

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL



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, October 11, 2018

Meeting Location: 2223 W. Loop South, Room 532

Houston, Texas 77027

- I. Call to Order
 - A. Welcome and Moment of Reflection
 - B. Adoption of the Agenda
 - C. Approval of the Minutes
 - D. Training: Trauma-Informed Care (30 min.)
 - E. EIIHA* Update (15 min.)
- Cecilia Oshingbade, Chair,
Ryan White Planning Council
- Aly Jacobs
Manager, Counseling & Advocacy
Houston Area Women’s Center
- Amber Harbolt
Health Planner
Ryan White Office of Support

II. Public Comments and Announcements – **SEE 4 ATTACHED WRITTEN COMMENTS**

(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
 - Item: 2018 Quarterly Committee Report
 - Recommended Action: FYI: See the attached 2018 Quarterly Committee Report.
- Ted Artiaga and
Steven Vargas, Co-Chairs

**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: Achieving Together: A Community Plan to End the HIV Epidemic Steven Vargas, Co-Chairs

Recommended Action: FYI: The Committee reviewed a final draft of *Achieving Together: A Community Plan to End the HIV Epidemic in Texas*. This is the Department of State Health Services (DSHS) plan for ending the HIV epidemic across the state of Texas. *Achieving Together* will be formally launched at the Texas HIV/STD Conference in Austin on November 27-29, 2018. See the attached slides from the *Achieving Together* overview presentation. Please help yourself to copies of the full draft of the plan at the sign-in table.

Item: Social Determinants of Health Special Study

Recommended Action: FYI: Dr. Osaro Mgbere submitted Houston Medical Monitoring Project data on social determinants of health to the Office of Support. Staff are working to summarize primary findings.

Item: Out of Care Special Study

Recommended Action: FYI: The Office of Support is beginning final data collection for the Out of Care Special Study. Eight interviews are still needed to reach the sampling goal. Candidates for the study have a history of two or more periods of 12 months or longer during which they did not receive HIV medical care. The final eight interviews should consist mostly of women and transgender individuals, though qualified candidates of any gender will be accepted. See and broadly share the attached study flyer. See the Houston Ryan White Planning Council Facebook page or Diane Beck for an electronic copy to share broadly online and through social media.

Item: Epidemiological Profile

Recommended Action: FYI: The Office of Support is working closely with Houston Health Department (HHD) surveillance and epidemiology staff to complete the next full joint Epidemiological Profile for the Houston Area. Completion is set for the end of the 2018 calendar year.

Item: Comprehensive Plan Year 1 Evaluation

Recommended Action: FYI: The Comprehensive Plan Evaluation Workgroup completed its review of Year 1 (2017) implementation in September, and responsible parties for the 2017 joint Comprehensive Plan submitted final data for 2017 benchmarks last week. Staff are working to draft the Year 1 implementation report, complete with modified recommendations from the 2018 Project LEAP class project.

Item: African American MSM 2016 Needs Assessment Profile

Recommended Action: FYI: The Office of Support is working to create a profile of service needs and barriers among African American men who have sex with men (MSM) using data collected in the 2016 Consumer Needs Assessment. The profile will reflect the needs and barriers of cis-gender MSM, as a similar profile of transgender individuals was completed in 2017 and is available on the Houston RWPC website.

Item: 2019 Needs Assessment

Recommended Action: FYI: Data collection for the next Consumer Needs Assessment will take place in 2019. See the attached proposed Needs Assessment timeline. The first meeting of the Needs Assessment Group will tentatively take place in November 2018. See Diane Beck to be added to the Needs Assessment Group meeting and email list.

B. Affected Community Committee

Rodney Mills and
Tana Pradia, Co-Chairs

Item: Training: Standards of Care & Performance Measures

Recommended Action: FYI: The members of the Affected Community Committee received training on the purpose of Standards of Care and Performance Measures. See the attached presentation.

Item: FY 2019 Standards of Care & Performance Measures

Recommended Action: FYI: Members of the Affected Community Committee hosted a consumer-only workgroup to provide input into how Ryan White funded services can be strengthened or improved.

Item: Road 2 Success

Recommended Action: FYI: The Council is partnering with the Houston Health Department, Harris County Public Health Ryan White Grant Administration, Harris County Office of Emergency Management and The Resource Group to provide *Emergency Preparedness Training for the Houston HIV Community*. To date, the Committee has hosted ten presentations, with plans to host at least four additional training sessions. Those who have attended have found the activities and handouts to be useful and fun.

Item: Transgender Medical Care

Recommended Action: **Motion:** It is recommended that the Ryan White Planning Council actively advocate for the availability of hormones for transgender patients at Ryan White funded clinics. Since there are no Health and Human Services, American Medical Association or other similarly credentialed guidelines for transgender medical care, advocacy for this critical component of care must come from Planning Councils and other groups.

Item: Community Events

Recommended Action: FYI: See the attached list of 2018 Community Events.

Item: Greeters

Recommended Action: FYI: See the attached list of 2018 greeters.

C. Quality Improvement Committee

Denis Kelly and
Gloria Sierra, Co-Chairs

Item: Reports from the Administrative Agency – Part A

Recommended Action: FYI: See the attached:

- FY 2018 Part A and MAI Procurement Report, dated 09/18/18
- FY 2018 Part A and MAI Service Utilization Report, dated 09/18/18

Item: Reports from the Administrative Agency – Part B

Recommended Action: FYI: See the attached:

- FY 18/19 Part B Procurement Report, dated 09/10/18
- FY 18/19 Part B Service Utilization Report, dated 08/14/18
- FY 17/18 Part B Service Utilization Report FINAL, dated 08/14/18
- FY 18/19 Part B Service Utilization Report, dated 08/11/18
- FY 17/18 DSHS State Services Procurement Report, dated 09/10/18
- FY 17/18 DSHS State Services REBATE Procurement Report, dated 09/10/18
- Health Insurance Assistance Service Utilization Report 9/1/17-7/31/18, dated 09/10/18

Item: FY 2019 How To Best Meet the Need: Non-Medical Case Management Targeting Substance Use Disorder

Recommended Action: **Motion:** Approve the attached FY 2019 Non-Medical Case Management service definition that targets Substance Use Disorder.

Item: Training: Standards of Care and Performance Measures

Recommended Action: FYI: Members of the Quality Improvement Committee also received training in Standards of Care and Performance Measures.

Item: Quarterly Committee Report

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

D. Priority and Allocations Committee

Peta-gay Ledbetter and
Bruce Turner, Co-Chairs

Item: FY 2018 Reallocations

Recommended Action: **Motion:** Approve the attached, detailed list that reallocates \$703,670 in Ryan White Part A funds; \$130,830 in MAI* funds; and \$325,800 in Ryan White Part B funds.

E. Operations Committee

Ella Collins-Nelson and
Johnny Deal, Co-Chairs

Item: Alternative Ryan White Meeting Times and Days

Recommended Action: **Motion:** Based upon the attached survey results, continue to schedule Ryan White Planning Council and Committee meetings during regular daytime hours, Monday through Friday.

Item: Legislative Updates

Recommended Action: **Motion:** Remove legislative updates from the Planning Council's agendas and encourage members to discuss these issues during their personal time.

IV. Report from the Office of Support

Tori Williams, Director

V. Report from Ryan White Grant Administration

Carin Martin, Manager

- | | | |
|-------|--|--|
| VI. | Report from The Resource Group | S. Johnson-Fairley, Health Planner |
| VII. | Medical Updates | Shital Patel, MD
Baylor College of Medicine |
| VIII. | New Business (30 seconds/report) | |
| | A. Ryan White Part C Urban and Part D | Dawn Jenkins |
| | B. Community Development Advisory Council (CDAC) | Johnny Deal |
| | C. HOPWA | Melody Barr |
| | 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 |
| | • MSM | Ted Artiaga |
| | • Transgender | Viviana Santibanez |
| | • Hepatitis C | Robert Noble |
| | • 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. TENTATIVE: Legislative Updates | Denis Kelly |
| IX. | Announcements | |
| X. | Adjournment | |

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



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, August 9, 2018

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

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Cecilia Oshingbade, Chair	Tana Pradia	Jeffrey Campbell, HHD
Skeet Boyle, Vice Chair	Shital Patel	Rachel White, HHD
Carol Suazo, Secretary	Faye Robinson	Moctezuma Garcia, HHD
Ted Artiaga	Isis Torrente	Melvin Lewis, Gilbreath
Connie L. Barnes	Bruce Turner	Shabaura Perryman, Merck
Rosalind Belcher	Steven Vargas	
David Benson		
Ella Collins-Nelson		
Bobby Cruz	MEMBERS ABSENT	STAFF PRESENT
Johnny Deal	Ruth Atkinson, excused	<i>Ryan White Grant Administration</i>
Herman L. Finley III	Ronnie Galley, excused	Carin Martin
Paul E. Grunenwald	Arlene Johnson	Heather Keizman
Angela F. Hawkins	J. Hoxi Jones, excused	
Dawn Jenkins	Osaro Mgbere, excused	<i>The Resource Group</i>
Daphne L. Jones	Robert Noble, excused	Sha'Terra Johnson-Fairley
Denis Kelly	John Poole, excused	Crystal Townsend
Peta-gay Ledbetter	Venita Ray	
Tom Lindstrom	Viviana Santibanez, excused	<i>Office of Support</i>
Rodney Mills	Gloria Sierra, excused	Tori Williams
Allen Murray		Amber Harbolt
		Diane Beck

Call to Order: Cecilia Oshingbade, Chair, called the meeting to order at 12:03 p.m.

During the opening remarks, Oshingbade said that July was a busy month. The Affected Community Committee hosted a Public Hearing with the LEAP students who shared their ideas regarding comprehensive planning. She thanked all who attended the Committee Cross Training held earlier this week, and especially those who presented information about their committees. The Affected Community has hosted two Emergency Preparedness Trainings for the HIV Community, with four more scheduled

in August and September. On July 26th, twenty-five Project LEAP students graduated. Many thanks to the volunteers who helped make the graduates feel special. Ten students have already been appointed to serve as external committee members and nine have applied to be Council members next year. Please be on the lookout for some new faces at your committees and please do all that you can to make them to feel welcome.

Training: Molecular HIV Surveillance: Moctezuma Garcia, PhD, Houston Health Department, presented the attached training regarding the City of Houston's Molecular HIV Surveillance program.

Project PRIDE and Data 2 Care: Melvin Lewis, Gilbreath Communications, presented information about the upcoming Houston Health Department media campaign.

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

Approval of the Minutes: Motion #2: *it was moved and seconded (Turner, Barnes) to approve the July 12, 2018 minutes with one correction: Artiaga was absent and should not be listed as abstaining from motions.* **Motion Carried.** Abstentions: Artiaga, Benson, Pradia, and Torrente.

Public Comment and Announcements: Shabaura Perryman is now the Texas representative for Merck.

Reports from Committees

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following: FY 2019 EIIHA* Plan Target Populations: The following target populations for the FY 2019 EIIHA Plan received final approval from the Comprehensive HIV Planning Committee:

- 1) African Americans
- 2) Hispanics/Latinos age 25 and over
- 3) Men who have Sex with Men (MSM)

The Office of Support is to include information on late diagnoses, along with HIV and aging in the EIIHA section of the HRSA application. The Office of Support is also to include a statement recognizing that currently available epidemiologic data is not sufficient to assess the need for testing, referral, and linkage in at-risk populations such as among those who are transgender, intersex, homeless, those released from incarceration, adolescents ages 13 to 17, and young adults ages 18 to 24. See the attached for additional information.

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

Road 2 Success: 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. On July 16, 2018, members of the Affected Community Committee and others participated in a dress rehearsal followed by an opportunity to give feedback. Participation was robust and those who attended found the activities and handouts to be useful and fun. Members of the Affected Community Committee will help staff five or more training sessions in August, September and October.

**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.*

Quality Improvement Committee: Denis Kelly, Co-Chair, reported on the following:

Reports from the Administrative Agency – Part A: See the attached:

- FY 2018 Part A and Minority AIDS Initiative (MAI) Procurement Report, dated 07/17/18
- FY 2017 Performance Measures Highlights

Reports from the Administrative Agency – Part B: See the attached:

- FY 18/19 Part B Procurement Report, dated 07/20/18
- FY 17/18 State Services Procurement Report, dated 07/20/18

Assessment of the Administrative Mechanism – Part A/MAI: **Motion #3:** *Approve the attached FY 2017 Assessment of the Administrative Mechanism for Part A and Minority AIDS Initiative (MAI). No corrective action required. Motion Carried.*

FY 2019 How To Best Meet the Need Process: **Motion #4:** *Approve the attached service definition for five ADAP Eligibility Workers. Motion Failed.* Abstentions: Artiaga, Finley, Jenkins, Kelly, Patel. **Motion #5:** *it was moved and seconded (Turner, Boyle) to approve the attached service definition for ADAP Eligibility Workers. Motion Carried.* Abstentions: Artiaga, Finley, Jenkins, Kelly, Patel.

Priority and Allocations Committee: Bruce Turner, Co-Chair, reported on the following:

FY 2018 Reallocations: The committee will meet on August 23, 2019 to reallocate approximately \$500,000 in Ryan White Part A, Part B and State Services funding.

Operations Committee: No report.

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

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

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

Medical Updates: Patel presented the attached report.

Updates from Task Forces

African-American: Johnson-Fairley said that the African American Task Force will meet tomorrow. They are taking nominations for awards to be presented at the World AIDS Day gala. If you have not received information about this event, please contact her to get on the email list.

Sexually Transmitted Infections: Finley said they participated in an event for 713 Day (July 13) with 97.9 The Boxx radio station and a local rap artist offering free HIV testing, cell phones, backpacks and other items.

Latino: Vargas said that they had a voter registrar training at their last meeting.

HIV and Aging Coalition: Turner said they would have an *Emergency Preparedness Training for the HIV Community* at their next meeting. See the attached flyer.

Texas HIV Medication Advisory Committee: Turner stated that the next meeting had to be rescheduled.

Positive Women's Network (PWN): Hawkins said that the next meeting is August 13th at the Montrose

Center. POP+ is taking applications for the next class, see attached flyer and application.

Texas Black Women’s Initiative (TBWI): Johnson-Fairly said the 2018 Be-YOU-tiful Hair & Health Showcase promoting HIV prevention, treatment and PrEP for women of color will be held September 9, 2018 at The Ensemble Theatre.

Texas HIV Syndicate: Harbolt said they met in Austin last week. As always, Houston and East Texas shined in their planning efforts. There were many questions about LEAP and Road 2 Success. After visiting Houston, the Fort Worth Planning Council implemented a training program and recently graduated 9 Council Members. The state’s END HIV plan may be available next month for the Comprehensive HIV Planning Committee to review.

END HIV Houston: Johnson-Fairly said they are starting a speaker’s bureau and are looking for speakers. They have a community calendar to which groups can submit information about events and meetings.

Texans Living with HIV Network: Vargas said there is a conference call this evening. They are starting to plan Texas Advocacy Day for 2019.

Announcements: Pradia said that she participated in a fabulous webinar with Vargas and Oshingbade.

Adjournment: Motion: *It was moved and seconded (Collins-Nelson, Boyle) to adjourn the meeting at 1:26 p.m. Motion Carried.*

Respectfully submitted,

Victoria Williams, Director

Date _____

Draft Certified by
Council Chair: _____

Date _____

Final Approval by
Council Chair: _____

Date _____

Council Voting Records for August 9, 2018

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 FY17 Assessment of the Admin Mech Carried				MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 FY17 Assessment of the Admin Mech Carried														
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN											
MEMBERS													MEMBERS																							
Cecilia Oshingbade, Chair				C				C				C	Shital Patel		X				X				X													
Skeet Boyle, Vice Chair ja 12:21	X				X					X			Tana Pradia		X					X			X													
Carol Suazo, Secretary		X				X				X			Faye Robinson		X				X				X													
Ted Artiaga		X					X			X			Isis Torrente		X					X			X													
Connie L. Barnes		X				X				X			Bruce Turner		X				X				X													
Rosalind Belcher ja 12:11	X				X					X			Steven Vargas		X				X				X													
David Benson		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 12:11	X				X					X			Ruth Atkinson																							
Paul E. Grunenwald													Ronnie Galley																							
Angela F. Hawkins ja 12:18	X				X					X			Arlene Johnson																							
Dawn Jenkins ja 12:14	X				X					X			J. Hoxi Jones																							
Daphne L. Jones		X				X				X			Osaro Mgbere																							
Denis Kelly		X				X				X			Robert Noble																							
Peta-gay Ledbetter		X				X				X			John Poole																							
Tom Lindstrom		X				X				X			Venita Ray																							
Rodney Mills		X				X				X			Viviana Santibanez																							
Allen Murray		X				X				X			Gloria Sierra																							

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

Public Comment

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

Public Comment

As of August 14, 2018

In response to questions raised by committee members at the August 14, 2018 Quality Improvement Committee meeting, Ann Robison submitted the following information about the Department of State Health Services (DSHS) block grant. Funds from this grant will no longer be available specifically for HIV care as of September 2019. Since 1994, the funds have been used to provide substance use disorder case management services. The following was sent to the Office of Support via email:

- The system has been in place since 1994 and fully participated in the Ryan White case management system. The agency opted to coordinate with Part A and The Resource Group and upload all of the data from clients on this grant to CPCDMS so that all would be coordinated. This is not a new system, just new funding. There have been substance use disorder (SUD) case managers since 1994 giving out bus passes and coordinating with medical case managers.
- Our agency has put all of the data into CPCDMS so that the Ryan White Program can see how many people have been served. For the recently completed contract of 9-1-17 through 8-31-17 the count is 356. One other agency using the block grant funding for case management may not have entered their data in CPCDMS, but they only have 1 case manager, so this shouldn't be more than an additional 80-100 individuals.
- DSHS a max caseload of 40 clients per case manager. Some clients have greater or lesser needs at different times so the caseload varies based on acuity.
- These case managers are specialists in working with clients reentering the community from jail and prison and clients with substance use disorder history. Clients are not required to be in treatment during case management because clients need to choose their own path for recovery and there are many ways to do that. While case managers do work with clients on daily living

(continued)

needs, they also work with clients on harm reduction techniques and motivational interviewing to move them towards recovery. There is no time limit for working with a client. They may or may not be licensed but they do have specialized training. They are not deployed in the same way that SLW are in clinics.

PUBLIC COMMENT

as of 09-24-18

Dear Operations Committee:

Sorry I am unable to attend today due to illness.

I kindly ask that this comment be included in your Tuesday, September 25th meeting. It has been requested that at future council meetings "Legislative Updates" be removed from task force reports. I completely concur it could be construed as lobbying. I am sorry I may have contributed to that appearance, which I also attempt to avoid even the perceived appearance of doing so at council meetings. Please accept my apology.

This subject brought to mind a suggestion for consideration of better time management at council meetings. In order to maintain quorum, member attendance, as well, considering time constraints to the public who may desire to attend but are restricted by too many lengthy meetings. After 10 years of reviewing council agendas, it has been my observation that task force reports have at least doubled since 2008 when I began as an external member. 2017 was a year I was not on council so I can only recall 9 years with much fewer verbal reports. My justification below should address how to be more effective for the public and members.

In an effort to remain focused on Ryan White funded services only, I suggest removing task force reports which are not originating from a Ryan White funded agency, and care-service related reports only. In previous years many groups, coalitions, task force information were left on the sign-in table, or under FYI documents. I too am involved in several coalitions and task forces which serve a need to our community but not in HRSA guidelines. I attempt at council meetings to keep my involvement in those groups away from council discussions. However, I often needed a reminder by Tori to keep my focus on RW services. I appreciate those reminders.

The verbal reports, while given a time limit, often do not observe the time, or have very little content addressing on needs assessment, barriers to care, standards of care, or "care related" matters. Many task forces sole purpose is social groups, trips to conferences, advocacy of public policy, presentations held at restaurants, party rooms, coffee house socials, the list goes on. They all are good outreach in our HIV community, however, they do not fall in line with the focus of the Ryan White funding mandate. L.E.A.P. is an excellent educational curriculum that addresses most of the opportunities in our community. The L.E.A.P. panels are usually comprised of speakers from the task forces and coalitions. My susuggest we utilized what little time the council has to address it's intended mission and work products

Sorry this is lengthy. I felt it merited time for consideration.

Ruth Atkinson

FROM DETROIT EMA

September 16, 2018

Tori,

I feel awful it's taken us this long to reach back out to you. The good news is we've been off and running creating a 6 week LEAP pilot program for this fall. It'll run Thursdays from 10a-2p starting October 18 and finish with graduation at our Full Council meeting the day before Thanksgiving!

As you suggested last we talked, we narrowed down our focus to some of the best concentrated RW topics and set our minimum and maximum student size. *It looks like we're going to max out at 25! SO EXCITING!* Even better, we have applicants from the bulk of our service area; evenly distributed amongst all of our age brackets; six different ethnicities identified; including male, female and trans. At least a third are currently employed in the HIV sector and are looking for LEAP to help expand their careers. Two thirds of the applicants are getting introduced to SEMHAC for the first time. All around we couldn't have asked for better results!

BIG THANKS to you and your team! We certainly couldn't have accomplished this to the degree it is without your help!

Take care!

Mark

Public Comment

September 17, 2018

Greetings, everyone. My name is Morénike and I would like to ask you to consider joining the Community Advisory Board of the Houston AIDS Research Team.

The Houston AIDS Research Team has over 500 individuals enrolled right here in Houston in nearly 50 different HIV research trials focusing on areas such as HIV cure, hepatitis, heart health, neurocognitive impairment and more, and for over ten years the site has worked to improve the lives of people living with HIV. And for just as long, the Community Advisory Board (CAB) of the Houston AIDS Research Team has been an active voice for community input in HIV clinical trials locally and beyond. The voice of the community is so important that NO research site is allowed to exist if there is not a CAB - the site will literally stop receiving funds from the NIH and close down. Nothing about us without us is more than just words; it needs to be a lived reality.

Due to some structural changes, the former CAB is no longer operating - and that is unacceptable to us. So this fall the CAB is relaunching and we are looking for members of the community, both HIV positive and HIV negative, to join in our volunteer efforts to make sure the research reflects the needs of the people. We need YOU; please consider joining our CAB! You don't have to know a lot about HIV research or anything at all; we can teach you what you want to know. We just want your honest opinions so the research will be done right.

Membership is free and training will be provided to all CAB members. We especially welcome individuals from diverse backgrounds to join, but we are open to all. Most importantly, we NEED people living with HIV. People who are not living with HIV but care about the community are welcome to join, but the most important members are the people with lived expertise of surviving with HIV.

If you are interested, there are opportunities for active Houston CAB members to travel to Washington DC free of charge in the summers to speak with researchers and to attend educational workshops. There are also opportunities to run for community leadership positions and to present at conferences and webinars if you are interested.

Please contact me at MGiwa.Onaiwu@gmail.com if you are interested. You can also text me 281-942-8782 if that is easier than email. Or if you'd rather communicate with a staff person about the CAB instead of me, you can contact Anastasia Teper. Her cell phone number is 832-770-0480, office number is 713-500-6797 and her email is Anastasia.Teper@uth.tmc.edu.

I am providing a handout and some applications for the CAB if you already know you want to join. You can fill them out and I will pick them up from the RWPC Office of Support staff.

I also want to invite you to an Open House for our CAB on October 9th at the Montrose Center in room 326, from 6-8 pm. You can come and learn more about the CAB, ask any questions you might have and meet some of the Houston research team. Free dinner will be provided. I hope to see you there! Thanks!

Sincerely,

Morénike Giwa Onaiwu
Houston HART CAB Chair
mgiwa.onaiwu@gmail.com
September 17, 2018

Thank you for your interest in helping to provide a strong community voice for HIV research in Houston!

The Houston AIDS Research Team coordinates a number of different HIV research protocols in the areas of treatment, heart health, eradication (cure), HIV prevention, and more! One key component of ALL HIV research is community engagement, especially through the development of a strong, active community advisory board (CAB) to provide vital input on the research as well as the needs, questions, perspectives, strengths, and challenges of our local community with regard to HIV.

Our Houston research site is re-launching its CAB, and we would love for you to consider joining us and/or to spread the word to other individuals (people living with HIV/stakeholders/consumers ESPECIALLY, but also interested professionals) so that we can ensure that our research best reflects community interests!

Our CAB is having an Open House **at the Montrose Center the evening of October 9th from 6 pm - 8 pm** (a flyer is attached). You are welcome to attend if you can to learn more about being part of this CAB. I will be in attendance at this Open House along with various staff and researchers from our site and would love to share with you the various benefits of CAB involvement and some of the ways you can get involved!

In addition to the flyer, I have also attached the handout and application for the CAB. PLEASE NOTE THAT THE EMAIL ADDRESS ON THE APPLICATION AND HANDOUT IS INCORRECT. I apologize for that. Please instead send any emails to me at mgiwa.onaiwu@gmail.com

If you are interested, I would also like to share the following links with you that provide some details about the site and some of our studies. You don't have to review these links; it's just FYI.

Those links are:

AIDS Clinical Trials Group (ACTG, our major HIV treatment research network) main site: <https://actgnetwork.org/> and the link to the Houston ACTG studies: <https://actgnetwork.org/site/houston-aids-research-team-hart-crs>

Our site's Facebook page: <https://www.facebook.com/houstonaids/>

I am also providing the contact information for one of our hardworking site staff, Anastasia Teper, (cc'd on this email) who helps to coordinate CAB meetings and provide support to community members in addition to other duties:

Anastasia Teper, MA
Research Assistant III
6431 Fannin Street, MSB 2.112
Houston, Texas 77030
Anastasia.Teper@uth.tmc.edu
Work: 713.500.6797
Cell: 832.770.0480



What is the Houston HIV Cross-Network Community Advisory Board?

Originally founded in 1999 by the Center for AIDS Information & Advocacy, the Houston HIV Cross-Network Community Advisory Board (CAB) is an independent group of advocates, both HIV positive and HIV negative, who strive to be an active voice for community input in HIV clinical trials locally and beyond. We primarily focus on research in the areas of HIV treatment and prevention (including PrEP) as well as HIV-related cancer and family-centered HIV services.

What are HIV Community Advisory Boards (CABs)?

HIV Community Advisory Boards (CABs) exist to make sure that the voice of the community is included in all HIV research. As volunteers, we partner with researchers by providing important input from the community perspective in order to advance HIV/AIDS research. CABs provide an opportunity for stakeholders in HIV communities, especially clinical trials participants to:

- Connect with other people living with HIV and/or allies within the HIV community
- Share ideas and concerns about studies from the development stage through implementation
- Provide suggestions to assist with accrual and retention of trial participants
- Advocate for clinical trial participants, especially those from marginalized groups
- Improve our knowledge of HIV/AIDS, of research, and of community involvement
- Ensure that community involvement is prioritized in local HIV research
- Promote ethical research

What Does the CAB Do?

CAB members, which includes individuals living with HIV, caregivers, professionals, and concerned members of the community meet face to face and via email and conference call 4-6 times per year to hold trainings, review protocols and offer feedback, discuss research trends, share resources and advocacy opportunities, commemorate HIV awareness days, and learn more about HIV science. HIV clinical trial participants are especially encouraged to join.



When and Where are CAB Meetings Held?

Meetings have often been held evenings in a conference room of Legacy Community Health, the Montrose Center, the Resource Center, and other places in the heart of town that are easily accessible by vehicle or bus). However, as a commitment to the CAB's inclusiveness and diversity, CAB meetings are also held during non-traditional meeting times at other community locations and via concurrent conference call to accommodate local consumers unable to attend our meetings due to scheduling conflicts and/or transportation/mobility issues.

