** Tana Pradia, reported on the following:

2017 – 2018 HIV Resource Guide (The Blue Book): **Motion #11:** *Approve the budget for the 2017-2018 Houston Area HIV Resource Guide (The Blue Book).* **Motion carried unanimously.**

Policy for Approving the Council Support Budget: See the attached policy.

FY 2016 Council Support Budget (dated 03-01-16): Please note the two salaries increases made by the County Judge using funds from the retiring liaison's salary.

FY 2016 Council Support Budget (Working Draft dated 05-01-16): **Motion #12:** *Approve amendments made to the FY 2016 Council Support Budget, including a 3% cost of living increase for all Council Support staff, pending approval by the County Judge.* **Motion carried unanimously.**

FY 2017 Council Support Budget (Working Draft dated 05-10-16): **Motion #13:** *Approve the FY 2017 Council Support Budget which includes the production of the 2017-2018 Houston Area HIV Resource Directory (The Blue Book).* See attached *Comparison of FY 2016 and 2017 Council Support Budgets* for details. **Motion carried.** Abstentions: Torrente.

Event Co-Sponsorship: **Motion #14:** *Pending agreement from the Affected Community Committee and approval of a Ryan White booth at the event, approve the attached request for the Ryan White Planning Council to be a co-sponsor for the August 2016 HIV Testing and Prevention Workshop: Tools For your Practice. The Council will provide a minimum of 8 volunteers at the event.* **Motion carried.** Abstentions: Patel.

Quarterly Committee Report: See the attached quarterly committee report.



**Comprehensive HIV Planning Committee:** John Lazo, Co-Chair, reported on the following:  
Speaker's Bureau Workgroup Report: The Speaker's Bureau Workgroup met to discuss finding business-related groups needing speakers, and coordinating volunteers to help at each engagement. Six presentations were given in 2015. The Workgroup's goal for 2016 is 12 presentations given.

2016 Needs Assessment Group (NAG) Update: Committee reviewed the most recent sampling summary, see attached. As of May 12, 401 surveys had been completed, with an additional 186 needed to meet the minimum sample goal. Staff is working with the Texas Department of State Health Services (DSHS) to survey people living with HIV (PLWH) who appear to be out of care according to available data systems. The Needs Assessment Group met on May 19, 2016 for a progress update, and the NAG Analysis Workgroup met on May 23 to discuss the principles for data analysis.

2017 Comprehensive Plan Process Update: The Committee reviewed a completion status of Logic Model 1 (Goals, Solutions, and Benchmarks) for each strategy, as well as next steps toward completion of Logic Models 2 and 3. The Leadership Team met May 16 for a mid-development update.

2016 Public Hearing Topics: The Committee reviewed 2016 public hearing topics. The public hearing on May 24, 2016 covered the HIV Care Continuum, while the June 27, 2016 public hearing will feature either preliminary findings from the 2016 Needs Assessment or the 2016 Project LEAP Special Study class project results.

2016 Committee Goal Quarterly Report: See the attached 2016 Committee Goal Quarterly Report.

**Affected Community Committee:** Tana Pradia, Co-Chair, reported on the following:

Committee Training: The Committee met at the HOPE Clinic. Dr. Andrews presented information on HIV and the Asian Community since that is the community that HOPE Clinic targets.

2016 Greeters: See the attached list of 2016 volunteer greeters for monthly Council meetings.

2016 Monthly Meeting Schedule: See the attached list of 2016 committee meetings and training topics.

2016 Community Events: See the attached list of 2016 events at which there will be a Council presence. Please contact Eric Moreno if you signed up to assist with the Pride Festival and you have not been assigned to a shift.

Quarterly Committee Report: See the attached quarterly committee report.

**Priority and Allocations Committee:** Peta-gay Ledbetter, Co-Chair, reported on the following:

FY 2016 Final Grant Award: See the attached FY 2016 Allocations –Increase Funding Scenario – as of 05/13/16.

FY 2016 Unallocated Funds: ***Motion #15:*** *Approve the attached FY 2016 Unallocated Funding chart.*  
**Motion carried.** Abstentions: Artiaga, Escamilla, Miertschin, Noble, Patel.

Quarterly Committee Report: See the attached quarterly committee report.

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

**Report from Ryan White Grant Administration:** Carin Martin, Manager, summarized the attached report.

Medical Updates: Shital Patel, MD summarized the attached report.

**New Business**

Special Report - Kiki Ball: Noble, Coordinator for Kiki Ball, said that the event was designed to promote HIV prevention and awareness, targeting influential members of social groups. There was a dance, several competitions that related to HIV educational information and HIV and Hepatitis C testing. The event was very well attended.

Community Development Advisory Council (CDAC): Gorden submitted the attached report.

Heterosexual HIV Awareness: Atkinson submitted the attached report.

Positive Women’s Network: Pradia said that the Positive Women’s Network has approved the application for the Houston Chapter.

SPNS Grant: HIV and the Homeless Program: Miertschin said she attended the SPNS grantee meeting last week in Portland. It was very interesting to hear about the differences in the homeless populations. Houston is currently analyzing data and will run reports for any or all grantees so if any committee would like this information please let her know. There are currently 157 participants enrolled in the Houston program with one year left on the project.

**Announcements:** Turner said that the next AIDS Assistance Drug Program (ADAP) meeting will be June 17, 2016. Escamilla said that CNN will be airing a program on the AIDS epidemic at 9:00 p.m. this evening. Gorden said that anyone interested in volunteering to help with Gene’s service should see him or Ross.

**Adjournment:** The meeting was adjourned at 2:16 p.m.

Respectfully submitted,

\_\_\_\_\_  
Victoria Williams, Director

\_\_\_\_\_  
Date

Draft Certified by  
Council Chair: \_\_\_\_\_

Date \_\_\_\_\_

Final Approval by  
Council Chair: \_\_\_\_\_

Date \_\_\_\_\_

## NEW PUBLIC COMMENT – as of 06-02-16

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Regarding my public comment dated 05/19/16, I stated that I was speaking on behalf of Legacy Community Health when in fact I was speaking on behalf of myself and my comments were based upon my experience.

- Ted Artiaga

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As I was reading our materials and thought about a number of matters that have come before various workgroups and committees I wondered why we have not been targeting youth in Primary Care, Medical case management and other services. It would take some adjustment of targets on the work products you are going to vote on today but since we are seeing the fastest growth of new diagnosis in that population it may be the only way we can be sure to retain them in care. Please think about this as you deliberate today.

Second, I am not too sure about the service category we are establishing to do tax preparation. There are many organizations that already provide free tax preparation. Why are we duplicating this service that is available throughout the city? Would anyone really want to apply to provide this service and could we be held liable if there is a mistake made on the preparation? If we are doing this as a guarantee the client gets the proper paperwork for the ACA we should have the same % of FPL for both categories. AARP does free tax work under \$50,000. with a priority for those over 60 but open to all. Vita does free tax work under \$53,000. The Low Income Tax Clinics are at 250% of FPL and United Way has My Free Taxes for those under \$62,000.

Third, I believe the recommendation from the Administrative Agent to reduce the number of Medical case managers and other case managers needs to have a proper hearing before adopting.

- Bruce Turner

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Dear Steering:

I am willing to step into the volunteer areas where Gene Ethridge was signed up to represent council (booths, greeter) or any of the RWPC's co-sponsored events requiring volunteers.

My thoughts are with you this morning.

- Ruth

## Council Voting Records for June 9, 2016

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Other Professional Svcs Carried					Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Other Professional Svcs Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO
MEMBERS																									
Steven Vargas, Chair				C				C				C	Allen Murray		X				X				X		
Tracy Gorden, Vice-Chair		X				X				X			Robert Noble		X						X		X		
Carol Suazo, Secretary		X				X				X			Shital Patel		X						X		X		
Ted Artiaga		X				X				X			Tana Pradia	X				X					X		
Rodriga Avila		X				X				X			Teresa Pruitt		X				X				X		
Connie Barnes		X						X		X			Leslie Raneri		X				X				X		
Curtis Bellard		X				X				X			Cecilia Ross		X				X				X		
Skeet Boyle		X						X				X	Isis Torrente		X				X				X		
Bianca Burley		X				X				X			C. Bruce Turner		X						X		X		
Ella Collins-Nelson		X				X				X			David Watson		X				X				X		
Evelio Salinas Escamilla		X				X						X													
Herman Finley lm 12:58pm		X						X	X																
Angela F. Hawkins		X				X				X			<b>MEMBERS ABSENT</b>												
Paul Grunenwald		X						X		X			Ruth Atkinson												
Arlene Johnson		X				X				X			Melody Barr												
J. Hoxi Jones		X				X						X	David Benson												
John Lazo		X				X				X			Amber David												
Peta-gay Ledbetter		X						X		X			Denny Delgado												
Nancy Miertschin	X				X					X			Gloria Sierra												
Rodney Mills		X				X				X			Larry Woods												

