

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, November 9, 2017

Meeting Location: 2223 W. Loop South, Room 416
Houston, Texas 77027

- I. Call to Order
- A. Welcome and Moment of Reflection
- B. Adoption of the Agenda
- C. Approval of the Minutes
- D. We Appreciate Our External Committee Members
- E. Training: Intimate Partner Violence and HIV
- F. Training: Election Policy
- Cecilia Ross, Chair,
RW Planning Council
- Heather Keizman, RN
RW Grant Administration
- Curtis Bellard and Nancy Miertschin
Co-Chairs, RW Operations 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 status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to 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 Comprehensive Plan: Implementation Progress Report
- Recommended Action:* FYI: See the attached 2017-2021 Comprehensive Plan: 2017 Q2 Implementation Progress Report. By the end of June, 88% of activities slated for implementation in 2017 were completed or had progress made.
- Isis Torrente and
Steven Vargas,
Co-Chairs

Item: Special Study – Out of Care Interviews

Recommended Action: FYI: The Committee reviewed the updated prospectus for the Out of Care Special Study. Staff and 3 interns will seek to interview approximately 25 PLWH, each with 2 or more periods of being out to care since their diagnosis. The Committee also developed questions for the interview guide, including reasons for falling out of care, life priorities at that time, knowledge of services available at that time, accessing medical services outside of the HIV care system, what could have been done differently to prevent them from falling out of care, and what supports helped them get back in to care. See the attached updated prospectus.

Item: Committee Quarterly Report

Recommended Action: FYI: See the attached Comprehensive HIV Planning Committee Quarterly Report.

- 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: FY 2018 Standards of Care

Recommended Action: FYI: On October 23, 2017, the Committee hosted a consumer-only workgroup to provide input into standards of care for FY 2018 Ryan White Part A/MAI*, Part B and State Services funded services. See the attached memo which summarizes committee recommendations and was sent to the Quality Improvement Committee to be included in final recommendations.

Item: Road 2 Success

Recommended Action: FYI: Members of the Affected Community Committee will host Road 2 Success on Saturday, November 4, 2017 and Camino hacia tu Salud on Saturday, November 11, 2017. See the attached list of community events for details regarding these two events and others in 2017.

- D. Operations Committee
Item: 2017 Council Training Topics

Curtis Bellard and
Nancy Miertschin, Co-Chairs

Recommended Action: FYI: See the revised list of of 2017 Council Training Topics.

Item: Updated/Revised Council Policies

Recommended Action: **Motion:** approve the attached, updated/revised Ryan White Planning Council policies (no changes recommended, only updates to document names and dates):

- 400.03 Process for Approving the Council Support Budget
- 800.01 Conflict of Interest

- 1000.01 Grievance

Item: 2017 Cross Committee Training Evaluation

Recommended Action: FYI: See the attached evaluation of the 2017 Cross Committee training.

Item: Memorandum of Understanding with Part A Stakeholders

Recommended Action: Motion: To make no changes to the Memorandum of Understanding with Part A Stakeholders.

Item: 2018 Council Applicants

Recommended Action: FYI: The committee interviewed four 2018 Council applicants in October and will be interviewing 2-3 additional candidates in November.

E. Priority and Allocations Committee

Ella Collins-Nelson and
Paul Grunenwald, Co-Chairs

Item: Reports from RW Administrative Agent – Part A/MAI

Recommended Action: FYI: See the attached reports:

- FY17 Procurement – Part A/MAI, dated 08/10/17

Item: Reports from RW Administrative Agent – Part B/SS

Recommended Action: FYI: See the attached reports:

Response re: June 2017 allocation of State Services-Rebate funds
FY17/18 Procurement – Part B, dated 10/10/17

FY16/17 Procurement – DSHS State Services, dated 10/10/17

FY16/17 Health Insurance Assistance Program, dated 10/09/17

FY16/17 Health Insurance Assistance Program, dated 09/12/17

FY16/17 Health Insurance Assistance Program, dated 07/06/17

Item: FY 2017 RW Part A Service Category Funding Increases

Recommended Action: **Motion:** Allocate \$80,000 in unspent RW Part A funding to the Health Insurance Assistance Program.

Item: Ryan White Part A - FY 2017 Carryover Funds

Recommended Action: **Motion:** If there are FY 2017 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 2017 Unspent Funds

Recommended Action: **Motion:** In the final quarter of the FY 2017 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 2017 Quarterly Committee Report.

- G. Positive Connections Ad Hoc Committee Steven Vargas, Co-Chair

Item: 2017 Positive Links Composition of Study Group

Recommendations: Committee members agreed by consensus

That the number of people that will be enrolled in the 2017 Positive Links study group will be 50. Between November 1, 2017 and February 28, 2018, enrollees will be limited to black or Hispanic HIV-positive individuals since the project will be funded with Minority AIDS Initiative dollars during that timeframe. The goal of the project will be to improve retention in care among minority populations and that those considered for enrollment in the study will come from provider referrals.

Motion: Eligibility for the 2017 Positive Links study group will be as simple as possible, as long as it meets the funding criteria. Regarding the enrollment process, the implementation site is encouraged to give priority to the special populations designated in the 2017 Comprehensive Plan, which are: youth, homeless, incarcerated/recently released, injection drug users, men who have sex with men, transgender and gender non-conforming, women of color and aged 50 years and older.

Item: Committee Meeting Dates

Recommendations: FYI: The next Committee meeting will be at 12 noon on Monday, November 13, 2017.

- 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) Denis Kelly

C. Update from Task Forces:

- Sexually Transmitted Infections (STI)
- African American
- Latino
- MSM

Herman Finley
S. Johnson-Fairley
Gloria Sierra
Ted Artiaga

- Transgender
- Hepatitis C
- Urban AIDS Ministry
- Youth

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. Texas HIV Medication Advisory Committee

Nancy Miertschin

I. Texas HIV Syndicate

Amber Harbolt

J. Legislative Updates

Denis Kelly

K. 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, October 12, 2017

Meeting Location: Ryan White Offices, 2223 W. Loop South, Rm 532; Houston, Texas 77027

| MEMBERS PRESENT | MEMBERS PRESENT | OTHERS PRESENT |
|--------------------------|-------------------------|--|
| Cecilia Ross, Chair | Venita Ray | James Arango, DSHS |
| Carol Suazo, Secretary | Viviana Santibanez | Cynthia Deverson, BCM |
| Ted Artiaga | Isis Torrente | Leslie Ellis, HCPHES |
| Bianca Burley | Steven Vargas | Sean Greene, CHCP |
| Ella Collins-Nelson | | Marnina Miller |
| Amber David | | Alex Moses |
| Johnny Deal | MEMBERS ABSENT | |
| Evelio Salinas Escamilla | Connie Barnes, excused | STAFF PRESENT |
| Paul Grunenwald | Curtis Bellard, excused | <i>Ryan White Grant Administration</i> |
| Angela F. Hawkins | David Benson, excused | Carin Martin |
| Denis Kelly | Skeet Boyle, excused | Tasha Traylor |
| Peta-gay Ledbetter | Herman Finley, excused | |
| Tom Lindstrom | Tracy Gorden, excused | <i>The Resource Group</i> |
| Osaro Mgbere | Arlene Johnson | Marcus Benoit |
| Nancy Miertschin | J. Hoxi Jones, excused | Tamika Shaw |
| Rodney Mills | Robert Noble | |
| Allen Murray | Shital Patel, excused | <i>Office of Support</i> |
| Krystal Perez | Teresa Pruitt | Tori Williams |
| John Poole | Gloria Sierra, excused | Amber Harbolt |
| Tana Pradia | Larry Woods | Diane Beck |

Call to Order: Cecilia Ross, Chair, called the meeting to order at 12:04 p.m.

During the opening remarks, Ross extended congratulations to the Houston Health Department who recently received CDC funding to utilize molecular data to monitor health outcomes and re-engage people into HIV medical care (Project PODER). HHD plans to move forward with this new intervention in partnership with the community and will be soliciting input on how to thoughtfully and effectively proceed.

Ross continued by extending many thanks to those who helped with *Camino hacia tu Salud* on Monday September 25th. Two case managers from Harris Health System presented on Case Management, followed by ADAP updates from Steven Vargas and Marcus Benoit. Attendance, including speakers and staff, was approximately 36 individuals.

Ross also thanked Curtis Bellard who, along with Tori and herself, oriented a new external committee member referred by Crystal Starr, a recent LEAP graduate.

Please note that because the September Council meeting was cancelled, the agenda for the October Council meeting will include everything that was approved at the September and October Steering Committee meetings.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Mgbere, Pradia) to approve the August 10, 2017 minutes. Motion carried.* Abstentions: Burley, David, Perez, Poole, Ray, Suazo.

Training: Results of the 2015-2017 SPNS Project: Dr. Tom Giordano, Medical Director at Thomas Street Health Center, presented the attached information.

Training: EIIHA Update: Amber Harbolt, Health Planner, presented the attached information.

Public Comment and Announcements: See attached written comment. After identifying herself as a person living with HIV, a woman stated that she was having difficulty accessing housing. She ended up getting help from her family, but is concerned because many people living with HIV do not have this option. She felt that she should have received better service.

Reports from Committees:

Comprehensive HIV Planning Committee: Isis Torrente, Co-Chair, reported on the following: Social Determinants of Health Special Study: See attached update.

FY 2018 EIIHA Plan Target Populations: The following target populations for the FY 2018 EIIHA Plan received final approval from the Comprehensive HIV Planning Committee:

- A. African Americans
- B. Hispanics/Latinos age 25 and over
- C. Men who have Sex with Men (MSM)

Office of Support staff is to include information on HIV and aging in the EIIHA section of the HRSA application.

FY 2018 EIIHA Plan Target Populations: Office of Support staff is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data is not sufficient to assess the need for testing, referral, and linkage in at-risk populations such as among those who are transgender, intersex, homeless, those released from incarceration, adolescents ages 13 to 17, and young adults ages 18 to 24..

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

- FY16/17 RW Part B Procurement, dated 08-02-17
- FY16/17 State Services Procurement, dated 08-02-17
- 2017 Health Insurance Assistance Service Utilization, dated 07-06-17

Standards of Care Training: See the attached training materials that were presented to the Quality Improvement Committee.

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

Standards of Care Training: On October 23, 2017, there will be a consumer-only workgroup to provide input into standards of care for FY 2018 Ryan White Part A/MAI*, Part B and State Services funded services. All Ryan White consumers are encouraged to attend.

Camino hacia tu Salud: *Camino hacia tu Salud*, the Spanish version of Road 2 Success, took place on Monday evening, September 25, 2017. The Affected Community Committee partnered with the Positive713 support group to co-host the event. Thirty-six people were in attendance, including six speakers and staff members.

Road 2 Success: Members of the Affected Community Committee used data from former Road 2 Success evaluation forms and the 2016 Houston Area HIV Needs Assessment to recommend topics for the upcoming, four-hour Road 2 Success seminars in English and Spanish. The first seminar will be held at the Montrose Center on Saturday, November 4, 2017.

