DRAFT

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL
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We envision an educated community where the needs of all persons living with and/or affected by HIV 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 living with and/or affected by HIV by taking a leadership role in the planning and assessment of HIV resources.

AGENDA

12 noon, July 12, 2018
Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

I. Call to Order — Cecilia Oshingbade, Chair, RW Planning Council
   A. Welcome and Moment of Reflection
   B. Adoption of the Agenda
   C. Approval of the Minutes
   D. Training: Priority Setting and Allocations Processes — Peta-gay Ledbetter and Bruce Turner, Co-Chairs, Priority and Allocations Committee

II. Public Comments and Announcements — Carol Suazo, Secretary

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

III. Reports from Committees
   A. Comprehensive HIV Planning Committee — Ted Artiaga and Steven Vargas, Co-Chairs

   Item: Early Identification of Individuals with HIV/AIDS (EIIHA)*
   Recommended Action: FYI: The Comprehensive HIV Planning Committee held a brief meeting on June 28th to discuss the development timeline for the FY19 EIIHA Strategy. See the attached development timeline.

   Item: Early Identification of Individuals with HIV/AIDS (EIIHA)*
   Recommended Action: **Motion:** In order to meet HRSA grant application deadlines, request the Planning Council to allow the Comprehensive HIV Planning Committee to have final approval of the FY 2019 EIIHA Plan target populations, provided that the

FY 2019 EIIHA Plan is developed through a collaborative process that includes stakeholders from prevention and care, community members, and consumers; and the recommended FY 2019 EIIHA Plan target populations are distributed to Planning Council members for input prior to final approval from the Comprehensive HIV Planning Committee.

B. Affected Community Committee — Rodney Mills and Tana Pradia, Co-Chairs
Item: Road 2 Success
Recommended Action: FYI: The Council is partnering with the Houston Health Department, Harris County Public Health Ryan White Grant Administration and The Resource Group to provide Emergency Preparedness Training for the Houston HIV Community. The goal is to have seven training sessions at Ryan White funded primary care clinics and other locations. Please see Tori if you wish to join the members of the Affected Community Committee for a dress rehearsal at 12 noon on July 16th. There will be a board game, cooking demonstration, prizes and more. We need an accurate head count in order to have enough "give a way" items.

C. Quality Improvement Committee — Denis Kelly and Gloria Sierra, Co-Chairs
Item: 2018 How To Best Meet the Need Results
Recommended Action: FYI: Last month, the Council approved all FY 2019 service definitions except the 5 Service Linkage Workers Targeted to Substance Abuse and the 5 ADAP eligibility workers. The July 17, 2018 Quality Improvement Committee will be dedicated to looking at these positions before bringing them back to the Council for final approval. All are welcome to observe the meeting if it would be helpful to you. Please see Rod if you would like to be in attendance.

D. Priority and Allocations Committee — Peta-gay Ledbetter and Bruce Turner, Co-Chairs
Item: FY 2019 Ryan White Service Priorities
Recommended Action: **Motion**: Approve the attached FY 2019 Service Priorities for Ryan White Parts A and B, MAI** and State Services.

Item: FY 2019 Allocations: Level Funding Scenario – All Funding Streams
Recommended Action: **Motion A**: Approve the attached FY 2019 Level Funding Scenario for Ryan White Parts A and B, MAI and State Services funds. See attached chart for details.

Item: FY 2019 Allocations: MAI** Increase/Decrease Funding Scenarios
Recommended Action: **Motion B**: Approve the attached FY 2019 Increase & Decrease Funding Scenarios for Ryan White MAI** funds.

Item: FY 2019 Allocations: Part A Increase/Decrease Funding Scenarios
Recommended Action: **Motion C**: Approve the attached FY 2019 Increase & Decrease Funding Scenarios for Ryan White Part A funds.

**The Early Identification of Individuals with HIV/AIDS, or EIIHA, is a national HRSA initiative to increase the number of individuals who are aware of their HIV positive status and link them to medical care. Each year, the Ryan White Planning Council hosts a collaborative process of HIV prevention and care strategies and stakeholders to develop an EIIHA plan for the Houston Area.*

Item: FY 2019 Allocations: Part B & SS*** Increase/Decrease Funding Scenarios
Recommended Action: **Motion D**: Approve the attached FY 2019 Increase & Decrease Funding Scenarios for Ryan White Part B and State Services funding.

E. Operations Committee — Ella Collins-Nelson and Johnny Deal, Co-Chairs
Item: 2018 Attendance Records
Recommended Action: FYI: After reviewing the attendance records for Council and External Committee members, the Committee asked staff to send the attached letter to nine Individuals who have missed three or more meetings in 2018.

Item: Future Council and Committee Meeting Dates & Times
Recommended Action: FYI: Because of requests from the public and because more people living with HIV are returning to the job market, the Operations Committee is working with the Health Planner for the Office of Support to gage the importance of offering evening or Saturday Council and/or committee meetings. Look for your survey soon and see Amber if you have questions.

Item: 2018 Council Training Schedule
Recommended Action: FYI: Per a suggestion from HRSA, the Council will add the following topics to the 2018 training schedule:

- *Opiod and Other Drug Use*
- *Trauma Informed Care*****

IV. Report from the Office of Support — Tori Williams, Director

V. Report from Ryan White Grant Administration — Carin Martin, Manager

VI. Report from The Resource Group — S. Johnson-Fairley, Health Planner

VII. Medical Updates — Shital Patel, MD, Baylor College of Medicine

VIII. New Business (30 seconds/report)

A. Ryan White Part C Urban and Part D — Dawn Jenkins
B. Community Development Advisory Council (CDAC) — Johnny Deal
C. HOPWA — Krystal Shultz
D. Community Prevention Group (CPG) — Denis Kelly
E. Update from Task Forces:
- Sexually Transmitted Infections (STI) — Herman Finley
- African American — Ella Collins-Nelson
- Latino — Gloria Sierra
- Youth — Gloria Sierra

** *Minority AIDS Initiative funding (MAI)*
*** *State Services funding (SS)*

- MSM — Ted Artiaga
- Transgender — Viviana Santibanez
- Hepatitis C — Steven Vargas
- Urban AIDS Ministry — Ella Collins-Nelson

F. HIV and Aging Coalition — Bruce Turner

G. Texas HIV Medication Advisory Committee — Bruce Turner

H. Positive Women's Network — Tana Pradia

I. Texas Black Women's Initiative — Sha'Terra Johnson-Fairly

J. PrEP and Data to Care Campaigns — Denis Kelly and John Poole

K. Texas HIV Syndicate — Amber Harbolt

L. END HIV Houston — Venita Ray

M. Texans Living with HIV Network — Venita Ray

N. Legislative Updates — Denis Kelly

IX. Announcements

X. Adjournment

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL

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We envision an educated community where the needs of all persons living with HIV 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 living with and/or affected by HIV by taking a leadership role in the planning and assessment of HIV resources.

MINUTES

12 noon, Thursday, June 14, 2018
Meeting Location: Ryan White Offices, 2223 W. Loop South, Rm 532; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Cecilia Oshingbade, Chair	Gloria Sierra	Project LEAP Students-see attached
Skeet Boyle, Vice Chair	Bruce Turner	Bret Camp, AHF
Ruth Atkinson	Steven Vargas	Genevieve Sabblah, AHF
Connie L. Barnes		Shelly Lucas, DSHS
Rosalind Belcher		Crystal Starr, External Member
Ella Collins-Nelson	**MEMBERS ABSENT**	Nancy Miertschin, HHS
Bobby Cruz	Ted Artiaga, excused	Alex Steffler, Legacy
Johnny Deal	David Benson, excused	Ann Robison, Montrose Center
Herman L. Finley III	Paul E. Grunenwald, excused	Ruby Abrol, MD, ViiV Healthcare
Ronnie Galley	Arlene Johnson	
Angela F. Hawkins	Daphne L. Jones, excused	**STAFF PRESENT**
Dawn Jenkins	J. Hoxi Jones, excused	*Ryan White Grant Administration*
Denis Kelly	Tom Lindstrom, excused	Carin Martin
Peta-gay Ledbetter	Osaro Mgbere, excused	Tasha Traylor
Rodney Mills	Krystal Perez, excused	
Allen Murray	John Poole, excused	*The Resource Group*
Robert Noble	Venita Ray	Sha'Terra Johnson-Fairley
Shital Patel	Carol Suazo, excused	Crystal Townsend
Tana Pradia	Isis Torrente, excused	
Faye Robinson		*Office of Support*
Viviana Santibanez		Tori Williams
		Amber Harbolt
		Diane Beck

Call to Order: Cecilia Oshingbade, Chair, called the meeting to order at 12:09 p.m.

During the opening remarks, Oshingbade welcomed the Project LEAP students and said that Council members are looking forward to their presentation. Staff from the Ft. Worth Planning Council spent two

days in April observing some of the Council-sponsored meetings. In a follow up note, Gil Flores said, "Thanks to all of you for your help and support. You should be proud of the great work you do. You are all truly inspirational." Oshingbade thanked Amber, Peta and Rodney for the wonderful job that they did providing information about Needs Assessments on the CHATT national webinar. People from all over the country sent comments like: "Great session! Very informative! And, Supremely informative and appreciated". Oshingbade thanked Amber, Peta and Rodney for making the Houston Planning Council look so good.

Oshingbade continued by thanking the Council and committee members, as well as the Project LEAP students, who helped with the event honoring Houston's long-term HIV survivors. It was a great event. Bruce Turner was thanked for his vision and hard work on the event. And, Skeet was thanked for chairing the Council meetings while Oshingbade was away.

On a different subject, the Houston Health Department asked the Planning Council to send two representatives to serve on a Community Advisory Board that will help create a marketing campaign focused on PrEP and linkage to care. At Oshingbade's request, Denis Kelly and John Poole will represent the Council on the Advisory Board.

Project LEAP 2018 Presentations: Harbolt and the Project LEAP students presented the results of their class project entitled: *All People Have the Opportunity to Become Undetectable: Recommendations for the Houston Comprehensive HIV Prevention and Care Services Plan*. See the attached PowerPoint presentation for details.

Training: Updates from the Texas Dept. of State Health Services (DSHS): Shelley Lucas, the Manager of the HIV/STD Prevention and Care Branch of the Texas Department of State Health Services presented information on what is happening regarding ADAP and HIV care on the State level.

Adoption of the Agenda: ***Motion #1*****:** it was moved and seconded (Barnes, Boyle) to adopt the agenda with one change: because the Steering Committee tabled approval of Chapter 1 of the Epidemiological Report and sent it back to the Comprehensive HIV Planning Committee for possible changes, the item was deleted from the agenda. **Motion carried.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Barnes, Kelly) to approve the April 12, 2018 minutes.* **Motion carried.** Abstentions: c.

Public Comment and Announcements: See attached written comments. Verbal comments included: ***** Ruby Abrol, ViiV Healthcare stated that she is their new representative. ViiV will continue to offer support to the local community. ***** Ann Robison, Montrose Center stated that she has already submitted two comments, one explaining the withdrawal of funding for outreach and case management services for people living with HIV who are receiving substance abuse treatment and the second regarding the service linkage worker service definition. When the funding ends in August 2019, the Houston area will lose five case managers that are currently funded through the SAMHSA grant. DSHS has found funds to cover the outreach workers. DSHS also encouraged her to come to Ryan White to get funds for the remaining positons. ***** Crystal Townsend stated that there is currently a program to help those leaving the Harris County Jail get connected to services. She distributed flyers and business cards for the Joint Processing Reentry Center. She said that most releasees are unaware that jail staff can help them get their SSI and SSDI benefits reinstated within 48 hours of release.

