

**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, November 10, 2016
Meeting Location: 2223 W. Loop South, Room 532
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. Introduction: Shelley Lucas, MPH, Manager, HIV/STD
Prevention and Care Branch, TDSHS
 - E. We Appreciate Our External Members

- 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: Joint Committee Meeting
Recommended Action: FYI: There will be a Joint Committee meeting to review current reports and consider ways to update and/or improve staff reports to the Council in 2017. All are welcome to attend. The meeting is scheduled for 11 am on Thursday, November 17, 2016.

B. Comprehensive HIV Planning Committee
Item: Speaker's Bureau
Recommended Action: FYI: Verbal Update.

John Lazo and
Nancy Miertschin, Co-Chairs

C. Priority and Allocations Committee
Item: Reports from RW Administrative Agent – Part A/MAI
Recommended Action: FYI: See the attached:

- FY16 Procurement Report – Part A/MAI, dated 10/27/16
- Approved List of Diagnostic procedures.

Item: Reports from RW Administrative Agent – Part B/SS
Recommended Action: FYI: See the attached, revised Health Insurance Assistance Service Utilization Report.

Item: FY 2016 State Services Funding Increase
Recommended Action: Motion: Fund the Health Insurance Assistance Program in the amount of \$796,034 pending a public comment period which will end at 5:00 p.m. on Wednesday, November 2, 2016. Justification for the allocation is based upon the increased cost of Marketplace and Medicare Health Insurance premiums.

Item: FY 2016 RW Part A Service Category Funding Increases
Recommended Action: Motion: Approve the attached requests for FY 2016 Ryan White Part A Service Category funding increases.

Item: Ryan White Part A - FY 2016 Carryover Funds
Recommended Action: Motion: If there are FY 2016 Ryan White Part A carryover funds, it is the intent of the committee to recommend allocating the full amount to Outpatient/Ambulatory Primary Medical Care.

Item: FY 2016 Unspent Funds
Recommended Action: Motion: In the final quarter of the FY 2016 Ryan White Part A, Part B and State Services grant years, after implementing the year end Council-approved reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, Ryan White Grant Administration (RWGA) may reallocate any remaining unspent funds as necessary to ensure the Houston EMA has less than 5% unspent Formula funds and no unspent Supplemental funds. The Resource Group (TRG) may reallocate any remaining unspent funds as necessary to ensure no funds are returned to the Texas Department of State Health Services. RWGA and TRG must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.

Item: Quarterly Committee Report

Recommended Action: FYI: See the attached 2016 Quarterly Committee Report.

D. Affected Community Committee

Item: Training: Prevention of Domestic and Sexual Violence

Recommended Action: FYI: Heather Keizman, Project Coordinator for Ryan White Grants Administration, presented information on *The Prevention of Domestic and Sexual Violence*.

Allen Murray and
Tana Pradia, Co-Chairs

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. If anyone wishes to participate in a World AIDS Day event on Thursday, December 1, 2016, please see Tori. Also, if anyone would like to volunteer to help with Road 2 Success on Saturday morning, November 12, 2016 at the Montrose Center, please see Tori or Rod.

E. Operations Committee

Item: 2017 Council Orientation

Recommended Action: FYI: Please note that the all-day 2017 Council Orientation will take place on Thursday, January 27th.

Curtis Bellard and
Teresa Pruitt, Co-Chairs

Item: 2017 Slate of Officers

Recommended Action: Motion: Accept the attached Slate of Nominees for the 2017 Ryan White Planning Council Officers.

Item: Ryan White Memorandum of Understanding Among Part A Stakeholders and the Letter of Agreement Among Part A and B Stakeholders

Recommended Action: FYI: It is recommended that neither the Memorandum of Understanding Among Ryan White Part A stakeholders and the Letter of Agreement Among Ryan White Part B/SS stakeholders be amended at this time.

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
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

OPTIONAL: VIEW THE 60 MINUTE PRESENTATION ENTITLED: *EDUCATION BUFFET FOR CONSUMERS AND COUNCIL MEMBERS* WHICH WAS PRESENTED AT THE HRSA ALL GRANTEEES MEETING IN WASHINGTON DC. MEET IN ROOM 240 IMMEDIATELY AFTER THE COUNCIL MEETING ADJOURNS.

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL

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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, October 13, 2016
2223 W. Loop South, Room 532; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS PRESENT	STAFF PRESENT
Steven Vargas, Chair	Allen Murray	<i>Ryan White Grant Administration</i>
Tracy Gorden, Vice Chair	Robert Noble	Carin Martin
Carol Suazo, Secretary	Tana Pradia	Heather Keizman
Ted Artiaga	Teresa Pruitt	Tasha Traylor
Connie Barnes	Gloria Sierra	
Curtis Bellard	Larry Woods	<i>The Resource Group</i>
David Benson	Isis Torrente	Sha'Terra Johnson-Fairley
Ardry Skeet Boyle	David Watson	Erin Going, Intern
Ella Collins-Nelson		
Amber David	MEMBERS ABSENT	<i>Office of Support</i>
Denny Delgado	Melody Barr	Tori Williams
Herman Finley	Bianca Burley	Amber Harbolt
Paul Grunenwald	Evelio Salinas Escamilla	Diane Beck
Angela F. Hawkins	J. Hoxi Jones, excused	
Arlene Johnson	Shital Patel, excused	
John Lazo	Leslie Raneri, excused	
Peta-gay Ledbetter	Cecilia Ross, excused	
Nancy Miertschin	C. Bruce Turner, excused	
Rodney Mills		

Call to Order: Steven Vargas, Chair, called the meeting to order at 12:05 p.m.

During the welcoming remarks, Vargas said that in the last week, the Council members had lost two good friends and former Council members, Ruben Rosas and Michael Miller. Staff will let us know when/if there are local services for either Michael or Ruben. Staff have been especially busy in the last couple of weeks working on two important projects: the Houston Area HIV Comprehensive Plan for 2017 – 2021 and the HRSA grant application. Vargas thanked Amber for her hard work and leadership in the development of the Plan. When C. Martin submitted the Comprehensive Plan to Frances Hodge, the Houston EMA Project Officer, her response was:

“Please tell the folks who participated in the development of the Plan how much HRSA/HAB appreciates their work and how much I personally appreciate it. I think this work and the Plan itself initiates a new approach and a new tool for identifying and meeting the needs of PLWH in the Ryan White system of care and across America. Thanks again, Frances”

Vargas thanked C. Martin for her hard work in coordinating the staff in the development of the FY 2017 HRSA grant application. Under her leadership last year, the EMA received a score of 98 out of 100 on the grant application and funds in the amount of \$23 million dollars which meant that the Ryan White Part A Program could provide services to 12,000 people living with HIV in the community. Vargas continued by reminding the Council that they will soon be electing officers for 2017. The cut off for nominating someone to run for an office is before the end of the November 3rd Steering Committee meeting. Please contact the Director of the Office of Support to submit a nomination. There will be one final opportunity to submit a nomination the day of the election.

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

Approval of the Minutes: *Motion #2*: *it was moved and seconded (Pruitt, Torrente) to approve the September 8, 2016 minutes. Motion carried.* Abstentions: Gorden, Johnson, Ledbetter.

Training – Working with Transgender Communities: Lou Weaver presented information pertaining to working with transgender individuals. See attached.

EIIHA Update: Harbolt gave an update on the FY 2017 EIIHA strategy.

Public Comment and Announcements: See attached.

Reports from Committees:

Quality Improvement Committee: Robert Noble, Co-Chair, reported on the following:

Joint Committee Meeting: There will be a Joint Committee meeting to review current reports and consider ways to update and/or improve staff reports to the Council and committees in 2017. All are welcome to attend. The meeting is scheduled for 11 am on Thursday, November 17, 2016.

Report from the Administrative Agent – Part A/MAI: See the attached draft standards of care for Tax Preparation and Outreach service categories and the current standards of care and performance measures for other services. Recommendations regarding these documents will be voted on at the December Council meeting.

Report from the Administrative Agent – Part B/SS: See the attached Health Insurance Assistance Service Utilization Report, 09/01/15-07/31/16, dated 09/09/16.

Comprehensive HIV Planning Committee: John Lazo, Co-Chair, reported on the following:

2017 EIIHA Strategy: See the attached regarding the approved list of FY 2017 EIIHA Target Populations.

Speakers Bureau: Lazo said that there is one presentation scheduled for the Spring-Klein Chamber of Commerce breakfast on November 11, 2016; Januari Leo will present on ACA issues. The Cy-Fair Rotary Club would like someone to give general HIV information on

November 21st; he is hoping to confirm Vargas as a speaker for that one. The workgroup will meet for their last meeting of the year in November.

Priority and Allocations Committee: No report.

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

Consumer-only Workgroup Meeting: Ryan White Grant Administration hosted a consumer-only workgroup to collect information for the proposed FY 2017 Standards of Care and Performance Measures.

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.

Operations Committee: No report. Pruitt read the description from Members Eligible to Run for Chair.

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.

Report from The Resource Group: Sha'Terra Johnson-Fairley summarized the attached report.

New Business

Ryan White Part C Urban and Part D: Miertschin summarized the attached report.

Community Development Advisory Council: Gorden said that the group has not met.

Updates from Task Forces:

- **African American:** Johnson-Fairley said that they are meeting tomorrow at noon. Change Happens will be hosting a Block Party tomorrow from 4:00 pm – 8:00 pm. The task force is planning a World AIDS Day gala; Collins-Nelson is the chair.
- **Latino:** Vargas said that they have been very busy with Latino HIV Awareness Day activities. They received a proclamation from the County Judge and from the Mayor. Saturday FLAS will be at Plaza Americas to do free HIV testing and education.
- **MPact:** Artiaga summarized the attached report.
- **Transgender:** Finley said that the LGBT health summit is still on but has been postponed until further notice.
- **Youth:** Lazo summarized the attached report.
- **Hepatitis C:** Vargas said that they are waiting to hear if Hep C will be part of the AETC physician training in January.

Positive Women's Network: Hawkins summarized the PWN event flyer.

HIV and Aging: Turner submitted the attached report.

Texas HIV Medication Advisory Committee: Miertschin said that the September meeting was cancelled and another meeting has not yet been scheduled.

SPNS Grant: HIV and the Homeless Program: Miertschin presented the attached report.