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

Cross Committee Trainings: Those who participated in at least one of the Cross Committee trainings have been asked to complete an evaluation form. If you have not submitted your form to Amber, or online, please do so soon.

Stigmatizing Language: As a follow up to the Council's decision to remove all stigmatizing language found in the Council bylaws, policies, procedures, website and elsewhere, please see the three documents that list preferred HIV-related terms. There is an additional, lengthy guide on the information table for those who would like a hard copy.

Updated/Revised Council Policies: **Motion #3:** *approve the attached, updated/revised Ryan White Planning Council policies (edited text is bold and underlined):*

- *200.01 Nominations Screening Process*
- *200.03 Meetings*
- *300.01 Letters of Support and more*
- *400.02 Roles & Responsibilities*

Motion Carried.

Petty Cash Policy No. 900.01: Miertschin noted that written public comment is included in your packet, see attached. **Motion #4:** *approve the attached Ryan White Petty Cash Policy No. 900.01 (edited text is bold and underlined) and the two related forms.* **Motion Carried.**

2018 Council Applicants: The committee interviewed three 2018 Council applicants in September and will be interviewing an additional five candidates in October.

New External Member Orientation: One new external committee member received orientation to Ryan White policies and procedures and more on Friday, September 29, 2017.

Priority and Allocations Committee: No report.

Positive Connections Ad Hoc Committee: Vargas said that the meeting was very informative and included visitors from the Texas Department of State Health Services - Shelly Lucas was present and Ann Dills gave a presentation on local data over the phone. Committee members felt that they received more information about the program and discussed how it will work in our area. The project is moving

forward, the next meeting will be on October 18, 2017 at 9:30 a.m. and will include representatives from the University of Virginia (UV). Members are especially interested in hearing from the consumer who participated in the UV program. Martin added that the Houston Health Department is very interested in the app, the continuum of care requires strong linkage and they feel that the app will be helpful for that. They also have funds that may augment the project through next year. They are working to get enough funding for three years. The Houston EMA's HRSA project officer is also very supportive of the app pilot project.

Response to Hurricane Harvey's Impact on PLWH in the EMA: See attached public comment. Escamilla said that there were problems getting information in Spanish so some people were unable to get their medications all week.

Report from Office of Support: Tori Williams, Director, summarized the attached reports for September and October.

Report from Ryan White Grant Administration: Carin Martin, Manager, summarized the attached reports for September and October.

Report from The Resource Group: Tamika Shaw, intern, summarized the attached report.

Medical Updates: Patel submitted the attached report.

HOPWA: Perez said that the RFP was cancelled due to Hurricane Harvey. All currently funded providers received level funding. The RFP will be re-released in the next few months.

Community Prevention Group (CPG): Kelly said that meeting times have changed: the main group meets at 4:00 pm followed by the committees at 5:00 pm.

Updates from Task Forces

African American: Collins-Nelson said that only the officers are meeting tomorrow.

Latino: Vargas said they met on September 15 to stuff bags for Fiestas Patrias which was cancelled and rescheduled for October 28, 2017.

MSM: Artiaga submitted the attached report

Transgender: Santibanez said they are very happy with the data being collected by her organization on the transgender community and have had good participation.

Hepatitis C: Vargas said they had "Ask the Experts" last month which was moderately attended.

HIV and Aging Coalition: Vargas stated that they had a presentation about stigmatizing language at the last meeting. He also provided information from the US Conference on AIDS. Donations and volunteers are needed for the annual Christmas party which will take place on December 2, 2017.

Positive Women's Network (PWN): See attached flyer. Pradia said the women's CAB meeting will take place on October 26, 2017 at 6:00 p.m. at Legacy Community Health on California.

END HIV Houston: Ray said that the workgroup meetings have started up again, they are working with DSHS on the state plan to end HIV. She will send meeting dates to the Office of Support.

Ryan White Part C Urban and Part D: Miertschin said that evening hours did not work at Northwest Health Center but they are now trying it at Thomas Street one night a month starting

tonight. They have received supplemental funds for the Part D parenting project which is part of the pregnancy program for after clients give birth.

Texas HIV Medication Advisory Committee: Miertschin said that they met last week but did not make quorum. The next meeting will be on December 8, 2017.

Texas HIV Syndicate: Harbolt said they will be meeting on Monday and Tuesday with a lot of the focus being on the End HIV plan.

Legislative Updates: Kelly said that the end of the open enrollment period has been moved back to mid-December so it is a much shorter timeframe this year.

Texans Living with HIV Network: Vargas said there will be a conference call tonight regarding the guiding principles of the group.

Announcements: Gorden said that today is the day that Matthew Shepard was murdered in 1998. Gorden will be attending a conference next month. Escamilla said that Avenue 360, in conjunction with AIDS Foundation Houston, received a grant, see attached news release. Pradia said that the Positive Women's Network (PWN) also received a grant.

Adjournment: The meeting was adjourned at 2:11 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 12, 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 #1 Agenda Carried | | | | Motion #2 Minutes Carried | | | |
| MEMBERS | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN | MEMBERS | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN |
| Cecilia Ross, Chair | | | | C | | | | C | Tana Pradia | | X | | | | X | | |
| Carol Suazo, Secretary | | X | | | | | | X | Venita Ray | | X | | | | | | X |
| Ted Artiaga | | X | | | | X | | | Viviana Santibanez | | X | | | | X | | |
| Bianca Burley | | X | | | | | | X | Isis Torrente | | X | | | | X | | |
| Ella Collins-Nelson | | X | | | | X | | | Steven Vargas | | X | | | | X | | |
| Amber David | | X | | | | | | X | | | | | | | | | |
| Johnny Deal | | X | | | | X | | | | | | | | | | | |
| Evelio Salinas Escamilla | | X | | | | X | | | MEMBERS ABSENT | | | | | | | | |
| Paul Grunenwald | | X | | | | X | | | Connie Barnes | | | | | | | | |
| Angela F. Hawkins | | X | | | | X | | | Curtis Bellard | | | | | | | | |
| Denis Kelly | | X | | | | X | | | David Benson | | | | | | | | |
| Peta-gay Ledbetter | | X | | | | X | | | Skeet Boyle | | | | | | | | |
| Tom Lindstrom | | X | | | | X | | | Herman Finley | | | | | | | | |
| Osaro Mgbere | | X | | | | X | | | Tracy Gorden | | | | | | | | |
| Nancy Miertschin | | X | | | | X | | | Arlene Johnson | | | | | | | | |
| Rodney Mills | | X | | | | X | | | J. Hoxi Jones | | | | | | | | |
| Allen Murray ja 12:18 pm | X | | | | X | | | | Robert Noble | | | | | | | | |
| Krystal Perez | | X | | | | | | X | Shital Patel | | | | | | | | |
| John Poole | | X | | | | | | X | | | | | | | | | |

| C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone | Motion #3 Policies 200.01, 200.03, 300.01, 400.02 Carried | | | | Motion #4 Policy 900.01 and related forms Carried | | | | | Motion #3 Policies 200.01, 200.03, 300.01, 400.02 Carried | | | | Motion #4 Policy 900.01 and related forms Carried | | | |
|--|---|-----|----|---------|--|-----|----|---------|-----------------------|---|-----|----|---------|--|-----|----|---------|
| MEMBERS | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN | MEMBERS | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN |
| Cecilia Ross, Chair | | | | C | | | | C | Tana Pradia | | X | | | | X | | |
| Carol Suazo, Secretary | | X | | | | X | | | Venita Ray | | X | | | | X | | |
| Ted Artiaga | | X | | | | X | | | Viviana Santibanez | | X | | | | X | | |
| Bianca Burley | | X | | | | X | | | Isis Torrente | | X | | | | X | | |
| Ella Collins-Nelson | | X | | | | X | | | Steven Vargas | | X | | | | X | | |
| Amber David | | X | | | | X | | | | | | | | | | | |
| Johnny Deal | | X | | | | X | | | | | | | | | | | |
| Evelio Salinas Escamilla | | X | | | | X | | | MEMBERS ABSENT | | | | | | | | |
| Paul Grunenwald | | X | | | | X | | | Connie Barnes | | | | | | | | |
| Angela F. Hawkins | | X | | | | | X | | Curtis Bellard | | | | | | | | |
| Denis Kelly | | X | | | | X | | | David Benson | | | | | | | | |
| Peta-gay Ledbetter lm 1:30 pm | | X | | | | X | | | Skeet Boyle | | | | | | | | |
| Tom Lindstrom | | X | | | | X | | | Herman Finley | | | | | | | | |
| Osaro Mgbere | | X | | | | X | | | Tracy Gorden | | | | | | | | |
| Nancy Miertschin | | X | | | | X | | | Arlene Johnson | | | | | | | | |
| Rodney Mills | | X | | | | X | | | J. Hoxi Jones | | | | | | | | |
| Allen Murray | | X | | | | X | | | Robert Noble | | | | | | | | |
| Krystal Perez | | X | | | | X | | | Shital Patel | | | | | | | | |
| John Poole lm 1:45 pm | | X | | | | X | | | | | | | | | | | |

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998

REV November 13, 2014

POLICY No. 500.01

ELECTION OF OFFICERS, ELECTION OF COMMITTEE CHAIRS, DUTIES OF OFFICERS & CHAIRS

PURPOSE

This policy establishes the guidelines by which the officers of the Houston Area HIV Health Services Ryan White Planning Council will be elected. In addition, this outlines and defines the duties of RWPC Officers and duties of the Chairs of each of the Standing Committees. (See RWPC Policy No.400.01)

AUTHORITY

Bylaws (12/07) Article V, Sec5.01 - Sec5.06 ensures that the nomination and selection of officers and committee chairs will be in accordance with those principles.

DEFINITIONS

Ryan White Planning Council Officers refers to the positions of Chair, Vice Chair, and Secretary.

PROCESS

Nominations for officers may be submitted to the Planning Council Support Staff up until the end of the November Steering Committee meeting. After this time, nominations are added from the floor the day of the election. Nominations for officers will be announced at least one month prior to the December Houston Area HIV Health Ryan White Planning Council meeting. Any member may submit a nomination for himself/herself or another member for a specific office. Before the December Steering Committee meeting, each candidate must submit to the Office of Support a brief written description of their qualifications for the office they are seeking and prepare a short presentation describing their qualifications. The annual election will be held at the December RWPC meeting. Before the election takes place, members will be reminded that any member can ask for a call vote if that is their preference. If paper ballots are used, voters must print their name on their ballot before submitting. If voter does not print their name on the ballot, the ballot will be disqualified and not included in the election results. Paper ballots are to be stored in a fire proof safe in the Office of Support for twelve months after the election so that they can be accessed by anyone who wishes to review them. During the election, the Operations Committee will announce the slate of nominees, which will include but not be limited to, each candidate verbally expressing his or her interest in and qualifications for the office they are seeking. Typically, election to office will be by written ballot unless there is only one candidate running for a specific office. A simple majority vote will be required for election. (Per letter from Judge Eckels dated 12-13-00: "As in any political election, the number of candidates is not regulated. Following the first vote in the race, if one candidate has not received the majority, a run-off election is held between the two candidates receiving the most votes. The Council may accept nominations for the slate of officers that exceeds two candidates and may receive nominations from the floor regardless of the number

of candidates already nominated.”) Each member of the Council shall be entitled to one vote on any regular business matter coming before the Council. A simple majority of members present and voting is required to pass any matter coming before the Council except for that of proposed Bylaw changes, which shall be submitted (in written form) for review to the full Council at least fifteen (15) days prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council shall not vote except in the event of a tie. The election of the officers will be done one at a time in the following order: Chair, Vice-Chair, and Secretary.