Dinner is provided free of charge for all participants at most CAB meetings and attendees are given various meal options, including vegan/vegetarian selections.

CAB Inclusivity Statement

The CAB seeks to represent the diversity of culture, gender, race, sexual orientation, language, and socioeconomic status in the local HIV community and the greater Houston metropolitan area. As such, we welcome new CAB members from the transgender community as well as those who identify as women, young adults, people of color, and gender diverse individuals.

Want More Information?

Would you like more information about the joining and/or connecting with the Houston HIV Cross-Network CAB? We would love to invite you to visit one of our meetings, learn about available HIV clinical trials that are open to enrollment, review requests from potential guest speakers, and/or discuss CAB membership. Please feel free to contact us via email at mgiwa.onaiwu@gmail.com and we will be happy to get back in touch with you soon!



Houston AIDS Research Team

Houston Cross-Network Community Advisory Board Application

We are a small group of Houston volunteers who meet 4-6 times per year working to improve the lives of people living with HIV through providing a community voice and perspective into HIV research. To join us, please complete this application and email to mgiwa.onaiwu@gmail.com

Name:

Date:

Address:

Telephone:

E-mail:

Preferred Pronouns:

Gender Identity:

Date of Birth:

Racial Identity:

HIV status (positive, negative, unknown, prefer not to state):

Please provide the name and email and/or phone number of a reference:

Please briefly state why you are interested in HIV volunteer work:

**Comprehensive HIV
Planning Committee
Report**

**2018 QUARTERLY REPORT
COMPREHENSIVE HIV PLANNING COMMITTEE**

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

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

Recommended **revision** from 2017 Committee: "Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Prevention and Care Services Plan **and corresponding areas of the End HIV Plan.**"

ongoing

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

ongoing

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

ETHA

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

ongoing

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

in process

Jed Artiga

Committee Chairperson

7/30/18

Date

The background features abstract, overlapping geometric shapes in various shades of purple, ranging from light lavender to deep, dark purple. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The overall composition is modern and clean.

Achieving Together A Community Plan to End the HIV Epidemic in Texas

Start where you are.

Use what you have.

Do what you can.

~ Arthur Ashe

Ending HIV as an epidemic...

...is about supporting people
who are living with HIV
and
preventing others from getting it.

Texas will become a state where HIV is rare & EVERYONE will have access

4 Goals:

- ▶ Reduce HIV transmission and acquisition
- ▶ Increase viral suppression
- ▶ Cultivate a stigma-free climate
- ▶ Eliminate health disparities

90/90/90/50 by 2030

- ▶ Priority populations receive combination prevention
- ▶ 90% of people living with HIV know their status
- ▶ 90% of PLWH are retained in care
- ▶ 90% of those retained in care are virally suppressed
- ▶ 50% decrease in HIV incidence

The background features abstract, overlapping geometric shapes in various shades of purple, ranging from light lavender to deep, dark purple. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The overall composition is clean and modern, with the text centered on a white background that contrasts with the purple elements.

We have the experience

Achieving Together: A Community Plan to End the HIV Epidemic in Texas

We have the tools

- ▶ Testing
- ▶ PrEP (pre-exposure prophylaxis)
- ▶ nPEP
- ▶ Anti-retroviral therapy (ART)
- ▶ Treatment as Prevention (TasP)
- ▶ **More on the horizon...**

We have the technology

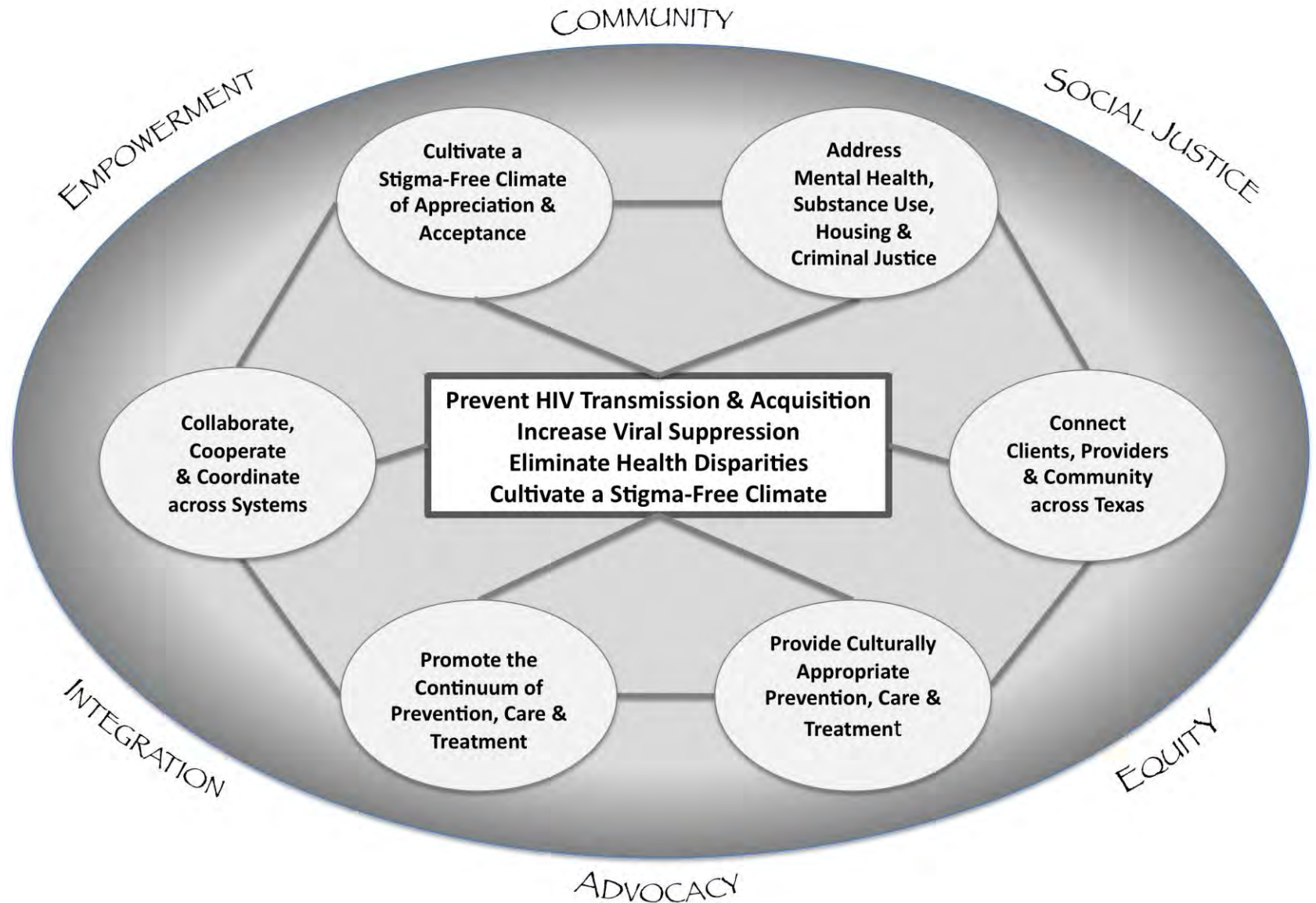
- ▶ Communication
- ▶ Networking
- ▶ Data
- ▶ Electronic health records
- ▶ **Others on the horizon...**

The background features a series of overlapping, semi-transparent purple geometric shapes, primarily triangles and polygons, creating a dynamic, layered effect. The colors range from light lavender to deep, dark purple. The shapes are concentrated on the right side of the page, with some extending towards the center.

We have the people & passion

Achieving Together: A Community Plan to End the HIV Epidemic in Texas

How can you connect to the movement?



The background features a series of overlapping, semi-transparent purple and magenta geometric shapes, primarily triangles and polygons, creating a modern, layered effect on the right side of the page.

What matters to you?
How do you connect to the plan?

Reflection:

- ▶ What is something you heard today that concerns you?
- ▶ What is something you heard today that excites you?

Creating a movement with a plan

- ▶ <https://youtu.be/RXMnDG3QzxE>

Proposed Needs Assessment Group Activities Timeline
November 2018 – October 2019

Draft
Updated 09-06-18

Nov 2018	Dec 2019	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019
Needs Assessment Group (NAG) meets to design Needs Assessment (NA) process	Survey Workgroup creates survey tool	NAG approves survey tool and sampling plan	Analysis Workgroup adopts of principles for data analysis	NA data collection and entry continues	NA data collection and entry continues	NA data collection and entry continues
	Epi Workgroup convenes to create sampling plan	NA data collection and entry begins	NA data collection and entry continues	Focus Group: Case Management Staff		Focus Group: Prevention / Linkage / Outreach Staff
Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019
NA data collection and entry ends, cleaning and analysis begins	Analysis WG convenes to review preliminary findings	No activities [HRSA Grant Application / EIIHA Process]	Analysis concludes, staff write report	Committee approve NA report	Council approves NA report	No activities
Focus Group: HSDA/Rural consumers	Focus Group: EMA/Urban consumers		NAG reviews/approves NA report			

*Share Your
Experience and*

*Earn a **\$10 Gift Card***



Participate in the Houston Area Out of Care Special Study

If you are a **woman or transgender individual** living with HIV, and have had at least two periods of 12 months or longer when you did not get HIV medical care, we want to hear about your experience!

Your answers are 100% anonymous. Participation in the study consists of a friendly 30-35 minute interview about your experiences leaving and getting back in to HIV care; we will provide a gift card and a meal for your time.

Our hope is that this study will generate several recommendations to enhance the Houston HIV system to help keep people healthy and in care.

To see if you qualify to participate in this study, call or email our office:

Phone: (832) 927-RYAN (7926)

Fax: (713) 572-3740

Email: Amber.Harbolt@cjo.hctx.net

(Put “Special Study” in the subject line)

Remaining spots in the study and gift cards are extremely limited, so act soon!

If you have any questions about the study, the Ryan White Planning Council, or how you can be involved in planning HIV services in the Houston Area, please give us a call or send us an email. We would love to hear from you!

**Houston Area Ryan White Planning Council Office of Support
2223 West Loop South, Suite 240
Houston, Texas 77027**

Phone: (832) 927-RYAN (7926) Fax: (713) 572-3740

www.rwpcHouston.org

Affected Community Committee Report

Training on Standards of Care



General Standard 3.2: “Agency has Policy and Procedure regarding client Confidentiality [...] Providers must implement mechanisms to ensure protection of clients’ confidentiality in all processes throughout the agency.”

All our nurses now have degrees...unfortunately nurse Pflorhite is in the expressive arts!

Oral Health 2.8: “Oral hygiene instructions (OHI) should be provided annually to each client.”

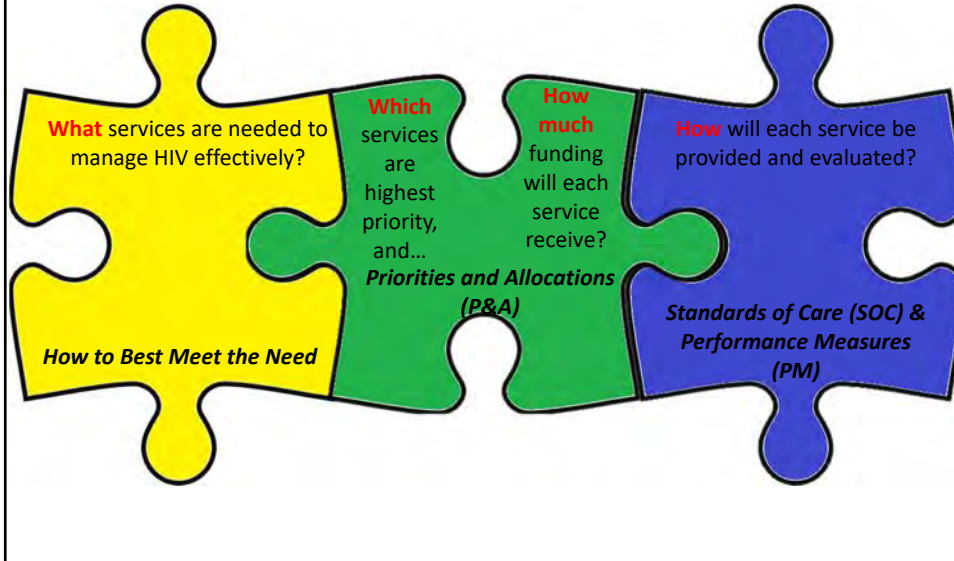
“Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!”

Primary Medical Care 1.1:
“Medical care for HIV infected persons shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship.”

To help emphasize good oral hygiene in kids, Dr. Remford installed a dental floss zipline in his office.

2

Components of the Process



Houston Has Standards!

If you were planning on buying a car, what are some basic features you would expect to "come standard" with a good quality car?

- A working engine
- Steering wheel
- Brakes
- Seatbelts
- Air conditioner – A must-have in Houston!

Just as you would expect basic features to "come standard" when buying a car, you can also expect basic levels of quality to "come standard" with HIV care services in Houston. We call these Standards of Care (SOC).



Official Definitions

- **Standard of Care (SOC)**

A *statement* of the minimal acceptable levels of quality in HIV service delivery by Ryan White funded providers in a local jurisdiction.

- **Performance Measure (PM)**

A *measurement* of the impact of HIV care, treatment, and support services provided by Ryan White funded providers in a local jurisdiction.



A Little Background on SOC...

- First developed in 1999 as a way to monitor provider contracts
- Every year since, workgroups are held to review the Standards with the community that include physicians, nurses, case managers, administrators, and consumers
- Based on
 1. Accepted industry guidelines
 2. On-site program monitoring results, and
 3. Provider and consumer input
- Apply to services funded by Ryan White Parts A and B, and State Services.
- Maintained by the Administrative Agents (AAs)
 - RW/A = Ryan White Grant Administration
 - RW/B and State Services = The HIV Resource Group



What SOC Are

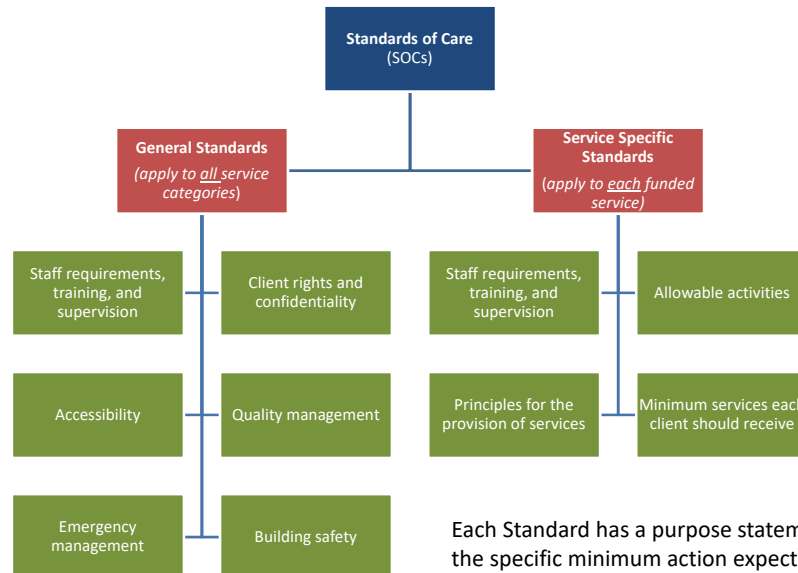
- A way of letting providers and consumers know what constitutes quality care and services for PLWH
- A tool for making sure Ryan White-funded services are delivered according to minimum industry standards and guidelines
- One of many data sources for measuring how well Ryan White-funded services are meeting overall community goals



What SOC Aren't

- A way to evaluate how a specific Ryan White-funded agency conducts business (*Agency monitoring is done by the AAs*)
- A way to decide which agency in Houston gets Ryan White money (*RFPs and agency contracts are coordinated by the AAs*)
- Guidelines for HIV services provided by *non-Ryan White-funded* agencies

Organization of the SOCs



Each Standard has a purpose statement, the specific minimum action expected, and a way to measure it.

GENERAL STANDARDS		
	Standard	Measure
1.0	Staff Requirements	
1.1	<p><u>Staff Screening (Pre-Employment)</u> Staff providing services to clients shall be screened for appropriateness by provider agency as follows:</p> <ul style="list-style-type: none"> • Personal/Professional references • Personal interview • Written application <p>Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.</p>	<ul style="list-style-type: none"> • Review of Agency's Policies and Procedures Manual indicates compliance • Review of personnel and/or volunteer files indicates compliance
1.2	<p><u>Initial Training: Staff/Volunteers</u> Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire & emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire.</p>	<ul style="list-style-type: none"> • Documentation of all training in personnel file. • Specific training requirements are specified in Agency Policy and Procedure • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.3	<p><u>Staff Performance Evaluation</u> Agency will perform annual staff performance evaluation.</p>	<ul style="list-style-type: none"> • Completed annual performance evaluation kept in employee's file • Signed and dated by employee and supervisor (includes electronic signature)
1.4	<p><u>Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers</u> All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.</p>	<ul style="list-style-type: none"> • Documentation of training is maintained by the agency in the personnel file

4

As of October 2, 2015

SERVICE SPECIFIC STANDARDS OF CARE		
Case Management (All Case Management Categories)		
<p>Case management services in HIV care facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of PLWHA. It also involves client assessment to determine client's needs and the development of individualized service plans in collaboration with the client to mitigate clients' needs. Ryan White Grant Administration funds three case management models i.e. one psychosocial and two clinical/medical models depending on the type of ambulatory service within which the case management service is located. The scope of these three case management models namely, Non-Medical, Clinical and Medical case management services are based on Ryan White HIV/AIDS Treatment Modernization Act of 2006 (HRSA)² definition for non-medical and medical case management services. Other resources utilized include the current <i>National Association of Social Workers (NASW) Standards for Social Work Case Management</i>³. Specific requirements for each of the models are discussed under each case management service category.</p>		
1.0	Staff Training	
1.1	<p><u>Required Meetings</u> <u>Case Managers and Service Linkage Workers</u> Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA. Case Managers and Service Linkage Workers will attend the "Joint Prevention and Care Coordination Meeting" held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau. Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings)</p>	<ul style="list-style-type: none"> • Agency will maintain verification of attendance (RWGA will also maintain sign-in logs)
<p>² US Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau (2009). Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for eligible services ³ National Association of Social Workers (1992). NASW standards for social work case management. Retrieved 02/9/2009 from www.socialworkers.org/practice/standards/sw_case_mgmt.asp</p>		
19		
As of <u>October 2, 2015</u>		

Organization of the PMs

All Performance Measures (PMs) are service-specific

- Each PM is a system-wide measure that helps evaluate the impact of HIV services on the health status of the people living with HIV in the Houston area.
- PMs are based on current U.S. Department of Health and Human Services (HHS) Guidelines for HIV health care and community input.
- In general, PMs assess the percentage of consumers who, following receipt of a specific service:
 1. Entered into and/or were retained in HIV medical care
 2. Experienced improvement in HIV health indicators like CD4 counts and viral load suppression
 3. Received recommended medical, oral, and optical screening, care, and follow-up
 4. Were screened for and received mental health or substance abuse services if needed
 5. Obtained housing if homeless or unstably housed
 6. Secured 3rd party health care coverage (insurance) if uninsured, and/or
 7. Other service-specific measures

Ryan White Part A
HIV Performance Measures
FY 2016 Report

Clinical Case Management
All Providers

For FY 2016 (3/1/2016 to 2/28/2017), 1,406 clients utilized Part A clinical case management.

HIV Performance Measures	FY 2015	FY 2016	Change
A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management	402 (39.5%)	685 (48.7%)	9.2%
Percentage of clinical case management clients who utilized mental health services	247 (24.3%)	360 (25.6%)	1.3%
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	382 (73.0%)	501 (69.0%)	-4.0%
Percentage of clients who were homeless or unstably housed	267 (26.2%)	322 (22.9%)	-3.3%

According to CPCDMS, 33 (2.4%) clients utilized primary care for the first time and 118 (8.4%) clients utilized mental health services for the first time after accessing clinical case management.

Clinical Chart Review Measures	FY 2015
Percentage of HIV-infected clinical case management clients who had a case management care plan developed and/or updated two or more times in the measurement year	80%
Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment*	0%

*Data was not collected in FY 2015



Take-Home Messages

- Standards of Care set the minimum acceptable levels of *quality* of HIV care, treatment, and support services provided to PLWH by Ryan White funded providers
- Performance Measures provide a way to evaluate the system-wide impact of HIV services on the health status of the people living with HIV in the Houston area.
- SOCs and PMs do *not* evaluate a specific individual provider or agency, nor do they determine which provider/agency receives Ryan White funds
- Consumers have an important role in the SOC/PM process. They review the standards and make recommendation for improvements, and they serve as a voice of the consumer in defining quality of HIV care.



Why does any of this matter in the real world?

Example: Linkage to Care

Standard of Care:

What is the general Standard of Care for linking clients into care?

General Standard 4.11 (Accessibility – Linkage Into Core Services): Agency staff will provide out-of-care clients with individualized information and referral to connect them into ambulatory outpatient medical care and other core medical services.

How will the Administrative Agent know this Standard has been met?

- Documentation of client referral is present in client record
- Review of agency's policies & procedures' manual indicates compliance



Why does any of this matter in the real world?

Example: Linkage to Care

Performance Measure:

How will the Administrative Agent measure whether efforts to link clients into care have been effective?

Non-Medical Case Management / Service Linkage

All Providers:

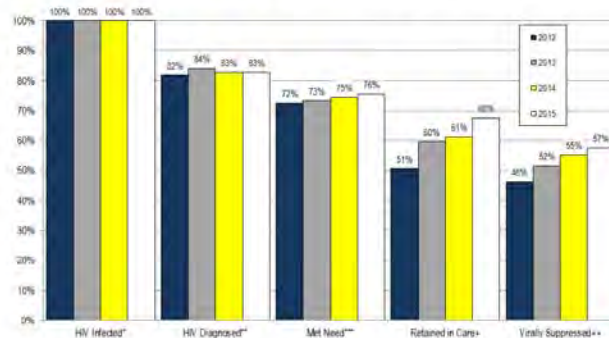
1. A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing non-medical case management (service linkage)
2. Measure the number of days between first ever service linkage visit and first ever primary medical care visit
3. Assess the percentage of newly-enrolled clients who had a medical visit in each of the four-month periods of the year



Why does any of this matter in the real world?

Establishing SOCs and monitoring PMs help ensure that people living with HIV in the Houston Area can expect and receive high quality life-sustaining HIV care and treatment services.

The Houston EMA HIV Care Continuum, 2012-2015



*No. persons who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA (disaggregated + undisaggregated estimate)
 **No. persons who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA.
 ***No. persons with met need (at least one medical visit, ART prescription, or CD4VL test in 12 months) in 2012, 2013, 2014, and 2015 in the Houston EMA.
 +No. persons with retained in care (PLUHV with at least 2 medical visits or ART in 12 months, at least 3 months apart) in 2012, 2013, 2014, and 2015 in the Houston EMA.
 ++No. persons whose last viral load test of 2012, 2013, 2014, and 2015 (among persons with >=1 VL test) in the Houston EMA.



SOC/PM Exercise

Practice with Standards of Care

1. If you wanted to know how quality is defined for all services provided through Ryan White, which type of Standard of Care would you review?
 - a. General Standards
 - b. Service Specific Standards

Go to the General Standard called 4.0 Accessibility.

2. What is the minimum definition of quality for “Cultural Competence?”
3. How does someone know if this minimum standard is met by the agency/provider--what documents are looked at?

Go to the Service Specific Standards for Non-Medical Case Management Services (Service Linkage Worker).

4. How long does a Service Linkage Worker have to transfer a Not-in-Care and Newly Diagnosed Client into HIV primary care?
 - a. 90 days
 - b. 120 days
 - c. Unlimited



SOC/PM Exercise

Practice with Performance Measures

1. True/False. There are no general Performance Measures. Performance Measures are specific to each service funded through Ryan White.

Go to the Performance Measures for Medical Nutritional Supplements.

2. At a minimum, what percentage of clients who use Medical Nutrition Supplements with lab data in CPCDMS should be virally suppressed?
 - a. 35%
 - b. 50%
 - c. 75%
 - d. 90%

Go to the Performance Measures for Primary Medical Care.

3. Name 3 Clinical Chart Review Measures.

ROAD 2 SUCCESS and CAMINO HACIA TU SALUD

Schedule of Emergency Preparedness Trainings for the HIV Community

CONFIRMED:

Oct. 3, 2018, set up 9 am	Legacy Community Health Staff at Montrose Clinic – anticipated attendance: 150 individuals
Oct. 17, 2018, set up at 9 am	SPRY Montrose Diners – anticipated attendance: 20 consumers
Date to be determined	Legacy Community Advisory Board – anticipated attendance: 30+ consumers

COMPLETED:

July 23, 2018, 12 noon	Ryan White Affected Community Committee – 39 attendees and 6 staff
Aug. 1, 2018, 11 am	Transition Summit for HIV-positive youth transitioning from pediatric to adult medical care – 29 attendees (youth, caregivers and case managers) and 4 staff
Aug. 16, 2018, 12 noon	Thomas Street Health Center – 14 consumers and 4 staff
Aug. 20, 2018, 2:00 pm	HIV and Aging Coalition – 15 consumers and 4 staff
Aug. 27, 2018, 5:00 pm	Positive Support Group (Spanish only) - attendance: 26 consumers and 5 staff
Aug. 29, 2018, 10:00 am	Catholic Charities HOPWA Housing Meeting – Two sessions. attendance: 42 attendees and 7 staff (am session in Spanish, pm session in English)
Sept. 20, 2018, 12 noon	Thomas Street Health Center – attendance: 30 consumers
Sept. 21, 2018, 6:30 pm	Living Large, Living Without Limits – attendance: 14 consumers
Sept. 26, 2018, 12 noon	Case Manager Meeting, Legacy Community Health – attendance: 13 case managers.

TO BE SCHEDULED:

St. Hope Foundation – they want a January date
Rural clinics - The Resource Group would like to work with us to set up presentations in some of their rural clinics.