Announcements:

There is a benefit for Omega House and other organizations at RMCC on November 2, 2016. Murray called attention to the yellow slip with details for Ruben’s memorial service, noting that the family would like for everyone to attend. Finley said that St. Hope Foundation in Conroe is now open 5 days a week (previously open 3 days a week).

Adjournment: The meeting was adjourned at 2:30 p.m.

Respectfully submitted,

Victoria Williams, Director

Date

Draft Certified by
Council Chair: _____

Date _____

Final Approval by
Council Chair: _____

Date _____

Council Voting Records for October 13, 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 #1 Agenda Carried				Motion #2 Minutes Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO
MEMBERS									MEMBERS								
Steven Vargas, Chair				C				C	Allen Murray		X				X		
Tracy Gorden, Vice Chair		X						X	Robert Noble		X				X		
Carol Suazo, Secretary		X				X			Tana Pradia		X				X		
Ted Artiaga		X				X			Teresa Pruitt		X				X		
Connie Barnes		X				X			Gloria Sierra		X				X		
Curtis Bellard		X				X			Larry Woods		X				X		
David Benson		X				X			Isis Torrente		X				X		
Ardry Skeet Boyle		X				X			David Watson		X				X		
Ella Collins-Nelson		X				X			Larry Woods		X				X		
Amber David		X				X											
Denny Delgado		X				X			MEMBERS ABSENT								
Herman Finley		X				X			Melody Barr								
Paul Grunenwald		X				X			Bianca Burley								
Angela F. Hawkins		X				X			Evelio Salinas Escamilla								
Arlene Johnson		X						X	J. Hoxi Jones								
John Lazo		X				X			Shital Patel								
Peta-gay Ledbetter		X						X	Leslie Raneri								
Nancy Miertschin		X				X			Cecilia Ross								
Rodney Mills		X				X			C. Bruce Turner								

**Priority and
Allocations
Committee
Report**

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	9,746,354	516,252	399,947	0	0	10,662,553	49.70%	10,662,553	0		3,366,246	32%	50%
1.a	Primary Care - Public Clinic (a)	3,570,049	73,790	0	0	0	3,643,839	16.99%	3,643,839	0	3/1/2016	\$1,129,393	31%	42%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,066,552	148,743	108,329	0	0	1,323,624	6.17%	1,323,624	0	3/1/2016	\$489,879	37%	50%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e) (f)	929,215	128,225	108,329	0	0	1,165,769	5.43%	1,165,769	0	3/1/2016	\$329,771	28%	50%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	926,294	78,076	108,329	0	0	1,112,699	5.19%	1,112,699	0	3/1/2016	\$312,429	28%	50%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,143,032	23,626	0	0	0	1,166,658	5.44%	1,166,658	0	3/1/2016	\$401,030	34%	50%
1.f	Primary Care - Women at Public Clinic (a)	1,863,570	38,519	0	0	0	1,902,089	8.87%	1,902,089	0	3/1/2016	\$633,737	28%	42%
1.g	Primary Care - Pediatric (a.1)	15,124	313	0	0	0	15,437	0.07%	15,437	0	3/1/2016	\$11,017	71%	50%
1.h	Vision	232,518	24,960	74,960	0	0	332,438	1.55%	332,438	0	3/1/2016	\$158,990	48%	50%
2	Medical Case Management	2,215,702	0	174,999	0	0	2,390,701	11.14%	2,390,701	0		1,007,280	42%	50%
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.28%	488,656	0	3/1/2016	\$232,150	48%	50%
2.b	Med CM - Public Clinic (a)	162,622	0	0	0	0	162,622	0.76%	162,622	0	3/1/2016	\$72,755	45%	42%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	58,333	0	0	379,403	1.77%	379,403	0	3/1/2016	\$212,672	56%	50%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	58,333	0	0	379,405	1.77%	379,405	0	3/1/2016	\$80,674	21%	50%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	58,333	0	0	165,580	0.77%	165,580	0	3/1/2016	\$62,275	38%	50%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0	0	348,760	1.63%	348,760	0	3/1/2016	\$166,838	48%	50%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.84%	180,311	0	3/1/2016	\$57,103	32%	42%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0	0	160,051	0.75%	160,051	0	3/1/2016	\$60,099	38%	50%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.37%	80,025	0	3/1/2016	\$48,856	61%	50%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.21%	45,888	0	3/1/2016	\$13,858	30%	42%
3	Local Pharmacy Assistance Program (a) (e)	2,581,440	53,356	0	0	0	2,634,796	12.28%	2,634,796	0	3/1/2016	\$1,134,317	43%	50%
4	Oral Health	166,404	0	30,000	0	0	196,404	0.92%	196,404	0	3/1/2016	\$97,200	49%	50%
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	166,404	0	30,000	0	0	196,404	0.92%	196,404	0	3/1/2016	\$97,200	49%	50%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
6	Health Insurance (c)	1,029,422	0	0	0	0	1,029,422	4.80%	1,029,422	0	3/1/2016	\$516,506	50%	50%
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	0	0	45,677	0.21%	45,677	0	3/1/2016	\$18,581	41%	50%
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	1.59%	341,395	0	3/1/2016	\$171,722	50%	50%
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	35,378	0	0	1,475,763	6.88%	1,475,763	0		448,841	30%	50%
12.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.52%	110,793	0	3/1/2016	\$24,023	22%	50%
12.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	245,497	0	0	0	0	245,497	1.14%	245,497	0	3/1/2016	\$16,553	7%	50%
12.c	Service Linkage at Public Clinic (a)	490,886	0	0	0	0	490,886	2.29%	490,886	0	3/1/2016	\$120,969	25%	42%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	35,378	0	0	628,587	2.93%	628,587	0	3/1/2016	\$287,296	46%	50%
13	Medical Transportation	527,362	0	40,000	0	0	567,362	2.64%	567,362	0		183,376	32%	50%
13.a	Medical Transportation services targeted to Urban	252,680	0	20,000	0	0	272,680	1.27%	272,680	0	3/1/2016	\$140,200	51%	50%
13.b	Medical Transportation services targeted to Rural	97,185	0	20,000	0	0	117,185	0.55%	117,185	0	3/1/2016	\$43,176	37%	50%
13.c	Transportation vouchers (bus passes & gas cards)	177,497	0	0	0	0	177,497	0.83%	177,497	0	3/1/2016	\$0	0%	0%
14	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
15	Legal Assistance	293,406	-293,406	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
BE027616	Total Service Dollars	18,387,547	276,202	680,324	0	0	19,344,073	90.17%	19,344,073	0		6,944,068	36%	50%
	Grant Administration	1,612,704	0	0	0	0	1,612,704	7.52%	1,612,704	0	N/A	696,072	43%	50%
BE022517	HCPHES/RWGA Section	1,146,388	0	0	0	0	1,146,388	5.34%	1,146,388	0	N/A	\$605,809	53%	50%
PC	County Judge & RWPC Support*	466,316	0	0	0	0	466,316	2.17%	466,316	0	N/A	90,263	19%	50%
BE027521	Quality Management	495,000	0	0	0	0	495,000	2.31%	495,000	0	N/A	\$277	0%	50%
		20,495,251	276,202	680,324	0	0	21,451,777	100.00%	21,451,777	0		7,640,418	36%	50%
								Unallocated	Unobligated					
	Part A Grant Award:	20,771,451	Carry Over:	680,325		Total Part A:	21,451,776	-1	-1					

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 dollars)	16,126,394	569,608	604,946	0	0	17,300,948	89.44%	17,300,948	89.44%				
	Non-Core (may not exceed 25% of total service dollars)	2,261,153	-293,406	75,378	0	0	2,043,125	10.56%	2,043,125	10.56%				
	Total Service Dollars (does not include Admin and QM)	18,387,547	276,202	680,324	0	0	19,344,073		19,344,073					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,612,704	0	0	0	0	1,612,704	7.52%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.31%						

MAI Procurement Report

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	2,011,206	46,743	334,989	0	0	2,392,938	100.00%	2,011,206	381,732		56,100	3%	50%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,016,618	23,627	167,495	0	0	1,207,740	50.47%	1,016,618	191,122	3/1/2016	\$28,050	3%	50%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	994,588	23,116	167,494	0	0	1,185,198	49.53%	994,588	190,610	3/1/2016	\$28,050	3%	50%
	Total MAI Service Funds	2,011,206	46,743	334,989	0	0	2,392,938	100.00%	2,011,206	381,732		56,100	3%	50%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Funds	2,011,206	46,743	334,989	0	0	2,392,938	100.00%	2,011,206	381,732		56,100	3%	50%
	MAI Grant Award	2,057,949	Carry Over:	577,522		Total MAI:	2,635,471							
	Combined Part A and MAI Total	22,506,457												

Footnotes:

All: When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.

(a) Single local service definition is 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