QUALIFICATIONS FOR RWPC OFFICERS:

Ryan White Part A or B or State Services funded providers/employees/subcontractors/Board Members and or employees/subcontractors of the Grantee(s) shall not be eligible to run for office of Chair of the Ryan White Planning Council. Except as otherwise required by the Ryan White Program, staff representing the Office of Support and Part A and B administrative agencies cannot serve as members of the Ryan White Planning Council. Staff representing these entities is requested to attend Council, committee and other meetings when work products are being developed and approved.

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. If subsequent to the election the Chair of the RWPC becomes a provider/employee of a subcontractor/Board member of a subcontractor/of the Grantee he/she shall be immediately removed from office. A new election will be held to fill any open positions. **In the event of a mid-year election, once an officer has vacated a position, a call to accept nominations will be announced at the Steering Committee meeting immediately following the resignation. Nominations for the vacated position may be submitted to the Planning Council Support Staff up until the end of the following Steering Committee meeting (approximately 30 days after the call for nominations). At this time, Office of Support staff will distribute the slate of nominees to all members of the Planning Council. After the close of the Steering Committee meeting, nominations can only be added from the floor the day of the election, which will take place at the Council meeting approximately seven days after the slate of nominees is closed at the Steering Committee meeting. At all times,** any one of the three officers must be a self-identified HIV positive person.

DUTIES OF OFFICERS:

The officers of the RWPC will be responsible for the following:

Chair: Chief Executive Officer of the Council; preside at all meetings of the Council; appoint Standing Committee Chairs; represent (or designate a representative to serve) on behalf of the Council at meetings, conferences, etc. where “Council representation” is requested. Chair assigns committee participation of Council members, and performs such other duties as are normally performed by a chair of an organization or such other duties as the Council may prescribe from time to time. The Chair will be responsible for correspondence to members regarding attendance and participation issues. The Chair will also sign and date the final version of the minutes as indication of PC approval. The Chair of the Council is an ex-officio member of all committees (standing, subcommittee, and work groups). Ex-officio means that he/she is welcome to attend and is allowed to be a part of committee discussion. He/she is not allowed to vote. In the absence of the Chair of the Council, the next officer will assume the ex-officio role with committees.

Vice Chair: Preside at meetings of the Council in the absence of the Chair. Perform such other duties as the Chair may designate or the Council shall prescribe from time

to time. Performs the above duties in the absence of the Chair.

Secretary: The position of Secretary will oversee the following tasks:

1. The Secretary will ensure that minutes are taken, approved, and filed as mandated by the Ryan White Program.
2. Keep an up-to-date roll of PC members. The PC Operations Committee (RWPC Policy 400.01) will file membership management reports with the Secretary for presentation to the PC.
3. Call the roll call vote, noting voting and will announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts of interest (COI), the Secretary will process inquiries into votes made in COI.
4. Keep a copy of the RWPC Bylaws and other relevant Policies and Procedures at the PC meetings, and will provide the Council with clarification from the Bylaws and Policies & Procedures, as requested.
5. Keep a record of all committees of the PC. When (if) new committees are established, the Secretary will assure or cause to be assured the actual formation and implementation of the new committees.
6. Be responsible for notification of specially called PC meeting, corresponding to the members as required by the Bylaws.

COMMITTEE CHAIRS:

Committee Chairs will be appointed by the Planning Council Chair. Committee Chairs must be members of the PC for at least one year. If committee leadership is not available from among PC members with at least one year's service, the Chair may seek leadership among remaining PC members. The Standing Committee Chairs will preside at all meetings of their respective committees. The Committee Vice Chair shall preside at all committee meetings in the absence of the Chair. If neither are present, committee members shall use consensus to select another committee member to chair that particular meeting. The Committee Chairs are responsible for the execution of the duties prescribed herein (see RWPC Policy 400.01) for the Committees and for such other duties as may be prescribed by the Chair of the Council or the Council from time to time. The Committee Chairs are responsible for the recording of or cause to be recorded all deliberations undertaken by each respective Committee. Copies of all approved minutes are available from the Office of Support (713-572-3724). Minutes from full Council meetings are available on the PC website (www.rwpc.org) once the draft copy has been approved by the Chair of the Council.

Comprehensive HIV Planning Committee Report

2017-2021 Comprehensive Plan

2017 Q2 Activities Implementation Progress Report

(Implementation April through June 2017)

Implementation Progress by Strategy

| | Not Initiated (NI) | In Progress (P) | Completed (C) | Total Activities Slated for 2017 |
|-------------|-----------------------|--------------------|------------------|-------------------------------------|
| PEI | 0 | 9 | 2 | 11 |
| Gaps | 1 | 4 | 1 | 6 |
| SP | 1 | 7 | 0 | 8 |
| COE | 2 | 6 | 1 | 9 |
| Total n (%) | 4 (11.7%) | 26 (76.5%) | 4 (11.7%) | 34 |

Activities Not Initiated in Q2:

1. **Gaps: “Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols.”**
 - a. To be reviewed during annual Standards of Care review in fall 2017.
2. **SP: “Develop an HIV Care Continuum for each Special Population as possible, and disseminate to providers and the public as appropriate.”**
 - a. Data availability to create Special Population Care Continua will be evaluated this fall during development of the next Epi Profile.
3. **COE: “Facilitate an annual Task Force meeting for community-wide coordination of effort.”**
 - a. Not yet initiated, though both CPG and RWPC hosted meetings to review the cross-walk between the Comprehensive Plan and the *Roadmap to Ending the HIV Epidemic in Houston* to coordinate efforts.
4. **COE: “Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.).”**
 - a. RWGA does not have capacity to host training for additional interested organizations.

Implementation Highlights:

1. **PEI: “Pursue strategies to reduce time period between diagnosis and entry into HIV medical care to facilitate timely linkage to care.” – In Progress**
 - a. HHD: Bureau leadership met with the Harris County Sheriff’s Office to discuss potential changes in data sharing and processes to ensure that those released from Harris County Jail are linked to HIV medical care in a timely manner. Populations of particular focus for discharge planning are pregnant females and anyone living with HIV who has a scheduled release date.
 - b. RWPC-OS: 6/8 – Council approved the FY 2017 and FY 2018 service definition for Emergency Financial Assistance and bundled it with Ambulatory Outpatient Medical Care/Local Pharmacy Assistance Program (LPAP) to facilitate early access to HIV medications while other payors are secured. Council also approved FY 2018 Ryan White Part A, Part B and State Services service definitions and the proposed special idea for the Compassionate Care Program to identify medication cost assistance.
2. **Gaps: “Expand the Road to Success consumer training program to housing sites.” – In Progress**
 - a. While holding Road to Success training at housing sites is not feasible, RWPC-OS coordinated transportation with a housing provider to allow several housing clients to attend the 2017 Project LEAP course.

3. **SP: “Assess and adjust Standards of Care and other relevant policies to ensure access to facilities and services for all people regardless of sexual orientation or gender identity.” – In Progress**
 - a. HHD: The Bureau included the following statement in the March marketing RFP sent to procurement and will also include it in future RFPs when possible: “The contractor will serve clients in a manner that is free of stigma and discrimination in regards to age, sex, race/ethnicity, color, sexual orientation, national origin, familial status, marital status, military status, gender identity, genetic information, religious or political affiliation, pregnancy, mental or physical disability, or addiction, incarceration, or housing status.”
 - b. RWGA: Not Initiated (To be reviewed during annual SOC review in Fall 2017)
 - c. TRG: Collects information partners and RWPC for DSHS SOC review for modifications, and participates RWPC QI committee monthly.
4. **COE: “Cultivate peer technical assistance that facilitates sharing best practice models between current providers.” – In Progress**
 - a. RWGA: This activity is ongoing and is primary function QM staff in both CQI and CM training activities.

Activities Slated for Completion in Other Years with Progress in 2017 Q2:

1. **2018 SP: “Review and revise client satisfaction survey tool to measure provision of culturally and linguistically appropriate services.”**
 - a. TRG will be restarting the Project-Wide Consumer Advisory Board (P-CAB) meetings in August to review and revise TRG consumer satisfaction survey.
2. **2019 SP: “Partner with SIRR to develop a process for tracking linkage for recently released PLWH.”**
 - a. TRG facilitated the SIRR meeting in April to discuss the new Harris County Sherrieff’s Office position that will target linkage to care. Tracking referrals will be part of that position’s responsibilities.
3. **2020 PEI: “Expand education activities into new MSM and transgender specific community events.”**
 - a. HHD staff assisted and/or conducted the following community education events targeting MSM and individuals who are transgender or gender non-conforming:
 - i. **April 2017** - Provided education materials for Legacy and Bee Busy National Transgender HIV Testing Day event
 - ii. **May 2017**- Wrote Hispanic/Latino MSM education/testing activities into Project PODER grant application; co-sponsored the Center for Black Equity’s Black Pride and Community Leadership Meeting targeting MSM; participated Legacy’s END Initiative focus group on transgender cultural competency and barriers to care; Houston Splash
 - iii. **June 2017**- Partnered with Legacy’s END Initiative on a community update meeting on Initiative progress; distributed education materials and condom packets at Houston Pride; distributed condoms and educational materials as a sponsor and vendor at the Dallas Southern Pride Annual Juneteeth Festival; partnered with Walgreen’s for HITS to commemorate National HIV Testing Day
4. **2021 PEI: “Explore opportunities to partner with community health workers to support timely linkage to care.”**
 - a. HHD leadership provided feedback to RWGA QM staff on the proposed Outreach Worker position standards, including collaboration with Service Linkage on referrals deemed “unable to locate”.
5. **2018 PEI: “Expand materials that educate PLWH and partners about PrEP and treatment as prevention (TasP).”**

- a. HHD included activities to create and disseminate marketing materials/strategies targeting Hispanic/Latino MSM in the Project PODER grant application; an HHD commercial on PrEP aired at all Harris County AMC movie theatres before R-rated movies in May and June; HHD partnered with local agencies to create video material on PrEP, TasP, and gender identity
- 6. **2019 PEI: “Explore feasibility of same-day PrEP initiation for high-risk HIV negative individuals.”**
 - a. HHD opened a second PrEP clinic at Sharpstown Health Center in May
- 7. **2019 Gaps: “Evaluate, adjust, and distribute existing social media materials to increase consumer and community health literacy.”**
 - a. HHD released the marketing RFP for PrEP and TasP/Data-to-Care in June
- 8. **2019 Gaps: “Identify Houston area hospitals serving highest number of HIV positive patients, and target for dialog about ways to interface with the Ryan White system for re-linkage.”**
 - a. Since October 2016, the HHD PrEP Outreach Specialist has contacted 104 providers to schedule meetings regarding PrEP information/resources, including toolkits with information on service linkage/re-linkage to care; in May HHD funded an agency to provide technical assistance and outreach to other agencies on routine HIV testing, service linkage and Data-to-Care
- 9. **2021 COE: “Explore transportation-based advertisements of PrEP and other HIV prevention and care messaging.”**
 - a. HHD’s marketing RFP for PrEP and TasP/Data-to-Care was released the first week of June