Reports from Committees

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following:
2018 Epidemiological Profile: Chapter 1 of the Epidemiological Report was tabled and sent back to the committee for possible changes.

2018 Epidemiological Profile: Staff will work jointly with the Houston Health Department's newly re-structured Disease Prevention and Control Division of the Houston Health Department to complete the remaining chapters.

Special Study: Social Determinants of Health: Dr. Mgbere provided first-run social determinants of health data from the Houston Medical Monitoring Project. Dr. Mgbere will provide outstanding requested data in future runs.

Evaluation Workgroup: The Evaluation Workgroup met on May 10th and began review of Year 1 (2017) implementation of the 2017-2021 Comprehensive Plan. The Workgroup will resume the evaluation process on Tuesday, June 12th. Please see Diane if you would like to be added to the Evaluation Workgroup.

Affected Community Committee: Rodney Mills, Co-Chair, reported on the following:
Community Events: See the attached list of 2018 community events where members of the Affected Community Committee and others will be attending to staff a Ryan White booth. Please speak with Tori if you wish to help staff the booth at the Pride Festival.

Greeters: Many thanks to the people who serve as Greeters at our Council meetings.

2018 Quarterly Committee Report: See the attached 2018 Quarterly Committee Report.

Quality Improvement Committee: Denis Kelly, Co-Chair, reported on the following:
Reports from the Administrative Agent – Part A/MAI: See the attached reports from the Part A/MAI Administrative Agent:

- FY 2017 Service Utilization, dated 05/23/18
- FY 2017 Procurement, dated 05/15/18

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

- 2017 Chart Reviews
- FY17/18 Part B Procurement, dated 05/09/18
- FY17/18 DSHS State Services Procurement, dated 05/09/18
- FY17/18 DSHS State Services-R Procurement, dated 05/09/18
- Health Insurance Assist. Service Utilization Report, dated 05/07/18
- Health Insurance Assist. Service Utilization Report, dated 03/05/18
- FY17/18 Part B Service Utilization, dated 05/09/18

FY 2019 How To Best Meet the Need Recommendations: ***Motion #3:*** *Send the new service definition for Service Linkage Workers at Outpatient Substance Abuse Provider to the Quality Improvement Committee for review.* **Motion carried.** Abstention: Finley.

Motion #4: *Approve the attached FY 2019 Ryan White Part A, MAI, Part B and State Services service definitions and financial eligibility; create up to five service linkage worker positions targeting outpatient substance abuse treatment, with the understanding that the Quality Improvement Committee will review the service definition before the Council provides final approval; and table the Referral for*

Health Care and Support Services service definition to give the Quality Improvement Committee more time to review additional information. **Motion carried.** Abstentions: Finley, Jenkins, Kelly, Noble, Patel, Robinson.

Targeting Chart for FY 2019 Service Categories: ***Motion #5:*** *Approve the attached Targeting Chart for FY 2019 Service Categories for Ryan White Part A, B, MAI and State Services Funding.* **Motion carried.** Abstention: Noble.

Checklist for the Assessment of the Administrative Mechanism: ***Motion #6:*** *Approve the attached checklist for the Houston Ryan White Administrative Mechanism.* **Motion carried.** Abstention: Noble.

Priority and Allocations Committee: Bruce Turner, Co-Chair, reported on the following:
FY 2019 Service Priorities: Although the Committee developed recommendations regarding the FY 2019 Ryan White Service Priorities, these will be presented to the Council, along with the recommended FY 2019 allocations, in July.

FY 2018 Allocations: ***Motion #7:*** *Because the final notice of grant award arrived three months into the fiscal year, and because of the importance of allocating funds rapidly, the committee agreed to suspend its policy for allocating unobligated funds and asked the Ryan White Part A Administrative Agent to allocate $242,768 in unallocated funds to the ambulatory outpatient primary medical care service category.* **Motion carried.** Abstentions: Finley, Jenkins, Kelly, Noble, Patel, Robinson.

Quarterly Committee Report: See the attached 2018 Quarterly Committee Report.

Operations Committee: Johnny Deal, Co-Chair, reported on the following:
FY 2018 Council Support Budget: ***Motion #8:*** *Approve the transfer of funds in the amount of $10,860 from the Resource Guide to Out of EMA travel in order to accommodate the cost of sending four individuals to the All Grantees meeting in Washington DC in December 2018.* **Motion Carried.**

Budget for the 2020-2021 Blue Book: ***Motion #9:*** *Approve the attached budget for the 2020-2021 Blue Book.* **Motion Carried.**

FY 2019 Council Support Budget: ***Motion #10:*** *Approve the attached FY 2019 Council Support Budget.* **Motion Carried.**

Schedule of 2018 Council Training Topics: See the attached schedule of 2018 Council Training Topics.

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

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

Report from The Resource Group: Sha'Terra Johnson-Fairly, Health Planner, summarized the attached report.

Medical Updates: Patel presented the attached report.

Community Development Advisory Council (CDAC): Deal said that they met on May 16, 2018 to discuss housing in relation to Hurricane Harvey.

Community Prevention Group (CPG): Townsend said that Gilbreath Media Group presented at the last meeting; they created the marketing campaign for radio and television aimed at Houston Pride.

Updates from Task Forces

Sexually Transmitted Infections (STI): Finley said that they have been working with a local rapper and distributed condoms at Splash. They will also distribute condoms at Pride.

Latino: Sierra said they have health fairs scheduled for August 4th and August 25th.

Youth: The Youth Transition Summit will be held on August 1st.

Transgender: Santibanez said that a sister came from Honduras. She was not given HIV care while in an ICE detention center in New Mexico and died. It is a wakeup call for the community.

Hepatitis C: Vargas presented the attached report.

HIV and Aging Coalition: Turner said that the Area Agency on Aging presented at the meeting last month. Long Term Survivor Awareness Day was June 3rd, hence, he presented information about long term survivors to the City Council on June 6th.

Texas HIV Medication Advisory Committee: Turner presented the attached report.

Positive Women's Network (PWN): Pradia said the next meeting is July 9th at 6 pm at the Montrose Center. They will have an Open House on July 16th from 2 pm-4 pm at the Clayton Library.

Texas Black Women's Initiative (TBWI): Johnson-Fairly said they were awarded a health equity micro grant. They will be having an event in September promoting HIV prevention, treatment and PrEP for women of color.

Texas HIV Syndicate: Vargas said they are working to complete the HIV/Hepatitis C conference regarding the statewide END plan.

END HIV Houston: Townsend said that she is the new END coordinator and invited all to join one or more workgroups.

Texans Living with HIV Network: Vargas said that Pradia was voted in as secretary and he was elected as one of the co-chairs.

Announcements: Turner thanked all who volunteered to help at the HIV Awareness Day event. Noble said that he has a new position as a non-medical case manager at AIDS Healthcare Foundation. He then introduced their Medical Case Manager, Genevieve Sabblah. Vargas said there will be a fundraising event for HIV outreach workers at Hamburger Mary's on Tuesday night.

Adjournment: The meeting was adjourned at 1:58 p.m.

Respectfully submitted,

_____ Date _____
Victoria Williams, Director

Draft Certified by
Council Chair: _____ Date _____

Final Approval by
Council Chair: _____ Date _____

Council Voting Records for June 14, 2018

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** Svc def SLW at Subs Abuse Facility **Carried**					**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** Svc def SLW at Subs Abuse Facility **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
C. Oshingbade, Chair				C				C				C	Gloria Sierra		X						X		X		
Skeet Boyle, Vice Chair		X				X				X			Bruce Turner		X				X				X		
Ruth Atkinson		X				X				X			Steven Vargas		X				X				X		
Connie L. Barnes		X				X				X															
Rosalind Belcher ja 1:07	X				X				X																
Ella Collins-Nelson		X				X				X															
Bobby Cruz		X				X				X															
Johnny Deal		X				X				X			**MEMBERS ABSENT**												
Herman L. Finley III ja 12:48	X				X							X	Ted Artiaga												
Ronnie Galley		X				X				X			David Benson												
Angela F. Hawkins		X						X		X			Paul Grunenwald												
Dawn Jenkins		X				X				X			Arlene Johnson												
Denis Kelly		X				X				X			Daphne L. Jones												
Peta-gay Ledbetter		X				X				X			J. Hoxi Jones												
Rodney Mills		X				X				X			Tom Lindstrom												
Allen Murray		X				X				X			Osaro Mgbere												
Robert Noble		X						X		X			Krystal Perez												
Shital Patel		X				X				X			John Poole												
Tana Pradia		X						X		X			Venita Ray												
Faye Robinson		X						X		X			Carol Suazo												
Viviana Santibanez		X				X				X			Isis Torrente												

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	**Motion #4** HTBMN Workgroup Recs **Carried**				**Motion #5** HIV Targeting Chart **Carried**				**Motion #6** Admin Assess Checklist **Carried**				**Motion #7** Unallocated Funds **Carried**					**Motion #4** HTBMN Workgroup Recs **Carried**				**Motion #5** HIV Targeting Chart **Carried**				**Motion #6** Admin Assess Checklist **Carried**				**Motion #7** Unallocated Funds **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
C. Oshingbade, Chair				C				C				C				C	Gloria Sierra		X				X				X				X		
Skeet Boyle, Vice Chair		X				X				X				X			Bruce Turner		X						X		X				X		
Ruth Atkinson		X				X				X				X			Steven Vargas		X				X				X				X		
Connie L. Barnes		X				X				X				X																		
Rosalind Belcher		X				X				X				X																		
Ella Collins-Nelson		X				X				X				X																		
Bobby Cruz		X				X				X				X																		
Johnny Deal		X				X				X				X			**MEMBERS ABSENT**															
Herman L. Finley III				X		X				X						X	Ted Artiaga																
Ronnie Galley		X				X				X				X			David Benson																
Angela F. Hawkins		X				X				X				X			Paul Grunenwald																
Dawn Jenkins				X		X				X						X	Arlene Johnson																
Denis Kelly				X		X				X						X	Daphne L. Jones																
Peta-gay Ledbetter		X				X				X				X			J. Hoxi Jones																
Rodney Mills		X				X				X				X			Tom Lindstrom																
Allen Murray		X				X				X				X			Osaro Mgbere																
Robert Noble				X				X				X				X	Krystal Perez																
Shital Patel				X		X				X						X	John Poole																
Tana Pradia		X				X				X				X			Venita Ray																
Faye Robinson				X		X				X						X	Carol Suazo																
Viviana Santibanez		X				X				X				X			Isis Torrente																

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	**Motion #8** OS Budget Transfer **Carried**				**Motion #9** 2020-21 Blue Book Budget **Carried**				**Motion #10** FY 2019 OS Budget **Carried**					**Motion #8** OS Budget Transfer **Carried**				**Motion #9** 2020-21 Blue Book Budget **Carried**				**Motion #10** FY 2019 OS Budget **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
C. Oshingbade, Chair				C				C				C	Gloria Sierra		X				X				X		
Skeet Boyle, Vice Chair		X				X				X			Bruce Turner		X				X				X		
Ruth Atkinson		X				X				X			Steven Vargas		X				X				X		
Connie L. Barnes		X				X				X															
Rosalind Belcher		X				X				X															
Ella Collins-Nelson lm 1:27 pm		X				X				X															
Bobby Cruz		X				X				X															
Johnny Deal		X				X				X			**MEMBERS ABSENT**												
Herman L. Finley III		X				X				X			Ted Artiaga												
Ronnie Galley		X				X				X			David Benson												
Angela F. Hawkins		X				X				X			Paul Grunenwald												
Dawn Jenkins		X				X				X			Arlene Johnson												
Denis Kelly lm 1:27 pm		X				X				X			Daphne L. Jones												
Peta-gay Ledbetter lm 1:25 pm		X				X				X			J. Hoxi Jones												
Rodney Mills		X				X				X			Tom Lindstrom												
Allen Murray		X				X				X			Osaro Mgbere												
Robert Noble		X				X				X			Krystal Perez												
Shital Patel		X				X				X			John Poole												
Tana Pradia		X				X				X			Venita Ray												
Faye Robinson		X				X				X			Carol Suazo												
Viviana Santibanez		X				X				X			Isis Torrente												

Public Comments

PUBLIC COMMENT – 06/27/18

Hello, I understand that there is a proposal to cut money from Hospice care for 2018 - 2020. I understand that there are priorities that the Ryan White Planning Council is considering and that reallocation of funding may be necessary.