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	9,746,354	516,252	0	0	0	10,262,606	49.41%	10,262,606	0		813,116	8%	33%
1.a	Primary Care - Public Clinic (a)	3,570,049	73,790	0	0	0	3,643,839	17.54%	3,643,839	0	3/1/2016	\$0	0%	8%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,066,552	148,743	0	0	0	1,215,295	5.85%	1,215,295	0	3/1/2016	\$243,809	20%	33%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e) (f)	929,215	128,225	0	0	0	1,057,440	5.09%	1,057,440	0	3/1/2016	\$166,270	16%	33%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	926,294	78,076	0	0	0	1,004,370	4.84%	1,004,370	0	3/1/2016	\$141,911	14%	33%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,143,032	23,626	0	0	0	1,166,658	5.62%	1,166,658	0	3/1/2016	\$177,056	15%	33%
1.f	Primary Care - Women at Public Clinic (a)	1,863,570	38,519	0	0	0	1,902,089	9.16%	1,902,089	0	3/1/2016	\$0	0%	8%
1.g	Primary Care - Pediatric (a.1)	15,124	313	0	0	0	15,437	0.07%	15,437	0	3/1/2016	\$7,200	47%	33%
1.h	Vision	232,518	24,960	0	0	0	257,478	1.24%	257,478	0	3/1/2016	\$76,870	30%	33%
2	Medical Case Management	2,215,702	0	0	0	0	2,215,702	10.67%	2,215,702	0		440,241	20%	33%
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.35%	488,656	0	3/1/2016	\$147,850	30%	33%
2.b	Med CM - Public Clinic (a)	162,622	0	0	0	0	162,622	0.78%	162,622	0	3/1/2016	\$0	0%	8%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0	0	321,070	1.55%	321,070	0	3/1/2016	\$95,391	30%	33%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0	0	321,072	1.55%	321,072	0	3/1/2016	\$37,576	12%	33%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0	0	107,247	0.52%	107,247	0	3/1/2016	\$22,974	21%	33%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0	0	348,760	1.68%	348,760	0	3/1/2016	\$73,297	21%	33%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.87%	180,311	0	3/1/2016	\$0	0%	8%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0	0	160,051	0.77%	160,051	0	3/1/2016	\$35,559	22%	33%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.39%	80,025	0	3/1/2016	\$27,596	34%	33%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.22%	45,888	0	3/1/2016	\$0	0%	8%
3	Local Pharmacy Assistance Program (a) (e)	2,581,440	53,356	0	0	0	2,634,796	12.68%	2,634,796	0	3/1/2016	\$595,492	23%	33%
4	Oral Health	166,404	0	0	0	0	166,404	0.80%	196,404	-30,000	3/1/2016	\$6,100	29%	33%
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	166,404	0	0	0	0	166,404	0.80%	196,404	-30,000	3/1/2016	\$6,100	29%	33%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
6	Health Insurance (c)	1,029,422	0	0	0	0	1,029,422	4.96%	1,029,422	0	3/1/2016	\$318,071	31%	33%
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	0	0	45,677	0.22%	45,677	0	3/1/2016	\$13,288	29%	33%
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	1.64%	341,395	0	3/1/2016	\$110,851	32%	33%
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	0	0	1,440,385	6.93%	1,440,385	0		163,415	11%	33%
12.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.53%	110,793	0	3/1/2016	\$3,253	3%	33%
12.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	245,497	0	0	0	0	245,497	1.18%	245,497	0	3/1/2016	\$8,493	3%	33%
12.c	Service Linkage at Public Clinic (a)	490,886	0	0	0	0	490,886	2.36%	490,886	0	3/1/2016	\$0	0%	8%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	0	0	593,209	2.86%	593,209	0	3/1/2016	\$151,669	26%	33%
13	Medical Transportation	527,362	0	0	0	0	527,362	2.54%	527,362	0		81,220	15%	33%
13.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.22%	252,680	0	3/1/2016	\$63,592	25%	33%
13.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.47%	97,185	0	3/1/2016	\$17,628	18%	33%
13.c	Transportation vouchers (bus passes & gas cards)	177,497	0	0	0	0	177,497	0.85%	177,497	0	3/1/2016	\$0	0%	0%
14	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
15	Legal Assistance	293,406	-293,406	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
BE027514	Total Service Dollars	18,387,547	276,202	0	0	0	18,663,749	89.85%	18,693,749	-30,000		2,591,793	14%	33%
BE027517	Grant Administration	1,612,704	0	0	0	0	1,612,704	7.76%	1,612,704	0	N/A	404,196	25%	33%
PC	HCPHES/RWGA Section	1,146,388	0	0	0	0	1,146,388	5.52%	1,146,388	0	N/A	\$313,933	27%	33%
BE027521	County Judge & RWPC Support*	466,316	0	0	0	0	466,316	2.24%	466,316	0	N/A	90,263	19%	33%
BE027522	Quality Management	495,000	0	0	0	0	495,000	2.38%	495,000	0	N/A	\$144,573	29%	33%
		20,495,251	276,202	0	0	0	20,771,453	100.00%	20,801,453	-30,000		3,140,563	15%	33%
	Part A Grant Award:	20,771,451	Carry Over:				Total Part A:							
								Unallocated	Unobligated					
								-2	-30,002					

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 dollars)	16,126,394	569,608	0	0	0	16,696,002	89.46%	16,726,002	89.47%				
	Non-Core (may not exceed 25% of total service dollars)	2,261,153	-293,406	0	0	0	1,967,747	10.54%	1,967,747	10.53%				
	Total Service Dollars (does not include Admin and QM)	18,387,547	276,202	0	0	0	18,663,749		18,693,749					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,612,704	0	0	0	0	1,612,704	7.76%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.38%						
MAI Procurement Report														
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	2,011,206	46,743	0	0	0	2,057,949	100.00%	2,011,206	46,743		56,100	3%	17%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,016,618	23,627			0	1,040,245	50.55%	1,016,618	23,627	3/1/2016	\$28,050	3%	17%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	994,588	23,116			0	1,017,704	49.45%	994,588	23,116	3/1/2016	\$28,050	3%	17%
	Total MAI Service Funds	2,011,206	46,743	0	0	0	2,057,949	100.00%	2,011,206	46,743		56,100	3%	17%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Funds	2,011,206	46,743	0	0	0	2,057,949	100.00%	2,011,206	46,743		56,100	3%	17%
	MAI Grant Award	2,057,949	Carry Over:	0		Total MAI:	2,057,949							
	Combined Part A and MAI Total	22,506,457												
Footnotes:														
All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.													
(a)	Single local service definition is 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													

HARRIS COUNTY PUBLIC HEALTH - RYAN WHITE GRANT ADMINISTRATION

APPROVED LIST OF DIAGNOSTIC PROCEDURES

(For Part A Primary Medical Care Subcontractors)

The diagnostic code and client's 11-digit code must be written on the invoice to process reimbursement. The code on invoice and CPCDMS SubCat code on Billing History Report must match.

Diagnostic Procedure	CPCDMS SubCat Code	Diagnostic Code (for Invoice)
HEP C RNA	HCRNA	DP01
Bronchoscopy	BRONC	DP02
EGD	EGD	DP03
Flexible Sigmoidoscopy	SIGM	DP04
Barium Studies	BARM	DP05
Colposcopy	COLPO	DP06
Echocardiogram	ECHO	DP07
Liver Biopsies	LVRBX	DP08
Gastroscopies	GASTR	DP09
Sonogram	SONO	DP10
Radiological Procedures: non-routine chest, cervical spine, lumbar spine, upper extremities, lower extremities, KUB-abdomen, I.V.P. - Intravenous Pyleograms, Barium Swallow, and Ultrasound	RSPRC ULTRA	DP11
Bone Densitometry/Bone Density Testing	BONE	DP12
Stress EKG/EKG 12 lead	EKG	DP13
Biopsy – Other	BIOP	DP14
MRI Scan as dictated by exam/clinical course	MRI	DP15
Upper & Lower GI	GI	DP16
KS Lesion – punch biopsy	KSBX	DP17
Lumbar Puncture	LUMB	DP18
Incision/removal of cyst	CYST	DP19
Mammogram	MAMM	DP20
Lumpectomy	LUMP	DP21
CAT Scan	CSCAN	DP22
Genotypic testing	GENO	DP23
Phenotypic testing	PHENO	DP24
Liquid Cytology	LCPAP	DP25
Colonoscopy	COLON	DP26
Condyloma excision (outpatient procedure only)	CONDY	DP27
Trofile test	TRFL	DP28
Other Diagnostic Procedure Approved With Waiver	WAIVR	DP99

This information and updates are available at www.hcphtx.org/Services-Programs/Programs/RyanWhite

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

9/1/2015-8/31/16

Revised: 10/11/2016

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	846	\$70,592.17	464			0
Medical Deductible	785	\$171,876.42	449			0
Medical Premium	7300	\$2,234,515.60	1050			0
Pharmacy Co-Payment	6123	\$524,027.97	1424			0
APTC Tax Liability	1	\$253.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	14	\$2,458.00	14	NA	NA	NA
Totals:	15069	\$2,998,807.16	3402	0	\$0.00	

Comments: This report represents services provided under all grants.

Priority and Allocations Committee

Ryan White Reallocations as of 10/27/16: **RYAN WHITE PART A FUNDING**

Funds Available for Reallocation: Part A: \$335,880

MOTION: Approve the following reallocations using Ryan White Part A funds.

Request Control Number	FY 16 Priority Rank	Local Service Category	Amount of Request	Recommended Part A Allocation Increase	Justification
N/A	N/A	Office of Support	\$15,500	\$15,500	The funds will be used primarily to underwrite the cost of consumer education.
1	3	Local Pharmacy Assistance Program	\$335,880	\$152,380	#1 service priority. Currently meeting expected expenditures.
2	1, 3	Ambulatory Outpatient Medical Care, Local Pharmacy Assistance Program	\$168,000	\$168,000	#1 service priority. Fully fund the number of units requested as this will reduce wait times per documentation in the request.
		TOTAL	\$335, 880	\$335, 880	

Increased Funding Request from the Office of Support

To: The Ryan White Operations and Priority and Allocations Committees

From: Tori Williams, Director
Ryan White Office of Support

Date: October 14, 2016

The Ryan White Office of Support respectfully requests increased funding for the Office of Support Budget for the following purposes:

Road 2 Success – Spanish Class (room rental, written translation, ads, refreshments, office supplies and more)	\$6,000
Reception Desk (modular desk with significant storage)	4,000
Equipment (4 computers to replace obsolete units)	4,000
Office Supplies (Physician notebooks and other supplies to assist with linkage to care)	<u>1,500</u>
TOTAL	\$15,500

Road 2 Success Classes - January 2016

Itemized Costs

ITEM	COST
Food for 3 classes	2,123.64
Food for 1 dress rehearsal (Jason's Deli, water, cookies)	141.99
Room Rental for 3 classes	725.00
ASL Interpreters	1,276.74
Spanish Interpreters	432.13
	Total: 1,708.87
Advertising (classes 1 & 2 only)	1,000.00
	600.00
	627.00
	Total: 2,227.00
Supplies *\$600 for toner (Staples, Texas Art Supply)	907.28*
Transportation Reimbursement	728.28
TOTAL COST	\$8,562.06

BUDGET

Road 2 Success Classes – November 2016 and January 2017

ITEM	ESTIMATED COST*
Food	2,700.00
Lunch for dress rehearsals \$150 x 2	300.00
Light breakfast \$300 x 3 classes	900.00
Lunch \$500 x 3 classes	1,500.00
Room Rental	1,710.00
Class #1 – Montrose Center	270.00
Class #2 – Leonel Castillo Community Center	1,050.00
Class #3 – Montrose Center	390.00
Interpreters	2,180.00
ASL - Class #1 and #3	1,230.00
Spanish - Class #1 and #3, volunteers for Class #2	950.00
Spanish Translation	2,500
Spanish Materials/Handouts for Classes #2 and #3	
Advertising	4,240.00
Class #1 and #3 – Houston Defender	1,230.00
Class #1 and #3 – Outsmart	950.00
Class #1 and #3 – Houston Community Newspapers	1,260.00
Class #2 – Semana	800.00
Supplies	600.00
(color toner, paper, etc.)	
Transportation Reimbursement	750.00
TOTAL ESTIMATED COST	14,680.00

