

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, August 8, 2019

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: HIV and Intimate Partner Violence

Bruce Turner, Chair,
Ryan White Planning Council

Samantha Bowne, Project Coordinator,
Quality Management Development,
Ryan White Grant Administration

II. Public Comments and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)

III. Reports from Committees

- A. Comprehensive HIV Planning Committee
 - Item:* Needs Assessment Progress
 - Recommended Action:* FYI: As of 7/26, 361 valid surveys have been collected. This is 61% of the minimum target sample size.

Daphne L. Jones, Chair

- B. Affected Community Committee
 - Item:* Joint Meeting with the Project LEAP Advisory Committee
 - Recommended Action:* FYI: The Affected Community Committee met with members of the Project LEAP Advisory Committee in order to prepare for the Project LEAP Graduation on July 24, 2019.

Rodney Mills and
Isis Torrente, Co-Chairs

Item: Public Hearing for the 2020 Priorities and Allocations
Recommended Action: FYI: On Monday, July 1, 2019, the Affected Community Committee hosted a televised public hearing to announce the proposed FY 2020 service priorities and allocations for Ryan White Part A, Minority AIDS Initiative, Part B and State Services funding.

Item: 2019 Community Events
Recommended Action: FYI: See the attached list of 2019 Community Events.

C. Quality Improvement Committee
No report. Denis Kelly and
Gloria Sierra, Co-Chairs

D. Priority and Allocations Committee
Item: Reports from Administrative Agent – Part A/MAI**
Recommended Action: FYI: See the attached reports from Part A/Minority AIDS Initiative funding:
• FY19 Procurement – Part A & MAI**, dated 07/25/19

Item: Reports from Administrative Agent – Part B/SS***
Recommended Action: FYI: See the attached email regarding the status of State Services and Ryan White Part B funds.

Item: FY 2020 Ryan White Part A Increase Funding Scenario
Recommended Action: **Motion:** Regarding the Increase Funding Scenario for Ryan White Part A Funding:
Step 1: Allocate first \$200,000 to the Pay for Performance pilot program in Primary Care. (category 1).
Step 2: Allocate next \$300,000 to Health Insurance Assistance Program (category 5).
Step 3: Any remaining increase in funds following application of Steps 1 & 2 will be allocated by the Ryan White Planning Council.

Item: July 2019 Reallocations: Ryan White Part A & MAI** Funds
Recommended Action: **Motion:** Approve the attached July 2019 Reallocation of Ryan White Part A and Minority AIDS Initiative funds.

E. Operations Committee
No report. Ronnie Galley and
Allen Murray, Co-Chairs

V. Report from the Office of Support
Tori Williams, Director

VI. Report from Ryan White Grant Administration
Carin Martin, Manager

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

VIII. Medical Updates

Shital Patel, MD
Baylor College of Medicine

IX. 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 | Niquita Moret |
| D. Community Prevention Group (CPG) | |
| E. Update from Task Forces: | |
| • Sexually Transmitted Infections (STI) | John Poole |
| • African American | S. Johnson-Fairley |
| • Latino | Gloria Sierra |
| • Youth | Gloria Sierra |
| • MSM | John Poole |
| • Hepatitis C | |
| • Project PATHH (Protecting our Angels Through Healing Hearts)
formerly Urban AIDS Ministry | Johnny Deal |
| 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 | Crystal Townsend |
| M. Texans Living with HIV Network | Tana Pradia |

IX. Announcements

X. Adjournment

**HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL**



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

MINUTES

12 noon, Thursday, July 11, 2019

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

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Bruce Turner, Chair	Gloria Sierra	Shelly Lucas, DSHS
Tana Pradia, Secretary	Crystal Starr	Lionel M. Hilliard, Dallas EMA
Veronica Ardoin	Isis Torrente	Glenda Blackmon Johnson, Dallas EMA
Tony Crawford		Justin M. Henry, Dallas EMA
Bobby Cruz	MEMBERS ABSENT	Sonya Hughes, Dallas EMA
Ronnie Galley	Rosalind Belcher	Annie Sawyer-Williams, Dallas EMA
Gregory Hamilton	Johnny Deal, excused	
Angela F. Hawkins	Ahmier Gibson, excused	STAFF PRESENT
Allison Hesterman	Dawn Jenkins	<i>Ryan White Grant Administration</i>
Daphne L. Jones	Arlene Johnson	Carin Martin
J. Hoxi Jones	Tom Lindstrom excused	Heather Keizman
Mel Joseph	Robert Noble	Samantha Bowen
Denis Kelly	Matilda Padilla, excused	
Peta-gay Ledbetter	Faye Robinson	<i>The Resource Group</i>
Holly McLean	John Poole, excused	Sha'Terra Johnson-Fairley
Rodney Mills	Carol Suazo, excused	Crystal Townsend
Niquita Moret		
Allen Murray	OTHERS PRESENT	<i>Office of Support</i>
Shital Patel	Nancy Miertschin, HHS	Tori Williams
Pete Rodriguez	Shabaura Perryman, Merck	Amber Harbolt
Imran Shaikh	Mauricia Chatman, DSHS	Diane Beck

Call to Order: C. Bruce Turner, Chair, called the meeting to order at 12:06 p.m.

During the opening remarks, Turner asked the visitors from the Dallas EMA to introduce themselves. Turner state that Council member Connie Barnes was recently in a car accident. Because of this, and since she will be retiring in December, she is retiring now to take care of her health. Turner thanked those who created recommendations for the FY 2020 service priorities and allocations. The Council

appreciates their valuable time and important leadership. Turner also thanked the staff for distributing the different versions of the recommendations so that comments could be provided. He stated that we do not always agree with the comments, but it is important that we are exposed to different points of view and that the public knows that we do review and think about their comments before a final decision is made. Turner then called for a Moment of Reflection.

Adoption of the Agenda: Motion #1: *it was moved and seconded (Kelly, Starr) to move the Texas Department of Health Services (DSHS) update to after the Reports from the Administrative Agents and amend the agenda to reflect the following motions that were made at the July Steering Committee meeting:*

Under the Quality Improvement Committee Report - New Motion: Increase the financial eligibility for non-HIV medication under the Local Pharmacy Assistance Program service category and the Mental Health service category to 400% of the Federal Poverty Guideline.

Under the Priority And Allocations Committee Report - Note: Part A Increase/Decrease Scenario: Approve the decrease scenario but note that the Increase Funding Scenario was sent back to the Priority and Allocations Committee for further clarification.

Motion Carried.

Motion #2: *it was moved and seconded (Kelly, Galley) to adopt the agenda as amended. Motion Carried.*

Approval of the Minutes: Motion #3: *it was moved and seconded (Starr, Galley) to approve the June 13, 2019 minutes. Motion Carried.* Abstentions: Hamilton, Rodriguez, Shaikh, Sierra.

Training: Priority Setting and Allocations Process: Peta-gay Ledbetter, Co-Chair of the Priority and Allocations Committee, presented the attached PowerPoint presentation.

Public Comment and Announcements: See attached written comment. Shabaura Perryman, Merck Representative, said that they have two new products that were added to the ADAP formulary – one was last year; also, there is a new one pill regimen. If anyone is interested she can provide patient education.

Reports from Committees

Comprehensive HIV Planning Committee: Daphne L. Jones, Chair, reported on the following:
Epidemiological Profile: The Committee received a verbal update on the progress of the Epidemiological Profile.

Needs Assessment Progress: The Committee reviewed the attached updated timeline and finalized survey tool. The Committee also received a verbal update on the Project LEAP pilot of online surveying, and a process update for the entire survey project. As of 6/26/19, 119 valid surveys have been collected. This is 20% of the minimum target sample size. The first provider focus group with case managers and service linkage workers was held on 6/19/19. The NAG Analysis Workgroup met 6/21/19 to revise and approve the attached analysis principles. The NAG Workgroup will meet for a mid-data collection check-in on Monday, July 15th. Please see Diane if you would like to receive more information about the meeting. Harbolt thanked the Project LEAP students for helping at the survey sites. Staff currently has over 200 surveys.

Quarterly Report: Please see the attached committee quarterly report.

Affected Community Committee: Isis Torrente, Co-Chair, reported on the following:

Training: Blue Book Treasure Hunt: The Committee participated in the Blue Book Treasure Hunt, which will be part of the upcoming Road 2 Success trainings.

Public Hearing for the 2020 Priorities and Allocations: On Monday, July 1, 2019, the Affected Community Committee will host a televised public hearing to announce the proposed FY 2020 service priorities and allocations for Ryan White Part A, Minority AIDS Initiative, Part B and State Services funding.

Volunteers for Project LEAP Graduation: The Project LEAP graduation will be on Wednesday, July 24, 2019. If anyone would like to volunteer to help set up, host and/or clean up after the event, please see Tori.