Affected Community Committee
2018 Community Events (as of 09-27-18)

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

Day, date, times	Event	Location	Participants
Sunday, March 4 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	Tana, Allen & Mona – distribute LEAP flyers
Sunday, June 3 Before 1 pm start time	Long-Term HIV Survivors Event	11410 Hempstead Road	<u>Need 10 volunteers (3 for PC booth):</u> Council: Johnny D., Ronnie, Cecilia, Veria, Crystal, Skeet, Herman, and Ma'Janac LEAP: Calvin, Roy, Erika, Felipe, Mel, Prince, Tony
Wednesday, June 20 6:00 – 9:00 pm	Pride Month Volunteer Day	Houston Food Bank 535 Portwall Street Contact Person: Mary Bethal – 832 369-9390 x 9251	<u>Need 3 volunteers: PP: Herman,</u> Crystal, Ma'Janac
Saturday, June 23 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	<u>Shift 1 (11:30 am-2 pm): PP:Skeet,</u> Tana, Rod <u>Shift 2 (2-4:30 pm):</u> Allen, Skeet, Tana <u>Shift 3 (4:30-7 pm): PP: Skeet,</u> Allen
July 23, 2018 Set up: 11 am	<i>Dress Rehearsal</i> Road 2 Success: Emergency Preparedness for HIV Community	Affected Community Committee 2223 W. Loop South, 77027	
Wed, August 1, 2018 Set up: 10:30 am	Road 2 Success: Emergency Preparedness for HIV Community	Youth Transition Summit	<u>No volunteers needed</u>
Thurs, August 16, 2018 Set up: 11 am	Road 2 Success: Emergency Preparedness for HIV Community	Thomas Street Health Center 2015 Thomas Street, 77009	<u>Need 5 Volunteers:</u> Rosalind, Michael B., Steven
Mon, August 20, 2018 Set up: 1:30 pm	Road 2 Success: Emergency Preparedness for HIV Community	HIV and Aging Coalition the Montrose Center 401 Branard St., 77006	<u>Need 6 Volunteers:</u> Steven, Michael B., Skeet
Mon, August 27, 2018 Set up: 4:45 pm	Camino hacia tu Salud: Emergency Preparedness for HIV Community	Positive713 Leonel Castillo Community Center 2101 South Street, 77009	<u>Need 4 Volunteers:</u> Isis, John P, Steven, Skeet, Johnny, Herman

(Continued on next page)

Day, date, times	Event	Location	Participants
Wed., August 29, 2018 Set up: 9:15 am	Camino and Road 2 Success: Emergency Preparedness for HIV Community	Catholic Charities Miles Chapel 4315 Lyons Avenue, 77020	<u>Need 4 Volunteers:</u> Isis, Skeet and Cecilia
Thurs, September 20, 2018 Set up: 11 am	Road 2 Success: Emergency Preparedness for HIV Community	Thomas Street Health Center 2015 Thomas Street, 77009	<u>Need 6 Volunteers:</u> Steven, Isis, Eddie, Crystal, Amber and Cecilia
Fri. September 21, 2018 Set up: 6 pm	Road 2 Success: Emergency Preparedness for HIV Community	Living Large Support Group the Montrose Center 401 Branard St., 77006	<u>Need 5 Volunteers:</u> Crystal, Skeet, Isis, Cecilia and Herman
Wed., October 17, 2018 Set up: 9 am	Road 2 Success: Emergency Preparedness for HIV Community	SPRY Montrose Diners the Montrose Center 401 Branard St., 77006	<u>Need 5 Volunteers:</u> Skeet, Roy, Isis and Amber
October	MISS UTOPIA	Crowne Plaza Northwest-Brookhollow 12801 Northwest Freeway Houston, TX 77040	<u>Volunteers:</u> PP: Skeet, Cecilia, Ronnie, Johnny DISTRIBUTE LEAP FLYERS
Saturday, December 1	World AIDS Day Events		Most committee members attend events DISTRIBUTE LEAP FLYERS

Greeters for 2018 Council Meetings

(Revised: 08-21-18)

2018 Meeting Dates (Please arrive at 11:45 a.m. Unless otherwise noted, the meetings are held at 2223 W. Loop South)	Greeter #1 External Member	Greeter #2	Greeter #3
Thurs. March 8	Mona	Skeet	Tana
Thurs. April 12	Eddie	Rodney	Allen
Thurs. May 10 CANCELLED	Lionel	Allen	Johnny
Thurs. June 14	Crystal	Tana	Ronnie
Thurs. July 12	Lionel	Allen	Johnny
Thurs. August 9	Tana	Rodney	Allen
Thurs. September 13 CANCELLED	Crystal	Herman	Ma'Janae
Thurs. October 11	Eddie or Tana	Skeet	Allen
Thurs. November 8 External Committee Member Appreciation	Eddie	Skeet	Tana
Thurs. December 6	Michael	Rodney	Eddie

Quality Improvement Committee Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,634,415	391,824	0	0	0	10,026,239	46.85%	10,026,239	0		3,339,971	33%	50%
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	0	0	0	3,591,064	16.78%	3,591,064	0	3/1/2018	\$499,330	14%	42%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	0	0	0	1,021,370	4.77%	1,021,370	0	3/1/2018	\$555,722	54%	50%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	0	0	0	867,347	4.05%	867,347	0	3/1/2018	\$455,350	52%	50%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	0	0	0	1,104,720	5.16%	1,104,720	0	3/1/2018	\$302,847	27%	50%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0	0	1,149,761	5.37%	1,149,761	0	3/1/2018	\$427,898	37%	50%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0	0	0	1,874,540	8.76%	1,874,540	0	3/1/2018	\$945,008	50%	42%
1.g	Primary Care - Pediatric (a.1)	15,437	0	0	0	0	15,437	0.07%	15,437	0	3/1/2018	\$3,600	23%	50%
1.h	Vision	402,000	0	0	0	0	402,000	1.88%	402,000	0	3/1/2018	\$150,215	37%	50%
2	Medical Case Management	2,535,802	0	0	0	0	2,535,802	11.85%	2,535,802	0		734,165	29%	50%
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.28%	488,656	0	3/1/2018	\$147,850	30%	50%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0	0	482,722	2.26%	482,722	0	3/1/2018	\$32,060	7%	42%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0	0	321,070	1.50%	321,070	0	3/1/2018	\$166,863	52%	50%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0	0	321,072	1.50%	321,072	0	3/1/2018	\$73,993	23%	50%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0	0	107,247	0.50%	107,247	0	3/1/2018	\$39,484	37%	50%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0	0	348,760	1.63%	348,760	0	3/1/2018	\$109,719	31%	50%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.84%	180,311	0	3/1/2018	\$66,743	37%	42%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0	0	160,051	0.75%	160,051	0	3/1/2018	\$48,680	30%	50%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.37%	80,025	0	3/1/2018	\$42,667	53%	50%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.21%	45,888	0	3/1/2018	\$6,107	13%	42%
3	Local Pharmacy Assistance Program (a) (e)	1,934,796	256,674	0	0	0	2,191,470	10.24%	2,191,470	0	3/1/2018	\$846,776	39%	50%
4	Oral Health	166,404	0	0	0	0	166,404	0.78%	166,404	0	3/1/2018	\$2,700	50%	50%
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0	0	0	166,404	0.78%	166,404	0	3/1/2018	\$82,700	50%	50%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
6	Health Insurance (c)	1,244,551	28,519	0	0	0	1,273,070	5.95%	1,273,070	0	3/1/2018	\$518,968	41%	50%
7	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
8	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.21%	45,677	0	3/1/2018	\$16,919	37%	50%
9	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
10	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.60%	341,395	0	3/1/2018	\$135,122	40%	50%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Outreach Services	420,000	39,927	0	0	0	459,927	2.15%	459,927	0	3/1/2018	\$83,309	18%	50%
13	Non-Medical Case Management	1,231,002	0	0	0	0	1,231,002	5.75%	1,231,002	0		442,412	36%	50%
13.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.52%	110,793	0	3/1/2018	\$28,100	25%	50%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	0	0	100,000	0.47%	100,000	0	3/1/2018	\$31,625	32%	50%
13.c	Service Linkage at Public Clinic (a)	427,000	0	0	0	0	427,000	2.00%	427,000	0	3/1/2018	\$107,856	25%	42%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	0	0	593,209	2.77%	593,209	0	3/1/2018	\$274,832	46%	50%
14	Medical Transportation	482,087	25,824	0	0	0	507,911	2.37%	507,911	0		141,808	28%	50%
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.18%	252,680	0	3/1/2018	\$109,020	43%	50%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.45%	97,185	0	3/1/2018	\$32,788	34%	50%
14.c	Transportation vouchering (bus passes & gas cards)	132,222	25,824	0	0	0	158,046	0.74%	158,046	0	3/1/2018	\$0	0%	0%
15	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
16	Emergency Financial Assistance	450,000	0	0	0	0	450,000	2.10%	450,000	0	3/1/2018	\$13,880	0%	50%
17	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
BE527616	Total Service Dollars	18,486,129	742,768	0	0	0	19,228,897	87.71%	19,228,897	0		6,258,840	33%	50%
	Grant Administration	1,675,047	0	0	0	0	1,675,047	7.83%	1,675,047	0	N/A	0	0%	50%
BE527617	HCPHES/RWGA Section	1,146,388	0	0	0	0	1,146,388	5.36%	1,146,388	0	N/A	\$0	0%	50%
PC	RWPC Support*	528,659	0	0	0	0	528,659	2.47%	528,659	0	N/A	0	0%	50%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
BES27521	Quality Management	495,000	0	0	0	0	495,000	2.31%	495,000	0	N/A	\$0	0%	50%
		20,656,176	742,768	0	0	0	21,398,944	97.85%	21,398,944	0		6,258,840	29%	50%
Part A Grant Award:		21,398,944	Carry Over:	0	Total Part A:		21,398,944	Unallocated	Unobligated	0				

	Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent
Core (must not be less than 75% of total service dollars)	15,903,040	677,017	0	0	0	16,580,057	86.40%	16,580,057	86.40%
Non-Core (may not exceed 25% of total service dollars)	2,583,089	25,824	0	0	0	2,608,913	13.60%	2,608,913	13.60%
Total Service Dollars (does not include Admin and QM)	18,486,129	702,841	0	0	0	19,188,970		19,188,970	
Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	0	0	0	0	1,675,047	7.83%		
Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.31%		

MAI Procurement Report														
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	1,797,785	49,060	0	0	0	1,846,845	85.23%	1,846,845	0		792,275	43%	50%
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530	0	0	0	934,693	43.13%	934,693	0	3/1/2017	\$472,175	51%	50%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530	0	0	0	912,152	42.09%	912,152	0	3/1/2017	\$320,100	35%	50%
2	Medical Case Management	320,100	0	0	0	0	320,100	14.77%	320,100	0		\$52,016	16%	50%
2.c (MAI)	MCM - Targeted to African American	160,050	0	0	0	0	160,050	7.39%	160,050	0		\$36,873	23%	50%
2.d (MAI)	MCM - Targeted to Hispanic	160,050	0	0	0	0	160,050	7.39%	160,050	0		\$15,142	9%	50%
Total MAI Service Funds		2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		792,275	43%	50%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
Total MAI Non-service Funds		0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEO 27518	Total MAI Funds	2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		792,275	43%	50%
MAI Grant Award		2,166,944	Carry Over:	0	Total MAI:		2,166,944							
Combined Part A and MAI Original Allocation Total		22,774,061												

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 or Decrease funding scenario.

(c) Funded under Part B and/or SS

(d) Not used at this time

(e) 10% rule reallocations

FY 2018 Ryan White Part A and MAI Service Utilization Report

SUR - 1st Quarter (3/1-5/31)

Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	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	4,362	73%	27%	45%	15%	2%	38%	0%	0%	4%	25%	27%	14%	28%	2%
1.a	Primary Care - Public Clinic (a)	2,350	2,129	68%	32%	48%	10%	2%	40%	0%	0%	2%	18%	26%	15%	36%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	797	67%	33%	99%	0%	1%	0%	0%	0%	8%	40%	27%	11%	13%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	695	85%	15%	0%	0%	0%	100%	0%	0%	5%	29%	33%	14%	18%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	415	89%	11%	0%	88%	11%	1%	0%	0%	5%	24%	21%	16%	31%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	376	71%	29%	44%	25%	2%	29%	0%	0%	7%	32%	25%	11%	23%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	675	0%	100%	57%	9%	2%	32%	0%	0%	1%	13%	28%	17%	35%	5%
1.g	Primary Care - Pediatric (a)	7	6	83%	17%	17%	17%	0%	67%	17%	50%	33%	0%	0%	0%	0%	0%
1.h	Vision	1,600	724	73%	27%	49%	17%	2%	32%	0%	0%	4%	26%	20%	14%	34%	2%
2	Medical Case Management (f)	3,075	2,416														
2.a	Clinical Case Management	600	300	74%	26%	64%	16%	2%	18%	0%	0%	4%	23%	19%	12%	37%	4%
2.b	Med CM - Targeted to Public Clinic (a)	280	265	94%	6%	63%	11%	1%	25%	0%	0%	2%	31%	22%	12%	29%	4%
2.c	Med CM - Targeted to AA (a)	550	733	71%	29%	100%	0%	0%	0%	0%	0%	8%	35%	24%	11%	20%	2%
2.d	Med CM - Targeted to H/L(a)	550	327	86%	14%	0%	0%	0%	100%	0%	1%	5%	31%	32%	9%	20%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	183	90%	10%	0%	90%	10%	0%	0%	0%	3%	25%	19%	12%	36%	5%
2.f	Med CM - Targeted to Rural (a)	150	330	68%	32%	52%	25%	2%	20%	0%	0%	7%	25%	20%	10%	33%	5%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	125	0%	100%	66%	8%	4%	22%	0%	0%	0%	14%	34%	23%	24%	4%
2.h	Med CM - Targeted to Pedi (a)	125	67	63%	37%	75%	6%	0%	19%	61%	34%	4%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	80	98%	3%	78%	16%	0%	6%	0%	0%	0%	1%	3%	6%	68%	23%
2.j	Med CM - Targeted to Youth	120	6	100%	0%	83%	0%	0%	17%	0%	0%	100%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	2,177	77%	23%	46%	17%	2%	36%	0%	0%	4%	25%	29%	16%	25%	1%
4	Oral Health	200	136	63%	38%	39%	32%	3%	26%	0%	0%	3%	14%	29%	12%	38%	4%
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	136	63%	38%	39%	32%	3%	26%	0%	0%	3%	14%	29%	12%	38%	4%
5	Mental Health Services (d)	NA	NA														
6	Health Insurance	1,700	576	84%	16%	36%	34%	3%	27%	0%	0%	2%	14%	15%	16%	45%	9%
7	Home and Community Based Services (d)	NA	NA														
8	Substance Abuse Treatment - Outpatient	40	9	100%	0%	11%	33%	11%	44%	0%	0%	0%	56%	11%	11%	22%	0%
9	Early Medical Intervention Services (d)	NA	NA														
10	Medical Nutritional Therapy/Nutritional Supplements	650	295	79%	21%	38%	21%	3%	37%	0%	0%	1%	10%	14%	19%	47%	9%
11	Hospice Services (d)	NA	NA														
12	Outreach	NA	126	66%	34%	63%	7%	1%	29%	0%	0%	4%	32%	24%	13%	25%	2%
13	Non-Medical Case Management	7,045	2,700														
13.a	Service Linkage Targeted to Youth	320	60	73%	27%	70%	3%	3%	23%	0%	8%	92%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	50	60%	40%	72%	4%	2%	22%	0%	0%	0%	58%	20%	10%	12%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	1,144	65%	35%	63%	9%	2%	26%	0%	0%	0%	18%	22%	13%	41%	5%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	1,446	77%	23%	53%	12%	2%	33%	0%	0%	7%	29%	25%	14%	23%	2%
14	Transportation	2,850	942														
14.a	Transportation Services - Urban	170	200	66%	35%	59%	15%	3%	24%	0%	0%	8%	27%	22%	14%	27%	4%
14.b	Transportation Services - Rural	130	61	70%	30%	43%	30%	2%	26%	0%	0%	7%	18%	20%	16%	38%	2%
14.c	Transportation vouchersing	2,550	681														
15	Linguistic Services (d)	NA	NA														
16	Emergency Financial Assistance (e)	NA	0														
17	Referral for Health Care - Non Core Service (d)	NA	NA														
Net unduplicated clients served - all categories*		11,657	8,017	74%	26%	51%	15%	2%	32%	1%	1%	4%	23%	24%	13%	31%	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%	

FY 2018 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report																	
Priority	Service Category	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	MAI unduplicated served includes clients also served under Part A																
	Outpatient/Ambulatory Primary Care (excluding Vision)																
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	880	73%	27%	100%	0%	0%	0%	0%	0%	9%	36%	26%	11%	18%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	553	89%	11%	0%	0%	0%	100%	0%	0%	5%	33%	33%	12%	16%	1%
2	Medical Case Management (f)																
2.c	Med CM - Targeted to AA (a)	1,060	133	75%	25%	54%	17%	1%	28%	0%	1%	6%	29%	35%	11%	17%	1%
2.d	Med CM - Targeted to H/L(a)	960	27	85%	15%	52%	22%	7%	19%	0%	0%	4%	37%	22%	7%	28%	4%

RW Part A New Client Service Utilization Report																	
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/12 - 2/28/13)																	
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	564	79%	21%	52%	15%	2%	31%	0%	1%	9%	34%	26%	10%	20%	2%
2	LPAP	1,200	133	75%	25%	54%	17%	1%	28%	0%	1%	6%	29%	35%	11%	17%	1%
3.a	Clinical Case Management	400	27	85%	15%	52%	22%	7%	19%	0%	0%	4%	37%	22%	7%	26%	4%
3.b-3.h	Medical Case Management	1,600	288	77%	23%	54%	16%	2%	28%	3%	1%	8%	36%	26%	9%	17%	1%
3.i	Medical Case Management - Targeted to Veterans	60	8	100%	0%	63%	38%	0%	0%	0%	0%	8%	36%	26%	9%	17%	1%
4	Oral Health	40	7	57%	43%	71%	14%	0%	14%	0%	0%	0%	0%	0%	38%	38%	25%
12.a.	Non-Medical Case Management (Service Linkage)	3,700	604	72%	28%	59%	12%	2%	26%	0%	1%	6%	28%	23%	10%	28%	0%
12.c.																	
12.d.																	
12.b	Service Linkage at Testing Sites	260	46	63%	37%	83%	2%	0%	15%	0%	0%	22%	46%	20%	7%	7%	0%

Footnotes:

(a) Bundled Category

(b) Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.

(d) Funded by Part B and/or State Services

(e) Not funded in FY 2017

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

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1819 Ryan White Part B
Procurement Report
April 1, 2018 - March 31, 2019



Reflects spending through July 2018

Spending Target: 33%

Revised 9/10/2018

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	\$2,085,565	62%	\$0	\$2,085,565	62%	4/1/2018	\$615,207	29%
7	Health Insurance Premiums and Cost Sharing (1)	\$726,885	22%	\$0	\$726,885	22%	4/1/2018	\$149,635	21%
9	Home and Community Based Health Services	\$202,315	6%	\$0	\$202,315	6%	4/1/2018	\$38,160	19%
	Unallocated	\$325,806	10%	\$0	\$325,806	10%	4/1/2018	\$0	0%
Total Houston HSDA		3,340,571	100%	\$0	\$3,340,571	100%		803,002	24%

Note: Spending variances of 10% will be addressed:

1 HIP - Funded by Part A, B and State Services. Provider is spending other grant funds before they close.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1718 DSHS State Services
Procurement Report
September 1, 2017- August 31, 2018



Chart reflects spending through July 2018

Spending Target: 91%

Revised 9/10/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contracted Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services (1)	\$300,000	16%		\$300,000	16%	9/1/2017	\$141,015	47%
7	Health Insurance Premiums and Cost Sharing (2)	\$979,694	52%		\$979,694	53%	9/1/2017	\$926,288	95%
9	Hospice (3)	\$359,832	19%		\$359,832	19%	9/1/2017	\$298,540	84%
11	EIS - Incarcerated (4)	\$166,211	9%	\$3,789	\$170,000	9%	9/1/2017	\$125,961	76%
16	Linguistic Services (5)	\$68,000	4%	-\$16,789	\$51,211	3%	9/1/2017	\$35,800	53%
Total Houston HSDA		1,873,737	100%	-\$13,000	\$1,860,737	100%		1,527,603	82%

Note: Spending variances of 10% will be addressed:

- 1 MHS - Agency is short of staff; More clients are covered under Insurance instead of grant funds. Will need to reallocate funds.
- 2 HIP - Behind in billing submissions - will expend all funds
- 3 HOS- Lower spending reflects changes in service provision by provider and operational expenses are being covered by another funding source
- 4 EIS - Behind in billing submission. Provider had a vacancy but is now fully staffed; service units should increase.
- 5 LIN- Behind in billing submission

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 July 2018

Spending Target: 91%

Revised 9/10/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contracted Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	ADAP Eligibility Worker (1)	\$375,000	38%		\$225,000	27%	9/1/2017	\$144,873	64%
7	Emergency Financial Assistance (2)	\$600,000	62%		\$600,000	73%	9/1/2017	\$267,039	45%
Total Houston HSDA		975,000	100%	\$0	\$825,000	100%		411,912	50%

Note: Spending variances of 10% will be addressed

1 one (1) position not awarded. One (1) position - finalizing contract

2 Public clinic has yet to utilize services, however, DSHS has expanded statewide. Expenditures continues to increase.

Currently the impact of Gilead ending its participation in Compassion Care Project has been minimal with next-day shipping being added.

2018-2019 Ryan White Part B Service Utilization Report
4/1/2018 - 6/30/2018 Houston HSDA (4816)
1st Quarter

Revised 8/11/2018

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	1,000	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Home & Community Based Health Services	30	15	73.33%	26.67%	0.00%	0.00%	66.67%	13.33%	20.00%	0.00%	0.00%	0.00%	0.00%	2.00%	6.00%	90.00%	2.00%	
Oral Health Care	2,500	856	72.64%	26.23%	0.00%	1.16%	30.22%	16.48%	31.73%	1.87%	0.00%	0.11%	2.10%	15.53%	19.04%	13.90%	49.52%	6.80%
Unduplicated Clients Served By RW Part B Funds:	N/A	871	145.95%	52.90%	0.00%	1.16%	16.90%	29.81%	51.43%	1.87%	0.00%	0.11%	2.10%	15.53%	21.04%	19.90%	132.52%	8.80%

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2017-07/31/18

Revised: 9/10/2018

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1614	\$154,579.84	599			0
Medical Deductible	199	\$71,394.62	140			0
Medical Premium	6237	\$2,448,389.45	881			0
Pharmacy Co-Payment	5404	\$744,137.90	1409			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	\$2,930.12	14	NA	NA	NA
Totals:	13461	\$3,415,571.69	3043	0	\$0.00	

Comments: This report represents services provided under all grants.

NON-MEDICAL CM TARGETING SUD

Feedback from Providers and People Living With HIV (PLWH)

HISTORICAL OVERVIEW

- The case management positions have been funded for more than 20 years in the Houston/Galveston area.
- Three agencies were funded in the Houston area.
 - One "targeting" GLBT community.
 - One "targeting" mono-lingual/bilingual Spanish-speaking individuals.
 - One does not use funds for case management services.

INTERVIEW PROCESS

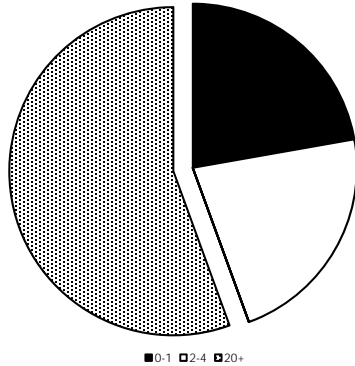
- TRG contacted the two Houston providers that were funded for case management services targeting substance use disorders.
- TRG conducted interviews with provider staff at both agencies.
 - 9 staff members interviewed including
 - Case managers (past and present),
 - Outreach workers,
 - Recovery coaches &
 - Supervisors.
- TRG conducted interviews with people living with HIV:
 - 4 people living with HIV interviewed.
 - Additional interviews are being scheduled.

PROVIDER INTERVIEWS

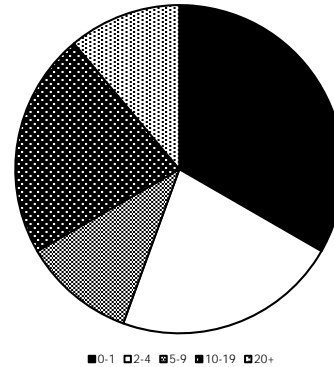
Conducted by Patrick L. Martin, Reachelian Ellison and
Cynthia Aguries

EXPERIENCE OF PROVIDER STAFF

Total HIV Services Experience



Grant-Specific Experience

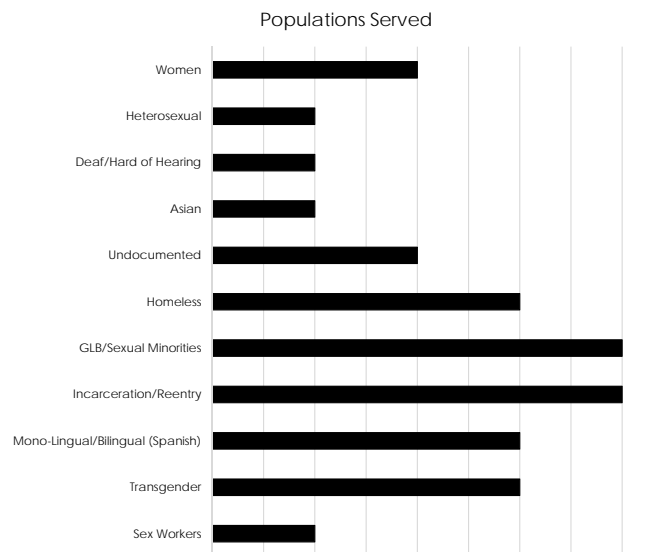


EXPERIENCE OF STAFF

- Trends:
 - None of the current case managers has specific licensure or certification.
 - Two of the case managers had more than twenty years experience serving people living with HIV.
 - The same case managers had 15-20 years serving PLWH who also have substance use disorders (SUD).
 - All case managers have access to clinical support from licensed staff.
 - Agency teams included:
 - Recovery coaches and/or
 - Licensed case managers.

