

2017 Council Attendance

Updated 06-23-17

NUMBER OF COUNCIL MEETINGS HELD IN 2017: 5

Council Members <small>Shaded = retiring from Council on 12/31/17</small>	Number of meetings attended in 2017	Number of meetings unable to attend in 2017
Ted Artiaga	5	
Connie L. Barnes	3	2
Curtis W. Bellard	5	
David Benson	2	3
Ardry "Skeet" Boyle, Jr.	3	2
Bianca Burley	4	1
Ella Collins-Nelson	5	
Amber David	4	1
Johnny Deal	4	1
Evelio Salinas Escamilla	5	
Herman L. Finley III	3	2
Tracy Gorden	5	
Paul E. Grunenwald	2	3
Angela F. Hawkins	5	
Arlene Johnson		5
J. Hoxi Jones	4	1
Denis Kelly	5	
Peta-gay Ledbetter	3	2
Tom Lindstrom	4	1
Osaro Mgbere	3	2
Nancy Miertschin	5	
Rodney Mills	5	
Allen Murray	5	
Robert Noble	3	2
Shital Patel		5
John Poole	4	1
Tana Pradia	4	1
Teresa Pruitt	3	2
Venita Ray	3	2
Cecilia Ross	4	1
Viviana Santibanez	5	
Gloria Sierra	5	
Krystal Shultz	4	1
Carol Suazo	5	
Isis Torrente	5	
Steven Vargas	5	
Larry Woods	2	3

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL



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

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

AGENDA

12 noon, Thursday, July 13, 2017
Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

- I. Call to Order
 - A. Welcome and Moment of Reflection
 - B. Adoption of the Agenda
 - C. Approval of the Minutes
 - D. Training: Priority Setting and Allocations Processes

Cecilia Ross, Chair,
RW Planning Council

Ella Collins-Nelson and
Paul Grunenwald, Co-Chairs
Priority & Allocations Committee

- II. Public Comments and Announcements
 - (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV/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.)

Carol Suazo, Secretary

- III. Reports from Committees
 - A. Comprehensive HIV Planning Committee
 - Item: 2017 Ryan White Public Hearings*
 - Recommendation: FYI: In May and June, Amber Harbolt shared the results of the 2016 Houston Area HIV Needs Assessment and Continuum of Care at the 2017 Ryan White televised public hearings.*

Isis Torrente and
Steven Vargas,
Co-Chairs

 - B. Quality Improvement Committee
 - No report.

Robert Noble and
Gloria Sierra, Co-Chairs

- C. Affected Community Committee Rodney Mills and
Tana Pradia, Co-Chairs
Item: June 26, 2017 Public Hearing
Recommended Action: FYI: In June, the Affected Community Committee hosted the second televised 2017 Public Hearing where the proposed Ryan White FY 2018 service priorities & allocations were presented.

Item: 2017 Road 2 Success

Recommended Action: FYI: On Thursday, June 29, 2017 the Affected Community Committee partnered with Thomas Street Health Center to co-host *Road 2 Success*. Presentations focused on eligibility and case management services. Amber Harbolt also met with consumers to solicit ideas for strengthening Ryan White funded services.

Item: Camino hacia tu Salud

Recommended Action: FYI: *Camino hacia tu Salud*, the Spanish version of *Road 2 Success*, will take place on Monday evening, August 28, 2017. The Affected Community Committee is partnering with Positive713 to co-host the event.

Item: 2017 Community Events

Recommended Action: FYI: Verbal update on the Ryan White booth at the Houston Pride Festival. See the attached list for additional community events where the Council will have a presence.

Item: 2017 Greeters

Recommended Action: FYI: See the attached list of greeters at 2017 Council meetings.

- D. Operations Committee Curtis Bellard and
Nancy Miertschin, Co-Chairs
No report.

- E. Priority and Allocations Committee Ella Collins-Nelson and
Paul Grunenwald, Co-Chairs
Item: Reports from the Administrative Agent – Part A/MAI*

Recommended Action: FYI: See the attached reports:

- FY 2016 RW Part A/MAI Procurement, dated 06/12//17
- FY 2016 RW Part A/MAI Service Utilization, dated 06/12/17

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

Recommended Action: FYI: See the attached reports:

- FY16/17 RW Part B Procurement, dated 06/12//17
- FY16/17 RW Part B Service Utilization, dated 06/12/17
- FY15/16 State Services Procurement, dated 06/12//17
- FY15/16 State Services Service Utilization, dated 06/12/17
- FY16/17 Health Insurance Assistance Report, dated 06/02/17

* Minority AIDS Initiative funding (MAI)

** State Services funding (SS)

Item: FY 2018 Ryan White Service Priorities

Recommended Action: **Motion:** Approve the attached FY 2018 Service Priorities for Ryan White Parts A and B, MAI** and State Services.

Item: Philosophy Used for FY 2018 Allocations

Recommended Action: FYI: See the attached philosophy.

Item: FY 2018 Allocations: Level Funding Scenario – All Funding Streams

Recommended Action: **Motion 1:** Approve the attached FY 2018 Level Funding Scenario for Ryan White Parts A and B, MAI and State Services funds. See attached chart for details.

Item: FY 2018 Allocations: Increase/Decrease Funding Scenarios – MAI*

Recommended Action: **Motion 2:** Approve the attached FY 2018 Increase & Decrease Funding Scenarios for Ryan White MAI* funds.

Item: FY 2018 Allocations: Increase/Decrease Funding Scenarios – Part A

Recommended Action: **Motion 3:** Approve the attached FY 2018 Increase & Decrease Funding Scenarios for Ryan White Part A funds.

Item: FY 2018 Allocations: Increase/Decrease Funding Scenarios - Part B & SS**

Recommended Action: **Motion 4:** Approve the attached FY 2018 Increase & Decrease Funding Scenarios for Ryan White Part B and State Services funds.

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|-------|---------------------------------------------|------------------------------------------------|
| 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. HOPWA | Krystal Shultz |
| | B. Community Prevention Group (CPG) | Herman Finley |

* Minority AIDS Initiative funding (MAI)

** State Services funding (SS)

C. Update from Task Forces:

- Sexually Transmitted Infections (STI)
- African American
- Latino
- MSM
- Transgender
- Hepatitis C
- Urban AIDS Ministry
- Youth

Herman Finley
S. Johnson-Fairley
Gloria Sierra
Ted Artiaga
Viviana Santibanez
Steven Vargas
Ella Collins-Nelson

D. HIV and Aging

E. Positive Women's Network

Tana Pradia

F. END HIV Houston

Venita Ray

G. Ryan White Part C Urban and Part D

Nancy Miertschin

H. SPNS Grant: HIV and the Homeless Program

Nancy Miertschin

I. Texas HIV Medication Advisory Committee

Nancy Miertschin

J. Texas HIV Syndicate

Amber Harbolt

K. Legislative Updates

Denis Kelly

L. Texans Living with HIV Network

Venita Ray

IX. Announcements

X. Adjournment

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, June 8, 2017

Meeting Location: Montrose Center, 401 Branard St, Room 107; Houston, Texas 77006

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Cecilia Ross, Chair	John Poole	Project LEAP Students-see attached
Carol Suazo, Secretary	Venita Ray	James Arango, DSHS
Ted Artiaga	Viviana Santibanez	Marcus Scranton
Connie Barnes	Gloria Sierra	Rob Nash
Curtis Bellard	Isis Torrente	Taylor Franklin
David Benson	Steven Vargas	Veria Steptoe
Bianca Burley	Larry Woods	
Ella Collins-Nelson		STAFF PRESENT
Johnny Deal	MEMBERS ABSENT	<i>Ryan White Grant Administration</i>
Evelio Salinas Escamilla	Skeet Boyle, excused	Carin Martin
Herman Finley	Amber David, excused	Heather Keizman
Tracy Gorden	Arlene Johnson, excused	Tasha Traylor
Paul Grunenwald	Peta-gay Ledbetter, excused	
Angela F. Hawkins	Osaro Mgbere	<i>The Resource Group</i>
J. Hoxi Jones	Robert Noble, excused	Marcus Benoit
Denis Kelly	Shital Patel	
Tom Lindstrom	Tana Pradia, excused	<i>Office of Support</i>
Nancy Miertschin	Teresa Pruitt, excused	Tori Williams
Rodney Mills	Krystal Shultz, excused	Amber Harbolt
Allen Murray		Diane Beck
		Rod Avila

Call to Order: Cecilia Ross, Chair, called the meeting to order at 12:09 p.m. During the opening remarks, Ross thanked everyone who attended the Ryan White Cross-Training session in May. There was a great turn out and hopefully more Council and external committee members now have a deeper understanding of how all of the Ryan White committees function. Ross gave special thanks to her co-presenters at the training: Skeet, Peta, Tana, and co-coordinator for the project, Nancy Miertschin. Members were invited to watch for announcements for future trainings.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Benson, Bellard) to approve the May 11, 2017 minutes. Motion carried.* Abstentions: Grunenwald, Ray, Torrente.

Training: Project LEAP 2017 Presentations: Harbolt and the Project LEAP students presented the results of the mini needs assessment on *Retention in Care in the Houston Area* that was designed by the morning class and *HIV Prevention & Testing Among Hispanic/Latino Communities* that was designed by the evening class. See the attached PowerPoint presentations for details.

Public Comment and Announcements: Marcus Scranton, Unlimited Visions Aftercare – stated that he was not aware of PrEP. He understands that it is not for people who are HIV+ but for prevention of HIV. He asked if this was something new because he has not heard about it. Williams said that there are several Council Members who are experts on the subject and would be happy to speak with him after the meeting.

Reports from Committees:

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following: Presentation on NHBS and HMMP Data: Dr. Osaro Mgbere and his team presented findings from the National HIV Behavioral Surveillance (NHBS) project and the Houston Medical Monitoring Project (HMMP). NHBS examines HIV-related risk behaviors among HIV negative high-risk populations, while HMMP provides detailed local surveillance data among PLWH from questionnaires and clinical information. See the attached presentations and the updated special study prospectus.