However, I would request a consideration that there is still need for HIV Hospice care in an inpatient setting.

Some people do still die directly from AIDS related opportunistic diseases. In addition, there are people who have conditions such as cancer, COPD, etc as their primary diagnosis, However their long term HIV has made them more susceptible to those conditions.

In addition, many people who require in-patient care do not have family available to take care of them at home.

There is a cost of running a hospice whether the hospice is 100% full or if it is 50% full.

Please consider the impact to the community of long term survivors if funding is cut.

Thank you.

Larry Leutwyler
Director of Bering Connect
Houston, Texas
713-526-1017 x 206

PUBLIC COMMENT – 06/26/18

I am not speaking on behalf of any Agency or Organization, this is my statement

I am totally against this $100,000.00 cut to Hospice.

You already cut the budget for Hospice by 55,000 beginning 2018 this cut will leave a total of 269,000 for 2019/2020

The over 50 year old's, now living with HIV, when they approach their end of life, it will not necessarily be solely because of their their HIV but due to COPD, Liver Cancer, Breast Cancer, Lung Cancer, Brain Cancer, and many other medical issues.

Were are all those living with HIV going to go for Hospice Care, Many of them have no families.

I see no where in writing that you would increase funding if needed or anyway to request more money if Hospice Care ran out of money. You are telling the community basicaily that primary care/substance abuse is more important than hospice needs. We can provide primary care and medicine all day long but we can't lead a horse to drink water if they don't want it. I have seen personally over 50% of people living with HIV have needed Hospice Care.

Why is it every year you have unspent money and you keep moving it to other services where you anticipate needs?
Everyone is afraid to talk about Hospice but when they need it for themselves, or for a friend, or family member they coming running for help because they can't do it on their own.

PLEASE VOTE NO

Public Hearing City Hall Annex Council Chambers 900 Bagby Houston, TX 77002

Public Comments to diane.beck@cjo.hctx.net

Ryan White Planning Council Meeting July 12th at NOON 2223 West Loop South 5th Floor Houston,

PUBLIC COMMENT

Submitted at the Priority and Allocations Committee meeting 06-18-18

Subject: Update on Substance Abuse Block Grant funds

Robison stated that her comments are in regard to the proposed new service linkage workers to be co-located at substance abuse treatment sites. Just wanted to remind the Council that the funding will go away August 2019 for five case managers serving about 350 consumers. The funding does not have to start until September so the Council can fund half a year the first year. DSHS said they will find a way to fund the outreach workers but they cannot handle the case managers. Case management across the board has not been revised in 10+ years.

--

Ann J. Robison, PhD
Executive Director
The Montrose Center

PUBLIC COMMENT

Submitted at the Ryan White Planning Council meeting 06-14-18

Subject: Update on Substance Abuse Block Grant funds

She has already submitted two comments, one explains what is happening with the funding and the second is regarding the service linkage worker service definition. When the funding ends in August 2019, the Houston will lose five case managers that are funded through the SAMHSA grant, but DSHS will cover the funding for the outreach workers. DSHS encouraged her to come to Ryan White and try to get something established here.

--

Ann J. Robison, PhD
Executive Director
The Montrose Center

Public Comment

Submitted 6/7/2018

SUBJECT: Impact of SAMHSA's Substance Abuse Prevention and Treatment Block Grant HIV Set-Aside

In 1993, Congress authorized a set-aside of 5% of theses block grants for early HIV intervention services in designated states where the rate of AIDS cases (*not HIV cases*) was 10 out of every 100,000. These states, which included Texas at the time, had to expend 5% of the Substance Abuse Prevention and Treatment funds on HIV early intervention. It required organizations receiving these funds to establish linkages with comprehensive community resource networks of related health and social services organizations.

With the advancements in medical care, treatment and prevention, Texas has *AIDS* rate has gone below the threshold which triggered this rule. Consequently, these state funds will not be used for early intervention services starting in September 2019. Locally, three organizations have these funds to help us address the HIV epidemic among the substance use disorder community: AAMA, The Montrose Center and Change Happens. Our current *Ryan White Comprehensive HIV Prevention and Care Services Plan* stresses the need for increased access to substance use disorder services for those who need them, as does the *Roadmap To END HIV Houston.* These goals which facilitate access and retention in care will be losing key support funding and will adversely our ability to accomplish them.

It is imperative that our Priorities and Allocations Committee begin to look into measures to offset this destabilizing situation. In a recent Public Comment submitted by The Montrose Center, Ann Robison shared the Center receives more than $1,332,214 million for 4 clinical case managers and outreach services staff from this source. AAMA has 1 early intervention case manager, 2 outreach workers, a Recovery Coach, and part of a supervisor funded with these funds for a total of about $350,000. I do not know how many staff or how much money Change Happens, but the amount already accounted in this Public Comment stresses the loss of resources in terms of staff and funds coming soon.

I urge this Council to begin speaking and strategizing with the state health department for ways to mitigate this situation so that our planned objectives to ensure all people living with HIV have access to the resources which help them maintain their care is in place, to being reviewing its local upcoming priorities and allocations process for ways to also mitigate this situation.

Steven Vargas,

HIV Advocate

PUBLIC COMMENT

Submitted at the Steering Committee meeting 06-07-18

Subject: Update on Substance Abuse Block Grant funds

Robison stated that she wanted to provide the Council with an update on her previous public comments. Change Happens does not have any case managers funded through the SAMHSA grant, just outreach workers. She and her outreach coordinator met with the State to find out what will happen to the 5% and they pledged to us that they will try to repurpose the outreach money into field recovery coaches but they cannot figure out a way to do anything about case management so they encouraged us to come to Ryan White and try to get something established here. This is the first time she's gotten a real answer from them. Recovery coaching is not paid out of the set aside. She heard that there is a service category description but she has not seen it to comment on and she hopes to see it before it is approved so that she can comment on it.

--

Ann J. Robison, PhD
Executive Director
The Montrose Center

SUBSTANCE ABUSE BLOCK GRANT FUNDS (NON-RYAN WHITE FUNDS)

(See attached for the public comment, which initiated the following questions and answers)

Questions from the Priority and Allocations Committee – as of 03-01-18

The following are questions from the Priority and Allocations Committee regarding the substance abuse block grant funds:

- Out of the $1.3 million how much is used for treatment? How much for case management?
- If the funds are used for Outreach, why are the client utilization numbers so low for Ryan White funded treatment?
- Could current case managers absorb the work?
- What is the status of negotiating with the State to correct the issue regarding these funds?

Response – as of 03-01-18

None is for substance use disorder treatment. We have a separate allocation for that and it is not included in the $1.3M or at risk. The case management alocation is $440,245 + the Criminal Justice Service Linkage (Francis) which is another $82,500. None of this has been fee-for-service but it is easily convertible as they follow a similar process. This does not include AAMA so I would ask Adriana about their allocation.

Not every client found by outreach goes into our outpatient treatment. Actually, 97% of the people we test in the field, while at very high risk, test negative. This is pretty standard. Outreach also does a significant amount of risk and harm reduction education and condom, bleach kit and smoker's kit (crack) distribution and demontrations. For those who do test positive, some go into inpatient, residential, recovery support services (RSS) or community support services. In fact, more go into residential than any other level of care because many of the people we find through street outreach have precarious housing at best and outpatient requires stable housing. None of the above are funded by Ryan White. We have a separate allocation for RSS out of the Block Grant that is not in jeopardy.

If you mean could Ryan White CMs absorb the work, no they cannot. I ran a report from CPCDMS on our HEI CM case load for 9.1.16-8.31.17 (the last full contract period). We have contributed that data voluntarily into the system since the beginning of CPCDMS. There were 301 clients. These are high need clients. When we have a new client present for services, the higher need ones go under HEI funding since we have more flexibility as it is not fee-for-service. We can go out into the field with outreach to find ones who have fallen out of care and can take more creative measures before the intake during the pre-engagement period to get them into care.

The status of the process (it really isn't a negotiation) is as with everything at the state, very slow and in the early stages. We have had two statewide conference calls with them and all programs affected and it has been discussed at the statewide supervisors' meeting. So far there has been an explanation of the issues and brainstorming. The MH/SUD bureau has also been talking with HIV/STD bureau about their RW funds but none of those go to urban areas for case management. It would only be a possible solution for the more rural regions.

Let me know if you need anything else.

Ann J Robison, PhD, Executive Director
the Montrose Center

UPDATE ON ADAP REPORT PRESENTED AT THE MEDICATION ADVISORY COMMITTEE IN APRIL 2018

From: Sanor, Rachel (DSHS) <Rachel.Sanor@dshs.texas.gov>
Sent: Monday, May 21, 2018 9:51 AM
Subject: Re: TRG ADAP-THMP App Upload Outline (Revised)

Thank you Marcus.
We did provide a report to the MAC last month that showed large numbers of clients dropping off the program, especially for youth. We have since found that there were errors in this report, and are working to get the most accurate information at the most detailed level possible for both the MAC and the local areas. Thank you so much for your patience.
Rachel.

Sent from my iPhone

On May 21, 2018, at 9:45 AM, mbenoit hivtrg.org <mbenoit@hivtrg.org> wrote:

Hi All,
There has been some discussion at the Ryan White Planning Council meetings regarding clients who are dropped from the Texas HIV Medication Program. A report was given to one of the council members at the ADAP Advisory meeting which showed a large number of client being dropped. After reviewing the report I explained to the Council that this number could be a reflection of the entire state and not just our region. The Ryan White Planning Council is requesting a monthly report that would detail the number of clients being dropped within our region and if we can key in on what agency that would be much more helpful. The overall factor is that the council believes that this could be a result of people falling out of care and if they are identified, this could be a chance to reengage them into care as well as back on treatment. The idea of having a note in ARIES or a letter uploaded into ARIES of a client being dropped has been discussed as a method to inform the AEWs of the client dropped status. As I explained to the council a dropped status could be of a person who starts to receives insurance, does not complete their 6 month or Annual update, or a person who goes without ordering their medication for a period of time. Considering all these indicators contribute to a client being dropped I explained the number could be inaccurate for identifying if someone is not in care anymore especially with the insurance and none ordering clients.

Good Things,
Marcus D. Benoit, MSW, LBSW
Ryan White Regional Liaison
Houston Regional HIV/AIDS Resource Group, Inc.