Special Study Prospectus: Out of Care (**OOO**) Needs Assessment Updated 10-06-17

| | |
|--|--|
| Why is this special study of interest/importance to the Houston HIV Community? | <ul style="list-style-type: none"> • OOC people living with HIV (PLWH) have historically been under sampled needs assessments. • The most recent unmet need estimate suggests that OOC PLWH comprise 27% of all PLWH in the Houston EMA. Only 4 (0.8%) of participants in the 2016 Needs Assessment met HRSA unmet need criteria. • Houston Health Department's (HHD) Re-linkage Program and Texas Department of State Health Services (TDSHS) Region 6/5 South contact individuals meeting HRSA OOC criteria, and work to connect those individuals back into care. |
| Where is the gap in our knowledge about this topic? | <ul style="list-style-type: none"> • In the Houston EMA, we do not know enough about the core medical and support service needs of OOC PLWH, what factors lead to currently OOC PLWH falling out of care, and what service system changes could improve retention in care. |
| What do we ultimately want to learn? What are our research questions? | <ul style="list-style-type: none"> • What causes PLWH in the Houston area to fall out of care? What helps them return to care? • What are the needs of OOC PLWH in the Houston EMA? • How have OOC PLWH met their other needs outside the Ryan White system? • What proportions of OOC PLWH are truly OCC (vs. being OOC "on record")? • Are there any barriers to care in the Houston EMA that contribute to PLWH falling out of care? • What service system improvements would be necessary to reduce the number of PLWH who are OOC? |
| What methodology/methodologies will be used in this special study? | <ul style="list-style-type: none"> • Ideal key informants: Appx. 25 PLWH in the Houston HSDA each with two or more OOC episodes, regardless of current care status • Snowball/chain referral sampling, convenience sampling through HHD and TDSHS if amenable, and self-selected sampling through advertisement • In-person semi-structured key informant interviews; telephone interviews as needed • Screening questions to be implemented to ensure key informants meet sampling criteria |
| Are there any risks for special study participants? | <ul style="list-style-type: none"> • No, standard informed consent and confidentiality practices will be applied; identifiable information will not be linked to interview transcripts. A benefit to special study participants may be referral to re-linkage resources for themselves and others |
| What are the potential limitations of this study? | <ul style="list-style-type: none"> • Lack of generalizability due to potentially small size and sampling strategies |
| What is our data analysis process for this special study? | <ul style="list-style-type: none"> • Conduct and transcript interviews, develop coding schema based on research questions, code for themes in NVivo, analyze themes |
| Who are the responsible parties and potential community partners who can assist in this special study? | <ul style="list-style-type: none"> • Comprehensive HIV Planning Committee & Ryan White Planning Council • RWPC Office of Support & Interns • Potential partners: HHD's Bureau of HIV/STD & Viral Hepatitis Prevention Program, TDSHS Region 6-5 South, TRG |
| What is a rough timeline for this special study? | <ul style="list-style-type: none"> • Duration of study will be partially determined by availability of participants. • Design interview prompts and questions • Conduct and transcribe interviews • Develop coding schema and code/cross-code transcripts for themes in NVivo • Analyze themes, and develop service system improvement recommendations • Draft report |
| How will the findings of this special study be used? | <ul style="list-style-type: none"> • The findings of this special study will inform HIV re-linkage and care services design, allocations, provision, and potentially standards of care should findings warrant action in these areas. |

**2017 QUARTERLY REPORT
COMPREHENSIVE HIV PLANNING COMMITTEE**

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

1. *Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Plan.

Ongoing every meeting we do things pertaining to the recommendations

2. *Determine the size and demographics of the estimated population of individuals who are unaware of their HIV status.

We just completed EITHA.

3. *Work with the community and other committees to develop a strategy for identifying those with HIV who do not know their status, make them aware of their status, and link and refer them into care.

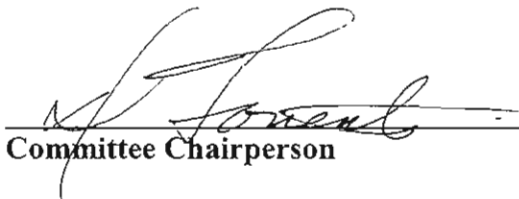
We just completed EITHA. We have cross representation in task forces.

4. *Explore and develop on-going needs assessment and comprehensive planning activities including the identification and prioritization of special studies.

We are working on two special studies. Social Determinants of health and Out of Care.

5. *Review and disseminate the most current Joint Epidemiological Profile.

We will work on it this winter.



Committee Chairperson

9-28-17

Date

Affected Community Committee Report

RECOMMENDATIONS

TO: Members, Quality Improvement Committee

FROM: Members, Affected Community Committee

DATE: Monday, October 23, 2017

RE: FY 2018 Standards of Care Recommendations

On Monday, October 23, 2017, the Ryan White Affected Community Committee hosted a consumer-only workgroup meeting to make recommendations regarding the proposed FY 2018 Standards of Care and Performance Measures. The following are recommendations that were made:

Motion: it was moved and seconded (Boyle/Moses) that the Affected Community Committee recommends that Ryan White funded service linkage workers receive training to: 1.) handle first things first (example: if a client does not have an ID, it will be difficult for them to access services); 2.) understand that service linkage workers are expected and required to help clients get ID's; and 3.) know how to help clients get ID's. **Motion was approved unanimously.**

Motion: it was moved and seconded (Kelly/Mills) that in lieu of one year paid experience working in HIV, nursing staff receive on the job training. **Motion was approved unanimously.**

Understanding the HIV Care System



**FREE classes to help you get the most from
HIV services in the Houston area!**

*Learn about PrEP and how to get good health care, how to
get assistance paying for medications and health insurance costs
and how a case manager can help you find housing and other services
you may need - all presented in short, easy to understand sessions*

Saturday, November 4, 2017

9:30 am

Registration & Light Breakfast

10:30 am-12:00 pm

Six classes to choose from

12:00 pm

Networking Lunch

Montrose Center
401 Branard Street
1st Floor, Room 106
Houston, TX 77006

Please RSVP!

FOR MORE INFORMATION:
Ryan White Planning Council
Office of Support
713 572-3724
www.rwpcHouston.org

If you need an ASL interpreter, please call at least two days in advance: 713 572-2813 (TTY)

Si necesita un intérprete, por favor llame al 713 572-3724 por lo menos 48 horas antes.

Comprendiendo el Sistema de Cuidado Médico del VIH



¡Clases GRATUITAS para ayudarle a obtener lo mejor de los servicios del VIH disponibles en Houston!

Aprenda cómo obtener el mejor cuidado médico y como trabajan juntos los sistemas públicos y privados de cuidado médico.

Aprenda sobre el tratamiento como prevención y PrEP, cómo un administrador de casos puede ayudarle con asistencia de vivienda, asistencia financiera, y otros servicios, y como obtener asistencia con los costos de los medicamentos y los seguros médicos.

Sábado, 11 de noviembre de 2017

| | |
|----------|--------------------------------|
| 9:30 am | Registración y Desayuno Ligero |
| 10:30 am | Varias clases para elegir |
| 12:00 pm | Almuerzo |

DONDE:

Leonel Castillo Community Center
2101 South Street
Houston, TX 77009

PARA MAYOR INFORMACION, LLAME A:

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

Chris Escalante
713 965-4483 o
positive713@yahoo.com

FAVOR HAGA RESERVACIÓN

Affected Community Committee

2017 Community Events (as of 10/23/17)

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 and Alex. |
| Monday, September 25 5 pm – 8 pm | Camino hacia tu Salud | Positive713 Leonel Castillo Community Center 2101 South Street, 77009 | Need 7 Volunteers: Isis, Tana, Skeet, Curtis, 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 |
| Friday, October 27, 2017 | Santa Maria Hostel – health fair | | Volunteer: Tana |
| Saturday, November 4 | Road 2 Success | Montrose Center 401 Branard Street, 2 nd Floor, 77006 | Volunteers: Tana, Rodney, Steven, Allen, Teresa, John P, and Crystal |
| Saturday, November 11 | Camino hacia tu Salud | Leonel Castillo Community Ctr. 2101 South Street, 77009 | Volunteers: Tana, John P, Carol S, Steven |
| Tuesday, December 1 | World AIDS Day Events | | Most committee members attend events 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 |

Operations Committee Report

Training Topics for 2017 Ryan White Planning Council Meetings (updated: 10-06-17)

DRAFT

Shading = may be room on agenda for a second speaker

| Month | Topic | Speaker |
|--------------------|---|--|
| January 26 2017 | Council Orientation | N/A |
| February 9 | END HIV Houston Crosswalk: END HIV Houston and 2017 Houston Area HIV Prevention and Care Comp. Plan | Venita Ray, Coordinator, END HIV Houston, Legacy Amber Harbolt, Health Planner, Office of Support |
| March 9 | 2017 HIV Comprehensive Plan: Council Activities How To Best Meet the Need Process & Training | Amber Harbolt, Health Planner, Office of Support Robert Noble & Gloria Sierra, Quality Improvement |
| April 13 | Houston HSDA HIV Care Continuum | Ann Dills, Texas Dept. of State Health Services |
| May 11 | DSHS Legislative Update (include ADAP update) | Shelly Lucas, Texas Dept. of State Health Services |
| June 8 | Project LEAP Presentation | Project LEAP 2017 Students |
| July 13 | Priority Setting and Allocations Processes | Ella Collins-Nelson & Paul Grunenwald, Co-Chairs, Priority & Allocations |
| August 10 | DSHS Budget & Program Update | Shelly Lucas, Texas Dept. of State Health Services |
| September 14 | CANCELLED DUE TO HARVEY | Difficulty accessing rooms, worried about quorum & most 2017 work products approved |
| October 12 | Results of the 2015-2017 SPNS Project EIIHA Update | Tom Giordano, MD, Baylor College of Medicine Amber Harbolt, Health Planner |
| November 9 | We Appreciate Our External Members Intimate Partner Violence and HIV Election Policy | Chair, Ryan White Planning Council Heather Keizman, RN, RW Grant Administration Operations Committee |
| December 14 | Eliminating the Use of HIV Stigmatizing Language Elections for the 2018 Officers | POZ Strike Force Co-Chairs, Operations Committee |

Requests: DSHS Updates (2/year) Training in reading Council reports
 Training in how to be a good committee participant: keep questions related to the topic

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JULY 10, 2008

POLICY No. 400.03

PROCESS FOR APPROVING THE COUNCIL SUPPORT BUDGET

PURPOSE

This policy is to establish the process used to review and approve the annual budget for the Houston Area HIV Health Services Ryan White Planning Council and the Council Support Staff.