Special Study - Social Determinants of Health Supplement: The Committee reviewed questions from the 2014 Needs Assessment that were omitted in the 2016 Needs Assessment Survey tool to identify NHBS/HMMP data elements to mine for the Social Determinants of Health Supplement. In sum, the Committee asked staff to examine barriers and social determinants for PLWH who are not virally suppressed, HIV monitoring test values upon initial entry to care, HIV test location and testing motivation, types of substance abuse treatment (residential vs. outpatient/other), relationship between employment, insurance, and use of HIA program, compare prevalence of self-reported mental health diagnoses to clinical diagnoses, education attainment, and prevention-specific risks and behaviors. See the attached questions excluded from the 2016 Needs Assessment.

EIIHA Workgroup Recommendations/Data Requests: See the attached minutes excerpt from the March 23rd EIIHA Workgroup meeting for data recommendations/requests for the FY18 EIIHA target populations selection process.

Report from the Speaker's Bureau Workgroup: See the attached evaluation report from the March speaking engagement. The Speaker's Bureau Workgroup will meet on June 6th. Please see Diane Beck if you would like to be added to the Workgroup.

2017 Comprehensive Plan: 2017 Q1 Implementation Progress Report: See the attached 2017-2021 Comprehensive Plan: 2017 Q1 Implementation Progress Report. By the end of March, 85% of activities slated for implementation in 2017 were completed or had progress made.

2017 Committee Quarterly Reports: See the attached Quarterly Report.

Quality Improvement Committee: Gloria Sierra, Co-Chair, reported on the following:
Reports from the Administrative Agent – Part B/SS: See the attached reports:

- Part B Procurement, dated 05/10/17 & 04/02/17
- DSHS Procurement, dated 05/10/17 & 04/02/17
- Health Insurance Assistance Utilization, dated 05/02/17 & 04/05/17

FY 2017 Service Definitions: **Motion #3:** *In FY 2017 and FY 2018, approve the service definition for and bundle Emergency Financial Assistance with Ambulatory Outpatient Medical Care/Local Pharmacy Assistance Program (LPAP) and keep the financial eligibility the same as LPAP at 500% for HIV medications.* **Motion Carried.** Abstention: Artiaga, Escamilla, Finley, Kelly, Lindstrom, Miertschin, Ray, Woods.

FY 2018 Ryan White Part A, Part B and State Services Service Definitions: **Motion #4:** *Approve the attached FY 2018 Ryan White Part A, Part B and State Services service definitions and the proposed special idea for the Compassionate Care Program (see the attached summary page) and the financial eligibility for each service listed on the table of contents for the service definitions.* **Motion Carried.** Abstention: Artiaga, Escamilla, Finley, Kelly, Lindstrom, Miertschin, Ray, Sierra, Woods.

FY 2018 Ryan White Part A, Part B and State Services Targeting Chart: **Motion #5:** *Approve the attached FY 2018 Ryan White Part A, Part B and State Services Targeting Chart.* **Motion Carried.** Abstention: Artiaga, Escamilla, Finley, Kelly, Lindstrom, Miertschin, Ray, Sierra, Woods.

2017 Criteria and Proposed Idea Form: **Motion #6:** *Approve the attached 2017 Criteria and page 1 of the proposed idea form.* **Motion Carried.**

2017 Assessment of the Administrative Mechanism: **Motion #7:** *Approve the attached checklist for the 2017 Assessment of the Administrative Mechanism.* **Motion Carried.**

Texas Dept. of State Health Services Standards of Care: **Motion #8:** *After reviewing, the Quality Improvement Committee recommends no comment on the following standards of care from the Texas Department of State Health Services: Mental Health Services, Psychosocial Support Services, and Other Professional Services.* **Motion Carried.**

2017 Quarterly Committee Reports: See the attached Quarterly Committee Report.

Affected Community Committee: Rodney Mills, Co-Chair, reported on the following:

2017 Road 2 Success/Camino hacia tu Salud: The Affected Community Committee is now responsible for working with staff to organize Road 2 Success, a series of 5 seminars for people living with HIV and their caregivers. At least 2 of the seminars are taught in Spanish. See the attached list of Road 2 Success/Camino hacia tu Salud seminars scheduled for 2017. Please see Tori if you speak Spanish and would like to volunteer to assist with the seminars held in Spanish.

2017 Community Events: See the attached list of 2017 Community Events where the Council will have a presence. The Committee is looking for volunteers to help at Pride Festival the afternoon of Saturday, June 24th.

2017 Greeters: See the attached list of Greeters at the 2017 Council meetings.

2017 Quarterly Committee Reports: See the attached Quarterly Committee Report.

Operations Committee: Nancy Miertschin, Co-Chair, reported on the following:

How To Best Meet the Need – Blue Book: **Motion #9:** *Approve \$17,000 in the FY 2018 Council Support Budget for reprints of the 2018–2019 Blue Book.* **Motion Carried.**

FY 2018 Council Support Budget: **Motion #10:** *Approve the attached FY 2018 Council Support Budget.* **Motion Carried.**

Council Bylaws and Policy Review: On July 18, 2017, the Operations Committee will be reviewing the attached Petty Cash policy. One of the changes that they will be considering is having members who are employed submit their work address and hours of employment. If their hours of employment overlap with Council meetings, then they will be required to use their work address as their point of origin for mileage requests. If a member were to feel that the policy does not support their personal situation, they will be welcome to submit a waiver to the Operations Committee. If anyone wishes to provide public comment on this possible change, please attend the July 18th committee meeting, or send written comments via fax or email to Tori Williams in the Office of Support.

Update on Ryan White Report Training: Sixteen Council and External Committee members participated in the Ryan White Cross Committee training on Tuesday, May 23, 2017. Look for announcements regarding future trainings.

Election for the 2017 Vice Chair of the Planning Council: Ross stated that Pruitt had withdrawn her name from the slate of nominees. The floor was open for additional nominees. None were made. **Motion #11:** *it was moved and seconded (Vargas, Kelly) to accept the attached slate of nominees for the position of Vice Chair on the 2017 Ryan White Planning Council with the deletion of Pruitt.* **Motion Carried.**

Since Boyle was not in attendance, Gorden was the only candidate who stated his qualifications before the election was held for the 2017 Vice Chair of the Planning Council. Tracy Gorden was elected Vice Chair.

2017 Quarterly Committee Reports: See the attached Quarterly Committee Report.

Priority and Allocations Committee: Paul Grunenwald, Co-Chair, reported on the following:

Reports from the Administrative Agent – Part A: See the attached reports:

- FY 2016 RW Part A/MAI Procurement, dated 05/25/17
- FY 2016 RW Part A/MAI Service Utilization, dated 05/03/17

Revised FY 2017 Service Priorities: **Motion #12:** *Revise the FY 2017 Service Priorities by adding Emergency Financial Assistance as priority #17 and Referral for Health Care and Support Services as priority #18 based upon a recommendation from the Quality Improvement Committee that these services be added in FY 2017.* **Motion Carried.** Abstention: Miertschin.

FY 2017 Ryan White Part A Unspent Funds: **Motion #13:** *Fund request for increased funding for Control #3 (Vision Care) in the amount of \$50,000 with Ryan White Part A funds. Hold the remaining balance of the Ryan White Part A unspent funds in the amount of \$58,780 until the next reallocation period.* **Motion Carried.** Abstentions: Miertschin, Sierra.

FY 2017 State Services – Rebate Funds: **Motion #14:** *Fund requests for Control #B (additional ADAP eligibility workers) in the amount of \$375,000 and Control #A (Compassionate Care Rx Program) up to the balance of \$600,000, with the understanding that unspent funds will be reported to the Council for reallocation at a later date.* **Motion Carried.** Abstention: Miertschin, Sierra.
2017 Quarterly Committee Reports: See the attached Quarterly Committee Report.

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

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

Report from The Resource Group: Marcus Benoit summarized the attached report.

New Business

Updates from Task Forces

African American: Ray said that Texas Black Women’s Initiative (TBWI) is having a forum at The Resource Group on June 15th on African Americans and HIV to collect cultural competency information for END AIDS.

Latino: Vargas said the task force is putting together a workshop on immigrant rights. There will also be a forum with updated information on ADAP at Catholic Charities on June 14th.

MSM: Artiaga submitted the attached report.

Transgender: Santibanez is a member of the City of Houston Transgender CAB, they are interested in collecting data.

Hepatitis C: Vargas submitted the attached report.

Positive Women’s Network: Ray said that they are meeting this weekend to work on putting together a statewide chapter.

END HIV Houston: Ray asked that everyone respond to and help distribute the Health Care Experience Survey. It is also available in Spanish. They will give an update on the progress of the plan on June 29, 2017. They have recently helped to form the Texans Living with HIV network.

SPNS Grant: HIV and the Homeless Program: Miertschin said that the program ends at the end of August. HRSA is holding a conference for all participants to share their data and what they have learned.

Texas HIV Medication Advisory Committee: Miertschin said that the next meeting is this Friday.

Texas HIV Syndicate: Harbolt said they met in May. The state is seeking support on the molecular cluster surveillance project (the City of Houston is also seeking support for this). Finley added that they are currently seeking applications for membership.

Announcements: Ross invited the Project LEAP students to talk to and ask questions of Council members after the meeting adjourns. Gorden thanked everyone who helped collect items to send to children impacted by HIV in Africa. Vargas said he did not think the Texas HIV/AIDS Coalition had much to report on the agenda and would like to see it replaced with the Texans Living with HIV

network. Kelly reminded everyone that the legislature was in session and there are several issues to watch.

Adjournment: The meeting was adjourned at 1:51 p.m.