*Cost estimates based on previous events

Request Control Number	FY 16 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2015 Final Contract Amount	Expended 2015	Percent Expended	FY 2016 Contract Amount	FY 2016 Expended YTD	FY 2016 Percent YTD	FY 2016 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes
1	1	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White, LPAP, Medical Case Management and Service Linkage	\$335,880		\$2,676,828	\$2,676,480	100%	\$2,979,889	\$1,514,463	51%	50%	Yes	
2	1	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White, LPAP, Medical Case Management and Service Linkage	\$168,000		\$1,835,812	\$1,835,492	100%	\$1,833,698	\$681,698	37%	50%	Yes	August bill currently being processed for payment
				\$503,880	\$0	\$4,512,640	\$4,511,972		\$4,813,587	\$2,196,161				
Confirmed Funds Avail. for Reallocation			\$335,880	Part A										
Source of Funds Available for Reallocation:			Mid-Year FY 16 Part A Funds	Explanation:										

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)							
B.	Contract Number (not provided to RWPC)							
C.	Service Category Title (per RFP)				AIDS Pharmaceutical Assistance (local)		Control No. <u>1</u>	
D.	Request for Increase under (check one):		Part A: <input checked="" type="checkbox"/>		MAI: <input type="checkbox"/>			
	Request Period (check one):		April: <input type="checkbox"/>	August: <input type="checkbox"/>	Oct: <input checked="" type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:		\$335,880.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.					\$0.00		
	2.					\$0.00		
	3.					\$0.00		
	4.					\$0.00		
	5.					\$0.00		
	6.					\$0.00		
	7.					\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		\$1,110,129.00	N/A	\$335,880.00	\$335,880.00		
	9. Total additional funding (must match E. above):					\$335,880.00		
G.	Number of new/additional clients to be served with requested increase.							
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2015.* (March 1, 2015 - February 29, 2016) *If agency was funded for service under Part A (or MAI) in FY 2015 - if not, mark these cells as "NA"		1893	42%	23%	32%	83%	17%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2016. a. April Request Period = Not Applicable b. August Request Period = 03/01/16 - 06/30/16 c. October Request Period = 03/01/16 - 09/30/16 d. 4th Qtr. Request Period = 03/01/16 - 11/30/16		1435	44%	20%	33%	82%	18%

Request for Service Category Increase
Ryan White Part A and MAI

I. Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
1. Length of waiting time (in weeks) for an appointment for a new client:				
2. Length of waiting time (in weeks) for an appointment for a current client:				
3. Number of clients on a "waiting list" for services (per Part A SOC):				
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):				
J. List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
1.				
2.				
3.				
4.				
K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org				

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: [Grant]: RW1 [Service]: DRUG [Service Performer]: 0
Services performed between 3/1/15 and 2/29/16¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: ALL [Sub Cats 1]: all [Contract 2]: n/a [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MA]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	4	0	4	1	0	1	5	0	5	5
	20-24	57	2	55	13	0	13	70	2	68	68
	25-34	177	6	171	40	1	39	217	7	210	210
	35-44	153	3	150	80	1	79	233	4	229	229
	45-54	144	1	143	56	0	56	200	1	199	199
	55-64	51	0	51	28	1	27	79	1	78	78
	65+	3	0	3	4	0	4	7	0	7	7
SubTotals:	589	12	577	222	3	219	811	15	796	796	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1	1
	25-34	8	0	8	3	0	3	11	0	11	11
	35-44	7	0	7	1	0	1	8	0	8	8
	45-54	9	0	9	1	0	1	10	0	10	10
	55-64	0	0	0	1	0	1	1	0	1	1
	65+	0	0	0	1	0	1	1	0	1	1
SubTotals:	25	0	25	7	0	7	32	0	32	32	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	2	0	2	0	0	0	2	0	2	2
	25-34	2	1	1	0	0	0	2	1	1	1
	35-44	4	2	2	0	0	0	4	2	2	2
	45-54	2	2	0	0	0	0	2	2	2	0
	55-64	0	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0	0
SubTotals:	10	5	5	0	0	0	10	5	5	5	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1	1
	25-34	2	1	1	0	0	0	2	1	1	1
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	2	0	2	0	0	0	2	0	2	2
	55-64	1	0	1	1	1	0	2	1	1	1
	65+	0	0	0	0	0	0	0	0	0	0
SubTotals:	6	1	5	1	1	0	7	2	5	5	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0

RACE	AGE?	BIRTH GENDER					
		MALE		FEMALE		BOTH GENDERS	
		Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0
	25-34	0	0	0	0	0	0
	35-44	2	1	0	0	2	1
	45-54	0	0	0	0	0	0
	55-64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	SubTotals:	2	1	0	0	2	1
	0-12	0	0	0	0	0	0
	13-19	2	2	0	0	2	2
	20-24	41	31	10	1	42	32
25-34	244	158	86	19	263	168	
35-44	265	178	87	36	301	208	
45-54	279	122	157	27	306	144	
55-64	82	22	60	12	94	29	
65+	21	6	15	2	23	8	
SubTotals:	934	519	415	97	1,031	440	
ALL RACES	0-12	0	0	0	0	0	0
	13-19	6	2	4	1	7	2
	20-24	102	33	69	14	116	34
	25-34	433	166	267	62	495	177
	35-44	431	184	247	117	548	215
	45-54	436	125	311	84	520	147
	55-64	134	22	112	42	176	31
	65+	24	6	18	7	31	8
	SubTotals:	1,566	538	1,028	327	1,893	614

Clients Served This Period

Unduplicated clients:	1893	Methods of Exposure (not mutually exclusive)	10
Client visits: ³	11049	Perinatal/Transmission	2
Spanish speaking (primary language at home) clients served:	287	Hemophilia Coagulation	10
Deaf/hard of hearing clients served:	48	Transfusion	384
Blind/sight impaired clients served:	86	Heterosexual Contact	770
Homeless clients served:	679	MSM (not IDU)	29
Transgender M to F clients served:	11	IV Drug Use (not MSM)	6
Transgender F to M clients served:	1	MSM/IDU	54
Clients served this period who live w/in Harris County:	1804	Multiple Exposure Categories	645
Clients served this period who live outside Harris County:	89	Other risk	
Active substance abuse clients served:	31	Multi-Race Breakdown	
Active psychiatric illness clients served:	137	ASN,WHT	1
		BLK,NTV	1
		BLK,NTV,ASN,WHT	1
		BLK,WHT	5
		HWN,WHT	1
		NTV,HWN,WHT	1

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: [Grant]: RW1 [Service]: DRUG [Service Performer]: 0
Services performed between 3/1/16 and 9/30/16

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: ALL [Sub Cats 1]: all [Contract 2]: n/a [Sub Cats 2]: ALL

[Contract 3]: n/a [Sub Cats 3]: ALL

[Contract 4]: n/a [Sub Cats 4]: ALL [Contract 5]: n/a [Sub Cats 5]: ALL
[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER										
		MALE			FEMALE			BOTH GENDERS				
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp			
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0	0
	13-19	3	0	3	1	0	1	4	0	4	0	4
	20-24	54	2	52	6	0	6	60	2	58	2	58
	25-34	163	5	158	38	3	35	201	8	193	8	193
	35-44	102	4	98	64	1	63	166	5	161	5	161
	45-54	108	2	106	43	0	43	151	2	149	2	149
	55-64	43	0	43	16	1	15	59	1	58	1	58
	65+	2	0	2	4	0	4	6	0	6	0	6
SubTotals:	475	13	462	172	5	167	647	18	629	18	629	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0	0	0
	25-34	6	0	6	2	0	2	8	0	8	0	8
	35-44	5	0	5	2	0	2	7	0	7	0	7
	45-54	8	0	8	1	0	1	9	0	9	0	9
	55-64	0	0	0	1	0	1	1	0	1	0	1
	65+	1	0	1	1	0	1	2	0	2	0	2
SubTotals:	20	0	20	7	0	7	27	0	27	0	27	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	1	0	1	2	0	2	0	2
	25-34	4	1	3	0	0	0	4	1	3	1	3
	35-44	4	0	4	0	0	0	4	0	4	0	4
	45-54	1	1	0	0	0	0	1	1	0	1	0
	55-64	1	0	1	0	0	0	1	0	1	0	1
	65+	0	0	0	0	0	0	0	0	0	0	0
SubTotals:	11	2	9	1	0	1	12	2	10	2	10	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1	0	1
	25-34	2	1	1	0	0	0	2	1	1	1	1
	35-44	2	0	2	2	0	2	4	0	4	0	4
	45-54	0	0	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	1	1	0	1	1	0	1	0
	65+	0	0	0	0	0	0	0	0	0	0	0
SubTotals:	5	1	4	3	1	2	8	2	6	2	6	
WHITE	0-12	0	0	0	0	0	0	0	0	0	0	0
	13-19	4	3	1	0	0	0	4	3	0	4	1

RACE	AGE ²	BIRTH GENDER							
		MALE		FEMALE		BOTH GENDERS			
		Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp		
WHITE	20-24	24	18	6	2	2	26	20	6
	25-34	177	112	65	9	5	186	117	69
	35-44	196	137	59	27	21	223	158	65
	45-54	186	99	87	27	21	213	120	93
	55-64	72	17	55	7	6	79	23	56
	65+	9	5	4	1	1	10	6	4
	SubTotals:	668	391	277	73	56	741	447	294
ALL RACES	0-12	0	0	0	0	0	0	0	0
	13-19	7	3	4	1	0	8	3	5
	20-24	80	20	60	9	2	89	22	67
	25-34	352	119	233	49	8	401	127	274
	35-44	309	141	168	95	22	404	163	241
	45-54	303	102	201	71	21	374	123	251
	55-64	116	17	99	25	8	141	25	116
65+	12	5	7	6	1	18	6	12	
SubTotals:	1,179	407	772	256	62	1,435	469	966	

