HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL

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We envision an educated community where the needs of all persons living with and/or affected by HIV are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system.

The community will continue to intervene responsibly until the end of the epidemic.

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

AGENDA

12 noon, March 12, 2020
Meeting Location: 2223 W. Loop South, Room 416
Houston, Texas 77027

I.	Call to Order	Tana Pradia, Chair,
	A. Welcome and Moment of Reflection	Ryan White Planning Council
	B. Adoption of the Agenda	
	C. Approval of the Minutes	
	D. Training: How To Best Meet the Need Process	Denis Kelly and Pete Rodriguez Co-Chairs, Quality Improvement Committee
	E. Updates from the Texas Dept. of Health Services	Shelley Lucas, Manager HIV/STD Prevention and Care Branch, TDSHS*
	F. 2021 Houston End the HIV Epidemic Community Plan	Staff, Houston Health Dept.

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	Daphne L. Jones and
	Item: 2020 Epidemiologic Supplement Report	Steven Vargas, Co-Chairs
	Recommended Action: **Motion:** Approve the attached 2020 Epidemiologic Supplement report, with formatting changes to come from the Houston Health Department (HHD).	

* *TDSHS = Texas Department of State Health Services*

Item: Houston Ending the Epidemic (EHE) Draft Plan
Recommended Action: FYI: Beau Mitts, Crystal Townsend, Carin Martin, and Amber Harbolt presented information about the strategies to create a local plan to end the HIV epidemic in Houston, and asked the Committee and audience members for input and consensus. Additional presentations were provided to the END HIV Houston Coalition on 2/26/20 and the Community Planning Group on 2/27/20. Please see the attached presentation.

Recommended Action: *Motion*: As the 2017-2021 Comprehensive Plan and the Roadmap to End HIV in Houston expire, concur with the development of one unified local EHE plan to serve as both the joint Comprehensive/Integrated Plan and the new Roadmap.

Recommended Action: **Motion:** Accept the attached EHE planning timeline.

Recommended Action: **Motion:** Support an EHE planning structure that is a mix of the best parts of the two options presented, with additional feedback from the END HIV Houston Coalition and the Community Planning Group, to be decided by the EHE Steering Committee

Item: 2020 Houston Medical Monitoring Project Questions
Recommended Action: FYI: Please see the attached proposed 2020 Houston Medical Monitoring Project Local Questions. Any feedback or suggestions may be submitted directly to Osaro Mgbere at Osaro.Mgbere@houstontx.gov.

Item: Committee Vice Chair
Recommended Action: FYI: Denis Kelly was elected as vice chair for the 2020 Comprehensive HIV Planning Committee.

B. Affected Community Committee — Veronica Ardoin and Rodney Mills, Co-Chairs

Item: Committee Orientation
Recommended Action: FYI: All committees dedicated the first portion of their February meeting to general orientation, which included a review of the purpose of the committee, requirements, such as the Open Meetings Act training deadline, work products, meeting dates and more. The Affected Community Committee also reviewed the Purpose of the Planning Council and Public Hearings, and role played questions that members might receive while staffing a booth at a health fair, see attached.

Item: HIV Molecular Surveillance Training
Recommended Action: FYI: The National Alliance of State and Territorial AIDS Directors (NASTAD) is developing training on HIV Molecular Surveillance. They have asked the Affected Community Committee if they would go through brief summary of the training

and then fill out a survey that critiques the training. All members of the Council are welcome to attend the training, which will take place at 12 noon on Monday, March 23 in room 101.

Item: 2020 Community Events
Recommended Action: FYI: See the attached list of 2020 Community Events.

Item: Greeters for 2020 Council Meetings
Recommended Action: FYI: See the attached list of Greeters.

Item: Committee Vice Chair
Recommended Action: FYI: Ronnie Galley was elected as vice chair of the Affected Community Committee.

C. Quality Improvement Committee — Denis Kelly and Pete Rodriguez, Co-Chairs

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

- FY19 Procurement Report – Part A & MAI, dated 02/18/20
- TO BE DISTRIBUTED AT THE MEETING: FY19 Service Utilization Report – Part A & MAI
- Clinical Quality Management Quarterly Report, 11/15/19

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

- How To Read TRG Reports 2020
- FY 19/20 Procurement Reports Part B – dated 01/21/20
- FY 19/20 Procurement Reports TDSHS – dated 01/24/20
- FY 2018/29 Service Utilization Report TDSHS – dated 01/08/20
- Health Insurance Program Reports – dated 01/08/20 & 02/05/20
- 2019 Chart Review Packet regarding:
  1. Early Intervention Services – Incarcerated
  2. Home and Community Based Services
  3. Hospice Services
  4. Mental Health Services
  5. Oral Health Care Services
  6. Referral for Healthcare Services – ADAP
- TRG Consumer Engagement Feedback Results 2019

Item: Committee Vice Chair
Recommended Action: FYI: Crystal Starr was elected as vice chair of the Quality Improvement Committee.

D. Priority and Allocations Committee — Bobby Cruz and Allen Murray, Co-Chairs

Item: FY 2021 Priority Setting Process
Recommended Action: **Motion:** Approve the attached FY 2021 Priority Setting Process.

Item: 2020 Guiding Principles and Criteria
Recommended Action: **Motion:** Approve the attached 2020 Guiding Principles and Decision Making Criteria.

Item: 2020 Policy for Addressing Unobligated and Carryover Funds
Recommended Action: **Motion:** Approve the attached FY 2019 Policy for Addressing Unobligated and Carryover Funds.

Item: Committee Vice Chair
Recommended Action: FYI: Josh Mica was elected as vice chair of the Priority and Allocations Committee.

E. Operations Committee — Ronnie Galley and Carol Suazo, Co-Chairs

Item: 2020 Council Orientation Evaluation Results
Recommended Action: FYI: See the attached evaluation results of the 2019 Council Orientation.

Item: Future Council Orientations
Recommended Action: FYI: See the attached Public Comment from Steven Vargas suggesting that the Council and CPG combine their annual Orientations. The Operations Committee will be discussing this public comment at their March 17, 2020 meeting. If members have comments on this subject, please provide public comment at the meeting, or submit it in writing to the Office of Support so it can be included in the discussion.

Item: Committee Vice Chair
Recommended Action: FYI: Crystal Starr was elected as vice chair of the Operations Committee.

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. HOPWA — Niquita Moret

C. Community Prevention Group (CPG)	Steven Vargas
D. Update from Task Forces:	
• Sexually Transmitted Infections (STI)	John Poole
• African American	S. Johnson-Fairley
• Latino	Steven Vargas
• Youth	Gloria Sierra
• MSM	John Poole
• Hepatitis C	
• Project PATHH (Protecting our Angels Through Healing Hearts) formerly Urban AIDS Ministry	Ronnie Galley
E. HIV and Aging Coalition	Skeet Boyle
F. Texas HIV Medication Advisory Committee	Nancy Miertschin
G. Positive Women's Network	Tana Pradia
H. Texas Black Women's Initiative	Sha'Terra Johnson-Fairly
I. Texas HIV Syndicate	Amber Harbolt
J. END HIV Houston	Steven Vargas/Crystal Townsend
K. Texans Living with HIV Network	Tana Pradia

IX. Announcements

X. Adjournment

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL

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

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

MINUTES

12 noon, Thursday, February 13, 2020
Meeting Location: Ryan White Offices, 2223 W. Loop South, Rm 532; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Tana Pradia, Chair	Matilda Padilla	Skeet Boyle, Greeter
Allen Murray, Vice Chair	Shital Patel	Cdr. Luz Rivera, PACE
Crystal Starr, Secretary	Faye Robinson	Lt. Cdr. Rodrigo Chavez, PACE
Kevin Aloysius	Imran Shaikh	Carolina Camargo, Montrose Ctr.
Veronica Ardoin	Carol Suazo	
Mauricia E. Chatman	Bruce Turner	
Enrique Chavez	Steven Vargas	**STAFF PRESENT**
Tony Crawford	Andrew Wilson	*Ryan White Grant Administration*
Bobby Cruz		Carin Martin
Ronnie Galley	**MEMBERS ABSENT**	Heather Keizman
Ahmier Gibson	Rosalind Belcher	
Gregory Hamilton	Johnny Deal, excused	*The Resource Group*
Angela F. Hawkins	Mel Joseph, excused	Crystal Townsend
Dawn Jenkins	J. Hoxi Jones, excused	Kim Kirchner, Intern
Arlene Johnson	Tom Lindstrom, excused	
Daphne L. Jones	Deondre Moore	*Office of Support*
Denis Kelly	Niquita Moret, excused	Tori Williams
Holly McLean	John Poole	Amber Harbolt
Josh Mica	Pete Rodriguez, excused	Diane Beck
Rodney Mills	Gloria Sierra	

Call to Order: Tana Pradia, Chair, called the meeting to order at 12:06 p.m.

During the opening remarks, Pradia welcomed all members of the 2020 Ryan White Planning Council. She thanked the members of the 2018 Operations Committee for developing and hosting the 2019 Mentor Luncheon and the 2019 all-day Council Orientation. Many thanks to the staff for doing the behind-the-scenes organizing – especially Rod who spent weeks preparing for both events.

At the first Steering Committee of the year, members were invited to suggest ideas that should be considered during the 2019 planning process. A summary of these ideas is the first item in the Council handouts at everyone's place. Pradia asked that everyone take a moment to review it.

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

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Turner, Galley) to approve the December 12, 2019 minutes.* **Motion carried.** Abstentions: Aloysius, Chatman, Chavez, Johnson, Mica, Vargas, Wilson.

Meet Commander Luz Rivera and Lt. Commander Rodrigo Chavez, Representatives of the US Department of Health and Human Services: See attached biographies. Council Members and staff introduced themselves to the Commanders and then they introduced themselves and said a few words about the PACE Program.

Special Request re: Priority and Allocations Co-Chair: Williams said that Bobby Cruz had agreed to be one of the two Priority and Allocations Committee Co-Chairs. Two members were approached about being the second co-chair. Unfortunately, both people were moving out of state and unable to fill the positon. The next person would be Allen Murray because of his experience on the committee. It is unusual for a Council officer to co-chair a committee so this is being presented to the Steering Committee and the full Council for approval. ***Motion #3:*** *it was moved and seconded (Turner, Kelly) to amend the motion by deleting the second sentence.* **Motion Carried.** Abstention: Aloysius, Crawford, Murray. ***Motion #4:*** *Accept the Council Chairperson's proposal that Allen Murray, the Vice Chair of the Planning Council, be appointed as the Co-chair of the 2020 Priority and Allocations Committee.* **Motion Carried.** Abstention: Aloysius, Chatman, Murray, Turner, Wilson.

Training: People First Language: Tana Pradia and Angela F. Hawkins, representing the Positive Women's Network, presented the attached PowerPoint presentation.

Public Comment and Announcements: Denis Kelly said he has been appointed to the Harris County Homeless Task Force. He said a big problem is that homeless individuals cannot get same day appointments for housing. They don't always have minutes on their phone so they cannot always return phone calls.

Reports from Committees

Comprehensive HIV Planning Committee: Daphne L. Jones, Co-Chair, reported on the following: End the HIV Epidemic: 2021 Community Plan: The Houston Health Department will be meeting with members of the Comprehensive HIV Planning Committee at 2 pm today to provide input on the structure and development of the 2021 Greater Houston Area End the HIV Epidemic Plan. All Council members are welcome to attend this meeting. The Committee will be developing recommendations regarding the Plan, which the Council will be asked to approve at the March 12, 2020 Council meeting. Pradia encouraged all committee co-chairs to attend this meeting since it will be an important Plan and leaders on the Council should be familiar with how it will be developed. Vargas will share the meeting info to encourage others to attend.

Affected Community Committee: No report.

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

- FY 2019/20 Procurement Report Part B – dated 01/21/20
- FY 2019/20 Procurement Report DSHS State Services – dated 01/24/20
- FY 2018/19 Service Utilization Report DSHS State Services – 1st Quarter dated 01/08/20
- Health Insurance Program Report 09/01/19-11/30/19 – dated 01/08/20

Priority and Allocations Committee: No report.

Operations Committee: Ronnie Galley, Co-Chair, reported on the following:
2020 Mentor/Mentee Luncheon: Galley said that the January 16, 2020 luncheon was well attended.

2020 Council Orientation: Galley said that the 2020 Orientation was well attended and included great speakers.

2020 Council Activities: Tori Williams, Director, reviewed the Petty Cash Memo, 2020 Timeline of Critical Council Activities, and the Texas Open Meetings Act Training Memo. See attached. She said that the National HRSA Conference in August is the week of the Planning Council meeting. Since there are five Thursdays in July, the Steering Committee meeting can be moved to the last Thursday in July and the Planning Council meeting moved to the first Thursday in August. By consensus, Council Members agreed with this change to the meeting schedule.

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: Crystal Townsend referenced the attached report.

Medical Updates: Dr. Patel presented the attached report.

Ryan White Part C and D Urban: Jenkins said that HRSA is hosting an End the Epidemic webinar on February 18, 2020. Those interested should go to HRSA.gov to register.

Community Prevention Group (CPG): Vargas, CPG Community Co-Chair, presented the attached report. He said the CPG meets on the 4th Thursday of the month at 3:00 p.m.

Updates from Task Forces
Latino: Vargas said they had a health fair in January in the southwest area. The food bank had to be reset so there was a low turnout. The next meeting is February 21st at 2:00 p.m. at the Montrose Center.

HIV and Aging Coalition: Turner said they had a huge turnout for the 2019 Christmas party. He has resigned but Affiliate Member Skeet Boyle is one of the co-chairs.

Positive Women's Network (PWN): Pradia said they are working on the Organizing for Power voter registration drive. They meet on the 2nd Monday of the month.

END HIV Houston: Townsend said that the Ending the HIV Epidemic presentation at the

Comprehensive Planning Committee this afternoon will be presented to the CPG at their usual meeting place and also to the End the Epidemic planning group at the Red Cross (2700 Southwest Freeway). The dates for these two meetings is to be determined.

Announcements: Mills said as the co-chair of the Affected Community Committee, he would like to thank the visitors from HHS for coming to sit in on the Council meeting today. Cmd Chavez said that they would like to visit some local agencies and are available to do so tomorrow. Starr said she shared the Project LEAP information with the Counseling Department at Houston Community College and they may be willing to provide extra credit to students who participate in the program.

Adjournment: The meeting was adjourned at 1:41 p.m.

Respectfully submitted,

_____ Date _____
Victoria Williams, Director

Draft Certified by
Council Chair: _____ Date _____

Final Approval by
Council Chair: _____ Date _____

Council Voting Records for February 13, 2020

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** P&A Co-Chair **Carried**					**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** P&A Co-Chair **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Tana Pradia, Chair				C				C				C	Shital Patel		X				X				X		
Allen Murray, Vice Chair		X				X						X	Faye Robinson		X				X				X		
Crystal Starr, Secretary		X				X				X			Imran Shaikh		X				X				X		
Kevin Aloysius		X						X				X	Carol Suazo		X				X				X		
Veronica Ardoin		X				X				X			Bruce Turner		X				X						X
Mauricia Chatman		X						X				X	Steven Vargas		X						X		X		
Enrique Chavez		X						X		X			Andrew Wilson		X						X				X
Tony Crawford		X				X				X															
Bobby Cruz		X				X				X															
Ronnie Galley		X				X				X															
Ahmier Gibson		X				X				X			**MEMBERS ABSENT**												
Gregory Hamilton ja 12:20pm		X				X				X			Rosalind Belcher												
Angela F. Hawkins		X				X				X			Johnny Deal												
Dawn Jenkins		X				X				X			J. Hoxi Jones												
Arlene Johnson		X						X		X			Mel Joseph												
Daphne L. Jones		X				X				X			Tom Lindstrom												
Denis Kelly		X				X				X			Deondre Moore												
Holly McLean		X				X				X			Niquita Moret												
Josh Mica		X						X		X			John Poole												
Rodney Mills		X				X				X			Pete Rodriguez												
Matilda Padilla		X				X				X			Gloria Sierra												

Comprehensive HIV Planning Committee Report

DRAFT

HIV in the Houston Area

2020 Epidemiologic Supplement for HIV Prevention and Care Services Planning

CONTENTS

Produced Through a Partnership between:

Houston Area Ryan White Planning Council

Houston Health Department

Disclaimer:
This document is a supplement to and should be used in conjunction with the *2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning.* (December 2019). This document contains data on selected epidemiological measures of HIV disease for the jurisdictions of Houston/Harris County and the Houston Eligible Metropolitan Area (**EMA**) for the reporting period of January 1 to December 31, 2018 (unless otherwise noted). It is intended for use in HIV prevention and care services planning conducted in calendar year 2020. The separation of jurisdictions in the data presentation is intended to enhance the utility of this document as a tool for planning both HIV prevention and HIV care services. Data for the third geographic service jurisdiction in the Houston Area, the Houston Health Services Delivery Area (**HSDA**), are not presented here due to the overlap of data and data sources with the EMA, which makes the data virtually identical. The 2019 Epidemiologic Profile should be referenced for a comprehensive discussion of data pertaining to the epidemiological questions outlined in joint guidance from the Centers for Disease Control and Prevention and the Health Resources and Services Administration. More recent data may have become available since the time of publication.