2019 Community Events: See the attached list of 2019 Community Events.

2019 Greeters: See the attached list of 2019 Greeters who will host guests at monthly Council meetings.

Quality Improvement Committee: Gloria Sierra, Co-Chair, reported on the following:

Training: Standards of Care & Performance Measures: Amber Harbolt provided training on Ryan White Standards of Care and Performance Measures.

Reports from AA – Part A/MAI*: See the attached reports from the Part A/MAI Administrative Agent:

- FY18 Service Utilization – Part A & MAI, dated 05/23/19
- FY18 Performance Measures Highlights

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

- FY18/19 Procurement Report Part B (FINAL) – dated 06/03/19
- FY19/20 Procurement Report Part B – dated 06/03/19
- FY18/19 Procurement Report DSHS SS – dated 06/03/19
- FY18/19 Health Insurance Program Report – dated 06/03/19

FY 2020 How To Best Meet the Need Recommendations: **Motion #4:** *Approve the attached FY 2020 service definition for Mental Health Services.* **Motion Carried.**

Financial Eligibility for Mental Health and Non-HIV Medication: The Quality Improvement Committee asked the Recipients to provide information to help the Steering Committee determine if the financial eligibility for non-HIV medication and Mental Health Services should be increased to 400%. **Motion #5:** *Increase the financial eligibility for non-HIV medication under the Local Pharmacy Assistance Program service category and the Mental Health service category to 400% of the Federal Poverty Guideline.* **Motion Carried.** Abstentions: Crawford, Kelly, Patel, Starr.

Pay for Performance: Kelly stated that he was against targeting MSM. Why were transgender individuals not considered? Providers should be doing this without the incentive, it is their job. Starr expressed concern that transgender wasn't listed in the data. Pradia said that women of color are left out as well. **Motion #6:** *it was moved and seconded (Starr, Kelly) to end debate.* **Motion Carried.** Abstentions: Kelly, Galley. **Motion #7:** *Approve the Pay for Performance model and ask the Recipient to provide the agencies with a list of ways they can use the incentives, based upon provider suggestions. In the first year of the program, target black MSM. In future years, consider targeting other populations who are also experiencing disparities.* **Motion Carried.** Abstentions: Kelly, Patel.

Telehealth: **Motion #8:** *it was moved and seconded (Crawford/Kelly) to send the information regarding Telehealth back to the Quality Improvement Committee for clarification.* **Motion Carried.** Abstentions: Cruz, Patel, Shaikh.

Priority and Allocations Committee: Bobby Cruz, Co-Chair, reported on the following:

Reports from the Administrative Agent – Part A/Minority AIDS Initiative: See the attached report:

- FY18 Procurement – Part A & MAI, dated 06/10/19

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

- Final Quarter Reallocations

FY 2020 Ryan White Service Priorities: ***Motion #9:*** *Approve the attached FY 2020 Service Priorities for Ryan White Parts A and B, MAI** and State Services. Motion Carried.* Abstentions: Mills, Patel.

FY 2020 Allocations: Level Funding Scenario – All Funding Streams: ***Motion #10:*** *Approve the attached FY 2020 Level Funding Scenario for Ryan White Parts A and B, MAI and State Services funds. See attached chart for details. Motion Carried.* Abstentions: Jones, Kelly, Moret, Patel, Shaikh, Starr.

FY 2020 Allocations: MAI** Increase/Decrease Funding Scenarios: ***Motion 11:*** *Approve the attached FY 2020 Increase & Decrease Funding Scenarios for Ryan White MAI** funds. Motion Carried.* Abstentions: Jones, Kelly, Moret, Patel, Shaikh, Starr.

FY 2020 Allocations: Part A Decrease Funding Scenarios: ***Motion #12:*** *it was moved and seconded (Cruz, Murray) to approve the FY2020 Part A Decrease scenario. Motion Carried.* Abstentions: Jones, Kelly, Moret, Patel, Shaikh.

FY 2020 Allocations: Part B & SS*** Increase/Decrease Funding Scenarios: ***Motion #13:*** *Approve the attached FY 2020 Increase & Decrease Funding Scenarios for Ryan White Part B and State Services funding. Motion Carried.* Abstentions: Jones, Kelly, Moret, Patel, Shaikh.

FY 2019 Level Funding Allocations – State Services: ***Motion #14:*** *Amend the FY 2019 Level Funding Scenario for State Services, State Services-R and Part B to match the FY 2020 allocations for these same funding streams. The justification is to provide 12 months of funding to 15.e. Service Linkage Worker – Substance Use. Motion Carried.* Abstentions: Crawford, Jones, Kelly, Moret, Patel, Shaikh.

Quarterly Committee Report: See the attached Quarterly Committee Report.

Operations Committee: Ronnie Galley, Co-Chair, reported on the following:

2019 Attendance Records: The Committee reviewed the 2019 attendance records and asked staff to contact individuals who have missed three or more committee or Council meetings.

Quarterly Committee Report: See the attached Quarterly Committee Report.

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

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

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

Updates from the Texas Department of State Health Services (DSHS): Shelley Lucas, MPH, Manager, HIV/STD Prevention and Care Branch reported that there was mixed news from the legislature. Needle exchange and opt-out testing did not pass. Medicaid transportation for perinatal will be able to use Uber and Lyft starting September 1st. There was an amendment to add syphilis testing at delivery as well as in the first and third trimester. They did appropriate all funding for prevention and care services in the state. Johnson-Fairley said that they are currently using UberHealth for medical transportation in Beaumont.

Medical Updates: Dr. Patel presented the attached report.

Community Prevention Group (CPG): Townsend said that the CDC has announced a funding opportunity around the End HIV plan. The director of the CDC will be coming on Monday to tour

Houston and meet with local leaders.

Updates from Task Forces

African American: Johnson-Fairley said that they will meet tomorrow at the Fifth Ward Multiservice Center.

Latino: Sierra said that they will have a presentation on Trauma Informed Care on July 19th at 2 pm at the Montrose Center.

Youth: Sierra said that there will be a Youth Transition Summit on August 7th at the Montrose Center. The morning track from 9 am-11 am is for providers; the afternoon track for youth starts at 11:30 am.

HIV and Aging Coalition: Turner submitted the attached report.

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

Positive Women’s Network (PWN): Pradia said they meet on the second Monday of the month at 6 pm at Bering Connect.

Texas Black Women’s Initiative: Johnson-Fairley said they meet on the third Thursday of the month at 6:30 pm at The Resource Group. The next BeYoutiful Hair and Health Showcase will be held Sunday September 8th at the Ensemble Theater.

Texas HIV Syndicate: Harbolt said Houston is greatly underrepresented on the syndicate and encouraged those interested to get involved in this state level planning body, adding that the time requirement is significantly less than the Planning Council.

END HIV Houston: Townsend said the CDC and HRSA announced funding to some jurisdictions. On August 20, 2019, the Southern AIDS Coalition will have an event to launch the first Southern HIV/AIDS Awareness Day. HIV treatment passed the legislature as a protected class on the Medicaid formulary.

Announcements: There will be an event for HIV and Aging in September at Neon Boots. Please be sure to share the transgender survey.

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

Respectfully submitted,

Victoria Williams, Director

Date _____

Draft Certified by
Council Chair: _____

Date _____

Final Approval by
Council Chair: _____

Date _____

Council Voting Records for July 11, 2019

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	Motion #1 Amend the Agenda Carried				Motion #2 Agenda Carried				Motion #3 Minutes Carried					Motion #1 Amend the Agenda Carried				Motion #2 Agenda Carried				Motion #3 Minutes Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO
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	X				X				X				Imran Shaikh		X				X						X
	X				X				X				Gloria Sierra		X				X						X
	X				X				X				Crystal Starr		X				X				X		
	X				X				X				Isis Torrente		X				X				X		
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	X				X				X				John Poole												
	X				X				X				Carol Suazo												

Council Voting Records for July 11, 2019 - continued

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	Motion #4 FY 2020 HTBMN Recommendation - Mental Health Carried				Motion #5 Fin. Eligibility for Mental Health and Non-HIV Meds Carried				Motion #6 End Debate Carried					Motion #4 FY 2020 HTBMN Recommendation - Mental Health Carried				Motion #5 Fin. Eligibility for Mental Health and Non-HIV Meds Carried				Motion #6 End Debate Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
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	X				X				X				Imran Shaikh	X					X				X		
	X				X				X				Gloria Sierra	X					X				X		
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	X				X				X				John Poole												
	X						X		X				Carol Suazo												

Council Voting Records for July 11, 2019 - continued

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	Motion #7 Pay for Performance Carried				Motion #8 Telehealth Carried				Motion #9 FY 2020 Service Priorities Carried					Motion #7 Pay for Performance Carried				Motion #8 Telehealth Carried				Motion #9 FY 2020 Service Priorities Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO
				C				C				C	Pete Rodriguez			X			X			X			
	X				X				X				Imran Shaikh		X					X			X		
	X				X				X				Gloria Sierra			X			X				X		
	X				X				X				Crystal Starr			X			X				X		
	X						X		X				Isis Torrente		X				X				X		
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	X				X				X				John Poole												
			X				X				X		Carol Suazo												