## Council Voting Records for June 9, 2016

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	Motion #4 Other Pro Svcs Financial Elig. Carried				Motion #5 Outreach Carried				Motion #6 FY17 Svc Defs Carried					Motion #4 Other Pro Svcs Financial Elig. Carried				Motion #5 Outreach Carried				Motion #6 FY17 Svc Defs Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO
MEMBERS													MEMBERS												
Steven Vargas, Chair				C				C				C	Allen Murray		X				X				X		
Tracy Gorden, Vice-Chair		X				X				X			Robert Noble				X				X		X		
Carol Suazo, Secretary		X				X				X			Shital Patel		X				X						X
Ted Artiaga		X						X				X	Tana Pradia		X				X				X		
Rodriga Avila		X				X				X			Teresa Pruitt		X				X				X		
Connie Barnes		X				X				X			Leslie Raneri			X			X				X		
Curtis Bellard lm 1:13pm	X				X				X				Cecilia Ross		X				X				X		
Skeet Boyle		X				X				X			Isis Torrente			X			X				X		
Bianca Burley		X				X				X			C. Bruce Turner			X			X				X		
Ella Collins-Nelson lm 1:21pm		X			X				X				David Watson		X				X				X		
Evelio Salinas Escamilla				X				X		X															
Herman Finley lm 12:58pm	X				X				X																
Angela F. Hawkins		X				X				X			<b>MEMBERS ABSENT</b>												
Paul Grunenwald		X						X		X			Ruth Atkinson												
Arlene Johnson		X				X				X			Melody Barr												
J. Hoxi Jones				X		X				X			David Benson												
John Lazo		X				X				X			Amber David												
Peta-gay Ledbetter		X				X				X			Denny Delgado												
Nancy Miertschin		X						X		X			Gloria Sierra												
Rodney Mills		X				X				X			Larry Woods												

## Council Voting Records for June 9, 2016

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	Motion #7 FY17 Svc Defs Carried				Motion #8 Transportation Financial Elig. Carried				Motion #9 Comm Health Wkr Training Carried				MEMBERS	Motion #7 FY17 Svc Defs Carried				Motion #8 Transportation Financial Elig. Carried				Motion #9 Comm Health Wkr Training Carried							
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN				
MEMBERS																													
Steven Vargas, Chair				C				C				C	Allen Murray		X				X				X				X		
Tracy Gorden, Vice-Chair		X				X				X			Robert Noble		X				X				X				X		
Carol Suazo, Secretary		X				X				X			Shital Patel				X		X				X				X		
Ted Artiaga				X				X		X			Tana Pradia		X				X				X				X		
Rodriga Avila		X				X				X			Teresa Pruitt		X				X				X				X		
Connie Barnes		X				X				X			Leslie Raneri		X				X				X				X		
Curtis Bellard lm 1:13pm	X				X				X				Cecilia Ross		X				X				X				X		
Skeet Boyle		X				X				X			Isis Torrente		X				X				X				X		
Bianca Burley		X				X				X			C. Bruce Turner		X						X		X				X		
Ella Collins-Nelson lm 1:21pm	X				X				X				David Watson				X		X										X
Evelio Salinas Escamilla				X				X				X																	
Herman Finley lm 12:58pm	X				X				X																				
Angela F. Hawkins		X				X				X			<b>MEMBERS ABSENT</b>																
Paul Grunenwald		X				X						X	Ruth Atkinson																
Arlene Johnson		X				X				X			Melody Barr																
J. Hoxi Jones lm 1:40pm		X				X				X			David Benson																
John Lazo		X				X				X			Amber David																
Peta-gay Ledbetter		X				X				X			Denny Delgado																
Nancy Miertschin				X		X				X			Gloria Sierra																
Rodney Mills		X						X		X			Larry Woods																

## Council Voting Records for June 9, 2016

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	Motion #10 Checklist to Assess AA Carried				Motion #11 2017-18 Blue Book budget Carried				Motion #12 Updated FY16 Council Support budget Carried				MEMBERS	Motion #10 Checklist to Assess AA Carried				Motion #11 2017-18 Blue Book budget Carried				Motion #12 Updated FY16 Council Support budget Carried							
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN				
MEMBERS																													
Steven Vargas, Chair				C				C				C	Allen Murray		X				X				X				X		
Tracy Gorden, Vice-Chair		X				X				X			Robert Noble		X				X				X				X		
Carol Suazo, Secretary		X				X				X			Shital Patel		X				X				X				X		
Ted Artiaga		X				X				X			Tana Pradia		X				X				X				X		
Rodriga Avila		X				X				X			Teresa Pruitt		X				X				X				X		
Connie Barnes		X				X				X			Leslie Raneri		X				X				X				X		
Curtis Bellard lm 1:13pm	X				X				X				Cecilia Ross		X				X				X				X		
Skeet Boyle		X				X				X			Isis Torrente		X				X				X				X		
Bianca Burley		X				X				X			C. Bruce Turner		X				X				X				X		
Ella Collins-Nelson lm 1:21pm	X				X				X				David Watson		X				X				X				X		
Evelio Salinas Escamilla		X				X				X																			
Herman Finley lm 12:58pm	X				X				X																				
Angela F. Hawkins		X				X				X			<b>MEMBERS ABSENT</b>																
Paul Grunenwald		X				X				X			Ruth Atkinson																
Arlene Johnson		X				X				X			Melody Barr																
J. Hoxi Jones lm 1:40pm		X				X				X			David Benson																
John Lazo		X				X				X			Amber David																
Peta-gay Ledbetter		X				X				X			Denny Delgado																
Nancy Miertschin		X				X				X			Gloria Sierra																
Rodney Mills		X				X				X			Larry Woods																

## Council Voting Records for June 9, 2016

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	Motion #13 FY17 Council Support Budget Carried				Motion #14 Event Co- Sponsorship Carried				Motion #15 FY16 Unallocated Funding Chart Carried				MEMBERS	Motion #13 FY17 Council Support Budget Carried				Motion #14 Event Co- Sponsorship Carried				Motion #15 FY16 Unallocated Funding Chart Carried							
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN				
MEMBERS																													
Steven Vargas, Chair				C				C				C	Allen Murray		X				X				X				X		
Tracy Gorden, Vice-Chair		X				X				X			Robert Noble		X				X										X
Carol Suazo, Secretary		X				X				X			Shital Patel		X					X									X
Ted Artiaga		X				X						X	Tana Pradia		X				X				X				X		
Rodrigo Avila		X				X				X			Teresa Pruitt		X				X				X				X		
Connie Barnes		X				X				X			Leslie Raneri		X				X				X				X		
Curtis Bellard lm 1:13pm	X				X				X				Cecilia Ross		X				X				X				X		
Skeet Boyle		X				X				X			Isis Torrente				X		X				X				X		
Bianca Burley		X				X				X			C. Bruce Turner		X				X				X				X		
Ella Collins-Nelson lm 1:21pm	X				X				X				David Watson		X				X				X				X		
Evelio Salinas Escamilla		X				X						X																	
Herman Finley lm 12:58pm	X				X				X																				
Angela F. Hawkins		X				X				X			<b>MEMBERS ABSENT</b>																
Paul Grunenwald		X				X				X			Ruth Atkinson																
Arlene Johnson		X				X				X			Melody Barr																
J. Hoxi Jones lm 1:40pm	X				X				X				David Benson																
John Lazo		X				X				X			Amber David																
Peta-gay Ledbetter		X				X				X			Denny Delgado																
Nancy Miertschin		X				X						X	Gloria Sierra																
Rodney Mills		X				X				X			Larry Woods																



# **Quality Improvement Committee Report**

**TARGETING FOR FY 2017 SERVICE CATEGORIES FOR RYAN WHITE PART A, B, MAI AND STATE SERVICES FUNDING**

HIV Prevalence	AIDS Prevalence	HIV & AIDS Prevalence	Geographic Targeting	Other Targeting	N/A or No Targeting	Service Category
			X*	X**		Ambulatory/Outpatient Medical Care
			X*	X		Case Management Services - Core
				X		Case Management Services – Non-Core
				X		Early Medical Intervention
					X	Health Insurance
					X	Home and Community Based Services
					X	Hospice Services
					X	Linguistic Services
					X	Local Pharmacy Assistance Program
					X	Medical Nutritional Therapy
					X	Mental Health Treatment
					X	Other Professional Services
					X	Outreach Services-Primary Care Retention in Care
			X***		X	Oral Health
					X	Substance Abuse Treatment
			X	X		Transportation Services
					X	Vision

\* Geographic targeting in rural area only.

\*\* In an effort to provide a base line that reflects actual client utilization, for community based organizations base this percentage on the FY 2015 final expenditures that targeted African Americans, Whites and Hispanics.

\*\*\* Geographic targeting in the north only.