PUBLIC COMMENT

Submitted 02-13-18
From email to Office of Support and Ryan White Grant Administration

Subject: Update on Substance Abuse Block Grant funds

There is legislation attached to this block grant that set aside 5% of the funding for HIV services for substance users. Due to poor wording in the enabling legislation from 1987 setting aside 5% of the block grant for HIV services, Texas has fallen under the AIDS case threshold for this set aside. (They used AIDS cases instead of HIV surveillance numbers.) The Center receives $1,332,214 for case management and outreach from this source. The set aside will end 8.31.19. We have been in conversations with the state about how this funding can be repurposed to capture the training and expertise that the staff has gained in the 22 years we have had this set aside but it will not be for HIV. We have 4 clinical case managers and part of a supervisor serving current or former substance users and those in treatment. AAMA has 1 plus part of a supervisor. We would like the council and grants administration to know this so that when the next round of allocations are done, they will understand that these positions will be lost starting 9.1.19. Please let me know what information you need to brief the council.

--

Ann J. Robison, PhD
Executive Director
The Montrose Center

Comprehensive HIV Planning Committee Report

Early Identification of Individuals with HIV/AIDS (EIIHA) Planning Process and Requirements

Purpose of the EIIHA Strategy:

The purpose of this section is to describe the data and information associated with ensuring that individuals who are unaware of their HIV status are identified, informed of their status, referred to supportive services, and linked to medical care if HIV positive. The goals of the EIIHA initiative are to present a strategy for:

1) *identifying individuals with HIV who do not know their HIV status;*
2) *making such individuals aware of such status and enabling such individuals to use the health and support services; and*
3) *reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities.* (HRSA-19-033)

Role of EIIHA Workgroup:

To review existing epidemiologic and other data and suggest three (3) distinct populations for inclusion in the EIIHA section of the HRSA grant application.

Considerations:

- **Additional populations may be selected, but three (3) distinct populations must be selected for inclusion in the EIIHA section of the HRSA grant application.**
- Selection of target populations must be data-driven and pertinent to the goals of the strategy. Sufficient data must exist for each selected population to allow staff to discuss why each target population was chosen and how data support that decision.
- Traditionally, the Council has allowed the Comprehensive HIV Planning Committee to have final approval of the three (3) populations to be included in the EIIHA section of the HRSA grant application, pending distribution to Planning Council members for review and input.

Timeline for the EIIHA Planning Process:

July 2018

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23 EIIHA Workgroup identifies selection criteria and selects FY 2019 EIIHA target populations Office of Support distributes FY 2019 EIIHA target populations to Planning Council members for input	24	25	26	27	28
29	30 9 a.m. – All Council input due to Office of Support Comprehensive HIV Planning Committee reviews Planning Council input and approves FY 2019 EIIHA target populations.	31				

Priority and Allocations Committee Report

DRAFT

Worksheet for Determining FY 2019 Service Priorities

Core Services	HL Scores	HL Rank	Approved FY 2018 Priorities	Proposed FY 2019 Priorities	Justification
Ambulatory/Outpatient Medical Care	HHH	2	1	1	Because there is no new needs assessment data in 2018, keep the priority rankings the same
Medical Case Management	HHH	2	2	2	as they are FY 2018.
Local Pharmacy Assistance Program	HHH	2	3	3	
Oral Health Services	HLL	3	4	4	
Health Insurance	HLH	4	5	5	
Mental Health Services	HLH	4	6	6	
Early Intervention Services (jail)	LLH	7	7	7	
Day Treatment	LLH	7	8	8	
Substance Abuse Treatment	LLH	7	9	9	
Medical Nutritional Therapy	LLL	8	10	10	
Hospice*	-	-	11	11	

Support Services	HL Scores	HL Rank	Approved FY 2018 Priorities	Proposed FY 2019 Priorities	Justification
Outreach*	--	--	12	12	
Non-medical case management	HHL	1	13	15	
Medical Transportation	LLH	7	14	16	
Linguistics Services	LLH	7	15	17	
Emergency Financial Assistance	--	--	16	13	Justification for FY19: Move to Priority 13 to better reflect the Planning Council's urgency in creating Emergency Financial Assistance and Referral for Health Care & Support Services to increase timely access to medications.
Referral for Health Care & Support Services	--	--	17	14	Justification for FY19: Move to Priority 14; see justification above.

*Hospice, Emergency Financial Assistance, Referral for Health Care and Outreach do not have HL Score or HL Rank as they were not included in the 2016 Needs Assessment service category need and accessibility rankings.

HOUSTON EMA/HSDA
Needs Assessment Rankings

Chart for Determining FY2018 Service Priorities

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

Ranking	
HHL	1
HHH	2
HLL	3
HLH	4
LHL	5
LHH	6
LLH	7
LLL	8

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

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

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

Needs Assessment Data for FY 2018 Priorities

05-24-17

Need

Service Category	Proportion
Medical	
Case management	83
Day treatment	31
Early intervention (jail only)	7
Health insurance assistance	59
Local medication assistance	74
Medical nutrition therapy	38
Mental health services	53
Oral health care	73
Primary care	94
Substance abuse services	24
Mean	54
Non-Medical	
Emergency Financial Assistance	---
Linguistic Services	6
Non-Medical Case Management	93
Outreach Services	---
Referral for Health Care & Support Services	---
Transportation	47
Mean	49

Acccessibility

Service Category	Proportion
Medical	
Case management	88
Day treatment	92
Early intervention (jail only)	85
Health insurance assistance	85
Local medication assistance	89
Medical nutrition therapy	82
Mental health services	88
Oral health care	76
Primary care	90
Substance abuse services	92
Mean	87
Non-Medical	
Emergency Finanical Assistance	---
Linguistic Services	93
Non-Medical Case Management	74
Outreach Services	---
Referral for Health Care & Support Services	---
Transportation	85
Mean	84

DRAFT Key to Priority Setting Using 2014 Needs Assessment Data

(May 11, 2018)

Criteria	Definition	Data Source	Formula
1. Need	Proportion of consumers reporting a need for the service in the past 12 months	Needs Assessment	**(a + b)/N = x*100 (rounded)** *a* = total # of NA respondents selecting "I needed this service, and it was easy to get" per service category *b* = total # of NA respondents selecting "I needed this service, and it was difficult to get" per service category *N* = total # of NA respondents *x* = percent indicating a need for the service per service category
2. Use	Number of clients who used the service in the past 12 months	CPCDMS	# of unduplicated clients per service category for a designated calendar year (1/1 – 12/31)
3. Availability	Proportion of consumers reporting the service was easy to access in the past 12 months	Needs Assessment	**n/N = x*100 (rounded)** *n* = total # of NA respondents selecting "I needed this service, and it was easy to get" per service category *N* = total # of NA respondents indicating need for the service per service category (see *a* + *b* above) *x* = percent indicating service accessibility per service category

Other Possible Criteria*

- **Access (revised):** Number of reported barriers per service compared to mean for all services (quantified as % above/below or as a simple High/Low for Above/Below mean)
- **Quality:** Proportion of clients achieving desired health outcome of the service in the past 12 months (quantified as % or as simple High/Low for Above/Below benchmark)
- **Out-of-Care:** Proportion of out-of-care consumers reporting a need for the service in the past 12 months
- **Newly-Diagnosed/EIIHA:** Proportion of newly-diagnosed consumers reporting a need for the service in the past 12 months

*Source document: Ryan White HIV/AIDS Program Part A Manual – Revised 2013, pg. 2013-204.

FY 2019 Priority Setting Process

(Priority and Allocations Committee approved 02-22-18)

1. Agree on the principles to be used in the decision making process.
2. Agree on the criteria to be used in the decision making process.
3. Agree on the priority-setting process.
4. Agree on the process to be used to determine service categories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Improvement, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
6. Committee members attend a training session to review the documents contained in the information binder and hear presentations from representatives of other funding sources such as HOPWA, Prevention, Medicaid and others.
7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these five items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
8. The committee meets to do the following. This step occurs at a single meeting:
    - Review documentation not included in the binder described above.
    - Review and adjust the midpoint scores.
    - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
    - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
    - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or ARIES.
    - By matching the rankings to the template, a numerical listing of services is established.
    - Justification for ranking categories is denoted by listing principles and criteria.
    - Categories that are not justified are removed from ranking.
    - If a committee member suggests moving a priority more than five places from the previous year's ranking, this automatically prompts discussion and is challenged; any other category that has changed by three places may be challenged; any category that moves less than three places cannot be challenged unless documentation can be shown (not cited) why it should change.
    - The Committee votes upon all challenged categorical rankings.
    - At the end of challenges the entire ranking is approved or rejected by the committee.

(Continued on next page)

9. At a subsequent meeting, the Priority and Allocations Committee goes through the allocations process.
10. Staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
11. The single list of recommended priorities is presented at a Public Hearing.
12. The committee meets to review public comment and possibly revise the recommended priorities.
13. Once the committee has made its final decision, the recommended single list of priorities is forwarded as the priority list of services for the following year.

DRAFT

Houston Ryan White Planning Council
Priority and Allocations Committee

Proposed Ryan White Part A, MAI, Part B and State Services Funding FY 2019 Allocations

(Priority and Allocations Committee approved 06-27-18)

MOTION A: All Funding Streams – Level Funding Scenario

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

Approve the attached Ryan White Part A, MAI, Part B, and State Services Funding FY 2019 Level Funding Scenario.

MOTION B: MAI Increase / Decrease Scenarios

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

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

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

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

MOTION C: Part A Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Part A Funding.

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

Increase Funding Scenario for Ryan White Part A Funding.

Step 1: Allocate first $500,000 to Local Pharmacy Assistance Program (category 3).

Step 2: Allocate next $300,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council.

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

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

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

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

Step 1: Allocate first $200,000 to Oral Health Untargeted (category 4a).

Step 2: Allocate next $200,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council after the notice of grant award is received.

Committee Approved 06-27-18

FY 2019 - Level Funding Scenario - Draft 5 - 06/28/18

DRAFT

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
	Remaining Funds to Allocate	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	
		Part A	**MAI**	**Part B**	**State Services**	**SS-R**	**Total**	**FY 2019 Allocations & Justification**
1	**Ambulatory/Outpatient Primary Care**	**$9,783,470**	**$1,846,844**	**$0**	**$0**	**$0**	**$11,630,314**	
1.a	PC-Public Clinic	$3,591,064					$3,591,064	
1.b	PC-AA	$940,447	$934,693				$1,875,140	
1.c	PC-Hisp - see 1.b above	$786,424	$912,152				$1,698,576	
1.d	PC-White - see 1.b above	$1,023,797					$1,023,797	
1.e	PC-Rural	$1,149,761					$1,149,761	
1.f	PC-Women	$1,874,540					$1,874,540	
1.g	PC-Pedi	$15,437					$15,437	
1.h	Vision Care	$402,000					$402,000	
2	**Medical Case Management**	**$2,535,802**	**$320,100**	**$0**	**$0**	**$0**	**$2,855,902**	
2.a	CCM-Mental/Substance	$488,656					$488,656	
2.b	MCM-Public Clinic	$482,722					$482,722	
2.c	MCM-AA	$321,070	$160,050				$481,120	
2.d	MCM-Hisp	$321,072	$160,050				$481,122	
2.e	MCM-White	$107,247					$107,247	
2.f	MCM-Rural	$348,760					$348,760	
2.g	MCM-Women	$180,311					$180,311	
2.h	MCM-Pedi	$160,051					$160,051	
2.i	MCM-Veterans	$80,025					$80,025	
2.j	MCM-Youth	$45,888					$45,888	
3	**Local Pharmacy Assistance Program**	**$2,657,166**	**$0**	**$0**	**$0**	**$0**	**$2,657,166**	**FY19: Increase $465,696 in Part A due to increased expenditures in FY17.**
4	**Oral Health**	**$166,404**	**$0**	**$2,186,905**	**$0**	**$0**	**$2,353,309**	
4.a	Untargeted			$2,186,905			$2,186,905	**FY19: Increase $101,340 in Part B to reflect FY17 expenditures.**
4.b	Rural Dental	$166,404					$166,404	
5	**Health Insurance Co-Pays & Co-Ins**	**$1,173,070**	**$0**	**$1,040,351**	**$996,979**	**$0**	**$3,210,400**	**FY19:** **Part A - Decrease $100,000 in Part A, move to LPAP.** **SS - Decrease $82,715 in SS to balance funding five SLW targeted to substance use (sub-category 15e). Increase $100,000 in SS to make $100,000 available under Part A to move to LPAP.** **Part B - Increase $313,466 in Part B ($82,715 to offset funding SLW-Substance Use + $230,751 to reflect FY17 expeditures).**