Clients Served This Period

Unduplicated clients: 1435

Client visits: ³ 4721

Spanish speaking (primary language at home) clients served: 220

Deaf/hard of hearing clients served: 39

Blind/sight impaired clients served: 66

Homeless clients served: 521

Transgender M to F clients served: 16

Transgender F to M clients served: 1

Clients served this period who live w/in Harris County: 1379

Clients served this period who live outside Harris County: 56

Active substance abuse clients served: 26

Active psychiatric illness clients served: 110

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	7
Hemophilia Coagulation	3
Transfusion	8
Heterosexual Contact	302
MSM (not IDU)	619
IV Drug Use (not MSM)	24
MSM/IDU	4
Multiple Exposure Categories	38
Other risk	445
<u>Multi-Race Breakdown</u>	
ASN,WHT	1
BLK,NTV	3
BLK,NTV,WHT	1
BLK,WHT	5
HWN,WHT	1
NTV,HWN,WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 9/30/16

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)					
B.	Contract Number (not provided to RWPC)					
C.	Service Category Title (per RFP)	PRIMARY MEDICAL CARE				Control No.
D.	Request for Increase under (check one):	Part A: X	or	MAI:		
	Request Period (check one):	April:	August:	Oct: X	Final Qtr:	
E.	Amount of additional funding Requested:	\$168,000.00				
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)	
	1. MD/NP/PA	2906	\$275.00	480	\$132,000.00	
	2. LPAP TRANSACTIONS	1680	\$30.00	1200	\$36,000.00	
	3.				\$0.00	
	4.				\$0.00	
	5.				\$0.00	
	6.				\$0.00	
	7.				\$0.00	
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00	
	9. Total additional funding (must match E. above):					\$168,000.00
G.	Number of new/additional clients to be served with requested increase.	70				
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male
	1. Number of clients that received this service under Part A (or MAI) in FY 2015.* (March 1, 2015 - February 28, 2016) *If agency was funded for service under Part A (or MAI) in FY 2015 - if not, mark these cells as "NA"	1855	64% (raw# = 1188)	10% (raw# = 188)	24% (raw# = 444)	73% (raw# = 1349)
	2. Number of clients that have received this service under Part A (or MAI) in FY 2016. a. April Request Period = Not Applicable b. August Request Period = 03/01/16 - 06/30/16 c. October Request Period = 03/01/16 - 09/30/16 d. 4th Qtr. Request Period = 03/01/16 - 11/30/16	1660	63% (raw# = 1049)	10% (raw# = 165)	25% (raw# = 411)	73% (raw# = 1211)
						f. Percent Female
						27% (raw# = 506)
						27% (raw# = 449)

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2 - 3	0	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing an average of 30 new patients each month. New patient appt timeframes is currently 1-2 weeks, but with the steady increase of new patients the timeframe could reach 2-3 weeks without the increase in funding. Currently we have \$13,943.29 in no pay status, which is related to not being able to bill for medications without the transactions cost.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 2	0	Will be able to see patients same day with funding increase	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0		
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphe.org				

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SERVICE UTILIZATION REPORT**

[Agency]: [Grant]: RW1 [Service]: PCARE [Service Performer]: 0
 Services performed between 3/1/15 and 2/29/16¹
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: IT [Sub Cats 1]: all [Contract 2]: ub Cats 2]: All
 [Contract 3]: b Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	8	0	8	2	0	2	10	0	10	
	20-24	104	4	100	12	0	12	116	4	112	
	25-34	307	7	300	86	1	85	393	8	385	
	35-44	156	8	148	142	1	141	298	9	289	
	45-54	157	3	154	100	2	98	257	5	252	
	55-64	82	0	82	41	0	41	123	0	123	
	65+	8	0	8	9	0	9	17	0	17	
	SubTotals:	822	22	800	392	4	388	1,214	26	1,188	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	5	1	4	1	0	1	6	1	5	
	35-44	1	0	1	0	0	0	1	0	1	
	45-54	6	1	5	0	0	0	6	1	5	
	55-64	1	0	1	0	0	0	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	13	2	11	1	0	1	14	2	12	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	3	1	2	0	0	0	3	1	2	
	25-34	5	0	5	2	0	2	7	0	7	
	35-44	2	1	1	1	0	1	3	1	2	
	45-54	3	1	2	1	1	0	4	2	2	
	55-64	1	0	1	0	0	0	1	0	1	
	65+	0	0	0	1	0	1	1	0	1	
	SubTotals:	14	3	11	5	1	4	19	4	15	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	1	0	1	0	0	0	1	0	1	
	20-24	2	0	2	0	0	0	2	0	2	
	25-34	1	0	1	1	0	1	2	0	2	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	2	1	1	0	0	0	2	1	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	6	1	5	1	0	1	7	1	6	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0	0
	55-64	2	1	1	1	0	1	3	1	2	
	65+	0	0	0	0	0	0	0	0	0	0
	SubTotals:	2	1	1	1	0	1	3	1	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	3	3	0	1	1	0	4	4	0	
	20-24	39	33	6	7	4	3	46	37	9	
	25-34	148	111	37	15	11	4	163	122	41	
	35-44	130	100	30	41	24	17	171	124	47	
	45-54	125	81	44	24	13	11	149	94	55	
	55-64	37	15	22	16	7	9	53	22	31	
	65+	10	6	4	2	1	1	12	7	5	
	SubTotals:	492	349	143	106	61	45	598	410	188	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	12	3	9	3	1	2	15	4	11	
	20-24	148	38	110	19	4	15	167	42	125	
	25-34	466	119	347	105	12	93	571	131	440	
	35-44	289	109	180	184	25	159	473	134	339	
	45-54	293	87	206	125	16	109	418	103	315	
	55-64	123	16	107	58	7	51	181	23	158	
	65+	18	6	12	12	1	11	30	7	23	
	SubTotals:	1,349	378	971	506	66	440	1,855	444	1,411	

Clients Served This Period

Unduplicated clients:	1855
Client visits: ³	10503
Spanish speaking (primary language at home) clients served:	225
Deaf/hard of hearing clients served:	9
Blind/sight impaired clients served:	14
Homeless clients served:	625
Transgender M to F clients served:	19
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1805
Clients served this period who live outside Harris County:	50
Active substance abuse clients served:	72
Active psychiatric illness clients served:	293

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	7
Hemophilia Coagulation	1
Transfusion	14
Heterosexual Contact	724
MSM (not IDU)	838
IV Drug Use (not MSM)	19
MSM/IDU	1
Multiple Exposure Categories	45
Other risk	264
Multi-Race Breakdown	
BLK,ASN	2
BLK,NTV	9
BLK,WHT	5
NTV,WHT	3

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 2/29/16

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2015; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/14.

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency] int): RW1 [Service]: PCARE [Service Performer]: 0
 services performed between 3/1/16 and 9/30/16¹
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: [Contract 2]: All [Contract 3]: [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	8	0	8	1	0	1	9	0	9	
	20-24	94	3	91	16	0	16	110	3	107	
	25-34	291	4	287	74	3	71	365	7	358	
	35-44	150	7	143	117	2	115	267	9	258	
	45-54	130	3	127	74	1	73	204	4	200	
	55-64	60	2	58	53	0	53	113	2	111	
	65+	1	0	1	5	0	5	6	0	6	
	SubTotals:	734	19	715	340	6	334	1,074	25	1,049	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	2	0	2	0	0	0	2	0	2	
	25-34	3	0	3	1	0	1	4	0	4	
	35-44	1	0	1	0	0	0	1	0	1	
	45-54	6	1	5	0	0	0	6	1	5	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	14	1	13	1	0	1	15	1	14	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	3	0	3	1	0	1	4	0	4	
	35-44	1	1	0	3	0	3	4	1	3	
	45-54	2	0	2	1	1	0	3	1	2	
	55-64	1	1	0	0	0	0	1	1	0	
	65+	0	0	0	1	0	1	1	0	1	
	SubTotals:	8	2	6	6	1	5	14	3	11	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	1	0	1	2	0	2	
	25-34	2	0	2	1	0	1	3	0	3	
	35-44	1	0	1	1	0	1	2	0	2	
	45-54	1	1	0	0	0	0	1	1	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	5	1	4	3	0	3	8	1	7	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0
	55-64	2	1	1	1	0	1	3	1	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	3	1	2	1	0	1	4	1	3
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	2	0	0	0	0	2	2	0
	20-24	34	29	5	2	2	0	36	31	5
	25-34	157	122	35	23	17	6	180	139	41
	35-44	97	72	25	37	23	14	134	95	39
	45-54	109	76	33	21	12	9	130	88	42
	55-64	37	13	24	13	4	9	50	17	33
	65+	11	7	4	2	1	1	13	8	5
SubTotals:	447	321	126	98	59	39	545	380	165	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	10	2	8	1	0	1	11	2	9
	20-24	132	32	100	19	2	17	151	34	117
	25-34	457	126	331	100	20	80	557	146	411
	35-44	250	80	170	158	25	133	408	105	303
	45-54	248	81	167	96	14	82	344	95	249
	55-64	102	17	85	67	4	63	169	21	148
	65+	12	7	5	8	1	7	20	8	12
SubTotals:	1,211	345	866	449	66	383	1,660	411	1,249	

Clients Served This Period

Unduplicated clients:	1660
Client visits: ³	5875
Spanish speaking (primary language at home) clients served:	209
Deaf/hard of hearing clients served:	6
Blind/sight impaired clients served:	9
Homeless clients served:	461
Transgender M to F clients served:	18
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1636
Clients served this period who live outside Harris County:	24
Active substance abuse clients served:	53
Active psychiatric illness clients served:	227

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	7
Hemophilia Coagulation	2
Transfusion	14
Heterosexual Contact	635
MSM (not IDU)	766
IV Drug Use (not MSM)	15
MSM/IDU	1
Multiple Exposure Categories	42
Other risk	235
Multi-Race Breakdown	
BLK,ASN	2
BLK,NTV	5
BLK,WHT	5
NTV,WHT	2

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of 9/30/16

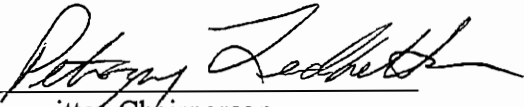
³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2016; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/15.