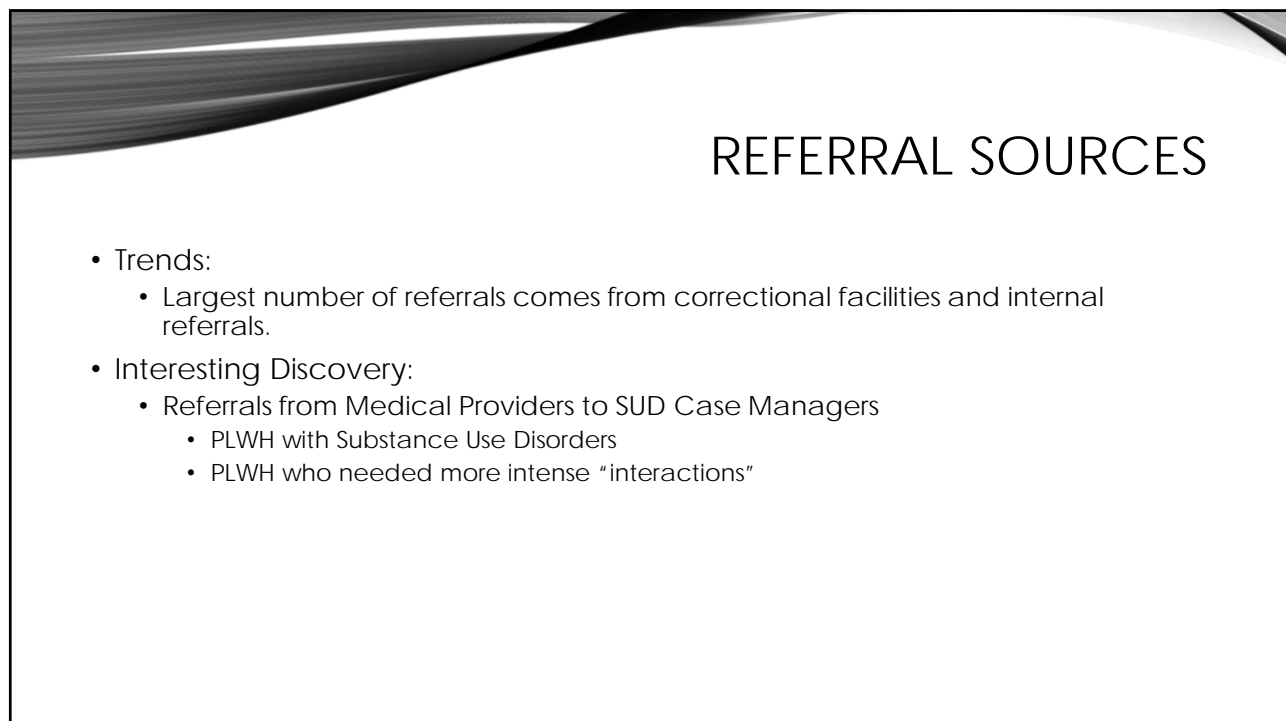
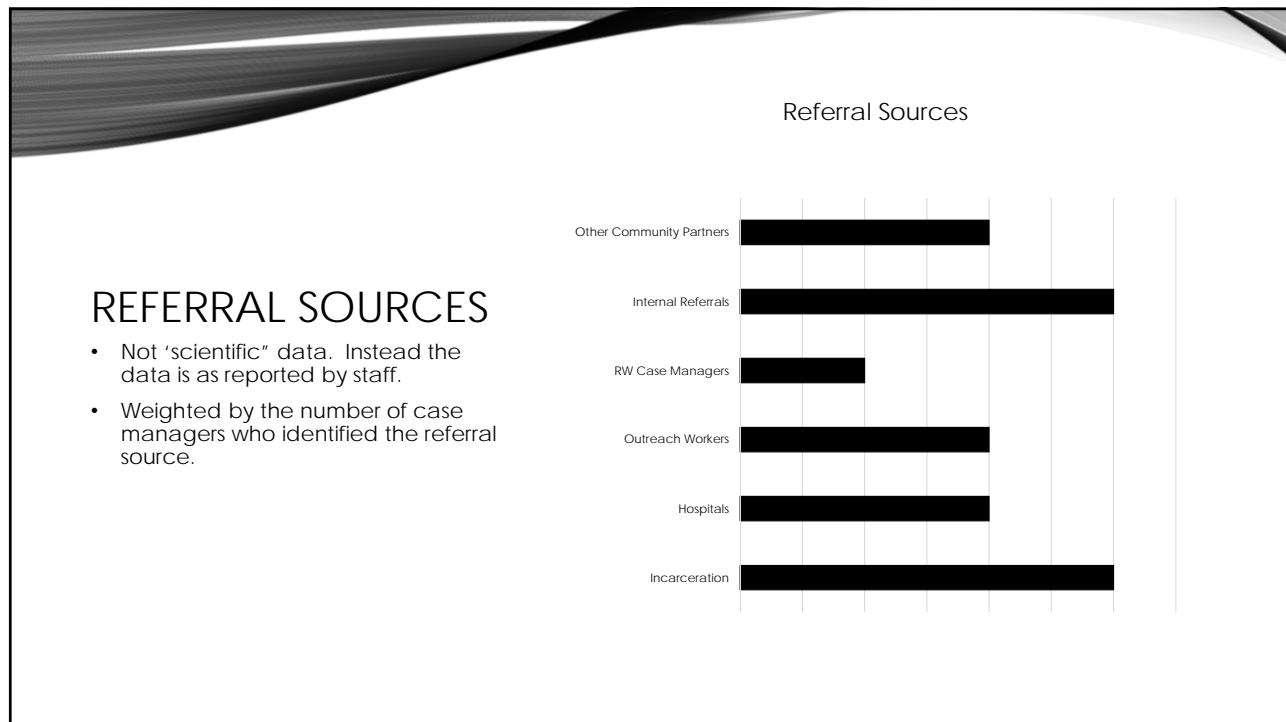
SPECIAL POPULATIONS

- Not “scientific” data. Instead the data is as reported by staff.
- Weighted by the number of case managers who identified the population.
- **Not based on the percentage of PLWH served/case management caseload**



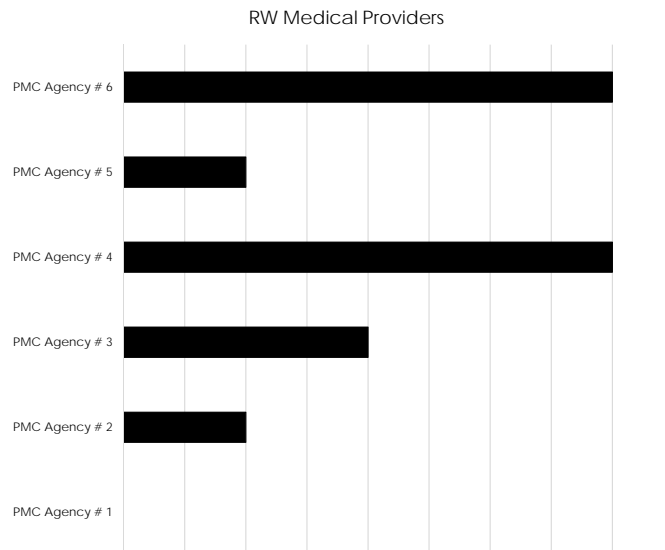
SPECIAL POPULATIONS

- Trends:
 - Incarcerated/Reentry, GLB(T)/Sexual Minorities, Monolingual/Bilingual (Spanish), and Homeless were all identified the most as populations being served.
- Interesting Discovery:
 - Though not a large percentage of the overall PLWH numbers served, every case manager interviewed stated that they had transgender PLWH on their caseload.
 - Though every case manager stated they have PLWH releasing from incarceration/history of incarceration on their caseload, one case manager works exclusively with individuals releasing from incarceration.



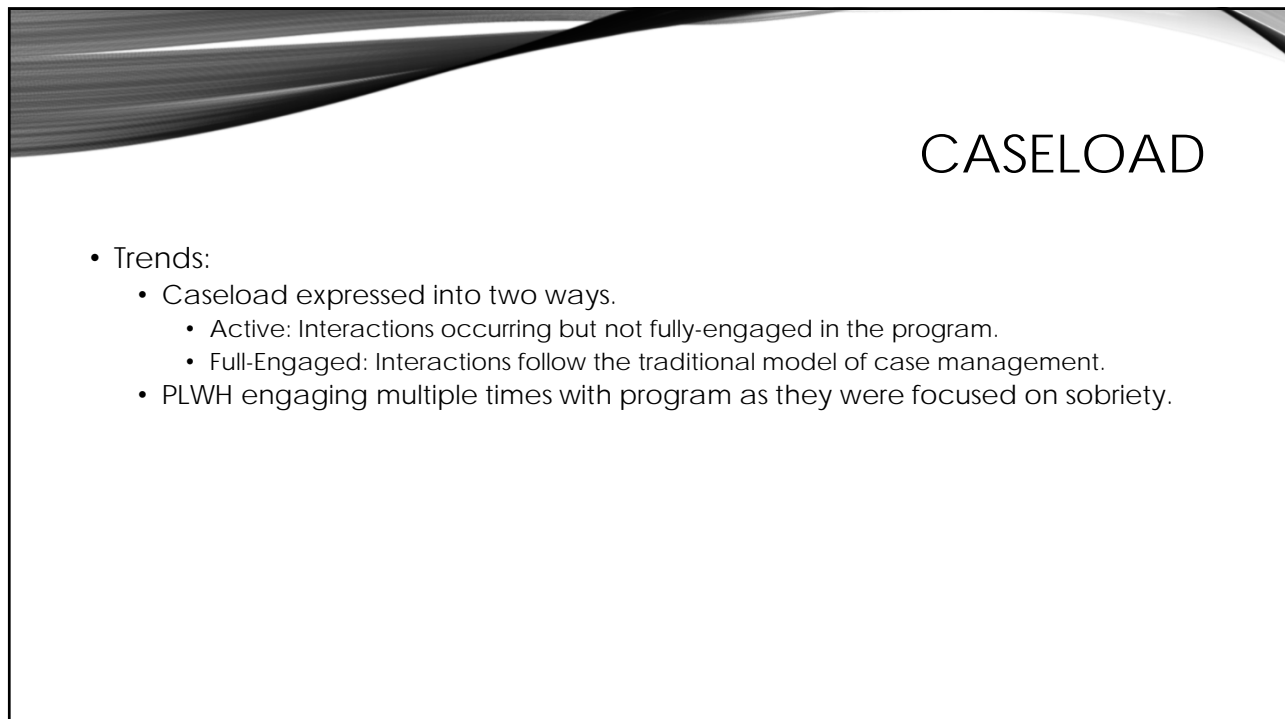
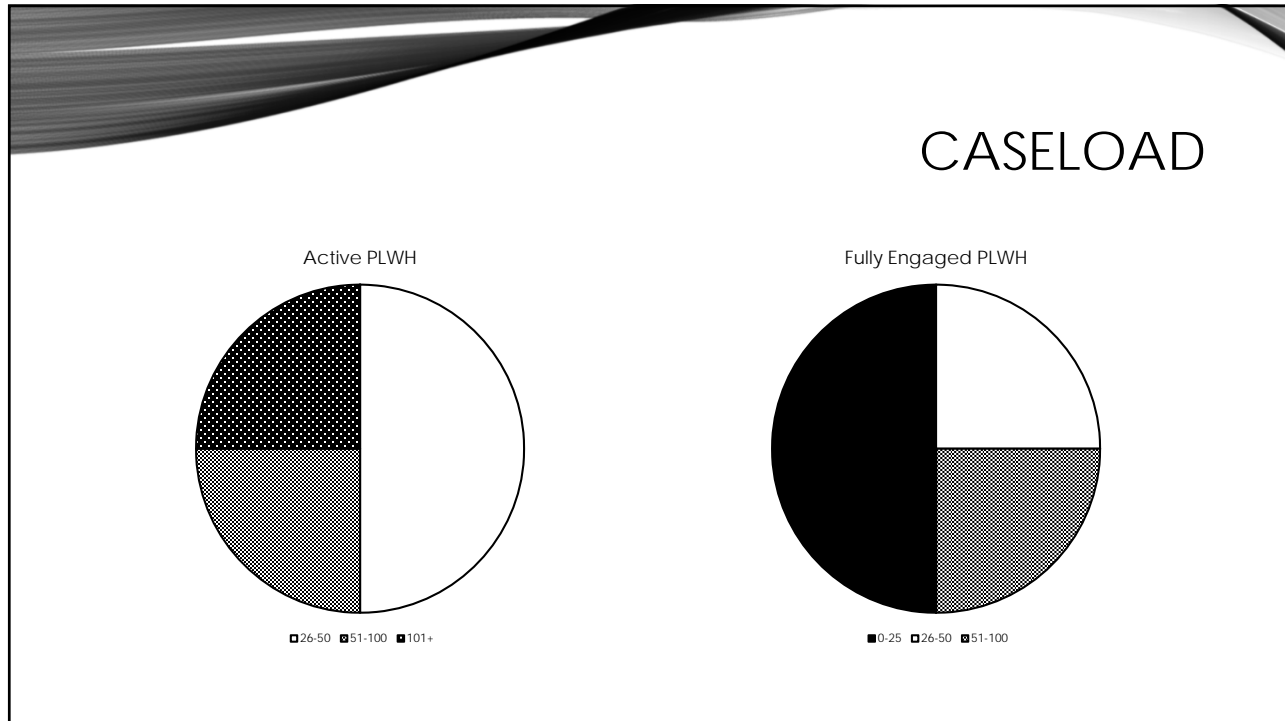
REFERRALS TO MEDICAL CARE

- All case managers reported referring PLWH into medical care as part of their service delivery.
- Not "scientific" data. Instead the data is as reported by staff.
- Weighted by the number of case managers who identified the agencies.



REFERRALS FROM MEDICAL CARE

- Trends:
 - Several RW Medical Providers have established relationships with these positions. This relationship included:
 - Interdisciplinary case review
 - Interaction with Medical Case Managers and Intake Workers
 - Monthly meeting to discuss cases



KEY ACTIVITIES

- CMs expressed “hands on” approach that included the following activities:
 - Understanding the challenges of SUD
 - Coaching PLWH
 - Long-term support through changes in circumstances
 - Challenge of IDs
 - Transportation
 - Empowering PLWH in accessing systems:
 - Transgender
 - Undocumented
 - Recently Released
 - SUD Treatment
 - Knowing Treatment Resources and
 - Matching Program to PLWH

KEY ACTIVITIES

- CMs expressed “hands on” approach that included the following activities:
 - Community based interactions
 - Relapse Prevention
 - Eligibility Process:
 - Preparation for the process and
 - Navigation through the process
 - Application for THMP
 - Food/Hygiene
 - Accessing Other Resources:
 - Support Groups
 - Faith-Based
 - AA/NA/CA

PLWH INTERVIEWS

Conducted by Reachelian Ellison

PLWH INTERVIEWS

- *Important Note: PLWH are not forced to disclose any information. Some participants are more comfortable sharing details. Therefore, this details may not be consistent from participant to participant.*
- Participant #1: Newly diagnosed – while in jail.
- Participant #2: Diagnosed in 2004. Has accessed the program multiple times.
- Participant #3: History of homelessness.
- Participant #4: Currently homeless. Dealing with recent diagnosis of diabetes.

WHAT ARE YOUR GOALS?

- When asked "What do you want from this program?"
 - Stability and follow-up
 - Assistance is obtaining long-term goals
 - Motivation and empowerment
 - Learning a new skill
 - Administrative
 - Carpentry
 - Basic computer skills

PROGRAM PERFORMANCE

- When asked "How has this program helped you?"
 - "Talk" and encouragement
 - Food programs
 - Visits in jail
- When asked "What can be done to improve the program?"
 - More programs to help
 - Connections to reenter the workforce with a "bad background (list of places that will hire or train me)"
 - Vouchers for food, clothes and resources
 - A list of services/where I can get help with a "bad background (drug history or incarceration)"

MISSED APPOINTMENTS?

- When asked "Why Do You Miss Appointments?"
 - Lack of transportation
 - Bus fare
 - Gas
 - I forget/Short-term memory loss
 - Texts
 - Morning reminders
 - Day before reminders
 - Personal Issues
 - Depression
 - PTSD

QUESTIONS?

Local Service Category:	Non-Medical Case Management Targeting Substance Use Disorder
Amount Available:	To be determined
Unit Cost	
Budget Requirements or Restrictions (TRG Only):	Maximum 10% of budget for Administrative Cost. Direct medical costs and Substance Abuse Treatment/Counseling cannot be billed under this contract.
DSHS Service Category Definition:	<p>Non-Medical Case Management (N-MCM) model is responsive to the immediate needs of a person living with HIV (PLWH) and includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, entitlements, housing, and other needed services.</p> <p>Non-Medical Case Management Services (N-MCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. N-MCM services may also include assisting eligible persons living with HIV (PLWH) to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication (e.g., face-to-face, phone contact, and any other forms of communication) as deemed appropriate by the Texas DSHS HIV Care Services Group Ryan White Part B program.</p>
Local Service Category Definition:	<p>Non-Medical Case Management: The purpose of Non-Medical Case Management targeting Substance Use Disorders (SUD) is to assist PLWHs with the procurement of needed services so that the problems associated with living with HIV are mitigated. N-MCM targeting SUD is intended to serve eligible people living with HIV in the Houston EMA/HSDA who are also facing the challenges of substance use disorder. Non-Medical Case Management is a working agreement between a PLWH and a Non-Medical Case Manager for an indeterminate period, based on PLWH need, during which information, referrals and Non-Medical Case Management is provided on an as-needed basis and assists PLWHs who do not require the intensity of Medical Case Management. Non-Medical Case Management is both office-based and field based. N-MCMs are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWH may be identified, including substance use disorder treatment/counseling and/or recovery support personnel. Such incoming referral coordination includes meeting prospective PLWHs at the referring provider location in order to develop rapport with and ensuring sufficient support is available. Non-Medical Case Management also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those PLWHs who have not returned for scheduled appointments with the provider nor have provided updated information about their current Primary Medical Care provider (in the situation where PLWH may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Non-Medical Case Management extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWH who are not currently accessing primary medical care services.</p>

<p>Target Population (age, gender, geographic, race, ethnicity, etc.):</p>	<p>Non-Medical Case Management targeting SUD is intended to serve eligible people living with HIV in the Houston EMA/HSDA, especially those underserved or unserved population groups who are also facing the challenges of substance use disorder. The target populations should also include individuals who misuse prescription medication or who use illegal substances or recreational drugs and are also:</p> <ul style="list-style-type: none"> - Transgender, - Men who have sex with men (MSM), - Women or - Incarcerated/recently released from incarceration.
<p>Services to be Provided:</p>	<p>Goals: The primary goal for N-MCM targeting SUD is to improve the health status of PLWHs who use substances by promoting linkages between community-based substance use disorder treatment programs, health clinics and other social service providers. N-MCM targeting SUD shall have a planned and coordinated approach to ensure that PLWHs have access to all available health and social services necessary to obtain an optimum level of functioning. N-MCM targeting SUD shall focus on behavior change, risk and harm reduction, retention in HIV care, and lowering risk of HIV transmission. The expectation is that each Non-Medical Case Management Full Time Equivalent (FTE) targeting SUD can serve approximately 80 PLWHs per year.</p> <p>Purpose: To promote Human Immunodeficiency Virus (HIV) disease management and recovery from substance use disorder by providing comprehensive Non-Medical Case Management and support for PLWH who are also dealing with substance use disorder and providing support to their families and significant others.</p> <p>N-MCM targeting SUD assists PLWHs with the procurement of needed services so that the problems associated with living with HIV are mitigated. N-MCM targeting SUD is a working agreement between a person living with HIV and a Non-Medical Case Manager (N-MCM) for an indeterminate period, based on identified need, during which information, referrals and Non-Medical Case Management is provided on an as- needed basis. The purpose of N-MCM targeting SUD is to assist PLWHs who do not require the intensity of <i>Clinical or Medical Case Management</i>. N-MCM targeting SUD is community-based (i.e. both <u>office- and field-based</u>). This Non-Medical Case Management targets PLWHs who are also dealing with the challenges of substance use disorder. N-MCMs also provide “hands-on” outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services.</p> <p>Efforts may include coordination with other case management providers to ensure the specialized needs of PLWHs who are dealing with substance use disorder are thoroughly addressed. For this population, this is not a duplication of service but rather a set of agreed upon coordinated activities that clearly delineate the unique and separate roles of N-MCMs and medical case managers who work jointly and collaboratively with the PLWH’s knowledge and consent to partialize and prioritize goals in order to effectively achieve those goals.</p>

	<p>N-MCMs should provide activities that enhance the motivation of PLWHs on N-MCM's caseload to reduce their risks of overdose and how risk-reduction activities may be impacted by substance use and sexual behaviors. N-MCMs shall use motivational interviewing techniques and the Transtheoretical Model of Change, (DiClemente and Prochaska - Stages of Change). N-MCMs should promote and encourage entry into substance use disorder services and make referrals, if appropriate, for PLWHs who are in need of formal substance use disorder treatment or other recovery support services. However, N-MCMs shall ensure that PLWHs are not required to participate in substance use disorder treatment services as a condition for receiving services.</p> <p>For those PLWH in treatment, N-MCMs should address ongoing services and support for discharge, overdose prevention, and aftercare planning during and following substance use disorder treatment and medically-related hospitalizations.</p> <p>N-MCMs should ensure that appropriate harm- and risk-reduction information, methods and tools are used in their work with the PLWH. Information, methods and tools shall be based on the latest scientific research and best practices related to reducing sexual risk and HIV transmission risks. Methods and tools must include, but are not limited to, a variety of effective condoms and other safer sex tools as well as substance abuse risk-reduction tools, information, discussion and referral about Pre- Exposure Prophylactics (PrEP) for PLWH's sexual or drug using partners and overdose prevention. N-MCMs should make information and materials on overdose prevention available to appropriate PLWHs as a part of harm- and risk-reduction.</p> <p>Those PLWHs who choose to access primary medical care from a non-Ryan White source, including private physicians, may receive ongoing Non-Medical Case Management services from provider.</p>
Service Unit Definition(s) (TRG Only):	One unit of service is defined as 15 minutes of direct services or coordination of care on behalf of PLWH.
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	PLWHs dealing with challenges of substance use/abuse and dependence. Resident of the Houston HSDA.
Agency Requirements (TRG Only):	<p>These services will comply with the TRG's published Non-Medical Case Management Targeting Substance Use Disorder Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system as well as DSHS Universal Standards and Non-Medical Case Management Standards of Care.</p> <p>Non-Medical Case Management targeted SUD must be planned and delivered in coordination with local HIV treatment/prevention/outreach programs to avoid duplication of services and be designed with quantified program reporting that will accommodate local effectiveness evaluation. Subrecipients must document established linkages with agencies that serve PLWH or serve individuals who are members of high-risk population groups (e.g., men who have sex with men, injection drug users, sex-industry workers, youth who are sentenced under the juvenile justice system, inmates</p>

	<p>of state and local jails and prisons). Contractor must have formal collaborative, referral or Point of Entry (POE) agreements with Ryan White funded HIV/AIDS primary care providers.</p>
<p>Staff Requirements:</p>	<p><u>Minimum Qualifications:</u> Non-Medical Case Management Workers must have at a minimum a Bachelor’s degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing services to PLWH may be substituted for the Bachelor’s degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Non-Medical Case Management Workers must have a minimum of one (1) year work experience with PLWHA and/or substance use disorders.</p> <p><u>Supervision:</u> The Non-Medical Case Management Worker must function within the clinical infrastructure of the applicant agency and receive ongoing supervision that meets or exceeds TRG’s published Non-Medical Case Management Targeting Substance Use Disorder Standards of Care.</p>
<p>Special Requirements (TRG Only):</p>	<p>Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with the DSHS Universal Standards and non-Medical Case Management Standards of Care. The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.</p> <p>Contractor must be licensed in Texas to directly provide substance use treatment/counseling.</p>

2018 Quarterly Report
Quality Improvement Committee
(July 2018)

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

1. Conduct the "How to Best Meet the Needs" (HTBMN) process, with particular attention to the continuum of care with respect to HRSA identified core services.

Done

2. Develop a process for including consumer input that is proactive and consumer friendly for the Standards of Care and Performance Measures review process.

Ongoing

3. Continue to improve the information, processes and reporting (within the committee and also thru collaboration with other Planning Council committees) needed to:

- a. Identify "The Un-met Need";
- b. Determine "How to Best Meet the Needs";
- c. *Strengthen and improve the description and measurement of medical and health related outcomes.

Ongoing

4. *Identify and review the required information, processes and reporting needed to assess the "Efficiency of the Administrative Mechanism". Focus on the status of specific actions and related time-framed based information concerning the efficiency of the administrative mechanism operation in the areas of:

- a. Planning fund use (meeting RWPC identified needs, services and priorities); *Done*
- b. Allocating funds (reporting the existence/use of contract solicitation, contract award and contract monitoring processes including any time-frame related activity); *Done*
- c. Distributing funds (reporting contract/service/re-imbursment expenditures and status, as well as, reporting contract/service utilization information). *Done*

5. Annually, review the status of committee activities identified in the current Comprehensive Plan. *Done*

Status of Tasks on the Timeline:

Dennis J Kelly
Committee Chairperson

8-9-18
Date

**Priority and
Allocations
Committee
Report**

Ryan White Reallocations as of 08-22-18: Ryan White Part A, MAI* and Part B Funding

A - Part A Funds Available for Reallocation: \$703,670 M - MAI* Funds Available for Reallocation: \$130,830 B - Part B Funds Available for Reallocation: \$325,800

Control Number	Service Category	Amount Requested	Recommended Reallocations	Justification
RYAN WHITE PART A				
1-A	Health Insurance Assistance	\$300,000	\$0	Used Part B funds to increase service category, see below.
2-A	Primary Care - CBO, Targeted	\$390,000	Allocate to: SLW - \$100,000 LPAP - \$200,000	In FY18, Council reduced LPAP to fund Emergency Financial Assistance. Service has high need and history of spending the funds. SLW addresses retention in care.
3-A	Clinical Case Management	\$25,000	\$0	Other Case Management funds are available to utilize.
4-A	Oral Health - Rural	\$50,000	\$0	Used Part B funds to increase service category, see below. Also, started FY18 with higher allocation than received in FY17.
5-A	Primary Care - Rural	\$99,980	\$0	Started FY18 with higher allocation than received in FY17.
6-A	Medical Transportation – Rural and Urban	\$50,000	\$0	According to procurement report, it appears as if not using current allocation.
7-A	Primary Care - CBO, Targeted	\$200,000	\$0	Started FY18 with higher allocation than received in FY17.
8-A	Vision	\$75,000	\$25,000	Historically spends the allocation but no indication of capacity issue so provide partial increase.
9-A	Primary Care - Public Clinic	\$638,000	Allocate to: Primary Care & Intake - \$178,670 LPAP - \$200,000	Historically, LPAP allocation has been disproportionately small. Primary Care is the #1 priority service.
	TOTALS	\$1,827,980	\$703,670	
MINORITY AIDS INITIATIVE (MAI)*				
1-M	Primary Care - CBO, Targeted	\$40,000	\$40,000	FY18 increase funding scenario justifies this additional increase
2-M	Primary Care - CBO, Targeted	\$130,000	\$90,830	FY18 increase funding scenario justifies this additional increase
	TOTALS	\$170,000	\$130,830	

(CONTINUED)

A - Part A Funds Available for Reallocation: \$703,670 M - MAI* Funds Available for Reallocation: \$130,830 B - Part B Funds Available for Reallocation: \$325,800

RYAN WHITE PART B				
1-B	Oral Health – Untargeted, general and prosthodontics	\$325,000	\$143,800	Typically spends all of allocation and current service utilization.
2-B	Health Insurance Assistance	\$325,000	\$182,000	Will receive \$143,000 increase in Sept 2018. Council is committed to funding this category. Health Insurance Assistance continues to be cost effective.
	TOTALS	\$650,000	\$325,800	

FY 2018 RW PART A REQUESTS FOR ALLOCATION INCREASE (July 2018)

REVISED: 8/14/2018

Request Control Number	FY 18 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2017 Final Contract Amount	Expended 2017	Percent Expended	FY 2018 Contract Amount	FY 2018 Expended YTD	FY 2018 Percent YTD	FY 2018 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
1	5	Health Insurance Assistance	Health Insurance Assistance	\$300,000		\$1,374,551	\$1,374,549	100%	\$1,273,070	\$407,131	32%	33%	Yes	
2	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$390,000		\$3,055,258	\$3,054,435	100%	\$2,720,493	\$851,456	31%	33%	Yes	
3	2.a	Medical Case Management	Clinical Case Management	\$25,000		\$233,325	\$233,225	100%	\$244,328	\$46,025	19%	33%	Yes	
4	4.b	Oral Health	Oral Health - Rural	\$50,000		\$196,117	\$196,100	100%	\$166,400	\$53,650	32%	33%	Yes	
5	1e	Primary Medical Care	Primary Medical Care targeted to Rural	\$99,980		\$1,323,781	\$1,323,751	100%	\$1,430,038	\$213,178	15%	33%	Yes	
6	13.a-13.b	Medical Transportation	Medical Transportation - Rural & Urban	\$50,000		\$379,865	\$379,864	100%	\$349,865	\$80,642	23%	33%	Yes	
7	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$200,000		\$1,814,403	\$1,814,218	100%	\$2,016,282	\$271,254	13%	33%	Yes	
8	1h	Primary Medical Care	Vision	\$75,000		\$201,000	\$201,000	100%	\$201,000	\$67,600	34%	33%	Yes	
9	1a	Primary Medical Care	Primary Care-Public Clinic	\$638,000		\$7,371,126	\$6,782,069	92%	\$7,263,146	\$1,292,816	18%	25%	Yes	
				\$1,827,980	\$0	\$15,949,426	\$15,359,211		\$15,664,622	\$3,283,752				
Confirmed Funds Avail. for Reallocation				\$703,670	Part A									
Source of Funds Available for Reallocation:					Explanation:									
Anticipated FY 2017 Carryover Funds				\$703,670	Unspent FY 2017 program year funds									