Funding acknowledgment:
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Suggested citation:
2020 Epidemiologic Supplement for HIV Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2018. Approved: PENDING

Acknowledgements:
The development of this document was overseen by the Ryan White Planning Council and HIV Prevention Community Planning Group (CPG).

Contributors and staff:

Houston Department of Health and Human Services, Bureau of Epidemiology
- Biru Yang, Informatics Manager
- Imran Shaikh, Epidemiologist Supervisor
- Zhiyue Liu, Biostatistician

Ryan White Planning Council Office of Support
- Tori Williams, Director
- Amber Harbolt, Health Planner

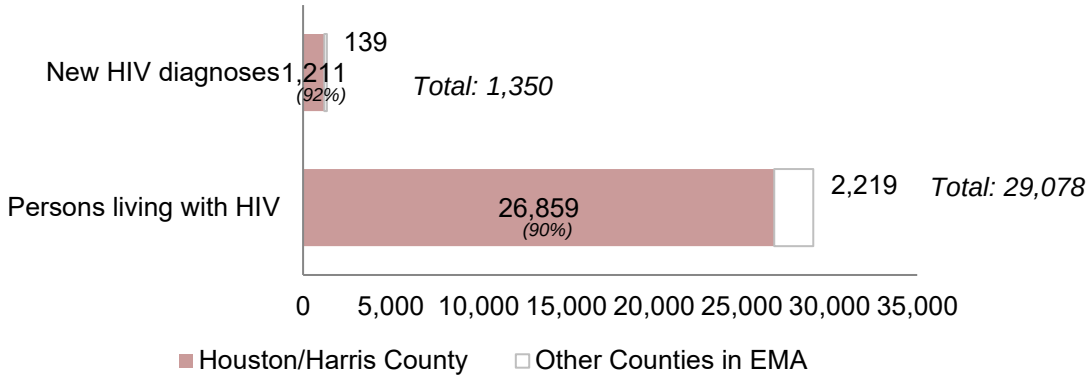
EXECUTIVE SUMMARY

Local communities use Data on patterns of HIV, or HIV epidemiology, to better understand who is diagnosed and living with HIV. This helps local communities make informed decisions about HIV services, funding, and quality.

This document is a supplement to the Houston Area's current epidemiological profile of HIV (published in December 2019) and provides updated data on core HIV indicators used in local planning, including new HIV diagnoses and cumulative persons living with HIV (HIV prevalence), for two local jurisdictions of Houston/Harris County and the Houston Eligible Metropolitan Area (EMA), a six-county area that includes Houston/Harris County.[1] A summary of key data is below:

- At the end of calendar year 2018, there were 29,078 people living with HIV in the Houston EMA, a 3% increase from 2017 (92% resided in Harris County.)
- Also in 2018, 1,350 new diagnoses of HIV were made in the Houston EMA, a 9% increase from 2017. 90% resided in Harris County at the time of diagnosis.

Number of New HIV Diagnoses and Persons Living with HIV in the Houston EMA, by County, 2018



Sources:
Texas eHARS, as of 12/31/2018
Definitions:
New HIV diagnoses=People diagnosed with HIV between 1/1/2018 and 12/31/2018, with residence at diagnosis in Houston EMA.
Persons living with HIV= People living with HIV at the end of calendar year 2018.

- Rates of new HIV diagnoses and prevalence in both Houston/Harris County and the Houston EMA continue to exceed rates both for Texas and the U.S.
- Compared to the general population in the Houston EMA, people living with HIV are disproportionately male, Black/African American, and ages 45 to 54. There is a larger proportion of people ages 25 to 34 among *new* HIV diagnoses.
- It is estimated that 6,825 of people living with HIV in the Houston EMA have not be diagnosed. Of those diagnosed, 75% were in HIV medical care in 2018, 68% had been retained in care over the course of the year, and 59% had a suppressed viral load.

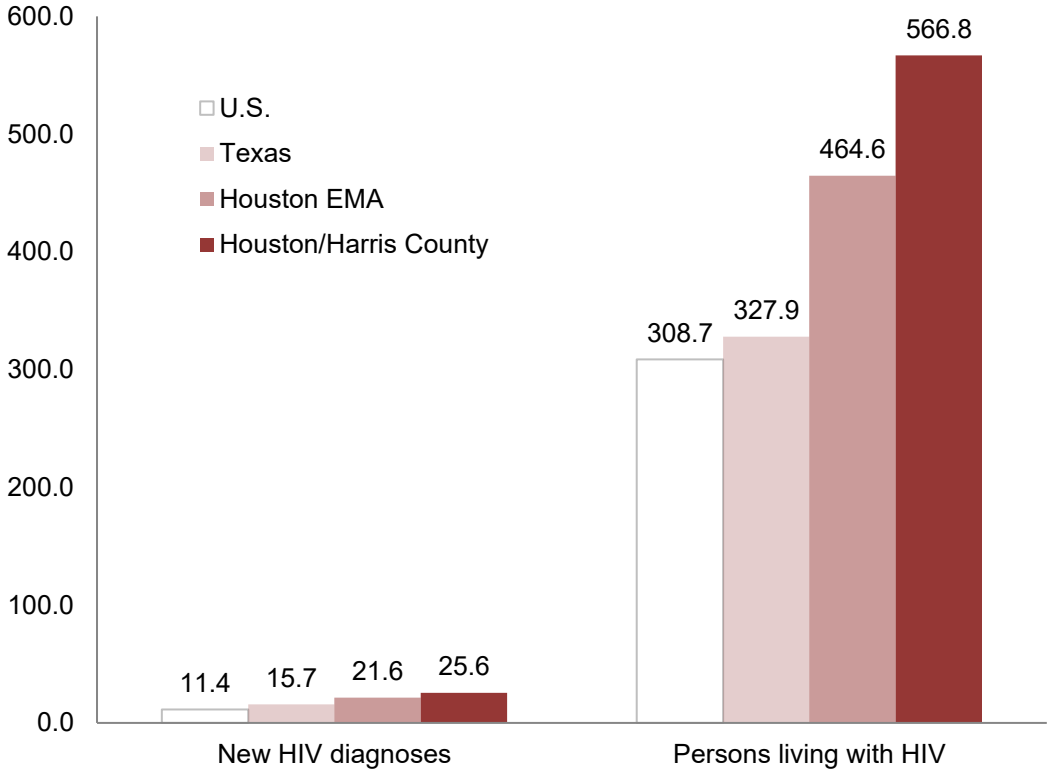
[1]Pages marked "EMA" in the top left corner use 2018 Harris County/Houston EMA HIV prevalence data, and pages marked "H/HC" in the top left corner use 2018 Houston/Harris County HIV prevalence data, unless otherwise noted.

COMPARISON OF HIV RATES IN HOUSTON, TEXAS, AND THE U.S.

A comparison of core HIV epidemiological indicators between the two Houston Area jurisdictions (Houston/Harris County and the Houston EMA), the State of Texas, and the U.S. provides context for the local HIV burden data described in this document.

Overall, both Houston/Harris County and the Houston EMA have higher rates of new HIV diagnoses and HIV prevalence (or people living with HIV per 100,000 population) than both Texas and the U.S. This indicates that the HIV burden in the Houston Area is greater than for the state and the nation, even when population size is controlled. In 2018, the Houston EMA had the highest HIV diagnosis rate of any EMA/TGA in Texas, and the Houston Metropolitan Area had the tenth-highest rate of new HIV cases of all metropolitan areas in the nation.

Rate of New HIV Diagnoses and of Persons Living with HIV for the U.S., Texas, and Houston Area Jurisdictions



*Rate is per 100,000 population in the respective jurisdiction.
Sources:
U.S.: Centers for Disease Control and Prevention. *Diagnoses of HIV Infection in the United States and Dependent Areas, 2018*. HIV Surveillance Report, 2018 (Preliminary); vol. 30. Published November 2019.
Texas: Texas Department of State Health Services (TDSHS), Texas eHARS, 2018.
Houston EMA: Texas eHARS. All data, 2018.
Houston/Harris County: Houston/Harris County eHARS. Diagnoses, 2018; Prevalence, 2018.

NEW HIV DIAGNOSES IN HOUSTON/HARRIS COUNTY (H/HC)

In 2018, 1,211 new diagnoses of HIV disease (including stage 3 HIV) were reported in Houston/Harris County, an 8.1% increase from 2017. The rate of new HIV and stage 3 HIV diagnoses in Houston/Harris County increased from 23.9 to 25.6 new HIV cases and remained approximately 11 new stage 3 HIV cases for every 100,000 residents.

Small increases in new HIV rates compared to 2017 occurred among males, females, Hispanic/Latinos. The rate in Other/Multiple Races was more than doubled.

Proportionally, Black/African Americans were most of all new HIV diagnoses in 2018 at 45%, followed by Hispanic/Latinos at 38%. Male-to-male sexual contact or MSM accounted for the most transmission risk at 68%, followed by sex with male/sex with female at 25%.

New Diagnoses of HIV and Stage 3 HIV in Houston/Harris County by Sex assigned at birth, Race/Ethnicity, Age, and Risk Category, 2018[a]

	New HIV [b]			New stage 3 HIV		
	Cases	%	Rate[c]	Cases	%	Rate[c]
Total	1,211	100.0%	25.6	520	100.0%	11.0
Sex assigned at birth						
Male	954	78.8%	40.5	378	72.7%	16.1
Female	257	21.2%	10.8	142	27.3%	6.0
Race/Ethnicity						
White	138	11.4%	10.1	55	10.6%	4.0
Black/African American	542	44.8%	60.0	253	48.7%	28.0
Hispanic/Latino	465	38.4%	22.7	193	37.1%	9.4
Other/Multiple Races	66	5.4%	15.8	19	3.6%	4.6
Age at Diagnosis						
0 – 24[d]	273	22.5%	16.0	125	24.0%	7.3
25 - 34	451	37.2%	59.2	194	37.3%	25.4
35 - 44	224	18.5%	33.1	81	15.6%	12.0
45 - 54	165	13.6%	28.0	80	15.4%	13.6
55 - 64	85	7.0%	16.7	34	6.5%	6.7
65+	13	1.1%	2.6	6	1.2%	1.2
Transmission Risk[e]						
Male-to-male sexual contact (MSM)	819	67.6%	*	305	58.7%	*
Person who injects drugs (PWID)	59	4.9%	*	33	6.4%	*
MSM/PWID	26	2.1%	*	15	2.8%	*
Sex with male/Sex with female	306	25.3%	*	163	31.4%	*
Other/Unknown	1	0.1%	*	4	0.7%	*

[a]Source: Texas eHARS., analyzed by the Houston Health Department
[b]HIV = People diagnosed with HIV, regardless of stage 3 HIV status, with residence at diagnosis in Houston/Harris County
[c]Rate per 100,000 population. Source: Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates
[d]Age group 0-12 years was combined with 13-24 years because 0-12 years category had less than 5 cases and could not be reported
[e]Persons with no risk reported were recategorized into standard categories using the multiple imputation program of the Centers for Disease Control and Prevention (CDC)
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

PERSONS LIVING WITH HIV IN HOUSTON/HARRIS COUNTY (H/HC)

Data on the total number of people living with HIV (PLWH) in Houston/Harris County are available as of the end of calendar year 2018. At that time, there were 26,859 people living with HIV (regardless of progression) in Houston/Harris County. This is a prevalence rate of 567 people living with HIV for every 100,000 people in the jurisdiction.

Of those living with HIV in Houston/Harris County, 76% are male, 49% are African American, 75% are age 35 and older, and 58% report male-to-male sexual contact or MSM as their primary transmission risk.

People Living with HIV in Houston/Harris County by Sex, Race/Ethnicity, Age, and Risk, 2018[a]

	Cases[b]	%	Rate[c]
Total	26,859	100.0%	566.8
Sex Assigned at Birth			
Male	20,321	75.7%	863.7
Female	6,538	24.3%	274.0
Race/Ethnicity			
White	4,431	16.5%	323.3
Black/African American	13,031	48.5%	1441.7
Hispanic/Latino	8,052	30.0%	393.3
Other/Multiple Races	1,345	5.0%	322.7
Current Age (as of 12/31/2018)			
0 - 12	45	0.2%	*
13 - 24	1,073	4.0%	63.0[d]
25 - 34	5,620	20.9%	737.1
35 - 44	6,293	23.4%	930.4
45 - 54	6,929	25.8%	1174.3
55 - 64	5,128	19.1%	1006.9
65+	1,771	6.6%	356.2
Transmission Risk[e]			
MSM	15,589	58.1%	*
PWID	2,170	8.1%	*
MSM/PWID	1,132	4.2%	*
Sex with male/Sex with female	7,589	28.3%	*
Perinatal transmission	263	1.0%	*
Other adult risk	116	0.4%	*

[a]Source: Texas eHARS. analyzed by the Houston Health Department.
[b]PLWH at end of 2018 = People living with HIV, regardless of stage 3 HIV status.
[c]Rate per 100,000 population. Source: Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates
[d]Rate was calculated for age group 0-24 years
[e]Patients with no risk reported were recategorized into standard categories using the multiple imputation or risk program of the Centers for Disease Control and Prevention (CDC).
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

NEW HIV DIAGNOSES IN THE HOUSTON EMA

In 2018, 1,350 new HIV diagnoses were reported in the Houston EMA, 9% increase from 2017. The rate of new HIV diagnoses for every 100,000 people in the Houston EMA increased by 10%from 20 in 2017 to 22 in 2018.

Noticeable increases in rates compared to 2017 occurred among Hispanic/Latino individuals and persons aged 13 to 24, 35 to 44, and 55 to 64.

Black/African American individuals comprised the highest proportion of new HIV diagnoses in 2018 at 44%, followed by Hispanic/Latino individuals at 37%. Male-to-male sexual contact (**MSM**) accounted for the majority of transmission risk at 68%, followed by heterosexual contact at 25%.

New Diagnoses of HIV in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Transmission Risk, 2018[a]

	Cases	%	Rate[c]
Total	1,350	100.0%	21.6
Sex at birth			
Male	1,059	78.4%	34.1
Female	291	21.6%	9.2
Race/Ethnicity			
White	175	13.0%	8.1
Black/African American	599	44.4%	53.7
Hispanic/Latino	502	37.2%	20.7
Other/Multiracial	74	5.5%	13.3
Age			
0 - 12	N	N	N
13 - 24	308	22.8%	29.8
25 - 34	488	36.2%	51.3
35 - 44	249	18.5%	27.8
45 - 54	191	14.2%	23.9
55 - 64	98	7.3%	14.2
65+	14	1.0%	2.1
Transmission Risk[b]			
Male-male sexual contact (MSM)	919	68.1%	n/a
Person who injects drugs (PWID)	60	4.4%	n/a
MSM/PWID	31	2.3%	n/a
Sex with Male/Sex with Female	338	25.0%	n/a
Perintal transmission	N	N	n/a
Adult other	N	N	n/a

[a] Source: Texas eHARS, New HIV diagnoses in the Houston EMA between 1/1/2018 and 12/31/2018.

[b] Cases with unknown transmission risk have been redistributed based on historical patterns of risk ascertainment and reclassification

[c] Rate per 100,000 population. Source: Texas Department of State Health Services, 2018 Houston EMA Population Denominators.

[N] Data has been suppressed to meet cell size limit of 5

PEOPLE LIVING WITH HIV IN THE HOUSTON EMA

At the end of calendar year 2018, there were 29,078 people living with HIV in the Houston EMA, a 3% increase from 2017. The rate of HIV prevalence also increased in 2018 to 465 people living with HIV for every 100,000 people in the Houston EMA, up from 458 in 2017.

Noticeable increases in prevalence rates in 2018 compared to 2017 occurred among males, Hispanic/Latino individuals, and individuals ages 25 to 34 and 55 to 64.

Black/African American individuals comprised the highest proportion of people living with HIV in 2018 at 48%, followed by Hispanic/Latino individuals at 29%. Male-to-male sexual contact (**MSM**) accounted for the majority of transmission risk at 58%, followed by heterosexual contact at 29%.