Council Voting Records for July 11, 2019 - continued

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	Motion #10 FY 2020 Level Scenario - All Carried				Motion #11 FY 2020 MAI Increase/Decrease Scenarios Carried				Motion #12 FY 2020 Pt A Decrease Scenario Carried					Motion #10 FY 2020 Level Scenario - All Carried				Motion #11 FY 2020 MAI Increase/Decrease Scenarios Carried				Motion #12 FY 2020 Pt A Decrease Scenario Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
				C				C				C	Pete Rodriguez		X				X				X		
	X				X				X				Imran Shaikh				X			X				X	
	X				X				X				Gloria Sierra		X				X				X		
	X						X		X				Crystal Starr			X				X			X		
	X				X				X				Isis Torrente		X				X				X		
	X				X				X																
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	X				X				X				John Poole												
			X				X				X		Carol Suazo												

Council Voting Records for July 11, 2019 - continued

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	Motion #13 FY 2020 Pt B & SS Increase/Decrease Scenarios Carried				Motion #14 Update FY 2019 Pt B, SS, SS-R Level Scenario Carried					Motion #13 FY 2020 Pt B & SS Increase/Decrease Scenarios Carried				Motion #14 Update FY 2019 Pt B, SS, SS-R Level Scenario Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO
				C				C	Pete Rodriguez		X				X		
		X				X			Imran Shaikh				X				X
		X				X			Gloria Sierra		X				X		
		X						X	Crystal Starr		X				X		
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		X				X			Rosalind Belcher								
				X				X	Johnny Deal								
		X				X			Ahmier Gibson								
		X				X			Dawn Jenkins								
				X				X	Arlene Johnson								
		X				X			Tom Lindstrom								
		X				X			Robert Noble								
		X				X			Matilda Padilla								
				X				X	Faye Robinson								
		X				X			John Poole								
				X				X	Carol Suazo								

Affected Community Committee Report

Affected Community Committee 2019 Community Events (as of 07-25-19)

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 3 1 pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	<u>Need 3 volunteers – distribute LEAP fliers:</u> Tana, Tony and Ronnie
Friday, May 31 10 am – 2 pm	SPRY Senior Health and Resource Fair	Montrose Center	<u>Need 4 volunteers: PP:</u> Isis, Rodney, Tana, Ronnie and Eddie G.
Sun. June 2	Long-Term HIV Survivors Event	Neon Boots	<u>Need 5 Volunteers: PP:</u> Skeet, Tana, Tony, Ronnie and Johnny
June 22	Pride Festival	Downtown near City Hall	<u>Shift 1 (11:30 am-2 pm): PP:</u> Rod, Tana, Skeet & Ronnie <u>Shift 2 (2-4:30 pm):</u> Tana, Holly & Veronica <u>Shift 3 (4:30-7 pm): PP:</u> Isis, Johnny and maybe Tony
Monday, July 8 5 – 7 pm	Camino hacia tu Salud	Postive713 Leonel Castillo Community Center	<u>Need 6 Volunteers: PP:</u> Rod, Isis, Tana, Skeet, Ronnie, Johnny, Tony, and Rodney
12 noon, Wed. Aug. 7	Road 2 Success 1.) Case Mgrs.	AIDS Foundation Houston	<u>Need 6 Volunteers: PP:</u> Tori & Rod, Rodney, Isis, Ronnie and Mel
11:30 am, Wed. Aug. 21	2.) Consumers		<u>Need 6 Volunteers: PP:</u> Tori & Rod, Isis, Rodney, Tana, and Ronnie
12 noon, Thurs. Aug. 22	Road 2 Success	Thomas Street Health Center	<u>Need 6 Volunteers: PP:</u> Rod, Lionel, Skeet, Ronnie, Holly, Veronica and Isis
Sat, Oct. 12 2 pm set up	The Forgotten Population A Heterosexual Experience	18215 Ammi Trail Houston, 77060	<u>Need 4 Volunteers: PP:</u>
Monday, October 14 5 – 7 pm	Camino hacia tu Salud	Positive713 Leonel Castillo Community Center 2101 South Street, 77009	<u>Need 6 Volunteers: PP:</u> Rod, Tana, Isis, Skeet, Ronnie and Johnny
October	MISS UTOPIA	NOTE CHANGE OF VENUE IN 2018 CROWNE PLAZA HOUSTON (Near Reliant - Medical) 8686 Kirby Drive Houston, Texas 77054	<u>4 Volunteers: PP:</u> DISTRIBUTE LEAP FLYERS
November or December	Road 2 Success		<u>Need 6 Volunteers: PP:</u> Rod,
Sunday, December 1	World AIDS Day Events	SEE CALENDAR OF EVENTS	Most committee members attend events DISTRIBUTE LEAP FLYERS



THE FORGOTTEN POPULATION

A HIV Heterosexual Experience

**Saturday October 12th, 2019
3 pm to 7 pm**

Kingdom Builders Ministries Worldwide

18215 Ammi Trail Houston Texas 77060

Registration \$10 per person

Vendor table \$100

Meet and Greet

October 11th, 2019 7 pm - until

Howl At The Moon

612 Hadley St, Houston, TX 77002

Hotel Info: Holiday Express

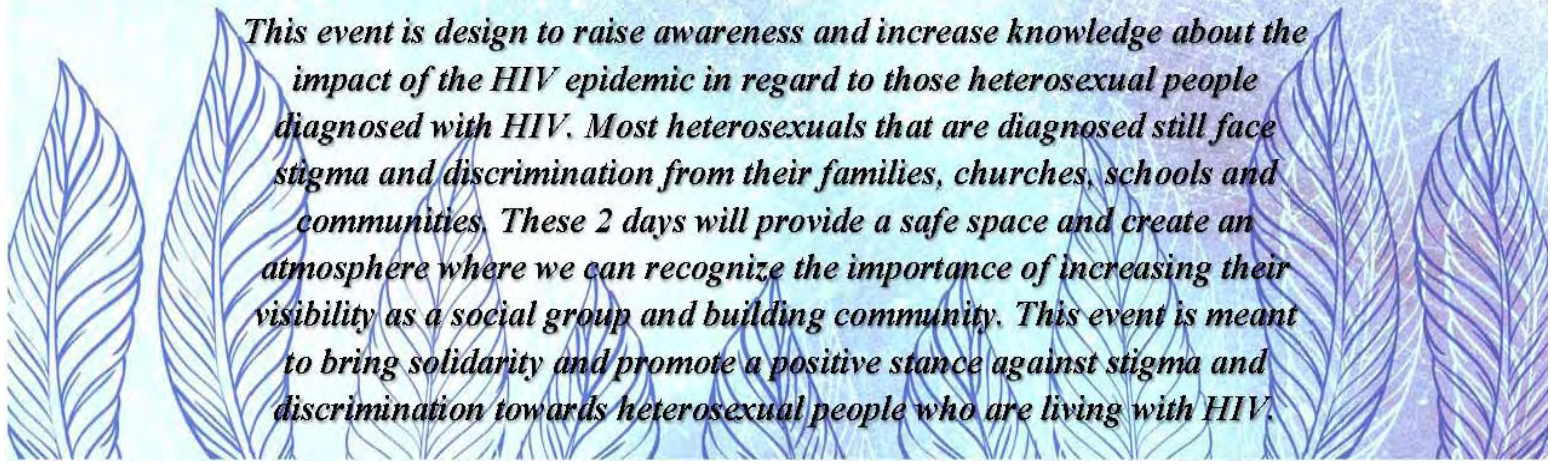
125 W. Airtex Blvd, Houston, TX 77090

Hotel number: 281-876-7378

Contact: Cecilia Ross Oshingbade

832-545-5689/cysmith2003@yahoo.com

<https://www.eventbrite.com/e/the-forgotten-population-a-hiv-heterosexual-experience-tickets-64720448604>



This event is design to raise awareness and increase knowledge about the impact of the HIV epidemic in regard to those heterosexual people diagnosed with HIV. Most heterosexuals that are diagnosed still face stigma and discrimination from their families, churches, schools and communities. These 2 days will provide a safe space and create an atmosphere where we can recognize the importance of increasing their visibility as a social group and building community. This event is meant to bring solidarity and promote a positive stance against stigma and discrimination towards heterosexual people who are living with HIV.