2016 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(submitted November 2016)

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

1. Conduct training to familiarize committee members with decision-making tools.
Status: *Completed*
2. Review the final quarter allocations made by the administrative agents.
Status: *Completed*
3. *Improve the processes for and strengthen accountability in the FY 2017 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
Status: *Ongoing*
4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
Status: *Ongoing*
5. *Determine the FY 2017 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status: *Completed*
6. *Review the FY 2016 priorities as needed.
Status: *Completed*
7. *Review the FY 2016 allocations as needed.
Status: *Completed*
8. Evaluate the processes used.
Status: *Ongoing*
9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
Status: *Ongoing*

Status of Tasks on the Timeline:


Committee Chairperson

10/27/2016
Date

Affected Community Committee Report

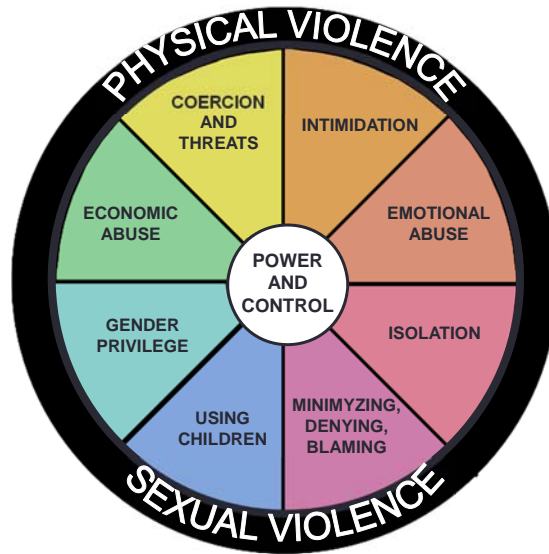
INTIMATE PARTNER VIOLENCE

What is Intimate Partner Violence (IPV)?

- IPV describes physical, sexual or psychological harm caused by a current or former partner or spouse
 - Physical
 - Sexual
 - Psychological/emotional
 - Threats & coercion

What is Intimate Partner Violence (IPV)?

- A pattern of behaviors by one partner to create a **current of terror** in the effort to maintain power and control in an intimate relationship- such as marriage, dating, family, cohabitation



How common is IPV?

- Nationally
 - More than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime
 - Rates are higher in the LGBT community
 - 44% of lesbian women & 61% of bisexual women
 - 26% percent of gay men & 37% of bisexual men
- Texas
 - 1 in 3 adult Texans have experienced IPV in their lifetime
 - 37.7% of Texas women and 26.8% of Texas men

How is IPV related to Health?

- Physical
 - Asthma
 - Bladder/kidney infections
 - Circulatory conditions
 - Heart disease
 - Fibromyalgia
 - Irritable bowel syndrome
 - Chronic pain syndromes
 - Central nervous system disorders
 - Stomach disorders
 - Joint disease
 - Migraines/headaches
- Psychological
 - Anxiety
 - Depression
 - Symptoms of post-traumatic stress disorder (PTSD)
 - Antisocial behavior
 - Suicidal behavior in females
 - Low self-esteem
 - Inability to trust others
 - Fear of intimacy
 - Emotional detachment
 - Sleep disturbances

IPV & HIV

- How can IPV increase the risk of getting HIV?
- How can HIV increase the risk of IPV?
- How can IPV affect the health of people living with HIV?

What are the recommendations for identifying and responding to IPV?

- Ask about IPV
- If there is IPV, immediate safety must be assessed
- Referrals and resources should be offered

RWGA Standards of Care

Intimate Partner Violence Screening Policy

- The agency must have in place a written policy and procedure regarding client Intimate Partner Violence (IPV) Screening. The policy and procedure should address:
 - process for ensuring clients are screened for IPV no less than annually
 - intervention procedures for patients who screen positive for IPV
 - State reporting requirements associated with IPV
 - Description of required medical record documentation
 - Procedures for patient referral including available resources, procedures for follow up and responsible personnel
 - Plan for training all appropriate staff (including non RW funded staff)

Houston EMA IPV Protocol

- Describes each agencies screening procedures including screening tools
- Describes interventions when someone screens positive
 - Assess for safety & develop a safety plan
 - Referrals to CM and IPV resources
- Forensic nurse referral
- Mandatory Reporting rules
- Training Requirements

IPV Training Requirements

- Mandatory training is required annually and during orientation for all Ryan White Part A funded, primary care co-located, case management staff (SLW, MCM, CCM).
- Additionally, all personnel with IPV screening, safety planning, and/or intervention responsibilities must receive training annually and during orientation.
- All IPV training eligible staff must receive an annual review of their agency's IPV protocol.
- RWGA hosts 2 IPV trainings per year for CM staff

Prevention of IPV in the Health Care Setting

- Sending a clear message that IPV is not normal or acceptable
- Providing case management, mental health services, and other resources to promote safety and prevent future harm

Questions??

Schedule of Topics for 2016 Affected Community Committee Meetings

(revised 10-18-16)

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"> • Purpose of the Council and Public Hearings • Participation in Health Fairs • Why meetings are held off-site 	Tori Williams	Office of Support
✓	12 noon, Tues. March 17	Joint meeting of the Affected Community, Priority & Allocations and Quality Improvement Committees	Committee Co-Chairs	Office of Support
✓	12 noon, Tues. March 22	<u>Training for Consumers:</u> 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 p.m. WEDNESDAY June 15	HIV and the Heterosexual Community Advisory Board (CAB)	Amana Turner	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	<u>Training for Consumers:</u> 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 <u>Consumer Only</u> Workgroup	Carin Martin, Manager Ryan White Grant Administration	Office of Support
✓	12 noon, Tues. October 25	Prevention of Domestic and Sexual Violence	Heather Keizman, Ryan White Grant Administration	Office of Support
✓	12 noon, Tues. November 22	HIV and Substance Abuse	Pennye Rhodes, PA St. Hope Foundation	St. Hope Foundation, <u>Conroe</u>

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 10/18/16)**

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: H. Finley/J. Humphries	Houston Splash 2016	Double Tree Hotel – Galleria	Allen, Teresa, Curtis, Arlene, Cecilia PP: Teresa; back up Skeet
Saturday, June 25 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	<u>Shift 1 (11:30 am-2 pm) : PP Curtis</u> , Peta, Tana, Johnetta <u>Shift 2 (2-4:30 pm)</u> John L, Ruth, Teresa, Allen <u>Shift 3 (4:30-7 pm): PP Teresa</u> , John L., Tracy, Rodney To be Assigned: Steven , Carol, Arlene
Friday, September 16	HIV and Aging Symposium	Montrose Center	Tana, Allen, Curtis, Cecilia, Teresa, Rodney, Johnetta, Viviana, Tracy G. PP: Skeet
Sunday, September 18	MISS UTOPIA	Crowne Plaza Northwest-Brookhollow 12801 Northwest Freeway Houston, TX 77040	<u>Need 3 volunteers</u> Carol, Peta, Skeet, Tana, Cecilia PP: Peta, Curtis, Skeet_
Saturday, November 12	Road 2 Success – Part 1	Montrose Center 401 Branard Street, 2 nd Floor, 77006	<u>Need 12 volunteers</u>
Tuesday, December 1	World AIDS Day Events		Most committee members attend events
December Contact: Herman Finley	Gay Men’s Health Summit New Name: Live Out Loud	Hiram Clarke Multi Service Center 810 W. Fuqua St., 77045 MAY BE MOVED TO UNITED WAY	Teresa (PP), Curtis, Allen, Cecilia, Arlene
January 14, 2017	Road 2 Success	Montrose Center 401 Branard Street, 2 nd Floor, 77006	<u>Need 12 volunteers</u>
<u>NEW DATE:</u> Saturday, January 21 2017 8:00 a.m. – 2:30 p.m.	HIV Testing and Prevention: Tools for Your Practice	Houston Marriott Medical Center 6580 Fannin Street (Driveway Entrance on 1730 Dryden Rd) Houston, TX 77030 (713) 796-0080	Curtis, Rodney, Allen, Tracy, Tana <u>CONFIRM IF AVAILABLE FOR NEW DATE:</u> Cecilia, Teresa, Isis

Operations Committee Report

**Members Eligible to Run for
Chair of the
2017 Ryan White Planning Council**
(as of 10-05-16)

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

Eligible To Run for Chair (* must be reappointed):

Connie Barnes (formerly Harris)
Curtis Bellard*
Ardry “Skeet” Boyle*
Bianca Burley
Ella Collins-Nelson*
Denny Delgado
Tracy Gorden
Angela F. Hawkins*
Arlene Johnson*
John Lazo*
Peta-gay Ledbetter
Rodney Mills
Allen Murray
Tana Pradia*
Teresa Pruitt
Leslie Raneri*
Cecilia Ross*
Gloria Sierra
Carol Suazo*
Isis Torrente
Steven Vargas*

Not Eligible To Run for Chair

Ted Artiaga-conflicted (Legacy)*
David Benson-conflicted until 03/17*
Amber David-conflicted (COH)
Evelio Salinas Escamilla- conflicted (HACS)*
Herman Finley-conflicted (St. Hope Fd.)*
Paul E. Grunenwald-employee (DSHS)*
J. Hoxi Jones-employee (Tx. Health & Human Serv.)
Nancy Miertschin-conflicted (HHS)
Robert Noble-conflicted (HACS/Bering)*
Shital Patel-conflicted (Harris Health Systems)
Larry Woods-conflicted (St. Hope Fd.)

SLATE OF NOMINEES

As of Friday, September 30, 2016, the following people have been nominated as officers for the 2017 Ryan White Planning Council:

Chair:

Tracy Gorden

Cecilia Ross

Vice Chair:

John Lazo

Teresa Pruitt

Secretary:

Teresa Pruitt

Carol Suazo

Memorandum of Understanding

(Approved by the Council on 12-08-11)

Parties to the Memorandum of Understanding:

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

PURPOSE

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

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

HRSA DEFINED ROLES AND DUTIES

The following is taken from the 2002 HRSA Title I/Part A manual and the Title I/Part A Planning Council Primer and describes the role and duties of the:

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

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

Planning Council: Houston Area HIV Services Ryan White Planning Council

The Houston Ryan White Planning Council is a group of volunteers appointed by the CEO whose purpose is to plan for and oversee the delivery of services to persons living with HIV in the Houston EMA. Duties include: setting up planning body operations; setting service priorities; allocating resources to those priorities; and assessing the administrative mechanism which means reviewing how long the grantee takes to pay providers, reviewing whether the funds are used to pay only for services that were identified as priorities by the planning council and whether all the funds are spent”. The Council also works with the Administrative Agency to assess

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

Planning Council Support: Office of Support

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

Administrative Agency (the CEO ’s Agent, also called the grantee): Harris County PHS/Ryan White Grant Administration

This entity carries out the day-to-day administrative activities required to implement and administer services in the Houston EMA according to the plan set forth by the Planning Council. Duties include: procuring services for PLWH/A consistent with Planning Council priorities and allocations, including all aspects of the RFP, review, award and contracting process with service providers; establishing intergovernmental agreements; ensuring services to women, infants, children and youth with HIV disease; ensuring that Ryan White Part A funds are used to fill gaps; ensuring delivery of quality services; preparing and submitting Part A applications; assuring all services are in compliance with the HRSA Ryan White National Part A and Universal Monitoring Standards; limiting grantee administrative costs; limiting contractor administrative costs; monitoring contracts; implementing Quality Management activities, advising the Council on HRSA mandates; and working with the Council to assess need, develop a Comprehensive Plan, coordinate with other Ryan White programs and services, and reallocate funds. According to HRSA, an employee of the grantee may serve as a co-chair to the Planning Council, provided the bylaws of the planning council permit or specify that arrangement. The Manager of RWGA reports to the Executive Director of the Harris County Public Health Services Department (HCPHS) or his/her designee.