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Health Insurance Asst Prog				Control No.	1-A
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April: X	August:	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$300,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.				\$0.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$1,102,280.00	N/A	\$300,000.00	\$300,000.00		
	9. Total additional funding (must match E. above):					\$300,000.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	2142	47%	27%	26%	81%	19%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	14/260	41%	29%	27%	81%	19%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking health insurance assistance services. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking health insurance assistance services. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. RWA Health Insurance Contract	-----	2/28/19	\$37,341.70	Through the June 2018 billing, the agency has \$37,341.70 in NP (\$1,680.00 in Units and \$35,661.70 in Disbursements). NP should be included in the August 2018 back billing.
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

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

[Agency]: [Grant]: ALL [Service]: HINS [Service Performer]: 0
 Services performed between 3/1/17 and 2/28/18
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: ALL [Sub Cats 1]: ALL [Contract 2]: n/a [Sub Cats 2]: All
 [Contract 3]: n/a [Sub Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	1	0	1	0	0	0	1	0	1
	13-19	0	0	0	0	0	0	0	0	0
	20-24	30	1	29	3	0	3	33	1	32
	25-34	186	3	183	25	2	23	211	5	206
	35-44	131	5	126	89	1	88	220	6	214
	45-54	201	7	194	107	1	106	308	8	300
	55-64	127	4	123	72	0	72	199	4	195
	65+	25	0	25	18	0	18	43	0	43
	SubTotals:	701	20	681	314	4	310	1,015	24	991
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	4	0	4	1	0	1	5	0	5
	35-44	10	0	10	1	0	1	11	0	11
	45-54	9	0	9	1	0	1	10	0	10
	55-64	5	0	5	0	0	0	5	0	5
	65+	1	0	1	1	0	1	2	0	2
	SubTotals:	30	0	30	4	0	4	34	0	34
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	2	2	0	0	0	0	2	2	0
	25-34	4	2	2	0	0	0	4	2	2
	35-44	2	1	1	0	0	0	2	1	1
	45-54	3	0	3	1	0	1	4	0	4
	55-64	2	0	2	0	0	0	2	0	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	13	5	8	1	0	1	14	5	9
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	2	2	0	2	2	0
	45-54	3	0	3	0	0	0	3	0	3
	55-64	2	1	1	0	0	0	2	1	1
	65+	1	1	0	0	0	0	1	1	0
	SubTotals:	6	2	4	2	2	0	8	4	4
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	3	1	2	0	0	0	3	1	2
WHITE	0-12	1	0	1	0	0	0	1	0	1
	13-19	1	1	0	0	0	0	1	1	0
	20-24	19	12	7	0	0	0	19	12	7
	25-34	147	103	44	11	8	3	158	111	47
	35-44	181	98	83	12	5	7	193	103	90
	45-54	321	142	179	26	14	12	347	156	191
	55-64	238	70	168	25	9	16	263	79	184
	65+	70	23	47	16	6	10	86	29	57
SubTotals:	978	449	529	90	42	48	1,068	491	577	
ALL RACES	0-12	2	0	2	0	0	0	2	0	2
	13-19	1	1	0	0	0	0	1	1	0
	20-24	52	15	37	3	0	3	55	15	40
	25-34	342	108	234	37	10	27	379	118	261
	35-44	324	104	220	104	8	96	428	112	316
	45-54	538	149	389	135	15	120	673	164	509
	55-64	375	76	299	97	9	88	472	85	387
	65+	97	24	73	35	6	29	132	30	102
SubTotals:	1,731	477	1,254	411	48	363	2,142	525	1,617	

Clients Served This Period

Unduplicated clients:	2142
Client visits: ³	12607
Spanish speaking (primary language at home) clients served:	170
Deaf/hard of hearing clients served:	45
Blind/sight impaired clients served:	57
Homeless clients served:	229
Transgender M to F clients served:	5
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1888
Clients served this period who live outside Harris County:	254
Active substance abuse clients served:	12
Active psychiatric illness clients served:	102

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	13
Hemophilia Coagulation	1
Transfusion	13
Heterosexual Contact	536
MSM (not IDU)	938
IV Drug Use (not MSM)	17
MSM/IDU	5
Multiple Exposure Categories	70
Other risk	600
<u>Multi-Race Breakdown</u>	
ASN,HWN	1
BLK,NTV	4
BLK,WHT	7
NTV,WHT	2

FOOTNOTES

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

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

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

[Agency]: 3 [Grant]: All [Service]: HINS [Service Performer]: 0
Services performed between 3/1/18 and 6/30/18¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: ALL [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All

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

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

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

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	9	0	9	1	0	1	10	0	10	
	25-34	87	3	84	13	0	13	100	3	97	
	35-44	79	4	75	60	1	59	139	5	134	
	45-54	116	4	112	62	0	62	178	4	174	
	55-64	93	3	90	49	0	49	142	3	139	
	65+	20	0	20	16	0	16	36	0	36	
	SubTotals:	404	14	390	201	1	200	605	15	590	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	5	0	5	1	0	1	6	0	6	
	35-44	9	0	9	0	0	0	9	0	9	
	45-54	7	0	7	1	0	1	8	0	8	
	55-64	4	0	4	0	0	0	4	0	4	
	65+	2	0	2	0	0	0	2	0	2	
	SubTotals:	28	0	28	2	0	2	30	0	30	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	2	1	0	0	0	3	2	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	2	0	2	1	0	1	3	0	3	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	7	2	5	1	0	1	8	2	6	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	2	2	0	2	2	0	
	45-54	2	0	2	0	0	0	2	0	2	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	5	0	5	2	2	0	7	2	5	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	1	1	0	0	0	0	1	1	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	1	1	0	0	0	2	1	1	
WHITE	0-12	1	0	1	0	0	0	1	0	1	
	13-19	1	1	0	0	0	0	1	1	0	
	20-24	10	8	2	2	2	0	12	10	2	
	25-34	94	65	29	7	5	2	101	70	31	
	35-44	118	68	50	9	5	4	127	73	54	
	45-54	229	111	118	13	7	6	242	118	124	
	55-64	203	62	141	19	8	11	222	70	152	
	65+	58	14	44	10	4	6	68	18	50	
	SubTotals:	714	329	385	60	31	29	774	360	414	
ALL RACES	0-12	1	0	1	0	0	0	1	0	1	
	13-19	1	1	0	0	0	0	1	1	0	
	20-24	21	8	13	3	2	1	24	10	14	
	25-34	189	70	119	21	5	16	210	75	135	
	35-44	206	72	134	71	8	63	277	80	197	
	45-54	357	115	242	77	7	70	434	122	312	
	55-64	305	66	239	68	8	60	373	74	299	
	65+	80	14	66	26	4	22	106	18	88	
	SubTotals:	1,160	346	814	266	34	232	1,426	380	1,046	

Clients Served This Period

Unduplicated clients:	1426
Client visits: ³	4134
Spanish speaking (primary language at home) clients served:	135
Deaf/hard of hearing clients served:	34
Blind/sight impaired clients served:	34
Homeless clients served:	142
Transgender M to F clients served:	4
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1262
Clients served this period who live outside Harris County:	164
Active substance abuse clients served:	4
Active psychiatric illness clients served:	56

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	8
Hemophilia Coagulation	1
Transfusion	5
Heterosexual Contact	331
MSM (not IDU)	608
IV Drug Use (not MSM)	11
MSM/IDU	3
Multiple Exposure Categories	34
Other risk	416
Multi-Race Breakdown	
ASN,HWN	1
BLK,NTV	4
BLK,WHT	3

FOOTNOTES

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

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Primary Care/MCM/SLW/Outreach/LPAP			Control No.	2-A	
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April: X	August:	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$390,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Medical Case Management	6,162.52	\$25.00	1600	\$40,000.00		
	2. Service Linkage Worker	10594.60	\$20.00	7500	\$150,000.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. LPAP Disbursements (list current amount in column a. and requested amount in column c.)	\$773,576.00	N/A	\$200,000.00	\$200,000.00		
	9. Total additional funding (must match E. above):					\$390,000.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	2588	50%	20%	30%	82%	18%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	1200	49%	20%	29%	82%	18%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking medical case management, service linkage, and LPAP services. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking medical case management, service linkage, and LPAP services. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. RWA Medical Case Management (part of Primary Care/MCM/SLW/Outreach/LPAP Contract)	1	2/28/19	\$25,818.50	Through the June 2018 billing, the agency has \$25,818.50 in NP, expected to be included in the August 2018 back billing.
	2. RWA Service Linkage (part of Primary Care/MCM/SLW/Outreach/LPAP Contract)	2	2/28/19	\$19,048.60	Through the June 2018 billing, the agency has \$19,048.60 in NP, expected to be included in the August 2018 back billing.
	3. RWA LPAP (part of Primary Care/MCM/SLW/Outreach/LPAP Contract)		2/28/19	\$230,240.26	Through the June 2018 billing, the agency has \$230,240.26 in NP (\$54,270.00 in Units and \$175,970.26 in Disbursements), NP should be included in the August 2018 back billing.
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				

Request for Service Category Increase
Ryan White Part A and MAI

This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18

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

[Agency]: 1 Grant]: ALL [Service]: ALL [Service Performer]: 0
Services performed between 3/1/17 and 2/28/18 ¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: ALL [Sub Cats 1]: MCCM, SPCMC, PCSLW, ASCMC, DRUG [Contract 2]: n/a [Sub Cats 2]: All

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

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

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	6	0	6	3	0	3	9	0	9
	20-24	80	0	80	21	0	21	101	0	101
	25-34	343	9	334	53	3	50	396	12	384
	35-44	199	6	193	96	4	92	295	10	285
	45-54	201	3	198	117	3	114	318	6	312
	55-64	108	1	107	50	2	48	158	3	155
	65+	14	0	14	12	0	12	26	0	26
	SubTotals:	951	19	932	352	12	340	1,303	31	1,272
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	3	0	3	0	0	0	3	0	3
	25-34	11	0	11	0	0	0	11	0	11
	35-44	11	0	11	2	0	2	13	0	13
	45-54	8	0	8	0	0	0	8	0	8
	55-64	0	0	0	1	0	1	1	0	1
	65+	2	0	2	0	0	0	2	0	2
	SubTotals:	35	0	35	3	0	3	38	0	38
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	3	1	2	0	0	0	3	1	2
	25-34	9	3	6	0	0	0	9	3	6
	35-44	4	2	2	1	0	1	5	2	3
	45-54	4	2	2	0	0	0	4	2	2
	55-64	1	0	1	0	0	0	1	0	1
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	21	8	13	1	0	1	22	8	14
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	2	0	2	0	0	0	2	0	2
	25-34	2	1	1	0	0	0	2	1	1
	35-44	1	0	1	2	1	1	3	1	2
	45-54	3	1	2	0	0	0	3	1	2
	55-64	1	0	1	1	1	0	2	1	1
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	9	2	7	3	2	1	12	4	8
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE		FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	1	0	1	1	0	1
	45-54	1	0	1	0	0	0	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	0	1	1	0	1	2	0	2
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	8	7	1	1	1	0	9	8	1
	20-24	52	39	13	4	3	1	56	42	14
	25-34	324	210	114	22	13	9	346	223	123
	35-44	243	152	91	35	30	5	278	182	96
	45-54	313	160	153	26	15	11	339	175	164
	55-64	133	41	92	15	9	6	148	50	98
	65+	29	11	18	6	1	5	35	12	23
	SubTotals:	1,102	620	482	109	72	37	1,211	692	519
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	14	7	7	4	1	3	18	8	10
	20-24	140	40	100	25	3	22	165	43	122
	25-34	689	223	466	75	16	59	764	239	525
	35-44	458	160	298	137	35	102	595	195	400
	45-54	530	166	364	143	18	125	673	184	489
	55-64	243	42	201	67	12	55	310	54	256
	65+	45	11	34	18	1	17	63	12	51
	SubTotals:	2,119	649	1,470	469	86	383	2,588	735	1,853

Clients Served This Period

Unduplicated clients:	2588
Client visits: ³	8316
Spanish speaking (primary language at home) clients served:	281
Deaf/hard of hearing clients served:	66
Blind/sight impaired clients served:	106
Homeless clients served:	542
Transgender M to F clients served:	35
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	2448
Clients served this period who live outside Harris County:	140
Active substance abuse clients served:	25
Active psychiatric illness clients served:	136

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	27
Hemophilia Coagulation	5
Transfusion	15
Heterosexual Contact	596
MSM (not IDU)	1168
IV Drug Use (not MSM)	68
MSM/IDU	6
Multiple Exposure Categories	67
Other risk	682
Multi-Race Breakdown	
ASN,HWN	1
ASN,WHT	3
BLK,NTV	1
BLK,NTV,WHT	1
BLK,WHT	14
NTV,WHT	2

FOOTNOTES

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

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

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

[Agency]: Grant]: All [Service]: ALL [Service Performer]: 0

Services performed between 3/1/18 and 6/30/18 ¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: ALL [Sub Cats 1]: ASCMC,MCCM,PCSLW,PCSUP,SPCMC [Contract 2]: n/a [Sub Cats 2]: MED,NONHI

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

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

[MAI]: Non-MAI [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	2	0	2	0	0	0	2	0	2	
	20-24	48	1	47	7	0	7	55	1	54	
	25-34	167	5	162	28	1	27	195	6	189	
	35-44	86	2	84	54	2	52	140	4	136	
	45-54	99	1	98	43	1	42	142	2	140	
	55-64	58	1	57	30	0	30	88	1	87	
	65+	6	0	6	5	0	5	11	0	11	
	SubTotals:	466	10	456	167	4	163	633	14	619	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	7	0	7	0	0	0	7	0	7	
	35-44	4	0	4	1	0	1	5	0	5	
	45-54	3	0	3	0	0	0	3	0	3	
	55-64	0	0	0	1	0	1	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	15	0	15	2	0	2	17	0	17	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	7	2	5	0	0	0	7	2	5	
	35-44	2	1	1	0	0	0	2	1	1	
	45-54	2	2	0	0	0	0	2	2	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	11	5	6	0	0	0	11	5	6	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	2	1	1	1	0	1	3	1	2	
	35-44	1	1	0	0	0	0	1	1	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	6	2	4	1	0	1	7	2	5	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	4	4	0	0	0	0	4	4	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	28	21	7	2	2	0	30	23	7
	25-34	154	103	51	9	6	3	163	109	54
	35-44	111	77	34	14	10	4	125	87	38
	45-54	156	76	80	13	8	5	169	84	85
	55-64	73	24	49	14	8	6	87	32	55
	65+	20	6	14	0	0	0	20	6	14
	SubTotals:	546	311	235	52	34	18	598	345	253
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	6	4	2	0	0	0	6	4	2
	20-24	77	22	55	9	2	7	86	24	62
	25-34	337	111	226	38	7	31	375	118	257
	35-44	204	81	123	69	12	57	273	93	180
	45-54	261	79	182	56	9	47	317	88	229
	55-64	133	25	108	45	8	37	178	33	145
	65+	26	6	20	5	0	5	31	6	25
	SubTotals:	1,044	328	716	222	38	184	1,266	366	900

Clients Served This Period

Unduplicated clients:	1266
Client visits: ³	2691
Spanish speaking (primary language at home) clients served:	158
Deaf/hard of hearing clients served:	29
Blind/sight impaired clients served:	38
Homeless clients served:	256
Transgender M to F clients served:	24
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1200
Clients served this period who live outside Harris County:	66
Active substance abuse clients served:	12
Active psychiatric illness clients served:	62

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	7
Hemophilia Coagulation	0
Transfusion	4
Heterosexual Contact	291
MSM (not IDU)	586
IV Drug Use (not MSM)	24
MSM/IDU	5
Multiple Exposure Categories	29
Other risk	332
Multi-Race Breakdown	
ASN,HWN	1
ASN,WHT	1
BLK,NTV	1
BLK,NTV,WHT	1
BLK,WHT	7

FOOTNOTES

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

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	CLINICAL CASE MANAGEMENT				Control No.	3-A
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$25,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. CLINICAL CASE MANAGEMENT	9773.12	\$25.00	1000	\$25,000.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):	\$25,000.00					
G.	Number of new/additional clients to be served with requested increase.	85					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	984	62% raw# 608	16% raw# 159	20% raw# 193	71% raw# 703	29% raw# 281
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	238	70% raw# 166	8% raw# 19	21% raw# 49	69% raw# 164	31% raw# 74

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3-4 weeks	1-2 weeks	We would like to be able to provide new patients services within 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily be expanded to a 4. weeks or greater.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1-2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

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

[Agency]: ant: RW1 [Service]: ALL [Service Performer]: 0
Services performed between 3/1/18 and 6/30/18 ¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: 1 [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	1	0	1	1	0	1	
	20-24	11	0	11	2	0	2	13	0	13	
	25-34	45	2	43	9	0	9	54	2	52	
	35-44	23	0	23	18	1	17	41	1	40	
	45-54	17	1	16	19	1	18	36	2	34	
	55-64	14	0	14	10	0	10	24	0	24	
	65+	1	0	1	1	0	1	2	0	2	
	SubTotals:	111	3	108	60	2	58	171	5	166	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	0	1	0	0	0	1	0	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	0	2	0	0	0	2	0	2	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	1	0	1	1	0	1	
	35-44	0	0	0	1	0	1	1	0	1	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	0	0	0	2	0	2	2	0	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	3	3	0	0	0	0	3	3	0	
	25-34	17	15	2	2	2	0	19	17	2	
	35-44	15	13	2	5	3	2	20	16	4	
	45-54	9	4	5	2	1	1	11	5	6	
	55-64	7	2	5	2	1	1	9	3	6	
	65+	0	0	0	1	0	1	1	0	1	
	SubTotals:	51	37	14	12	7	5	63	44	19	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	1	0	1	1	0	1	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
ALL RACES	20-24	14	3	11	2	0	2	16	3	13
	25-34	63	17	46	12	2	10	75	19	56
	35-44	38	13	25	24	4	20	62	17	45
	45-54	27	5	22	21	2	19	48	7	41
	55-64	21	2	19	12	1	11	33	3	30
	65+	1	0	1	2	0	2	3	0	3
	SubTotals:	164	40	124	74	9	65	238	49	189

Clients Served This Period

Unduplicated clients:	238
Client visits: ³	289
Spanish speaking (primary language at home) clients served:	25
Deaf/hard of hearing clients served:	1
Blind/sight impaired clients served:	0
Homeless clients served:	45
Transgender M to F clients served:	2
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	224
Clients served this period who live outside Harris County:	14
Active substance abuse clients served:	5
Active psychiatric illness clients served:	17

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission	3
Hemophilia Coagulation	0
Transfusion	2
Heterosexual Contact	107
MSM (not IDU)	100
IV Drug Use (not MSM)	1
MSM/IDU	0
Multiple Exposure Categories	5
Other risk	27
<u>Multi-Race Breakdown</u>	
ASN,WHT	1
BLK,ASN	1

FOOTNOTES

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

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	ORAL HEALTH				Control No.	4-A
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$50,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.General Dentistry	1364.04	\$100.00	350	\$35,000.00		
	2.Prostodontics	200	\$150.00	100	\$15,000.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9.Total additional funding (must match E. above):					\$50,000.00	
G.	Number of new/additional clients to be served with requested increase.	80					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	322	39% raw# 126	33% raw# 106	26% raw# 82	66% raw# 214	34% raw# 108
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	175	42% raw# 73	32% raw# 56	24% raw# 42	67% raw# 117	33% raw# 58

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3 weeks	1-2 weeks	We would like to be able to provide new patients services within 1-2 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily end up greater than 4 weeks to appt.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updatd 2/12/18				

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

[Agency] [nt]: RW1 [Service]: ALL [Service Performer]: 0

Services performed between 3/1/18 and 6/30/18 ¹

[Age Group]: AgeGrn1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All

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

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

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1	
	20-24	3	0	3	1	0	1	4	0	4	
	25-34	13	0	13	3	0	3	16	0	16	
	35-44	10	0	10	8	0	8	18	0	18	
	45-54	12	1	11	3	0	3	15	1	14	
	55-64	14	0	14	5	0	5	19	0	19	
	65+	0	0	0	1	0	1	1	0	1	
	SubTotals:	53	1	52	21	0	21	74	1	73	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	1	0	1	1	0	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	1	0	1	0	0	0	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	0	2	1	0	1	3	0	3	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	1	1	0	1	0	1	2	1	1	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	1	0	1	0	1	2	1	1	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	1	0	0	0	0	1	1	0	
	25-34	7	3	4	3	2	1	10	5	5	
	35-44	18	10	8	12	9	3	30	19	11	
	45-54	20	7	13	10	4	6	30	11	19	
	55-64	11	2	9	9	1	8	20	3	17	
	65+	4	1	3	1	0	1	5	1	4	
	SubTotals:	61	24	37	35	16	19	96	40	56	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	1	0	1	0	0	0	1	0	1	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
ALL RACES	20-24	4	1	3	1	0	1	5	1	4
	25-34	20	3	17	7	2	5	27	5	22
	35-44	29	11	18	21	9	12	50	20	30
	45-54	33	8	25	13	4	9	46	12	34
	55-64	26	2	24	14	1	13	40	3	37
	65+	4	1	3	2	0	2	6	1	5
	SubTotals:	117	26	91	58	16	42	175	42	133

Clients Served This Period

Unduplicated clients:	175
Client visits: ³	495
Spanish speaking (primary language at home) clients served:	21
Deaf/hard of hearing clients served:	0
Blind/sight impaired clients served:	2
Homeless clients served:	23
Transgender M to F clients served:	1
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	29
Clients served this period who live outside Harris County:	146
Active substance abuse clients served:	4
Active psychiatric illness clients served:	12

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	2
Hemophilia Coagulation	0
Transfusion	3
Heterosexual Contact	80
MSM (not IDU)	66
IV Drug Use (not MSM)	2
MSM/IDU	0
Multiple Exposure Categories	5
Other risk	22

FOOTNOTES

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

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

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

[Agency: RW1] [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/17 and 2/28/18¹
 [Age Group]: Age Group (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: All [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All
 [Contract 3]: n/a [Sub Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	1	0	1	2	0	2
	20-24	5	0	5	1	0	1	6	0	6
	25-34	26	1	25	9	0	9	35	1	34
	35-44	13	0	13	22	1	21	35	1	34
	45-54	23	1	22	15	0	15	38	1	37
	55-64	8	1	7	4	0	4	12	1	11
	65+	1	0	1	1	0	1	2	0	2
	SubTotals:	77	3	74	53	1	52	130	4	126
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	1	0	1	2	0	2
	35-44	1	0	1	0	0	0	1	0	1
	45-54	1	0	1	0	0	0	1	0	1
	55-64	2	0	2	0	0	0	2	0	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	5	0	5	1	0	1	6	0	6
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	1	0	1	1	0	1
	35-44	0	0	0	1	0	1	1	0	1
	45-54	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	0	0	0	2	0	2	2	0	2
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	7	5	2	1	1	0	8	6	2
	25-34	27	13	14	5	4	1	32	17	15
	35-44	37	18	19	21	14	7	58	32	26
	45-54	34	10	24	14	7	7	48	17	31
	55-64	22	3	19	11	1	10	33	4	29
	65+	5	2	3	0	0	0	5	2	3
	SubTotals:	132	51	81	52	27	25	184	78	106
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	1	0	1	2	0	2

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
ALL RACES	20-24	12	5	7	2	1	1	14	6	8
	25-34	54	14	40	16	4	12	70	18	52
	35-44	51	18	33	44	15	29	95	33	62
	45-54	58	11	47	29	7	22	87	18	69
	55-64	32	4	28	15	1	14	47	5	42
	65+	6	2	4	1	0	1	7	2	5
	SubTotals:	214	54	160	108	28	80	322	82	240

Clients Served This Period

Unduplicated clients:	322
Client visits: ³	1788
Spanish speaking (primary language at home) clients served:	37
Deaf/hard of hearing clients served:	2
Blind/sight impaired clients served:	2
Homeless clients served:	58
Transgender M to F clients served:	1
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	76
Clients served this period who live outside Harris County:	246
Active substance abuse clients served:	7
Active psychiatric illness clients served:	31

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission	4
Hemophilia Coagulation	1
Transfusion	3
Heterosexual Contact	146
MSM (not IDU)	119
IV Drug Use (not MSM)	5
MSM/IDU	0
Multiple Exposure Categories	8
Other risk	47

FOOTNOTES

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

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	ADULT COMPREHENSIVE PRIMARY CARE TARGETING RURAL				Control No.	5-A
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$99,980.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.MD/Phys Extenders	3341	\$275.00	200	\$55,000.00		
	2. PSYCH	770	\$130.00	346	\$44,980.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9.Total additional funding (must match E. above):						\$99,980.00
G.	Number of new/additional clients to be served with requested increase.	75					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	1200	55% raw# 654	21% raw# 248	23% raw# 270	73% raw# 880	27% raw# 320
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	737	53% raw# 394	19% raw# 143	25% raw# 184	73% raw# 538	27% raw# 199

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2 - 3	0	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing an average of 20-25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 4 weeks without the increase in funding. Currently we have \$36,628.54.00 in no pay status.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 2	0	We would be able to see existing patients within the same week with funding increase.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

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

[Agency: RW1 [Service]: ALL [Service Performer]: 0
Services performed between 3/1/18 and 6/30/18]

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1] Sub Cats 2]: All

[Contract 4]: Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1	
	20-24	29	1	28	5	0	5	34	1	33	
	25-34	119	3	116	28	0	28	147	3	144	
	35-44	53	1	52	44	0	44	97	1	96	
	45-54	51	2	49	23	0	23	74	2	72	
	55-64	22	1	21	19	0	19	41	1	40	
	65+	3	0	3	5	0	5	8	0	8	
	SubTotals:	278	8	270	124	0	124	402	8	394	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	2	0	2	2	0	2	4	0	4	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	4	0	4	0	0	0	4	0	4	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	6	0	6	2	0	2	8	0	8	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	4	2	2	1	0	1	5	2	3	
	35-44	1	0	1	1	0	1	2	0	2	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	6	2	4	2	0	2	8	2	6	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	1	1	0	1	0	1	2	1	1	
	45-54	2	1	1	0	0	0	2	1	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	3	2	1	1	0	1	4	2	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	13	10	3	2	0	2	15	10	5
	25-34	80	48	32	13	8	5	93	56	37
	35-44	63	37	26	25	13	12	88	50	38
	45-54	62	36	26	17	11	6	79	47	32
	55-64	24	5	19	11	2	9	35	7	28
	65+	3	1	2	2	1	1	5	2	3
	SubTotals:		245	137	108	70	35	35	315	172
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	42	11	31	7	0	7	49	11	38
	25-34	205	53	152	44	8	36	249	61	188
	35-44	118	39	79	71	13	58	189	52	137
	45-54	120	39	81	40	11	29	160	50	110
	55-64	46	6	40	30	2	28	76	8	68
	65+	6	1	5	7	1	6	13	2	11
	SubTotals:		538	149	389	199	35	164	737	184