Respectfully submitted,

Victoria Williams, Director

Date

Draft Certified by
Council Chair: _____

Date _____

Final Approval by
Council Chair: _____

Date _____

Council Voting Records for June 8, 2017

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 FY17 Service Definitions Carried				MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 FY17 Service Definitions Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO
				C				C				C	John Poole		X				X				X		
		X				X				X			Venita Ray		X						X				X
		X				X						X	Viviana Santibanez		X				X				X		
		X				X				X			Gloria Sierra		X				X				X		
		X				X				X			Isis Torrente		X						X			X	
		X				X				X			Steven Vargas		X				X				X		
		X				X				X			Larry Woods ja 12:11 pm	X				X							X
		X				X				X															
		X				X				X			MEMBERS ABSENT												
		X				X						X	Skeet Boyle, excused												
		X				X						X	Amber David, excused												
		X				X				X			Arlene Johnson												
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		X				X				X			Krystal Shultz												
		X				X				X															

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #4 All FY18 Svc Definitions Carried				Motion #5 Targeting Chart Carried				Motion #6 Proposed Idea Criteria/Form Carried					Motion #4 All FY18 Svc Definitions Carried				Motion #5 Targeting Chart Carried				Motion #6 Proposed Idea Criteria/Form Carried							
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN			
MEMBERS																													
Cecilia Ross, Chair				C				C				C	John Poole		X				X				X						
Carol Suazo, Secretary		X				X				X			Venita Ray				X				X		X						
Ted Artiaga				X				X		X			Viviana Santibanez		X				X				X						
Connie Barnes		X				X			X	X			Gloria Sierra		X				X				X						
Curtis Bellard		X				X				X			Isis Torrente		X				X				X						
David Benson		X				X			X	X			Steven Vargas		X				X				X						
Bianca Burley		X				X				X			Larry Woods				X				X		X						
Ella Collins-Nelson		X				X			X	X																			
Johnny Deal		X				X				X			MEMBERS ABSENT																
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Herman Finley				X				X		X			Amber David, excused																
Tracy Gorden		X				X				X			Arlene Johnson																
Paul Grunenwald		X				X				X			Peta-gay Ledbetter																
Angela F. Hawkins		X				X				X			Osaro Mgbere																
J. Hoxi Jones		X				X				X			Robert Noble																
Denis Kelly				X				X		X			Shital Patel																
Tom Lindstrom				X				X		X			Tana Pradia																
Nancy Miertschin				X				X	X	X			Teresa Pruitt																
Rodney Mills		X				X				X			Krystal Shultz																
Allen Murray		X				X				X																			

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #7 Checklist for Admin Assess Carried				Motion #8 Input re DSHS SOC Carried				Motion #9 FY18 Blue Book Budget Carried				MEMBERS	Motion #7 Checklist for Admin Assess Carried				Motion #8 Input re DSHS SOC Carried				Motion #9 FY18 Blue Book Budget Carried							
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN				
MEMBERS																													
Cecilia Ross, Chair				C				C				C	John Poole		X				X				X						
Carol Suazo, Secretary		X				X				X			Venita Ray		X				X				X						
Ted Artiaga		X				X				X			Viviana Santibanez		X				X				X						
Connie Barnes		X							X	X			Gloria Sierra		X				X				X						
Curtis Bellard		X				X				X			Isis Torrente		X				X				X						
David Benson		X							X	X			Steven Vargas		X				X				X						
Bianca Burley		X				X				X			Larry Woods																
Ella Collins-Nelson		X							X	X																			
Johnny Deal		X				X				X			MEMBERS ABSENT																
Evelio Salinas Escamilla		X				X				X			Skeet Boyle, excused																
Herman Finley		X				X				X			Amber David, excused																
Tracy Gorden		X				X				X			Arlene Johnson																
Paul Grunenwald		X				X				X			Peta-gay Ledbetter																
Angela F. Hawkins		X				X				X			Osaro Mgbere																
J. Hoxi Jones		X				X				X			Robert Noble																
Denis Kelly		X				X				X			Shital Patel																
Tom Lindstrom		X				X				X			Tana Pradia																
Nancy Miertschin		X							X	X			Teresa Pruitt																
Rodney Mills		X				X				X			Krystal Shultz																
Allen Murray		X				X				X																			

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #10 FY18 Council Support Budget Carried				Motion #11 Vice Chair Slate of Nominees Carried				Motion #12 Revised FY17 Service Priorities Carried				MEMBERS	Motion #10 FY18 Council Support Budget Carried				Motion #11 Vice Chair Slate of Nominees Carried				Motion #12 Revised FY17 Service Priorities Carried							
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN				
MEMBERS																													
Cecilia Ross, Chair				C				C				C	John Poole		X				X				X						
Carol Suazo, Secretary		X				X				X			Venita Ray		X				X										X
Ted Artiaga		X				X						X	Viviana Santibanez		X				X				X						
Connie Barnes		X							X	X			Gloria Sierra		X				X				X						
Curtis Bellard		X				X				X			Isis Torrente		X				X				X						
David Benson		X							X	X			Steven Vargas		X				X				X						
Bianca Burley		X				X				X			Larry Woods		X				X										X
Ella Collins-Nelson		X							X	X																			
Johnny Deal		X				X				X			MEMBERS ABSENT																
Evelio Salinas Escamilla		X				X						X	Skeet Boyle, excused																
Herman Finley		X				X						X	Amber David, excused																
Tracy Gorden		X				X				X			Arlene Johnson																
Paul Grunenwald		X				X				X			Peta-gay Ledbetter																
Angela F. Hawkins		X				X				X			Osaro Mgbere																
J. Hoxi Jones		X				X				X			Robert Noble																
Denis Kelly		X				X						X	Shital Patel																
Tom Lindstrom		X				X						X	Tana Pradia																
Nancy Miertschin		X							X			X	Teresa Pruitt																
Rodney Mills		X				X				X			Krystal Shultz																
Allen Murray		X				X				X																			

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #13 FY17 Part A Unspent Funds Carried				Motion #14 State Services-R Funds Carried					Motion #13 FY17 Part A Unspent Funds Carried				Motion #14 State Services-R Funds Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO
MEMBERS									MEMBERS								
Cecilia Ross, Chair				C				C	John Poole		X				X		
Carol Suazo, Secretary		X				X			Venita Ray				X				X
Ted Artiaga				X				X	Viviana Santibanez		X				X		
Connie Barnes		X				X			Gloria Sierra		X				X		
Curtis Bellard		X				X			Isis Torrente		X				X		
David Benson		X				X			Steven Vargas		X				X		
Bianca Burley		X				X			Larry Woods				X				X
Ella Collins-Nelson		X				X											
Johnny Deal		X				X			MEMBERS ABSENT								
Evelio Salinas Escamilla				X				X	Skeet Boyle, excused								
Herman Finley				X				X	Amber David, excused								
Tracy Gorden		X				X			Arlene Johnson								
Paul Grunenwald		X				X			Peta-gay Ledbetter								
Angela F. Hawkins		X				X			Osaro Mgbere								
J. Hoxi Jones		X				X			Robert Noble								
Denis Kelly				X				X	Shital Patel								
Tom Lindstrom				X				X	Tana Pradia								
Nancy Miertschin				X				X	Teresa Pruitt								
Rodney Mills		X				X			Krystal Shultz								
Allen Murray		X				X											



Houston Ryan White Planning Council
Priority Setting Process
July 13, 2017

Principles and Criteria

Principles

Sound priority setting must be based on clearly stated and consistently applied principles for decision-making.

- These principles are the basic ideals for action

Criteria

Criteria are the standards on which judgment will be based.

Priority Setting

Needs Assessment Data

The percentages are taken from the needs assessment and then broken down and used to determine the priorities.

Midpoint

When a service percentage is above the set median point it will rank as a high for that column, if below the midpoint then it will be a low rank. This will be done for each column.

High Low Score

E.g. Score: LLHL

Attached is a listing of each possible high low scenario.

Priority Setting

The group will place each service into one of two groups:
Core or Non Core

CORE

Outpatient/Ambulatory
Local AIDS pharmaceutical assistance
Oral Health Care
Early Intervention Services
Health Insurance premium and cost sharing assistance
Hospice
Home and community based health services
Medical Nutrition Therapy
Mental Health
Outpatient Substance Abuse
Medical Case Management (including treatment adherence services)

NON-CORE

Case Management (Non-Medical)
Health Education Risk Reduction
Medical Transportation
Outreach Services
Psychosocial Support Services
Referral for healthcare/supportive services
Treatment Adherence Counseling

Prioritization

Lets Try It!

Happy HSDA

Service	Need	Use	Availability
Oral Health Care	68	45	15
Primary Care	82	82	3
Case Management	81	76	10
Medical Case Management	68	68	7
Van Transportation	51	49	15
Health Insurance	77	42	30
Vision Care	74	31	38

Lets set our midpoints!

**Hint, Remember the midpoint is the average of the highest and lowest NA percentage.*

Need: 67% Use: 56.5 % Availability: 20.5%

Prioritization

Happy HSDA

Service	Need	Use	Availability	Need	Use	Avail
Oral Health Care	68	45	15	H	L	L
Primary Care	82	82	3	H	H	L
Case Management	81	76	10	H	H	L
Medical Case Management	68	68	7	H	H	L
Van Transportation	51	49	15	L	L	L
Health Insurance	77	42	30	H	L	H

Midpoints: Need: 66.5% Use 56.5 % Availability 20.5%

Service	High-Low Scores:	C/N	Rank
Primary Care:	HHL	C	1
Medical Case Management:	HHL	C	2
Health Insurance:	HLH	C	3
Oral Health:	HLL	C	4
Case Management:	HHL	N	5
Van Transportation:	LLL	N	6

Prioritization

Tie Breaking and finalizing

Once this is done the committee will use any additional relevant information and public comment to break any ties until there is an established priority list.

Prioritization

What happens when there is NO new Needs Assessment data?

During years where there is no new needs assessment data (or “off years”) the group will use data from the most recent needs assessment activities, special studies, HBTMN, etc.

The group does not complete another High-Low process during these years, the work is already done !, instead....

The group will be given the listing of the previous years priorities and make changes in the priorities as appropriate.

**Philosophy Used to Determine the
Ryan White and State Services Funded
FY 2018 Allocations**
(as of 06-12-17)

2017 Priority and Allocations Committee members agreed to use the following philosophy for determining the FY 2018 Ryan White Part A, Part B and State Service funded allocations:

Get prescription medication to HIV-positive individuals as quickly as possible with the intent of keeping people adherent to medication and in care by using outreach, emergency financial assistance and medical case management.