LOCALLY DEFINED RESPONSIBILITIES

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

Planning Council:

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

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

RWPC Office of Support Staff:

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

Administrative Agency:

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

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

PROCEDURES

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

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

Requesting Information: Council committees and workgroups will follow Council-approved policy and procedures to request information from the Office of Support or RWGA. This may be done via a standardized form or, in more informal situations, by request of the Council Chair or Vice Chair, Committee Chair or Co-Chair, or workgroup Chair as applicable. Individual Council members should make requests for information through the Committee or workgroup chair as described above.

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

- 1.) Requests requiring Council or committee approval must be submitted in writing eight days before the date of the meeting.
- 2.) If the information does not require approval, submission of the information eight days before the date of the meeting is preferred.
- 3.) Once a workgroup or committee has created a recommendation in response to the request, the chair of the Committee, workgroup or designee will be responsible for moving the request forward and speaking on behalf of the request.

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

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

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

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

Reviewing and Updating the MOU: Annually in October of each year the Operations Committee of the Ryan White Planning Council will contact the principal Stakeholders (i.e., RWPC, RWPC Office of Support, CEO and Administrative Agency) in this MOU to see if any of the Stakeholders wish to review and/or revise the document. This annual process will provide an opportunity for Stakeholders to ensure the MOU will continue to be responsive to the needs and responsibilities of all concerned.

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

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

Signed By:

County Judge Ed Emmett

Date

Morénike Giwa, Chair
Houston Ryan White Planning Council

Date

Charles Henley, Manager
HCPHS/Ryan White Grant Administration

Date

Victoria “Tori” Williams, Manager, Office of Support,
Houston Ryan White Planning Council

Date

**Ryan White Planning Council Committee
INFORMATION REQUEST FORM**

Signature of Committee Chair: _____ Date: _____

Name of Committee Liaison: _____ Telephone: _____

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

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

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

Word Table___ Word Chart___ Word Text___ PowerPoint presentation___

Excel Table___ Excel Chart___ SPSS Table___ SPSS Chart___

Other: (Please Describe) _____

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

Thank you. Fax this form to: 713-572-3740 ATTENTION: Health Planner

Date request filled: _____

Received by _____

Date Received: _____

Houston Area HIV Services Ryan White Planning Council
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax

LETTER OF AGREEMENT

Parties to the Letter of Agreement:

1. Harris County Judge – The “Chief Elected Official” (CEO)
2. Houston Eligible Metropolitan Area (EMA) Ryan White Part A Planning Council – The “Planning Council” (RWPC)
3. Houston EMA Office of Support for the Ryan White Part A Planning Council
4. Texas Department of State Health Services (DSHS) - Part B Grantee
5. Houston Regional HIV/AIDS Resource Group, Inc. - Houston HIV Service Delivery Area (HSDA) Part B Administrative Agency
6. Harris County Public Health and Environmental Services, HIV Services Section (HCPHES/HIV Services) - Houston EMA Part A Administrative Agency

PURPOSE

This Letter of Agreement is created to facilitate cooperative and collaborative working relationships between and among the Ryan White Part B Administrative Agency (AA) and the Ryan White Part A Planning Council, its affiliated AA and the Planning Council staff. The Health Resources and Services Administration (HRSA), a division of the United States Department of Health and Human Services, encourages stakeholders to draft a Letter of Agreement (LOA) to better define responsibilities for the Houston Eligible Metropolitan Area (EMA) and the Houston Health Services Delivery Area (HSDA) designated by the Texas Department of State Health Services (DSHS). The Houston EMA is designated by HRSA to receive Ryan White Program Part A funds to provide services to People Living with HIV/AIDS (PLWH/A). The Houston EMA is a six-county area in southeast Texas that consists of Chambers, Fort Bend, Harris, Liberty, Montgomery and Waller counties. The Houston HSDA consists of these same six counties and four others – Austin, Colorado, Walker and Wharton.

This document is not intended to restate all HRSA and DSHS rules, but rather to clarify entity roles and outline procedures that will foster productive interaction and efficient communication between and among the six stakeholders.

This LOA is a dynamic tool to help the principle stakeholders avert conflict and foster collaborative relationships and decision-making processes. The underlying foundation of the agreement is the principle of mutual respect. Mutual respect is created through open communication, active listening, seeking understanding, and acknowledging our mutual goals. This document is built upon the understanding that the six entities are equal stakeholders in the Ryan White process with the mutual goal of helping individuals and families living with HIV/AIDS obtain the highest quality and most appropriate Ryan White Program eligible services.

HRSA DEFINED ROLES AND DUTIES

The following is taken from the 2002 HRSA Title I (Part A) manual and the Title I (Part A) Planning Council Primer and describes the role and duties of the:

Chief Elected Official (CEO or Grantee for Part A):

The CEO is the person who officially receives the Part A Ryan White Program funds. In the Houston Eligible Metropolitan Area (EMA), the CEO is the County Judge, making the Judge ultimately responsible for administering all aspects of the Part A funds. Duties include: ensuring that all legal requirements are met, appointing all members of the Planning Council and selecting the Harris County Public Health and Environmental Services (HCPHES) to be the Administrative Agency (or grantee) for the Part A funding.

Houston Ryan White Part A Planning Council

This entity is a group of volunteers appointed by the CEO whose purpose is to plan for and oversee the delivery of services to persons with HIV in the defined EMA/HSDA. Duties include: setting up planning body operations; setting priorities; allocating resources to those priorities; and assessing the administrative mechanism which means reviewing how long the grantee takes to pay providers, reviewing whether the funds are used to pay only for services that were identified as priorities by the planning council and whether all the funds are spent. The Council also works with the Administrative Agency to assess need, develop a comprehensive plan, coordinate with other Ryan White Program programs and services, and reallocate funds. The Council reports to the CEO.

Planning Council Office of Support:

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

Ryan White Part A Administrative Agency (CEO's Agent, also called the Part A grantee):

This entity carries out the day-to-day administrative activities required to implement and administer services in the defined EMA according to the plan set forth by the Planning Council. Duties include: procuring services for people living with HIV or AIDS (PLWH/A) consistent with Planning Council priorities and allocations, including all aspects of the RFP, review, award and contracting process with service providers; establishing intergovernmental agreements; ensuring services to women, infants, children, and youth with HIV/AIDS disease; ensuring that Ryan White Program Part A funds are used to fill gaps; ensuring delivery of quality services; preparing and submitting Part A applications; assuring all services are in compliance with HRSA rules and regulations; limiting grantee administrative costs; limiting contractor administrative costs; monitoring contracts; advising the Council on HRSA mandates; and working with the Council to assess need, develop a comprehensive plan, coordinate with other Ryan White Program grantees and service providers programs and services, and reallocate funds.

Texas Department of State Health Services (DSHS)

This entity is the Ryan White Program Part B Grantee for the state of Texas. The Part B grantee is the entity that officially receives the Part B funds. In Texas, DSHS is ultimately responsible for administering all aspects of Part B funds. Duties include: ensuring that all legal requirements

are met, selecting and contracting with Part B AAs, providing oversight, monitoring and technical assistance to AAs in the planning and implementation of Part B funds.

Houston Regional HIV/AIDS Resource Group, Inc.

This entity is contracted by DSHS to carry out the day-to-day administrative activities required to implement and administer services in the Part B HIV/AIDS Administrative Service Area (HASA) according to the comprehensive plan. Duties include: procuring services for PLWH/A consistent with the local priorities and allocation as approved by DSHS, including all aspects of the RFP, review, award and contracting process with service providers; establishing intergovernmental agreements; ensuring services to women, infants, children, and youth with HIV/AIDS disease; ensuring that Ryan White Program funds are used to fill gaps; ensuring delivery of quality services; preparing and submitting Part B applications to the State; assuring all services are in compliance with HRSA rules and regulations; limiting grantee administrative costs; limiting contractor administrative costs; monitoring contracts; and assessing need, developing a comprehensive plan, coordinating with other Ryan White Program grantees and services, and reallocating funds.

DEFINED RESPONSIBILITIES IN THE HOUSTON EMA/HSDA

In areas where there is shared responsibility between the Part A Planning Council, Part A & B AAs, and the Office of Council Support, it is agreed that, in the Houston EMA/HSDA, the entities named above will have primary responsibility for initiating and completing the following:

- The Part B AA, Part A Planning Council, and Part A Office of Support will collaborate on a Needs Assessment process to determine the size and demographics of the population of individuals with HIV/AIDS disease in the Houston EMA/HSDA, and through this process jointly determine the needs of such populations in the defined geographic area.
- The Planning Council will indicate to the Part A and Part B grantees, through the service definitions and the standards of care, how the services are to be configured.
- The Part B AA and the Part A Planning Council will collaborate to develop a single list of service priorities for the Houston HSDA.
- The Planning Council will develop recommendations for Part B and state services allocations for the EMA/HSDA. (Recommended priorities and allocations for the EMA/HSDA may not be changed by the Part B Administrative Agency and must be presented to DSHS for approval.)
- Both AAs will collaborate with the Planning Council in developing Standards of Care for Parts A and B.
- Both AAs will collaborate with the Planning Council in determining the Part A/Part B Outcome Measures.
- The Planning Council will develop recommendations for the reallocation of Part B and state services funding in the defined EMA/HSDA
- The Part B AA and the Planning Council will collaborate on the production of, and updates to, the Comprehensive Needs Assessment for the defined EMA/HSDA.
- DSHS recommends that the Part B Administrative Agency Planner (or other AA personnel) be appointed as the Part B grantee designated representative to the Part A Planning Council. This Part B representative would be eligible to fill several positions, including the HRSA designated position of "Hospital Planning Agency or Other Healthcare Planning Agency".