Clients Served This Period

Unduplicated clients:	737
Client visits: ³	2496
Spanish speaking (primary language at home) clients served:	88
Deaf/hard of hearing clients served:	0
Blind/sight impaired clients served:	1
Homeless clients served:	132
Transgender M to F clients served:	8
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	393
Clients served this period who live outside Harris County:	344
Active substance abuse clients served:	13
Active psychiatric illness clients served:	28

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	6
Hemophilia Coagulation	1
Transfusion	9
Heterosexual Contact	304
MSM (not IDU)	321
IV Drug Use (not MSM)	11
MSM/IDU	0
Multiple Exposure Categories	19
Other risk	101
Multi-Race Breakdown	
BLK,ASN	1
BLK,NTV	2
BLK,WHT	5

FOOTNOTES

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

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

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

[Agency] Grant]: RW1 [Service]: ALL [Service Performer]: 0
Services performed between 3/1/17 and 2/28/18 ¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1] Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All

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

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

		BIRTH GENDER								
RACE	AGE ²	MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	3	0	3	1	0	1	4	0	4
	20-24	27	1	26	0	0	0	27	1	26
	25-34	80	1	79	14	0	14	94	1	93
	35-44	42	2	40	36	1	35	78	3	75
	45-54	48	1	47	25	0	25	73	1	72
	55-64	17	2	15	11	0	11	28	2	26
	65+	3	0	3	5	0	5	8	0	8
	SubTotals:	220	7	213	92	1	91	312	8	304
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	2	0	2	0	0	0	2	0	2
	25-34	1	0	1	3	0	3	4	0	4
	35-44	1	0	1	0	0	0	1	0	1
	45-54	1	1	0	0	0	0	1	1	0
	55-64	2	0	2	0	0	0	2	0	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	7	1	6	3	0	3	10	1	9
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	1	0	1	2	0	2
	35-44	0	0	0	1	0	1	1	0	1
	45-54	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	0	1	2	0	2	3	0	3
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	1	0	1	1	0	1
	35-44	0	0	0	3	0	3	3	0	3
	45-54	2	1	1	0	0	0	2	1	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	1	1	4	0	4	6	1	5
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	16	10	6	3	2	1	19	12	7
	25-34	71	36	35	19	11	8	90	47	43
	35-44	67	29	38	36	18	18	103	47	56
	45-54	71	30	41	20	9	11	91	39	52
	55-64	39	7	32	16	5	11	55	12	43
	65+	6	1	5	3	1	2	9	2	7
	SubTotals:	270	113	157	97	46	51	367	159	208
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	3	0	3	1	0	1	4	0	4
	20-24	45	11	34	3	2	1	48	13	35
	25-34	153	37	116	38	11	27	191	48	143
	35-44	110	31	79	76	19	57	186	50	136
	45-54	122	33	89	45	9	36	167	42	125
	55-64	58	9	49	27	5	22	85	14	71
	65+	9	1	8	8	1	7	17	2	15
	SubTotals:	500	122	378	198	47	151	698	169	529

Clients Served This Period

Unduplicated clients:	698
Client visits: ³	4499
Spanish speaking (primary language at home) clients served:	66
Deaf/hard of hearing clients served:	0
Blind/sight impaired clients served:	1
Homeless clients served:	121
Transgender M to F clients served:	2
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	178
Clients served this period who live outside Harris County:	520
Active substance abuse clients served:	20
Active psychiatric illness clients served:	41

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	8
Hemophilia Coagulation	1
Transfusion	8
Heterosexual Contact	297
MSM (not IDU)	284
IV Drug Use (not MSM)	13
MSM/IDU	0
Multiple Exposure Categories	20
Other risk	98
Multi-Race Breakdown	
BLK,NTV	1
BLK,WHT	2

FOOTNOTES

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

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	MEDICAL TRANSPORTATION URBAN/RURAL				Control No.	CO-A
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$50,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. TRIPS	171521	\$2.00	25000	\$50,000.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):					\$50,000.00	
G.	Number of new/additional clients to be served with requested increase.	125					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	746	54% raw# 401	17% raw# 130	26% raw# 197	70% raw# 522	30% raw# 224
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018.						
	a. April Request Period = Not Applicable						
	b. August Request Period = 03/01/18 - 06/30/18	315	57% raw# 179	17% raw# 55	23% raw# 72	67% raw# 210	33% raw# 106
	c. October Request Period = 03/01/18 - 09/30/18						
	d. 4th Qtr. Request Period = 03/01/18 - 11/30/18						

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2 - 2 1/2 Weeks	0	With the increase of new medical (25) and dental patients (15) agency is experiencing higher request of appointments for the same week trips. Due to the increase in new patients many pts have more complex needs that are requiring transportation services to and from medial and dental appointments at multiple primary care providers. Currently transportation has \$6,690 in no pay for services.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1-2 Weeks	0	Next day with a possibility of same day service with increased funding.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

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

[Agency]: \ [Grant]: RW1 [Service]: ALL [Service Performer]: 0
Services performed between 3/1/18 and 6/30/18¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1] All [Contract 2]: All
[Contract 3]: n/a [Sub Cats 3]: All
[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1	
	20-24	14	0	14	1	0	1	15	0	15	
	25-34	37	1	36	13	0	13	50	1	49	
	35-44	26	0	26	23	0	23	49	0	49	
	45-54	19	1	18	17	0	17	36	1	35	
	55-64	13	0	13	14	0	14	27	0	27	
	65+	3	0	3	2	0	2	5	0	5	
	SubTotals:	113	2	111	70	0	70	183	2	181	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	4	0	4	0	0	0	4	0	4	
	55-64	1	0	1	0	0	0	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	6	0	6	0	0	0	6	0	6	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	0	1	0	0	0	1	0	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	0	1	0	0	0	1	0	1	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	1	1	0	1	0	1	2	1	1	
	45-54	1	1	0	1	0	1	2	1	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	2	0	2	0	2	4	2	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	5	5	0	1	0	1	6	5	1
	25-34	24	18	6	3	1	2	27	19	8
	35-44	19	12	7	5	4	1	24	16	8
	45-54	29	10	19	16	9	7	45	19	26
	55-64	18	7	11	8	3	5	26	10	16
	65+	3	2	1	2	1	1	5	3	2
	SubTotals:	98	54	44	35	18	17	133	72	61
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	20	5	15	2	0	2	22	5	17
	25-34	62	19	43	16	1	15	78	20	58
	35-44	46	13	33	29	4	25	75	17	58
	45-54	53	12	41	34	9	25	87	21	66
	55-64	32	7	25	22	3	19	54	10	44
	65+	6	2	4	4	1	3	10	3	7
	SubTotals:	220	58	162	107	18	89	327	76	251

Clients Served This Period

Unduplicated clients:	327
Client visits: ³	722
Spanish speaking (primary language at home) clients served:	40
Deaf/hard of hearing clients served:	2
Blind/sight impaired clients served:	1
Homeless clients served:	59
Transgender M to F clients served:	3
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	247
Clients served this period who live outside Harris County:	80
Active substance abuse clients served:	7
Active psychiatric illness clients served:	18

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	1
Hemophilia Coagulation	0
Transfusion	3
Heterosexual Contact	145
MSM (not IDU)	127
IV Drug Use (not MSM)	4
MSM/IDU	1
Multiple Exposure Categories	12
Other risk	50
Multi-Race Breakdown	
BLK,NTV	1

FOOTNOTES

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

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

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

[Agency]: All [Grant]: RW1 [Service]: ALL [Service Performer]: 0

Services performed between 3/1/17 and 2/28/18¹

[Age Group]: All [Contract 1 (Amended)]: All [Include/Exclude Sub-Cats]: INCLUDE

[Contract 1]: All [Contract 2]: All [Contract 3]: n/a [Sub Cats 1]: All [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

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

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	31	1	30	8	0	8	39	1	38
	25-34	86	0	86	27	2	25	113	2	111
	35-44	69	4	65	50	2	48	119	6	113
	45-54	53	2	51	32	0	32	85	2	83
	55-64	23	2	21	24	1	23	47	3	44
	65+	7	0	7	4	0	4	11	0	11
	SubTotals:	270	9	261	145	5	140	415	14	401
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	2	0	2	3	0	3
	35-44	1	0	1	0	0	0	1	0	1
	45-54	2	0	2	0	0	0	2	0	2
	55-64	3	0	3	0	0	0	3	0	3
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	7	0	7	2	0	2	9	0	9
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	1	0	0	0	0	1	1	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	2	0	2	1	0	1	3	0	3
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	2	2	1	0	1	5	2	3
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	1	0	1	1	0	1
	35-44	0	0	0	1	0	1	1	0	1
	45-54	0	0	0	1	0	1	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	0	0	0	3	0	3	3	0	3
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1
	55-64	1	0	1	1	0	1	2	0	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	0	2	1	0	1	3	0	3
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	1	0	0	0	0	1	1	0
	20-24	10	10	0	2	1	1	12	11	1
	25-34	75	56	19	6	4	2	81	60	21
	35-44	53	36	17	29	16	13	82	52	30
	45-54	57	26	31	16	9	7	73	35	38
	55-64	35	8	27	14	4	10	49	12	37
	65+	8	6	2	5	4	1	13	10	3
	SubTotals:	239	143	96	72	38	34	311	181	130
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	1	1	0	0	0	2	1	1
	20-24	41	11	30	10	1	9	51	12	39
	25-34	163	57	106	36	6	30	199	63	136
	35-44	123	40	83	80	18	62	203	58	145
	45-54	115	28	87	50	9	41	165	37	128
	55-64	63	11	52	39	5	34	102	16	86
	65+	15	6	9	9	4	5	24	10	14
	SubTotals:	522	154	368	224	43	181	746	197	549

Clients Served This Period

Unduplicated clients:	746
Client visits: ³	2454
Spanish speaking (primary language at home) clients served:	101
Deaf/hard of hearing clients served:	5
Blind/sight impaired clients served:	6
Homeless clients served:	122
Transgender M to F clients served:	8
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	581
Clients served this period who live outside Harris County:	165
Active substance abuse clients served:	15
Active psychiatric illness clients served:	50

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	6
Hemophilia Coagulation	1
Transfusion	10
Heterosexual Contact	302
MSM (not IDU)	316
IV Drug Use (not MSM)	11
MSM/IDU	2
Multiple Exposure Categories	22
Other risk	105
Multi-Race Breakdown	
BLK,ASN	1
BLK,NTV	1
BLK,WHT	1
NTV,WHT	2

FOOTNOTES

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

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	ADULT COMPREHENSIVE PRIMARY CARE TARGETING URBAN				Control No.	7-A
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$200,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. MD/Phys Extenders	2672	\$275.00	400	\$110,000.00		
	2. PSYCH	1269	\$130.00	251	\$32,630.00		
	3. MCM	11563.40	\$25.00	1520	\$38,000.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$22,631.00	N/A	\$19,370.00	\$19,370.00		
	9. Total additional funding (must match E. above):					\$200,000.00	
G.	Number of new/additional clients to be served with requested increase.	150					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	2272	64% raw# 1458	9% raw# 202	25% raw# 562	74% raw# 1676	26% raw# 596
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	1391	64% raw# 888	7% raw# 97	27% raw# 376	74% raw# 1034	26% raw# 357

Request for Service Category Increase
Ryan White Part A and MAI

I. Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
1. Length of waiting time (in weeks) for an appointment for a new client:	2 - 3	0	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing an average of 20-25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 4 weeks without the increase in funding. Currently we have \$131,933.00 in no pay status.	
2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 2	0	We would be able to see existing patients within the same week with funding increase.	
3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J. List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
1.				
2.				
3.				
4.				
K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updatd 2/12/18				

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

[Agency] [Contract]: RW1 [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/18 and 6/30/18¹
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1] [Contract 1]: All [Contract 2] [Contract 2]: All [Contract 3] [Contract 3]: All
 [Contract 4] [Contract 4]: All [Contract 5] [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	4	2	2	0	0	0	4	2	2
	20-24	57	1	56	11	0	11	68	1	67
	25-34	262	6	256	67	1	66	329	7	322
	35-44	140	4	136	89	1	88	229	5	224
	45-54	105	5	100	61	1	60	166	6	160
	55-64	53	1	52	37	1	36	90	2	88
	65+	5	0	5	5	0	5	10	0	10
	SubTotals:	626	19	607	270	4	266	896	23	873
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	5	0	5	0	0	0	5	0	5
	35-44	1	0	1	1	0	1	2	0	2
	45-54	7	1	6	1	0	1	8	1	7
	55-64	1	0	1	1	0	1	2	0	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	15	1	14	3	0	3	18	1	17
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	5	2	3	2	0	2	7	2	5
	35-44	0	0	0	1	0	1	1	0	1
	45-54	1	0	1	1	1	0	2	1	1
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	7	3	4	4	1	3	11	4	7
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	1	0	1	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	1	0	1	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	0	0	0	2	0	2	2	0	2
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	2	1	1	1	0	1	3	1	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	4	1	3	1	0	1	5	1	4	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	3	1	2	0	0	0	3	1	2	
	20-24	25	21	4	2	0	2	27	21	6	
	25-34	128	108	20	15	14	1	143	122	21	
	35-44	95	82	13	26	18	8	121	100	21	
	45-54	75	53	22	17	13	4	92	66	26	
	55-64	35	20	15	7	5	2	42	25	17	
	65+	10	8	2	1	0	1	11	8	3	
	SubTotals:	371	293	78	68	50	18	439	343	96	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	7	3	4	0	0	0	7	3	4	
	20-24	83	22	61	13	0	13	96	22	74	
	25-34	401	116	285	85	15	70	486	131	355	
	35-44	236	86	150	117	19	98	353	105	248	
	45-54	189	59	130	81	15	66	270	74	196	
	55-64	92	23	69	46	6	40	138	29	109	
	65+	15	8	7	6	0	6	21	8	13	
	SubTotals:	1,023	317	706	348	55	293	1,371	372	999	

Clients Served This Period

Unduplicated clients:	1371
Client visits: ³	3956
Spanish speaking (primary language at home) clients served:	240
Deaf/hard of hearing clients served:	3
Blind/sight impaired clients served:	2
Homeless clients served:	185
Transgender M to F clients served:	24
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1363
Clients served this period who live outside Harris County:	8
Active substance abuse clients served:	20
Active psychiatric illness clients served:	54

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission	6
Hemophilia Coagulation	0
Transfusion	9
Heterosexual Contact	520
MSM (not IDU)	648
IV Drug Use (not MSM)	9
MSM/IDU	2
Multiple Exposure Categories	29
Other risk	187
Multi-Race Breakdown	
ASN,WHT	1
BLK,ASN	2
BLK,NTV	3
BLK,WHT	4
NTV,WHT	1

FOOTNOTES

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

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

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

[Agency]: [Agency Name] [Contract 1]: All [Service]: ALL [Service Performer]: 0

Services performed between 3/1/17 and 2/28/18

[Contract 2]: [Contract 2 Name] (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 3]: [Contract 3 Name] Sub Cats 1]: All [Contract 2] Sub Cats 2]: All

[Contract 3] Sub Cats 3]: All

[Contract 4] Sub Cats 4]: All [Contract 4] Sub Cats 5]: All

[MAT]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	8	1	7	1	0	1	9	1	8	
	20-24	91	3	88	20	0	20	111	3	108	
	25-34	442	6	436	96	4	92	538	10	528	
	35-44	223	6	217	166	3	163	389	9	380	
	45-54	194	6	188	135	0	135	329	6	323	
	55-64	92	1	91	62	1	61	154	2	152	
	65+	11	0	11	10	0	10	21	0	21	
	SubTotals:	1,061	23	1,038	490	8	482	1,551	31	1,520	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	3	0	3	0	0	0	3	0	3	
	25-34	5	0	5	4	0	4	9	0	9	
	35-44	3	0	3	1	0	1	4	0	4	
	45-54	9	1	8	1	0	1	10	1	9	
	55-64	2	0	2	1	0	1	3	0	3	
	65+	1	0	1	0	0	0	1	0	1	
	SubTotals:	23	1	22	7	0	7	30	1	29	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	7	2	5	1	0	1	8	2	6	
	35-44	3	1	2	2	0	2	5	1	4	
	45-54	2	0	2	2	1	1	4	1	3	
	55-64	2	1	1	0	0	0	2	1	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	15	4	11	5	1	4	20	5	15	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	0	3	2	0	2	5	0	5	
	35-44	2	1	1	1	0	1	3	1	2	
	45-54	2	2	0	1	0	1	3	2	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	7	3	4	4	0	4	11	3	8	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE		FEMALE		BOTH GENDERS				
		Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp			
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0
	55-64	2	1	1	1	0	1	3	1	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	3	1	2	1	0	1	4	1	3
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	4	3	1	0	0	0	4	3	1
	20-24	46	37	9	3	2	1	49	39	10
	25-34	245	180	65	28	20	8	273	200	73
	35-44	176	129	47	53	34	19	229	163	66
	45-54	152	97	55	37	26	11	189	123	66
	55-64	72	28	44	22	11	11	94	39	55
	65+	17	12	5	2	1	1	19	13	6
	SubTotals:	712	486	226	145	94	51	857	580	277
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	12	4	8	1	0	1	13	4	9
	20-24	141	40	101	23	2	21	164	42	122
	25-34	703	188	515	131	24	107	834	212	622
	35-44	407	137	270	223	37	186	630	174	456
	45-54	359	106	253	176	27	149	535	133	402
	55-64	170	31	139	86	12	74	256	43	213
	65+	29	12	17	12	1	11	41	13	28
	SubTotals:	1,821	518	1,303	652	103	549	2,473	621	1,852

Clients Served This Period

Unduplicated clients:	2473
Client visits: ³	13060
Spanish speaking (primary language at home) clients served:	347
Deaf/hard of hearing clients served:	9
Blind/sight impaired clients served:	7
Homeless clients served:	362
Transgender M to F clients served:	30
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	2216
Clients served this period who live outside Harris County:	257
Active substance abuse clients served:	38
Active psychiatric illness clients served:	130

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	17
Hemophilia Coagulation	1
Transfusion	19
Heterosexual Contact	952
MSM (not IDU)	1124
IV Drug Use (not MSM)	24
MSM/IDU	2
Multiple Exposure Categories	59
Other risk	356
Multi-Race Breakdown	
ASN,WHT	1
BLK,ASN	2
BLK,NTV	6
BLK,WHT	8
NTV,WHT	3

FOOTNOTES

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

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

Request for Service Category Increase
Ryan White Part A and MAI

A. Name of Agency (not provided to RWPC)								
B. Contract Number (not provided to RWPC)								
C. Service Category Title (per RFP)			VISION		Control No.			
D. Request for Increase under (check one):			Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>	8-A		
Request Period (check one):			April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>		Final Qtr: <input type="checkbox"/>	
E. Amount of additional funding Requested:			\$75,000.00					
F. Unit of Service: (list only those units and disbursements where an increase is requested)			a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
1. Vision Services			2010	\$100.00	750	\$75,000.00		
2.						\$0.00		
3.						\$0.00		
4.						\$0.00		
5.						\$0.00		
6.						\$0.00		
7.						\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)				N/A		\$0.00		
9. Total additional funding (must match E. above):			\$75,000.00					
G. Number of new/additional clients to be served with requested increase.			300					
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.			a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"			1305	56% raw# 728	10% raw# 134	32% raw# 416	73% raw# 955	27% raw# 350
2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18			494	58% raw# 287	12% raw# 59	28% raw# 140	70% raw# 346	30% raw# 148

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3-4 weeks	1-2 weeks	We would like to be able to provide new patients services within 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily be expanded to a 4-5 week appointment time without increased funding. Currently we have \$18,900 in no pay for services we are unable to bill for.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase, we would see patients five days a week.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

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

[Agency] ant]: All [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/18 and 12/31/18 ¹
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1] s 1]: All [Contract 2]: n/a [Sub Cats 2]: All
 [Contract 3]: n/a [Sub Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	0	2	0	0	0	2	0	2
	20-24	18	0	18	1	0	1	19	0	19
	25-34	106	3	103	29	1	28	135	4	131
	35-44	47	1	46	41	0	41	88	1	87
	45-54	51	0	51	45	1	44	96	1	95
	55-64	37	0	37	23	0	23	60	0	60
	65+	2	0	2	4	0	4	6	0	6
	SubTotals:	263	4	259	143	2	141	406	6	400
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	5	1	4	0	0	0	5	1	4
	55-64	2	0	2	1	0	1	3	0	3
	65+	1	0	1	0	0	0	1	0	1
	SubTotals:	8	1	7	1	0	1	9	1	8
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	1	0	1	2	0	2
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	1	0	1	1	0	1
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	1	1	2	0	2	4	1	3
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	1	0	1	1	0	1
	35-44	1	1	0	0	0	0	1	1	0
	45-54	1	1	0	0	0	0	1	1	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	2	0	1	0	1	3	2	1
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0	0
	55-64	1	1	0	0	0	0	1	1	0	0
	65+	0	0	0	0	0	0	0	0	0	0
	SubTotals:	1	1	0	0	0	0	1	1	0	0
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	12	10	2	1	0	1	13	10	3	3
	25-34	61	49	12	13	11	2	74	60	14	14
	35-44	50	38	12	21	13	8	71	51	20	20
	45-54	51	29	22	14	11	3	65	40	25	25
	55-64	20	9	11	8	4	4	28	13	15	15
	65+	3	2	1	0	0	0	3	2	1	1
	SubTotals:	197	137	60	57	39	18	254	176	78	78
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	2	0	2	0	0	0	2	0	2	2
	20-24	30	10	20	2	0	2	32	10	22	22
	25-34	168	52	116	44	12	32	212	64	148	148
	35-44	98	40	58	62	13	49	160	53	107	107
	45-54	108	31	77	60	12	48	168	43	125	125
	55-64	61	11	50	32	4	28	93	15	78	78
	65+	6	2	4	4	0	4	10	2	8	8
	SubTotals:	473	146	327	204	41	163	677	187	490	490

Clients Served This Period

Unduplicated clients:	677
Client visits: ³	961
Spanish speaking (primary language at home) clients served:	106
Deaf/hard of hearing clients served:	1
Blind/sight impaired clients served:	1
Homeless clients served:	101
Transgender M to F clients served:	10
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	590
Clients served this period who live outside Harris County:	87
Active substance abuse clients served:	8
Active psychiatric illness clients served:	31

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	8
Hemophilia Coagulation	0
Transfusion	7
Heterosexual Contact	278
MSM (not IDU)	287
IV Drug Use (not MSM)	11
MSM/IDU	1
Multiple Exposure Categories	18
Other risk	99
Multi-Race Breakdown	
BLK,NTV	2
BLK,WHT	2

FOOTNOTES

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

² Age as of 12/31/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

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

[Agency: [Grant]: RW1 [Service]: ALL [Service Performer]: 0

Services performed between 3/1/17 and 2/28/18 ¹

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All

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

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

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	4	1	3	0	0	0	4	1	3	
	20-24	39	3	36	8	0	8	47	3	44	
	25-34	186	2	184	36	0	36	222	2	220	
	35-44	111	2	109	74	1	73	185	3	182	
	45-54	97	5	92	78	1	77	175	6	169	
	55-64	62	2	60	39	1	38	101	3	98	
	65+	6	0	6	6	0	6	12	0	12	
	SubTotals:	505	15	490	241	3	238	746	18	728	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	0	3	3	0	3	6	0	6	
	35-44	2	0	2	0	0	0	2	0	2	
	45-54	8	1	7	1	0	1	9	1	8	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	15	1	14	4	0	4	19	1	18	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	1	2	1	0	1	4	1	3	
	35-44	2	1	1	0	0	0	2	1	1	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	1	1	0	0	0	0	1	1	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	7	3	4	1	0	1	8	3	5	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	0	1	0	0	0	1	0	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	1	0	1	0	1	2	1	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	1	1	1	0	1	3	1	2	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0	0
	55-64	2	1	1	1	0	1	3	1	2	
	65+	0	0	0	0	0	0	0	0	0	0
	SubTotals:	2	1	1	1	0	1	3	1	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	4	3	1	0	0	0	4	3	1	
	20-24	29	29	0	3	1	2	32	30	2	
	25-34	137	108	29	17	11	6	154	119	35	
	35-44	110	92	18	39	32	7	149	124	25	
	45-54	102	72	30	24	15	9	126	87	39	
	55-64	36	16	20	18	9	9	54	25	29	
	65+	6	4	2	1	0	1	7	4	3	
	SubTotals:	424	324	100	102	68	34	526	392	134	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	8	4	4	0	0	0	8	4	4	
	20-24	68	32	36	11	1	10	79	33	46	
	25-34	330	111	219	57	11	46	387	122	265	
	35-44	225	95	130	113	33	80	338	128	210	
	45-54	209	79	130	104	16	88	313	95	218	
	55-64	103	20	83	58	10	48	161	30	131	
	65+	12	4	8	7	0	7	19	4	15	
	SubTotals:	955	345	610	350	71	279	1,305	416	889	

Clients Served This Period

Unduplicated clients:	1305
Client visits: ³	2020
Spanish speaking (primary language at home) clients served:	259
Deaf/hard of hearing clients served:	5
Blind/sight impaired clients served:	5
Homeless clients served:	189
Transgender M to F clients served:	16
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1139
Clients served this period who live outside Harris County:	166
Active substance abuse clients served:	19
Active psychiatric illness clients served:	83

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	9
Hemophilia Coagulation	0
Transfusion	13
Heterosexual Contact	506
MSM (not IDU)	589
IV Drug Use (not MSM)	10
MSM/IDU	1
Multiple Exposure Categories	36
Other risk	196
Multi-Race Breakdown	
BLK,NTV	1
BLK,WHT	6
NTV,WHT	1

FOOTNOTES

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

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Primary Medical Care				Control No.	9-A
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April:	August: X	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$638,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Primary Health Care Visit	9,600	\$350.00	1200	\$420,000.00		
	2. Medical Intake - New Clients	400	\$900.00	20	\$18,000.00		
	3.						
	4.				\$0.00		
	5.						
	6.						
	7.						
	8. Disbursements (list current amount in column a. and requested amount in column c.) LPAP	\$366,225.00	N/A	\$200,000.00	\$200,000.00		
	9. Total additional funding (must match E. above):	\$638,000.00					
G.	Number of new/additional clients to be served with requested increase.	250					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	4,959	56.05%	10.94%	31.19%	68.25%	31.74%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	2,968 *	53.47%	9.77%	34.77%	66.64%	33.35%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2 weeks	2 weeks		
	2. Length of waiting time (in weeks) for an appointment for a current client:	1 month	1 month		
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0		
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Ryan White Part C	HRSA	12/31/18	\$830,629	These funds do not pay for medications
	2. Ryan White Part D	HRSA	7/31/19	\$371,851	These funds do not pay for medications
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

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

[Agency] nt: RW1 [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/18 and 6/30/18 ¹
 [Age Group]: Expanded [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: All [Sub Cats 1]: All [Contract 2]: All
 [Contract 3]: All [Sub Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	6	0	6	0	0	0	6	0	6	
	20-24	32	1	31	10	0	10	42	1	41	
	25-34	213	2	211	87	1	86	300	3	297	
	35-44	185	3	182	181	4	177	366	7	359	
	45-54	289	2	287	203	2	201	492	4	488	
	55-64	269	3	266	148	2	146	417	5	412	
	65+	48	0	48	40	0	40	88	0	88	
	SubTotals:	1,042	11	1,031	669	9	660	1,711	20	1,691	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	4	0	4	1	0	1	5	0	5	
	35-44	5	0	5	3	0	3	8	0	8	
	45-54	11	0	11	4	0	4	15	0	15	
	55-64	4	0	4	2	0	2	6	0	6	
	65+	1	0	1	1	0	1	2	0	2	
	SubTotals:	26	0	26	11	0	11	37	0	37	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	1	0	0	0	0	1	1	0	
	25-34	1	0	1	2	0	2	3	0	3	
	35-44	3	0	3	1	0	1	4	0	4	
	45-54	3	0	3	4	0	4	7	0	7	
	55-64	4	3	1	0	0	0	4	3	1	
	65+	1	0	1	0	0	0	1	0	1	
	SubTotals:	13	4	9	7	0	7	20	4	16	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	2	1	1	0	0	0	2	1	1	
	35-44	2	2	0	0	0	0	2	2	0	
	45-54	4	1	3	0	0	0	4	1	3	
	55-64	4	3	1	0	0	0	4	3	1	
	65+	0	0	0	1	0	1	1	0	1	
	SubTotals:	13	7	6	1	0	1	14	7	7	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	3	2	1	1	0	1	4	2	2	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	20	18	2	6	5	1	26	23	3
	25-34	203	163	40	40	31	9	243	194	49
	35-44	264	225	39	97	82	15	361	307	54
	45-54	296	218	78	112	83	29	408	301	107
	55-64	189	133	56	65	42	23	254	175	79
	65+	32	14	18	14	12	2	46	26	20
	SubTotals:	1,007	773	234	335	255	80	1,342	1,028	314
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	9	2	7	1	0	1	10	2	8
	20-24	55	20	35	16	5	11	71	25	46
	25-34	423	166	257	130	32	98	553	198	355
	35-44	459	230	229	282	86	196	741	316	425
	45-54	603	221	382	323	85	238	926	306	620
	55-64	470	142	328	215	44	171	685	186	499
	65+	82	14	68	56	12	44	138	26	112
	SubTotals:	2,101	795	1,306	1,023	264	759	3,124	1,059	2,065

Clients Served This Period

Unduplicated clients:	3124
Client visits: ³	8146
Spanish speaking (primary language at home) clients served:	705
Deaf/hard of hearing clients served:	17
Blind/sight impaired clients served:	23
Homeless clients served:	436
Transgender M to F clients served:	35
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	3029
Clients served this period who live outside Harris County:	95
Active substance abuse clients served:	33
Active psychiatric illness clients served:	66

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	20
Hemophilia Coagulation	2
Transfusion	17
Heterosexual Contact	1430
MSM (not IDU)	747
IV Drug Use (not MSM)	41
MSM/IDU	6
Multiple Exposure Categories	212
Other risk	955
Multi-Race Breakdown	
ASN,WHT	2
BLK,NTV	4
BLK,WHT	14

FOOTNOTES

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

² Age as of 6/30/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2018; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/17.