**Priority and  
Allocations  
Committee  
Report**

## **Overall Philosophy for Allocating FY 2017 Ryan White Part A, Part B and State Service Funds**

Along with the FY 2017 Guiding Principles and Decision Making Criteria, the Priority and Allocations Committee paid particular attention to the following while allocating FY 2017 Ryan White Part A, Part B and State Service funds:

- Retention in care
- Meeting consumers at the level where they are at and with communication tools they use
- Bridging unspent FY 2016 funds with FY 2017 allocations

## **Priority and Allocations**

### **FY 2017 Guiding Principles and Decision Making Criteria**

(Priority and Allocations Committee approved 02-25-16)

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 Department of State Health Services (DSHS) 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/AIDS. 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. Ensuring ongoing client access to a comprehensive system of core services as defined by HRSA
- B. Eliminating 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. Meeting the needs of diverse populations as addressed by the epidemiology of HIV
- D. Identify individuals unaware of their status and link them to care and address the needs of those that are aware of their status and not in care.
- E. Expressing the needs of the communities with HIV for whom the services are intended

#### **Allocations only**

- F. Documented or demonstrated cost-effectiveness of services and minimization of duplication
- G. 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

*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)

## **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 infection, including quality, cost, and outcome measures when applicable
- C. Documented response to the epidemiology of HIV/AIDS in the EMA and HSDA
- D. Documented response to emerging needs reflecting the changing local epidemiology of HIV/AIDS 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 and the Continuum of Care and their underlying principles to the extent allowable under the Ryan White Program: to build public support for HIV services; to inform people of their serostatus and, if they test positive, get them into care; to help people maintain their negative status; to help people with HIV improve their health status and quality of life and prevent the progression to AIDS; to help reduce the risk of transmission; and to help people with AIDS 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 are effective with 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 populations infected, affected, or at risk, 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 and families living with or at risk for HIV infection 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.**

## Worksheet for Determining FY 2017 Service Priorities – includes Committee changes made on 05/27/16

<b>Core Services</b>	<b>HL Scores</b>	<b>HL Rank</b>	<b>Approved FY 2015 &amp; FY 2016 Priorities</b>	<b>Proposed FY 2017 Priorities</b>	<b>Justification</b>
<b>Ambulatory/Outpatient Medical Care</b>	HHH	2	1	1	Service Priorities are the same in FY 2015, FY 2016 and FY 2017 because there is no new needs assessment data or significant additional data.
<b>Medical Case Management</b>	HHH	2	2	2	
<b>Local Pharmacy Assistance Program</b>	HHH	2	3	3	
<b>Oral Health Services</b>	HHH	2	4	4	
<b>Mental Health Services</b>	HLH	4	5	5	
<b>Health Insurance</b>	LHH	6	6	6	
<b>Day Treatment</b>	LLH	7	7	7	
<b>Substance Abuse Treatment</b>	LLH	7	8	8	
<b>Early Intervention Services (jail)</b>	LLL	8	9	9	
<b>Medical Nutritional Therapy</b>	LLL	8	10	10	
<b>Hospice*</b>	-	-	11	11	

<b>Support Services</b>	<b>HL Scores</b>	<b>HL Rank</b>	<b>Approved FY 2015 &amp; FY 2016 Priorities</b>	<b>Proposed FY 2017 Priorities</b>	<b>Justification</b>
<b>Outreach*</b>				12	Due to 64% retention rates and a Comprehensive Plan goal of 85%, make this service the first priority among support services.
<b>Non-medical case management</b>	HHH	2	12	13	
<b>Medical Transportation</b>	LHH	6	13	14	
<b>Linguistics Services</b>	LLH	7	14	15	
<b>Other Professional Services</b>	LLL	8	15	16	

\*Hospice and Outreach do not have HL Score or HL Rank as they were not included in the 2014 Needs Assessment service category need and accessibility rankings.

Houston Ryan White Planning Council  
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding  
FY 2017 Allocations**

(Priority and Allocations Committee approved 06-22-16)

**All Funding Streams – Level Funding Scenario**

**Motion 1: Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding.**

Approve the attached Ryan White Part A, MAI, Part B and State Services Funding FY 2017 Level Funding Scenario.

**MAI Increase / Decrease Scenarios**

**Motion 2: Decrease Funding Scenario for Ryan White Minority AIDS Initiative (MAI).**

All service categories will be decreased by the same percent. This applies to the total amount of service dollars available. Every service category is treated equally under this scenario.

**Motion 3: Increase Funding Scenario for Ryan White Minority AIDS Initiative (MAI).**

All service categories will be increased by the same percent. This applies to the total amount of service dollars available. Every service category is treated equally under this scenario.

**Part A Increase / Decrease Scenarios**

**Motion 4: Decrease Funding Scenario for Ryan White Part A Funding.**

All service categories will be decreased by the same percent. This applies to the total amount of service dollars available. Every service category is treated equally under this scenario.

**Motion 5: Increase Funding Scenario for Ryan White Part A Funding.**

Step 1: Allocate first \$250,000 of increase in funds to Health Insurance Premium and Cost Sharing Assistance.

Step 2: Any remaining increase in funds following application of Step 1 will be allocated by the Ryan White Planning Council.

**Part B and State Services Increase / Decrease Scenarios**

**Motion 6: Increase Funding Scenario for Ryan White Part B and State Services Funding.**

An increase in funds of any amount will be allocated by the Ryan White Planning Council after the notice of grant award is received.

**Motion 7: Decrease Funding Scenario for Ryan White Part B and State Services Funding.**

Any decrease will be taken from Health Insurance Premium and Cost Sharing Assistance since this service can be supported with Ryan White Part A funds.



		Part A	MAI	Part B	State Services	Total	FY 2016 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	Total	FY 2016 Allocations & Justification
<b>1</b>	<b>Ambulatory/Outpatient Primary Care</b>	<b>\$9,795,737</b>	<b>\$2,057,949</b>	<b>\$0</b>	<b>\$0</b>	<b>\$11,853,686</b>	
1.a	PC-Public Clinic	\$3,643,839				\$3,643,839	
1.b	PC-AA	\$940,447	\$1,040,245			\$1,980,692	Part A: Allocate total (RW/A+MAI) CBO funds as follows: <b>Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%. FY17: Decrease \$255,696 in Part A due to existing funding in MAI.</b>
1.c	PC-Hisp - see 1.b above	\$786,424	\$1,017,704			\$1,804,128	Part A: Allocate total (RW/A+MAI) CBO funds as follows: <b>Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%. FY17: Decrease \$255,695 in Part A due to existing funding in MAI.</b>
1.d	PC-White - see 1.b above	\$1,038,843				\$1,038,843	Part A: Allocate total (RW/A+MAI) CBO funds as follows: <b>Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%.</b>
1.e	PC-Rural	\$1,166,658				\$1,166,658	
1.f	PC-Women	\$1,902,089				\$1,902,089	
1.g	PC-Pedi	\$15,437				\$15,437	
1.h	Vision Care	\$302,000				\$302,000	<b>FY17: Increase \$44,522 in Part A due to previous FY expenditures.</b>
<b>2</b>	<b>Medical Case Management</b>	<b>\$2,215,702</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,215,702</b>	
2.a	CCM-Mental/Substance	\$488,656	\$0	\$0	\$0	\$488,656	
2.b	MCM-Public Clinic	\$162,622				\$162,622	
2.c	MCM-AA	\$321,070				\$321,070	
2.d	MCM-Hisp	\$321,072				\$321,072	
2.e	MCM-White	\$107,247				\$107,247	
2.f	MCM-Rural	\$348,760				\$348,760	
2.g	MCM-Women	\$180,311				\$180,311	
2.h	MCM-Pedi	\$160,051				\$160,051	
2.i	MCM-Veterans	\$80,025				\$80,025	
2.j	MCM-Youth	\$45,888				\$45,888	
<b>3</b>	<b>Local Pharmacy Assistance Program</b>	<b>\$2,384,796</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,384,796</b>	<b>FY17: Decrease \$250,000 in Part A due to underspending.</b>
<b>4</b>	<b>Oral Health</b>	<b>\$166,404</b>	<b>\$0</b>	<b>\$2,370,346</b>	<b>\$0</b>	<b>\$2,536,750</b>	
	Untargeted	\$0		\$2,370,346	\$0	\$2,370,346	<b>FY17: Increase \$250,000 in Part B due to sustained need for prosthodontics.</b>
	Rural Dental	\$166,404				\$166,404	
<b>5</b>	<b>Mental Health Services</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$300,000</b>	<b>\$300,000</b>	
<b>6</b>	<b>Health Insurance Co-Pays &amp; Co-Ins</b>	<b>\$1,294,551</b>	<b>\$0</b>	<b>\$726,885</b>	<b>\$1,028,183</b>	<b>\$3,049,619</b>	<b>FY17: Increase \$265,129 in Part A to offset funding shift from Part B and State Services; Decrease \$250,000 in Part B in order to fully fund Oral Health Untargeted; Decrease \$15,129 in State Services due to decrease in funding to reflect contracted amount.</b>
<b>7</b>	<b>Home &amp; Community Based Health Services</b>	<b>\$0</b>	<b>\$0</b>	<b>\$232,000</b>	<b>\$0</b>	<b>\$232,000</b>	