Public Comment

In an effort to save paper, please see attached two sided copies.

PUBLIC COMMENT – 06-13-17

I have questions: Why are we shifting monies around to benefit a one public entity/agency? We know where that SPNS project is housed. Additional funds for homelessness are available through HOPWA/Healthcare for the Homeless/COC/SAMHSA-CABI to get those case management services. I thought the council was not in the business of favoring one agency over the other.

If AVENUE 360 loses Behavioral Health and Substance Abuse funding due to a grant expiring, does that mean AVE360 can make that same request for additional funds? I believe we need to increase case management across the board.

Thank you kindly,

-Vel

Evelio Salinas Escamilla
Grants and Research Administrator
AVENUE 360 Health & Wellness
2150 W. 18th Street, Suite 300 | Houston, Texas 77008-1289

(OVER FOR ADDITIONAL COMMENT)

PUBLIC COMMENT – 06-13-17

I have no major comments other than to thank the Ryan White Program for their consistent support throughout the years to our Veterans living with HIV. It is very much appreciated.

Thanks and sincerely,
Maria C. Rodriguez
Veterans Affairs Medical Center Houston

Public comment – 06-19-17

Last year one CCM contractor served 558 consumers and spent the total contract amount of \$244,325.00 and had 173 units (\$4,325.00) left in No Pay for a total that should have been billed of \$248,650.

This year if that contractor does the same amount of units (9,946) with a higher unit rate (\$30), at least \$298,380.00 will be needed to keep the amount of services level . Since there are 2 providers, we request that the category be \$596,760 to keep level services. Please keep in mind that even clients who have insurance for primary care need CCM which is not reimbursable by insurance. Thank you.

Affected Community Committee Report

**The Ryan White Planning Council Invites You to Meet
Houston Public Leaders and Make Public Comment on...**

**Recommended Ryan White Part A, Part
B and State Services Priority Rankings
and Allocations for 2018**

Also learn about...

Findings from the most recent Needs Assessment

7:00 p.m. ~ Monday, June 26, 2017

**This televised Public Hearing will be held live at the
Houston City Hall Annex
Council Chambers
900 Bagby Street, Public Level**

**Downtown Houston - Metered Parking in Back
*ASL and Spanish translators in attendance***

***Watch LIVE online @ www.houstontx.gov/htv; or within the city limits
on the following channels: Comcast (Ch. 16), Phonoscope (Ch. 73),
Suddenlink (Ch. 14), U-Verse (Ch. 99)***

***To register for free childcare or transportation you must
call by 5pm on Wednesday June 21st:***

Phone: 713 572-3724 * Fax: 713 572-3740 * TTY: 713 572-2813

**Ryan White Planning Council Office of Support
2223 West Loop South, Suite 240; Houston, TX 77027
www.rwpcHouston.org**

El Concilio de Planificación Ryan White le invita a juntarse con líderes públicos de Houston, y hacer comentarios públicos sobre:

El rango de Prioridad y de Asignación de las categorías de los servicios de Parte A, Parte B y estatales para el año 2018

También aprenda sobre los Resultados de Evaluación de Necesidades

7:00 pm ~ Lunes, 26 de Junio de 2017

**Esta audiencia pública televisada se llevará a cabo en vivo en el
Houston City Hall Anexo
Cámara del Concilio de la Ciudad
900 de la Calle Bagby, Nivel al Público
Centro de Houston**

¡Habrá intérpretes del español en las reuniones!

***Lo podrás ver en vivo en línea: www.houstontx.gov/hvtv;
o en los siguientes canales:***

Comcast (Ch. 16), Phonoscope (Ch. 73), Suddenlink (Ch. 14) & U-Verse (Ch. 99)

***Para inscribirse a los servicios gratuitos de guardería y
transportación, por favor llame antes Miércoles 21 de Junio:
Teléfono: 713-439-6065 * Fax: 713-572-3740 * TTY: 713-572-2813***

**Ryan White Planning Council Office of Support
2223 West Loop South, Suite 240; Houston, TX 77027
www.rwpcHouston.org**

Understanding the HIV Care System



In June, Road 2 Success will be at Thomas Street Health Center. Please join us for this free class designed to help consumers get the most from their HIV services.

Thursday, June 29, 2017
Lunch will be provided

Time	Topics	Speakers
12 noon	<ul style="list-style-type: none"> ▪ Eligibility ▪ Case Management ▪ MyHealth app 	<p>Michael Ruggerio, Manager Service Linkage Workers</p> <p>Bree Montero, Manager Medical Case Managers</p> <p>Ernesto Macias, Supervisor Adolescent Clinic</p>
1:00 pm	<ul style="list-style-type: none"> ▪ We Are Listening -- <i>How can we improve HIV services in Houston?</i> 	<p>Amber Harbolt, Health Planner Ryan White Office of Support</p>

LOCATION:

Thomas Street Health Center
2015 Thomas Street
3rd Floor Conference Room
Houston, TX 77009

FOR MORE INFORMATION:

Ryan White Planning Council
Office of Support
713 572-3724
www.rwpcHouston.org

or call Jeff Benavides @ 713-873-4026

ASL interpreters will be available; for more information please call: 713 572-2813 (TTY)
Intérpretes Español estarán presentes; por favor llame para más información: 713 572-3724

2017 Road 2 Success/Camino hacia tu Salud

(as of 06/19/17)

Road 2 Success: Understanding the HIV Care System and the Spanish version, *Camino hacia tu Salud*, is a series of free, seminars with the goal of providing HIV+ individuals and caregivers living in the Greater Houston area with information that will help them understand the complex HIV care system and empower them to:

- access HIV-related services
- access a source of payment for their services
- voice their concerns regarding HIV-related services
- participate in the development of the HIV prevention and care system

GUIDING PRINCIPLES: No boring or highly technical presentations. At least 2 seminars each year taught in Spanish. Select class locations that are familiar and comfortable for the consumers. No combative behavior.

Day, date, times	Event & Location	Information to be Presented	Participants
Thursday, June 29 12 noon – 2 pm	Road 2 Success – 2-hour seminar Thomas Street Health Center 2015 Thomas Street, 77009	Eligibility Requirements – Ryan White and Harris Health System Case Management Services My Health App – Patient Reminder System	<u>Need 5 Volunteers:</u> Curtis, Cecilia, Teresa, Denis, Isis and Alex.
Monday, August 28 6 pm – 8 pm	Camino hacia tu Salud – 2-hour seminar Positive713 Support Group Leonel Castillo Community Ctr. 2101 South Street, 77009	TENTATIVE: Co-pays, ACA Health Insurance, and/or Eligibility (example: someone on a visa is not eligible for a Gold Card).	<u>Need 7 Volunteers (incl. Spanish speaking):</u> Isis, Tana, Skeet, Curtis, Teresa, Tracy, Alex, Steven and Evelio
Saturday, November Exact date and time TBD	Road 2 Success – 4-hour seminar Montrose Center 401 Branard Street, 2 nd Floor, 77006	To be determined	<u>Need 12 volunteers</u>
Saturday, December Exact date and time TBD	Camino hacia tu Salud – 4-hour seminar Tentative Location: Leonel Castillo Community Ctr. 2101 South Street, 77009	To be determined	<u>Need 8 Spanish Speaking Volunteers:</u> DISTRIBUTE LEAP FLYERS
January 2018 Exact date and time TBD	Road 2 Success – 4-hour seminar Location: To be determined	To be determined	<u>Need 10 Volunteers (incl. Spanish speaking):</u>

Affected Community Committee
2017 Community Events (as of 06/19/17)

Point Person (PP): Committee member who picks up display materials and returns them to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 5 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	Allen Murray will distribute Project LEAP flyers.
Saturday, June 24 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	<u>Shift 1 (11:30 am-2 pm)</u> : PP Tracy G, Tana, Steven V. <u>Shift 2 (2-4:30 pm)</u> Alex, Allen, Isis <u>Shift 3 (4:30-7 pm)</u> : PP: John P. , Rodney, Alex
Thursday, June 29 11:30 am – 2 pm	Road 2 Success	Thomas Street Health Center 2015 Thomas Street, 77009	Need 5 Volunteers: Curtis, Cecilia, Teresa, Denis, Isis. Back up: Alex.
Monday, August 28 5 pm – 8 pm	Camino hacia tu Salud	Positive713 Leonel Castillo Community Center 2101 South Street, 77009	Need 7 Volunteers: Isis, Tana, Skeet, Curtis, Teresa, Tracy, Alex, Steven and Evelio
Sunday, October 22	MISS UTOPIA	Crowne Plaza Northwest-Brookhollow 12801 Northwest Freeway Houston, TX 77040	Volunteers: PP: _____, Skeet, Curtis, Alex, Isis, Cecilia, Tana DISTRIBUTE LEAP FLYERS
Saturday in November	Road 2 Success	Montrose Center 401 Branard Street, 2 nd Floor, 77006	Need 12 volunteers
Tuesday, December 1	World AIDS Day Events		Most committee members attend events DISTRIBUTE LEAP FLYERS
Saturday in December	Camino hacia tu Salud	Tentative: Leonel Castillo Community Ctr. 2101 South Street, 77009	Need 8 Spanish Speaking Volunteers: DISTRIBUTE LEAP FLYERS
Saturday in January	Road 2 Success	Montrose Center 401 Branard Street, 2 nd Floor, 77006	Need 10 Volunteers (incl. Spanish speaking): DISTRIBUTE LEAP FLYERS

Greeters for 2017 Council Meetings

(Revised: 06-20-17)

2017 Meeting Dates (Please arrive at 11:45 a.m. Unless otherwise noted, the meetings are held at 2223 W. Loop South)	Greeter #1 External Member	Greeter #2	Greeter #3
Thurs. March 9		Curtis	John
Thurs. April 13		Isis	Allen
Thurs. May 11	Alex	Denis	John
Thurs. June 8 – OFF SITE: Montrose Ctr.	Alex	Curtis	John
Thurs. July 13	Veria	Skeet	Teresa or Curtis
Thurs. August 10	Curtis	Skeet	Isis
Thurs. September 14	Alex	Teresa	Rodney
Thurs. October 12	Veria	Teresa	Skeet
Thurs. November 9 External Committee Member Appreciation		Denis	Allen
Thurs. December 14			

**Priority and
Allocations
Committee
Report**

NEW

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2016 Ryan White Part A and MAI
Procurement Report

Table with columns: Priority, Service Category, Original Allocation, Award Reconciliation, July Adjustments, October Adjustments, Final Quarter Adjustments, Total Allocation, Percent of Grant Award, Amount Procured, Procurement Balance, Original Date Procured, Expended YTD, Percent YTD. Rows include various service categories like Outpatient/Ambulatory Primary Care, Medical Case Management, Local Pharmacy Assistance Program, Oral Health, Mental Health Services, Health Insurance, Home and Community-Based Services, Substance Abuse Services, Medical Nutritional Therapy, Hospice Services, Non-Medical Case Management, Medical Transportation, Linguistic Services, Legal Assistance, and Grant Administration.