**Priority and
Allocations
Committee
Report**

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,783,470	0	0	0	0	9,783,470	44.34%	9,783,470	0		2,121,233	22%	33%
1.a	Primary Care - Public Clinic (a)	3,591,064	0	0	0	0	3,591,064	16.27%	3,591,064	0	3/1/2019	\$539,566	15%	33%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	0	0	0	0	940,447	4.26%	940,447	0	3/1/2019	\$323,399	34%	33%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	0	0	0	786,424	3.56%	786,424	0	3/1/2019	\$367,346	47%	33%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,023,797	0	0	0	0	1,023,797	4.64%	1,023,797	0	3/1/2019	\$222,154	22%	33%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761	0	0	0	0	1,149,761	5.21%	1,149,761	0	3/1/2019	\$263,645	23%	33%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540	0	0	0	0	1,874,540	8.50%	1,874,540	0	3/1/2019	\$273,673	15%	33%
1.g	Primary Care - Pediatric (a.1)	15,437	0	0	0	0	15,437	0.07%	15,437	0	3/1/2019	\$2,400	16%	33%
1.h	Vision	402,000	0	0	0	0	402,000	1.82%	402,000	0	3/1/2019	\$129,050	32%	33%
2	Medical Case Management	2,535,802	0	0	0	0	2,535,802	11.49%	2,535,802	0		462,694	18%	33%
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.21%	488,656	0	3/1/2019	\$159,018	33%	33%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0	0	482,722	2.19%	482,722	0	3/1/2019	\$31,958	7%	33%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0	0	321,070	1.46%	321,070	0	3/1/2019	\$86,175	27%	33%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0	0	321,072	1.46%	321,072	0	3/1/2019	\$32,272	10%	33%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0	0	107,247	0.49%	107,247	0	3/1/2019	\$32,757	31%	33%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0	0	348,760	1.58%	348,760	0	3/1/2019	\$53,876	15%	33%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.82%	180,311	0	3/1/2019	\$19,416	11%	33%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0	0	160,051	0.73%	160,051	0	3/1/2019	\$15,017	9%	33%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.36%	80,025	0	3/1/2019	\$26,119	33%	33%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.21%	45,888	0	3/1/2019	\$6,087	13%	33%
3	Local Pharmacy Assistance Program (a) (e)	2,657,166	500,000	0	0	0	3,157,166	14.31%	3,157,166	0		\$357,360	11%	33%
4	Oral Health	166,404	0	0	0	0	166,404	0.75%	166,404	0		55,650	33%	33%
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0	0	0	166,404	0.75%	166,404	0	3/1/2019	\$55,650	33%	33%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
6	Health Insurance (c)	1,173,070	166,000	0	0	0	1,339,070	6.07%	1,339,239	-169		\$483,355	36%	33%
7	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
8	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.21%	45,677	0		\$7,794	17%	33%
9	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
10	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.55%	341,395	0		\$107,112	31%	33%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
12	Outreach Services	420,000	0	0	0	0	420,000	1.90%	420,000	0		\$62,541	15%	33%
13	Emergency Financial Assistance	450,000	0	0	0	0	450,000	2.04%	450,000	0		\$101,003	22%	33%
14	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
15	Non-Medical Case Management	1,231,002	0	0	0	0	1,231,002	5.58%	1,231,002	0		334,360	27%	33%
15.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.50%	110,793	0	3/1/2019	\$20,783	19%	33%
15.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	0	0	100,000	0.45%	100,000	0	3/1/2019	\$20,948	21%	33%
15.c	Service Linkage at Public Clinic (a)	427,000	0	0	0	0	427,000	1.94%	427,000	0	3/1/2019	\$84,776	20%	33%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	0	0	593,209	2.69%	593,209	0	3/1/2019	\$207,853	35%	33%
16	Medical Transportation	424,911	0	0	0	0	424,911	1.93%	424,911	0		89,184	21%	33%
16.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.15%	252,680	0	3/1/2019	\$67,400	27%	33%
16.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.44%	97,185	0	3/1/2019	\$21,784	22%	33%
16.c	Transportation vouchers (bus passes & gas cards)	75,046	0	0	0	0	75,046	0.34%	75,046	0	3/1/2019	\$0	0%	0%
17	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
BES27516	Total Service Dollars	19,228,897	666,000	0	0	0	19,894,897	88.26%	19,895,066	-169		4,018,743	20%	33%
	Grant Administration	1,675,047	119,600	0	0	0	1,794,647	8.13%	1,794,647	0		627,328	35%	33%
BES27517	HCPHES/RWGA Section	1,183,084	119,600	0	0	0	1,302,684	5.90%	1,302,684	0		\$462,731	36%	33%
PC	RWPC Support*	491,963	0	0	0	0	491,963	2.23%	491,963	0		164,598	33%	33%

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

FY 2019 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
BE52752	Quality Management	495,000	-119,600	0	0	0	375,400	1.70%	375,400	0	N/A	\$84,702	23%	33%
		21,398,944	666,000	0	0	0	22,064,944	98.10%	22,065,113	-169		4,730,773	21%	33%
	Part A Grant Award:	22,065,113	Carry Over:	0		Total Part A:	22,065,113	Unallocated 169	Unobligated -169					
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	16,702,984	666,000	0	0	0	17,368,984	87.30%	17,369,153	87.30%				
	Non-Core (may not exceed 25% of total service dollars)	2,525,913	0	0	0	0	2,525,913	12.70%	2,525,913	12.70%				
	Total Service Dollars (does not include Admin and QM)	19,228,897	666,000	0	0	0	19,894,897		19,895,066					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	119,600	0	0	0	1,794,647	8.13%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	-119,600	0	0	0	375,400	1.70%						

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	1,846,845	40,438	0	0	0	1,887,283	85.50%	1,887,283	0		636,625	34%	33%
1.b (MAI)	Primary Care - CBO Targeted to African American	934,693	20,219				954,912	43.26%	954,912	0	3/1/2019	\$403,975	42%	33%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	912,152	20,219				932,371	42.24%	932,371	0	3/1/2019	\$232,650	25%	33%
2	Medical Case Management	320,100	0	0	0	0	320,100	14.50%	320,100	0		\$82,013	26%	33%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.25%	160,050	0	3/1/2019	\$55,053	34%	33%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.25%	160,050	0	3/1/2019	\$26,960	17%	33%
	Total MAI Service Funds	2,166,945	40,438	0	0	0	2,207,383	100.00%	2,207,383	0		636,625	29%	33%
	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%
BE027519	Total MAI Funds	2,166,945	40,438	0	0	0	2,207,383	100.00%	2,207,383	0		636,625	29%	33%
	MAI Grant Award	2,207,383	Carry Over:	0		Total MAI:	2,207,383							
	Combined Part A and MAI Original Allocation Total	23,565,889												

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

Ryan White Part B and State Services Funding – No Funds To Reallocate At This Time (07-16-19)

From: Yvette Garvin <ygarvin@hivtrg.org>
Sent: Tuesday, July 16, 2019 8:45 AM
To: Williams, Victoria (County Judge's Office) <Victoria.Williams@cjo.hctx.net>

No funds to reallocate. We will provide an update if any funds are moved in State Services (ends August 31, 2019) for the final quarter. Ryan White B just started in April so we will look for any reallocation needs for Ryan White B in October.


Thanks,

Yvette Garvin
Executive Director
The Resource Group

From: Williams, Victoria (County Judge's Office) <Victoria.Williams@cjo.hctx.net>
Sent: Monday, July 15, 2019 7:20 PM
To: Yvette Garvin
Cc: Patrick Martin; ShaTerra Fairley
Subject: Any funds to reallocate?

Yvette,
Does the Resource Group have any Ryan White Part B, State Services, or any other funds that need to be reallocated? Please let me know as soon as possible. The packet for the July 25th Priority and Allocations Committee goes in the mail on Thursday, July 18th so I must have the information by then. Typically, the Committee does not meet in August or September so the next opportunity for them to reallocate funds will be in October.

Thanks,
Tori

Tori Williams 
Director, Ryan White Office of Support
2223 West Loop South, Suite 240
Houston, Texas 77027
Ph: 832 927-7926 main
Ph: 832 927-7928 direct
Fx: 713-572-3740
Cell: 832 594-1929
www.rwpchouston.org

Houston Ryan White Planning Council
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding
FY 2020 Allocations**

(Priority and Allocations Committee approved 07-25-19)

MOTION 1: All Funding Streams – Level Funding Scenario

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

Approve the attached Ryan White Part A, MAI, Part B, and State Services Funding FY 2020 Level Funding Scenario.

MOTION 2: MAI Increase / Decrease Scenarios

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

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

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

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

MOTION 3: Part A Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Part A Funding.

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

Increase Funding Scenario for Ryan White Part A Funding.

Step 1: Allocate first \$200,000 to the Pay for Performance pilot program in Primary Care. (category 1).