AUTHORITY

The authority given to the Operations Committee by the Council **regarding** adoption and approval of By-laws Rev. 12/07 and under the order of the Chief Elected Official (CEO) of Harris County, initiate procedures by which day to day business of the Council is to take place. According to the **Ryan White HIV/AIDS Treatment Modernization Act of 2006**, and a letter of guidance issued by the HIV/AIDS Bureau (April 26, 2007) "Section 2604(h) specifies that the chief elected official of an eligible area shall not use in excess of 10 percent of amounts received under a Part A grant for administrative expenses. The amounts may be used for administrative activities that include all activities associated with the grantee's contract award procedures, including activities carried out by the HIV Health Services Planning Council as established under section 2602 (b) of the Act... While Part A Planning Councils may use Ryan White Program funds to support certain activities related to carrying out required functions, the Planning Council must also work with the grantee to agree on a budget for Planning Council support activities. Reasonable and necessary activities include both tasks directly related to legislative functions and the following costs that support multiple functions:

- Staff support (professional and clerical)
- Expenses of Planning Council members as a result of their participation
- Activities publicizing the Planning Council's activities for people living with HIV and efforts to substantively enhance community participation in Planning Council activities
- Developing and implementing Planning Council grievance procedures for decisions related to funding."

INTENT

Create an atmosphere of mutual respect and transparency as the Council works with the CEO and the grantee to agree on the annual Council Support budget.

PROCEDURE

The following describes the steps to be followed in order to secure approval of the Council Support budget:

1. The Manager of the Office of Support prepares a proposed budget.
2. The Manager distributes the proposed budget to members of the Operations Committee, the liaison to the CEO and the manager of Harris County Public

- 42 Health/Ryan White Grants Administration Section (the “grantee”).
- 43 3. The grantee reviews the budget in terms of Ryan White Program guidelines and
- 44 discusses any concerns with both the Manager of the Office of Support and the
- 45 assigned liaison to the CEO.
- 46 4. The Manager conveys this input to the Operations Committee when they meet to
- 47 review and make recommendations on the proposed budget.
- 48 5. The Operations Committee reviews the budget to make sure that it supports activities
- 49 related to carrying out the legislatively mandated role of the Council and prepares a
- 50 committee recommendation regarding the proposed budget.
- 51 6. The Steering Committee and Council review and vote on the recommendations of the
- 52 Operations Committee regarding the Council Support budget.
- 53 7. The Manager provides the grantee with the Council approved budget.
- 54 8. The grantee reviews the budget and provides written confirmation to the Manager of
- 55 the Office of Support and the liaison with the County Judge’s Office stating that the
- 56 budget is consistent with HRSA requirements and County rules and no changes are
- 57 necessary. If the budget is not consistent with HRSA requirements and County rules,
- 58 the budget is returned to the Manager of the Office of Support who revises the budget
- 59 and begins the process at Step 1 as described above.

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL. 15, 1998

REV DECEMBER 13, 2007

POLICY No. 800.01

CONFLICT OF INTEREST

PURPOSE

To define the policy in which the Houston Area HIV Health Services (RW) Planning Council identifies and addresses conflict of interest within the planning council (PC).

- Inherent in the system - The Ryan White Program states: The HIV health services planning council shall include representatives of...community-based organizations serving affected populations and AIDS service organizations; local public health agencies...
- Must be managed - The Ryan White Program states: The PC may not be directly involved in the administration of a grant. The PC may not designate (or otherwise be involved in the selection of) particular entities as recipients of any amount provided in the grant.

AUTHORITY

The CARE Act Amendments of 2000 through 2006 Sec.2602(b)(1);Sec.2602(b)(5)(A); Sec.2602(b) (5)(B);Article VIII,Sec8.01 of the Bylaws of the Houston Area HIV Health Services (RW) Planning Council 2001.

DEFINITION(S)

“Conflict of Interest” (COI) is defined as an actual or perceived interest by a RWPC member in an action which results or has the appearance of resulting in personal, organizational, or professional gain. COI does not refer to persons living with HIV disease (PLWH) whose sole relationship to a Ryan White Part A or B or State Services funded provider is as a client receiving services. The potential for conflict of interest is present in all Ryan White processes: needs assessment, priority setting, comprehensive planning, allocation of funds and evaluation.

PROCESS

The rules contained in this policy apply to all RWPC members, council support, contractors and consultants to the Houston Area HIV Health Services (RW) Planning Council, all of whom shall be referred to as RWPC members in this policy.

RWPC members who have a financial interest in, are employed by, sit on Boards of Directors, or have been employed by such an entity at any time during the previous twelve months, or are members of a public or private entity seeking Ryan White Part A or B or State Services funding will not participate directly or in an advisory capacity, in the Administrative Agency’s processes of selecting entities to receive Ryan White Part A or B or State Services funding within that particular service category. RWPC members shall be provided with copies of, and shall abide by local state regulations governing COI.

RWPC members must complete a COI Disclosure Form annually and/or as needed, describing the relationship of the person to each organization that can benefit from an action by the RWPC. This information, in the form of a matrix of members and their conflicts of interest, will be provided to all members of the RWPC. Additionally all RWPC members will identify conflicts of interest during a discussion and/or vote and abstain from voting on issues pertaining to that conflict. All RWPC members are encouraged to request a review of potential COI of another member during a RWPC meeting.

The Secretary of the RWPC has responsibility for addressing actions to resolve COI when they occur (see RWPC Policy 500.01). When the Secretary has a COI, monitoring voting for COI and processing inquiries related to COI will fall to the role of the Council Vice Chair, if the Council Vice Chair has a COI the responsibility will fall to the Council Chair. If still unresolved then the responsibility will fall to the Chair of the Operation Committee.

In the event of a COI and/or during the period of review of said COI, members with a COI may participate in the discussion of the COI or questions, but shall abstain from voting on the matter.

The Operations Committee of the RWPC shall recommend to the CEO the termination of a member from the RWPC if the member refuses to complete a COI disclosure form, refuses to declare a COI, or refuses to cooperate in a COI review, or if it is determined that the member took action intended to influence the conduct of the Administrative Agency in selecting entities to receive Ryan White Part A or B or State Services funding within a particular service category or an action which resulted in or had the appearance of resulting in personal, organizational, or professional gain.

COI INQUIRY/INTRODUCTION/PROCEDURE:

A COI matrix from the information provided on the COI questionnaire will indicate the service category(ies) in which a conflict(s) occurs.

An inquiry as to whether or not an individual has a conflict of interest that has not been disclosed is handled as a privileged motion: raising a question of privilege.

Questions of privilege relate to the conduct of officers, members, and employees. In this specific case, the conduct being addressed would be not having disclosed a COI. A question of privilege (COI Inquiry) will usually take place during or after a discussion or vote. If necessary, raising a question of privilege may interrupt a member's speech.

A member of the RWPC, who feels that another member has violated the COI policy by failing to disclose a COI or by voting on an issue regarding a service category in which a conflict has been disclosed, should raise a question of privilege in order to inquire about a possible conflict. The following steps will take place:

Step 1: A member rises, addresses the chair, and then, without waiting, says, "I rise to a question of privilege."

Step 2: The Chair will at this time request the Secretary to take control of the meeting. The Secretary will direct him/her to state his/her question.

Step 3: The member will briefly express his/her complaint and propose, as a motion, a solution. The motion is the actual question of privilege or a request to inquire about a COI.

Step 4: The Secretary will attempt to process the motions to inquire as to whether a member has a COI by general consent. (General consent requires no objections). If the general consent is obtained, the motion will be discussed.

94 If general consent fails, the Secretary will ascertain if there is a second to the motion and then
95 process it as a main motion (even if a main motion was interrupted).

96
97 As soon as the interrupting question of privilege is disposed of, the assembly resumes
98 consideration of the question that was interrupted.

99
100 **METHOD OF DISCLOSURE:**

101 Annually and on an as needed basis, PC and external committee members are required to submit
102 a Proposed Conflict of Interest Disclosure Questionnaire (RWPC Form 2, COI) to PC Support
103 Staff.

104
105 **PROCEDURE FOR COUNCIL MEMBERS WHO BECOME VENDORS AFTER**
106 **JOINING THE COUNCIL:**

107 Vendors must abide by the same conflict of interest policies that everyone else does.

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998

REV DECEMBER 13, 2007

POLICY No. 1000.01

GRIEVANCE

PURPOSE

This policy establishes which types of grievances will be covered by the procedures and who may bring a grievance. This process will address priority setting and allocating funds to those priorities and any subsequent process to change the priorities or allocations. Any changes as a result of a hearing, mediation or arbitration process will be perspective in nature (i.e. any changes as a result of this process will effect future decisions and not impact former or current funding decisions).

This policy will permit individuals or entities directly affected by the outcome of a decision related to funding as being eligible. At a minimum; providers eligible to receive Ryan White funding; consumer groups/PLWH coalitions and caucuses.

This policy will allow for non-binding procedures for resolving conflicts, including but not limited to Mediation for the parties in reaching a solution. In addition, Binding Arbitration will be the final resolve in this process.

AUTHORITY

Section 2602(b)(6) requires Planning Councils to develop procedures for addressing grievances with respect to funding; Section 2602(c)(1)(A), refers to non-binding and binding arbitration and under subsection (b)(1) allows for local discretion and describes the elements that must be addressed in establishing local grievance procedures and provides grantees with flexibility in the design of such local procedures. Section 2602(c)(1)(B) requires that once grievance policies are established they are determined adequate. This will assess whether such procedures permit legitimate grievances to be filed, evaluated, and resolved at the local level. Section 2602(c)(2) states that "to be eligible to receive funds under this part a grantee shall develop grievance procedures that are determined by the Secretary to be consistent with the model procedures developed under paragraph (1)(A) of HRSA regs. By adoption of the BYLAWS of the Houston Area HIV Health Services (Ryan White) Planning Council; Rev 12/01.

DEFINITIONS

Arbitration - A private informal process by which all parties agree, in writing, to submit their disputes to one or more impartial persons authorized to resolve a controversy by rendering a final and binding award.

Arbitrator - An impartial third party who has completed a minimum of 40 hours of training in dispute resolution techniques in a course conducted by an alternative dispute resolution system or organization. Decisions awarded by arbitrators are binding unless otherwise stipulated in advance of the arbitration proceeding.

Business Day - Reference to a business day will be understood to mean Monday through Friday, 8:00am to 5:00pm.

Court - Includes an appellate court, district court, constitutional county court, statutory county court, family law court, probate court, municipal court, or justice of the peace court.

Grievance - Any unresolved controversy, claim or dispute relating to the Planning Council process involving establishing priorities; allocating funds to those priorities and any subsequent process to change the priorities or allocations.

The Operations Committee - The Operations Committee will convene as needed to address a grievance. All final resolutions by that committee will be presented at the next full Planning Council meeting and presented by the Chair of the Operations Committee.