		Part A	MAI	Part B	State Services	Total	FY 2016 Allocations & Justification
	<b>Remaining Funds to Allocate</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
7.a	In-Home (skilled nursing & health aide)	\$0				\$0	
7.b	Facility-based (adult day care)	\$0		\$232,000		\$232,000	
8	Substance Abuse Treatment - Outpatient	\$45,677	\$0	\$0	\$0	\$45,677	
9	Early Intervention Services	\$0	\$0	\$0	\$166,211	\$166,211	
10	Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$341,395	
11	Hospice	\$0	\$0	\$0	\$414,832	\$414,832	
12	Outreach Services	\$490,000	\$0	\$0	\$0	\$490,000	FY17: Fund at \$490,000 in Part A to support seven Outreach Worker positions.
13	Non-Medical Case Management	\$1,231,001	\$0	\$0	\$0	\$1,231,001	
13.a	SLW-Youth	\$110,793				\$110,793	
13.b	SLW-Testing	\$100,000				\$100,000	FY17: Decrease \$145,497 in Part A due to underspending.
13.c	SLW-Public	\$427,000				\$427,000	FY17: Decrease \$63,886 in Part A due to underspending.
13.d	SLW-CBO, includes some Rural	\$593,209				\$593,209	
14	Transportation	\$527,362	\$0	\$0	\$0	\$527,362	
14.a	Van Based - Urban	\$252,680				\$252,680	
14.b	Van Based - Rural	\$97,185		\$0		\$97,185	
14.c	Bus Passes & Gas Vouchers	\$177,497				\$177,497	
15	Linguistic Services	\$0	\$0	\$0	\$48,000	\$48,000	
16	Other Professional Services	\$125,000	\$0	\$0	\$0	\$125,000	FY17: Fund at \$125,000 in Part A to provide tax preparation services.
	<b>Total Service Allocation</b>	<b>\$18,617,624</b>	<b>\$2,057,949</b>	<b>\$3,329,231</b>	<b>\$1,957,226</b>	<b>\$25,962,030</b>	
NA	Quality Management	\$495,000	\$0			\$495,000	Part A: No changes
NA	Administration	\$1,658,827	\$0			\$1,658,827	Part A: FY17: Increase \$46,123 to reflect increase in Planning Council budget for Blue Book printing.
	<b>Total Non-Service Allocation</b>	<b>\$2,153,827</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,153,827</b>	
	<b>Total Grant Funds</b>	<b>\$20,771,451</b>	<b>\$2,057,949</b>	<b>\$3,329,231</b>	<b>\$1,957,226</b>	<b>\$28,115,857</b>	

<b>Remaining Funds to Allocate (exact same as the yellow row on top)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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	Part A	MAI	Part B	State Services	Total	FY 2016 Allocations & Justification
<b>Remaining Funds to Allocate</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	

Tips:  
 \* Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet will become "broken" and the totals will be incorrect.  
 \* It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from \$42,000 to \$40,000, don't just delete the cell contents and type in a new number. Instead, type in "=42000-2000". This shows that you subtracted \$2,000 from a service, so you recall later how you reached a certain amount. If you want to make another change, just add it to the end of the formula. For example, if you want to add back in \$1,500, then the cell should look like "=42000-2000+1500" Make sure you put the "=" in front so Excel reads it as a formula.

[For Staff Only]					
If needed, use this space to enter base amounts to be used for calculations					
	Actual RW/A Amount	Actual MAI Amount	Part B estimated	State Service est.	
Total Grant Funds	\$20,771,451	\$2,057,949	\$3,329,231	\$1,957,226	\$28,115,857

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,250,873	305,482	353,474	-39,131	290,386	10,161,084	48.45%	10,161,084	0		10,067,723	99%	100%
1.a	Primary Care - Public Clinic (a)	3,385,563	113,189	0	531,711	-45,381	3,985,082	19.00%	3,985,082	0	3/1/2015	\$4,201,110	105%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,011,437	33,816	89,106	-154,800	159,766	1,139,325	5.43%	1,139,325	0	3/1/2015	\$1,410,791	124%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	881,197	29,461	89,106	-154,800	175,720	1,020,684	4.87%	1,020,684	0	3/1/2015	\$929,135	91%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	878,426	29,368	29,012	-50,400	281	886,687	4.23%	886,687	0	3/1/2015	\$650,298	73%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,083,965	36,241	0	-235,000		885,206	4.22%	885,206	0	3/1/2015	\$995,140	112%	100%
1.f	Primary Care - Women at Public Clinic (a)	1,767,268	59,085	0			1,826,353	8.71%	1,826,353	0	3/1/2015	\$1,564,450	86%	100%
1.g	Primary Care - Pediatric (a.1)	14,342	479				14,821	0.07%	14,821	0	3/1/2015	\$14,895	100%	100%
1.h	Vision	228,675	3,843	146,250	24,158		402,926	1.92%	402,926	0	3/1/2015	\$301,905	75%	100%
2	Medical Case Management	2,031,556	184,145	125,000	45,475	-10,597	2,375,579	11.33%	2,375,579	0		2,077,104	87%	100%
2.a	Clinical Case Management	448,044	40,611		-20,000		468,655	2.23%	468,655	0	3/1/2015	\$375,620	80%	100%
2.b	Med CM - Public Clinic (a)	149,107	13,515	0	33,500		196,122	0.94%	196,122	0	3/1/2015	\$220,478	112%	100%
2.c	Med CM - Targeted to AA (a) (e)	294,386	26,684	53,750	21,500	53,316	449,636	2.14%	449,636	0	3/1/2015	\$513,663	114%	100%
2.d	Med CM - Targeted to H/L (a) (e)	294,388	26,684	53,750	21,500	-62,913	333,409	1.59%	333,409	0	3/1/2015	\$187,837	56%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	98,334	8,913	17,500	7,000		131,747	0.63%	131,747	0	3/1/2015	\$140,856	107%	100%
2.f	Med CM - Targeted to Rural (a)	319,775	28,986	0			348,761	1.68%	348,761	0	3/1/2015	\$310,923	89%	100%
2.g	Med CM - Women at Public Clinic (a)	165,325	14,986	0			180,311	0.86%	180,311	0	3/1/2015	\$121,701	67%	100%
2.h	Med CM - Targeted to Pedi (a.1)	146,749	13,301	0	-13,000	-1,000	146,050	0.70%	146,050	0	3/1/2015	\$94,874	65%	100%
2.i	Med CM - Targeted to Veterans	73,374	6,651	0	-5,025		75,000	0.36%	75,000	0	3/1/2015	\$69,158	92%	100%
2.j	Med CM - Targeted to Youth	42,074	3,814	0			45,888	0.22%	45,888	0	3/1/2015	\$41,996	92%	100%
3	Local Pharmacy Assistance Program (a) (e)	2,219,276	362,164		36,716	-236,768	2,381,388	11.35%	2,381,388	0	3/1/2015	\$2,379,823	100%	100%
4	Oral Health	163,653	2,751	0	0	0	166,404	0.79%	166,404	0	3/1/2015	166,400	100%	100%
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	163,653	2,751	0	0	0	166,404	0.79%	166,404	0	3/1/2015	\$166,400	100%	100%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
6	Health Insurance (c)	1,209,100	20,322	0	0	0	1,229,422	5.86%	1,229,422	0	3/1/2015	\$1,229,409	100%	100%
7	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
8	Substance Abuse Services - Outpatient	45,677	0	0	-12,000	0	33,677	0.16%	33,677	0	3/1/2015	\$30,500	91%	100%
9	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
10	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.63%	341,395	0	3/1/2015	\$338,913	99%	100%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Non-Medical Case Management	1,440,385	0	0	-31,060	-43,021	1,366,304	6.51%	1,366,304	0		1,106,351	81%	100%
12.a	Service Linkage targeted to Youth	110,793	0	0			110,793	0.53%	110,793	0	3/1/2015	\$80,590	73%	100%
12.b	Service Linkage targeted to Newly-Diagnosed/No	245,497	0	0	-110,000		135,497	0.65%	135,497	0	3/1/2015	\$88,980	66%	100%
12.c	Service Linkage at Public Clinic (a)	490,886	0	48,940			539,826	2.57%	539,826	0	3/1/2015	\$370,248	69%	100%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	30,000		-43,021	580,188	2.77%	580,188	0	3/1/2015	\$566,533	98%	100%
13	Medical Transportation	527,363	0	0	0	0	527,363	2.51%	527,362	1		527,362	100%	100%
13.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.20%	252,680	0	3/1/2015	\$257,164	102%	100%
13.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.46%	97,185	0	3/1/2015	\$92,700	95%	100%
13.c	Transportation vouchering (bus passes & gas car	177,498	0	0	0	0	177,498	0.85%	177,497	1	3/1/2015	\$177,498	100%	0%
14	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
15	Legal Assistance	293,406	0	0	0	0	293,406	1.40%	293,406	0	3/1/2015	\$293,400	100%	100%
9EOZ7516	Total Service Dollars	17,522,684	874,864	478,474	0	0	18,876,022	90.00%	18,876,021	1		18,244,360	97%	100%
9EOZ7517	Grant Administration	1,612,704	0	0	0	0	1,612,704	7.69%	1,612,704	0	N/A	1,490,878	92%	100%
PC	HCPHES/RWGA Section	1,126,122	0	0	0	0	1,126,122	5.37%	1,126,122	0	N/A	\$1,004,296	89%	100%
9EOZ7521	County Judge & RWPC Support*	486,582	0	0	0	0	486,582	2.32%	486,582	0	N/A	486,582	100%	100%
	Quality Management	485,000	0	0	0	0	485,000	2.31%	485,000	0	N/A	\$471,010	97%	100%
		19,620,388	874,864	478,474	0	0	20,973,726	100.00%	20,973,725	1		20,206,248	96%	100%
								Unallocated	Unobligated					
	<b>Part A Grant Award:</b>	20,495,250	<b>Carry Over:</b>	478,475		<b>Total Part A:</b>	20,973,725	-1	0					