People Living with HIV in the Houston EMA by Sex at Birth, Race/Ethnicity, Age, and Transmission Risk, 2018[a]

	Diagnosed PLWH		
	Cases	**%**	**Rate[c]**
Total	29,078	100.0%	464.6
Sex at Birth			
Male	21,829	75.1%	703.3
Female	7,249	24.9%	229.7
Race/Ethnicity			
White	5,109	17.6%	236.3
Black/African American	14,044	48.3%	1259.3
Hispanic/Latino	8,493	29.2%	350.2
Other/Multiracial	1,432	4.9%	257.1
Age			
0 - 12	54	0.2%	4.5
13 - 24	1,170	4.0%	113.3
25 - 34	5,986	20.6%	629.8
35 - 44	6,752	23.2%	754.4
45 - 54	7,594	26.1%	952.2
55 - 64	5,580	19.2%	806.6
65+	1,942	6.7%	285.2
Transmission Risk[b]			
Male-male sexual contact (MSM)	16,818	57.8%	n/a
Person who injects drugs (PWID)	2,256	7.8%	n/a
MSM/PWID	1,192	4.1%	n/a
Sex with Male/Sex with Female	8,455	29.1%	n/a
Perintal transmission	340	1.2%	n/a
Adult other	17	0.1%	n/a

[a] Source: Texas eHARS, Diagnosed PLWH in the Houston EMA between 1/1/2018 and 12/31/2018.

[b] Cases with unknown transmission risk have been redistributed based on historical patterns of risk ascertainment and reclassification

[c] Rate per 100,000 population. Source: Texas Department of State Health Services, 2018 Houston EMA Population Denominators.

[N] Data has been suppressed to meet cell size limit of 5

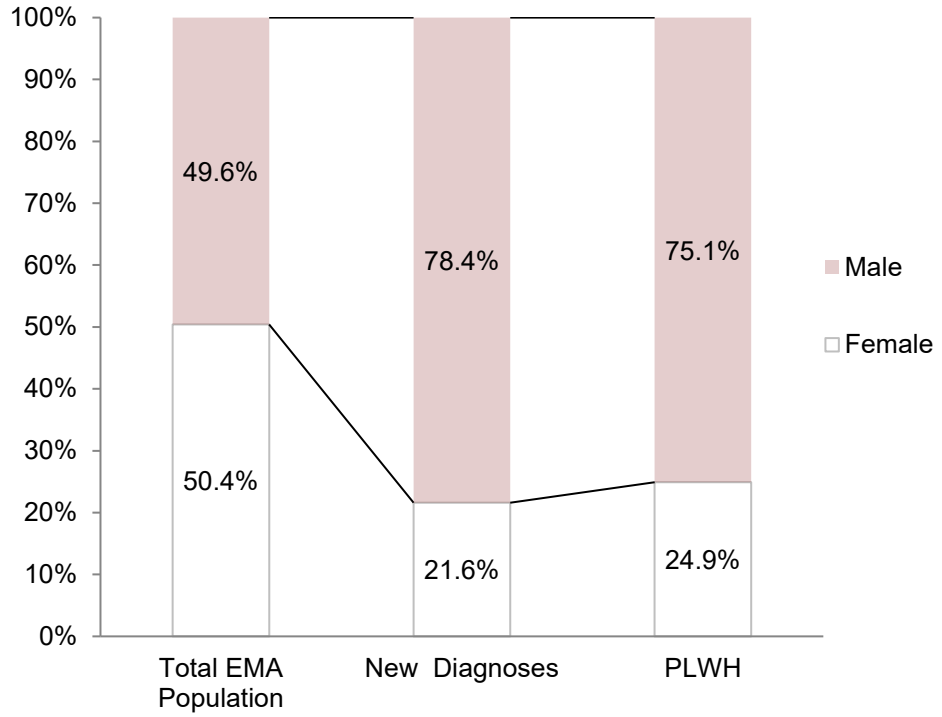
COMPARISON OF THE HOUSTON EMA POPULATION TO THE POPULATION LIVING WITH HIV

By Sex at Birth: In 2018, the Houston EMA population was divided almost equally between males and females. However, more males than females were both newly diagnosed with HIV in 2012 (78% vs. 22%) and living with HIV (75% vs. 25%) at the end of 2018. This difference decreased slightly when compared to 2017 data.

By Race/Ethnicity: The newly diagnosed population and those living with HIV in the Houston EMA are more racially diverse than the general EMA population. While Black/African Americans, Hispanic/Latinos, and persons of other or multiple races account for 65% of the total Houston EMA population, these groups comprised 87% of all new HIV diagnoses in 2018 and 82% of all people living with HIV at the end of 2018. Black/African Americans account for 18% of the total Houston EMA population, but comprise 44% of new HIV diagnoses in 2018 and close to half of all people living with HIV (48%) in the region at the end of 2018. This disparity in new diagnoses lessened slightly compared to 2017.

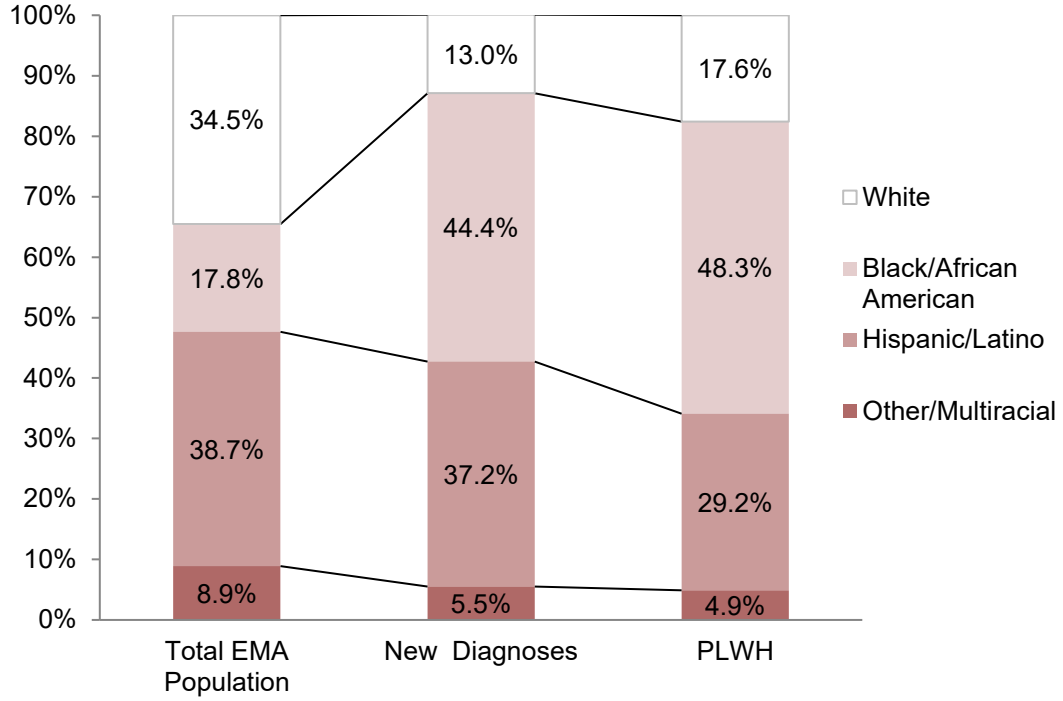
By Age: People aged 25 to 34 accounted for a larger proportion of new HIV diagnoses (36%) than their share of the Houston EMA population (15%) in 2018. Similarly, people aged 45 to 54 accounted for a larger proportion of those living with HIV (26%) at the end of 2018 than their share of the population (13%). This trend was observed in 2017 as well.

Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Sex at Birth,[c] 2018



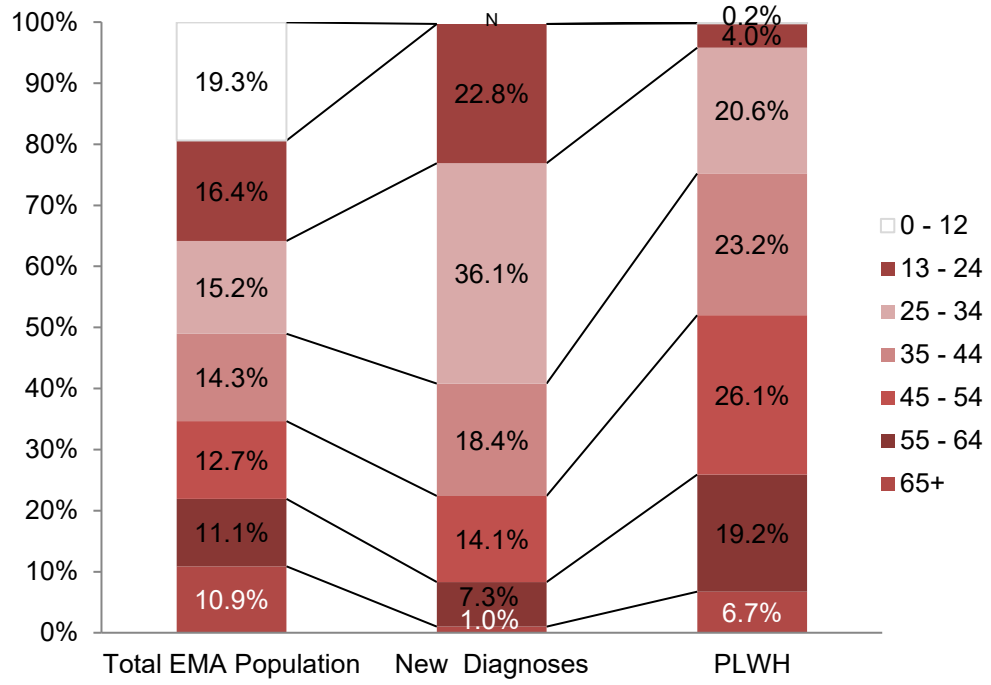
[a]Source: TDSHS EMA/HSDA Population Denominators, 2018
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2018; new HIV diagnoses in the Houston EMA between 1/1/2018 and 12/31/2018.
[c]Surveillance systems do not include an option for transgender. Therefore, transgender persons are reflected in data by sex assigned at birth.

Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Race/Ethnicity, 2018



[a]Source: TDSHS EMA/HSDA Population Denominators, 2018
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2018; new HIV diagnoses in the Houston EMA between 1/1/2018 and 12/31/2018.

Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Age, 2018



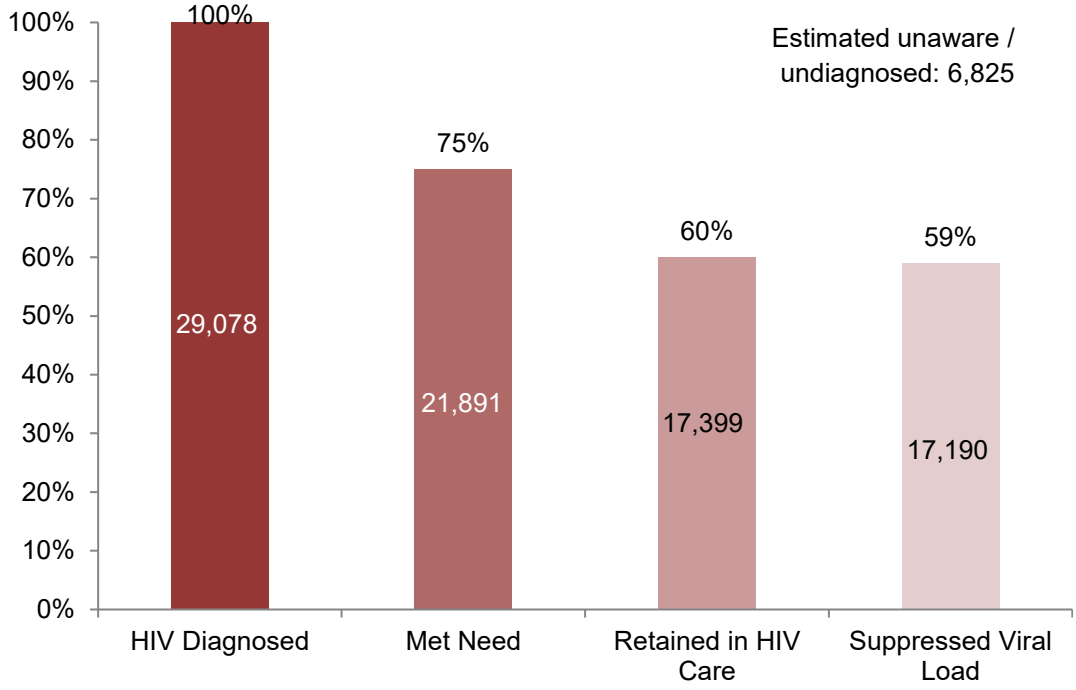
[a]Source: TDSHS EMA/HSDA Population Denominators, 2018
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2018; new HIV diagnoses in the Houston EMA between 1/1/2018 and 12/31/2018.

THE HOUSTON EMA HIV CARE CONTINUUM

The Houston EMA HIV Care Continuum (HCC) depicts number and percentage of people in living with HIV in Harris, Fort Bend, Waller, Montgomery, Liberty and Chambers counties at each stage of HIV care, from being diagnosed with HIV to viral suppression through treatment. Stakeholders use this analysis to measure the extent to which people living with HIV have community-wide access to care, and identify potential service gaps.

An estimated 6,825 individuals in the Houston EMA were living with HIV in 2018, but were not diagnosed. Of the 29,078 HIV diagnosed individuals in the Houston EMA in 2018, 75% had met need (≥1 recorded instance of HIV care in the preceding 12 months); 60% were retained in HIV care (≥2 recorded instances of HIV care, at least 3 months apart, in the preceding 12 months); and 59% maintained or reached viral load suppression (≤200 copies/mL).

The Houston EMA HIV Care Continuum, 2018



Sources: Texas Department of State Health Services (TDSHS) Undiagnosed Estimate, 2018; Texas eHARS, Diagnosed PLWH in the Houston EMA between 1/1/2018 and 12/31/2018.

Methodology:

HIV Diagnosed: No. of HIV-diagnosed people, and residing in the Houston EMA, 2018.

Met Need: No. of HIV-diagnosed people in the Houston EMA who have a "met need" for HIV care, 2018. Definition: evidence of ≥ 1 of the following in the previous 12 months: (1) an HIV primary medical care visit, (2) a prescription for HIV medication, or (3) an HIV monitoring test (e.g., a viral load or CD-4 test).

Retained in HIV Care: No. of HIV-diagnosed people retained in HIV care in the Houston EMA, 2018. Definition: evidence of ≥ 2 primary care visits or HIV monitoring tests at least 3 months apart in a 12-month period.

Suppressed Viral Load: No. of HIV-diagnosed people with viral load suppression (VL test <= 200 copies/mL) at last lab visit in the Houston EMA, 2018.