Committee Approved 06-27-18

FY 2019 - Level Funding Scenario - Draft 5 - 06/28/18

DRAFT

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
	Remaining Funds to Allocate	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	
6	**Mental Health Services**	**$0**	**$0**	**$0**	**$300,000**	**$0**	**$300,000**	
7	**Early Intervention Services**	**$0**	**$0**	**$0**	**$166,211**	**$0**	**$166,211**	
8	**Home & Community Based Health Services**	**$0**	**$0**	**$113,315**	**$0**	**$0**	**$113,315**	
8.a	In-Home (skilled nursing & health aide)						$0	
8.b	Facility-based (adult day care)			$113,315			$113,315	**FY19: Decrease $90,000 in Part B to reflect FY17 expenditures.**
9	**Substance Abuse Treatment - Outpatient**	**$45,677**	**$0**	**$0**	**$0**	**$0**	**$45,677**	
10	**Medical Nutritional Therapy**	**$341,395**	**$0**	**$0**	**$0**	**$0**	**$341,395**	
11	**Hospice**	**$0**	**$0**	**$0**	**$259,832**	**$0**	**$259,832**	**FY19: Decrease $100,000 in SS due to underspending and to move to LPAP through toggling between SS and Part A under Health Insurance Assistance.**
12	**Outreach Services**	**$420,000**	**$0**	**$0**	**$0**		**$420,000**	**FY19: Decrease $39,927 in Part A to restore to original FY18 allocation amount (prior to application of the FY18 Increase Scenario).**
13	**Emergency Financial Assistance**	**$450,000**	**$0**	**$0**	**$0**	**$0**	**$450,000**	
14	**Referral for Health Care & Support Services**	**$0**	**$0**	**$0**	**$0**	**$375,000**	**$375,000**	
15	**Non-Medical Case Management**	**$1,231,002**	**$0**	**$0**	**$225,000**	**$0**	**$1,456,002**	
15.a	SLW-Youth	$110,793					$110,793	
15.b	SLW-Testing	$100,000					$100,000	
15.c	SLW-Public	$427,000					$427,000	
15.d	SLW-CBO, includes some Rural	$593,209					$593,209	
15.e	SLW-Substance Use	$0			$225,000		$225,000	**FY19: Fund $225,000 under SS to support five SLWs targeted to substance use.**
16	**Transportation**	**$424,911**	**$0**	**$0**	**$0**	**$0**	**$424,911**	
16.a	Van Based - Urban	$252,680					$252,680	
16.b	Van Based - Rural	$97,185		$0			$97,185	
16.c	Bus Passes & Gas Vouchers	$75,046					$75,046	**FY19: Decrease $83,000 in Part A as current inventory can support the reduction in funding for one year.**
17	**Linguistic Services**	**$0**	**$0**	**$0**	**$68,000**	**$0**	**$68,000**	
	Total Service Allocation	**$19,228,897**	**$2,166,944**	**$3,340,571**	**$2,016,022**	**$375,000**	**$27,127,434**	

Committee Approved 06-27-18

FY 2019 - Level Funding Scenario - Draft 5 - 06/28/18

DRAFT

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
	Remaining Funds to Allocate	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	
NA	Quality Management	$495,000					$495,000	
NA	Administration	$1,675,047					$1,675,047	
NA	Compassionate Care Program					$600,000	$600,000	
	Total Non-Service Allocation	**$2,170,047**	**$0**	**$0**	**$0**	**$600,000**	**$2,770,047**	
	Total Grant Funds	**$21,398,944**	**$2,166,944**	**$3,340,571**	**$2,016,022**	**$975,000**	**$29,897,481**	

Remaining Funds to Allocate (exact same as the yellow row on top)	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Tips:

* Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet wil become "broken" and the totals will be incorrect.
* It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from $42,000 to $40,000, don't just delete the cell contents and type in a new number. Instead, type in "=42000-2000". This shows that you

[For Staff Only]

If needed, use this space to enter base amounts to be used for calculations

	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	SS-R estimated	
Total Grant Funds	**$21,398,944**	**$2,166,944**	**$3,340,571**	**$2,016,022**	**$975,000**	**$29,897,481**

SOME OF THE SUPPORTING DOCUMENTS

USED TO CREATE

THE PROPOSED

FY 2019 ALLOCATIONS

DRAFT

Houston Area HIV Services Ryan White Planning Council

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713 572-3724 telephone; 713 572-3740 fax
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FY 2019 How to Best Meet the Need Service Category
Quality Improvement Committee Recommendations Summary (as of 06/07/18)

Those services for which no change is recommended include:

Ambulatory Outpatient Medical Care
Case Management (Medical and Clinical)
Early Intervention Services (targeting the Incarcerated)
Emergency Financial Assistance
Health Insurance Premium and Cost Sharing Assistance
Home and Community Based Health Services (Day Treatment)
Hospice Services
Linguistic Services
Local Pharmacy Assistance Program
Medical Nutritional Therapy/Supplements
Mental Health Services
Oral Health (Untargeted and Targeting the Northern Rural Area)
Outreach Services - Primary Care Re-Engagement
Substance Abuse Treatment
Transportation
Vision Care

Services with recommended changes include the following:

Case Management (Non-Medical Service Linkage)

- Create up to five (5) service linkage worker positions targeting outpatient substance abuse treatment.

Referral for Health Care and Support Services

- Table the discussion on this service category until more information is available.

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

FY 2017 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**9,795,737**	**50,000**	**53,425**	**-80,000**	**0**	**9,819,162**	**46.53%**	**9,819,162**	**0**		**9,297,193**	**95%**	**100%**
1.a	Primary Care - Public Clinic (a)	3,643,839	0	0	0		3,643,839	17.27%	3,643,839	0	3/1/2017	$3,908,590	107%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	0	17,809	0		958,256	4.54%	958,256	0	3/1/2017	$1,243,974	130%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	17,808	0		804,232	3.81%	804,232	0	3/1/2017	$940,883	117%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,038,843	0	17,808	0		1,056,651	5.01%	1,056,651	0	3/1/2017	$607,373	57%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,166,658	0	0	-80,000		1,086,658	5.15%	1,086,658	0	3/1/2017	$994,257	91%	100%
1.f	Primary Care - Women at Public Clinic (a)	1,902,089	0	0			1,902,089	9.01%	1,902,089	0	3/1/2017	$1,238,982	65%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2017	$11,400	74%	100%
1.h	Vision	302,000	50,000	0	0		352,000	1.67%	352,000	0	3/1/2017	$351,735	100%	100%
2	**Medical Case Management**	**2,215,702**	**0**	**227,500**	**0**	**0**	**2,443,202**	**11.58%**	**2,443,202**	**0**		**2,014,099**	**82%**	**100%**
2.a	Clinical Case Management	488,656	0	115,000	0		603,656	2.86%	603,656	0	3/1/2017	$456,995	76%	100%
2.b	Med CM - Public Clinic (a)	162,622	0	0	0		162,622	0.77%	162,622	0	3/1/2017	$269,571	166%	100%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	37,500	0		358,570	1.70%	358,570	0	3/1/2017	$454,640	127%	100%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	37,500	0		358,572	1.70%	358,572	0	3/1/2017	$225,068	63%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	37,500	0		144,747	0.69%	144,747	0	3/1/2017	$118,896	82%	100%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.65%	348,760	0	3/1/2017	$196,419	56%	100%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.85%	180,311	0	3/1/2017	$75,416	42%	100%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0		160,051	0.76%	160,051	0	3/1/2017	$96,814	60%	100%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.38%	80,025	0	3/1/2017	$68,934	86%	100%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.22%	45,888	0	3/1/2017	$51,347	112%	100%
3	**Local Pharmacy Assistance Program (a) (e)**	**2,384,796**	**0**	**30,000**	**0**	**0**	**2,414,796**	**11.44%**	**2,414,796**	**0**	3/1/2017	**$3,656,750**	**151%**	**100%**
4	**Oral Health**	**166,404**	**0**	**29,717**	**0**	**0**	**196,121**	**0.93%**	**196,121**	**0**	3/1/2017	**196,100**	**100%**	**100%**
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	29,717			196,121	0.93%	196,121	0	3/1/2017	$196,100	100%	100%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,294,551**	**0**	**0**	**80,000**	**0**	**1,374,551**	**6.51%**	**1,374,551**	**0**	3/1/2017	**$1,374,549**	**100%**	**100%**
7	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**0**	**0**	**45,677**	**0.22%**	**45,677**	**0**	3/1/2017	**$45,663**	**100%**	**100%**
9	**Early Intervention Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**10,000**	**0**	**0**	**351,395**	**1.67%**	**351,395**	**0**	3/1/2017	**$344,852**	**98%**	**100%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Outreach Services**	**490,000**	**-70,000**				**420,000**	**1.99%**	**420,000**	**0**	**7/1/2017**	**$147,204**	**35%**	**100%**
13	**Non-Medical Case Management**	**1,231,002**	**0**	**14,000**	**0**	**0**	**1,245,002**	**5.90%**	**1,245,002**	**0**		**1,094,687**	**88%**	**100%**
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.53%	110,793	0	3/1/2017	$294,840	266%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			0		100,000	0.47%	100,000	0	3/1/2017	$85,024	85%	100%
13.c	Service Linkage at Public Clinic (a)	427,000		0	0		427,000	2.02%	427,000	0	3/1/2017	$0	0%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		14,000	0		607,209	2.88%	607,209	0	3/1/2017	$714,823	118%	100%
14	**Medical Transportation**	**527,362**	**-45,275**	**30,000**	**0**	**0**	**512,087**	**2.43%**	**512,087**	**0**		**379,864**	**74%**	**100%**
14.a	Medical Transportation services targeted to Urban	252,680	0	15,000	0		267,680	1.27%	267,680	0	3/1/2017	$294,840	110%	100%
14.b	Medical Transportation services targeted to Rural	97,185	0	15,000	0		112,185	0.53%	112,185	0	3/1/2017	$85,024	76%	100%
14.c	Transportation vouchering (bus passes & gas cards)	177,497	-45,275	0	0		132,222	0.63%	132,222	0	3/1/2017	$0	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**		**50,000**			**50,000**	**0.24%**	**50,000**	**0**	NA	$50,000	**100%**	**100%**
18	**Referral for Health Care and Support Services**	**0**					**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
BER27519	**Total Service Dollars**	**18,617,626**	**-190,275**	**444,642**	**0**	**0**	**18,871,993**	**87.45%**	**18,871,993**	**0**		**18,453,757**	**98%**	**100%**
	Grant Administration	**1,658,827**	**16,220**	**0**	**0**	**0**	**1,675,047**	**7.94%**	**1,675,047**	0	N/A	**1,324,318**	**79%**	**100%**