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service)	15,261,530	874,864	478,474	31,060	43,021	16,645,928	88.19%	16,688,949	88.56%				
	Non-Core (may not exceed 25% of total service)	2,261,154	0	0	-31,060	-43,021	2,230,094	11.81%	2,156,013	11.44%				
	<b>Total Service Dollars (does not include Admin a)</b>	<b>17,522,684</b>	<b>874,864</b>	<b>478,474</b>	<b>0</b>	<b>0</b>	<b>18,876,022</b>		<b>18,844,962</b>					
	<b>Total Admin (must be ≤ 10% of total Part A + MAI)</b>	<b>1,612,704</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,612,704</b>	<b>7.69%</b>						
	<b>Total QM (must be ≤ 5% of total Part A + MAI)</b>	<b>485,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>485,000</b>	<b>2.31%</b>						
<b>MAI Procurement Report</b>														
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	1,930,538	80,668	440	0	0	2,011,646	100.00%	2,011,646	0		1,434,125	71%	83%
1.b (MAI)	Primary Care - CBO Targeted to African American	975,842	40,776	220	0	0	1,016,838	50.55%	1,016,838	0	3/1/2015	\$749,925	74%	83%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	954,696	39,892	220	0	0	994,808	49.45%	994,808	0	3/1/2015	\$684,200	69%	83%
	<b>Total MAI Service Funds</b>	<b>1,930,538</b>	<b>80,668</b>	<b>440</b>	<b>0</b>	<b>0</b>	<b>2,011,646</b>	<b>100.00%</b>	<b>2,011,646</b>	<b>0</b>		<b>1,434,125</b>	<b>71%</b>	<b>83%</b>
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	<b>Total MAI Non-service Funds</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0%</b>	<b>0%</b>
	<b>Total MAI Funds</b>	<b>1,930,538</b>	<b>80,668</b>	<b>440</b>	<b>0</b>	<b>0</b>	<b>2,011,646</b>	<b>100.00%</b>	<b>2,011,646</b>	<b>0</b>		<b>1,434,125</b>	<b>71%</b>	<b>83%</b>
	<b>MAI Grant Award</b>	<b>2,011,206</b>	<b>Carry Over:</b>	<b>441</b>		<b>Total MAI:</b>	<b>2,011,647</b>							
	<b>Combined Part A and MAI Total</b>	<b>21,550,926</b>												
<b>Footnotes:</b>														
(All)	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.													
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.													
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.													
(b)	Adjustments to reflect actual award based on Increase funding scenario.													
(c)	Funded under Part B and/or SS													
(d)	Not used at this time													
(e)	10% rule reallocations													
(f)	Include MAI funds when reviewing 10% rule reallocations													

SUR - 4th Quarter Cumulative (3/1-2/28)

Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,457	7,216	73%	27%	50%	15%	2%	32%	0%	1%	7%	24%	28%	14%	25%	2%
1.a	Primary Care - Public Clinic (a)	2,350	3,623	69%	31%	54%	10%	2%	34%	0%	0%	4%	18%	27%	15%	33%	2%
1.b	Primary Care - CBO Targeted to AA (a) (g)	1,060	1,568	69%	31%	99%	0%	1%	0%	0%	1%	12%	34%	28%	10%	14%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a) (g)	960	981	84%	16%	0%	0%	0%	100%	0%	0%	6%	29%	35%	13%	15%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	692	88%	12%	0%	90%	10%	0%	0%	0%	5%	25%	25%	16%	26%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	506	70%	30%	41%	25%	2%	30%	0%	1%	9%	25%	29%	15%	19%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	1,112	0%	100%	65%	7%	1%	28%	0%	0%	3%	16%	31%	17%	31%	2%
1.g	Primary Care - Pediatric (a)	7	13	69%	31%	54%	8%	0%	38%	15%	46%	38%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,152	75%	25%	48%	17%	2%	34%	0%	0%	6%	22%	25%	15%	30%	3%
2	Local Drug Reimbursement Program (a)	2,845	3,931	78%	22%	47%	18%	2%	33%	0%	0%	7%	29%	30%	15%	18%	1%
3	Medical Case Management (f)	3,075	5,261														
3.a	Clinical Case Management	600	1,018	73%	27%	54%	29%	2%	15%	0%	0%	5%	21%	24%	13%	34%	2%
3.b	Med CM - Targeted to Public Clinic (a)	280	528	98%	2%	53%	12%	2%	33%	0%	2%	15%	18%	20%	12%	32%	3%
3.c	Med CM - Targeted to AA (a)	550	1,987	69%	31%	99%	0%	1%	0%	0%	1%	11%	31%	25%	12%	19%	1%
3.d	Med CM - Targeted to HL(a)	550	811	86%	14%	0%	0%	0%	100%	0%	1%	9%	32%	30%	13%	15%	1%
3.e	Med CM - Targeted to White and/or MSM (a)	260	560	85%	15%	0%	92%	8%	0%	0%	0%	4%	25%	22%	17%	29%	4%
3.f	Med CM - Targeted to Rural (a)	150	695	69%	31%	44%	28%	2%	26%	0%	1%	7%	20%	26%	15%	29%	3%
3.g	Med CM - Targeted to Women at Public Clinic (a)	240	301	0%	100%	69%	7%	1%	23%	0%	0%	11%	15%	28%	14%	29%	2%
3.h	Med CM - Targeted to Pedi (a)	125	113	53%	47%	81%	4%	0%	15%	60%	27%	12%	0%	0%	0%	0%	0%
3.i	Med CM - Targeted to Veterans	200	178	94%	6%	67%	21%	1%	11%	0%	0%	0%	3%	3%	5%	68%	20%
3.j	Med CM - Targeted to Youth	120	88	98%	2%	59%	7%	1%	33%	0%	10%	90%	0%	0%	0%	0%	0%
4	Oral Health	200	302	69%	31%	37%	35%	1%	26%	0%	0%	7%	21%	32%	13%	25%	3%
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	302	69%	31%	37%	35%	1%	26%	0%	0%	7%	21%	32%	13%	25%	3%
5	Medical Nutritional Therapy/Nutritional Supplements	650	521	78%	22%	40%	26%	3%	30%	0%	0%	3%	13%	21%	18%	40%	5%
6	Mental Health Services (d)	NA	NA														
7	Health Insurance	1,700	1,393	83%	17%	41%	30%	3%	26%	0%	0%	3%	19%	23%	16%	36%	3%
8	Substance Abuse Treatment - Outpatient	40	24	96%	4%	21%	63%	0%	17%	0%	0%	13%	29%	38%	8%	13%	0%
9	Hospice Services (d)	NA	NA														
10	Home and Community Based Services (d)	NA	NA														
11	Early Medical Intervention Services (d)	NA	NA														
12	Non-Medical Case Management	7,045	6,805														
12.a	Service Linkage Targeted to Youth	320	234	77%	23%	63%	5%	1%	30%	0%	12%	88%	0%	0%	0%	0%	0%
12.b	Service Linkage at Testing Sites	260	206	67%	33%	69%	10%	2%	19%	0%	0%	0%	29%	26%	13%	32%	0%
12.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	2,942	67%	33%	61%	11%	1%	27%	0%	0%	0%	18%	26%	15%	38%	3%
12.d	Service Linkage at CBO Primary Care Programs (a)	2,755	3,423	75%	25%	55%	15%	2%	29%	2%	1%	8%	27%	26%	13%	22%	2%
13	Food Pantry (funded by State Services)	NA	NA														
14	Transportation	2,850	3,374														
14.a	Transportation Services - Urban	170	509	73%	27%	58%	12%	2%	28%	0%	1%	10%	28%	29%	9%	20%	3%
14.b	Transportation Services - Rural	130	165	70%	30%	39%	38%	2%	21%	0%	1%	10%	19%	19%	19%	27%	4%
14.c.1	Transportation vouchers (bus passes)	2,500	2,612														
14.c.2	Transportation vouchers (gas vouchers)	50	88														
15	Legal Assistance	390	221	62%	38%	49%	23%	1%	27%	0%	0%	1%	7%	26%	19%	43%	5%
16	Linguistic Services (d)	NA	NA														
Net unduplicated clients served - all categories*		10,200	11,966	74%	26%	53%	17%	2%	29%	1%	1%	6%	22%	25%	14%	29%	3%
Living AIDS cases + estimated Living HIV non-AIDS (from FY 14 App) (b)		NA	22,830	74%	26%	49%	23%	3%	25%	0%	6%	18%	27%	30%	18%		



RW MAI Service Utilization Report																	
Priority	Service Category	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	MAI unduplicated served includes clients also served under Part A																
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,571	72%	28%	99%	0%	1%	0%	0%	1%	12%	37%	26%	10%	13%	0%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,162	87%	13%	0%	0%	0%	100%	0%	1%	7%	31%	34%	13%	12%	1%
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 (3/1/12 - 2/28/13)																	
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	1,721	78%	22%	55%	14%	2%	29%	0%	2%	12%	33%	24%	11%	18%	1%
2	LPAP	1,200	721	82%	18%	52%	17%	2%	29%	0%	2%	10%	38%	23%	13%	13%	1%
3.a	Clinical Case Management	400	167	80%	20%	54%	26%	2%	19%	0%	2%	9%	29%	20%	13%	26%	1%
3.b-3.h	Medical Case Management	1,600	1,161	77%	23%	57%	16%	2%	25%	3%	3%	14%	30%	22%	11%	17%	1%
3.i	Medical Case Management - Targeted to Veterans	60	54	96%	4%	63%	26%	2%	9%	0%	0%	0%	6%	4%	7%	67%	17%
4	Oral Health	40	38	82%	18%	39%	39%	0%	21%	0%	0%	13%	32%	21%	11%	24%	0%
12.a.	Non-Medical Case Management (Service Linkage)	3,700	1,729	75%	25%	58%	14%	2%	27%	2%	2%	9%	28%	24%	12%	22%	2%
12.c.																	
12.d.																	
12.b	Service Linkage at Testing Sites	260	146	72%	28%	70%	4%	1%	25%	0%	5%	15%	29%	20%	10%	21%	1%
Footnotes:																	
(a) Bundled Category																	
(b) Age groups 13-19 and 20-24 combined together, Age groups 55-64 and 65+ combined together.																	
(d) Funded by Part B and/or State Services																	
(e) Not funded in FY 2014																	
(f) Total MCM served does not include Clinical Case Management																	
(g) CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	