Presented to Comprehensive HIV Planning Committee of the RWPC

Thursday, February 13, 2020

Ending the HIV Epidemic (EtE) Locally

END HIV HOUSTON

Harris County Public Health
Building a Healthy Community

HOUSTON HEALTH DEPARTMENT

Federal EtE Activity

- **February 2019** | President announced EtE goal in State of the Union
- **June 2019** | CDC announced funding for Accelerating State and Local HIV Planning to End the HIV Epidemic
- **August 2019** | HRSA HAB announced funding for Ryan White Parts A and B
- **September 2019** | NIH announced supplemental funding to Centers for AIDS Research (CFAR)
- **October 2019** | HRSA BPHC announce funding for Federal Qualified Health Centers (FQHC) already engaged with the Ryan White program
- **January 2020** | CDC announced funding for Integrated HIV Programs to End the HIV Epidemic

Outline for Today

- Accelerating State and Local HIV Planning to End the HIV Epidemic

- Discuss and seek concurrence on:

1. Development of **one** local plan
2. Timeline for local planning activities
3. Structure to guide planning and future implementatioN

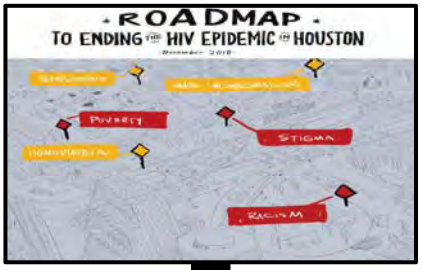
Building on Successes

- Jurisdictional experience with integrated planning
  - Joint planning began in 2011 with first plan released in 2012
    - Six years prior to requirement by HRSA and CDC
    - Second joint plan released in 2017
  - Community Planning Group (CPG) plans together with Ryan White Planning Council (RWPC), suspending several regularly-scheduled committees to facilitate full participation
  - Administrative agencies staff planning process and contribute to writing:
    - Ryan White Planning Council Office of Support
    - Harris County Public Health
    - Houston Health Department
    - Houston Regional HIV/AIDS Resource Group, Inc. (“The Resource Group”)

Building on Successes

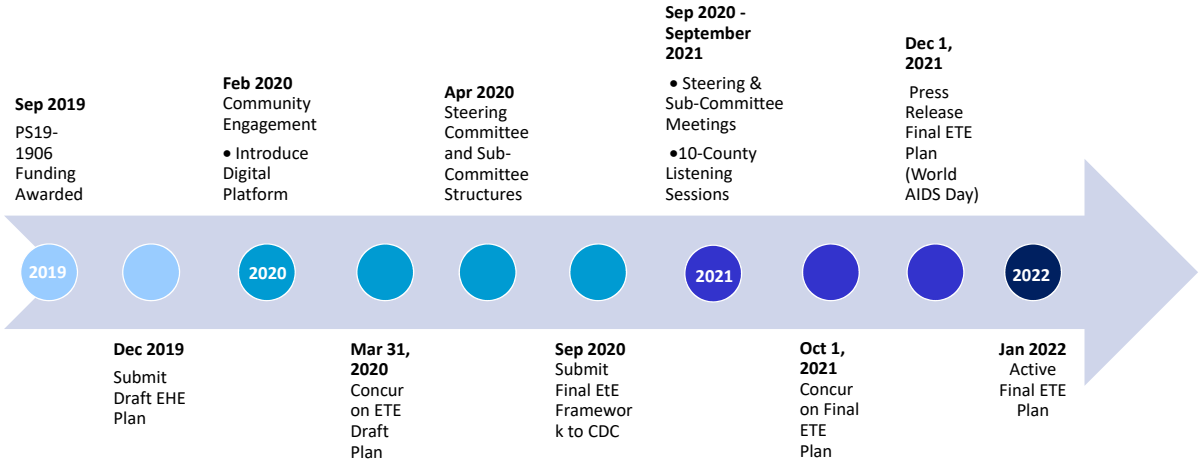
- "The Roadmap to Ending the HIV Epidemic in Houston" launched in 2016
  - The first plan in Texas focused on ending the HIV epidemic
    - A grassroots, community-driven effort centering the experiences of people living with HIV
  - Provides actionable recommendations using an intersectional approach viewing the issues with social and racial justice lenses.
    - Focuses on (1) access to care, (2) prevention, (3) social determinants of health, (4) criminal justice, and (5) policy/research.
    - Each work group headed by two co-chairs, at least one of whom is a person living with HIV
  - Administrative agencies and coordination of local activities:
    - END HIV Houston Coordinator, The Resource Group
    - Texas Department of State Health Services

1. Development of <u>one</u> local plan



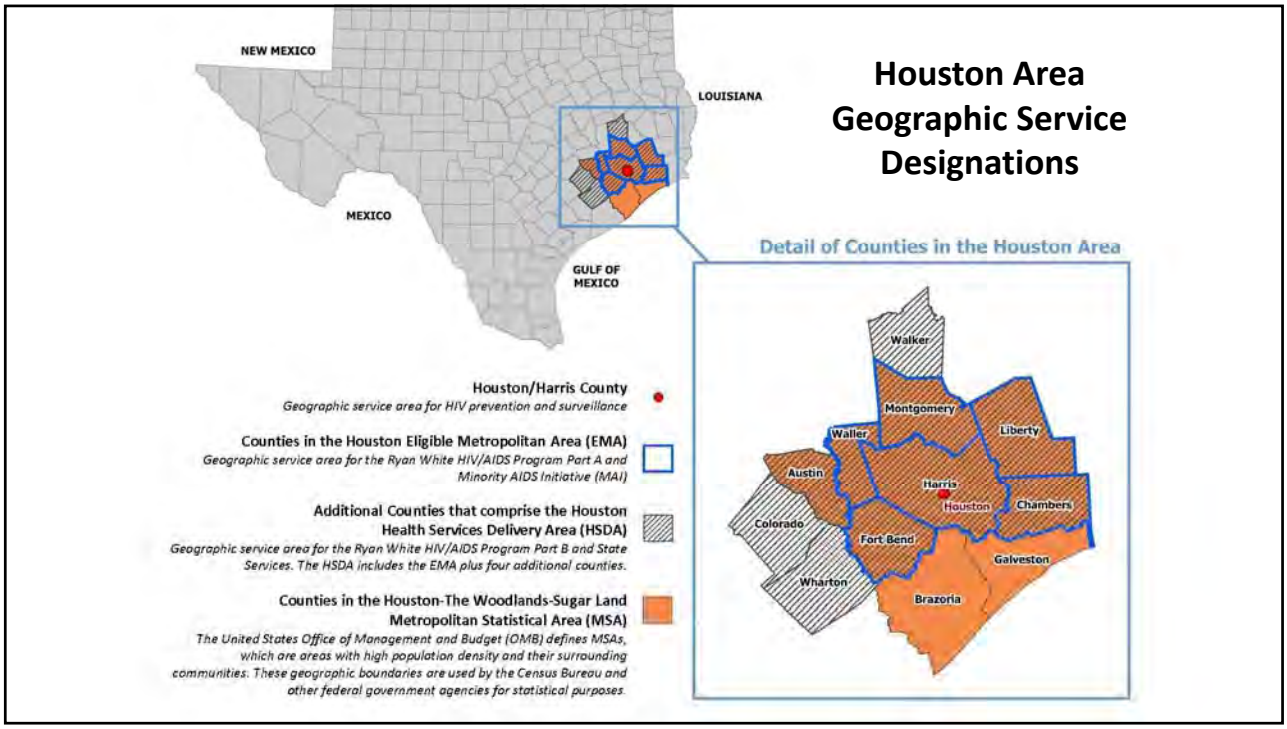
Ending the HIV Epidemic Local Plan Launch 2022

2. Timeline for local planning activities



Considerations

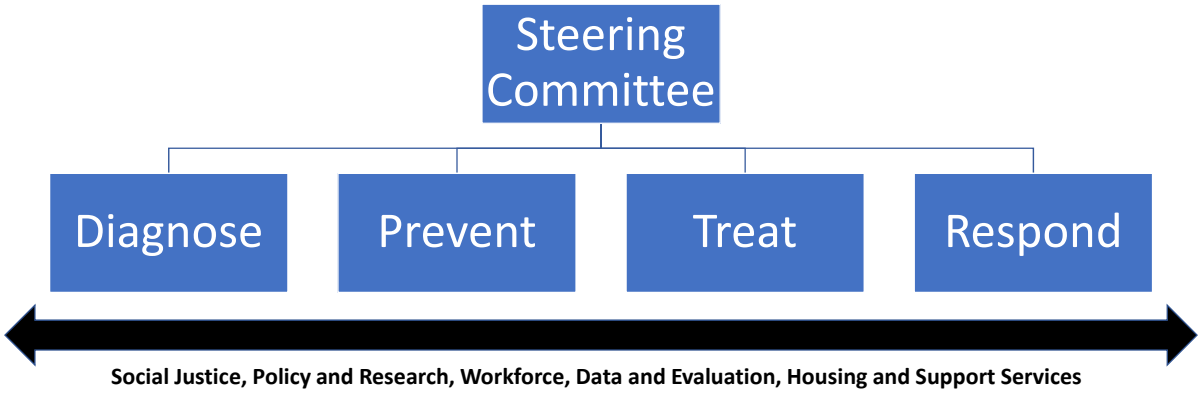
- Build flexibility into the planning structure
  - Anticipate joint HRSA/CDC integrated planning guidance sometime in 2020
- Plan for the 10-county HIV Service Delivery Area (HSDA)
  - In alignment with DSHS EtE planning
  - Flexibility at the county-level
  - 10 counties of focus in the HSDA are:
    - Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Waller, Walker, Wharton
- Seek Consensus from other planning bodies
  - End HIV Coalition
  - Houston HIV Prevention Community Planning Group (CPG)



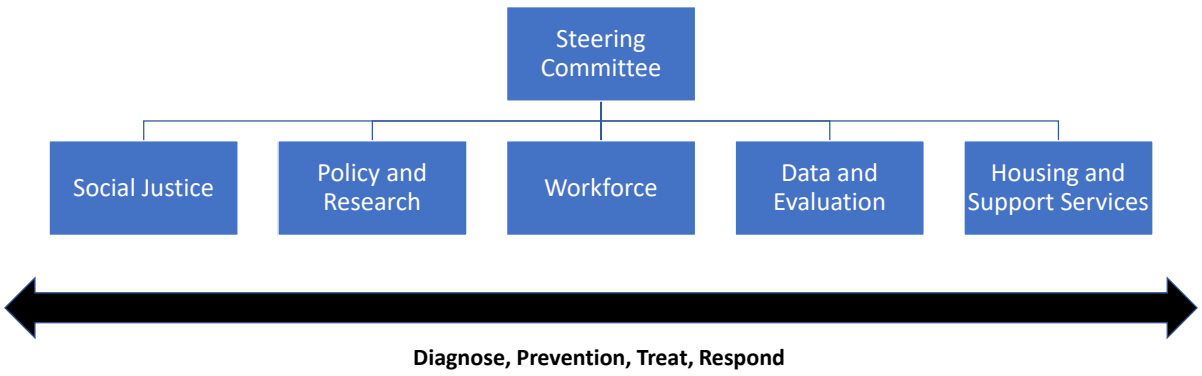
3. Structure to guide planning and future implementation

- Consider how to organize the work moving forward to End the HIV Epidemic locally
  - Aim to keep structure at four to five committees
  - Discuss structure option #1
  - Discuss structure option #2
  - Additional feedback

Structure Option #1



Structure Option #2



Additional Feedback on Structure

- How do we move beyond the four pillars of the Federal EtE Plan?
- How do we best shape the work moving forward to streamline decision making?
- Do you have a preference for Option #1 or Option #2?
- What do you like about Options #1 and #2?
- What's missing?

Feedback Requested

- Digital platform for community engagement
- Implementation strategies for current CDC EtE Notice of Funding Opportunity (NOFO)
  - Component A | Ending the HIV Epidemic Initiative – CORE
    - Funding ceiling: $2,765,095
  - Component B | HIV Incidence Surveillance
    - Funding ceiling: $725,000 (begins year two)
  - Component C | Scaling Up HIV Prevention Services in STD Clinics
    - Funding ceiling: $800,000

- http://tf12hhdapp4cdc/redcap/surveys/?s=CAAXTFFXKX

Upcoming Presentations

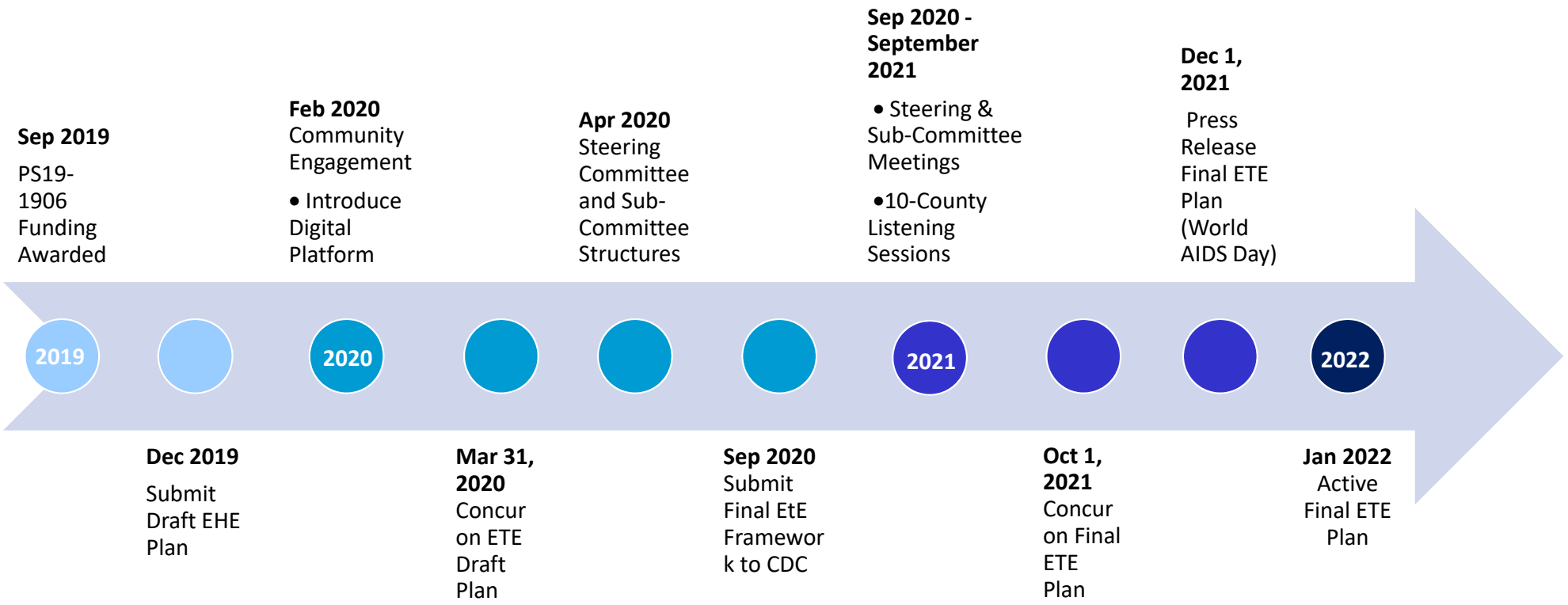
- End HIV Coalition
  - Wednesday, February 26, 2020
  - American Red Cross
    - 2700 Southwest Freeway, Houston, TX 77098
  - 6:00 PM to 8:00 PM

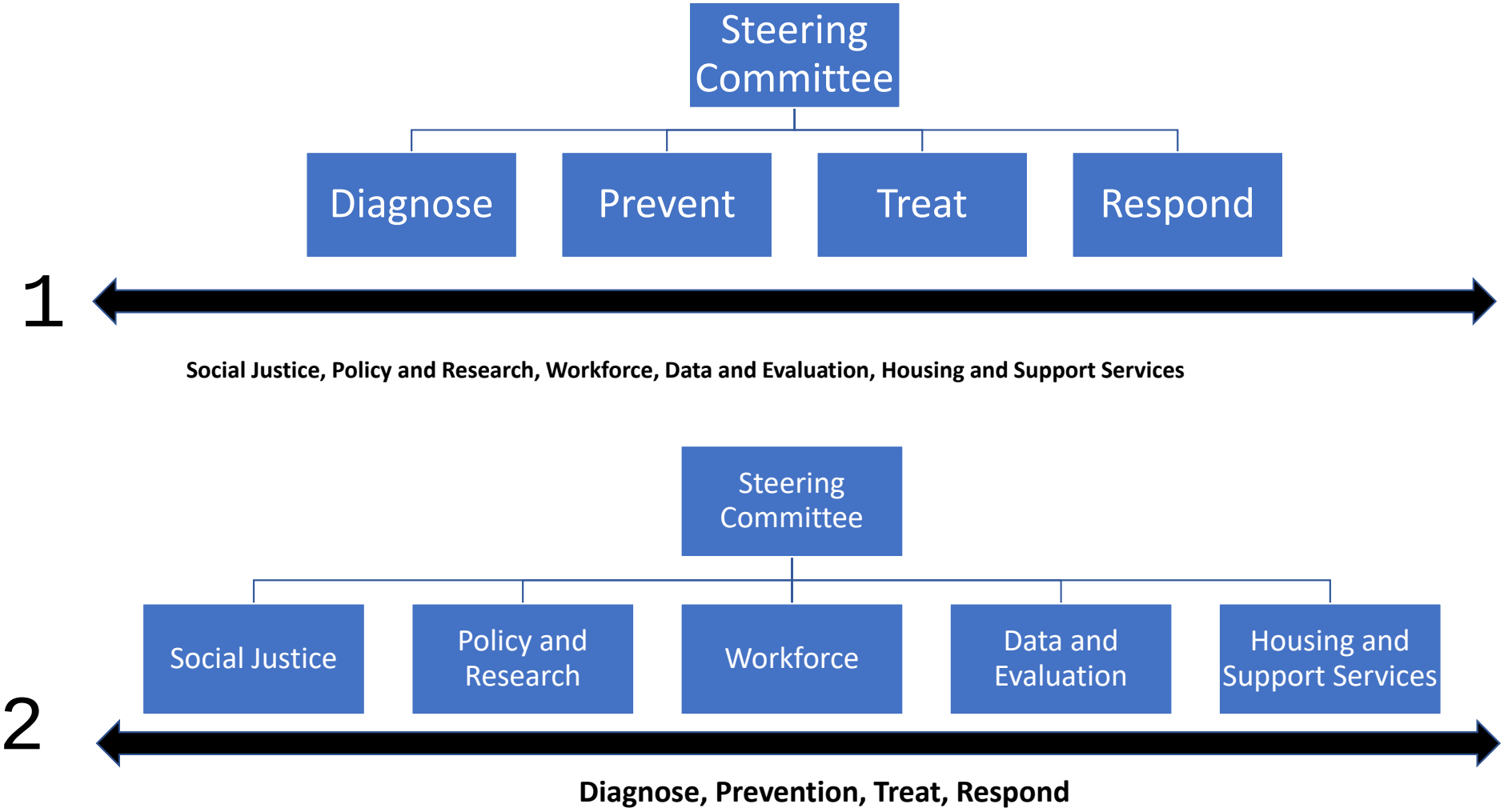
- Houston HIV Prevention Community Planning Group (CPG)
  - Thursday, February 27, 2020
  - Houston Health Department
    - 8000 N. Stadium Drive, 4th floor DOC, Houston, TX 77054
  - 4:30 PM to 6:00 PM

Thank You!