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

FY 2017 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
BER27517	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.43%	1,146,388	0	N/A	$1,080,632	94%	100%
PC	RWPC Support*	512,439	16,220		0	0	528,659	2.51%	528,659	0	N/A	243,686	46%	100%
BER27521	**Quality Management**	**495,000**	**0**	**0**	**0**	**0**	**495,000**	**2.35%**	**495,000**	**0**	**N/A**	**$473,363**	**96%**	**100%**
		20,771,453	**-174,055**	**444,642**	**0**	**0**	**21,042,040**	**97.73%**	**21,042,040**	**0**		**20,251,438**	**96%**	**100%**
								Unallocated	Unobligated					
	Part A Grant Award:	**20,656,176**	***Carry Over:***	**444,642**		***Total Part A:***	**21,100,818**	**58,778**	**0**					

		Original Allocation	Award Reconciliation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent
	Core (must not be less than 75% of total service dollars)	**16,244,262**	**50,000**	**350,642**	**0**	**0**	**16,644,904**	**88.20%**	**16,644,904**	**88.20%**
	Non-Core (may not exceed 25% of total service dollars)	**2,373,364**	**-240,275**	**94,000**	**0**	**0**	**2,227,089**	**11.80%**	**2,227,089**	**11.80%**
	Total Service Dollars (does not include Admin and QM)	**18,617,626**	**-190,275**	**444,642**	**0**	**0**	**18,871,993**		**18,871,993**	
	Total Admin (must be ≤ 10% of total Part A + MAI)	**1,658,827**	**16,220**	**0**	**0**	**0**	**1,675,047**	**7.94%**		
	Total QM (must be ≤ 5% of total Part A + MAI)	**495,000**	**0**	**0**	**0**	**0**	**495,000**	**2.35%**		

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**2,057,949**	**59,936**	**233,750**	**0**	**0**	**2,351,635**	**85.53%**	**2,351,635**	**0**		**2,134,272**	**91%**	**100%**
1.b (MAI)	Primary Care - CBO Targeted to African American	1,040,245	29,968	116,875	0	0	1,187,088	43.18%	1,187,088	0	3/1/2017	$1,217,847	103%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,017,704	29,968	116,875	0	0	1,164,547	42.36%	1,164,547	0	3/1/2017	$916,425	79%	100%
17	**Emergency Financial Assistance**	**0**	**0**	**50,000**			**50,000**	**1.82%**	**50,000**	**0**	**12/1/2017**	**$50,000**	**100%**	**100%**
18	**Referral for Health Care and Support Services**	**0**	**0**	**347,746**			**347,746**	**12.65%**	**0**	**347,746**			**#DIV/0!**	**100%**
	Total MAI Service Funds	**2,057,949**	**59,936**	**631,496**	**0**	**0**	**2,749,381**	**100.00%**	**2,401,635**	**347,746**		**2,134,272**	**89%**	**100%**
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**		**0**	**0%**	**0%**
BEQ 27516	**Total MAI Funds**	**2,057,949**	**59,936**	**631,496**	**0**	**0**	**2,749,381**	**100.00%**	**2,401,635**	**347,746**		**2,134,272**	**89%**	**100%**
	MAI Grant Award	**2,117,885**	***Carry Over:***	**631,496**		***Total MAI:***	**2,749,381**							
	Combined Part A and MAI Orginial Allocation Total	**22,829,402**												

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations

Prepared by: Ryan White Grant Administration

FY 2017 Ryan White Part A and MAI Service Utilization Report

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

Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Outpatient/Ambulatory Primary Care (excluding Vision)**	**6,467**	**7,620**	**74%**	**26%**	**49%**	**15%**	**2%**	**34%**	**0%**	**1%**	**5%**	**26%**	**27%**	**13%**	**26%**	**2%**
1.a	Primary Care - Public Clinic (a)	2,350	3,525	69%	31%	52%	10%	2%	36%	0%	0%	3%	19%	27%	14%	34%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	1,762	71%	29%	99%	0%	1%	0%	0%	1%	9%	37%	25%	10%	18%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,223	85%	15%	0%	0%	0%	100%	0%	1%	5%	31%	31%	13%	18%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	743	90%	10%	0%	89%	11%	0%	0%	0%	4%	27%	22%	16%	29%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	400	599	71%	29%	43%	25%	3%	29%	0%	0%	8%	29%	28%	11%	23%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	1,093	0%	100%	62%	8%	1%	28%	0%	0%	2%	14%	31%	16%	33%	4%
1.g	Primary Care - Pediatric (a)	7	12	75%	25%	67%	8%	0%	25%	33%	58%	8%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,478	76%	24%	48%	15%	2%	35%	0%	1%	4%	23%	23%	15%	31%	3%
2	**Medical Case Management (f)**	**3,075**	**5,445**														
2.a	Clinical Case Management	600	1,265	75%	25%	59%	20%	2%	19%	0%	1%	7%	28%	22%	13%	27%	3%
2.b	Med CM - Targeted to Public Clinic (a)	280	699	95%	5%	56%	12%	3%	29%	0%	2%	14%	22%	20%	11%	28%	2%
2.c	Med CM - Targeted to AA (a)	550	1,918	71%	29%	99%	0%	1%	0%	0%	1%	8%	34%	25%	11%	20%	2%
2.d	Med CM - Targeted to H/L(a)	550	930	87%	13%	0%	0%	0%	100%	0%	1%	7%	34%	29%	11%	16%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	480	88%	12%	0%	88%	12%	0%	0%	0%	4%	23%	20%	16%	33%	4%
2.f	Med CM - Targeted to Rural (a)	150	712	70%	30%	45%	28%	3%	24%	0%	0%	6%	24%	25%	12%	28%	3%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	315	0%	100%	66%	10%	1%	23%	0%	2%	7%	15%	30%	14%	29%	3%
2.h	Med CM - Targeted to Pedi (a)	125	89	56%	44%	76%	6%	0%	18%	60%	36%	4%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	189	96%	4%	69%	22%	1%	8%	0%	0%	0%	2%	3%	6%	69%	20%
2.j	Med CM - Targeted to Youth	120	113	96%	4%	62%	6%	4%	28%	0%	15%	85%	0%	0%	0%	0%	0%
3	**Local Drug Reimbursement Program (a)**	**2,845**	**4,653**	**78%**	**22%**	**49%**	**16%**	**2%**	**34%**	**0%**	**0%**	**6%**	**30%**	**28%**	**13%**	**21%**	**2%**
4	**Oral Health**	**200**	**322**	**66%**	**34%**	**39%**	**33%**	**2%**	**25%**	**0%**	**1%**	**4%**	**22%**	**30%**	**13%**	**28%**	**2%**
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	322	66%	34%	39%	33%	2%	25%	0%	1%	4%	22%	30%	13%	28%	2%
5	**Mental Health Services (d)**	**NA**	**NA**														
6	**Health Insurance**	**1,700**	**1,562**	**82%**	**18%**	**45%**	**28%**	**2%**	**25%**	**0%**	**0%**	**3%**	**17%**	**20%**	**15%**	**39%**	**6%**
7	**Home and Community Based Services (d)**	**NA**	**NA**														
8	**Substance Abuse Treatment - Outpatient**	**40**	**24**	**96%**	**4%**	**29%**	**46%**	**4%**	**21%**	**0%**	**0%**	**4%**	**29%**	**29%**	**13%**	**25%**	**0%**
9	**Early Medical Intervention Services (d)**	**NA**	**NA**														
10	**Medical Nutritional Therapy/Nutritional Supplements**	**650**	**496**	**76%**	**24%**	**41%**	**24%**	**3%**	**32%**	**0%**	**0%**	**1%**	**11%**	**16%**	**19%**	**45%**	**8%**
11	**Hospice Services (d)**	**NA**	**NA**														
12	**Outreach**	**NA**	**387**	**77%**	**23%**	**60%**	**12%**	**2%**	**26%**	**0%**	**0%**	**7%**	**29%**	**26%**	**13%**	**24%**	**1%**
13	**Non-Medical Case Management**	**7,045**	**7,560**														
13.a	Service Linkage Targeted to Youth	320	178	79%	21%	61%	8%	3%	28%	0%	13%	87%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	138	71%	29%	57%	7%	2%	34%	0%	0%	0%	37%	22%	11%	28%	2%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	3,173	68%	32%	61%	11%	1%	27%	0%	0%	0%	18%	24%	14%	38%	5%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	4,071	77%	23%	53%	15%	2%	29%	1%	1%	7%	30%	24%	13%	23%	2%
14	**Transportation**	**2,850**	**3,173**														
14.a	Transportation Services - Urban	170	587	70%	30%	59%	11%	2%	27%	0%	0%	7%	28%	27%	10%	23%	4%
14.b	Transportation Services - Rural	130	169	69%	31%	35%	40%	2%	23%	0%	0%	4%	21%	28%	14%	30%	2%
14.c	Transportation vouchering	2,550	2,417														
15	**Linguistic Services (d)**	**NA**	**NA**														
16	**Other Professional Services (e)**	**NA**	**NA**														
17	**Emergency Financial Assistance (e)**	**NA**	**NA**														
18	**Referral for Health Care - Non Core Service (d)**	**NA**	**NA**														
*Net unduplicated clients served - all categories**		11,657	12,890	74%	26%	53%	16%	2%	29%	1%	1%	5%	24%	24%	13%	30%	4%
Living AIDS cases + estimated Living HIV non-AIDS (from FY 17 App) (b)		NA	22,830	74%	26%	49%	23%	3%	25%	0%	6%		18%	27%	30%	18%	

11,657 clients to be served is based on the number of unduplicated clients served in FY 2016 (update per CPCDMS)

Printed: 5/23/2018

Prepared by: Ryan White Grant Administration

FY 2017 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report

Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,849	73%	27%	99%	0%	1%	0%	0%	1%	10%	38%	25%	10%	16%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,252	86%	14%	0%	0%	0%	100%	0%	1%	6%	32%	31%	13%	17%	1%

RW Part A New Client Service Utilization Report

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Primary Medical Care**	**2,100**	**1,698**	**76%**	**24%**	**54%**	**15%**	**2%**	**29%**	**0%**	**2%**	**7%**	**35%**	**25%**	**11%**	**18%**	**2%**
2	**LPAP**	**1,200**	**758**	**81%**	**19%**	**54%**	**17%**	**1%**	**28%**	**0%**	**1%**	**8%**	**38%**	**24%**	**10%**	**17%**	**1%**
3.a	Clinical Case Management	400	216	84%	16%	55%	20%	3%	22%	0%	2%	13%	36%	19%	10%	20%	0%
3.b-3.h	Medical Case Management	1,600	1097	76%	24%	56%	16%	2%	25%	1%	3%	10%	34%	22%	10%	19%	2%
3.i	Medical Case Manangement - Targeted to Veterans	60	62	95%	5%	58%	29%	2%	11%	0%	0%	0%	2%	2%	11%	63%	23%
4	**Oral Health**	**40**	**46**	**65%**	**35%**	**41%**	**37%**	**2%**	**20%**	**0%**	**2%**	**7%**	**17%**	**33%**	**22%**	**20%**	**0%**
12.a. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	**3,700**	**2,064**	**75%**	**25%**	**58%**	**14%**	**2%**	**26%**	**1%**	**2%**	**7%**	**32%**	**24%**	**11%**	**21%**	**3%**
12.b	**Service Linkage at Testing Sites**	**260**	**81**	**74%**	**26%**	**58%**	**5%**	**2%**	**35%**	**0%**	**2%**	**20%**	**37%**	**19%**	**6%**	**16%**	**0%**

ootnotes:

(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 2017
(f)	Total MCM served does not include Clinical Case Management

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 March 2018
final

Spending Target: 100%

Revised 6/12/2018

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 (1)	$2,370,346	71%	($434,450)	$1,935,896	67%	4/1/2017	$1,635,581	69%
7	Health Insurance Premiums and Cost Sharing (2)	$726,885	22%	($16,122)	$710,763	25%	4/1/2017	$1,113,243	153%
9	Home and Community Based Health Services(3)	$232,000	7%	($3,840)	$228,160	8%	4/1/2017	$113,504	49%
	Total Houston HSDA	~~3,329,231~~	100%	($454,412)	$2,874,819	100%		2,862,328	86%

this is what 18/19 will be

Note: Spending variances of 10% will be addressed:

1 OHS - Services were disrupted during Hurricane Harvey. Staff vacanies during grant period resulted in less services and less expenses.