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

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

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

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

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

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

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

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

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

Ryan White Reallocations as of 07-25-19: Ryan White Part A and MAI* Funding

A - Part A Funds Available for Reallocation: **\$374,758** M - MAI* Funds Available for Reallocation: **\$18,861**

Control Number	Service Category	Amount Requested	Recommended Reallocations	Justification
RYAN WHITE PART A				
1	Primary Medical Care – Community-based targeted to African American, Hispanic and White	\$374,536	\$224,661	Service Linkage: \$50,000; Medical Case Mgmt: \$50,000; LPAP: \$124,661. Historic usage of all three services. Client access to medication is a high priority.
2	Primary Medical Care – Community-based targeted to African American, Hispanic and White	\$233,000	\$125,097	Service Linkage: \$50,000; Psychiatric: \$32,764; Primary Care: \$42,333. Historic usage of all three services. Psychiatry is a high priority.
3	Primary Medical Care - Vision	\$40,000	\$25,000	Create a one-week wait time for new clients; otherwise, a 4-5 week wait time.
	TOTALS	\$647,536	\$374,758	

MINORITY AIDS INITIATIVE (MAI)*				
Control Number	Service Category	Amount Requested	Recommended Reallocations	Justification
1	Primary Medical Care – Community-based targeted to African American and Hispanic	\$18,850	\$ 0	
2	Primary Medical Care – Community-based targeted to African American and Hispanic	\$18,861	\$18,861	Fund MD/Physician extender visits in order to lower suppression rates among minorities.
	TOTALS	\$37,711	\$18,861	

FY 2019 RW PART A REQUESTS FOR ALLOCATION INCREASE (July 2019)

REVISED: 7/18/2019

Request Control Number	FY 19 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2018 Final Contract Amount	Expended 2018	Percent Expended	FY 2019 Contract Amount	FY 2019 Expended YTD	FY 2019 Percent YTD	FY 2019 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:	
1	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$374,536	\$0	\$3,131,926	\$3,131,855	100%	\$3,088,070	\$712,020	23%	33%	Yes	Pcare; MCM; SLW; LPAP	
2	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$233,000	\$0	\$2,129,783	\$2,129,777	100%	\$2,062,508	\$525,760	25%	33%	Yes	Pcare; SLW;	
3	1.h	Primary Medical Care	Vision	\$40,000	\$0	\$251,000	\$251,000	100%	\$201,000	\$67,300	33%	33%	Yes		
				\$647,536	\$0	\$5,512,709	\$5,512,632		\$5,351,578	\$1,305,080					
Confirmed Funds Avail. for Reallocation				\$374,536	Part A										
Source of Funds Available for Reallocation:				Explanation:											
Anticipated FY 2018 Carryover Funds				\$374,536	Unspent FY 2018 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) PHC Visits by Physician or Physician Extender/MCM/SLW/LPAP Control No.						
D. Request for Increase under (check one): Part A: X of MAI:						
Request Period (check one): April: August: X Oct: Final Qtr:						
E. Amount of additional funding Requested: \$374,536.00						
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 Visits	3092	\$275.00	545	\$149,875.00		
2. Medical Case Management	6162.52	\$25.00	2000	\$50,000.00		
3. Service Linkage Worker	10594.6	\$20.00	2500	\$50,000.00		
4. LPAP Disbursements (see below)				\$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.)	\$1,073,525.00	N/A	\$124,661.00	\$124,661.00		
9. Total additional funding (must match E. above):				\$374,536.00		
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.						
1. Number of clients that received this service under Part A (or MAI) in FY 2018.* (March 1, 2018 - February 28, 2019)						
	3704	46%	20%	34%	83%	17%
*If agency was funded for service under Part A (or MAI) in FY 2018 - if not, mark these cells as "NA".						
2. Number of clients that have received this service under Part A (or MAI) in FY 2018.						
a. April Request Period = Not Applicable	2608	45%	19%	36%	83%	17%
b. August Request Period = 03/01/19 - 06/30/19	2200	42%	21%	35%		
c. October Request Period = 03/01/19 - 09/30/19						
d. 4th Qtr. Request Period = 03/01/19 - 11/30/19						

Request for Service Category Increase
Ryan White Part A and MAI

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

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

[Agency]: [Grant]: RW1 [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/19 and 6/30/19
 [Age Group]: AgeGrn1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: [Contract 2]: All [Contract 3]: All [Contract 4]: All [Contract 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	6	0	6	0	0	0	6	0	6	
	20-24	60	3	57	11	1	10	71	4	67	
	25-34	241	8	233	51	3	48	292	11	281	
	35-44	151	6	145	86	3	83	237	9	228	
	45-54	145	3	142	81	1	80	226	4	222	
	55-64	88	1	87	39	1	38	127	2	125	
	65+	14	0	14	9	0	9	23	0	23	
	SubTotals:	705	21	684	277	9	268	982	30	952	
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	1	0	1	2	0	2	
	25-34	15	0	15	2	0	2	17	0	17	
	35-44	5	0	5	1	0	1	6	0	6	
	45-54	10	0	10	2	0	2	12	0	12	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	1	0	1	0	0	0	1	0	1	
	SubTotals:	34	0	34	6	0	6	40	0	40	
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	3	1	2	0	0	0	3	1	2	
	35-44	2	1	1	0	0	0	2	1	1	
	45-54	5	2	3	0	0	0	5	2	3	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	12	6	6	0	0	0	12	6	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	0	2	0	0	0	2	0	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	1	0	1	1	1	0	2	1	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	5	1	4	1	1	0	6	2	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	0
	25-34	2	1	1	0	0	0	2	1	1	
	35-44	1	1	0	0	0	0	1	1	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:	4	2	2	0	0	0	4	2	2	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	8	6	2	1	1	0	9	7	2	
	20-24	68	55	13	6	5	1	74	60	14	
	25-34	308	197	111	22	15	7	330	212	118	
	35-44	275	190	85	31	23	8	306	213	93	
	45-54	302	173	129	34	23	11	336	196	140	
	55-64	135	55	80	16	11	5	151	66	85	
	65+	36	12	24	2	2	0	38	14	24	
	SubTotals:	1,132	688	444	112	80	32	1,244	768	476	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	14	6	8	1	1	0	15	7	8	
	20-24	131	60	71	18	6	12	149	66	83	
	25-34	571	207	364	75	18	57	646	225	421	
	35-44	435	199	236	118	26	92	553	225	328	
	45-54	464	178	286	117	24	93	581	202	379	
	55-64	226	56	170	56	13	43	282	69	213	
	65+	51	12	39	11	2	9	62	14	48	
	SubTotals:	1,892	718	1,174	396	90	306	2,288	808	1,480	

Clients Served This Period

Unduplicated clients:	2288
Client visits: ³	6519
Spanish speaking (primary language at home) clients served:	337
Deaf/hard of hearing clients served:	12
Blind/sight impaired clients served:	34
Homeless clients served:	428
Transgender M to F clients served:	43
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	2138
Clients served this period who live outside Harris County:	150
Active substance abuse clients served:	11
Active psychiatric illness clients served:	49

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	20
Hemophilia Coagulation	2
Transfusion	10
Heterosexual Contact	472
MSM (not IDU)	1110
IV Drug Use (not MSM)	44
MSM/IDU	10
Multiple Exposure Categories	58
Other risk	601
Multi-Race Breakdown	
ASN,WHT	2
BLK,NTV	2
BLK,WHT	7
NTV,WHT	1

FOOTNOTES

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

² Age as of 6/30/19

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 3/1/2019; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/18.

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 TARGETING URBAN				Control No.	2
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April:	July: X	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$233,000.00					
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	3005	\$275.00	400	\$110,000.00		
	2. PSYCH	804	\$130.00	252	\$32,760.00		
	3. SLW	7982.55	\$20.00	3012	\$60,240.00		
	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.)	\$256.00	N/A	\$30,000.00	\$30,000.00		
	9. Total additional funding (must match E. above):				\$233,000.00		
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 2018.* (March 1, 2018 - February 28, 2019) *If agency was funded for service under Part A (or MAI) in FY 2018 - if not, mark these cells as "NA"	2420	63% raw# 1534	9% raw# 206	26% raw# 622	74% raw# 1786	26% raw# 634
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. July Request Period = 03/01/19 - 06/30/19 c. October Request Period = 03/01/19 - 09/30/19 d. 4th Qtr. Request Period = 03/01/19 - 11/30/19	1399	59% raw# 819	9% raw# 124	30% raw# 417	75% raw# 1045	25% raw# 354

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	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 \$235,910.95 in no pay status.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	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. Urban Pcare Contract no pay contract	RWGA	2/28/20	\$235,910.95	Currently this is the dollar amount in the current no pay contract March 2019 - June 2019
	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 Contract]: All [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/19 and 6/30/19¹