**Comprehensive HIV  
Planning Committee  
Report**



# Houston Area HIV Services Ryan White Planning Council Comprehensive HIV Planning Committee

2016 Houston Area HIV/AIDS Needs Assessment  
Sampling Summary  
June 9, 2016

## 1. Overall Sample Size

	<b>Minimum</b>	<b>Maximum</b>
Sample Size Goal	587	1,024
Current Sample Size*	507	507
Percent of Goal	86%	50%

## 2. Rural Representation

	<b>Goal</b>	<b>Current*</b>
Harris County	92%	93%
Non-Harris County	8%	7%

## 3. Retention in Care Representation

	<b>Goal</b>	<b>Current*</b>
Retained in Care	75%	99.6%
Not Retained in Care**	25%	0.4%

## 4. Demographic Proportions

	<b>Goal</b>	<b>Current*</b>
Male	75%	68%
Female	25%	32%
White	21%	13%
Black	49%	64%
Hispanic	27%	21%
18 – 24	5%	3%
25 – 49	59%	42%
50+	35%	54%
MSM	55%	43%
IDU	11%	1%
Heterosexual	30%	53%

## 5. Special Populations

	<b>Current*</b>
Rural***	0.2%
Not Retained in Care**	0.4%
Unstable Housing	27%
IDU	1 %
MSM	43%
Recently Released	7%
Transgender	4%

\* Only 461 surveys entered; 46 surveys pending entry. Current percentages reflect entered surveys only.

\*\*0.8% including surveys pending entry

\*\*\* Residing in Wharton, Colorado, Austin, or Walker County

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 1: Goal, Solutions, and Benchmarks - PEI

<b>Solutions</b> {Recommended approaches to achieve the goal}
<p>②</p> <ol style="list-style-type: none"> <li>1. Adopt high-impact structural interventions such as governmental policy change and population-based efforts that destigmatize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools</li> <li>2. Expand opportunities for HIV testing for the general public and in high-incidence populations and communities</li> <li>3. Increase the timeliness of the linkage to care system for newly-diagnosed HIV+ individuals</li> <li>4. Expand prevention with positives including treatment adherence and Treatment as Prevention (TasP), HIV prophylaxis including Pre-Exposure Prophylaxis (PrEP), and behavior change interventions for HIV+ individuals and their partners*</li> <li>5. Expand HIV prevention data collection to include behavioral surveillance and measures of community-wide sexual health*</li> <li>6. Expand opportunities for HIV and sexual health education for the general public an high-incidence populations and communities**</li> </ol>

<b>Goal</b> {Desired long-term result, outcome, or change}
<ol style="list-style-type: none"> <li>1. Reduce new HIV infections</li> <li>2. Increase awareness of HIV</li> <li>3. Increase awareness of HIV status</li> <li>4. Ensure early entry into care</li> <li>5. Increase access to ARV therapy for treatment and prevention*</li> <li>6. Address the HIV prevention needs of high incidence communities</li> <li>7. Reduce community risk factors for HIV infection</li> </ol> <p style="text-align: right;">①</p>

<b>Benchmarks</b> {How the result will be measured}
<ol style="list-style-type: none"> <li>1. Reduce number of new HIV infections diagnosed in Houston Area</li> <li>2. Maintain number of publicly-funded HIV tests</li> <li>3. Maintain positivity rate for publicly-funded targeted HIV testing</li> <li>4. Maintain positivity rate for publicly-funded routine HIV testing</li> <li>5. Maintain % of individuals with a positive HIV test result identified through targeted HIV testing who are informed of their HIV+ status</li> <li>6. Decrease % of new HIV diagnoses with an HIV stage 3 diagnosis within one year</li> <li>7. Increase proportion of newly-diagnosed individuals linked to clinical care within one months of their HIV diagnosis</li> <li>8. Increase proportion of Ryan White HIV/AIDS Program clients w/ suppressed VL</li> <li>9. Increase % of diagnosed PLWH in the Houston Area who are virally suppressed</li> <li>10. Decrease number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention</li> <li>11. Decrease rate of STD infection per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis)</li> <li>12. Maintain number of condoms distributed</li> <li>13. Maintain number of high-risk individuals receiving information on HIV risk reduction through community outreach</li> <li>14. Maintain the number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV</li> <li>15. Increase % of prevention and care staff receiving standardized pre-exposure prophylaxis (PrEP) training to 100%</li> <li>16. Increase the number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education</li> </ol> <p><b>-Will revisit benchmarks on brochures distributed and mean number of calls to HIV prevention hotline in June 29<sup>th</sup></b></p> <p style="text-align: right;">③</p>

**2017 Houston Area Comprehensive HIV Services Plan**  
Logic Model 1: Goal, Solutions, and Benchmarks – Gaps in Care

<b>Solutions</b> {Recommended approaches to achieve the goal}
<p>②</p> <ol style="list-style-type: none"><li>1. Target linkage to care efforts to vulnerable points in the HIV system (e.g. at initial diagnosis, before the first medical visit, after the initial visit, upon release from incarceration, unstably housed, transitioning from pediatric to adult care, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH*</li><li>2. Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy*</li><li>3. Adopt strategies to re-engage out of care PLWH to return to care</li></ol>

<b>Goal</b> {Desired long-term result, outcome, or change}
<ol style="list-style-type: none"><li>1. Ensure early entry into care</li><li>2. Reduce Unmet Need</li><li>3. Increase retention in continuous care</li><li>4. Improve health outcomes for People Living with HIV (PLWH)*</li><li>5. Increase viral suppression**</li></ol> <p>①</p>

<b>Benchmarks</b> {How the result will be measured}
<ol style="list-style-type: none"><li>1. Decrease the proportion of PLWH with Unmet Need</li><li>2. Decrease the percentage of PLWHA reporting prior history of being out-of-care</li><li>3. Increase the proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis (one month if available)</li><li>4. Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (<math>\geq 2</math> visits for routine HIV medical care in 12 months <math>\geq 3</math> months apart)</li><li>5. Increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed</li><li>6. Increase the proportion of PLWH in the Houston Area who are retained in care</li><li>7. Increase the proportion of PLWH in the Houston Area who are virally suppressed</li></ol> <p>③</p>

**2017 Houston Area Comprehensive HIV Services Plan**  
 Logic Model 1: Goal, Solutions, and Benchmarks – SP

<b>Solutions</b> {Recommended approaches to achieve the goal}
<p>②</p> <ol style="list-style-type: none"> <li>1. Evaluate HIV prevention and care system policies, procedures, and other structural components, and adjust to ensure that treatment is sufficient to meet the needs of all people living with or at risk for HIV.*</li> <li>2. Close gaps in targeted interventions and services to better meet the HIV prevention and care needs of special populations*</li> <li>3. Improve data management systems to better reveal information on the HIV epidemiology, risks outcomes, and needs of historically under-sampled populations and support Data-to-Care*</li> </ol>

<b>Goal</b> {Desired long-term result, outcome, or change}
<ol style="list-style-type: none"> <li>1. Prevent new HIV infections among the special populations of youth, homeless, IRR from jail or prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging* ①</li> <li>2. Reduce barriers to HIV prevention and care for the special populations of youth, homeless, IRR from jail or prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging*</li> <li>3. Strengthen the cultural and linguistic competence of the HIV prevention and care system<sup>1</sup></li> </ol> <p><sup>1</sup>Revise definitions of “culture” and “health” in activities relating to this goal to align with current Office of Minority Health <i>National Cultural and Linguistically-Appropriate Services Standards</i></p>

<b>Benchmarks</b> {How the result will be measured}
<ol style="list-style-type: none"> <li>1. Reduce the number of new HIV infections diagnosed among each Special Population by 25 percent ③</li> <li>2. Increase the proportion of newly-diagnosed individuals within each Special Population linked to HIV clinical care within three months of their HIV diagnosis to at least 85 percent</li> <li>3. Decrease the proportion of PLWH with unmet need within each Special Population*</li> <li>4. Monitor grievances relating to cultural and linguistic competence received through the Ryan White grievance lines**</li> </ol>

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 1: Goal, Solutions, and Benchmarks – COE

<b>Solutions</b> {Recommended approaches to achieve the goal}
<p>②</p> <ol style="list-style-type: none"><li>1. Launch proactive efforts to unify stakeholders and to engage new and non-traditional partners in achieving the HIV prevention and care mission</li><li>2. Support technical assistance and training to current HIV-related service providers and extend training to potential providers*</li><li>3. Increase communication of HIV-related issues through media to educate and mobilize the public and providers*</li><li>4. Optimize and explore new ways to utilize technology to: (a) link people at risk for or living with HIV (PLWH) to resources; and (b) assist providers with real-time referrals for clients to HIV prevention and care services*</li><li>5. Strengthen coordination of data systems within the HIV care system, HIV prevention and care; and HIV prevention and care service providers and the broader health care delivery system*</li></ol>