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
		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	135,381	25,000	17,436,329	90.21%	17,461,329	91.05%			
	Non-Core (may not exceed 25% of total service dollars)	2,261,163	-293,406	75,378	-150,880	-25,000	1,892,245	9.79%	1,716,365	8.95%			
	Total Service Dollars (does not include Admin and QM)	18,387,547	276,202	680,324	-15,499	0	19,328,574		19,177,694				
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,612,704	0	0	15,500	0	1,628,204	7.59%					
	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
1	Outpatient/Ambulatory Primary Care	2,011,206	46,743	334,989	0	0	2,392,938	100.00%	2,011,206	381,732		1,771,442	88%
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	\$992,207	98%
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	\$779,235	78%
	Total MAI Service Funds	2,011,206	46,743	334,989	0	0	2,392,938	100.00%	2,011,206	381,732		1,771,442	88%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	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		1,771,442	88%
	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

FY 2016 Ryan White Part A and MAI Service Utilization Report

SUR - 4th Quarter Cumulative (3/1-2/28)																	
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	7,579	74%	26%	50%	15%	2%	33%	0%	1%	6%	26%	27%	13%	25%	2%
1.a	Primary Care - Public Clinic (a)	2,350	3,477	69%	31%	53%	11%	2%	35%	0%	0%	3%	19%	26%	13%	35%	3%
1.b	Primary Care - CBO Targeted to AA (a) (g)	1,060	1,814	69%	31%	99%	0%	1%	0%	0%	1%	11%	35%	26%	11%	15%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a) (g)	960	1,227	84%	16%	0%	0%	0%	100%	0%	0%	7%	30%	32%	14%	16%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	755	88%	12%	0%	88%	11%	0%	0%	0%	5%	26%	24%	16%	27%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	740	73%	27%	46%	19%	2%	32%	0%	1%	7%	32%	27%	12%	19%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	1,065	0%	100%	65%	8%	2%	26%	0%	0%	2%	16%	31%	15%	33%	3%
1.g	Primary Care - Pediatric (a)	7	18	61%	39%	50%	6%	0%	44%	28%	50%	22%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,149	74%	26%	47%	16%	2%	34%	0%	0%	4%	21%	22%	16%	32%	3%
2	Local Drug Reimbursement Program (a)	2,845	4,387	78%	22%	49%	16%	2%	33%	0%	0%	6%	30%	28%	14%	20%	1%
3	Medical Case Management (f)	3,075	5,385														
3.a	Clinical Case Management	600	1,406	74%	26%	59%	22%	2%	17%	0%	0%	6%	25%	23%	13%	30%	3%
3.b	Med CM - Targeted to Public Clinic (a)	280	585	98%	2%	56%	10%	2%	31%	0%	2%	17%	21%	19%	9%	30%	2%
3.c	Med CM - Targeted to AA (a)	550	1,885	69%	31%	99%	0%	1%	0%	0%	1%	9%	32%	25%	11%	20%	1%
3.d	Med CM - Targeted to H/L(a)	550	883	85%	15%	0%	0%	0%	100%	0%	0%	7%	32%	28%	14%	16%	1%
3.e	Med CM - Targeted to White and/or MSM (a)	260	568	87%	13%	0%	89%	11%	0%	0%	1%	3%	24%	22%	16%	32%	3%
3.f	Med CM - Targeted to Rural (a)	150	793	72%	28%	46%	24%	3%	27%	0%	1%	6%	27%	24%	13%	26%	3%
3.g	Med CM - Targeted to Women at Public Clinic (a)	240	281	0%	100%	68%	7%	1%	23%	0%	2%	11%	13%	29%	15%	27%	3%
3.h	Med CM - Targeted to Pedi (a)	125	102	51%	49%	75%	5%	0%	21%	59%	30%	11%	0%	0%	0%	0%	0%
3.i	Med CM - Targeted to Veterans	200	175	95%	5%	75%	16%	1%	8%	0%	0%	0%	2%	3%	5%	69%	21%
3.j	Med CM - Targeted to Youth	120	113	99%	1%	64%	6%	2%	28%	0%	10%	90%	0%	0%	0%	0%	0%
4	Oral Health	200	290	68%	32%	42%	32%	1%	24%	0%	0%	5%	22%	27%	12%	29%	3%
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	290	68%	32%	42%	32%	1%	24%	0%	0%	5%	22%	27%	12%	29%	3%
5	Medical Nutritional Therapy/Nutritional Supplements	650	503	77%	23%	41%	23%	4%	33%	0%	0%	2%	11%	20%	19%	42%	7%
6	Mental Health Services (d)	NA	NA														
7	Health Insurance	1,700	1,220	83%	17%	41%	30%	2%	27%	0%	0%	3%	15%	23%	16%	39%	4%
8	Substance Abuse Treatment - Outpatient	40	29	93%	7%	28%	55%	0%	17%	0%	0%	3%	28%	31%	14%	24%	0%
9	Hospice Services (d)	NA	NA														
10	Home and Community Based Services (d)	NA	NA														
11	Early Medical Intervention Services (d)	NA	NA														
12	Non-Medical Case Management	7,045	7,289														
12.a	Service Linkage Targeted to Youth	320	243	78%	22%	59%	8%	2%	31%	0%	14%	86%	0%	0%	0%	0%	0%
12.b	Service Linkage at Testing Sites	260	197	68%	32%	68%	9%	1%	23%	0%	0%	0%	35%	22%	12%	27%	5%
12.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	3,049	68%	32%	61%	11%	2%	27%	0%	0%	0%	20%	24%	13%	39%	4%
12.d	Service Linkage at CBO Primary Care Programs (a)	2,765	3,800	76%	24%	54%	15%	2%	29%	2%	1%	8%	29%	25%	12%	22%	2%
13	Food Pantry-(funded-by-State-Services)	NA	NA														
14	Transportation	2,850	3,215														
14.a	Transportation Services - Urban	170	545	69%	31%	58%	12%	2%	28%	0%	0%	8%	28%	26%	11%	24%	4%
14.b	Transportation Services - Rural	130	156	77%	23%	35%	38%	1%	26%	0%	0%	8%	22%	18%	15%	33%	4%
14.c.1	Transportation vouchers (bus passes)	2,500	2,446														
14.c.2	Transportation vouchers (gas vouchers)	50	68														
15	Legal Assistance	390	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
16	Linguistic Services (d)	NA	NA														
Net unduplicated clients served - all categories*		10,200	12,527	74%	26%	53%	16%	2%	29%	1%	1%	6%	23%	24%	13%	29%	3%
Living AIDS cases + estimated Living HIV non-AIDS (from FY 14 App) (b)		NA	22,830	74%	26%	49%	23%	3%	25%	0%	6%	18%	27%	30%	18%		
*10,200 clients to be served is based on the number of unduplicated clients served in FY 2013 (update per CPCDMS)																	

FY 2016 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report																	
Priority	Service Category	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	MAI unduplicated served includes clients also served under Part A																
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,646	72%	28%	99%	0%	1%	0%	0%	1%	11%	36%	26%	10%	15%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,224	87%	13%	0%	0%	0%	100%	0%	0%	7%	31%	32%	14%	15%	1%
RW Part A New Client Service Utilization Report																	
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1 - 2/28)																	
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	1,821	77%	23%	54%	14%	3%	29%	0%	2%	10%	35%	24%	10%	18%	1%
2	LPAP	1,200	858	79%	21%	52%	15%	3%	30%	0%	1%	10%	38%	24%	11%	14%	1%
3.a	Clinical Case Management	400	267	80%	20%	59%	18%	2%	21%	0%	1%	13%	35%	22%	12%	15%	1%
3.b-3.h	Medical Case Management	1,600	1,123	77%	23%	55%	14%	3%	28%	1%	3%	13%	35%	22%	9%	15%	1%
3.i	Medical Case Management - Targeted to Veterans	60	47	96%	4%	74%	19%	0%	6%	0%	0%	0%	4%	2%	2%	70%	21%
4	Oral Health	40	34	68%	32%	44%	21%	3%	32%	0%	0%	9%	35%	29%	12%	15%	0%
12.a.	Non-Medical Case Management (Service Linkage)	3,700	2,103	75%	25%	57%	13%	2%	28%	1%	2%	10%	31%	23%	10%	21%	2%
12.c.																	
12.d.																	
12.b	Service Linkage at Testing Sites	260	146	72%	28%	60%	10%	1%	29%	0%	5%	12%	40%	18%	8%	14%	2%
Footnotes:																	
(a)	Bundled Category																
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																
(d)	Funded by Part B and/or State Services																
(e)	Not funded in FY 2014																
(f)	Total MCM served does not include Clinical Case Management																
(g)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1516 DSHS State Services
Procurement Report
September 1, 2015 - August 31, 2016