2 HIP - Provider overbilled RWB to minimize returning funds to DSHS resulting in underspending in State Services.

3 Services utilization has decreased. Changes in program have been implemented. Service category may need an allocation reduction.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1718 DSHS State Services Rebate

Procurement Report

September 1, 2017- August 31, 2018

Chart reflects spending through April 2018

Spending Target: 67%

Revised 6/12/2018

Priority	Service Category	Original Allocation per	% of Grant	Amendment	Contractual Amount	% of Grant	Date of Original	Expended YTD	Percent YTD
6	ADAP Eligibility Worker (1)	$375,000	38%		$375,000	38%	9/1/2017	$102,987	27%
7	Emergency Financial Assistance (2)	$600,000	62%		$600,000	62%	9/1/2017	$156,521	26%
	Total Houston HSDA	**975,000**	**100%**	$0	$975,000	100%		259,507	27%

Note: Spending variances of 10% will be addressed

1 2 of 5 positions are unfilled; This is a start-up project and all positions were new hires.

2 Contract was implemented late; The public clinic has yet to utilize services, however, DSHS has expanded statewide. Expenditures has increased.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2017-04/30/2018

Revised: 6/6/2018

	Assisted			NOT Assisted		
Request by Type	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	1184	$111,263.79	473			*0*
Medical Deductible	98	$39,511.43	78			*0*
Medical Premium	4468	$1,753,288.05	841			*0*
Pharmacy Co-Payment	2449	$296,291.70	838			*0*
APTC Tax Liability	0	$0.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	7	$2,751.12	14	*NA*	*NA*	*NA*
Totals:	8206	$2,197,603.85	2244	0	$0.00	

Comments: This report represents services provided under all grants.

2017-2018 Ryan White Part B Service Utilization Report
4/1/2017 - 3/31/2018 Houston HSDA (4816)
4th Quarter

Revised 5/7/2018

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	*941*	941	81.9%	17.8%	0.0%	0.3%	40.1%	28.8%	28.9%	2.2%	0.1%	0.1%	1.6%	14.0%	16.4%	15.5%	45.4%	6.9%
Home & Community Based Health Services	*40*	25	68.0%	32.0%	0.0%	0.0%	80.0%	4.0%	16.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.0%	20.0%	60.0%	12.0%
Oral Health Care	*4,180*	2,791	144.4%	197.7%	0.0%	2.3%	106.3%	29.3%	6.9%	3.2%	0.0%	0.2%	2.2%	17.0%	19.9%	13.3%	40.4%	7.0%
Unduplicated Clients Served By RW Part B Funds:	*NA*	**3,757**	**294.33%**	**247.43%**	**0.00%**	**2.65%**	**226.4%**	**62.1%**	**51.8%**	**5.4%**	**0.0%**	**0.1%**	**1.2%**	**10.4%**	**14.8%**	**16.3%**	**48.6%**	**8.6%**

FY 2018 - Level Funding Scenario - Draft 5 - 06/23/17

DRAFT

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

FY 2018 - Level Funding Scenario - Draft 5 - 06/23/17

DRAFT

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

FY 2018 - Level Funding Scenario - Draft 5 - 06/23/17

DRAFT

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

Remaining Funds to Allocate (exact same as the yellow row on top)	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	

Tips:

* Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet wil become "broken" and the totals will be incorrect.

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

FY 2018 - Level Funding Scenario - Draft 5 - 06/23/17

DRAFT

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

[For Staff Only]

If needed, use this space to enter base amounts to be used for calculations

	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	SS-R estimated	
Total Grant Funds	$20,656,176	$2,117,885	$3,015,765	$1,873,737	$975,000	$28,638,563

Operations Committee Report

2018 RWPC Attendence Records
(as of 06-18-18)

a-absent, p-present, e-excused, re-resigned, shaded-do not include in count, Ssh-came but unable to stay, nm- no meeting														
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
Ruth Atkinson		p	a	p	nm	p								
Affected		e	e	nm	e	nm								
Operations		p	p	nm	e									
Ted Artiaga		p	p	nm	nm	e								
Comp HIV Plan		p	p	nm	p	nm								
Quality Improvement		p	a											
Steering		p	p	e	nm	p								
Connie Barnes		e	a	p	nm	p								
Quality Improvement		e	p	nm	e	nm								
Rosalind Belcher		e	p	p	nm	p								
Affected Community		e	p	nm	a	nm								
Quality Improvement		e	p	nm	p	nm								
David Benson		e	e	e	nm	e								
Quality Improvement		e	e	nm	p	nm								
Skeet Boyle		p	p	p	e	p								
Affected Community		p	e	nm	p	nm								
Operations		p	p	nm	e									
Steering		p	p	p	nm	p								
Ella Collins-Nelson		p	p	n	nm	p								
Operations		p	p	nm	p									
Priority & Allocations		p	nm	nm	p	p								
Steering		p	p	p	nm	p								
Bobby Cruz		p	p	p	nm	p								
Operations		p	p	nm	p									
Priority & Allocations		p	nm	nm	p	p								
Johnny Deal		p	p	p	nm	p								
Affected			p	nm	p	nm								
Operations		p	p	nm	p									
Steering		p	p	p	nm	p								
Herman Finley		p	p	p	nm	p								
Affected Community		p	p	nm	p	nm								
Comp HIV Plan		p	p	nm	a	nm								
Ronnie Galley		p	p	p	nm	p								
Affected Community			p	nm	p	nm								
Operations		p	p	nm	e									
Paul Grunenwald		e	a	p	nm	p								
Priority & Allocations		p	nm	nm	e	a								
Angela F. Hawkins		p	p	e	nm	p								
Priority & Allocations		p	nm	nm	p	p								
Dawn Jenkins		p	p	p	nm	p								
Comp HIV Plan		p	p	nm	p	nm								
Arlene Johnson		a	a	e	nm	a								
Affected Community		e	a	nm	e	nm								
Daphne L. Jones		p	p	p	nm	e								
Comp HIV Plan		p	p	nm	p	nm								
J. Hoxi Jones		e	e	e	nm	e								
Priority & Allocations		e	nm	nm	e	p								
Denis Kelly		p	p	p	nm	p								
Affected Community		e	p	nm	e	nm								
Comp HIV Plan		p	p	nm	p	nm								
Quality Improvement		p	p	nm	e	nm								
Steering		p	p	p	nm	p								
Peta-gay Ledbetter		e	p	p	nm	p								
Priority & Allocations		p	nm	nm	p	p								
Steering		p	p	p	nm	p								
Tom Lindstrom		p	p	e	nm	e								
Quality Improvement		p	p	nm	p	nm								
Osaro Mgbere		p	a	e	nm	e								
Comp HIV Plan		p	p	nm	p	nm								
Rodney Mills		p	p	p	nm	p								
Affected Community		p	p	nm	p	nm								
Comp HIV Plan		p	p	nm	p	nm								
Steering		p	p	p	p	p								
Allen Murray		p	p	p	nm	p								
Affected Community		p	p	nm	p	nm								
Operations		p	p	nm	p									
Priority & Allocations		p	nm	nm	p	p								
Robert Noble		e	p	a	nm	p								

2018 RWPC Attendence Records
(as of 06-18-18)

Comp HIV Plan		e	a	nm	a	nm								
Cecilia Oshingbade		p	p	e	nm	p								
Steering		p	p	p	nm	p								
Shital Patel		e	p	p	nm	p								
Comp HIV Plan		e	p	nm	p	nm								
Krystal Perez		p	p	p	nm	e								
Priority & Allocations		p	nm	nm	e	e								
John Poole		p	p	p	nm	e								
Affected Community		p	p	nm	e	nm								
Quality Improvement		p	e	nm	p	nm								
Tana Pradia		p	p	e	nm	p								
Affected Community		p	p	nm	p	nm								
Steering		p	p	nm	nm	p								
Venita Ray		p	p	e	nm	a								
Quality Improvement		e	a	nm	a	nm								
Faye Robinson		p	p	e	nm	p								
Comp HIV Plan		p	p	nm	p	nm								
Viviana Santibanez		p	a	p	nm	p								
Quality Improvement		e	p	nm	p	nm								
Gloria Sierra		p	p	e	nm	p								
Quality Improvement		e	p	nm	p	nm								
Steering		e	e	p	p	p								
Carol Suazo		p	p	p	nm	e								
Quality Improvement		p	a	nm	p	nm								
Steering		p	p	p	nm	p								
Isis Torrente		e	a	p	nm	e								
Affected Community		a	a	nm	a	nm								
Comp HIV Plan		e	e	nm	e	nm								
Bruce Turner		p	p	p	nm	p								
Priority & Allocations		p	nm	nm	p	p								
Steering		p	p	p	nm	p								
Steven Vargas		p	p	p	nm	p								
Comp HIV Plan		p	p	nm	p	nm								
Steering		p	p	p	nm	p								
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
EXTERNAL MEMBERS	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
Kevin Aloysius														
Quality Improvement		p	a	nm	a	nm								
Mona Cartwight-Biggs														
Affected Community		p	p	nm	p	nm								
Ma'Janae Chambers														
Affected Community		e	p	nm	p	nm								
Ryan Clark														
Comp HIV Plan		p	p	nm	p	nm								
Amber David														
Affected Community		p	a	nm	a	nm								
Cynthia Deverson														
Comp HIV Plan		p	p	nm	p	nm								
Eddie Givens														
Affected Community		a	p	nm	a	nm								
Quality Improvement		p	p	nm	a	nm								
Billy Ray Grant Jr.														
Quality Improvement		a	p	nm	e	nm								
Kelvin Harris														
Affected Community		a	a	nm	a	nm								
Shamra Hodge														
Quality Improvement		e	e	nm	p	nm								
Stephon Johnson														
Affected Community		a	a	nm	a	nm								
Tiffany Jones														
Quality Improvement		e	e	nm	e	nm								
Cristina Martinez														
Comp HIV Plan		e	e	nm	p	nm								
Nancy Miertschin														
Comp HIV Plan		p	p	nm	p	nm								
Esther Ogunjimi														
Comp HIV Plan		p	a	nm	p	nm								

2018 RWPC Attendence Records
(as of 06-18-18)

Oluseyi Orija														
Comp HIV Plan		p	p	nm	a	nm								
Lionel Pennamon														
Affected Community		p	p	nm	p	nm								
Samantha Robinson														
Quality Improvement		p	p	nm	p	nm								
Pete Rodriguez														
Quality Improvement		e	p	nm	a	nm								
Tracy Sandles														
Quality Improvement			p	nm	e	nm								
Crystal Starr														
Affected Community		e	p	nm	p	nm								
Comp HIV Plan		e	p	nm	p	nm								
Quality Improvement		e	p	nm	p	nm								
Veria Steptoe														
Affected Community		p	p	nm	p	nm								
Amana Turner														
Comp HIV Plan		p	p	nm	p	nm								
David Watson														
Quality Improvement		a	p	nm	e	nm								
Larry Woods														
Comp HIV Plan		a	e	nm	a	nm								
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		

HOUSTON AREA HIV HEALTH SERVICES
RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998 **REV JANUARY 1, 2018** **POLICY No. 600.01**

QUORUM, VOTING, PROXIES, ATTENDANCE

PURPOSE

This policy establishes the guidelines as to what legally constitutes a Houston Area HIV Health Services (Ryan White) Planning Council meeting. In addition, the policy will define and establish how voting is done, what constitutes a roll call vote and who monitors that process. This policy will define attendance, and the process by which a member can be removed from the council.