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

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

[Contract 3]: Sub Cats 3]: All

[Contract 4]: Sub Cats 4]: All [Contract 5]: 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	0	4	1	0	1	5	0	5
	20-24	43	3	40	10	0	10	53	3	50
	25-34	251	7	244	56	2	54	307	9	298
	35-44	133	6	127	84	3	81	217	9	208
	45-54	100	4	96	68	1	67	168	5	163
	55-64	46	1	45	43	0	43	89	1	88
	65+	5	1	4	3	0	3	8	1	7
	SubTotals:	582	22	560	265	6	259	847	28	819
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	8	0	8	0	0	0	8	0	8
	35-44	2	0	2	2	0	2	4	0	4
	45-54	8	1	7	2	0	2	10	1	9
	55-64	2	0	2	2	0	2	4	0	4
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	20	1	19	6	0	6	26	1	25
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	1	1	0	0	0	2	1	1
	25-34	7	3	4	2	0	2	9	3	6
	35-44	0	0	0	0	0	0	0	0	0
	45-54	2	0	2	1	1	0	3	1	2
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	12	5	7	3	1	2	15	6	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	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	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
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	0	0	0	0	0	0	0	0	0
	55-64	1	0	1	1	0	1	2	0	2
	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	2	2	0	0	0	0	2	2	0
	20-24	23	20	3	3	1	2	26	21	5
	25-34	126	107	19	12	9	3	138	116	22
	35-44	134	114	20	29	22	7	163	136	27
	45-54	81	56	25	21	15	6	102	71	31
	55-64	54	26	28	11	6	5	65	32	33
	65+	9	4	5	1	0	1	10	4	6
	SubTotals:	429	329	100	77	53	24	506	382	124
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	6	2	4	1	0	1	7	2	5
	20-24	68	24	44	13	1	12	81	25	56
	25-34	393	117	276	71	11	60	464	128	336
	35-44	269	120	149	115	25	90	384	145	239
	45-54	191	61	130	93	17	76	284	78	206
	55-64	104	28	76	57	6	51	161	34	127
	65+	14	5	9	4	0	4	18	5	13
	SubTotals:	1,045	357	688	354	60	294	1,399	417	982

Clients Served This Period

Unduplicated clients:	1399
Client visits: ³	3768
Spanish speaking (primary language at home) clients served:	261
Deaf/hard of hearing clients served:	6
Blind/sight impaired clients served:	7
Homeless clients served:	151
Transgender M to F clients served:	27
Transgender F to M clients served:	1
Clients served this period who live w/in Harris County:	1387
Clients served this period who live outside Harris County:	12
Active substance abuse clients served:	25
Active psychiatric illness clients served:	71

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	9
Hemophilia Coagulation	0
Transfusion	12
Heterosexual Contact	528
MSM (not IDU)	680
IV Drug Use (not MSM)	14
MSM/IDU	1
Multiple Exposure Categories	41
Other risk	182
<u>Multi-Race Breakdown</u>	
ASN,WHT	2
BLK,NTV	4
BLK,WHT	6
NTV,WHT	3

FOOTNOTES¹ Visit = time spent per client per agency per service per day² Age as of 6/30/19³ 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 3/1/2019; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/18.

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):	VISION				Control No.
D.	Request for Increase under (check one):	Part A: X	or	MAI:		
	Request Period (check one):	April:	July: X	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. Vision Services	2010	\$100.00	400	\$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.	275				
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male
	1. Number of clients that received this service under Part A (or MAI) in FY 2018.* (March 1, 2018 - February 28, 2019) *If agency was funded for service under Part A (or MAI) in FY 2018 - if not, mark these cells as "NA"	1417	56% raw# 796	11% raw# 157	31% raw# 436	71% raw# 1000
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. July Request Period = 03/01/19 - 06/30/19 c. October Request Period = 03/01/19 - 09/30/19 d. 4th Qtr. Request Period = 03/01/19 - 11/30/19	458	55% raw# 251	8% raw# 37	35% raw# 158	71% raw# 327

3

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 \$13,500 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. Vision Contract no pay contract	RWGA	2/28/20	\$13,500.00	Currently this is the dollar amount in the current no pay contract March 2019 - June
	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]: ALL [Service Performer]: 0
Services performed between 3/1/19 and 6/30/19¹

[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]: 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	13	1	12	1	0	1	14	1	13
	25-34	72	2	70	13	0	13	85	2	83
	35-44	30	0	30	27	0	27	57	0	57
	45-54	38	0	38	25	0	25	63	0	63
	55-64	12	1	11	17	0	17	29	1	28
	65+	3	1	2	4	0	4	7	1	6
	SubTotals:	169	5	164	87	0	87	256	5	251
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	0	0	0	3	0	3
	35-44	0	0	0	0	0	0	0	0	0
	45-54	4	0	4	1	0	1	5	0	5
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	7	0	7	1	0	1	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	1	1	0	0	0	0	1	1	0
	25-34	3	1	2	0	0	0	3	1	2
	35-44	0	0	0	1	0	1	1	0	1
	45-54	0	0	0	1	1	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:	4	2	2	2	1	1	6	3	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	0	0	0	0	0	0
	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:	2	2	0	1	0	1	3	2	1
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	21	20	1	9	7	2	30	27	3
	35-44	54	46	8	15	13	2	69	59	10
	45-54	44	33	11	10	8	2	54	41	13
	55-64	20	12	8	4	3	1	24	15	9
	65+	1	0	1	1	1	0	2	1	1
	SubTotals:	145	116	29	40	32	8	185	148	37
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	19	7	12	2	0	2	21	7	14
	25-34	99	23	76	23	7	16	122	30	92
	35-44	84	46	38	43	13	30	127	59	68
	45-54	88	35	53	37	9	28	125	44	81
	55-64	32	13	19	21	3	18	53	16	37
	65+	4	1	3	5	1	4	9	2	7
	SubTotals:	327	125	202	131	33	98	458	158	300

Clients Served This Period

Unduplicated clients:	458
Client visits: ³	673
Spanish speaking (primary language at home) clients served:	99
Deaf/hard of hearing clients served:	3
Blind/sight impaired clients served:	4
Homeless clients served:	50
Transgender M to F clients served:	7
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	406
Clients served this period who live outside Harris County:	52
Active substance abuse clients served:	7
Active psychiatric illness clients served:	30

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	3
Hemophilia Coagulation	1
Transfusion	5
Heterosexual Contact	193
MSM (not IDU)	206
IV Drug Use (not MSM)	5
MSM/IDU	0
Multiple Exposure Categories	17
Other risk	57
Multi-Race Breakdown	
ASN,WHT	1
BLK,NTV	2
BLK,WHT	2
NTV,WHT	1

FOOTNOTES

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

² Age as of 6/30/19

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 3/1/2019; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/18.

FY 2019 RW PART MAI REQUESTS FOR ALLOCATION INCREASE (July 2019)

REVISED: 7/18/2019

Request Control Number	FY 19 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2018 Final Contract Amount	Expended 2018	Percent Expended	FY 2019 Contract Amount	FY 2019 Expended YTD	FY 2019 Percent YTD	FY 2019 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	\$18,850	\$0	\$986,468	\$986,459	100%	\$920,841	\$298,310	32%	33%	Yes	MCM Only Request
2	1b-1.c	Primary Medical Care	Community-based Primary Medical Care and MCM targeted to African American, and Hispanic	\$18,861	\$0	\$987,093	\$987,071	100%	\$900,422	\$228,317	25%	33%	Yes	
				\$37,711	\$0	\$1,973,561	\$1,973,530		\$1,821,263	\$526,627				
Confirmed Funds Avail. for Reallocation				\$18,861										
Source of Funds Available for Reallocation:														
FY 2018 Carryover Funds				\$18,861		Explanation: Unspent MAI funds from FY 18 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)	PHC Visits by Physician or Physician Extender/MCM					
D. Request for Increase under (check one):	Part A:	or	MAI:	X	Control No.	
Request Period (check one):	April:	August: X	Oct:	Final Qtr:		
E. Amount of additional funding Requested:	\$18,850.00					
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	5059.92	\$25.00	754	\$18,850.00		
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					
9. Total additional funding (must match E. above):				\$18,850.00		
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 2018.* (March 1, 2018 - February 28, 2019) *If agency was funded for service under Part A (or MAI) in FY 2018 - if not, mark these cells as "NA"	1905 2096	31% 60%	21% 0	28% 40%	82% 80%	18% 20%
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 = 03/01/19 - 06/30/19	680 1006	58% 21%	20% 0	25% 29%	80% 81%	20% 19%
c. October Request Period = 03/01/19 - 09/30/19						
d. 4th Qtr. Request Period = 03/01/19 - 11/30/19						

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 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:			
1.	a. Funding Source:	b. End Date of Contract:	c. Amount
2.			d. Comment (50 words or less):
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 3/1/19 and 6/30/19¹

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

[Contract 1]: I [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	0
	13-19	6	0	6	0	0	0	6	0	6	
	20-24	43	0	43	9	1	8	52	1	51	
	25-34	217	1	216	28	0	28	245	1	244	
	35-44	119	3	116	56	0	56	175	3	172	
	45-54	93	1	92	54	0	54	147	1	146	
	55-64	63	0	63	16	1	15	79	1	78	
	65+	11	0	11	6	0	6	17	0	17	
	SubTotals:	552	5	547	169	2	167	721	7	714	
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	1	0	0	0	0	1	1	0	
	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:	4	4	0	0	0	0	4	4	0	
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	0	0	0	1	1	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	1	0	0	0	0	1	1	0	
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	
	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	0	0	0	1	1	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	1	0	0	0	0	1	1	0	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	3	3	0	0	0	0	3	3	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	25	25	0	2	2	0	27	27	0
	25-34	69	69	0	7	7	0	76	76	0
	35-44	77	77	0	9	9	0	86	86	0
	45-54	57	57	0	5	5	0	62	62	0
	55-64	18	18	0	2	2	0	20	20	0
	65+	4	4	0	1	1	0	5	5	0
	SubTotals:	253	253	0	26	26	0	279	279	0
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	9	3	6	0	0	0	9	3	6
	20-24	69	26	43	11	3	8	80	29	51
	25-34	287	71	216	35	7	28	322	78	244
	35-44	199	83	116	65	9	56	264	92	172
	45-54	151	59	92	59	5	54	210	64	146
	55-64	81	18	63	18	3	15	99	21	78
	65+	15	4	11	7	1	6	22	5	17
	SubTotals:	811	264	547	195	28	167	1,006	292	714