- The Part B AA will provide data and give periodic reports to the Planning Council as needed, requested, or determined as agreed upon between the Part B AA and the Planning Council.
- The Part B AA, DSHS, and Part A AA will develop procedures to ensure that Part A/Part B client level data is entered into the ARIES system whether through direct input or import.

Houston Ryan White Planning Council and Part B Administrative Agency (Resource Group) agree to:

- Collaborate to provide guidance and leadership in the development and implementation of a timeline for all required Part B AA and Council work products that is consistent with published deadlines.
- Collaborate on planning and completion of multi-year and/or recurring processes such as needs assessment and comprehensive planning in order that the Council is appropriately informed of its deadlines and expected work products.
- Work to develop the Blue Book for the Houston EMA/HSDA.

Reviewing and Updating the LOA: Annually in November of each year the Part B AA will contact the principal Stakeholders (i.e., RWPC, RWPC Office of Support, CEO and Administrative Agency) in this LOA to see if any of the Stakeholders wish to review and/or revise the document. This annual process will provide an opportunity for Stakeholders to ensure the LOA will continue to be responsive to the needs and responsibilities of all concerned.

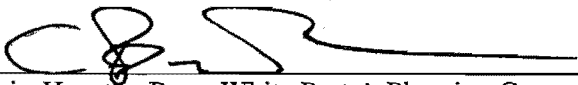
Signed By:



Harris County Judge Ed Emmett

10-30-07

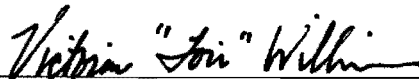
Date



Chair, Houston Ryan White Part A Planning Council

7-12-07

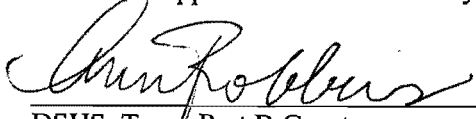
Date



Office of Support for the Houston Ryan White Planning Council

7.12.07

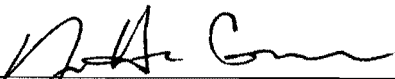
Date



DSHS, Texas Part B Grantee

7-24-07

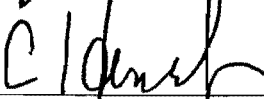
Date



Houston Regional HIV/AIDS Resource Group, Inc.

7-12-07

Date



Harris County PHES HIV Services Section

7-12-07

Date

FYI

HEALTH

H.I.V. Arrived in the U.S. Long Before ‘Patient Zero’

By DONALD G. McNEIL Jr. OCT. 26, 2016

In the tortuous mythology of the AIDS epidemic, one legend never seems to die: Patient Zero, a.k.a. Gaétan Dugas, a globe-trotting, sexually insatiable French Canadian flight attendant who supposedly picked up H.I.V. in Haiti or Africa and spread it to dozens, even hundreds, of men before his death in 1984.

Mr. Dugas was once blamed for setting off the entire American AIDS epidemic, which traumatized the nation in the 1980s and has since killed more than 500,000 Americans. The New York Post even described him with the headline “The Man Who Gave Us AIDS.”

But after a new genetic analysis of stored blood samples, bolstered by some intriguing historical detective work, scientists on Wednesday declared him innocent.

The strain of H.I.V. responsible for almost all AIDS cases in the United States, which was carried from Zaire to Haiti around 1967, spread from there to New York City around 1971, researchers concluded in the journal *Nature*. From New York, it spread to San Francisco around 1976.

The new analysis shows that Mr. Dugas’s blood, sampled in 1983, contained a viral strain already infecting men in New York before he began visiting gay bars here after being hired by Air Canada in 1974.

The researchers also reported that originally, Mr. Dugas was not even called Patient Zero — in an early epidemiological study of cases, he was designated Patient

O, for “outside Southern California,” where the study began. The ambiguous circular symbol on a chart was later read as a zero, stoking the notion that blame for the epidemic could be placed on one man.

Myths like that of Patient Zero echo in prevention efforts even today, experts said. Many vulnerable groups, including young gay men and African women, fail to use protective drugs or avoid testing because they fear being stigmatized or accused of being carriers.

Reflecting on the epidemic’s early days, Dr. Anthony S. Fauci, then a doctor treating AIDS patients and now the director of the National Institute of Allergy and Infectious Diseases, said he remembered it seeming plausible at the time that one person was responsible.

In hindsight, he added, the idea now seems absurd. “We were unaware of how widespread it was in Africa,” Dr. Fauci said. “Also, we thought, based on very little data, that it was only about two years from infection to death.”

The new data is consistent with the scenario described in 2011 in “The Origins of AIDS,” by Dr. Jacques Pépin, an infectious disease specialist at the University of Sherbrooke in Quebec.

Relying on previous genetic research and African colonial records, Dr. Pépin showed that H.I.V. was carried from Kinshasa to Haiti in the 1960s — most likely by one of the thousands of Haitian civil servants recruited by the United Nations to work in the former Belgian Congo after colonial rule collapsed.

In Haiti, he theorized, a few cases were multiplied by unsterile conditions at a private blood-collecting company, Hemo-Caribbean, that opened in 1971 and exported 1,600 gallons of plasma to the United States monthly. Plasma clotting factors were used by American hemophiliacs, many of whom died of AIDS.

Haiti was also a sex-tourism destination for gay men, another route the virus could have taken to New York.

The blood samples analyzed in the new study were collected in 1978 and 1979 in New York City and San Francisco as part of an effort to make a hepatitis B vaccine.

Researchers stored almost 16,000 blood samples; nearly 7 percent of those from New York and 4 percent of those from California later turned out to be infected with H.I.V.

A team led by Michael Worobey, an evolutionary biologist at the University of Arizona in Tucson and the lead author of the Nature paper, sequenced the genomes of the H.I.V. found in some of those samples and compared them with viral DNA in samples collected in the early 1980s from Haitians, Dominicans and others treated in American hospitals.

Because decades spent in freezers had degraded many samples, Dr. Worobey said, his lab developed an “RNA jackhammering” technique similar to that used to reconstruct the ancient Neanderthal genome. Counting mutations allowed the researchers to “wind back the molecular clock” and see when each strain of H.I.V. diverged from its ancestors.

Africa has a dozen H.I.V. groups, and Haiti’s epidemic came from one of those. The New York samples all derive from one Haitian strain, and those from San Francisco are all so closely related that they probably all resulted from one person introducing one New York strain, Dr. Worobey said.

The symptoms that were later called AIDS were first recognized in 1981, and the legend of Patient Zero began with a 1984 study that traced the sexual contacts of 40 gay men with Kaposi’s sarcoma or other indicators of late-stage AIDS. Eight of them, half in New York and half in Southern California, had had sex with an unidentified flight attendant.

Initially described as “Case 057” and then as Patient O, he reported having about 250 sexual partners a year.

That study incorrectly assumed that most patients developed AIDS symptoms within about 10 months of infection. In reality, it takes years — so some participants may have been infected long before meeting Mr. Dugas.

Also, Mr. Dugas may have become the cluster’s focal point partly because he kept a diary. Men in the study reported an average of 227 partners a year, often

quick, anonymous encounters in bars and bathhouses.

But Mr. Dugas gave investigators 72 names.

Dr. Harold W. Jaffe, who was one of the original investigators and is now the associate director for science at the Centers for Disease Control and Prevention, said the text of the original article referred to a “patient outside California.”

But the chart, of which he had an early copy, was admittedly ambiguous. At the center is the “O” or “0,” identified as the “index patient.” The other cases are numbered: “LA3” and “NY15,” for example.

The legend itself sprang from the publicity campaign for a best-selling 1987 book, “And the Band Played On,” by Randy Shilts, a gay San Francisco journalist who himself died of AIDS in 1994.

In a 1993 interview, Mr. Shilts said he had heard C.D.C. investigators use the term Patient Zero and thought, “Oooh, that’s catchy.”

By hunting down former boyfriends of men in the 1984 study, Mr. Shilts established that the flight attendant was Mr. Dugas, who was born in Quebec but lived his last years in Vancouver, British Columbia.

Mr. Shilts said he was initially horrified that his publisher, St. Martin’s Press, focused his book tour on Patient Zero instead of the government’s slow response to the epidemic, but he went along.

Although Mr. Shilts did not accuse Mr. Dugas of starting the American epidemic, he demonized him as a deliberate spreader of the virus who ignored a doctor’s demand that he stop having unprotected sex, and coldbloodedly told some sex partners that he had “gay cancer” and now they might get it.

Back in 1984, the term Patient Zero was not normally used to describe an outbreak’s first case, said Dr. Jaffe, an author of the new Nature paper. “I don’t remember who first used it,” he said. “But after Randy Shilts did, we started saying it ourselves.”

Later, he said, when reporters asked if Mr. Dugas had brought AIDS to North America, “We said no, that he wasn’t the first.”

Dr. Jaffe added: “But I think they went with it anyway. The idea of Patient Zero was very attractive. Letter O would not be a story.”

Richard A. McKay, a Cambridge historian and another author of the *Nature* paper, has long fought for Mr. Dugas’s reputation, saying his friends in Vancouver’s gay community had painted a sympathetic portrait of him for Mr. Shilts, who ignored it.

Humanizing Mr. Dugas could help in the fight to end the epidemic, said Dr. Robert M. Grant, an AIDS researcher at the University of California, San Francisco.

Even though the disease can now be prevented and controlled, many people — in San Francisco and in Africa, he said — resist getting tested for H.I.V. and fool themselves into believing they are not at risk because they fear being blamed by their social circle.

“No one wants to be the Patient Zero of their village,” he said. “But this may be helpful because it says, ‘Just because you are the first to be diagnosed doesn’t mean you started the epidemic.’”

Correction: October 26, 2016

An earlier version of a picture caption with this article, using information from a photo agency, overstated what is known about the location where the men are shown walking. While they were in San Francisco, they were not on Castro Street. (The agency cannot determine the street in the 1986 photograph.)

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A version of this article appears in print on October 27, 2016, on page A1 of the New York edition with the headline: H.I.V. Was in the U.S. Long Before ‘Patient Zero’.