<b>Goal</b> {Desired long-term result, outcome, or change}
<ol style="list-style-type: none"><li>1. Increase awareness of HIV among all Greater Houston Area health and social service providers* ①</li><li>2. Increase the availability of HIV-related prevention and care services and providers*</li><li>3. Reduce barriers to HIV prevention and care</li><li>4. Partner to address co-occurring public health problems that inhibit access to HIV prevention and care*</li><li>5. Monitor and respond to state and national-level changes in the health care system*</li></ol>

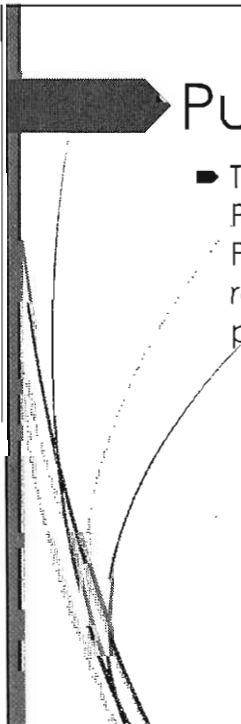
<b>Benchmarks</b> {How the result will be measured}
<ol style="list-style-type: none"><li>1. Maintain the number of Ryan White Planning Council members who are not employed at HIV care or prevention service providers</li><li>2. Increase the number of non-HIV prevention and care service providers requesting information about HIV services ③</li><li>3. Reduce the proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Core Medical Services</li><li>4. Reduce the proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Support Services</li><li>5. Reduce the proportion of PLWH reporting barriers to outpatient alcohol or drug abuse treatment services</li><li>6. Reduce the proportion of PLWH reporting barriers to professional mental health counseling</li><li>7. Reduce the proportion of PLWH reporting housing instability</li><li>8. Increase the % of PLWH reporting private or public health insurance coverage</li><li>9. Increase the % of Ryan White HIV/AIDS Program clients with Medicaid or Medicare enrollment</li><li>10. Decrease the proportion of Ryan White HIV/AIDS Program clients with who may qualify for Medicaid or Medicare, but who are not enrolled in either program.</li><li>11. Increase the % of Ryan White HIV/AIDS Program clients with private health insurance</li><li>12. Decrease the proportion of Ryan White HIV/AIDS Program clients who may qualify for an Advanced Premium Tax Credit, but who are not enrolled in an ACA Marketplace QHP.</li></ol>

# Affected Community Committee Report



# Change Partnership

A partnership between Change Happens and Houston Area Community Services



## Purpose

- The purpose of Change Partnerships' High Impact Prevention Program is to provide a comprehensive HIV Prevention program to reduce morbidity, mortality, and related health disparities. To achieve this, the program will provide:
  - Increase HIV testing
  - Link HIV-positive persons to HIV medical care
  - Increase referrals to partner services provide prevention and essential support services for HIV-positive persons and high-risk persons with unknown/negative serostatus
  - Increase program monitoring and accountability
  - Increase coordination and collaboration among community, local, and state HIV prevention care services.



## Target Populations


- Primary Target Population:
  - Heterosexual African American Men, ages 18-35
- Secondary Target Population:
  - Heterosexual Hispanic Men, ages 18-35
- Everyone is eligible for free testing including women
- Area: The entire Harris County



## Strategies #1: Promotion, Outreach, and Recruitment

- Promote the Change Partnership HIV Prevention Program to target populations.
- Change Partnership will conduct outreach to recruit the target population for HIV testing in the community and clinical setting
- Conduct outreach activities (i.e. community events, health fairs, special events).
- Conduct non-traditional outreach (i.e. barber shops, apartment complexes, parks, bars)





## Strategy #2: Targeted HIV Testing

- Conduct targeted HIV testing among persons at high risk for HIV infection
- Conduct integrated screening for STD's and viral hepatitis
- Conduct targeted HIV testing at various venues
- Conduct HIV testing in community settings




## Strategy #3 Comprehensive HIV Prevention with HIV Positive Persons

- Link newly diagnosed HIV-positive persons to HIV medical care
- Re-engage previously diagnosed, out-of-care HIV positive persons in HIV medical care
- Change Happens will use Case Managers to connect and navigate clients through health and social services system
- Interventions like ARTAS and Partnerships for Health will be used



## Strategy #4: Comprehensive HIV Prevention with High-risk Negative (HRN) Persons

- Train navigators to provide referrals to prevention and essential services
- Refer HRN persons to required and recommended prevention and essential support service providers (STI screenings, housing services, PrEP/NPep)



## Strategy #5: Condom Distribution

- Establish condom distribution network
  - Distribute a wide variety/styles of condoms and other protective barriers
- Promote condom usage on social media outlets (campaigns and advertisement for condom access)
- Develop condom packets with promotional informational about the agency



## Strategy #6: HIV and Organizational Planning

- Conduct monthly strategic planning meetings
- Conduct regular CAB and Stakeholder Group
- Participate in monthly local HIV planning group activities
- Participate in quarterly statewide planning group activities



## Greeters for 2016 Council Meetings

(Revised: 06-06-16)

<b>Meeting Dates</b> (Please arrive at <b>11:45 a.m.</b> Unless otherwise noted, the meetings are held at 2223 W. Loop South)	<b>Greeter #1</b> External Member	<b>Greeter #2</b>	<b>Greeter #3</b>
Thurs. March 10	Viviana Santibanez	Teresa Pruitt	Arlene Johnson
Thurs. April 14	Johnetta Evans Thomas	Gene Ethridge	Allen Murray
Thurs. May 12	Lionel Pennamon	Gene Ethridge	Teresa Pruitt
Thurs. June 9 <b>Off-Site Location:</b>	Johnetta Evans Thomas	Allen Murray	Teresa Pruitt
Thurs. July 14	Ruth Atkinson	Teresa Pruitt	Tana Pradia
Thurs. August 11	Tana Pradia	Teresa Pruitt	Skeet Boyle
Thurs. September 8	Teresa Pruitt	Curtis Bellard	Viviana Santibanez
Thurs. October 13	Teresa Pruitt	Curtis Bellard	Isis Torrente
Thurs. November 10 External Committee Member Appreciation			
Thurs. December 8			

## Schedule of Topics for 2016 Affected Community Committee Meetings

(revised 06-20-16)

Shaded areas indicate an off-site meeting location; black areas = meeting rooms not available

Confirmed	Month 2016	Topic	Speaker/Facilitator	Meeting Location
✓	12 noon, Tues. February 23	<ul style="list-style-type: none"> <li>• Purpose of the Council and Public Hearings</li> <li>• Participation in Health Fairs</li> <li>• Why meetings are held off-site</li> </ul>	Tori Williams	Office of Support
✓	12 noon, Tues. March 17	Joint meeting of the Affected Community, Priority and Allocations & Quality Improvement Committees	Committee Co-Chairs	Office of Support
✓	12 noon, Tues. March 22	<b><u>Training for Consumers:</u></b> The RW How To Best Meet the Need Process - Part 1	Tori Williams	Office of Support
✓	1:30 - 4 p.m., Thurs. April 14	How To Best Meet the Need Training – Part 2	Planning Council Chairs	Office of Support
✓	10:30 a.m. – 4 p.m. Tues. April 26 &/or Wed. April 27	How To Best Meet the Need Workgroups	Quality Improvement Committee	Office of Support
✓	12 noon, Tues. May 24	HIV and the Asian Community	Peta-gay Ledbetter, PhD	Hope Clinic 7001 Corporate Dr., #120 Houston, Tx 77036 713 773-0803
✓	6:30 – 8:00 pm WEDNESDAY June 15, 2016	HIV and the Heterosexual Community Advisory Board (CAB)	Amana Turner <a href="mailto:aturner@changehappy.nstx.org">aturner@changehappy.nstx.org</a>	Change Happens 3353 Elgin St. Houston, TX 77004
✓	12 noon, Tues. July 26	PReP	Adonis May	Bee Busy Wellness Center 8785 West Bellfort Ave. Houston, TX 77031
✓	12 noon, Tues. August 23	<b><u>Training for Consumers:</u></b> Standards of Care, Why Should I Care?	Amber Harbolt, Health Planner, Office of Support	Office of Support
✓	12 noon, Tues. Sept. 20	Standards of Care and Performance Measures <b><u>Consumer Only</u></b> Workgroup	Carin Martin, Manager Ryan White Grant Administration	Office of Support
TENTATIVE	12 noon, Tues. October 25	HIV and the Rural Community	????	Access Health
TENTATIVE	12 noon, Tues. November 22	HIV and Substance Abuse	Pennye Rhodes, PA St. Hope Foundation	St. Hope Foundation, <b><u>Conroe</u></b>

### Possible Topics:

Community Involvement in HIV Clinical Research Trials - Morénike Giwa

Medication Updates – Shital Patel, MD or Ben Barnett, MD OR invite all drug reps. Include info on getting Rx's FDA approved, change to generic status – how does this impact ADAP pricing?