Chart reflects spending through August, 2016

Spending Target: 100%

Revised 6/12/2017

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services	\$300,000	15%		\$300,000	15%	9/1/2015	\$235,163	78%
7	Health Insurance Premiums and Cost Sharing	\$1,041,183	53%		\$1,041,183	53%	9/1/2015	\$772,694	74%
9	Hospice	\$414,832	21%		\$414,832	21%	9/1/2015	\$347,820	84%
11	EIS - Incarcerated	\$166,211	8%		\$166,211	8%	9/1/2015	\$154,341	93%
16	Linguistic Services	\$35,000	2%		\$35,000	2%	9/1/2015	\$25,900	74%
Total Houston HSDA		1,957,226	100%	\$0	\$1,957,226	100%		1,535,917	78%

2015 - 2016 DSHS State Services Service Utilization Report
9/1/2015 thru 8/31/2016
4th Quarter

Revised 6/12/2017

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	850	807	88.8%	15.1%	0.0%	1.1%	72.1%	16.5%	10.8%	0.6%	0.0%	0.0%	4.8%	25.8%	27.5%	12.5%	27.8%	1.6%
Health Insurance Premiums & Cost Sharing Assistance	1,200	1,281	81.4%	18.3%	0.0%	0.3%	41.8%	29.7%	26.2%	2.4%	0.0%	0.0%	1.5%	13.2%	21.9%	15.5%	42.6%	5.4%
Hospice	55	30	88.5%	16.7%	0.0%	0.0%	56.7%	20.0%	20.0%	3.3%	0.0%	0.0%	0.0%	20.0%	20.0%	0.0%	60.0%	0.0%
Linguistic/Interpreter Services	10	49	51.0%	46.9%	0.0%	2.0%	58.1%	4.1%	6.1%	36.7%	0.0%	0.0%	0.0%	10.2%	40.8%	24.5%	16.3%	8.2%
Mental Health Services	250	263	95.9%	3.4%	0.0%	0.8%	32.5%	45.5%	22.0%	0.0%	0.0%	0.0%	1.9%	19.0%	19.1%	16.4%	38.4%	4.9%
Group:		17																
Individual:		264																
Unduplicated Clients Served By State Services Funds:	NA	2,358	82.7%	16.6%	0.0%	0.7%	51.7%	25.7%	20.3%	2.2%	0.0%	0.3%	2.6%	18.2%	23.9%	14.2%	36.8%	4.0%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1617 Ryan White Part B
Procurement Report
April 1, 2016 - March 31, 2017



Reflects spending through March 2017

Spending Target: 100%

Revised 6/12/2017

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care***	\$2,120,346	64%	(\$34,781)	\$2,085,565	64%	4/1/2016	\$1,815,322	86%
7	Health Insurance Premiums and Cost Sharing	\$976,885	29%	(\$16,122)	\$960,763	29%	4/1/2016	\$960,449	98%
9	Home and Community Based Health Services**	\$232,000	7%	(\$3,840)	\$228,160	7%	4/1/2016	\$165,680	71%
Total Houston HSDA		3,329,231	100%	(\$54,743)	\$3,274,488	100%		2,941,451	88%

* Amendment-Reduction in award amount and each service category has been reduced proportionately

** HCBH has had a low census. Census has been impacted by clients being out with extended illnesses.

Focusing on outreach activities in order to increase census, which should coincide with an increase in Ryan White spending.

*** One provider had a vacant dentist position but is currently filling the vacancy.

2016 - 2017 Ryan White Part B Service Utilization Report
4/1/2016 - 3/31/2017 Houston HSDA (4816)
4th Quarter

Revised 6/12/2017

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FEM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	0%	1,202	81.8%	17.9%	0.0%	0.3%	42.5%	29.7%	25.7%	2.3%	0.1%	0.0%	2.2%	15.1%	21.4%	15.8%	40.3%	5.0%
Home & Community Based Health Services	5%	33	60.6%	36.4%	0.0%	3.0%	69.7%	12.1%	5.2%	3.0%	0.0%	0.0%	0.0%	3.0%	21.2%	21.2%	45.5%	9.1%
Oral Health Care	3,810	3,018	72.1%	27.1%	0.0%	0.7%	50.7%	17.2%	30.6%	1.6%	0.0%	0.1%	2.2%	15.4%	20.6%	14.1%	40.8%	6.8%
Unduplicated Clients Served By RW Part B Funds	NA	3,933	74.3%	25.0%	0.0%	0.6%	48.8%	20.1%	29.3%	1.7%	0.0%	0.1%	2.2%	15.7%	21.3%	14.3%	40.2%	6.2%

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

9/1/2016-04/30/2017

Revised:

6/2/2017

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	945	\$84,182.21	454			0
Medical Deductible	260	\$51,746.21	168			0
Medical Premium	4796	\$1,586,201.41	916			0
Pharmacy Co-Payment	3250	\$323,926.61	1147			0
APTC Tax Liability	1	\$213.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	9252	\$2,056,269.44	2686	0	\$0.00	

Comments: This report represents services provided under all grants.

HOUSTON EMA/HSDA Needs Assessment Rankings

Chart for Determining FY2018 Service Priorities

Core Service	Need	Use	Access Ease	Need	Use	Access Ease	HL		Tie Breaker	Changes	Ranking	
							Scores	HL Rank				
Primary Care	94	7,535	90	H	H	H	HHH	2	1		HHL	1
Medical/Clinical Case Management	83	6,270	88	H	H	H	HHH	2	2		HHH	2
Local Medication Assistance	74	4,392	89	H	H	H	HHH	2	3		HLL	3
Oral Health Services	73	3,372	76	H	L	L	HLL	3	4		HLH	4
Health Insurance	59	2,102	85	H	L	H	HLH	4	5		LHL	5
Mental Health Services	53	351	88	H	L	H	HLH	4	6		LHH	6
Early Intervention Services (jail)	7	926	85	L	L	H	LLH	7	7		LLH	7
Day Treatment	31	38	92	L	L	H	LLH	7	8		LLL	8
Substance Abuse Treatment	24	30	92	L	L	H	LLH	7	9			
Medical Nutritional Therapy	38	501	82	L	L	L	LLL	8	10			
Hospice		40			L				11			
Proposed MIDPOINTS	51	3,783	83									

Support Service	Need	Use	Access Ease	Need	Use	Access Ease	High-Low		Tie Breaker	Changes
							Scores	HL Rank		
Outreach Services									12	
Non-medical Case Management*	93	6,796	74	H	H	L	HHL	1	13	
Medical Transportation	47	2,894	85	L	L	H	LLH	7	14	
Linguistics Services	6	67	93	L	L	H	LLH	7	15	
Emergency Financial Assistance									16	
Referral for Health Care & Support Services									17	
Proposed MIDPOINTS	50	3,432	84							

*Question regarding linkage to care window changed from 3 months to 1 month in 2016 NA.

Midpoint=Highest Use+Lowest Use/2
High (H)=Use above the midpoint
Low (L)=Use below the midpoin

Criteria for Determining FY 2015 Service Priorities
(DRAFT April 24, 2014)

Type	Definition	Data Source	Example
1. Need*	<p>Proportion of PLWHA reporting a need for the service in the past 12 months.</p> <p><u>Calculation:</u> Total number of needs assessment participants reporting a need for the service in the past 12 months, including both ease (a) and difficulty (b) to access, divided by the total number of respondents (N) to the service category: $(a+b)/N=\%$ (rounded)</p>	Needs Assessment	<p><i>Primary care:</i> 491 needs assessment participants reported they needed primary care and it was easy to access; 87 reported they needed primary care and it was difficult to access, for a total of 578 participants who needed primary care. A total of 664 participants responded to the primary care survey question. Therefore, the percent needing primary care is 87% (or 578/664).</p>
2. Use	<p>Number of PLWHA who received the service in the past 12 months.</p> <p><u>Calculation:</u> Total number of unduplicated clients served in each service category for the designated calendar year (January 1 to December 31)</p>	CPCDMS	<p><i>Primary care:</i> 7,000 persons were served in primary care in calendar year 2013. Therefore, the value for use is 7,000.</p>
3. Accessibility*	<p>Proportion of PLWHA reporting a need for the service in the past 12 months who also reported the service was easy to access.</p> <p><u>Calculation:</u> Total number of needs assessment participants reporting they needed the service and it was easy to access (a) divided by the total number of participants reporting a need for the service in the past 12 months regardless of ease (a) or difficulty (b): $a/(a+b)=\%$ (rounded)</p>	Needs Assessment	<p><i>Primary care:</i> A total of 578 participants reported a need for primary care (regardless of ease or difficulty to access). Of this total, 491 reported that primary care was easy to access. Therefore, the accessibility rating for primary care is 85% (or 491/578).</p>

*This methodology will be used for all Service Categories measured explicitly in the 2014 Houston Area HIV/AIDS Needs Assessment. This excludes Non-Medical Case Management, which was not surveyed explicitly. For Non-Medical Case Management, an alternate methodology based on data availability will be used as follows:

- Need: Proportion of needs assessment participants diagnosed in the past 12 months (newly-diagnosed) who reported receipt of service linkage
- Accessibility: Proportion of participants diagnosed in the past 12 months (newly-diagnosed) who reported being linked to HIV medical care within 90 days

Setting Priorities

Table 1 below serves as an initial guide for the prioritization process. Services have been ranked based upon needs assessment survey information collected in 2014

Table 1: Prioritizing Needs								
Possible Scenarios	1	2	3	4	5	6	7	8
<i>Need</i>	High	High	High	High	Low	Low	Low	Low
<i>Use</i>	High	High	Low	Low	High	High	Low	Low
<i>Ease in Accessing</i>	Low	High	Low	High	Low	High	High	Low
<ol style="list-style-type: none"> 1. HHL – Clients indicate this as a high need and that it is readily used in the area. However, clients indicate that the service is difficult to access. 2. HHH - Clients indicate this as a highly needed service in the area. Clients also indicate that the service is readily used in their area and high access to service. Thus, ranking it second highest to ensure that this service continues to be accessible. 3. HLL – Clients indicate this as a high need, but the service is not readily used in the area. In addition, clients indicate that the service is not very accessible. 4. HLH – Clients indicate this as a high need and that the service is not readily used. However, clients indicate a high access to this service. 5. LHL – Clients indicate this as a low service need, but that it is readily used. However, clients indicate the service is difficult to access. 6. LHH – Clients indicate this as a low need, and that it is readily used in the area. In addition, clients indicate a high access to this service. 7. LLH – Clients indicate this as a low need and that the service is not readily used. In addition, clients indicate a high access to this service. It is there if needed. 8. LLL – Clients indicate this as a low need and the service is not readily used in the area. In addition, clients indicate difficulty to accessing this service. Not readily needed nor used thus low priority of having it accessible. 								