Clients Served This Period

Unduplicated clients:	1006
Client visits: ³	1570
Spanish speaking (primary language at home) clients served:	102
Deaf/hard of hearing clients served:	6
Blind/sight impaired clients served:	20
Homeless clients served:	192
Transgender M to F clients served:	18
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	942
Clients served this period who live outside Harris County:	64
Active substance abuse clients served:	6
Active psychiatric illness clients served:	18

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	12
Hemophilia Coagulation	2
Transfusion	7
Heterosexual Contact	231
MSM (not IDU)	463
IV Drug Use (not MSM)	26
MSM/IDU	2
Multiple Exposure Categories	20
Other risk	256
<u>Multi-Race Breakdown</u>	
BLK,WHT	4

FOOTNOTES

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

² Age as of 6/30/19

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 3/1/2019; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/18.

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. 2	
D.	Request for Increase under (check one): Request Period (check one):	Part A: April:	or July: X	MAI: X Oct:	Final Qtr:			
E.	Amount of additional funding Requested:	\$18,861.00						
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	2881	\$275.00	68	\$18,700.00			
	2. MCM	4325.24	\$25.00	6	\$161.00			
	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):						\$18,861.00	
G.	Number of new/additional clients to be served with requested increase.	30						
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 2018.* (March 1, 2018 - February 28, 2019) *If agency was funded for service under Part A (or MAI) in FY 2018 - if not, mark these cells as "NA"	1317	67% raw# 877	0% raw# 0	33% raw# 433	75% raw# 993	25% raw# 324	
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. July Request Period = 03/01/19 - 06/30/19 c. October Request Period = 03/01/19 - 09/30/19 d. 4th Qtr. Request Period = 03/01/19 - 11/30/19	790	63% raw#496	0% raw# 0	37% raw# 289	76% raw# 601	24% raw# 189	

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 a 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. Currently we have \$27,225.40 in no pay status.	
	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. MAI Pcare Contract no pay contract	RWGA	2/28/20	\$27,225.40	Currently this is the dollar amount in the current no pay contract March 2019 - June
	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]: [Agency Name] [Contract]: All [Service]: ALL [Service Performer]: 0
Services performed between 3/1/19 and 6/30/19

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: [Contract 1] [Sub Cats 1]: All [Contract 2]: [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]: No

RACE	AGE ²	BIRTH GENDER								
		MALE		FEMALE		BOTH GENDERS		Hispanic	Non-Hisp	
		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	31	3	28	5	0	5	36	3	33
	25-34	160	3	157	37	1	36	197	4	193
	35-44	77	1	76	48	2	46	125	3	122
	45-54	62	4	58	41	1	40	103	5	98
	55-64	25	0	25	17	0	17	42	0	42
	65+	4	1	3	3	0	3	7	1	6
	SubTotals:	360	12	348	152	4	148	512	16	496
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	1	1	0	0	0	0	1	1	0
	25-34	4	2	2	1	0	1	5	2	3
	35-44	0	0	0	0	0	0	0	0	0
	45-54	2	0	2	0	0	0	2	0	2
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	8	4	4	1	0	1	9	4	5
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	19	19	0	0	0	0	19	19	0
	25-34	84	84	0	6	6	0	90	90	0
	35-44	69	69	0	16	16	0	85	85	0
	45-54	40	40	0	12	12	0	52	52	0
	55-64	15	15	0	2	2	0	17	17	0
	65+	4	4	0	0	0	0	4	4	0
	SubTotals:	232	232	0	36	36	0	268	268	0
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	1	1	1	0	1	3	1	2

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
ALL RACES	20-24	51	23	28	5	0	5	56	23	33
	25-34	248	89	159	44	7	37	292	96	196
	35-44	146	70	76	64	18	46	210	88	122
	45-54	105	45	60	53	13	40	158	58	100
	55-64	41	16	25	19	2	17	60	18	42
	65+	8	5	3	3	0	3	11	5	6
	SubTotals:	601	249	352	189	40	149	790	289	501

Clients Served This Period

Unduplicated clients:	790
Client visits: ³	1204
Spanish speaking (primary language at home) clients served:	193
Deaf/hard of hearing clients served:	1
Blind/sight impaired clients served:	1
Homeless clients served:	72
Transgender M to F clients served:	11
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	788
Clients served this period who live outside Harris County:	2
Active substance abuse clients served:	14
Active psychiatric illness clients served:	45

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	5
Hemophilia Coagulation	0
Transfusion	4
Heterosexual Contact	303
MSM (not IDU)	396
IV Drug Use (not MSM)	4
MSM/IDU	0
Multiple Exposure Categories	17
Other risk	92
<u>Multi-Race Breakdown</u>	
BLK,ASN	1
BLK,NTV	2
BLK,WHT	5
NTV,WHT	1

FOOTNOTES

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

² Age as of 6/30/19

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 3/1/2019; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/18.

FYI

5B

DON'T MISS OUR SCREENING OF @5BFILM, THE INSPIRATIONAL STORY OF THE EVERYDAY HEROES WHO TOOK ACTION TO COMFORT AND CARE FOR THE PATIENTS OF THE UNITED STATES' FIRST AIDS WARD UNIT.



WHEN

August 12, 2019
7pm - 10pm

WHERE

Aurora Picture Show

2442 Bartlett St., Houston, TX 77098

FEATURING • Alison Moed Paolercio • Cliff Morrison • David Denmark • Mary Magee • Sasha Cuttler • Guy Vandenberg • Dr. Paul Volberding • Dr. Lorraine Day • Rita Rockett • Hank Plante • Steve Williams • Mary Asbury • Leah Cleveland Harry Breaux • George Kelly

[HTTP://5BFILM.COM](http://5bfilm.com)

**EVERYONE
WELCOME**

RSVP

To RSVP

Contact

Robert Manning:

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HIV and Transgender Communities

Strengthening Prevention and Care

Nearly 1 million people in the United States identify as transgender.¹ Transgender people, particularly transgender women, are at high risk for HIV infection. In fact, evidence suggests that in relation to their population size, transgender women are among the groups most affected by HIV in the U.S.

HIV prevention for transgender people is a core priority of the National HIV/AIDS Strategy. As part of its High-Impact Prevention approach, CDC is working with public health partners, other federal agencies, and community leaders to address key gaps in HIV prevention and care for transgender people nationwide.

What the Available Data Tell Us

HIV Prevalence

To estimate the percentage of transgender people living with HIV in the U.S., or HIV prevalence, CDC scientists recently conducted a meta-analysis of 88 studies published from 2006-2017. This analysis is important because there are limited HIV surveillance data for transgender populations (see sidebar).

The analysis confirmed that transgender women and men are disproportionately affected by HIV. Laboratory-confirmed HIV prevalence was 14.1% for transgender women, 3.2% for transgender men, and 9.2% for transgender people overall.² By comparison, estimated HIV prevalence for U.S. adults overall is less than 0.5%.^{3,4}

The analysis also showed that transgender women of color are at particularly high risk. Mean HIV prevalence was 44.2% among African American transgender women and 25.8% among Hispanic/Latina transgender women, compared to 6.7% among white transgender women. Not enough data were available to examine HIV prevalence by race/ethnicity for transgender men.⁵

While the results of this analysis are useful, they should be interpreted with caution, in part because transgender people at high risk of HIV may have been overrepresented in the studies that comprised the review.

Improving Data on HIV Among Transgender Populations

In recent years, CDC has taken steps to improve the quantity and quality of data on HIV among transgender populations.

Accurate, timely data are critical for designing, targeting, and evaluating HIV prevention programs. But since the beginning of the epidemic, there has been limited national information on the impact of the HIV infection among transgender populations. In large part, this is because there has been no reliable system for collecting and sharing both sex and gender identity information in health records.

To help address these gaps, CDC has:

- Revised the data fields used in CDC's National HIV Surveillance System (NHSS) to better account for sex and gender identity
- Issued recommendations and statistical tools for health departments to collect information on current gender identity and report these data to the NHSS
- Informed healthcare providers about the importance of collecting complete data on sex and gender identity
- Analyzed data on HIV testing among transgender people through CDC's Behavioral Risk Factor Surveillance System
- Funded health departments to study behavioral risk factors for HIV, testing behaviors, and the use of prevention services among transgender women through CDC's National HIV Behavioral Surveillance system

¹ Meerwijk EL, Sevelius JM. Transgender population size in the United States: a meta-regression of population-based probability samples. *Am J Public Health* 2017 Feb; 107(2):e1-e8

² Becasen JS, Denard CL, Mullins MM, et al. Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006-2017. *Am J Public Health* 2018 Nov 29:e1-e8.

³ Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. *HIV Surveillance Supplemental Report* 2019; 24(No. 1). Available at: <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published February 2019. Accessed February 2019.

⁴ U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018. December 2018. Available at <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk#>. Accessed March 2019.

⁵ Becasen JS, et al, e1-e8.

HIV Diagnoses

Although data on HIV diagnoses – the number of people who received an HIV diagnosis in a given time period – are incomplete for transgender people (see sidebar on page 1), CDC recently published an analysis of available data for 2009-2014.⁶ The analysis shows that of the 2,351 transgender people with a reported HIV diagnosis during that timeframe:

- 84% were transgender women, 15.4% were transgender men, and 0.7% had another gender identity
- More than half of transgender women (50.8%) and men (58.4%) were African American
- 72.6% of transgender women and 53.5% of transgender men had their infection diagnosed between the ages of 13 and 34
- 43% of transgender women and 54% of transgender men lived in the southern U.S.

Why Transgender People Are at Increased Risk

- **Many transgender people face stigma, discrimination, social rejection, and exclusion** that can prevent them from accessing health care, education, employment, and housing. They also experience high rates of incarceration, mental health issues and violence. A recent CDC study found that of the nearly 2% of high school students who identify as transgender, 35% have been bullied at school, and 35% have attempted suicide. These factors affect the health and well-being of transgender people, placing them at increased risk for HIV.^{7,8,9,10}
- **Several behavioral factors, which often serve as a way for transgender people to cope with stigma and discrimination, put them at risk for HIV.** These include elevated rates of injecting hormones or drugs, anal sex without condoms or medicines to prevent HIV, and commercial sex work.^{11,12}
- **Insensitivity to transgender issues** by health care providers can be a barrier for transgender people with HIV who are seeking quality treatment and care services. Few health care providers receive proper training or are knowledgeable about transgender health issues and their unique needs. This can lead to limited health care access and negative health care encounters.¹³
- **The effectiveness of HIV behavioral interventions, developed for other at-risk groups and adapted for use with transgender people, is understudied.** According to a 2017 study, most existing interventions target behavior change among transgender women, with only one HIV prevention program evaluated for transgender men. Evidence-based multilevel interventions that address the structural, biomedical, and behavioral risks for HIV among transgender populations, including transgender men, are needed to address disparities in HIV prevalence.¹⁴

Key Term	Definition
Gender Expression	The way a person acts, dresses, speaks, and behaves (i.e., feminine, masculine, androgynous). Gender expression does not necessarily correspond to listed sex at birth or gender identity.
Gender Identity	A person's internal sense of being a man/male, woman/female, both, neither, or another gender.
Transgender	Describes a person whose gender identity and assigned sex at birth do not correspond. Transgender is also used as an umbrella term to include gender identities outside of male and female.
Cisgender	Describes a person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).

⁶ Clark H, Babu AS, Wiewel EW, et al. Diagnosed HIV Infection in Transgender Adults and Adolescents: Results from the National HIV Surveillance System, 2009-2014. *AIDS Behav* 2017 Sep;21(9):2774-2783.
⁷ Johns MM, Lowry R, Andrzejewski J, et al. Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017. *MMWR Morb Mortal Wkly Rep* 2019;68:67-71.
⁸ De Santis JP. HIV infection risk factors among male-to-female transgender persons: a review of the literature. *J Assoc Nurses AIDS Care* 2009;20(5):362-372.
⁹ Reisner SL, Bailey Z, Sevelius J. Racial/ethnic disparities in history of incarceration, experiences of victimization, and associated health indicators among transgender women in the U.S. *Women Health*. 2014;54(8):750-767.
¹⁰ Clark H, et al, 2774-2783.
¹¹ Reback CJ, Fletcher JB. HIV prevalence, substance use, and sexual risk behaviors among transgender women recruited through outreach. *AIDS Behav*. 2014 Jul;18(7):1359-67.
¹² Herbst JH, Jacobs ED, Finlayson TJ, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behav*. 2008 Jan;12(1):1-17.
¹³ De Santis, JP, 362-372.
¹⁴ Poteat T, Malik M, Scheim A, et al. HIV Prevention Among Transgender Populations: Knowledge Gaps and Evidence for Action. *Curr HIV/AIDS Rep*. 2017;14(4):141-152.

- **Transgender women and men might not be sufficiently reached by current HIV testing measures.** Tailoring HIV testing activities to overcome the unique barriers faced by transgender women and men might increase rates of testing among these populations.¹⁵

CDC's Support for Transgender-Specific HIV Prevention

CDC is collaborating with many partners to intensify HIV prevention efforts for transgender people and build the base of evidence needed to improve programs and track progress.

Delivering High-Impact Prevention

Transgender people are a priority for CDC's major HIV prevention funding programs, including funding to state and local health departments and community-based organizations (CBOs). CDC is providing 30 CBOs with targeted funding of nearly \$11 million per year over five years to support HIV testing, linkage to care and prevention services for transgender youth of color and young gay and bisexual men of color.

Transgender people are also a priority population for CDC's health department demonstration projects designed to expand two HIV prevention strategies: pre-exposure prophylaxis (PrEP), a daily medicine that can significantly reduce the risk of HIV infection, and [Data to Care](#), an approach that uses routinely collected HIV surveillance data to identify people with diagnosed HIV who are not receiving care and link them to it.

In addition, CDC funds a national network of capacity-building providers that help health departments and CBOs provide culturally relevant programs, services and interventions for transgender people.



As part of its [Transforming Health](#) resource, CDC addresses ways healthcare providers can help high-risk transgender people prevent HIV, improve care for transgender people with HIV, and make clinical environments more welcoming to transgender patients.

Advancing HIV Prevention Research

While a number of prevention programs have been adapted for use with transgender populations, to date, few have been tested and proven effective. To address this gap, CDC is working with partners to develop new prevention programs, adapt existing ones, and rigorously assess their impact on HIV risk behaviors and transmission. For example:

- As part of its *Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention*, CDC recently included the Couples HIV Intervention Program – which focuses on reducing HIV risk behaviors among transgender women and their primary cisgender male partners.
- CDC is supporting CBOs in Atlanta and Chicago to pilot Transgender Women Involved in Strategies for Transformation (TWIST), a peer-led educational intervention that seeks to reduce HIV transmission risk behaviors and sexually transmitted diseases among transgender women with HIV. TWIST was developed in collaboration with transgender women and was adapted from an existing HIV intervention focused on cisgender women.
- CDC is studying two locally-developed or adapted interventions that are designed to deliver a combination of HIV prevention and other support services to transgender people who have sex with men and who are at high risk of HIV infection. These interventions are a combination of mutually reinforcing biomedical, behavioral, and social/structural intervention components that together, have the potential to reduce participants' risks for acquiring HIV.

¹⁵ Pitasi MA, Oraka E, Clark H, et al. HIV Testing Among Transgender Women and Men — 27 States and Guam, 2014–2015. *MMWR Morb Mortal Wkly Rep* 2017;66:883–887.

Raising Awareness, Engaging Communities

Well-designed awareness campaigns can help people better understand their level of risk for HIV and encourage them to take steps to protect themselves, get tested, and seek out care and treatment. Several of CDC's social marketing campaigns include materials and activities that are specifically tailored to transgender communities:

- *Doing It*, which encourages all adults to get tested for HIV and know their status, and includes images and testimonial videos featuring transgender leaders
- *HIV Treatment Works*, which encourages people with HIV to stay in care and features stories of transgender women
- *Let's Stop HIV Together*, which raises awareness about HIV and fights stigma, and includes stories of transgender women
- *Start Talking. Stop HIV.*, which helps gay and bisexual, cisgender and transgender men communicate about safer sex, testing, and other prevention issues

CDC is also working with the Center of Excellence for Transgender Health to support National Transgender HIV Testing Day, which promotes HIV testing, prevention, and treatment efforts among transgender people.



Need for Collective Action

Despite significant challenges, there is much that can be done today to address key gaps in HIV prevention and care for transgender people. CDC plays a critical role, and action is also needed from many other partners, including other federal agencies, state and local governments, CBOs, community leaders, and healthcare providers.

Closing today's data gaps will require diligence by healthcare providers and health departments in collecting, compiling, and reporting data on sex and gender identity. Researchers and their institutions should conduct additional research to expand the body of evidence on effective strategies to reduce HIV infections and improve health outcomes for transgender individuals with HIV.

Today, there is great potential to address the HIV prevention and healthcare needs of transgender people. CDC will continue working with partners to ensure that transgender people can access the HIV prevention and care they need to remain healthy.

For More Information:

Call 1-800-CDC-INFO (232-4636)

Visit www.cdc.gov/hiv