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

[Agency]: [Contract]: RW1 [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/17 and 2/28/18
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: All [Contract 2] Sub Cats 2]: All
 [Contract 3]: All
 [Contract 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	12	1	11	4	0	4	16	1	15	
	20-24	81	4	77	23	0	23	104	4	100	
	25-34	319	2	317	147	2	145	466	4	462	
	35-44	339	4	335	287	4	283	626	8	618	
	45-54	479	4	475	314	3	311	793	7	786	
	55-64	431	6	425	212	3	209	643	9	634	
	65+	84	0	84	48	0	48	132	0	132	
	SubTotals:	1,745	21	1,724	1,035	12	1,023	2,780	33	2,747	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	2	0	2	0	0	0	2	0	2	
	25-34	10	0	10	1	0	1	11	0	11	
	35-44	15	0	15	3	0	3	18	0	18	
	45-54	12	0	12	2	0	2	14	0	14	
	55-64	4	0	4	1	0	1	5	0	5	
	65+	2	0	2	2	0	2	4	0	4	
	SubTotals:	45	0	45	9	0	9	54	0	54	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	1	0	1	0	0	0	1	0	1	
	20-24	3	1	2	0	0	0	3	1	2	
	25-34	5	1	4	1	0	1	6	1	5	
	35-44	5	0	5	1	0	1	6	0	6	
	45-54	3	0	3	4	0	4	7	0	7	
	55-64	2	1	1	1	1	0	3	2	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	19	3	16	7	1	6	26	4	22	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	4	1	3	0	0	0	4	1	3	
	35-44	1	1	0	0	0	0	1	1	0	
	45-54	3	1	2	0	0	0	3	1	2	
	55-64	4	3	1	1	1	0	5	4	1	
	65+	0	0	0	3	1	2	3	1	2	
	SubTotals:	13	6	7	4	2	2	17	8	9	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	5	4	1	1	0	1	6	4	2	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	48	37	11	14	11	3	62	48	14
	25-34	318	247	71	76	62	14	394	309	85
	35-44	409	334	75	138	112	26	547	446	101
	45-54	430	302	128	149	105	44	579	407	172
	55-64	280	171	109	87	56	31	367	227	140
	65+	53	30	23	18	16	2	71	46	25
	SubTotals:	1,543	1,125	418	483	362	121	2,026	1,487	539
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	18	5	13	5	0	5	23	5	18
	20-24	135	42	93	37	11	26	172	53	119
	25-34	656	251	405	225	64	161	881	315	566
	35-44	769	339	430	429	116	313	1,198	455	743
	45-54	927	307	620	469	108	361	1,396	415	981
	55-64	721	181	540	302	61	241	1,023	242	781
	65+	139	30	109	71	17	54	210	47	163
	SubTotals:	3,365	1,155	2,210	1,538	377	1,161	4,903	1,532	3,371

Clients Served This Period

Unduplicated clients:	4903
Client visits: ³	28243
Spanish speaking (primary language at home) clients served:	965
Deaf/hard of hearing clients served:	24
Blind/sight impaired clients served:	55
Homeless clients served:	701
Transgender M to F clients served:	40
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	4731
Clients served this period who live outside Harris County:	172
Active substance abuse clients served:	60
Active psychiatric illness clients served:	155

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission	50
Hemophilia Coagulation	5
Transfusion	33
Heterosexual Contact	2221
MSM (not IDU)	1155
IV Drug Use (not MSM)	82
MSM/IDU	11
Multiple Exposure Categories	340
Other risk	1497
Multi-Race Breakdown	
ASN,WHT	2
BLK,ASN	1
BLK,NTV	2
BLK,WHT	20
NTV,WHT	1

FOOTNOTES

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

² Age as of 2/28/18

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2017; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/16.

FY 2018 RW MAI REQUESTS FOR ALLOCATION INCREASE (July 2018)

REVISED: 8/14/2018

Request Control Number	FY 18 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2017 Final Contract Amount	Expended 2017	Percent Expended	FY 2018 Contract Amount	FY 2018 Expended YTD.	FY 2018 Percent YTD	FY 2018 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
1	1b-1.c	Primary Medical Care	Community-based Primary Medical Care and MCM targeted to African American, and Hispanic	\$40,000		\$1,098,046	\$1,061,079	97%	\$860,412	\$286,339	33%	33%	Yes	
2	1b-1.c	Primary Medical Care	Community-based Primary Medical Care and MCM targeted to African American, and Hispanic	\$130,000		\$1,024,925	\$1,024,925	100%	\$809,993	\$193,050	24%	33%	Yes	
				\$170,000	\$0	\$2,122,971	\$2,086,004		\$1,670,405	\$479,389				
Confirmed Funds Avail. for Reallocation				\$130,830										
Source of Funds Available for Reallocation:														
				FY 2017 Carryover Funds	\$130,830	Unspent MAI funds from FY 17 program year								

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)					
B.	Contract Number (not provided to RWPC)					
C.	Service Category Title (per RFP)				Control No.	I - M
D.	Request for Increase under (check one):		Part A:	or	MAI: X	
	Request Period (check one):		April: X	August:	Oct:	Final Qtr:
E.	Amount of additional funding Requested:		\$40,000.00			
F.	Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)
	1. Medical Case Management		4642.76	\$25.00	1600	\$40,000.00
	2.					\$0.00
	3.					\$0.00
	4.					\$0.00
	5.					\$0.00
	6.					\$0.00
	7.					\$0.00
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A			\$0.00
	9. Total additional funding (must match E. above):					\$40,000.00
G.	Number of new/additional clients to be served with requested increase.					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"		N/A	N/A	N/A	N/A
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18					

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking medical case management services. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking medical case management services. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	ADULT COMPREHENSIVE PRIMARY CARE MAI				Control No.	Z-M
D.	Request for Increase under (check one):	Part A:	o	MAI: X			
	Request Period (check one):	April:	August: X	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$130,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. MD/Phys Extenders	2517	\$275.00	335	\$92,125.00		
	2. MCM	4708	\$25.00	1515	\$37,875.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):					\$130,000.00	
G.	Number of new/additional clients to be served with requested increase.	100					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"	1165	66% raw# 773	0% raw# 0	33% raw# 388	77% raw# 895	23% raw# 270
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18	484	63% raw# 303	0% raw# 0	37% raw# 179	76% raw# 367	24% raw# 117

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2 - 3	0	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing an average of 25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 3-4 weeks without the increase in funding.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 2	0	Will be able to see patients same week with funding increase	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0		
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

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

[Agency]: RW1 [Service]: ALL [Service Performer]: 0
Services performed between 3/1/18 and 6/30/18

[Age Group]: AgeGrn1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: Sub Cats 1]: All [Contract 2] s 2]: All

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

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

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	2	1	1	0	0	0	2	1	1	
	20-24	20	0	20	5	0	5	25	0	25	
	25-34	98	1	97	28	0	28	126	1	125	
	35-44	44	3	41	31	1	30	75	4	71	
	45-54	35	1	34	17	0	17	52	1	51	
	55-64	12	0	12	15	0	15	27	0	27	
	65+	1	0	1	2	0	2	3	0	3	
	SubTotals:	212	6	206	98	1	97	310	7	303	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	2	1	1	0	0	0	2	1	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	0	1	1	1	0	2	1	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	3	1	2	1	1	0	4	2	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	13	13	0	0	0	0	13	13	0	
	25-34	61	61	0	5	5	0	66	66	0	
	35-44	47	47	0	8	8	0	55	55	0	
	45-54	23	23	0	3	3	0	26	26	0	
	55-64	5	5	0	2	2	0	7	7	0	
	65+	3	3	0	0	0	0	3	3	0	
	SubTotals:	152	152	0	18	18	0	170	170	0	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	2	1	1	0	0	0	2	1	1	
	20-24	33	13	20	5	0	5	38	13	25	
	25-34	161	63	98	33	5	28	194	68	126	
	35-44	91	50	41	39	9	30	130	59	71	
	45-54	59	24	35	21	4	17	80	28	52	
	55-64	17	5	12	17	2	15	34	7	27	
	65+	4	3	1	2	0	2	6	3	3	
	SubTotals:	367	159	208	117	20	97	484	179	305	

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

[Agency] RW1 [Service]: ALL [Service Performer]: 0

Services performed between 3/1/17 and 2/28/18¹

[App Group] 1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1] [Sub Cats 1]: All [Contract 2] [Sub Cats 2]: All

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

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

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

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	6	1	5	0	0	0	6	1	5
	20-24	63	1	62	13	0	13	76	1	75
	25-34	264	4	260	51	1	50	315	5	310
	35-44	126	5	121	75	2	73	201	7	194
	45-54	86	5	81	48	0	48	134	5	129
	55-64	28	0	28	27	1	26	55	1	54
	65+	3	0	3	3	0	3	6	0	6
	SubTotals:	576	16	560	217	4	213	793	20	773
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	1	0	0	0	0	1	1	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	1	0	0	0	0	1	1	0
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	3	2	1	1	0	1	4	2	2
	35-44	0	0	0	1	0	1	1	0	1
	45-54	1	0	1	1	1	0	2	1	1
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	5	3	2	3	1	2	8	4	4
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	1	0	0	0	0	1	1	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	1	0	0	0	0	1	1	0
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	2	0	0	0	0	2	2	0

FY 2018-19 TRG Requests For Reallocation Increase (August 2018)

Revised 8/14/2018

Request Control Number	FY1819 Priority Ranking	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY1718 Final Contract Amount	Expended 2017-18	Percent Expended	FY1819 Contract Amount	FY1819 Expended YTD	FY1819 Percent YTD	FY1819 Percent Expected	Is agency currently in compliance with contract conditions and therefore eligible for an increase?
1	4	Oral Health	General	\$300,000		\$535,100	\$536,800	100%	\$813,300	\$204,000	25%	25%	Yes
		Oral Health	Prosthodontics	\$25,000		\$120,000	\$124,425	104%	\$229,520	\$71,270	31%	25%	Yes
2	5	Health Insurance Premiums and Cost Sharing Assistance	Health Insurance Assistance	\$325,000		\$726,885	\$1,112,711	153%	\$726,885	\$149,635	21%	25%	Yes
Confirmed Amount for Reallocation				\$325,800	Explanation		Increased Award Amount						
Source of Fund Available For Reallocation				Ryan White Part B									

Request for Service Category Increase
Ryan White Part B

A. Name of Agency (not provided to RWPC)							
B. Contract Number (not provided to RWPC)							
C. Service Category Title (per RFP)		ORAL HEALTH CARE / GENERAL & PROSTHODONTICS			Control No.	1-B	
D. Amount of additional funding Requested:							
E. Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
1. GENERAL DENTISTRY		8133	\$100.00	3000	\$300,000.00		
2. PROSTHODONTICS		1520	\$151.00	170	\$25,670.00		
3.					\$0.00		
4.					\$0.00		
5.					\$0.00		
6.					\$0.00		
7.					\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)					\$0.00		
9. Total additional funding (must match D. above):					\$325,670.00		
F. Number of new/additional clients to be served with requested increase.		250					
G. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
1. Number of clients that received this service under Part B in FY 2017.* (April 1, 2017 - March 31, 2018) *If agency was funded for service under Part B in FY 2017 - if not, mark these cells as "NA"		1313	60% raw# 788	10% raw# 133	28% raw# 370	71% raw# 934	29% raw# 379

Request for Service Category Increase
Ryan White Part B

I.	Additional Information Provided by Requesting Agency. Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	3 weeks	1 week	We would like to be able to provide new patients services within 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily end up greater than 4 weeks to appt.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase.	
	3. Number of clients on a "waiting list" for services:	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
	3. Number of clients unable to access services monthly (number unable to make an appointment):	0	0		
H.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
J.	Submit the following documentation at the same time as the request (line item and budget justification narrative budgets):				
	Revised Budget Narrative corresponding to the revised contract total (amount in Item E.9.d. plus current contract amount).				
	This form must be submitted electronically via email by deadline of 08/10/18 to Yvette Garvin at: ygarvin@hivtrg.org				

Request for Service Category Increase
Ryan White Part B

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)					Control No.	2-B
D.	Amount of additional funding Requested:	\$325,800.00					
E.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Health Insurance Premium and Cost Sharing Assistance	4696	\$30.00	2350	\$70,500.00		
	Unit Cost plus at cost		\$0.00		\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$586,000.00		\$255,300.00	\$255,300.00		
	9. Total additional funding (must match D. above):				\$325,800.00		
F.	Number of new/additional clients to be served with requested increase.	215					
G.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part B in FY 2017.* (April 1, 2017 - March 31, 2018) *If agency was funded for service under Part B in FY 2017 - If not, mark these cells as "NA"	1339	41	29	27	81	19

Request for Service Category Increase
Ryan White Part B

I.	Additional Information Provided by Requesting Agency. Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	2	2		
	2. Length of waiting time (in weeks) for an appointment for a current client:	1	1		
	3. Number of clients on a "waiting list" for services:	0	0		
	3. Number of clients unable to access services monthly (number unable to make an appointment):	0	0		
H.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Health Insurance Premium and Cost Sharing Assistance	Part A	3.31.19	\$1,744,551	
	2. Health Insurance Premium and Cost Sharing Assistance	State Services	8.31.18	\$979,694	Disbursements have been fully expended.
	4.				
J.	Submit the following documentation at the same time as the request (line item and budget justification narrative budgets):				
	Revised Budget Narrative corresponding to the revised contract total (amount in Item E.9.d. plus current contract amount).				
	This form must be submitted electronically via email by deadline of 08/10/18 to Yvette Garvin at: ygarvin@hivtrg.org				

From Research to the Real World:

Sharing Science Symposium

Sept. 5, 2018 • 12:30-6pm

Complimentary lunch for those who RSVP

Cooley Center
1941 East Road
Houston, TX 77054



RSVP required online www.whoozin.com/science
or by calling 832.393.5010

Who should attend?

Community leaders and stakeholders, planning groups, community-based organizations, health professionals, and community members.

Why should you attend?

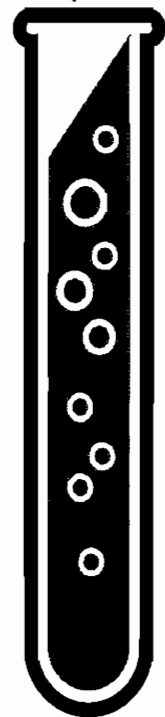
You'll hear from local experts on the latest findings in **Houston HIV research** presented in a way that is friendly for all listeners.

Drawings will be held for **door prizes**.



HOUSTON HEALTH
DEPARTMENT

Baylor
College of
Medicine



Operations Committee Report

The Issue

It has been suggested that the information provided during “Legislative Updates” be provided after the Council adjourns. Sometimes members forget that, during Council meetings, information related to legislation must be neutral. According to IRS regulations, “attempting to influence any legislation through an attempt to affect the opinions of the general public or any segments thereof”* is against regulations. Members are allowed to provide educational information, but sometimes the line that separates education from lobbying gets blurry. Since all meetings are tape recorded, this puts the Council in a difficult situation. A simple way to address this would be to invite members to stay for a few minutes after the meeting adjourns to informally share information that relates to legislation.

** See the attached information about lobbying, what it is and what it is not.*

LOBBYING

What it is. What it is not. Can you do it?

By Michael J. Springer *

- I. TWO DISTINCT and SEPARATE ISSUES in LOBBYING:
 - a. The STRICT prohibition for using government funding to support lobbying activities of any kind (OMB Circulars); and
 - b. The danger of losing a non-profit's tax-exempt status for conducting prohibited lobbying activities (Federal IRS Statutes and Regulations).
 - c. EXAMPLE: A non-profit agency, or representative of a non-profit agency is NOT likely to lose its tax-exempt status for lobbying the Texas Department of Health on the current ADAP issue since lobbying of government Bureaus is exempt in IRS regulations, BUT those activities CANNOT be conducted or supported with Ryan White Care funding because that is strictly prohibited by Federal OMB Regulations.

- II. Regulations
 - a. Internal Revenue Service (dealing with a non-profit's tax exempt status)
 - i. Internal Revenue Code Section 4911 defines lobbying as:
 1. Any attempt to influence any legislation through communication with any member or employee of a legislative body, or with any government official or employee who may participate in the formulation of legislation, or
 2. Any attempt to influence any legislation through an attempt to affect the opinions of the general public or any segments thereof.
[Known as grassroots lobbying.]
 - ii. IRS code 5019(c)(3) regulations further state that a non-profit is regarded as attempting to "influence legislation" if it:
 1. Contacts or urges the public to contact members of a legislative body for the purpose of proposing, supporting, or opposing legislation, or
 2. Advocates the adoption or rejection of particular legislation.
 - iii. The IRS has adopted the following clarifying rules:
 1. Legislative bodies include the U.S. Congress, state legislatures, any local council, or similar governing bodies, but they DO NOT include bureaus or administrative departments.
 2. Requests to an executive branch or regulatory agency to support or oppose legislation DO constitute lobbying, according to the IRS.
 3. The desirability of the legislation (such as protecting the environment, animals, or children, or other issues unquestionably serving the public good) does not legitimize lobbying for it.
 4. Research and discussion to formulate a position on a legislative issue may or may not be considered lobbying.
 - iv. IRS Exclusions – the following are specifically excluded from the definition of "influencing legislation":

1. Dissemination of the results of nonpartisan analysis, study, or research.
 2. Provision of technical advice or assistance in response to a written request by a governmental body.
 3. Appearances before, or communications to, any legislative body with respect to a possible decision by that body that might affect the existence of the organization, its powers and duties, its tax-exempt status, or the deduction of contributions to it (self defense).
 4. Communications between the organization and its bona fide members with respect to legislation or proposed legislation of direct interest to them, unless the communication directly encourages the members to influence legislation.
 5. Routine communications with government officials or employees.
- iv. IRS Regulations DO allow non-profits to conduct limited lobbying activities with NON-governmental funding. HOWEVER, there are restrictions as to how much of the agency's budget can be spent on lobbying activities (generally 5-15%).
- v. If an agency has dues-paying members, the portion of the dues used for lobbying activities is NOT deductible for IRS tax purposes.
- b. Federal OMB Circular a122 (dealing with using government funding for lobbying activities)
- i. Specifically prohibits using federal funding for the following activities:
 1. Attempts to influence the outcomes of any Federal, State, or local election, referendum, initiative, or similar procedure, through in kind or cash contributions, endorsements, publicity, or similar activity;
 2. Establish, administering, contributing to, or paying the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcomes of elections;
 3. Any attempt to influence:
 - a. The introduction of Federal or State legislation; or
 - b. the enactment or modification of any pending Federal or State legislation through communication with any member or employee of the Congress or State legislature (including efforts to influence State or local officials to engage in similar lobbying activity), or with any Government official or employee in connection with a decision to sign or veto enrolled legislation;
 4. Any attempt to influence:
 - a. The introduction of Federal or State legislation, or
 - b. The enactment or modification of any pending Federal or State legislation by preparing, distributing, or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or

participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign; or

- c. Legislative liaison activities, including attendance at legislative sessions or committee hearings, gather information regarding legislation, and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparing for an effort to engage in unallowable lobbying.

ii. Federal OMB Circular a122 exempts the following activities:

- 1. Providing a technical and factual presentation of information on a topic directly related to the performance of a grant, contract or other agreement through hearing testimony, statements, or letters to the Congress or a State legislature, or subdivision, member, or cognizant staff member thereof, in response to a documented request made by the recipient member, legislative body or subdivision, or a cognizant staff member thereof; provided such information is readily obtainable and can be readily put in deliverable form; and further provided that costs under this section for travel, lodging or meals are unallowable unless incurred to offer testimony at a regularly scheduled Congressional hearing pursuant to a written request for such presentation made by the Chairman or Ranking Minority member of the Committee or Subcommittee conducting such hearing;
- 2. Any lobbying activities to influence State legislation in order to directly reduce the cost, or to avoid material impairment of the organization's authority to perform the grant, contract, or other agreement;
- 3. Any activity specifically authorized by statute to be undertaken with funds from the grant, contract, or other agreement.

III. Grassroots Lobbying – contacting the general public or the masses

a. Prohibitions against this type of lobbying are MORE restrictive than that of contacting government officials.

b. IRS Regulations (1988 – Sections 501(h) and 4911) – last issued rules on lobbying:

i. Define grassroots lobbying to include communications that:

- 1. Refer to “specific legislation” (including legislation that has already been introduced in a legislative body and a specific legislative proposal that the non-profit either supports or proposes),
- 2. Reflects a view on such legislation, and
- 3. Encourages the recipients of the communication to take action with respect to the legislation.

c. Mass media communications (press releases, or advertisements, etc.) are considered lobbying even if they do not meet the three-part definition above. Such communications would be considered grassroots lobbying if it either refers

- to the highly publicized legislation or encourages the public to lobby about the legislation.
- d. The requisite characteristic of a lobbying communication is that it urges the public to take action. “Taking action” is urged if one or more of the following elements are present:
 - i. The communication states that the recipient should contact legislators, their employees, or other governmental representatives.
 - ii. The address, telephone number, or similar information facilitating contact is furnished on the notice, letter, or other form of communication.
 - iii. A petition, tear-off postcard, or the like is provided for the recipient to communicate views to the appropriate governmental party.
 - iv. One or more legislators who will vote on the legislation are specifically identified as opposing it or undecided, being the recipient’s representative, or being a member of the committee considering the legislation.
 - e. Member communications – communications with members of your non-profit organization:
 - i. General rule is that member communications about legislation of direct interest to the organization and its members is NOT considered grassroots lobbying (presumably because the members are not the general public). HOWEVER, where the communication encourages members to contact the public and undertake grassroots lobby themselves, THEN this does constitute grassroots lobbying.
 - 1. Prospective members are NOT considered members.
 - 2. Contributors who are not formal members are NOT considered members for this exception.

IV. Summary

- a. If you are conducting lobbying activities as a member of a volunteer organization that is government funded (such as the Ryan White Planning Council), SAY that you are a volunteer for that organization in your communication, and make sure that you do not use ANY of that organizations government funded services to support your lobbying activities (telephone, computer, copy machine, postage, office space, stationery, etc.).
- b. Using meeting time that is funded by government funding to PLAN lobbying activities is probably considered lobbying.
- c. Remember, as a non-profit you can EDUCATE members of governmental organizations on issues, needs, etc., as long as you DO NOT mention specific legislation or how you want them to vote on specific legislation. The IRS broadly defines “education” as:
 - i. The instruction or training of the individual for the purpose of improving or developing his capabilities;
 - ii. The instruction of the public on subjects useful to the individual and beneficial to the community.
 - iii. Must present a sufficiently full and fair exposition of the pertinent facts as to permit the individual or the public to form an independent opinion or conclusion.

- iv. It is NOT educational if any of the following are present:
 - 1. Presentation of viewpoints or positions unsupported by facts;
 - 2. The facts that purport to support the viewpoints or positions are distorted;
 - 3. The presentation makes substantial use of inflammatory and disparaging terms and express conclusions more on the basis of strong emotional feelings than of objective evaluations.
 - 4. The approach used in the organization's presentations is not aimed at developing an understanding on the part of the intended audience or readership because it does not consider their background or training in the subject matter.
- d. Remember that communications to the general public OR to organization members that encourage them to engage in lobbying activities constitutes lobbying.
- e. Furnishing the name, address, phone number, etc. of governmental officials to facilitate contact is generally considered lobbying.
- f. Lobbying as a private citizen IS allowable. Just be sure you DO NOT use government funded services, supplies, time, or agencies to support it.

NOTE: Even IF you are proven not guilty in a lobbying allegation, the investigation of such an allegation can be long, tedious and costly. It's better to make sure that you DON'T DO IT!

NOTE: Even if you are not technically in violation of federal/state regulations, the **perception** of wrongdoing can be as damaging to an agency/individual as the actual violation of federal/state regulations!

*Summarized from:

- 1) *Tax and Financial Planning for Tax-Exempt Organizations: Forms, Checklists, Procedure*, (1990), John Wiley & Sons.
- 2) *OMB Circular a122*, paragraph 25.