Houston Ryan White Planning Council
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding
FY 2018 Allocations**

(Priority and Allocations Committee approved 06-21-17)

MOTION 1: All Funding Streams – Level Funding Scenario

Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding.

Approve the attached Ryan White Part A, MAI, Part B, and State Services Funding FY 2018 Level Funding Scenario.

MOTION 2: MAI Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be increased by the same percent. This applies to the total amount of service dollars available.

MOTION 3: Part A Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Part A Funding.

All service categories except subcategories 1.g, 2.h, 2.i, 2.j, and 9 will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Part A Funding.

Step 1: Proportionally allocate first \$500,000 to service categories decreased in FY18, not to exceed the FY17 allocation.

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

MOTION 4: Part B and State Services Increase/Decrease Scenario

Increase Funding Scenario for Ryan White Part B and State Services Funding.

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

Decrease Funding Scenario for Ryan White Part B and State Services Funding.

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

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2018 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	SS-R	Total	FY 2018 Allocations & Justification
1	Ambulatory/Outpatient Primary Care	\$9,634,415	\$1,797,785	\$0	\$0	\$0	\$11,432,200	
1.a	PC-Public Clinic	\$3,520,995					\$3,520,995	FY18: Decrease \$122,844 in Part A to help fund four additional MCM.
1.b	PC-AA	\$940,447	\$910,163				\$1,850,610	Part A: Allocate total (RW/A+MAI) CBO funds as follows: Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%. FY18: Decrease \$160,050 in MAI to fund two additional MCM to provide more targeted case management to AA consumers.
1.c	PC-Hisp - see 1.b above	\$786,424	\$887,622				\$1,674,046	Part A: Allocate total (RW/A+MAI) CBO funds as follows: Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%. FY18: Decrease \$160,050 in MAI to fund two additional MCM to provide more targeted case management to Hispanic consumers.
1.d	PC-White - see 1.b above	\$1,003,821					\$1,003,821	Part A: Allocate total (RW/A+MAI) CBO funds as follows: Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%. FY18: Decrease \$35,022 in Part A to help fund four additional MCM.
1.e	PC-Rural	\$1,127,327					\$1,127,327	FY18: Decrease \$39,331 in Part A to help fund four additional MCM.
1.f	PC-Women	\$1,837,964					\$1,837,964	FY18: Decrease \$64,125 in Part A to help fund four additional MCM.
1.g	PC-Pedi	\$15,437					\$15,437	
1.h	Vision Care	\$402,000					\$402,000	FY18: Increase \$100,000 over the FY17 allocation in Part A due to previous FY expenditures.
2	Medical Case Management	\$2,535,802	\$320,100	\$0	\$0	\$0	\$2,855,902	
2.a	CCM-Mental/Substance	\$488,656					\$488,656	FY18 (Addressing public comment regarding increased unit rate): Maintain level funding, with the expectation that carryover funding may be available.
2.b	MCM-Public Clinic	\$482,722					\$482,722	FY18: Increase \$320,100 in Part A to fund four additional MCM.
2.c	MCM-AA	\$321,070	\$160,050				\$481,120	FY18: Increase \$160,050 in MAI to fund two additional MCM to provide more targeted case management to AA consumers.

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2018 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
2.d	MCM-Hisp	\$321,072	\$160,050				\$481,122	FY18: Increase \$160,050 in MAI to fund two additional MCM to provide more targeted case management to Hispanic consumers.
2.e	MCM-White	\$107,247					\$107,247	
2.f	MCM-Rural	\$348,760					\$348,760	
2.g	MCM-Women	\$180,311					\$180,311	
2.h	MCM-Pedi	\$160,051					\$160,051	
2.i	MCM-Veterans	\$80,025					\$80,025	
2.j	MCM-Youth	\$45,888					\$45,888	
3	Local Pharmacy Assistance Program	\$1,934,796	\$0	\$0	\$0	\$0	\$1,934,796	FY18: Decrease \$450,000 in Part A due to historic underspending and to fund Emergency Financial Assistance.
4	Oral Health	\$166,404	\$0	\$2,085,565	\$0	\$0	\$2,251,969	
4.a	Untargeted			\$2,085,565			\$2,085,565	FY18: Decrease \$284,781 in Part B to fund at the FY16/17 contractual amount, due to a decrease in the FY18/19 Part B award. This contractual amount exceeded the amount expended in FY16/17 by \$270,243.
4.b	Rural Dental	\$166,404					\$166,404	
5	Health Insurance Co-Pays & Co-Ins	\$1,244,551	\$0	\$726,885	\$979,694	\$0	\$2,951,130	FY18: Decrease \$50,000 in Part A as this service is well funded through multiple funding streams. Decrease \$48,489 in SS due to underspending, as well as this service being well funded through multiple funding streams.
6	Mental Health Services	\$0	\$0	\$0	\$300,000	\$0	\$300,000	
7	Early Intervention Services	\$0	\$0	\$0	\$166,211	\$0	\$166,211	
8	Home & Community Based Health Services	\$0	\$0	\$203,315	\$0	\$0	\$203,315	
8.a	In-Home (skilled nursing & health aide)						\$0	
8.b	Facility-based (adult day care)			\$203,315			\$203,315	FY18: Decrease \$28,685 in Part B due to a decrease in the FY18/19 Part B award.
9	Substance Abuse Treatment - Outpatient	\$45,677	\$0	\$0	\$0	\$0	\$45,677	
10	Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$0	\$341,395	
11	Hospice	\$0	\$0	\$0	\$359,832	\$0	\$359,832	FY18: Decrease \$55,000 in SS due to underspending.
12	Outreach Services	\$420,000	\$0	\$0	\$0		\$420,000	FY18: Decrease \$70,000 in Part A as there is no need for a Rural FTE in the current pilot of this service.

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2018 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
13	Non-Medical Case Management	\$1,231,002	\$0	\$0	\$0	\$0	\$1,231,002	
13.a	SLW-Youth	\$110,793					\$110,793	
13.b	SLW-Testing	\$100,000					\$100,000	
13.c	SLW-Public	\$427,000					\$427,000	
13.d	SLW-CBO, includes some Rural	\$593,209					\$593,209	
14	Transportation	\$482,087	\$0	\$0	\$0	\$0	\$482,087	
14.a	Van Based - Urban	\$252,680					\$252,680	
14.b	Van Based - Rural	\$97,185		\$0			\$97,185	
14.c	Bus Passes & Gas Vouchers	\$132,222					\$132,222	FY18: decrease \$45,275 in Part A as current inventory can support the reduction in funding for one year.
15	Linguistic Services	\$0	\$0	\$0	\$68,000	\$0	\$68,000	FY18: Increase \$20,000 in SS due to increased use of translation.
16	Emergency Financial Assistance	\$450,000	\$0	\$0	\$0	\$0	\$450,000	FY18: Fund at \$450,000 in Part A to bridge ART medications for approximately 800 consumers while other payors are secured.
17	Referral for Health Care & Support Services	\$0	\$0	\$0	\$0	\$375,000	\$375,000	Approved 6/8/17: \$375,000 in SS-R for 5 ADAP enrollment workers
Total Service Allocation		\$18,486,129	\$2,117,885	\$3,015,765	\$1,873,737	\$375,000	\$25,868,516	
NA	Quality Management	\$495,000					\$495,000	Part A: No changes
NA	Administration	\$1,675,047					\$1,675,047	Part A: Approved 5/11/17: \$16,220 reallocated from Other Professional Services to Office of Support Budget to support Road 2 Success.
NA	Compassionate Care Program					\$600,000	\$600,000	SS-R: Approved 06/08/17: Up to \$600,000 for Compassionate Care Program
Total Non-Service Allocation		\$2,170,047	\$0	\$0	\$0	\$600,000	\$2,770,047	
Total Grant Funds		\$20,656,176	\$2,117,885	\$3,015,765	\$1,873,737	\$975,000	\$28,638,563	

Remaining Funds to Allocate (exact same as the yellow row on top)	\$0	\$0	\$0	\$0	\$0	\$0
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Tips:
 * Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet will become "broken" and the totals will be incorrect.
 * It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from \$42,000 to \$40,000, don't just delete the cell contents and type in a new number. Instead, type in "=42000-2000". This shows that you subtracted \$2,000 from a service, so you recall later how you reached a certain amount. If you want to make another change, just add it to the end of the formula. For example, if you want to add back in \$1,500, then the cell should look like "=42000-2000+1500". Make sure you put the "=" in front so Excel reads it as a formula.