- Amber Harbolt | amber.harbolt@cjo.hctx.net
- Beau Mitts | beau.mitts@houstontx.gov
- Carin Martin | carin.martin@phs.hctx.net
- Crystal Townsend | ctownsend@hivtrg.org

2. Timeline for local planning activities




Steering Committee
Diagnose
Prevent
Treat
Respond
1
Social Justice, Policy and Research, Workforce, Data and Evaluation, Housing and Support Services
Steering Committee
Social Justice
Policy and Research
Workforce
Data and Evaluation
Housing and Support Services
2
Diagnose, Prevention, Treat, Respond

Proposed HMMP Local Questions for 2020

[A] HEALTH CARE VISITS

1. We are trying to better understand what helps people stay in medical care. You have done a great job staying in care since your first HIV medical care visit. Which of the following are the reasons that have helped you stay in care? Please answer yes or no to each one.

[REINCAR] Reasons for staying in care

1 = Access to transportation
2 = HIV facility located close to where I live/work
3 = Stable job and/or flexible schedule
4 = Able to afford care (insurance, ADAP, co-pays, deductibles & premiums)
5 = HIV case management
6 = I want to stay healthy and/or live longer
7 = Family, friends, loved ones
8 = My doctor's office reminds me of upcoming appointments
9 = Other (Specify)
88 = Don't Know
77 = Refuse to Answer

2. Which the following methods/sources of communication would you prefer to be contacted by the health department with? Please choose your two most preferred methods.

[XXXXXX] Preferred sources of communication

1 = In person
2 = Phone call
3 = Text message
4 = Email
5 = Social Media
6 = Letter
7 = Other

3. On average, how many minutes do you wait during each of the following visits/interactions?

1 = Visit with your HIV provider? _____minutes
2 = Labs? _____minutes
3 = Pharmacy? _____minutes
4 = Counseling? _____minutes
5 = Support Services? _____minutes

[B] TRAVEL FOR HIV MEDICAL CARE

4. In the last 12 months, approximately how many miles do you travel each way to your usual doctor's office or clinic for HIV treatment?"

[TRAVDIST] Miles traveled to clinic for HIV care

_____ miles

5. In the last 12 months, what form of transportation did you use most often to get to the doctor who you see for most of your HIV care?

[TRANSMOD] Mode of transportation to clinic

1 = I drive
2 = A friend or family member drives me
3 = Taxi/hired driver
4 = Metro bus or light rail systems (public transportation)
5 = Metro lift and/or Harris County van (specialized transportation)
6 = Walk/Bike
7 = Other
88 = Don't Know
77 = Refuse to Answer

[C] COMEDICATION

6. Do you take other medicines apart from your HIV medicines?

[XXXXXX] Medicines apart from HIV medicines

0 = No
1 = Yes
(If answer is "no", skip questions 6-7.)

What are your beliefs about your non-HIV medicines? (adapted from the Belief about medicines questionnaire (BMQ) Horne, Weinman, Hankins, (1999) Psychology and Health, and other research articles on non-HIV comedications)

7. The doctor prescribes more non-HIV medicines than I need.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

8. My non-HIV medicines protects me from becoming worse.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

9. Herbal/natural medicines are safer than my other non-HIV medicines.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

10. My non-HIV medicines are NOT as important as my HIV medicines.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

11. My non-HIV medicines are easier to take than my HIV medicines.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

12. If my non-HIV medicines were fewer, I would never miss a dose.

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strong agree
6 = Don't know
7 = Refuse to answer

13. My non-HIV medicines make me not want to take my HIV medicines.

0 = No
1 = Yes
*(If answer is "**no**", skip the next question.)*

14. Which of the following are reasons why your non-HIV medicines make you not want to take your HIV medicines?

1 = You were worried about having side effects from taking your non-HIV and HIV medicines together
2 = Your non-HIV medicines made you confused about how to take your HIV medicines
3 = Your non-HIV pills were too much and overwhelmed you
4 = You prefer to take your non-HIV medicines instead of your HIV medicines
5 = You were afraid of taking your non-HIV and HIV medicines together
6 = Your non-HIV medicines make you forget to take your HIV medicines
7 = Other

[D] SEXUAL BEHAVIOR AND HIV PREVENTION

"Now I am going to ask you some questions about sex practices. Remember that all the information you give me will be kept confidential. Some of these questions may not apply to you, but I need to ask you all the questions."

15. In the past 12 months, how often have you disclosed your HIV status to potential sexual partners before having sex?

[DISCLOSE] Disclose HIV status

1 = None of the time
2 = Some of the time
3 = Most of the time
4 = All the time
7 = Don't Know
8 = Refuse to Answer

16. In the past 12 months, has someone decided not to have sex with you because you told them you were HIV positive?

[SEXREJ] Sexual Rejection

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

17. Since you were diagnosed with HIV, have you ever told a sex partner that you were HIV negative?

[THIVNEG] Since diagnosis, ever gave HIV status as negative

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

18. In the past 12 months, have you decided not to have sex with someone after they told you they were HIV negative?

[NOSXNG] No sex with negative partner

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

19. Have you done anything in the last 12 months to reduce the chances of giving HIV to other people?

[DONEANY] Done anything to reduce infecting others with HIV

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

20. What have you done in the last 12 months to reduce the chances of giving HIV to other people?

[WAYRED] Way to reduce infecting others with HIV

1 = Stopped having sex/practiced abstinence
2 = Stopped or reduced having sex while under the influence of drugs or alcohol
3 = Used condoms
4 = Reduced number of sex partners
5 = Only had sex with one partner
6 = Sought out sex with other HIV-positive people
7 = Stopped or reduced selling sex for money or drugs
8 = Stopped or reduced use of drugs

9 = Other (Specify)

[E] PRE-EXPOSURE PROPHYLAXIS (PrEP)

"The next set of questions will ask you whether you've heard of HIV-negative people taking HIV medicines before having sex to prevent HIV transmission. This practice is known as pre-exposure prophylaxis or PrEP. Please answer the questions as best as you can. Remember, your answers will be kept private."

21. Have you ever heard about HIV medicine referred to as pre-exposure prophylaxis (PrEP) before today?

[KNOPREP] Ever heard about pre-exposure prophylaxis (PrEP)

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

22. If no, would you like more information about PrEP?

0 = No
1 = Yes

23. How did you learn about pre-exposure prophylaxis (PrEP)? (Check all that apply.)

[LRNPREP] How did you learn about pre-exposure prophylaxis (PrEP)

1 =Through the media – TV, radio, newspaper
2 = Scientific meeting/conference
3 = Internet
4 = Local health department/Clinic
5 = My medical care provider discussed/prescribed it for my partner(s)
6 = From friends, partners or peer support groups
7 = Other (Specify)
88 = Don't Know
77 = Refuse to Answer
99 = Not Applicable

24. What media or internet sources did you access to learn about pre-exposure prophylaxis (PrEP)? [USE RESPONSE CARD 8] (Check all that apply)

[MIPREP] Media or internet sources for PrEP

1 = General printed media – newspapers, magazines
2 = HIV or LGBT printed media – newspapers, magazines
3 = Electronic media – radio, TV
4 = Internet – websites, mobile apps, podcasts
5 = Social media – Facebook, Twitter, etc.
6 = Other (Specify)
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

25. How effective do you think taking PrEP is in preventing HIV when having condomless sex with a HIV negative partner or someone with unknown HIV status?

[EFFPREP] Level of effectiveness of PrEP in preventing HIV infection

1 = Not effective at all
2 = Minimally effective
3 = Somewhat effective
4 = Very effective
5 = Completely effective
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

26. Does your knowledge of PrEP, its use and level of effectiveness change your sexual behavior towards having more sexual encounters with partners who are HIV negative?

[KUEPREP] More sexual encounters with partners using PrEP

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer

27. If PrEP was available in Houston for free or was covered by your health insurance, how likely is it that you would encourage your HIV negative partners to take PrEP daily before having sex with you to prevent an HIV infection?

[LIKPREP] Likelihood of encouraging your HIV negative partners to take PrEP

1 = Extremely unlikely
2 = Somewhat unlikely
3 = Neutral
4 = Somewhat likely
5 = Extremely likely

[F] DIET AND NUTRITION

28. To lower risk for certain diseases, during the past 12 months what advice have you been given by your doctor or health professional regarding your weight?

[XXXXXX] Advised to control/lose weight

1 = Lose weight
2 = Gain weight
3 = Not applicable
7 = Don't Know
8 = Refuse to Answer

29. Which of the following actions have you taken for your weight management?

[XXXXXX] Actions for weight management

1 = Stop smoking tobacco
2 = Minimize alcohol and drug use
3 = Exercise
4 = Eat well (i.e. less fatty foods and sugars, more protein, and fruits and vegetables)
5 = Treat your HIV
6 = Treat other co-infections that you may have
7 = Follow disease prevention and screening guidelines
8 = Stay socially and mentally connected
9 = Other

30. Do you regularly have difficulty accessing healthy food?

[XXXXXX] Accessing healthy food

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

31. Which of the following reasons are why you have difficulty accessing healthy food?

[XXXXXX] Reasons for accessing healthy food

1 = Healthy food is too expensive
2 = There is nowhere to buy healthy food near where I live
3 = It takes too long to travel to buy healthy food
4 = I don't have time to buy healthy food
5 = I'm not sure what kinds of food are healthy
6 = I don't like the taste of healthy food or I find it boring
7 = My family doesn't like healthy food
8 = I just choose not to eat healthy food
9 = I don't know how to cook
10 = I don't have the resources to be able to cook or store food

11 = I don't have the time to prepare healthy food
12 = The options available at the food pantry I use are not healthy
13 = Other

32. Are you eating as well as you would like?

[XXXXXX] Eating as well as you would like

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

33. Which of the following are things that keep you from eating as well as you would like?

[XXXXXX] Reasons for not eating as well

1 = Poor appetite, don't feel hungry, feel too full
2 = Too busy or too much "on the go"
3 = Problems with teeth and chewing or swallowing
4 = Feel very sick or tired
5 = Sad, depressed, lonely
6 = Diarrhea or constipation
7 = Other

[G] HPV

34. What is the one most important reason why you have (not had a pap test in the last 3 years?)

[XXXXXX] Reason for no pap test

1 = No reason/ never thought about it
2 = Didn't know I needed this type of test
3 = Doctor didn't tell me I needed it
4 = Haven't had any problems
5 = Put it off/laziness
6 = Too expensive/no insurance/cost
7 = Too painful, unpleasant, or embarrassing
8 = Hysterectomy
9 = Don't have a doctor
10 = Had HPV vaccine
11 = Had HPV test
12 = Other
13 = Refuse
14 = Don't know

35. Have you ever heard of HPV? HPV stands for Human Papillomavirus.

[XXXXXX] Know HPV

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

36. Where did you hear about HPV?

[XXXXXX] How did you learn about HPV

1 = Healthcare Provider/Clinic
2 = Family or Friends
3 = Digital Media (TV)
4 = Printed Media (Newspaper, Magazine)
5 = Social Media (Facebook, Instagram, Twitter)
6 = Internet
7 = School
8 = Other
9 = Refused
10 = Don't know

37. Do you think HPV can cause cervical cancer?

[XXXXXX] Can HPV cause cervical cancer

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

38. A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer vaccine, HPV shot, or GARDASIL. Have you ever had the HPV vaccination?

[XXXXXX] HPV vaccination

0 = No
1 = Yes
7 = Don't Know
8 = Refuse to Answer
9 = Not Applicable

39. How many HPV shots did you receive?

[XXXXXX] HPV vaccination doses

_____ shots

[H] INTERVIEWER'S REPORT

How confident are you with the respondent's OVERALL responses to the local questions?

[OVERALL] How confident are you with the overall responses

1 = Confident
2 = Somewhat confident
3 = Some doubts
4 = Not confident at all

Give brief comments on the outcome of the Local Questions Interview, including your level of confidence with the responses; and issues faced and/or raised by the patient during the interview session.

[**COMMENT**] HMMP Local Questions Comments

Affected Community Committee Report

Affected Community Committee Training

Purpose of the Planning Council
Participation in Health Fairs
Purpose of Public Hearings

February 24, 2020

Purpose of the Planning Council

- What does the Planning Council do?
  - Conducts a Needs Assessment
  - Creates a plan to improve HIV services in Houston
  - Reviews data about existing Ryan White funded HIV services
  - Designs HIV services that will be provided using Ryan White funds in the Houston EMA/HSDA
  - Makes a list of the most important services
  - Decides the amount of Ryan White funding that will be allocated to each of the services

Purpose of the Planning Council

- What does the Planning Council NOT do?
  - Review grant applications from agencies
  - Decide which agencies in Houston get money
  - Hire and fire staff at agencies
  - Respond to complaints from consumers about specific agencies
  - Write letters to politicians in Washington
  - March at protests
  - Conduct HIV prevention
- HRSA sets the rules for Planning Councils
  - HRSA says Planning Councils can only focus on services, not specific agencies.
  - The Administrative Agencies (Ryan White Grant Administration & The Resource Group) monitor grants and agencies.

Participation in Health Fairs

- Tell the public about what the Ryan White Planning Council does
- Tell the public about services by giving out the Blue Book
- Tell the public how to volunteer with the Planning Council

- Give out condoms or HIV prevention materials
- Do HIV prevention
- Tell the public about specific agencies

Purpose of Public Hearings

- Twice a year
- Inform the community about recommended changes that the Planning Council will decide upon.
- Get feedback from consumers of Ryan White services as to how the recommended changes will affect their ability to receive care and support services.
- Community input is vital to all of the Planning Councils processes and is encouraged at every level.
  - Public Hearings are televised to help all PLWH participate in the planning process – especially PLWH who cannot travel to Planning Council meetings

Training for Staffing a Ryan White Booth at a Health Fair or Other Event

Questions for Role Playing

(as of 02-25-19)

1. **Who is Ryan White?**

   ANSWER: See the attached description of Ryan White.

   Key words: Indiana teenager
   Person with HIV and hemophilia
   Not allowed to attend school because of his AIDS status
   Became a celebrity by asking for respect, compassion & the chance to live normally
   Died in 1990 - the year Congress named the CARE Act after him

2. **What does the Ryan White Program do?**

   ANSWER: The Ryan White Program is a Federal law that provides funds for local communities to develop and pay for core medical services for people living with HIV.

   Key words: Law created by Congress/Federal law
   $20 million/year for the Greater Houston area (Harris and surrounding counties)
   Provides medical services for people living with HIV
   Services include: primary medical care, drugs, dental care, mental health care, substance abuse treatment and case management.

3. **What does the Ryan White Planning Council do?**

   ANSWER: The Planning Council is a group of 38 volunteers appointed by the County Judge who are responsible for:

   a.) Assessing the needs of PLWH (Needs Assessment & special studies)
   b.) Deciding which services are the most important (prioritizing services)
   c.) Creating a community plan to meet these needs (Comprehensive Plan)
   d.) Deciding how much money should be assigned (allocated) to services funded by Ryan White Parts A and B and State Services money.

   Key words: Design the system of care for people who are living with HIV
   Allocate funds to address the medical needs of PLWH

4. **How much money can I get?**

   ANSWER: If you get medical care, drugs or case management services from places like Thomas Street Health Center, Legacy Community Health, Avenue 360, or St. Hope Foundation then Ryan White dollars are probably paying for those services.

   Key words: You get it through the services you receive.

5. **Why did the Council take away or cut back on the _____ program, etc?**

   ANSWER: In 1990, Congress was not as strict about how Ryan White funds could be used. AND, people were also dying within six months of diagnosis. Now, because the drugs are better, more people are living longer and they have a better quality of life. But, the drugs are expensive and Congress is not allocating enough money to keep up with the number of people who are newly coming into care or living with the

disease 10, 20 years. The purpose of the Ryan White Program has always been to get people into medical care. In the last couple of years Congress has become more restrictive in the use of the funds. The Council risks losing funds if they do not allocate 75% of all the money to core medical services (drugs, primary care, dental care, mental health care, substance abuse treatment and case management) and they must allocate the other 25% of the funds to things like transportation to and from medical appointments.