**Affected Community Committee**  
**2016 Community Events** (as of 06/06/16)

Point Person (PP): Committee member who picks up display materials and makes sure they are returned to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 6 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown-1100 Bagby Street, 77002	Allen Murray will distribute Project LEAP flyers.
Friday, May 6 6 – 9 pm Contact: Herman Finley Or John Humphreys at	Houston Splash 2016	Double Tree Hotel – Galleria	Allen, Teresa, Curtis, Arlene, Cecilia <b>PP: Teresa ; back up Skeet</b>
Saturday, June 25 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	<u>Shift 1 (11:30 am-2 pm)</u> : <b>PP Curtis</b> , Tana, John L , Johnetta <u>Shift 2 (2-4:30 pm)</u> Ruth, Teresa, Allen <u>Shift 3 (4:30-7 pm)</u> : <b>PP Teresa</b> , Tracy, Rodney <b>To be Assigned:</b> Peta, Steven V, Carol, Arlene
Saturday, August 13 8:00 a.m. – 2:30 p.m.	HIV Testing and Prevention: Tools for Your Practice	Marriott Hotel- Medical Center 6580 Fannin St. Houston, TX 77030 (713) 796-0080	Curtis, Cecilia, Teresa, Rodney, Isis, Allen, Tracy, Tana
Friday, September 16	HIV and Aging Symposium	Montrose Center	Tana, Ruth, Skeet, Curtis, Rodney <b>PP: Skeet</b>
Sunday, September 18, 2016	MISS UTOPIA	The Crowne Plaza (Brookhollow) 12801 Northwest Freeway Houston, TX 77040	<b><u>Need 3 volunteers</u></b> Carol, Peta, Skeet, Tana, Cecilia <b>PP: __Peta, Curtis, Skeet__</b>
Tuesday, September 27  Contact: Herman Finley	Gay Men’s Health Summit	Hiram Clarke Multi Service Center 810 W. Fuqua St., 77045	Teresa (PP), Curtis, Allen, Cecilia, Arlene
October	Road 2 Success		
Tuesday, December 1	World AIDS Day Events		Most committee members attend events
January 2017	Road 2 Success		



**FYI**



# Meningococcal outbreak in Los Angeles and Orange counties triggers health warning

Los Angeles Times, June 24, 2016

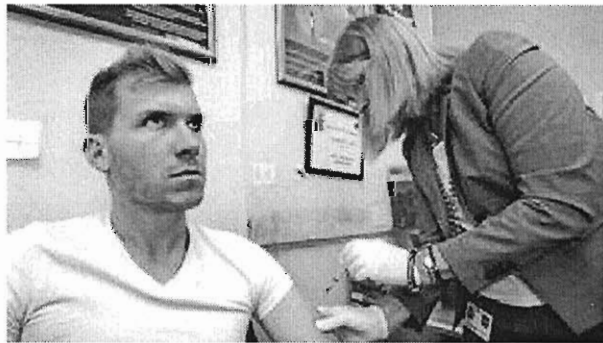
**Veronica Rocha**

A man's death was linked to an invasive meningococcal outbreak affecting gay and bisexual men in Southern California, public health officials said Friday.

The rare disease was first identified in May and since then, nine men in Los Angeles and Orange counties have fallen ill with a meningococcal infection, according to Dr. Karen Smith, public health officer for the California Department of Public Health. Most of the men were gay or bisexual. One of them has died from the infection.

"We are concerned that gay and bisexual men in Southern California may be at increased risk for meningococcal disease," Smith said in a statement.

She urged men who have sex with other men to get a meningitis vaccination. HIV-infected people, she said, have an increased risk of getting sick from meningococcal disease.



Deadly L.A.-area meningitis cases raise concerns in gay community  
Hailey Branson-Potts

As three people were confirmed dead this week after having contracted meningitis in Los Angeles County, at least one medical expert said there is a "pretty strong signal" that men who have sex with men are at increased risk for the rare bacterial infection.

We are concerned that gay and bisexual men in Southern California may be at increased risk for meningococcal disease," Smith said in a statement.

She urged men who have sex with other men to get a meningitis vaccination. HIV-infected people, she said, have an increased risk of getting sick from meningococcal disease.

The U.S. Advisory Committee on Immunization Practices recommended this week that all HIV patients routinely receive meningococcal vaccines.





HIV/AIDS Bureau

Rockville, MD 20857

JUN 22 2016

Dear Ryan White HIV/AIDS Program Colleagues:

Pre-Exposure Prophylaxis (PrEP) is a powerful prevention tool against HIV transmission. The Centers for Disease Control and Prevention recommends PrEP for individuals who are at substantial risk for contracting HIV.<sup>1</sup> When taken consistently, PrEP reduces the risk of HIV infection in people who are at high risk by up to 92%.<sup>2</sup> Given the success of PrEP, the National HIV/AIDS Strategy: Updated to 2020 (NHAS 2020) prioritizes PrEP in *Goal 1: Reduce New Infections* and calls upon federal agencies to implement PrEP within their programs.

The Health Resources and Services Administration's HIV/AIDS Bureau (HAB) strongly encourage Ryan White HIV/AIDS Program (RWHAP) recipients and providers to leverage the RWHAP infrastructure to support PrEP services within the parameters of the RWHAP legislation. RWHAP recipients and providers are uniquely positioned to support PrEP programs. As community leaders in HIV prevention, care, and treatment, RWHAP recipients and providers are: 1) connected to people most at risk for contracting HIV; 2) knowledgeable about barriers to accessing HIV care and prevention services; and 3) experts in antiretroviral medications used for HIV. These are just a few of the skills that make RWHAP recipients and providers especially equipped to support, establish, and implement PrEP programs.

The RWHAP legislation provides grant funds to be used for care and treatment of people diagnosed with HIV, thus prohibiting the use of RWHAP funds for PrEP medications and the related medical services such as physician visits and laboratory costs. The RWHAP legislation does, however, allow RWHAP recipients and providers to provide services such as risk reduction counseling and targeted testing which should be part of a comprehensive PrEP program. We encourage RWHAP recipients and providers to reference HAB guidance and discuss allowable uses of RWHAP funds and any applicable limitations with their Project Officers.

HAB further encourages recipients and providers to participate with the implementation of PrEP by leveraging their existing expertise and administrative and clinical infrastructures to set up PrEP programs. RWHAP recipients and providers are poised to use their HIV systems, clinical expertise, and structural capacity to support the expansion of PrEP services across the country. Examples include: states building a PrEP access program using non-RWHAP funds within the RWHAP AIDS Drug Assistance Program infrastructure; clinics developing comprehensive PrEP services using a percentage of HIV clinical and program staff that is not funded by RWHAP to provide PrEP services; and accessing the AIDS Education and Training Centers program to train clinicians and staff on PrEP.

Working together on PrEP implementation, HAB and our RWHAP partners can continue to make great strides in achieving the NHAS 2020 and optimal HIV prevention, care, and treatment for all.

Sincerely,

/Laura W. Cheever/  
Laura W. Cheever, M.D., Sc.M.  
Associate Administrator  
HIV/AIDS Bureau  
Health Resources and Services Administration

1. "Pre-Exposure Prophylaxis" <http://www.cdc.gov/hiv/risk/prep/index.html>, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention, Centers for Disease Control and Prevention, April 28, 2016.
2. Grant, Robert G., et al. "Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men." *The New England Journal of Medicine* 363;27 (December 30, 2010): 2587-2599.

## Study Projects Sharper Increases In Obamacare Premiums For 2017

Phil Galewitz

Kaiser Health News, 6/15/16

Next year's premiums for health coverage under the Affordable Care Act could rise more than in past years in most markets and declines might be rare, according to a preliminary analysis of insurers' plans.

Overall, premiums for a popular type of plan — the second-lowest silver plan — could rise 10 percent on average next year in 14 major metropolitan areas, according to an analysis released Wednesday by the Kaiser Family Foundation. Kaiser based its projections on insurers' preliminary rates filed with state regulators, which remain subject to state or federal review. (KHN is an editorially independent program of the foundation.)

Last year, premiums for the second-lowest silver plan in those metro areas rose 5 percent after state insurance departments signed off, Kaiser said.

In Kaiser's study, premiums for the lowest-cost silver plan are projected to rise in all but two of the 14 markets checked. In Portland, Oregon, premiums for the lowest-cost health insurance plans under the Affordable Care Act may increase next year by an average of 26 percent.

But in Providence, Rhode Island, consumers might see rates drop by 14 percent.

The report's authors also suggested comparison shopping could help consumers beat rate hikes, but they might have to switch insurers — and potentially their doctors — to avoid a big increase. Open enrollment begins Nov. 1.

As insurers' plans firm in coming months, the future of Obamacare premiums could be a topic of intensifying debate between the two major presidential candidates and those in other contested political races.

Nearly 13 million Americans bought coverage on the marketplaces this year. In contrast, more than 150 million Americans get coverage through their employer, and in excess of 100 million are covered by Medicare or Medicaid.

More than eight in 10 marketplace enrollees won't be directly affected by increases in premiums because they receive a government subsidy that will insulate them.

It's still too early to tell whether Kaiser's projections will reflect the national trend because data is only available for a quarter of all states and none yet for big ones such as Florida, California and Texas. California is due to release information on 2017 premiums in July, but Texas, Florida and other states won't release any until the marketplace opens in November.

Still, the premium data that Kaiser obtained from 13 states and Washington D.C. could offer a clue to what people will face this fall.

“We have tracked these same states as an early indicator of premium changes for the past few years and, while on average they have never been far off from the national average, we don't know yet whether they are necessarily representative for 2017,” said Cynthia Cox, a co-author of the Kaiser report.

The Kaiser analysis examined the two lowest-cost silver plans because more than two-thirds of marketplace enrollees choose them. The second lowest-cost plan also is the benchmark used to calculate government premium subsidies.