	Part A	MAI	Part B	State Services	SS-R	Total	FY 2018 Allocations & Justification
Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	

[For Staff Only]						
If needed, use this space to enter base amounts to be used for calculations						
	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	SS-R estimated	
Total Grant Funds	\$20,656,176	\$2,117,885	\$3,015,765	\$1,873,737	\$975,000	\$28,638,563

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	9,795,737	50,000	0	0	0	9,845,737	47.66%	9,845,737	0		0	0%	25%
1.a	Primary Care - Public Clinic (a)	3,643,839	0	0	0	0	3,643,839	17.64%	3,643,839	0	3/1/2017	\$0	0%	25%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	0	0	0	0	940,447	4.55%	940,447	0	3/1/2017	\$0	0%	25%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	0	0	0	786,424	3.81%	786,424	0	3/1/2017	\$0	0%	25%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,038,843	0	0	0	0	1,038,843	5.03%	1,038,843	0	3/1/2017	\$0	0%	25%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,166,658	0	0	0	0	1,166,658	5.65%	1,166,658	0	3/1/2017	\$0	0%	25%
1.f	Primary Care - Women at Public Clinic (a)	1,902,089	0	0	0	0	1,902,089	9.21%	1,902,089	0	3/1/2017	\$0	0%	25%
1.g	Primary Care - Pediatric (a.1)	15,437	0	0	0	0	15,437	0.07%	15,437	0	3/1/2017	\$0	0%	25%
1.h	Vision	302,000	50,000	0	0	0	352,000	1.70%	352,000	0	3/1/2017	\$0	0%	25%
2	Medical Case Management	2,215,702	0	0	0	0	2,215,702	10.73%	2,215,702	0		#REF!	#REF!	25%
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.37%	488,656	0	3/1/2017	#REF!	#REF!	25%
2.b	Med CM - Public Clinic (a)	162,622	0	0	0	0	162,622	0.79%	162,622	0	3/1/2017	\$0	0%	25%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0	0	321,070	1.55%	321,070	0	3/1/2017	\$0	0%	25%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0	0	321,072	1.55%	321,072	0	3/1/2017	\$0	0%	25%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0	0	107,247	0.52%	107,247	0	3/1/2017	\$0	0%	25%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0	0	348,760	1.69%	348,760	0	3/1/2017	\$0	0%	25%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.87%	180,311	0	3/1/2017	\$0	0%	25%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0	0	160,051	0.77%	160,051	0	3/1/2017	\$0	0%	25%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.39%	80,025	0	3/1/2017	\$0	0%	25%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.22%	45,888	0	3/1/2017	\$0	0%	25%
3	Local Pharmacy Assistance Program (a) (e)	2,384,796	0	0	0	0	2,384,796	11.55%	2,384,796	0	3/1/2017	\$0	0%	25%
4	Oral Health	166,404	0	0	0	0	166,404	0.81%	166,404	0	3/1/2017	0	0%	25%
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	0.81%	166,404	0	3/1/2017	\$0	0%	25%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
6	Health Insurance (c)	1,294,551	0	0	0	0	1,294,551	6.27%	1,294,551	0	3/1/2017	\$0	0%	25%
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	3/1/2017	\$0	0%	25%
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	1.65%	341,395	0	3/1/2017	\$0	0%	25%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Outreach Services	490,000	-70,000				420,000	2.03%	0	420,000	7/1/2017			
13	Non-Medical Case Management	1,231,002	0	0	0	0	1,231,002	5.96%	1,231,002	0		#N/A	#N/A	25%
13.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.54%	110,793	0	3/1/2017	\$0	0%	25%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	0	0	100,000	0.48%	100,000	0	3/1/2017	\$0	0%	25%
13.c	Service Linkage at Public Clinic (a)	427,000	0	0	0	0	427,000	2.07%	427,000	0	3/1/2017	\$0	0%	25%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	0	0	593,209	2.87%	593,209	0	3/1/2017	#N/A	#N/A	25%
14	Medical Transportation	527,362	-45,275	0	0	0	482,087	2.33%	349,865	132,222		#N/A	#N/A	25%
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.22%	252,680	0	3/1/2017	#N/A	#N/A	25%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.47%	97,185	0	3/1/2017	#N/A	#N/A	25%
14.c	Transportation vouchers (bus passes & gas cards)	177,497	-45,275	0	0	0	132,222	0.64%	0	132,222	3/1/2017	#N/A	#N/A	0%
15	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
16	Other Professional Services	125,000	-125,000	0	0	0	0	0.00%	0	0	NA	#N/A	0%	0%
17	Emergency Financial Assistance	0					0	0.00%	0	0	NA		0%	0%
18	Referral for Health Care and Support Services	0					0	0.00%	0	0	NA		0%	0%
BER27516	Total Service Dollars	18,617,626	-120,275	0	0	0	18,427,351	87.18%	17,875,129	132,222		#REF!	#REF!	25%
	Grant Administration	1,658,827	16,220	0	0	0	1,675,047	8.11%	1,146,388	528,659	N/A	980,547	86%	25%

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
BER27517	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.55%	1,146,388	0	N/A	\$980,547	86%	25%
PC	RWPC Support*	512,439	16,220	0	0	0	528,659	2.56%	0	528,659	N/A	0	#DIV/0!	25%
BER27521	Quality Management	495,000	0	0	0	0	495,000	2.40%	495,000	0	N/A	\$415	0%	25%
		20,771,453	-104,055	0	0	0	20,597,398	97.68%	19,516,517	660,881		#REF!	#REF!	25%
								Unallocated	Unobligated					25%
	Part A Grant Award:	20,656,176	Carry Over:	0		Total Part A:	20,656,176	58,778	1,139,659					25%
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core	16,244,262	50,000	0	0	0	16,294,262	90.49%	16,294,262	90.49%				
	Non-Core	1,883,364	-170,275	0	0	0	1,713,089	9.51%	1,713,089	9.51%				
	Total Service Dollars	18,127,626	-120,275	0	0	0	18,007,351		18,007,351					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,658,827	16,220	0	0	0	1,675,047	8.11%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.40%						

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		2,057,949	59,936	0	0	0	2,117,885	100.00%	2,057,949	59,936		0	0%	25%
1.d (MAI)	Primary Care - CBO Targeted to African American	1,040,245	29,968	0	0	0	1,070,213	50.53%	1,040,245	29,968	3/1/2017	\$0	0%	25%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,017,704	29,968	0	0	0	1,047,672	49.47%	1,017,704	29,968	3/1/2017	\$0	0%	25%
		2,057,949	59,936	0	0	0	2,117,885	100.00%	2,057,949	59,936		0	0%	25%
	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%
		0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BE0 27516		2,057,949	59,936	0	0	0	2,117,885	100.00%	2,057,949	59,936		0	0%	25%
	MAI Grant Award	2,117,885	Carry Over:	0		Total MAI:	2,117,885							25%
	Combined Part A and MAI Total	22,829,402												

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

FYI



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NEWS

Change in Social Security Disability: HIV-Positive Recipients May Now Have to Go Through Reviews

By Enid Vázquez

June 19, 2017

People living with HIV (PLWH) who receive government disability checks have previously received that income without going through reviews.

As of March 1, the Social Security Administration (SSA) began requiring that PLWH prove they are still disabled. Like others receiving disability payments, they will have to go through a Continuing Disability Review (CDR). These are conducted every one to seven years.

There are exceptions. Not subjected to a CDR are those with HIV who have

- Multicentric Castleman disease,
- primary central nervous system lymphoma,
- primary effusion lymphoma,
- progressive multifocal leukoencephalopathy, or
- pulmonary Kaposi sarcoma.

"The big take-away here: if you are receiving disability benefits, it is very important to stay in medical care. Document every symptom and have your doctor note them. Document, document, document," said Marina Kurakin of the Legal Council for Health Justice, in Chicago, who wrote "[Money Trail](#)" in the November + December 2016 issue of *Positively Aware*.

She said that one of the biggest concerns now is those who received disability based on mental health status but are not currently seeing a therapist and individuals who are working part-time while receiving disability benefits.

Previously, PLWH were screened out of CDRs. That simply means that they did not have to undergo the reviews. Today, some of those people are actually very healthy. A review may put their disability income at risk.

It's not yet known when CDRs are expected to begin for people living with HIV. Legal advocates for PLWH, however, point out that the Social Security Administration moves slowly. If there are staff and budget cuts, SSA can be expected to move even more slowly.

Said Bashirat Osunmakinde, Director of Care for the AIDS Foundation of Chicago, in an e-mail to area providers, "The important take-away for HIV-positive folks on disability is this: do your best to keep up with

your medical appointments, get all the care you need, and make sure your doctor/nurse/PA/therapist knows everything that's going on with you. If you do not have ongoing medical records, then when your CDR comes up you won't have much evidence that you are still disabled. Do not tell your doctor, 'I'm fine,' if in fact you are having a lot of trouble with [diarrhea](#) and [fatigue](#) and neuropathy. Many clients have been so used to their long-standing symptoms that they do not even talk about them with their medical providers anymore, and when they do not communicate their ongoing, longstanding problems to their providers, those problems disappear from the medical record, and thus no longer exist in the eyes of Social Security."

Osunmakinde also strongly advised Social Security disability recipients to stress to their providers the need to chart everything. "Often, providers will not note in medical records the longstanding, unchanging problems, because they are not actively treating them," he wrote.

The SSA change came about after the agency revised its criteria for evaluating HIV as a disability on January 17.

See "Yes, SSA Disability Just Made a Slight Change for HIV-Positive Recipients; No, You Shouldn't Freak Out" at thebody.com. Information about the SSA change, while a little technical, can be found at secure.ssa.gov/apps10/reference.nsf/links/02282017105458AM.

This article originally appeared in the May/June issue of Positively Aware and was cross-posted with the permission of TPAN. [Read the original article.](#)

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Renew Your Medication Eligibility Yearly

At the Texas HIV Medication Program (THMP), our goal is help you get your medications and stay on them. **This is why we have changed when we renew eligibility to the last day of your birthday month.**

You know how important your medicine is for your health. We want to make sure you have a day you will remember to renew your eligibility so you will always have what you need to stay healthy.

Remember:

- ◆ Your medications work best when you take them every day.
- ◆ If you have concerns about your medications, talk to your doctor or pharmacist.
- ◆ Let THMP know when your life changes so we can keep up with you. Six months after you renew your eligibility, we will check in with you to see what has changed.
- ◆ Your local agency can help you apply and reapply for THMP - Just ask!
- ◆ On the month of your birthday, remember it's time to renew your eligibility. Check your mail, and if you don't hear from us, give us a call! We want to make sure you can fill your THMP medications every month.

Texas HIV Medication Program
(800) 255-1090

www.dshs.texas.gov/hivstd/meds

Taking your medications is a gift you give yourself



TEXAS
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Birth Month Recertification

1. June 2017, Birth Month Recertification Began. 1,280 Recertification Applications were sent out in June for July birthdates. All applications are due July 30, the last day of the client's birth month.
1. 14,067 letters will be sent to clients with birthdates August-June to notify them of the change.
1. Notification of the change was announced through the THMP eligibility email list, along with a Q&A to assist agency worker with answering commonly asked questions.