Key words: People with HIV are living longer
Fewer dollars available to care for more and more people
Purpose of the money is to provide MEDICAL care

6. Are you positive?

ANSWER: That is a personal question and I don't talk about my personal health with people I don't know well. OR, if I am, does it matter? OR, Why is it of interest to you? The important thing is for all people to be tested and know their own status.

Key words: None of your business OR
I do know my status, do you know yours?

7. Where do I get help?

ANSWER: The Blue Book lists services available to people with HIV in the 10-county area. Let's look up case management and I will show you where someone can go to get a social worker that will help a PLWH get services they are eligible for.

Key words: The Blue Book

8. How can I sign up to be an HIV volunteer?

ANSWER:
1.) If you want to work one-on-one with PLWH, look in the Blue Book under "Volunteer Opportunities" and call any of the agencies listed.
2.) To apply to become a member of the Ryan White Planning Council you can:
   a.) Fill out a yellow application form to become an external committee member. If there is a vacancy and you are assigned to a committee, you will be asked to attend a meeting approximately once a month.
   b.) Fill out a green application form to apply to become a member of the Planning Council. If there is a vacancy and the County Judge appoints you to the Council you will have to attend monthly Council meetings and at least one monthly committee meeting. It can take many years to be appointed to the Council and sometimes there are not enough vacancies to appoint an applicant. So, we recommend that you apply for both and get to know how the Council works through your involvement on a committee.

Key words: Do you want to work one-on-one with clients or design the system that serves 13,000 clients?

Who was Ryan White?

Ryan White was born December 6, 1971 in Kokomo, Indiana. At three days old he was diagnosed with severe Hemophilia and doctors began treating his condition with a new clotting medication that was made from blood. In December 1984, while in the hospital with pneumonia, Ryan was diagnosed with AIDS – at some point he had been infected with HIV by a tainted batch of medication. His T-cell count was 25.

Ryan on ABC News with Ted Koppel

When his health improved he wanted to return to school, but school administrators voted to keep him out for fear of someone getting AIDS. Thus began a series of court battles lasting nine months, while Ryan attended class by phone. Eventually, he won the right to attend school but the prejudice was still there. He was not welcome anywhere, even at church.

The controversy brought him into the spotlight and he became known as the 'AIDS boy'. Many celebrities supported his efforts. He made numerous appearances around the country and on television promoting the need for AIDS education to fight the stigma faced by those infected by the disease; his hard work resulted in a number of prestigious awards and a made for TV movie.


Ryan at home with his mother, Jeanne, in 1987

For the most part, Ryan was a normal, happy teenager. He had a job and a driver's license, he attended sports functions and dances and his studies were important to him. He looked forward to graduating high school in 1991.

On April 8, 1990, Ryan passed away at Riley Hospital for Children in Indianapolis. He was 18 years old.

In honor of this courageous young man, the United States Congress named the federal law that authorizes government funds for medical care to people living with HIV the Ryan White Care Act.

Since 1990, the Houston area has received over $300 million in Ryan White Program funds.

Project L.E.A.P.
Learning, Empowerment, Advocacy and Participation

What is Project L.E.A.P.?

Project LEAP is a free 17-week class that teaches people how they can help plan for and design the HIV prevention and care services that are provided in the greater Houston area. The class is open to everyone, especially those who are living with HIV.

The goal is to train people living with HIV/AIDS so that they can participate in local HIV planning activities by serving on a planning body, such as the Ryan White Planning Council or the City of Houston HIV Prevention Community Planning Group (CPG).

What will I Learn?

Some of the topics covered in class include:

- Parliamentary Procedure (Robert's Rules of Order)
- HIV 101
- The History of HIV in the Houston Area
- HIV trends in the Houston area for populations such as African Americans, Hispanics, Women, Youth, Heterosexuals, Transgender, etc.
- HIV trends in the Houston area and available services for people with mental health issues, substance abuse issues, the homeless and the incarcerated/recently released.
- HIV and Co-infections, HIV and Chronic Diseases, HIV and Stigma
- Designing HIV Services
- The Ryan White Program Service Prioritization and Funding Allocation Process
- HIV Prevention in the Houston Area

Additional class activities may include:

- Attend a Ryan White Planning Council and Committee meeting.
- Attend an HIV Prevention Community Planning Group (CPG) Meeting.
- Attend a community meeting of your choice.
- Leadership skills and team building.
- Introduction to National, State, and Local HIV plans.
- Class Needs Assessment project and presentation to the Planning Council.

When Does the Class Meet?

Wednesdays, 10:00 am – 2:00 pm OR 5:30 pm – 9:30 pm

Lunch or dinner will be provided. Assistance with transportation and child care is available.

How Do I Apply?

A brief application and in-person interview are required. Applications are available by mail, fax, email, and can also be picked up in person or completed online.

If you have questions about Project L.E.A.P. or the application process, please contact the Ryan White Planning Council Office of Support at 832 927-7926 or visit www.rwpcHouston.org

Affected Community Committee
2020 Community Events (as of 02-26-20)

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 1	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	**Need 3 volunteers – distribute LEAP flyers:** Tana, Ronnie, Edward, Enrique and Tony AT 11 AM MEET AT THE FOOD TENT ON SIDE OF LIBRARY
OTHER EVENTS TO BE DETERMINED			
Saturday, June 27 12 noon (earlier set up)	Pride Festival	Downtown near City Hall	Shift 1 (11:30 am-2 pm): **PP:** Ronnie, Tana, Johnny and Skeet. Shift 2 (2-4:30 pm): Edward, Holly & Veronica Shift 3 (4:30-7 pm): **PP:** Josie, Tony & Gregory
August - February	Road 2 Success and Camino hacia tu Salud		Ronnie Galley
October	MISS UTOPIA	**NOTE CHANGE OF VENUE IN 2019** **Numbers Nightclub** **300 Westheimer, 77006**	**5 Volunteers: PP: Rod, Ronnie,** DISTRIBUTE LEAP FLYERS
Sunday, December 1	World AIDS Day Events	SEE CALENDAR OF EVENTS	Most committee members attend events DISTRIBUTE LEAP FLYERS

Greeters for 2020 Council Meetings

(Revised: 02-26-20)

2020 Meeting Dates (**Please arrive at 11:45 a.m.** Unless otherwise noted, the meetings are held at 2223 W. Loop South)	**Greeter #1** External Member	**Greeter #2**	**Greeter #3**
Thurs. February 13	Skeet Boyle	Holly Renee McLean	Veronica Ardoin
Thurs. March 12	Edward Tate	Ronnie Galley	Enriquez Chavez
Thurs. April 9	Kent Tillerson	Holly Renee McLean	Veronica Ardoin
Thurs. May 9	Josie	Gregory Hamilton	Tony Crawford
Thurs. June 11	Kent Tillerson	Ronnie Galley	Gregory Hamilton
Thurs. July 9	Edward Tate	Holly Renee McLean	Veronica Ardoin
Thurs. August 6			
Thurs. September 10			
Thurs. October 8			
Thurs. November 12 External Committee Member Appreciation			
Thurs. December 10			

Quality Improvement Committee Report

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 *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**9,783,470**	**0**	**100,096**	**0**	**0**	**9,883,566**	**44.04%**	**9,883,566**	**0**	[redacted]	**8,634,700**	**87%**	**92%**
1.a	Primary Care - Public Clinic (a)	3,591,064	0	0	0		3,591,064	16.00%	3,591,064	0	3/1/2019	$2,950,785	82%	92%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	0	25,032	0		965,479	4.30%	965,479	0	3/1/2019	$1,065,110	110%	92%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	25,032	0		811,456	3.62%	811,456	0	3/1/2019	$993,924	122%	92%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,023,797	0	25,032	0		1,048,829	4.67%	1,048,829	0	3/1/2019	$584,442	56%	92%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761	0	0	0		1,149,761	5.12%	1,149,761	0	3/1/2019	$860,055	75%	92%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540	0	0			1,874,540	8.35%	1,874,540	0	3/1/2019	$1,794,330	96%	92%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2019	$9,900	64%	92%
1.h	Vision	402,000	0	25,000	0		427,000	1.90%	427,000	0	3/1/2019	$376,155	88%	92%
2	**Medical Case Management**	**2,535,802**	**0**	**50,000**	**-120,000**	**0**	**2,465,802**	**10.99%**	**2,465,802**	**0**	[redacted]	**1,399,992**	**57%**	**92%**
2.a	Clinical Case Management	488,656	0	0	0		488,656	2.18%	488,656	0	3/1/2019	$439,447	90%	92%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.15%	482,722	0	3/1/2019	$160,513	33%	92%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	16,666	0		337,736	1.51%	337,736	0	3/1/2019	$240,116	71%	92%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	16,666	0		337,738	1.51%	337,738	0	3/1/2019	$93,218	28%	92%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	16,668	0		123,915	0.55%	123,915	0	3/1/2019	$80,615	65%	92%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	-60,000		288,760	1.29%	288,760	0	3/1/2019	$191,501	66%	92%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.80%	180,311	0	3/1/2019	$80,088	44%	92%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	-60,000		100,051	0.45%	100,051	0	3/1/2019	$20,562	21%	92%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.36%	80,025	0	3/1/2019	$63,360	79%	92%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.20%	45,888	0	3/1/2019	$30,574	67%	92%
3	**Local Pharmacy Assistance Program (a) (e)**	**2,657,166**	**500,000**	**125,126**	**0**	**0**	**3,282,292**	**14.63%**	**3,282,292**	**0**	3/1/2019	**$1,322,480**	**40%**	**92%**
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.74%**	**166,404**	**0**	3/1/2019	**152,850**	**92%**	**92%**
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0			166,404	0.74%	166,404	0	3/1/2019	$152,850	92%	92%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,173,070**	**166,000**	**0**	**0**	**0**	**1,339,070**	**5.97%**	**1,339,239**	**-169**	3/1/2019	**$927,010**	**69%**	**92%**
7	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**-10,000**	**0**	**35,677**	**0.16%**	**35,677**	**0**	3/1/2019	**$26,394**	**74%**	**92%**
9	**Early Intervention Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**0**	**0**	**0**	**341,395**	**1.52%**	**341,395**	**0**	3/1/2019	**$248,408**	**73%**	**92%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Outreach Services**	**420,000**	**0**				**420,000**	**1.87%**	**420,000**	**0**	**3/1/2019**	**$244,275**	**58%**	**92%**
13	**Emergency Financial Assistance**	**450,000**	**0**	**0**	**0**	**0**	**450,000**	**2.01%**	**450,000**	**0**	**3/1/2019**	**$303,163**	**67%**	**92%**
14	**Referral for Health Care and Support Services (c)**	**0**	**0**	**0**			**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
15	**Non-Medical Case Management**	**1,231,002**	**0**	**100,000**	**-25,000**	**0**	**1,306,002**	**5.82%**	**1,306,002**	**0**	[redacted]	**1,278,880**	**98%**	**92%**
15.a	Service Linkage targeted to Youth	110,793	0	0	-10,000		100,793	0.45%	100,793	0	3/1/2019	$99,963	99%	92%
15.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0		-15,000		85,000	0.38%	85,000	0	3/1/2019	$85,523	101%	92%
15.c	Service Linkage at Public Clinic (a)	427,000	0	0	0		427,000	1.90%	427,000	0	3/1/2019	$438,939	103%	92%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	100,000	0		693,209	3.09%	693,209	0	3/1/2019	$654,456	94%	92%
16	**Medical Transportation**	**424,911**	**0**	**0**	**0**	**0**	**424,911**	**1.89%**	**424,911**	**0**	[redacted]	**396,020**	**93%**	**92%**
16.a	Medical Transportation services targeted to Urban	252,680	0	0	0		252,680	1.13%	252,680	0	3/1/2019	$258,840	102%	92%
16.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.43%	97,185	0	3/1/2019	$62,134	64%	92%
16.c	Transportation vouchering (bus passes & gas cards)	75,046	0	0	0		75,046	0.33%	75,046	0	3/1/2019	$75,046	100%	0%
17	**Linguistic Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	$0	**0%**	**0%**
[redacted]	**Total Service Dollars**	**19,228,897**	**666,000**	**375,222**	**-155,000**	**0**	**20,115,119**	**87.77%**	**20,115,288**	**-169**	[redacted]	**14,934,172**	**74%**	**92%**
	Grant Administration	**1,675,047**	**119,600**	**0**	**0**	**0**	**1,794,647**	**8.00%**	**1,794,647**	**0**	**N/A**	**627,328**	**35%**	**92%**
[redacted]	HCPHES/RWGA Section	1,183,084	119,600	0		0	1,302,684	5.81%	1,302,684	0	N/A	$462,731	36%	92%
[redacted]	RWPC Support*	491,963			0	0	491,963	2.19%	491,963	0	N/A	164,598	33%	92%

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 *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
BE327521	**Quality Management**	**495,000**	**-119,600**	**0**	**0**	**0**	**375,400**	**1.67%**	**375,400**	**0**	**N/A**	**$84,702**	**23%**	**92%**
		21,398,944	**666,000**	**375,222**	**-155,000**	**0**	**22,285,166**	**97.44%**	**22,285,335**	**-169**		**15,646,202**	**70%**	**92%**
								Unallocated	Unobligated					
	Part A Grant Award:	**22,439,871**	***Carry Over:***	**465**		***Total Part A:***	**22,440,336**	**155,170**	**-169**					

		Original Allocation	Award Reconcilation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent
	Core (must not be less than 75% of total service dollars)	**16,702,984**	**666,000**	**275,222**	**-130,000**	**0**	**17,514,206**	**87.07%**	**12,711,834**	**85.12%**
	Non-Core (may not exceed 25% of total service dollars)	**2,525,913**	**0**	**100,000**	**-25,000**	**0**	**2,600,913**	**12.93%**	**2,222,338**	**14.88%**
	Total Service Dollars (does not include Admin and QM)	**19,228,897**	**666,000**	**375,222**	**-155,000**	**0**	**20,115,119**		**14,934,172**	
	Total Admin (must be ≤ 10% of total Part A + MAI)	**1,675,047**	**119,600**	**0**	**0**	**0**	**1,794,647**	**8.00%**		
	Total QM (must be ≤ 5% of total Part A + MAI)	**495,000**	**-119,600**	**0**	**0**	**0**	**375,400**	**1.67%**		

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**1,846,845**	**40,438**	**18,861**	**0**	**0**	**1,906,144**	**85.62%**	**1,906,144**	**0**		**1,619,750**	**85%**	**42%**
1.b (MAI)	Primary Care - CBO Targeted to African American	934,693	20,219	9,430	0	0	964,342	43.32%	964,342	0	3/1/2019	$951,225	99%	42%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	912,152	20,219	9,431	0	0	941,802	42.30%	941,802	0	3/1/2019	$668,525	71%	42%
2	**Medical Case Management**	**320,100**	**0**	**0**	**0**	**0**	**320,100**	**14.38%**	**320,100**	**0**		**$148,688**	**46%**	**42%**
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.19%	160,050	0	3/1/2019	$96,908	61%	42%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.19%	160,050	0	3/1/2019	$51,780	32%	42%
	Total MAI Service Funds	**2,166,945**	**40,438**	**18,861**	**0**	**0**	**2,226,244**	**100.00%**	**2,226,244**	**0**		**1,768,438**	**79%**	**42%**
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**		**0**	**0%**	**0%**
BE027510	**Total MAI Funds**	**2,166,945**	**40,438**	**18,861**	**0**	**0**	**2,226,244**	**100.00%**	**2,226,244**	**0**		**1,768,438**	**79%**	**42%**
	MAI Grant Award	**2,226,244**	***Carry Over:***	**0**		***Total MAI:***	**2,226,244**							
	Combined Part A and MAI Orginial 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