Grievant - An individual or group of individuals with standing and who file a grievance with the Manager of the Office of Support for the Planning Council.

Hearing - Meeting held with the Houston Area HIV Health Services (Ryan White) Planning Council Operations Committee at which an individual or group of individuals provides specific testimony relating to an unresolved controversy, claim or dispute.

Mediation - A private, informal process in which an impartial third person facilitates communication among parties to encourage reconciliation, settlement or agreement of a particular dispute, controversy, or claim.

Mediator - An impartial third person who facilitates the communication between parties in dispute and encourages reconciliation, settlement or agreement of a particular dispute, controversy or claim. Qualifications of a mediator must include a minimum of 40 classroom hours of training in dispute resolution techniques provided by an alternative dispute resolution system or organization. A mediator may not impose his own judgment on the issues for that of the parties.

TIMELINE:

Written notification of grievance, using the Grievance Intake Form, must be given to the Manager of the Office of Support for the Planning Council within five (5) business days after the incident or results of the process being grieved are announced. When written notification of grievance is received, the Manager of the Office of Support will establish a file which briefly describes the grievance issue and the remedy being requested.

The Manager, within three (3) business days, will notify the Chair of the Operations Committee and the Chair of the Planning Council of the grievance notification. The Manager will also acknowledge receipt of grievance to grievant by certified mail, return receipt requested, within three (3) business days of notification.

A grievance hearing will be held within fourteen (14) business days after receipt of notification of the grievance. At that time, the Operations Committee will determine whether the grievance is within the scope of the procedures, and whether or not a grievant is eligible to initiate a non-binding process. Once a grievance has been filed, if not resolved at the initial hearing, the conversation from here forward must be limited to the items discussed in the grievance hearing. Amendments to the form are acceptable only before the hearing. The person who filed the grievance and the party(s) involved will be interviewed by the Operations Committee.

The grieving party will be notified by certified mail, return receipt requested, of the date, time and place of hearing at least five (5) business days before the hearing is held.

The Operations Committee will render a decision within ten (10) business days after the scheduled Grievance hearing, and Grievant will be notified of said decision by certified mail, return receipt requested, within three (3) business days after rendered decision.

If, after being notified of the Operations Committee's decision, any party to the grievance is not

satisfied with said decision, that party may request mediation of the dispute. That party must notify in writing the Manager of the Office of Support of the request for mediation no later than three (3) business days after receiving the Operations Committee's decision. Mediation will be provided by the Harris County Alternative Dispute Resolution Service, or any other such service that is mutual agreed upon by all parties involved, who will provide impartial third parties to mediate the filed grievance. Mediation costs will be shared equally among both parties involved.

The initial mediation will be scheduled within fourteen (14) business days after the Planning Council Manager (subject to the schedule of the mediation service) receives the request. The mediation process will be held at a location designated by the mediation service provider, and all business conducted during the mediation process will be considered confidential. Documents provided during mediation will be subject to the Public Information Act. Maximum amount of time to complete any non-binding process will be eight (8) hours. Additional time may be granted on an "as needed" basis to promote resolution of the grievance.

Any unresolved controversies, claims or disputes that cannot successfully be resolved through the Operations Committee process or through good faith negotiations in mediation shall be settled by arbitration. Results of the arbitration will be binding upon all parties involved. The grievant must notify in writing the Manager of the Office of Support of the intent to pursue arbitration within three (3) business days after the mediation process ends.

A panel of three (3) qualified neutral arbitrators will conduct the arbitration process. An independent, impartial third party organization designated in advance will provide each party with a list of proposed arbitrators who may be familiar with the subject matter involved in the grievance. Each side will have ten (10) business days to strike the names of those individuals on the list that are deemed unacceptable, prioritize the remaining names in order of preference and return the list to the designated organization. The designated organization will contact the arbitrators remaining on the list in order of preference to serve on the panel.

The Arbitration Committee will hear the dispute within thirty (30) business days after the appointment of the arbitrators. Fees associated with the arbitration process will be borne by the parties equally. However, each party shall be responsible for expenses related to its own counsel, experts, witnesses, and preparation and presentation of documents. Cost and fees may include, but are not limited to, all reasonable pre-award expenses of the arbitrators' fees, administrative fees, travel expense, out-of-pocket expenses for copying and telephone, court cost, witness fees, and attorney's fees.

Policy 002.

Date of Issue _____
Date Filed _____
Date Received _____
Date of Hearing _____

Date of Grievance Recommendation _____
Date of Appeal _____
Date of Appeal Decision _____
Date Grievance Concluded _____

Please do not write in this space

The Grievance Process will be as follows:

- 1) Grievant must notify the Manager of the Office of Support for the Planning Council in writing of a grievance.
- 2) The Manager will immediately notify Chair of the Operations Committee of request for hearing.
- 3) The Grievance hearing will be scheduled within fourteen (14) business days after the request for hearing is received by the chair of the Operations Committee.
- 4) Amendments to the form are acceptable only before the hearing.
- 5) If a mutual agreeable solution is not reached in this process, the grievant may request mediation.
- 6) Mediation will be provided by a mutually agreed upon service to all parties involved.
- 7) Mediation costs will be shared equally among all parties involved.

GRIEVANCE FORM

Instructions: Please type or print the information requested in the space provided below. If additional space is needed, please attach additional pages.

Name: _____ Title: _____

Agency: _____ Phone: _____

Address: _____ Zip code: _____

Briefly provide a description of expectations from the grievance process:

Will you have a representative at the hearing? _____

If yes, please provide the representative's name: _____

List the names of witnesses and a brief overview of the witnesses' testimony:

Grievant Signature Title Date

Operations Committee's Recommendations

Signature Title Date

2017 Cross Committee Training Evaluation

Introduction

In February, the Operations Committee instructed staff to gather information on the report training needs of the Council to shape training for Council members later in 2017. Based on the information gathered, the Council chair worked with co-chairs across all Committees to educate members about their Committee's role, functions, and key documents through a series of Cross Committee trainings.

Staff asked Council members who attended these trainings to complete an online evaluation form providing feedback on the quality of the trainings, aspects that worked well, and recommendations for future trainings.

Attendance by Committee

Eighteen attendees submitted an evaluation form. Committee representation through the attendees was fairly well distributed, though Affected Community Committee had the most attendees (seven attendees) while Operations Committee had the least (two attendees).

Expectations

When asked whether the trainings met their expectations, **72%** of attendees responded, "Yes, the trainings fully met expectations," while **18%** responded that trainings "somewhat met expectations, but some changes are needed."

Overall Quality

When asked to rate the overall quality of the trainings, attendees rated the quality as just okay (**6%**), good (**12%**), very good (**41%**), or great (**41%**).

What Worked Well?

When asked to discuss what aspects of this year's Cross Committee trainings worked well, attendees reflected the following, from most to least common:

- Learning the roles of their and other Committees
- Using PowerPoints and handouts to provide visual support
- Having the time to ask questions

Staff recommendation: Reinforcing the role and function of each Committee within the Council and in relation to each other appears helpful. Continue using presentations, handouts, and other media to provide a visual link to the training topics. Keeping allotted time for questions and answers will preserve this helpful aspect of the meeting while minimizing tangents.

What Did Not Work Well?

When asked to discuss what aspects of this year's Cross Committee trainings did not work well, attendees responded the following, from most to least common:

- Dates and scheduling
 - Dates were confusing, scheduling conflicted with work, and time allotted was too short
- Presenter training and preparation
 - Some presenters seemed to give incorrect/conflicting information about their Committee, and at times materials such as handout/presentations were not prepared
- Order of the presentations
 - The trainings would have been more effective had they been arranged to show work product deadlines and how a Committee's work products lead in to the work of the other Committees

Staff recommendation: Consider dates and times to increase the number of individuals able to attend, communicate dates for the trainings as far in advance as possible, and schedule to allow more time for each Committee's training. Presenters consider meeting with staff beforehand to verify the information in their presentation and ensure materials are prepared in advance of the meeting. Schedule the trainings to demonstrate the flow of work products from one Committee to the others, using the Timeline of Critical Council Activities as a framework.

Continued on Back



Future Trainings

When asked what they would like to see included in future Cross Committee trainings, attendees shared the following:

- Include Committee mentors in the Cross Committee trainings
- Also provide each Committee's training within that Committee as part of the orientation process
- Provide "refresher" trainings
- Greater use of visual aids, such as the large laminated boards that highlight Committee work products that used to be used in Council Orientation
- Include the process for addressing or recommending changes to Committee duties (example given was expanding Affected Community Committee duties beyond greeting and hosting to incorporate aspects of service system improvement)
- Situating the role of each Committee within the role of the Council as a whole
- Information about how carryover and other types of funding deadlines work in relation to the Council's decision making processes
- Have the trainings early in the morning or in the late afternoon to accommodate members with employers

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 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.

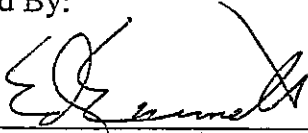
Contracting with outside vendors: Any contracting process that requires issuing an RFP or Interlocal Agreement shall be the responsibility of the Administrative Agency.

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. |

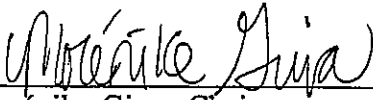
Signed By:



County Judge Ed Emmett

2/2/12

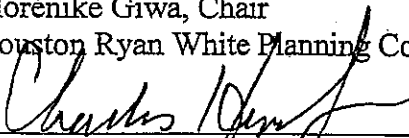
Date



Morenike Giwa, Chair
Houston Ryan White Planning Council

3/1/12

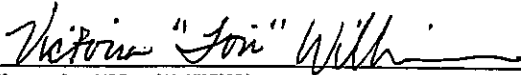
Date



Charles Henley, Manager
HCPHS/Ryan White Grant Administration

3/1/12

Date



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

3/1/12

Date

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 | 9,795,737 | 50,000 | 0 | 0 | 0 | 9,845,737 | 47.66% | 9,845,737 | 0 | | 1,682,758 | 17% | 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 | \$543,297 | 15% | 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 | \$259,923 | 28% | 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 | \$216,218 | 27% | 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 | \$121,810 | 12% | 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 | \$185,790 | 16% | 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 | \$247,740 | 13% | 25% |
| 1.g | Primary Care - Pediatric (a.1) | 15,437 | 0 | 0 | 0 | 0 | 15,437 | 0.07% | 15,437 | 0 | 3/1/2017 | \$4,200 | 27% | 25% |
| 1.h | Vision | 302,000 | 50,000 | 0 | 0 | 0 | 352,000 | 1.70% | 352,000 | 0 | 3/1/2017 | \$103,780 | 29% | 25% |
| 2 | Medical Case Management | 2,215,702 | 0 | 0 | 0 | 0 | 2,215,702 | 10.73% | 2,215,702 | 0 | | \$22,191 | 24% | 25% |
| 2.a | Clinical Case Management | 488,656 | 0 | 0 | 0 | 0 | 488,656 | 2.37% | 488,656 | 0 | 3/1/2017 | \$134,285 | 27% | 25% |
| 2.b | Med CM - Public Clinic (a) | 162,622 | 0 | 0 | 0 | 0 | 162,622 | 0.79% | 162,622 | 0 | 3/1/2017 | \$32,784 | 20% | 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 | \$128,849 | 40% | 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 | \$78,150 | 24% | 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 | \$21,285 | 20% | 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 | \$42,913 | 12% | 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 | \$18,314 | 10% | 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 | \$33,985 | 21% | 25% |
| 2.i | Med CM - Targeted to Veterans | 80,025 | 0 | 0 | 0 | 0 | 80,025 | 0.39% | 80,025 | 0 | 3/1/2017 | \$25,382 | 32% | 25% |
| 2.j | Med CM - Targeted to Youth | 45,888 | 0 | 0 | 0 | 0 | 45,888 | 0.22% | 45,888 | 0 | 3/1/2017 | \$6,245 | 14% | 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 | \$817,005 | 34% | 25% |
| 4 | Oral Health | 166,404 | 0 | 0 | 0 | 0 | 166,404 | 0.81% | 166,404 | 0 | 3/1/2017 | \$7,350 | 34% | 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 | \$57,350 | 34% | 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 | \$286,177 | 22% | 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 | \$13,463 | 29% | 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 | \$110,276 | 32% | 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 | 0 | 0 | 0 | 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 | | 278,970 | 23% | 25% |
| 13.a | Service Linkage targeted to Youth | 110,793 | 0 | 0 | 0 | 0 | 110,793 | 0.54% | 110,793 | 0 | 3/1/2017 | \$68,910 | 62% | 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 | \$11,730 | 12% | 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 | \$198,330 | 33% | 25% |
| 14 | Medical Transportation | 527,362 | -45,275 | 0 | 0 | 0 | 482,087 | 2.33% | 349,865 | 132,222 | | 80,640 | 23% | 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 | \$68,910 | 27% | 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 | \$11,730 | 12% | 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 | \$0 | #DIV/0! | 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 | \$0 | 0% | 0% |
| 17 | Emergency Financial Assistance | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 | NA | \$0 | 0% | 0% |
| 18 | Referral for Health Care and Support Services | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 | NA | \$0 | 0% | 0% |
| BER27/816 | Total Service Dollars | 18,617,626 | -120,275 | 0 | 0 | 0 | 18,427,351 | 87.18% | 17,875,129 | 132,222 | | 3,848,829 | 22% | 25% |
| | Grant Administration | 1,658,827 | 16,220 | 0 | 0 | 0 | 1,675,047 | 8.11% | 1,146,388 | 528,659 | N/A | 1,080,632 | 94% | 25% |

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

**FY 2017 Ryan White Part A and MAI
Procurement Report**

[illegible]

FY 2017 Ryan White Part A and MAI Service Utilization Report

| SUR - 1st Quarter (3/1-5/31) | | | | | | | | | | | | | | | | | | | | |
|---|---|--------|---------------------------------|---------|---------|---------|-------------------|----------------------|----------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Priority | Service Category | Goal | Unduplicated Clients Served YTD | Male | Female | Verify | AA (non-Hispanic) | White (non-Hispanic) | Other (non-Hispanic) | Hispanic | Verify | 0-12 | 13-19 | 20-24 | 25-34 | 35-44 | 45-49 | 50-64 | 65 plus | Verify |
| 1 | Outpatient/Ambulatory Primary Care (excluding Vision) | 6,467 | 4,072 | 72% | 28% | 100% | 48% | 15% | 3% | 34% | 100% | 0% | 0% | 5% | 24% | 27% | 14% | 27% | 2% | 100% |
| 1.a | Primary Care - Public Clinic (a) | 2,350 | 2,124 | 69% | 31% | 100% | 51% | 10% | 2% | 37% | 100% | 0% | 0% | 3% | 18% | 27% | 15% | 35% | 3% | 100% |
| 1.b | Primary Care - CBO Targeted to AA (a) | 1,060 | 774 | 68% | 32% | 100% | 98% | 0% | 2% | 0% | 100% | 0% | 1% | 10% | 37% | 28% | 9% | 15% | 1% | 100% |
| 1.c | Primary Care - CBO Targeted to Hispanic (a) | 960 | 513 | 85% | 15% | 100% | 0% | 0% | 0% | 100% | 100% | 0% | 0% | 5% | 30% | 31% | 14% | 19% | 1% | 100% |
| 1.d | Primary Care - CBO Targeted to White and/or MSM (a) | 690 | 350 | 91% | 9% | 100% | 0% | 90% | 10% | 0% | 100% | 0% | 1% | 3% | 24% | 24% | 17% | 28% | 3% | 100% |
| 1.e | Primary Care - CBO Targeted to Rural (a) | 400 | 358 | 71% | 29% | 100% | 41% | 26% | 3% | 30% | 100% | 0% | 1% | 7% | 29% | 27% | 15% | 21% | 1% | 100% |
| 1.f | Primary Care - Women at Public Clinic (a) | 1,000 | 667 | 0% | 100% | 100% | 62% | 8% | 1% | 28% | 100% | 0% | 0% | 2% | 14% | 31% | 17% | 32% | 4% | 100% |
| 1.g | Primary Care - Pediatric (a) | 7 | 7 | 86% | 14% | 100% | 71% | 14% | 0% | 14% | 100% | 29% | 57% | 14% | 0% | 0% | 0% | 0% | 0% | 100% |
| 1.h | Vision | 1,600 | 634 | 75% | 25% | 100% | 47% | 13% | 2% | 39% | 100% | 0% | 1% | 4% | 23% | 22% | 15% | 32% | 4% | 100% |
| 2 | Local Drug Reimbursement Program (a) | 2,845 | 2,249 | 79% | 21% | 100% | 45% | 17% | 3% | 36% | 100% | 0% | 0% | 5% | 27% | 29% | 15% | 23% | 1% | 100% |
| 3 | Medical Case Management (f) | 3,075 | 2,157 | | | | | | | | | | | | | | | | | |
| 3.a | Clinical Case Management | 600 | 516 | 74% | 26% | 100% | 82% | 20% | 2% | 17% | 100% | 0% | 1% | 6% | 29% | 21% | 12% | 26% | 4% | 100% |
| 3.b | Med CM - Targeted to Public Clinic (a) | 280 | 228 | 97% | 3% | 100% | 54% | 14% | 4% | 29% | 100% | 0% | 3% | 21% | 19% | 19% | 10% | 26% | 2% | 100% |
| 3.c | Med CM - Targeted to AA (a) | 550 | 775 | 69% | 31% | 100% | 99% | 0% | 1% | 0% | 100% | 0% | 1% | 8% | 34% | 26% | 13% | 17% | 2% | 100% |
| 3.d | Med CM - Targeted to H/L (a) | 550 | 411 | 87% | 13% | 100% | 0% | 0% | 0% | 100% | 100% | 0% | 1% | 6% | 33% | 32% | 11% | 16% | 2% | 100% |
| 3.e | Med CM - Targeted to White and/or MSM (a) | 260 | 153 | 86% | 14% | 100% | 0% | 86% | 14% | 0% | 100% | 0% | 0% | 4% | 21% | 22% | 20% | 30% | 3% | 100% |
| 3.f | Med CM - Targeted to Rural (a) | 150 | 285 | 69% | 31% | 100% | 48% | 25% | 3% | 24% | 100% | 0% | 1% | 6% | 26% | 24% | 12% | 28% | 2% | 100% |
| 3.g | Med CM - Targeted to Women at Public Clinic (a) | 240 | 109 | 0% | 100% | 100% | 57% | 9% | 4% | 30% | 100% | 0% | 2% | 12% | 12% | 31% | 13% | 24% | 6% | 100% |
| 3.h | Med CM - Targeted to Pedi (a) | 125 | 62 | 45% | 55% | 100% | 81% | 8% | 0% | 11% | 100% | 50% | 44% | 6% | 0% | 0% | 0% | 0% | 0% | 100% |
| 3.i | Med CM - Targeted to Veterans | 200 | 80 | 96% | 4% | 100% | 75% | 18% | 0% | 8% | 100% | 0% | 0% | 0% | 0% | 1% | 1% | 74% | 24% | 100% |
| 3.j | Med CM - Targeted to Youth | 120 | 54 | 98% | 2% | 100% | 63% | 7% | 2% | 28% | 100% | 0% | 11% | 89% | 0% | 0% | 0% | 0% | 0% | 100% |
| 4 | Oral Health | 200 | 146 | 66% | 34% | 100% | 36% | 35% | 3% | 26% | 100% | 0% | 1% | 5% | 24% | 28% | 10% | 31% | 2% | 100% |
| 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 | n/a | n/a | n/a |
| 4.b | Oral Health - Rural Target | 200 | 146 | 66% | 34% | 100% | 36% | 35% | 3% | 26% | 100% | 0% | 1% | 5% | 24% | 28% | 10% | 31% | 2% | 100% |
| 5 | Medical Nutritional Therapy/Nutritional Supplements | 650 | 313 | 78% | 22% | 100% | 41% | 21% | 4% | 33% | 100% | 0% | 0% | 0% | 9% | 17% | 21% | 45% | 8% | 100% |
| 6 | Mental Health Services (d) | NA | NA | | | | | | | | | | | | | | | | | |
| 7 | Health Insurance | 1,700 | 691 | 82% | 18% | 100% | 40% | 32% | 3% | 25% | 100% | 0% | 0% | 2% | 13% | 20% | 17% | 42% | 6% | 100% |
| 8 | Substance Abuse Treatment - Outpatient | 40 | 8 | 100% | 0% | 100% | 25% | 38% | 0% | 38% | 100% | 0% | 0% | 0% | 25% | 50% | 13% | 13% | 0% | 100% |
| 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 | 2,573 | | | | | | | | | | | | | | | | | |
| 12.a | Service Linkage Targeted to Youth | 320 | 76 | 83% | 17% | 100% | 59% | 9% | 1% | 30% | 100% | 0% | 16% | 84% | 0% | 0% | 0% | 0% | 0% | 100% |
| 12.b | Service Linkage at Testing Sites | 260 | 57 | 74% | 26% | 100% | 58% | 7% | 0% | 35% | 100% | 0% | 0% | 0% | 47% | 19% | 11% | 19% | 4% | 100% |
| 12.c | Service Linkage at Public Clinic Primary Care Program (a) | 3,700 | 1,131 | 67% | 33% | 100% | 62% | 12% | 1% | 25% | 100% | 0% | 0% | 0% | 18% | 24% | 15% | 39% | 4% | 100% |
| 12.d | Service Linkage at CBO Primary Care Programs (a) | 2,765 | 1,309 | 78% | 22% | 100% | 51% | 14% | 2% | 33% | 100% | 3% | 1% | 6% | 30% | 22% | 14% | 22% | 2% | 100% |
| 13 | Food Pantry (funded by State Services) | NA | NA | | | | | | | | | | | | | | | | | |
| 14 | Transportation | 2,850 | 896 | | | | | | | | | | | | | | | | | |
| 14.a | Transportation Services - Urban | 170 | 150 | 67% | 33% | 100% | 55% | 11% | 3% | 31% | 100% | 0% | 1% | 7% | 26% | 18% | 11% | 31% | 6% | 100% |
| 14.b | Transportation Services - Rural | 130 | 44 | 75% | 25% | 100% | 34% | 36% | 0% | 30% | 100% | 0% | 0% | 7% | 23% | 25% | 7% | 34% | 5% | 100% |
| 14.c.1 | Transportation vouchers (bus passes) | 2,500 | 662 | | | | | | | | | | | | | | | | | |
| 14.c.2 | Transportation vouchers (gas vouchers) | 50 | 40 | | | | | | | | | | | | | | | | | |
| 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! | #DIV/0! | #DIV/0! | #DIV/0! |
| 16 | Linguistic Services (d) | NA | NA | | | | | | | | | | | | | | | | | |
| Net unduplicated clients served - all categories* | | 11,657 | 7,904 | 74% | 26% | 100% | 51% | 16% | 2% | 31% | 100% | 1% | 1% | 5% | 23% | 24% | 14% | 30% | 3% | 100% |
| Living AIDS cases + estimated Living HIV non-AIDS (from FY 14 App) (b) | | NA | 22,830 | 74% | 26% | 100% | 49% | 23% | 3% | 25% | 100% | 0% | 6% | | 18% | 27% | 30% | 18% | | 100% |
| *11,657 clients to be served is based on the number of unduplicated clients served in FY 2014 (update per CPCDMS) | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | |

REPORT FROM THE PART B ADMINISTRATIVE AGENCY

The June 2017 allocation of State Services-Rebate funds.

In June 2017, the Council approved the following motion: 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.*

From: Yvette Garvin [mailto:ygarvin@hivtrg.org]

Sent: Wednesday, October 18, 2017 10:57 AM

Italics indicate that the Office of Support changed the original text in order to avoid agency names.

Tori,

With the start of the grant beginning September 1, 2017, the Houston agencies are gearing up, some are still in the hiring phase. Thus, no expenses have been submitted for the ADAP eligibility worker project.

Thus far, \$11,700 for the *Compassionate Care Rx Program* for the month of September. It is important to report that *(Agency A)* has yet to start utilizing *the Compassionate Rx Program*. *Agency A* is awaiting board approval for both *the Compassionate Rx Program* and the ADAP eligibility project.

Let me if you would like more information.

Thanks,

Yvette Garvin
Executive Director
The Resource Group



The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1718 Ryan White Part B
Procurement Report
April 1, 2017 - March 31, 2018



Reflects spending through August 2017

Spending Target: 42%

Revised 10/10/2017

| 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 *** | \$2,370,346 | 71% | (\$34,781) | \$2,335,565 | 71% | 4/1/2017 | \$642,401 | 27% |
| 7 | Health Insurance Premiums and Cost Sharing*, | \$726,885 | 22% | (\$16,122) | \$710,763 | 22% | 4/1/2017 | \$536,637 | 74% |
| 9 | Home and Community Based Health Services** | \$232,000 | 7% | (\$3,840) | \$228,160 | 7% | 4/1/2017 | \$47,024 | 20% |
| Total Houston HSDA | | 3,329,231 | 100% | (\$54,743) | \$3,274,488 | 100% | | 1,226,062 | 37% |

* The difference in the allocation is made up in SS-R funds

** HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.

Ending dates: Part A 02/29/17, Part B 03/31/17, State Services 8/31/17

*** One agency was short a dentist, but has hired a replacement and spending should increase

**** Attendance has been low over the summer, but an increase of need has began and believe it will continue.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1617 DSHS State Services
Procurement Report
September 1, 2016 - August 31, 2017



Chart reflects spending through August 2017

Spending Target: 100%

Revised 10/19/2017

| 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% | 9/1/2016 | \$222,165 | 74% |
| 7 | Health Insurance Premiums and Cost Sharing** | \$1,043,312 | 53% | | \$1,043,312 | 53% | 9/1/2016 | \$1,064,453 | 102% |
| 9 | Hospice ** | \$414,832 | 21% | | \$414,832 | 21% | 9/1/2016 | \$343,640 | 83% |
| 11 | EIS - Incarcerated | \$166,211 | 8% | | \$166,211 | 8% | 9/1/2016 | \$153,632 | 92% |
| 16 | Linguistic Services | \$48,000 | 2% | | \$48,000 | 2% | 9/1/2016 | \$56,175 | 117% |
| Total Houston HSDA | | 1,972,355 | 100% | \$0 | \$1,972,355 | 100% | | 1,840,065 | 93% |

* Service utilization is lagging

** HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.
 Ending dates: Part A 02/29/17, Part B 03/31/17, State Services 8/31/17

** The agency has seen a drop in clients and is currently performing outreach to increase spending

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

9/1/2016-08/31/2017

Revised: 10/9/2017

| 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 | 1732 | \$152,169.45 | 664 | | | 0 |
| Medical Deductible | 326 | \$75,531.03 | 209 | | | 0 |
| Medical Premium | 7108 | \$2,439,693.44 | 961 | | | 0 |
| Pharmacy Co-Payment | 5232 | \$496,687.66 | 1423 | | | 0 |
| APTC Tax Liability | 1 | \$213.00 | 1 | | | 0 |
| Out of Network Out of Pocket | 0 | \$0.00 | 0 | | | 0 |
| ACA Premium Subsidy Repayment | 15 | \$11,886.21 | 9 | NA | NA | NA |
| Totals: | 14414 | \$3,152,408.37 | 3267 | 0 | \$0.00 | |

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

9/1/2016-07/31/2017

Revised: 9/12/2017

| 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 | 1442 | \$126,012.45 | 602 | | | 0 |
| Medical Deductible | 326 | \$75,531.03 | 209 | | | 0 |
| Medical Premium | 6573 | \$2,240,165.83 | 952 | | | 0 |
| Pharmacy Co-Payment | 4791 | \$464,054.73 | 1385 | | | 0 |
| APTC Tax Liability | 1 | \$213.00 | 1 | | | 0 |
| Out of Network Out of Pocket | 0 | \$0.00 | 0 | | | 0 |
| ACA Premium Subsidy Repayment | 15 | \$11,375.21 | 9 | NA | NA | NA |
| Totals: | 13148 | \$2,894,601.83 | 3158 | 0 | \$0.00 | |

Comments: This report represents services provided under all grants.

2017 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(submitted October 2017)

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

1. Conduct training to familiarize committee members with decision-making tools.
Status: *done*
2. Review the final quarter allocations made by the administrative agents.
Status: *done*
3. *Improve the processes for and strengthen accountability in the FY 2018 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
Status: *done*
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: *done*
5. *Determine the FY 2018 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status: *done*
6. *Review the FY 2017 priorities as needed.
Status: *done*
7. *Review the FY 2017 allocations as needed.
Status: *done*
8. Evaluate the processes used.
Status: *OR done*
9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
Status: *OR done*

Status of Tasks on the Timeline:


Committee Chairperson

10/26/2017
Date

FYI

***MEDICARE OPEN ENROLLMENT
IS
10/15/17 TO 12/7/17
FREE HELP IS AVAILABLE***

**CALL
THE HARRIS COUNTY AREA AGENCY ON AGING
TO SCHEDULE A FACE-TO-FACE APPOINTMENT
WITH A BENEFITS COUNSELOR**

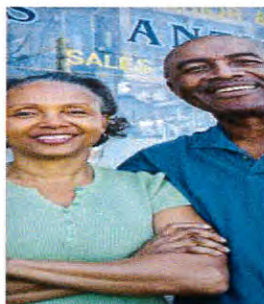
832-393-4301 OR 1-800-213-8471

www.houstontx.gov/health/aging

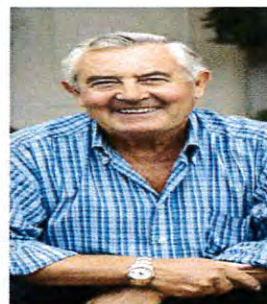
AN IMPORTANT MESSAGE FROM MEDICARE



**"I found a
better deal on
prescriptions"**



**"We found
lower co-pays."**



**"I found a plan
that works
better for me."**

WHAT WILL YOU FIND DURING MEDICARE OPEN ENROLLMENT?

DOCUMENTS NEEDED TO BRING FOR OPEN ENROLLMENT

- 1. Medicare Card**
- 2. List of Medications currently taking**
- 3. Award letter from Social Security or proof of income**
- 4. Proof of current health insurance**



ADAP Advocacy Association
PO Box 15275
Washington, DC 20003

adapadvocacyassociation.org

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ADAP Advocacy Association Launches Correctional Health Project

Improving Access to Care Among Formerly Incarcerated Populations with HIV/AIDS under the AIDS Drug Assistance Program (ADAP)

For Immediate Release:
October 12, 2017

Media Contact:
Brandon M. Macsata
(305) 519-4256

WASHINGTON, D.C. (October 12, 2017) – The [ADAP Advocacy Association](http://adapadvocacyassociation.org), also known as **aaa+**[®], today announced that it has launched a new project to improve access to care and treatment for correctional inmates living with HIV/AIDS who are transitioning back into community life. The project – **“Improving Access to Care Among Formerly Incarcerated Populations with HIV/AIDS under the AIDS Drug Assistance Program (ADAP)”** – aims to raise awareness about issues confronting formerly incarcerated populations living with HIV/AIDS (and/or Hepatitis C) who also access care and treatment (or whom could benefit from such care and treatment) under the AIDS Drug Assistance Program (ADAP), as well as provide useful resources and tools to the communities serving them.

Janssen Therapeutics, Gilead Sciences, Merck and ViiV Healthcare are funding the correctional health project. It will include several elements, which unfold over the coming months.

“The data on the number of formerly incarcerated populations infected with HIV/AIDS (and/or HCV), in many cases, simply isn’t available. In fact, most states’ epidemiology reports that *did* report HCV numbers didn’t account for incarcerated populations,” said **Brandon M. Macsata**, CEO of the ADAP Advocacy Association. “What data *is* available is woefully out of date, using data four years or older. The data on HIV isn’t much better.”

The Centers for Disease Control and Prevention (CDC) website, updated on March 14, 2017, cites numbers from 2010 – seven years prior to the most recent update. The data cited is obtained from a 2012 report by the Bureau of Justice Statistics (BJS) – revised in March 2015 – that looked at HIV in prisons and jails from 2001-2010. What used to be an annual report with yearly updates from 1993-2008, has apparently been shelved, over the past decade.

To learn more about the ADAP Advocacy Association or its Correctional Health Project, please email info@adapadvocacyassociation.org.

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About the ADAP Advocacy Association: The ADAP Advocacy Association mission is to promote and enhance the AIDS Drug Assistance Programs (ADAPs) and improves access to care for persons living with HIV/AIDS. **aaa+**[®] works with advocates, community, health care, government, patients, pharmaceutical companies and other stakeholders to raise awareness, offer patient educational program, and foster greater community collaboration.