AUTHORITY

The adoption of the Houston Area HIV Health Services (Ryan White) Planning Council Bylaws Rev. 01/18 Article VI; (Sections 6.01-6.04).

PROCESS

QUORUM:

A majority of the members of the Council are required to constitute a quorum. A minimum of one (1) self-identified HIV+ member must also be present to constitute a quorum. If quorum is not met, the Council Chair, in consultation with the Office of Support staff, will determine when to dismiss those present. To constitute a Standing Committee quorum, at least two (2) committee members and a Chair must be present; one of these must be a self-identified HIV positive member.

VOTING:

Each council member will have only one vote on any regular business matter coming before the Council. A simple majority of members present and voting will be required to pass any matter coming before the Council except for that of proposed Bylaws changes. Proposed changes to the Bylaws will 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 will not vote except in the event of a tie. The Chairs of the Standing Committees shall not vote at Committee meetings except in the event of a tie. In a case where standing committees have co-chairs, only one of them may vote at Steering. The Chair of the Council is an ex-offico member of all committees (standing, subcommittee, and work groups). Ex-offico 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 may assume the ex-officio role with committees. In an effort to manage agency influence over a single committee or workgroup, only one voting member (Council or External) per agency will be permitted to vote on Ryan White Planning Council committees and workgroups. If there is an unresolved tie vote and the Chair of the Committee works for the same agency as another committee member, then the information will be forwarded to the Steering Committee for resolution.

ALTERNATE PARTICIPATION:

During committee meetings any HIV+ full council member may serve as an alternate on a committee for any absent HIV+ committee member. The Chair of the Committee will

communicate to the rest of the committee that the alternate HIV+ person is there to conduct business. Alternates have full voting privileges. This rule is not applicable in full council meetings.

CONFLICT OF INTEREST AND VOTING AMONG EXTERNAL MEMBERS:

External members must declare a conflict of interest.

The number of external members on a committee (not a subcommittee or work group) should not equal or exceed the number of council members on that committee.

ROLL CALL VOTE:

When a roll call vote is taken, the Secretary will 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 (RWPC Policy No. 800.01). The Secretary will process inquiries into votes made in conflict of interest.

ATTENDANCE:

Council members are required to attend meetings of the Houston Area HIV Health Services (Ryan White) Planning Council. External Committee members are required to attend meetings of the committee to which they are assigned. The Secretary shall cause attendance records to be maintained and shall regularly provide such records to the Chair of the Operations Committee. The Operations Committee will review attendance records quarterly.

If a Council or external committee member has 4 absences (excused or unexcused) from Council meetings or 4 absences from committee meetings within a calendar year or fails to perform the duties of a Council member described herein without just cause, that member will be subject to removal. In order to avoid such action, the following will occur: Step 1: Office of Support staff will contact the member by telephone to check on their status. Step 2: If the member continues to miss meetings, the Chair of the Planning Council will formally notify the member in writing to remind them of Council policies regarding attendance and to give the member an opportunity to request assignment to another committee. If assignment to another committee is requested, the Chair of the newly selected committee and the Planning Council Chair must approve the change. Step 3: If the Council member continues to miss meetings, the CEO will be informed of the situation and the steps taken by the Council to address the situation. If an external committee member continues to miss meetings, the Chair of the Council will be informed of the situation and the steps taken by the Council to address the situation. Step 4: The CEO has the sole authority to terminate a Council member and will notify said member in writing, if that is their decision. The CEO or the Chair of the Planning Council has the authority to terminate an external committee member and will notify said member in writing, if that is their decision.

If for two consecutive months the Office of Support is unable to make contact with a Council or external committee member by telephone and receives returned email and/or mail sent to that member, staff will send a certified letter requesting the member to contact the Office of Support by telephone or in writing to update their contact information. If the member does not respond to the certified letter within 30 days, or if the certified letter is returned to the Office of Support, the Operations Committee will be notified at their next regularly scheduled meeting. At the request of the Operations Committee, the Chair of the Planning Council and the CEO will be informed of the situation and the steps taken by the Council to address the situation. As stated above, the CEO has the sole authority to terminate a Council member and will notify said member in writing, if that is his/her decision. The CEO or the Chair of the Planning Council has the authority to terminate an external committee member and will notify said member in writing, if that is his/her decision.

Reasons for absences that would be used to determine reassignment or dismissal include: 1) sickness; 2) work related conflicts (in or out of town and vacations), and 3) unforeseeable circumstances. Any Planning Council member who is unable to attend a Planning Council meeting or standing committee meeting must notify the Office of Support prior to such meeting. The Office of Support staff will document why a member is absent.

PROXIES:

There will be no voting by proxy.

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpcHouston.org

EXAMPLE

June 27, 2018

NAME
ADDRESS

Dear NAME,

We have missed seeing you at the Planning Council and the _____Committee meetings. I hope everything is all right. If a member misses four meetings in a calendar year, they can be asked to resign. According to our records, you have missed ____ Planning Council meetings and _____ Affected Community Committee meetings this year.

Your input is important to us and to the process. If you are on a committee that is no longer compatible with your schedule, please let us know so that we can discuss an assignment to a different committee. In an effort to make it easier for you, funds are available to reimburse Council and external committee members for transportation, meals, and childcare during these meetings. Typically, members are also allowed to participate in committee meetings via speaker phone. (When needed, please contact staff for conference call instructions.) If you cannot attend due to a work commitment, illness or doctor's appointment, you can get an excused absence by calling the office at the number listed above and speaking with Rodriga.

Please call Tori Williams in the Office of Support to let us know if you wish to remain a Ryan White volunteer in 2018.

With best wishes,

Cecilia Oshingbade
Chair
Ryan White Planning Council

FYI

HIV Communication: Using Preferred Language to Reduce Stigma[1]

Stigmatizing	Preferred
HIV-infected person HIV or AIDS patient AIDS or HIV carrier Positives or HIVers	Person living with HIV. Do not use "infected" when referring to a person. Use *People First* language, which emphasizes the person, not their diagnosis
Died of AIDS, to die of AIDS	Died of AIDS-related illness, AIDS-related complications or end-stage HIV
AIDS virus	HIV (AIDS is a diagnosis, not a virus; it cannot be transmitted)
Full-blown AIDS	There is no medical definition for this phrase; simply use the term AIDS, or Stage 3 HIV
HIV virus	This is redundant; use HIV
Zero new infections	Zero new HIV acquisitions or transmissions
HIV infections	HIV transmissions, diagnosed with HIV, people living with HIV
HIV-infected	Living with or diagnosed with HIV; or contracted or acquired HIV
Number of infections	Number diagnosed with HIV, or number of HIV acquisitions
Became infected	Contracted, acquired, diagnosed with HIV
HIV-exposed infant	Infant exposed to HIV
Serodiscordant couple	Serodifferent, magnetic, or mixed-status couple
Mother-to-child transmission	Vertical transmission, perinatal transmission
Victim, Innocent victim, Sufferer Contaminated or infected	Person living with HIV (never use the term "infected" when referring to a person)
AIDS orphans	Children orphaned by loss of parents or guardians, who died of AIDS related complications
AIDS test	HIV test
To catch AIDS, to contract AIDS Transmit AIDS, to catch HIV	An AIDS diagnosis, developed AIDS, to contract HIV (AIDS is a diagnosis, which cannot be passed from one person to the next)
Compliant	Adherent
Prostitute or prostitution	Sex worker, sale of sexual services, transactional sex
Promiscuous	This is a value judgment and should be avoided; instead use: having multiple partners
Unprotected sex	Condomless sex with PrEP, or condomless sex without PrEP, sex not protected by condoms, sex not protected by antiretroviral prevention methods

[1] Source: *HIV is Not A Crime II National Training Academy* program booklet (May 2016). Authors are Vickie Lynn and Valerie Wojciechowicz, both women openly living with HIV.

Death sentence, fatal condition, or life threatening condition	HIV is a chronic health condition, a manageable health condition (as long as people are in care and on treatment)
"Tainted" blood, dirty needles	Blood containing HIV, shared needles
Clean, as in "I am clean. Are you?"	Referring to yourself or others as being "clean" suggests that those living with HIV are dirty. Avoid this term
"a drug that prevents HIV infection"	A drug that prevents the transmission of HIV
End HIV, End AIDS	End HIV transmission. Be specific: are we ending HIV or AIDS?

Resources Regarding the Appropriate Use of Language

Dilmitis S, Edwards O, Hull B et al (2012). Language, identity, and HIV: why do we keep talking about the responsible and responsive use of language? Language matters. Journal of the International AIDS Society, 15 (Suppl 2)

Kaiser Family Foundation. Reporting Manual on HIV/AIDS

UNAIDS (2015) Terminology Guidelines

UNESCO (2006) Guidelines on Language and Content in HIV- and AIDS-related Materials

Language of Recovery

Current Terminology	Alternative Terminology
Treatment is the goal; Treatment is the only way into Recovery	Treatment is an opportunity for initiation into recovery (one of multiple pathways into recovery)
Untreated Addict/Alcoholic	Individual not yet in Recovery
Substance Abuse	Substance Use Disorder/Addiction/ Substance Misuse
Drug of Choice / Abuse	Drug of Use
Denial	Ambivalence
Relapse Prevention	Recovery Management
Pathology Based Assessment	Strength / Asset Based Assessment
Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies	Focus on the drug CLIENT feels is creating the problems
A Drug is a Drug is a Drug	Each illicit substance has unique interactions with the brain; medication if available is appropriate.
Relapse	Recurrence/Return to Use
Relapse is part of Recovery	Recurrence/Return to Use may occur as part of the disease
Clean / Sober	Drug Free / Free from illicit and non-prescribed medications
Self Help Group	Mutual Aid Group
Drug Overdose	Drug Poisoning
Graduate from Treatment	Commence Recovery

Revised
7/16
cfd

The Most Respectful Way of Referring to People is as People

Current	Alternative	Reasoning
Clients / Patients / Consumers	The people in our program The folks we work with The people we serve	More inclusive, less stigmatizing
Alex is an addict	Alex is addicted to alcohol Alex is a person with a substance use disorder Alex is in recovery from drug addiction	Put the person first Avoid defining the person by their disease
The terms listed below, along with others, are often people's ineffective attempts to reclaim some shred of power while being treated in a system that often tries to control them. The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others. And these efforts are not effectively bringing them to the result they want.		
Mathew is manipulative	Mathew is trying really hard to get his needs met Mathew may need to work on more effective ways of getting his needs met	Take the blame out of the statement Recognize that the person is trying to get a need met the best way they know how
Kyle is non-compliant	Kyle is choosing not to… Kyle would rather… Kyle is looking for other options	Describe what it looks like uniquely to that individual—that information is more useful than a generalization
Mary is resistant to treatment	Mary chooses not to… Mary prefers not to… Mary is unsure about…	Avoid defining the person by the behavior. Remove the blame from the statement
Jennifer is in denial	Jennifer is ambivalent about…… Jennifer hasn't internalized the seriousness of…. Jennifer doesn't understand……	Remove the blame and the stigma from the statement

Southeast (HHS Region 4)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

PhoenixCenter
Prevent · Treat · Recover

FAVOR SC
FACES AND VOICES OF RECOVERY