Report - 2018 Ryan White Planning Council Meeting Day/Time Survey

Summary:

- 75% of **current Council members** are working, and 4% are planning to return to work for unstated reasons
- **Current Council members** are most available for meetings on:
 - Early afternoons (12 p.m. - 2 p.m.), particularly Mondays, Wednesdays, and Thursdays
 - Late mornings (10 a.m. - 12 p.m.) , particularly Mondays, Wednesdays, and Thursdays
 - Early evenings (4 - 6 p.m.), particularly Mondays – Thursdays
- See appendix for availability within each **Committee**
- **Former Council members** are most available for meetings on:
 - Early afternoons (12 p.m. - 2 p.m.), particularly Mondays, Tuesdays, Thursdays, and Fridays
 - Late mornings (10 a.m. - 12 p.m.), particularly Mondays and Fridays
- Individuals in the **interested public** are most available for meetings on:
 - Late mornings (10 a.m. - 12 p.m.), particularly Thursdays
 - Early afternoons (12 p.m. - 2 p.m.), particularly Thursdays
- 60% of **non-appointed Project LEAP graduates** would consider applying to Council. 20% would not consider applying to Council, even if meeting dates or times changed, due to professional obligations and work scheduling.
- **Non-appointed Project LEAP graduates** are most available for meetings on:
 - Late mornings (10 a.m. - 12 p.m.) , particularly Saturdays
 - Early afternoons (12 p.m. - 2 p.m.), particularly Saturdays
 - Late evenings (6 - 8 p.m.), particularly Mondays and Tuesdays
 - Nights (8 - 10 p.m.), particularly Mondays and Tuesdays

Survey Demographics:

84 people completed the survey

- 57% (48) current members
- 18% (15) former members
- 14% (12) interested public – 3 provided contact information to receive the 2019 Project LEAP application
- 11% (9) non-appointed LEAP graduates

Current Members:

Half (51%, 24) are Council members

- 40% (19) on CHPC
- 36% (17) on QI
- 34% (16) on Affected
- 19% (9) on Steering
- 17% (8) on P&A
- 15% (7) on Operations

See appendix for meeting availability by Committee

Current Members – Work Status

When asked, “Are you currently working, or considering going back to work?”:

- 75% (35) are currently working
- 21% (10) not currently working, and are not considering returning to work
- 4% (2) are considering returning to work - both indicated they preferred not share the reasons they are considering returning to work

Current Members – Meeting Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Respondents
Early mornings (8 - 10 a.m.)	9	8	10	8	5	5	16
Late mornings (10 a.m. - 12 p.m.)	14	11	14	16	9	11	28
Early afternoons (12 - 2 p.m.)	16	13	16	20	10	12	31
Late afternoons (2 - 4 p.m.)	11	13	12	15	5	13	27
Early evenings (4 - 6 p.m.)	13	13	15	14	9	11	28
Late evenings (6 - 8 p.m.)	12	10	11	11	8	2	18
Nights (8 - 10 p.m.)	4	2	4	4	3	2	8

A majority of current members are available:

1. Early afternoons (12 p.m. - 2 p.m.), particularly Mondays, Wednesdays, and Thursdays
2. Late mornings (10 a.m. - 12 p.m.) , particularly Mondays, Wednesdays, and Thursdays
3. Early evenings (4 - 6 p.m.), particularly Mondays – Thursdays
4. Late afternoons (2 - 4 p.m.) , particularly Tuesdays, Thursdays, and Saturdays

In general:

- Nights (8-10 p.m.) are the least favorable time for meetings. Only 17% of members indicated their availability on any night
- Fridays are the least favorable day for meetings across all meeting times.

Former Members:

Former Members – Meeting Availability

	Mon days	Tues days	Wed days	Thurs days	Friday s	Satur days	Total Respondents
Early mornings (8 - 10 a.m.)	2	0	1	2	1	0	3
Late mornings (10 a.m. - 12 p.m.)	5	1	3	3	4	1	7
Early afternoons (12 - 2 p.m.)	6	5	3	4	4	1	10
Late afternoons (2 - 4 p.m.)	4	3	1	2	1	1	6
Early evenings (4 - 6 p.m.)	2	1	1	2	1	0	3
Late evenings (6 - 8 p.m.)	1	0	1	1	2	1	3
Nights (8 - 10 p.m.)	0	0	1	0	1	1	2

A majority of former members are available:

1. Early afternoons (12 p.m. - 2 p.m.), particularly Mondays, Tuesdays, Thursdays, and Fridays
2. Late mornings (10 a.m. - 12 p.m.), particularly Mondays and Fridays

In general:

- Nights (8-10 p.m.) are the least favorable time for meetings. Only 13% of former members indicated their availability on any night
- Saturdays are the least favorable day for meetings across all meeting times.

Interested Public:

Interested Public – Meeting Availability

	Mon days	Tues days	Wed days	Thurs days	Friday s	Satur days	Total Respondents
Early mornings (8 - 10 a.m.)	0	2	0	1	0	1	2
Late mornings (10 a.m. - 12 p.m.)	0	1	0	3	0	1	4
Early afternoons (12 - 2 p.m.)	1	1	1	3	1	1	4
Late afternoons (2 - 4 p.m.)	1	1	2	2	1	1	3
Early evenings (4 - 6 p.m.)	1	2	2	1	0	0	2
Late evenings (6 - 8 p.m.)	0	1	1	0	0	0	1
Nights (8 - 10 p.m.)	0	0	0	0	0	0	0

A majority of interested public respondents are available:

1. Late mornings (10 a.m. - 12 p.m.), particularly Thursdays
2. Early afternoons (12 p.m. - 2 p.m.), particularly Thursdays

In general:

- Nights (8-10 p.m.) are the least favorable time for meetings. No interested public respondents indicated availability on any night
- Fridays are the least favorable day for meetings across all meeting times, followed by Mondays and Saturdays

Non-appointed Project LEAP Graduates:

LEAP Graduates – Applying to Council

When asked, “Would you consider applying to serve on Council or a Committee?”:

- 60% (6) would consider applying
- 20% (2) might consider applying
- 20% (2) not consider applying
 - Both stated they would not consider applying to serve on Council or a Committee if meetings were on different days or times, citing:
 - “I’m overwhelmed at work and can’t take on any additional responsibilities.”
 - “Way too busy in my professional life”

LEAP Graduates – Meeting Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Respondents
Early mornings (8 - 10 a.m.)	0	1	0	0	1	3	3
Late mornings (10 a.m. - 12 p.m.)	0	1	0	0	1	4	4
Early afternoons (12 - 2 p.m.)	0	2	0	1	1	3	4
Late afternoons (2 - 4 p.m.)	0	1	0	0	1	1	2
Early evenings (4 - 6 p.m.)	1	1	0	0	0	1	2
Late evenings (6 - 8 p.m.)	4	4	3	3	2	1	4
Nights (8 - 10 p.m.)	4	4	3	2	1	1	4

A majority of LEAP graduates are available:

1. Late mornings (10 a.m. - 12 p.m.) , particularly Saturdays
2. Early afternoons (12 p.m. - 2 p.m.), particularly Saturdays
3. Late evenings (6 - 8 p.m.), particularly Mondays and Tuesdays
4. Nights (8 - 10 p.m.), particularly Mondays and Tuesdays

In general:

- Daytime meetings (8 a.m. – 4p.m.) on Mondays, Wednesdays, and Thursdays are the least favorable time for meetings among non-appointed Project LEAP Graduate

Appendix

Comprehensive HIV Planning Committee – Meeting Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Respondents
Early mornings (8 - 10 a.m.)	3	3	2	2	2	3	5
Late mornings (10 a.m. - 12 p.m.)	6	6	7	9	4	5	11
Early afternoons (12 - 2 p.m.)	9	6	6	11	5	7	14
Late afternoons (2 - 4 p.m.)	7	5	5	8	4	7	11
Early evenings (4 - 6 p.m.)	8	6	5	6	7	6	12
Late evenings (6 - 8 p.m.)	6	5	4	4	4	1	8
Nights (8 - 10 p.m.)	3	2	2	2	1	2	4

A majority of current Comprehensive HIV Planning Committee members are available:

1. Early afternoons (12 p.m. - 2 p.m.), particularly Mondays and Thursdays
2. Early evenings (4 - 6 p.m.), particularly Mondays
3. Late mornings (10 a.m. - 12 p.m.) , particularly Thursdays
4. Late afternoons (2 - 4 p.m.) , particularly Thursdays

Quality Improvement Committee – Meeting Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Respondents
Early mornings (8 - 10 a.m.)	4	4	5	4	1	2	7
Late mornings (10 a.m. - 12 p.m.)	5	4	5	6	3	4	12
Early afternoons (12 - 2 p.m.)	2	3	5	4	2	4	9
Late afternoons (2 - 4 p.m.)	3	4	5	4	1	5	10
Early evenings (4 - 6 p.m.)	3	4	7	4	1	4	9
Late evenings (6 - 8 p.m.)	6	4	6	6	3	2	9
Nights (8 - 10 p.m.)	5	1	3	3	2	2	5

A majority of current Quality Improvement members are available:

1. Late mornings (10 a.m. - 12 p.m.) , particularly Mondays, Wednesdays, and Thursdays
2. Late afternoons (2 - 4 p.m.) , particularly Wednesdays and Saturdays
3. Early evenings (4 - 6 p.m.), particularly Wednesdays

Affected Community Committee – Meeting Availability

	Mon days	Tues days	Wedne sdays	Thurs days	Friday s	Saturd ays	Total Respondents
Early mornings (8 - 10 a.m.)	4	3	4	3	3	2	7
Late mornings (10 a.m. - 12 p.m.)	5	5	6	6	3	5	11
Early afternoons (12 - 2 p.m.)	8	4	6	6	6	6	11
Late afternoons (2 - 4 p.m.)	5	5	3	5	3	6	10
Early evenings (4 - 6 p.m.)	2	2	2	4	2	5	8
Late evenings (6 - 8 p.m.)	3	1	3	3	3	1	5
Nights (8 - 10 p.m.)	3	1	2	3	3	1	5

A majority of current Affected Community Committee members are available:

1. Late mornings (10 a.m. - 12 p.m.) , particularly Wednesdays and Thursdays
2. Early afternoons (12 p.m. - 2 p.m.), particularly Saturdays

Steering Committee – Meeting Availability

	Mon days	Tuesda ys	Wedne sdays	Thurs days	Friday s	Saturd ays	Total Respondents
Early mornings (8 - 10 a.m.)	1	1	2	2	1	0	3
Late mornings (10 a.m. - 12 p.m.)	3	2	3	3	2	1	5
Early afternoons (12 - 2 p.m.)	5	3	4	5	2	1	6
Late afternoons (2 - 4 p.m.)	5	3	4	5	2	1	6
Early evenings (4 - 6 p.m.)	2	3	2	4	1	1	5
Late evenings (6 - 8 p.m.)	3	3	3	3	2	0	4
Nights (8 - 10 p.m.)	1	1	1	1	1	1	2

A majority of current Steering Committee members are available:

1. Early afternoons (12 p.m. - 2 p.m.), particularly Mondays and Thursdays
2. Late afternoons (2 - 4 p.m.) , particularly Mondays and Thursdays

Priorities and Allocations Committee – Meeting Availability

	Mon days	Tuesda ys	Wedne sdays	Thurs days	Friday s	Saturd ays	Total Respondents
Early mornings (8 - 10 a.m.)	1	1	1	1	1	0	1
Late mornings (10 a.m. - 12 p.m.)	3	3	3	3	3	1	5
Early afternoons (12 - 2 p.m.)	4	4	4	5	3	1	6
Late afternoons (2 - 4 p.m.)	2	3	3	2	2	1	4
Early evenings (4 - 6 p.m.)	3	3	4	2	2	1	5
Late evenings (6 - 8 p.m.)	2	3	3	3	2	0	3
Nights (8 - 10 p.m.)	1	1	1	1	1	1	1

A majority of current Priorities and Allocations Committee members are available:

1. Early afternoons (12 p.m. - 2 p.m.), particularly Thursdays
2. Late mornings (10 a.m. - 12 p.m.) , on weekdays
3. Early evenings (4 - 6 p.m.), particularly Wednesdays

Operations Committee – Meeting Availability

	Mon days	Tuesda ys	Wedne sdays	Thurs days	Friday s	Saturd ays	Total Respondents
Early mornings (8 - 10 a.m.)	3	3	2	2	2	1	3
Late mornings (10 a.m. - 12 p.m.)	5	4	3	4	3	1	5
Early afternoons (12 - 2 p.m.)	4	4	4	5	3	1	5
Late afternoons (2 - 4 p.m.)	3	4	4	2	1	1	4
Early evenings (4 - 6 p.m.)	2	2	1	1	1	1	3
Late evenings (6 - 8 p.m.)	1	1	1	1	1	0	1
Nights (8 - 10 p.m.)	1	1	1	1	1	1	1

A majority of current Operations Committee members are available:

1. Late mornings (10 a.m. - 12 p.m.) , particularly Mondays
2. Early afternoons (12 p.m. - 2 p.m.), particularly Thursdays
3. Late afternoons (2 - 4 p.m.) , particularly Tuesdays and Wednesdays

The Houston EMA Ryan White Planning Council Report

August 2018

Submitted 09-06-18

Updates from the Director of the Office of Support

- Staff from the Office of Support prepared Council related portions of the Ryan White Part A/MAI grant application and submitted them to Ryan White Grant Administration (RWGA). Carin Martin and her staff compiled the document and released a draft copy for Council members to review. Staff and Council members are reviewing the draft now, with comments due to RWGA on August 30, 2018.

Council Updates

- The Priority and Allocations Committee made recommendations regarding the reallocation of \$703,670 in Ryan White Part A funds; \$130,830 in MAI funds; and \$325,800 in Ryan White Part B funds.
- Members of the Affected Community and Quality Improvement Committees received training on Standards of Care and Performance Measures. There will be a consumer-only workgroup to review the FY 2019 Standards of Care and Performance Measures at 12 noon on Monday, September 17, 2018. There will be a similar workgroup on October 2, 2018 for providers and the general public after that.
- The Affected Community Committee recommended that the Ryan White Planning Council actively advocate for the availability of hormones for transgender patients at Ryan White funded clinics. Since there are no Health and Human Services, American Medical Association or other similarly credentialed guidelines for transgender medical care, advocacy for this critical component of care must come from Planning Councils and other groups.
- The Council is partnering with the Houston Health Department, Harris County Public Health Ryan White Grant Administration, Harris County Office of Emergency Management and The Resource Group to provide *Emergency Preparedness Training for the Houston HIV Community*. To date, the Committee has hosted seven presentations, with a commitment to host at least three more. Over for information about a training at Thomas Street Health Center.
- The Quality Improvement Committee reviewed a draft copy of a service definition for Non-Medical Case Management: Service Linkage Targeting Substance Use Disorder. The draft copy will be reviewed and discussed again at the September 18, 2018 Committee meeting. In the meantime, public comment is being encouraged.
- The Operations Committee is recommending that the Council remove legislative updates as an agenda item at Planning Council meetings and encourage members to discuss these issues during their personal time.

Budgets & Contracts

- The FY 2018 Council Support budget is \$497,045.00. Year-to-date expenditures as of 08/31/18 are \$207,244.19.

Umair A. Shah, M.D., M.P.H.
Executive Director
2223 West Loop South
Houston, Texas 77027
Tel: (713) 439-6000
Fax: (713) 439-6080



Harris County
Public Health
Building a Healthy Community

Brian C. Reed, M.D.
Director,
Disease Control & Clinical Prevention
(DCCP) Division
2223 West Loop South
Houston, Texas 77027
Tel: (713) 439-6000
Fax: (713) 439-6199

Houston EMA Ryan White Part A and MAI Administrative Agency Report

September 6, 2018

- **FY 2018 Award Update and Contract Status:** RWGA has processed full year funding FY18 contract amendments. The most recent procurement report is attached. Carryover allocations request approvals are pending Council approval at it's next meeting in October. RWGA will process carryover contract amendments with mid-year spending reallocation amendments.
- **FY 2019 Ryan White Part A Notice of Funding Opportunity:** RWGA and Office of Support staff are currently preparing of submission of the FY 2019 Ryan White Grant Application. The Houston EMA anticipates electronic submission of the application on September 14th, in advance of the September 21st due date.
- **Project Coordinator Quality Management Development:** RWGA interviewed applicants for the vacant Project Coordinator Quality Management Development position during the month of August. An offer will be extended by September 7th. Anticipated start date for the new employee is October 1st.
- **HRSA Site Visit:** RWGA has received verbal confirmation from the HRSA/HAB Southern Branch Chief that a HRSA site visit has been scheduled for the week of April 8th 2019. RWGA and RWPC Office of Support staff will plan accordingly to accommodate this visit.
- **Ryan White All Grantee Meeting:** The RWGA manager has received notification of abstract approval for a panel presentation at the 2018 Ryan White Grantee Meeting. Houston Part A will give a presentation on best practices and lessons learned as a result of state and local collaboration during Hurricane Harvey.

Carin Martin, Manager
HCPH/Ryan White Grant Administration Section
2223 West Loop South, #417, Houston, TX 77027
713 439-6041 (V) / cmartin@hcphes.org

HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

Follow HCPH on Twitter [@hcphix](https://twitter.com/hcphix) and like us on [Facebook](https://www.facebook.com/hcph)

- **TDSHS Contractor Meeting:** The RWGA manager attended a 2 day administrative agency meeting hosted by the TX DSHS HIV Care Services division August 23 – 24. Although the Houston Part A administrative agency is not an AA for Texas Part B or State Services funds, it was a helpful meeting to attend to discuss and share information on mutual areas of interest, such as ADAP, RW service standards, End the Epidemic activities, and quality management initiatives. Additional details regarding ongoing ADAP issues were also discussed at the August 30th RWGA CQI meeting with ADAP staff as guests. ADAP reported that 32% (2,628 of 8,300 clients) of Houston area ADAP clients were dropped from ADAP between August 2017 and July 2018. Nearly 20% of clients (1,500) were dropped as a result of not completing the state’s eligibility determination process.

Carin Martin, Manager
HCPH/Ryan White Grant Administration Section
2223 West Loop South, #417, Houston, TX 77027
713 439-6041 (V) / cmartin@hcphes.org

*HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.
Follow HCPH on Twitter [@hcphtx](https://twitter.com/hcphtx) and like us on Facebook*

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

FY 2018 Ryan White Part A and MAI
 Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
BEST752	Quality Management	495,000	0	0	0	0	495,000	2.31%	495,000	0	N/A	\$0	0%	42%
		20,656,176	742,768	0	0	0	21,398,944	97.85%	21,398,944	0		5,347,842	25%	42%
Part A Grant Award:		21,398,944	Carry Over:	0		Total Part A:	21,398,944	0	0					
									Unallocated	Unobligated				
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
Core (must not be less than 75% of total service dollars)		15,903,040	677,017	0	0	0	16,580,057	86.40%	16,580,057	86.40%				
Non-Core (may not exceed 25% of total service dollars)		2,583,089	25,824	0	0	0	2,608,913	13.60%	2,608,913	13.60%				
Total Service Dollars (does not include Admin and QM)		18,486,129	702,841	0	0	0	19,188,970		19,188,970					
Total Admin (must be ≤ 10% of total Part A + MAI)		1,675,047	0	0	0	0	1,675,047	7.83%						
Total QM (must be ≤ 5% of total Part A + MAI)		495,000	0	0	0	0	495,000	2.31%						

MAI Procurement Report														
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	1,797,785	49,060	0	0	0	1,846,845	85.23%	1,846,845	0		686,675	37%	42%
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530		0	0	934,693	43.13%	934,693	0	3/1/2017	\$412,225	44%	42%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530		0	0	912,152	42.09%	912,152	0	3/1/2017	\$274,450	30%	42%
2	Medical Case Management	320,100	0	0	0	0	320,100	14.77%	320,100	0		\$46,077	14%	42%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.39%	160,050	0		\$32,955	21%	42%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.39%	160,050	0		\$13,122	8%	42%
	Total MAI Service Funds	2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		686,675	37%	42%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Funds	2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		686,675	37%	42%
MAI Grant Award		2,166,944	Carry Over:	0		Total MAI:	2,166,944							
Combined Part A and MAI Original Allocation Total		22,774,061												

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.

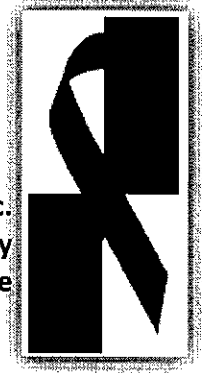
(b) Adjustments to reflect actual award based on Increase or Decrease funding scenario.

(c) Funded under Part B and/or SS

(d) Not used at this time

(e) 10% rule reallocations

Houston Regional HIV/AIDS Resource Group, Inc.
Part B/SS Administration Agency
Part C and D, HOPWA Grantee



RWPC Steering Committee & Council Report

September 2018

1. **Administrative Agency Update**
 - a. DSHS HIV /STD Conference: November 27-29, 2018
2. **DSHS Funding Ryan White Part B & State Services Update**
 - a. HarborPath Update.
 - i. HarborPath has started over-night shipping of first-time fills.
 - ii. HarborPath's agreement is being renewed for another year.
 - b. Positive Links Pilot
 - i. TRG set up introductory calls between the Subrecipient and one prospective clinic to facilitate the discussion about infrastructure and feasibility. Clinic declined to participate. One clinic did not respond.
 - c. Houston ADAP Enrollment Workers
 - i. The ADAP Network will be having a two-day workshop August 8-9, 2018 at The Montrose Center; contact mbeniot@hivtrg.org for more information
 - d. "Service Linkage Targeting Substance Use Disorders"
 - i. TRG has met with one agency that provides the currently funded SUD case management services to interview staff (one hour) and consumers (two hours).
 - ii. The second case management agency will be interviewed in early September.
3. **HRSA Funding Ryan White Part C & D**
 - a. **National Ryan White Conference:**
 - i. Ryan White Clinical Conference: December 9-11, 2018
 - ii. National Ryan White Conference: December 11-14, 2018
 1. R. Ellison will be presenting on Consumer Involvement with QM
 - b. **Rural Primary Care Network of East Texas Update (Ryan White Part C)**
 - Nothing to report.
 - c. **The Positive VIBE Project of Houston and Galveston Update (Ryan White Part D)**

Contact Information

The Resource Group, Inc.

www.hivtrg.org

Patrick L. Martin, Program Development Director

plmartin@hivtrg.org

Sha'Terra Johnson-Fairley, LMSW, Health Planner

sfairley@hivtrg.org

- The PVP will be sponsoring a city-wide Youth/Caregiver Adherence Support Group. The first group will occur on October 19th. The focus of the group will be bringing youth and caregivers together to discuss the challenges of medication adherence.

4. DSHS Funding HOPWA

- a. HOPWA RFP waived for Houston HSDA



Community Initiatives

1. Serving the Recently Released and Incarcerated

- a. August Meeting:
 - i. The August Meeting included presentation about DSHS Prevention, DSHS Minority AIDS Initiative and DSHS State Services funding in the Harris County Jail. Positive 713 sponsored a lunch presentation by ViiV Healthcare.
 - ii. A separate Breakout Session occurred between DSHS, TRG and the funded Subrecipients to facilitate the mapping of the various funded services and how to reduce duplication.

2. Youth Transition Summit

- a. No report.

Contact Information
The Resource Group, Inc.
www.hivtrg.org
Patrick L. Martin, Program Development Director
plmartin@hivtrg.org
Sha'Terra Johnson-Fairley, LMSW, Health Planner
sfairley@hivtrg.org

FYI



SCHLESINGER
GROUP

We are seeking **individuals who have recently been diagnosed with HIV within the past 3 years**. We are asking for 60 minutes of your time on **September 12th or September 13th** in our Houston office to be a part of this study. You will receive **\$125** for your thoughts and opinions.



JOIN NOW

InspiredOpinions.com

Call **972-503-3100** ask for Scott Ext 410

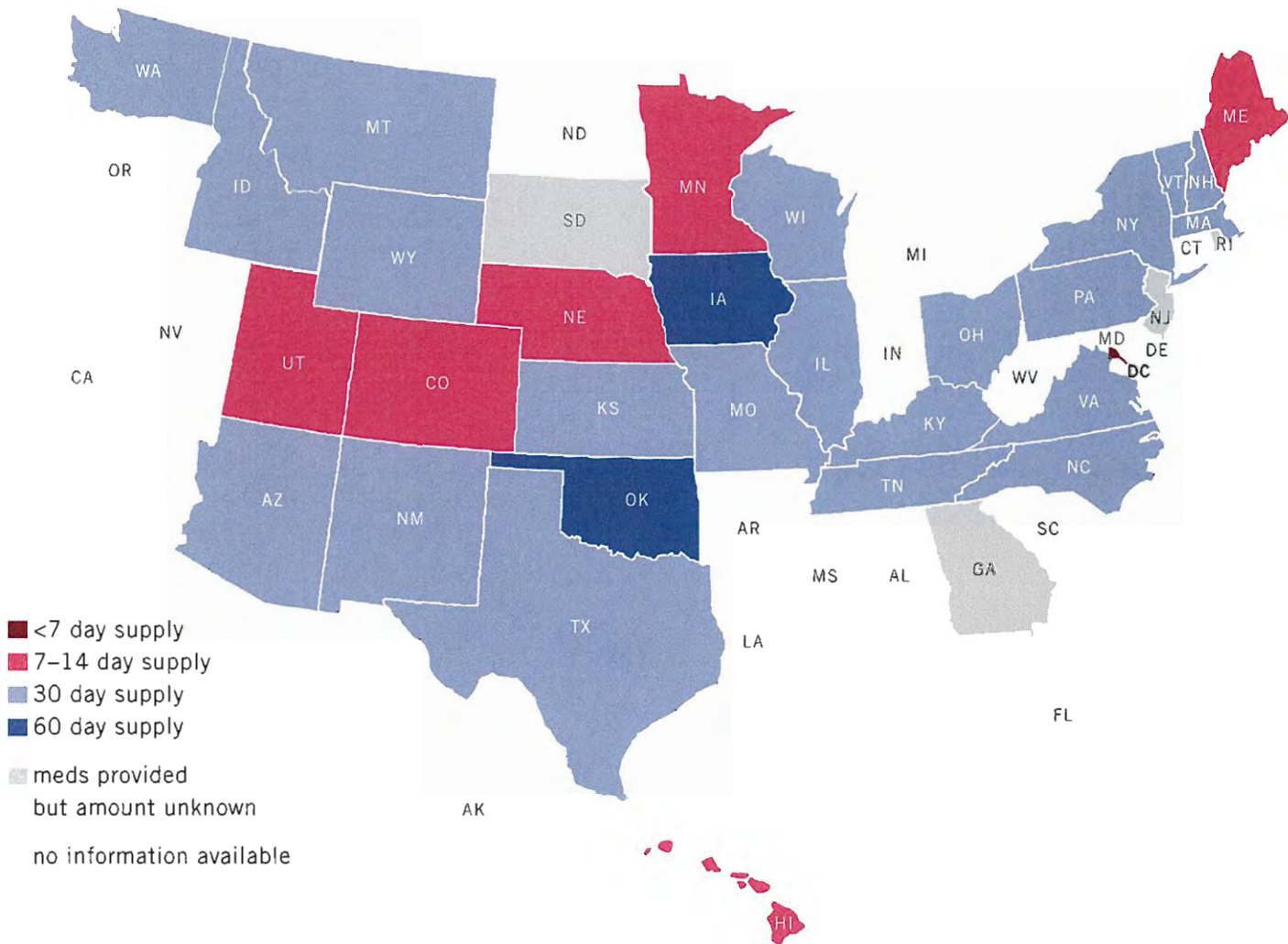
We Respect Your Privacy

We promise we will never sell you anything, or pass on your information. Your details are protected under strict market research codes and data protection laws. View our privacy policy at www.inspiredopinions.com.



IMPROVING ACCESS to Care Among Formerly Incarcerated Populations Living with HIV/AIDS under the AIDS Drug Assistance Program

HIV MEDS (IN DAYS) SUPPLIED TO INMATES UPON RELEASE BY STATE DEPARTMENTS OF CORRECTIONS



Source: State Departments of Corrections

STATE DEPARTMENTS OF CORRECTION RYAN WHITE LINKAGE



Source: State Departments of Corrections

INCARCERATION RATES & HIV



Source: The Lancet