Prepared by: Ryan White Grant Administration

FY 2018 Ryan White Part A and MAI Service Utilization Report

SUR - 3rd Quarter Cumulative (3/1-11/30)																				
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Verify	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	Verify	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	Verify
1	**Outpatient/Ambulatory Primary Care (excluding Vision)**	**6,467**	**7,062**	**73%**	**27%**	**100%**	**47%**	**14%**	**2%**	**36%**	**100%**	**0%**	**1%**	**4%**	**27%**	**26%**	**13%**	**26%**	**2%**	**100%**
1.a	Primary Care - Public Clinic (a)	2,350	3,215	69%	31%	100%	50%	10%	2%	38%	100%	0%	0%	2%	18%	26%	15%	35%	4%	100%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	1,543	68%	32%	100%	99%	0%	1%	0%	100%	0%	0%	8%	39%	27%	10%	15%	1%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,218	85%	15%	100%	0%	0%	0%	100%	100%	0%	1%	5%	30%	30%	14%	19%	1%	100%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	653	88%	12%	100%	0%	87%	11%	1%	100%	0%	0%	4%	26%	20%	16%	30%	3%	100%
1.e	Primary Care - CBO Targeted to Rural (a)	400	590	71%	29%	100%	46%	25%	2%	28%	100%	0%	0%	7%	32%	27%	11%	21%	2%	100%
1.f	Primary Care - Women at Public Clinic (a)	1,000	998	0%	100%	100%	60%	8%	2%	30%	100%	0%	0%	1%	14%	29%	18%	33%	5%	100%
1.g	Primary Care - Pediatric (a)	7	10	80%	20%	100%	30%	10%	0%	60%	100%	10%	60%	30%	0%	0%	0%	0%	0%	100%
1.h	Vision	1,600	1,971	74%	26%	100%	50%	15%	2%	33%	100%	0%	0%	4%	24%	22%	14%	33%	2%	100%
2	**Medical Case Management (f)**	**3,075**	**4,518**																	
2.a	Clinical Case Management	600	899	73%	27%	100%	63%	18%	2%	17%	100%	0%	0%	5%	27%	25%	11%	29%	3%	100%
2.b	Med CM - Targeted to Public Clinic (a)	280	577	92%	8%	100%	60%	9%	2%	29%	100%	0%	1%	3%	28%	22%	13%	30%	3%	100%
2.c	Med CM - Targeted to AA (a)	550	1,544	69%	31%	100%	99%	0%	0%	0%	100%	0%	0%	8%	35%	25%	10%	20%	2%	100%
2.d	Med CM - Targeted to H/L(a)	550	827	86%	14%	100%	0%	0%	0%	100%	100%	0%	1%	7%	32%	30%	10%	18%	2%	100%
2.e	Med CM - Targeted to White and/or MSM (a)	260	395	87%	13%	100%	0%	89%	11%	0%	100%	0%	1%	3%	25%	21%	15%	32%	4%	100%
2.f	Med CM - Targeted to Rural (a)	150	659	70%	30%	100%	49%	28%	3%	21%	100%	0%	0%	7%	27%	22%	11%	29%	4%	100%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	231	0%	100%	100%	65%	9%	3%	23%	100%	0%	0%	1%	16%	29%	19%	30%	3%	100%
2.h	Med CM - Targeted to Pedi (a)	125	98	65%	35%	100%	72%	4%	0%	23%	100%	63%	29%	8%	0%	0%	0%	0%	0%	100%
2.i	Med CM - Targeted to Veterans	200	167	96%	4%	100%	71%	19%	1%	10%	100%	0%	0%	0%	2%	4%	8%	63%	23%	100%
2.j	Med CM - Targeted to Youth	120	20	95%	5%	100%	45%	5%	0%	50%	100%	0%	15%	85%	0%	0%	0%	0%	0%	100%
3	**Local Drug Reimbursement Program (a)**	**2,845**	**3,707**	**77%**	**23%**	**100%**	**47%**	**15%**	**2%**	**35%**	**100%**	**0%**	**0%**	**5%**	**29%**	**28%**	**14%**	**23%**	**1%**	**100%**
4	**Oral Health**	**200**	**279**	**69%**	**31%**	**100%**	**42%**	**30%**	**2%**	**27%**	**100%**	**0%**	**0%**	**5%**	**20%**	**30%**	**11%**	**30%**	**4%**	**100%**
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	279	69%	31%	100%	42%	30%	2%	27%	100%	0%	0%	5%	20%	30%	11%	30%	4%	100%
5	**Mental Health Services (d)**	**NA**	**NA**																	
6	**Health Insurance**	**1,700**	**1,337**	**81%**	**19%**	**100%**	**43%**	**27%**	**3%**	**27%**	**100%**	**0%**	**0%**	**3%**	**15%**	**20%**	**15%**	**39%**	**8%**	**100%**
7	**Home and Community Based Services (d)**	**NA**	**NA**																	
8	**Substance Abuse Treatment - Outpatient**	**40**	**20**	**95%**	**5%**	**100%**	**20%**	**50%**	**5%**	**25%**	**100%**	**0%**	**0%**	**0%**	**40%**	**25%**	**15%**	**20%**	**0%**	**100%**
9	**Early Medical Intervention Services (d)**	**NA**	**NA**																	
10	**Medical Nutritional Therapy/Nutritional Supplements**	**650**	**434**	**79%**	**21%**	**100%**	**40%**	**21%**	**3%**	**36%**	**100%**	**0%**	**0%**	**2%**	**13%**	**15%**	**16%**	**46%**	**8%**	**100%**
11	**Hospice Services (d)**	**NA**	**NA**																	
12	**Outreach**	**NA**	**602**	**74%**	**26%**	**100%**	**57%**	**13%**	**1%**	**29%**	**100%**	**0%**	**0%**	**6%**	**32%**	**25%**	**13%**	**22%**	**2%**	**100%**
13	**Non-Medical Case Management**	**7,045**	**6,106**																	
13.a	Service Linkage Targeted to Youth	320	150	81%	19%	100%	59%	5%	5%	31%	100%	0%	13%	87%	0%	0%	0%	0%	0%	100%
13.b	Service Linkage at Testing Sites	260	117	68%	32%	100%	68%	6%	2%	25%	100%	0%	0%	0%	53%	21%	9%	15%	2%	100%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	2,822	66%	34%	100%	61%	10%	2%	27%	100%	0%	0%	0%	18%	23%	14%	40%	6%	100%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	3,017	78%	22%	100%	53%	13%	2%	32%	100%	0%	1%	7%	31%	23%	13%	23%	2%	100%
14	**Transportation**	**2,850**	**2,591**																	
14.a	Transportation Services - Urban	170	442	67%	33%	100%	63%	12%	3%	23%	100%	0%	0%	7%	29%	24%	14%	24%	2%	100%
14.b	Transportation Services - Rural	130	144	69%	31%	100%	43%	33%	3%	21%	100%	0%	1%	3%	19%	24%	13%	35%	5%	100%
14.c	Transportation vouchering	2,550	2,005																	
15	**Linguistic Services (d)**	**NA**	**NA**																	
16	**Emergency Financial Assistance (e)**	**NA**	**NA**																	
17	**Referral for Health Care - Non Core Service (d)**	**NA**	**NA**																	
Net unduplicated clients served - all categories*		**12,941**	**12,318**	**74%**	**26%**	**100%**	**53%**	**15%**	**2%**	**30%**	**100%**	**1%**	**1%**	**5%**	**24%**	**24%**	**13%**	**30%**	**4%**	**100%**
Living AIDS cases + estimated Living HIV non-AIDS (from FY 17 App) (b)		**NA**	**22,830**	**74%**	**26%**	**100%**	**49%**	**23%**	**3%**	**25%**	**100%**	**0%**	**6%**		**18%**	**27%**	**30%**	**18%**		**100%**

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

Available Data As Of: 2/18/2020

Prepared by: Ryan White Grant Administration

FY 2018 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report

Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Verify	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	Verify	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	Verify
	Outpatient/Ambulatory Primary Care (excluding Vision)																			
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,889	73%	27%	100%	99%	0%	1%	0%	100%	0%	1%	7%	37%	25%	11%	18%	1%	100%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,239	87%	13%	100%	0%	0%	0%	100%	100%	0%	1%	6%	31%	32%	12%	17%	1%	100%
2	**Medical Case Management (f)**																			
2.c	Med CM - Targeted to AA (a)	1,060	542	77%	23%	100%	48%	17%	3%	32%	100%	0%	1%	9%	32%	28%	12%	18%	1%	
2.d	Med CM - Targeted to H/L(a)	960	122	80%	20%	100%	59%	20%	3%	17%	100%	0%	1%	10%	40%	19%	7%	20%	3%	

RW Part A New Client Service Utilization Report

Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/12 - 2/28/13)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Verify	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	Verify	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	Verify
1	**Primary Medical Care**	2,100	1,477	76%	24%	100%	54%	13%	3%	30%	100%	0%	1%	8%	35%	24%	11%	18%	2%	100%
2	**LPAP**	1,200	542	77%	23%	100%	48%	17%	3%	32%	100%	0%	1%	9%	32%	28%	12%	18%	1%	100%
3.a	Clinical Case Management	400	122	80%	20%	100%	59%	20%	3%	17%	100%	0%	1%	10%	40%	19%	7%	20%	3%	100%
3.b-3.h	Medical Case Management	1,600	1027	76%	24%	100%	57%	12%	2%	29%	100%	3%	2%	9%	35%	23%	10%	17%	1%	100%
3.i	Medical Case Manangement - Targeted to Veterans	60	32	97%	3%	100%	69%	16%	0%	16%	100%	0%	0%	0%	3%	9%	19%	44%	25%	100%
4	**Oral Health**	40	41	80%	20%	100%	46%	27%	0%	27%	100%	0%	2%	15%	24%	27%	10%	20%	2%	100%
12.a. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	3,700	1,655	74%	26%	100%	58%	11%	2%	28%	100%	0%	2%	7%	29%	22%	12%	24%	4%	100%
12.b	**Service Linkage at Testing Sites**	260	130	73%	27%	100%	67%	5%	2%	26%	100%	0%	2%	22%	41%	16%	7%	11%	2%	100%

Footnotes:

(a) Bundled Category

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

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

(e) Not funded in FY 2017

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

Available Data As Of: 2/18/2020

Harris County
Public Health
Building a Healthy Community

Ryan White Part A
Quality Management Program
Clinical Quality Management Quarterly Report

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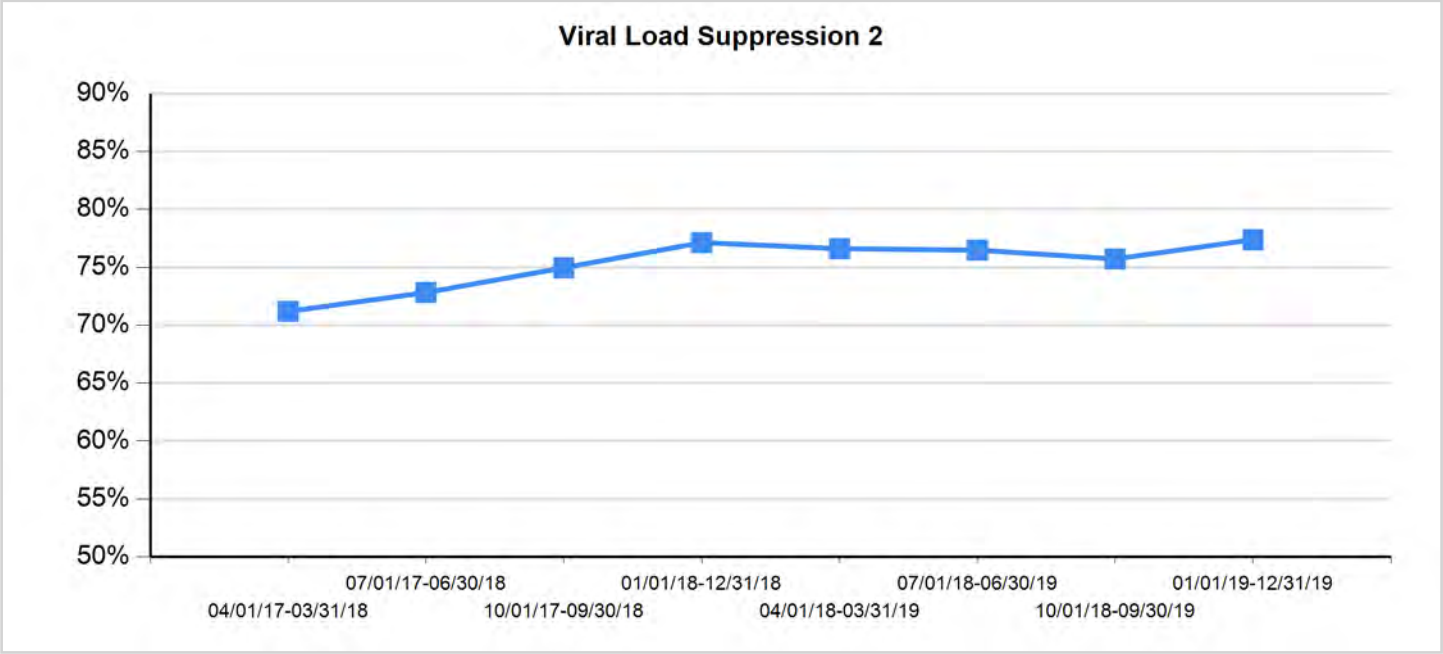
HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

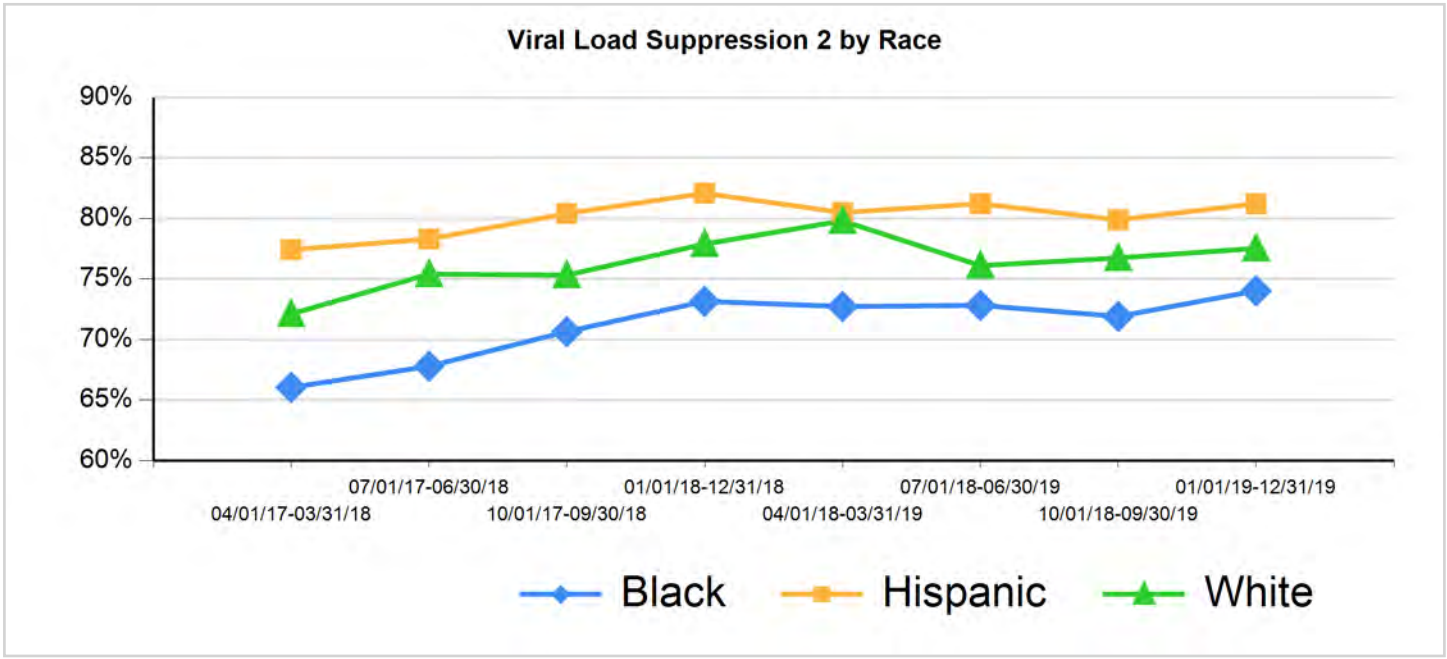
Clinical Quality Management Committee Quarterly Report

Last Quarter Start Date: **1/1/2019**

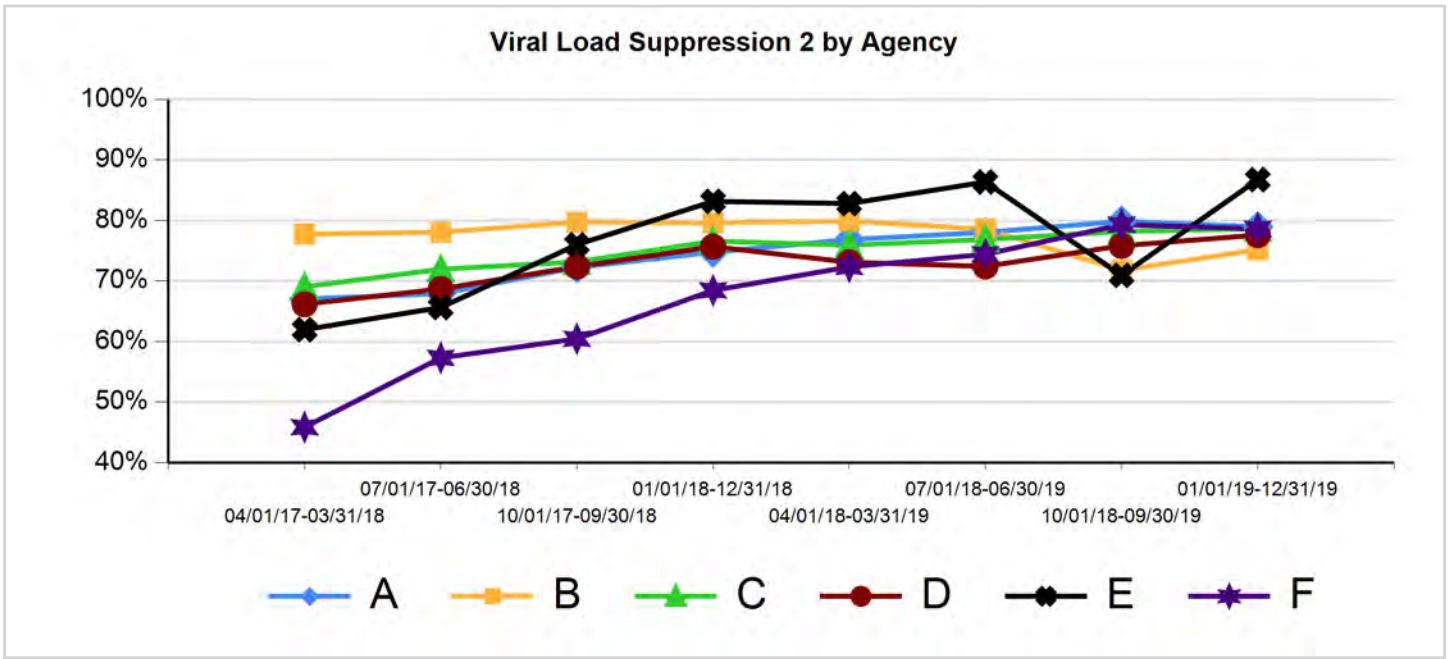
Viral Load Suppression 2- HAB Measure				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who have a viral load of <200 copies/ml during the measurement year	6,209	6,325	6,418	6,642
Number of clients who have had at least 1 medical visit with a provider with prescribing privileges	8,105	8,270	8,476	8,583
Percentage	76.6%	76.5%	75.7%	77.4%
Change from Previous Quarter Results	-0.5%	-0.1%	-0.8%	1.7%



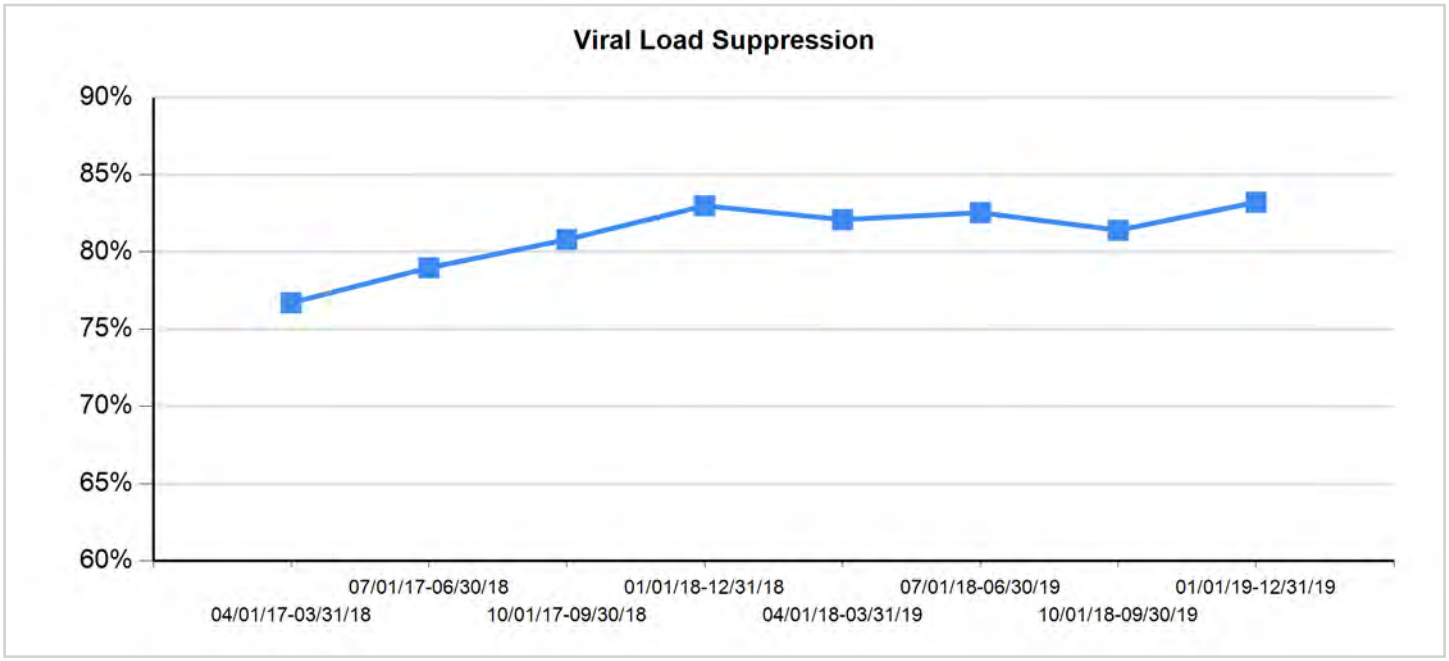
VL Suppression 2 by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load of <200 copies/ml during the measurement year	2,915	2,461	793	2,938	2,495	818	3,049	2,602	828
Number of clients who have had at least 1 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	4,003	3,030	1,042	4,086	3,123	1,066	4,119	3,204	1,068
Percentage	72.8%	81.2%	76.1%	71.9%	79.9%	76.7%	74.0%	81.2%	77.5%
Change from Previous Quarter Results	0.1%	0.7%	-3.7%	-0.9%	-1.3%	0.6%	2.1%	1.3%	0.8%



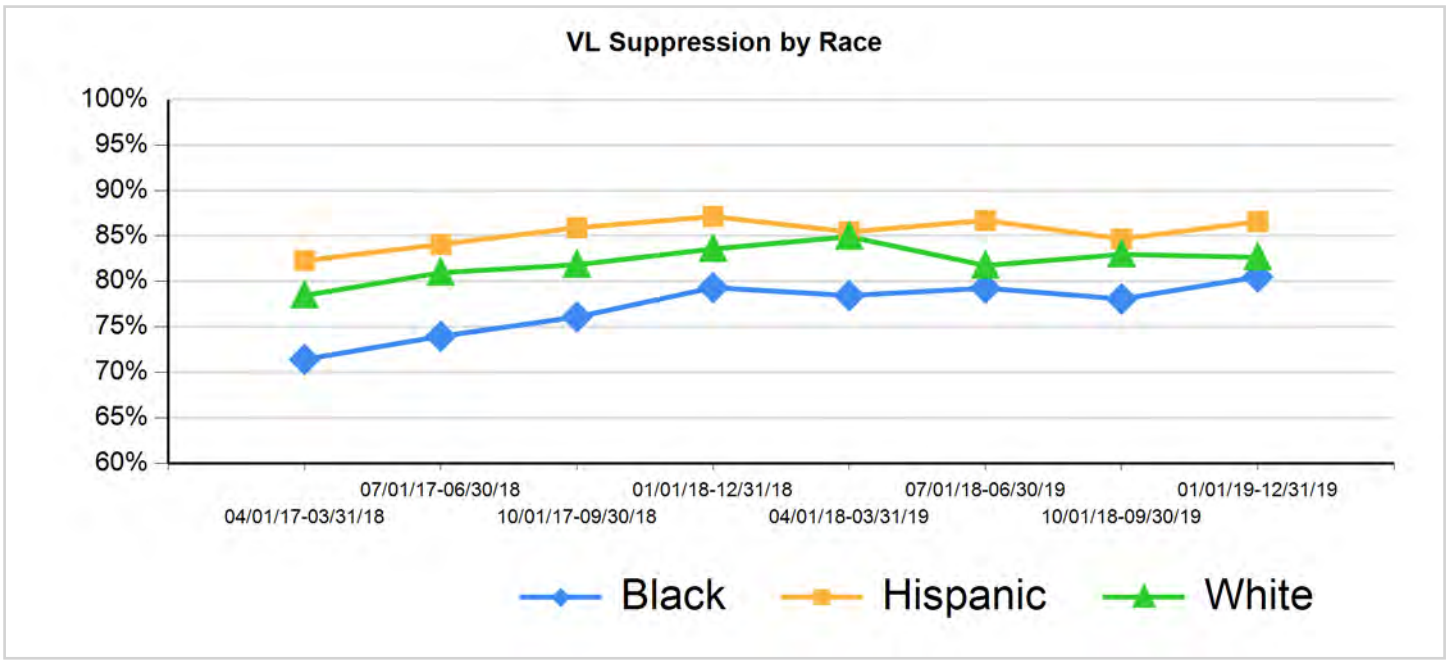
Viral Load 2 Suppression by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients who have a viral load of <200 copies/ml during the measurement year	567	1,993	2,076	1,530	61	299	544	2,077	2,132	1,607	72	331
Number of clients who have had at least 1 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	710	2,776	2,655	2,018	86	377	689	2,764	2,711	2,071	83	421
Percentage	79.9%	71.8%	78.2%	75.8%	70.9%	79.3%	79.0%	75.1%	78.6%	77.6%	86.7%	78.6%
Change from Previous Quarter Results	1.8%	-6.8%	1.3%	3.4%	-15.4%	4.9%	-0.9%	3.4%	0.5%	1.8%	15.8%	-0.7%



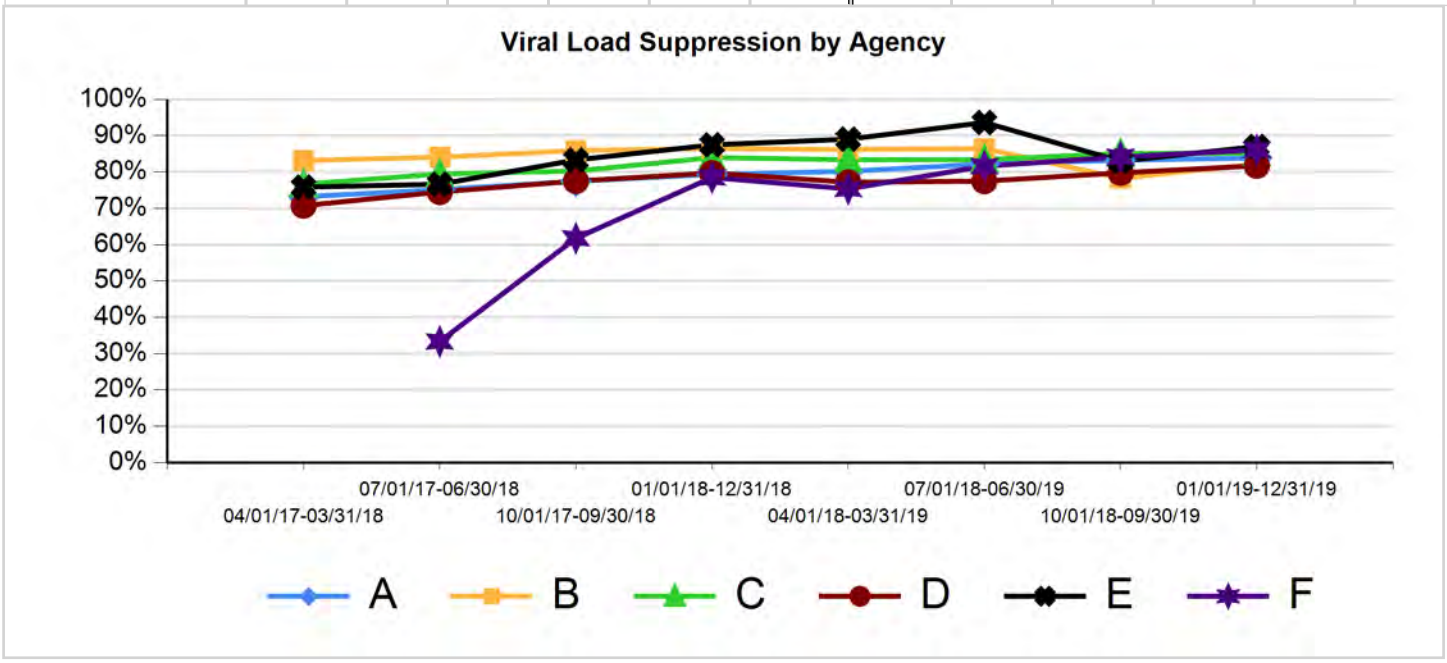
Viral Load Suppression				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who have a viral load of <200 copies/ml during the measurement year	4,705	4,829	4,873	5,084
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	5,731	5,850	5,986	6,109
Percentage	82.1%	82.5%	81.4%	83.2%
Change from Previous Quarter Results	-0.9%	0.4%	-1.1%	1.8%



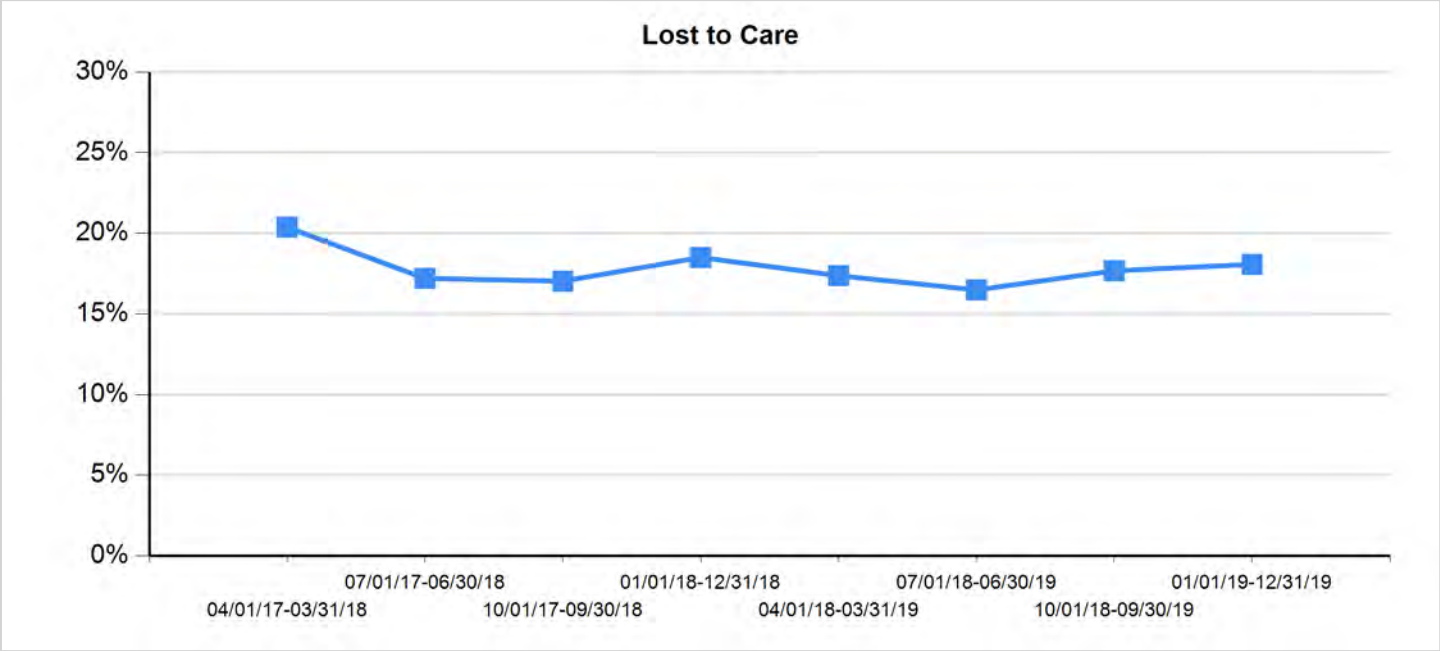
VL Suppression by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load of <200 copies/ml during the measurement year	2,163	1,944	609	2,192	1,950	609	2,299	2,037	624
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	2,729	2,242	745	2,808	2,303	734	2,856	2,353	755
Percentage	79.3%	86.7%	81.7%	78.1%	84.7%	83.0%	80.5%	86.6%	82.6%
Change from Previous Quarter Results	0.8%	1.3%	-3.2%	-1.2%	-2.0%	1.2%	2.4%	1.9%	-0.3%



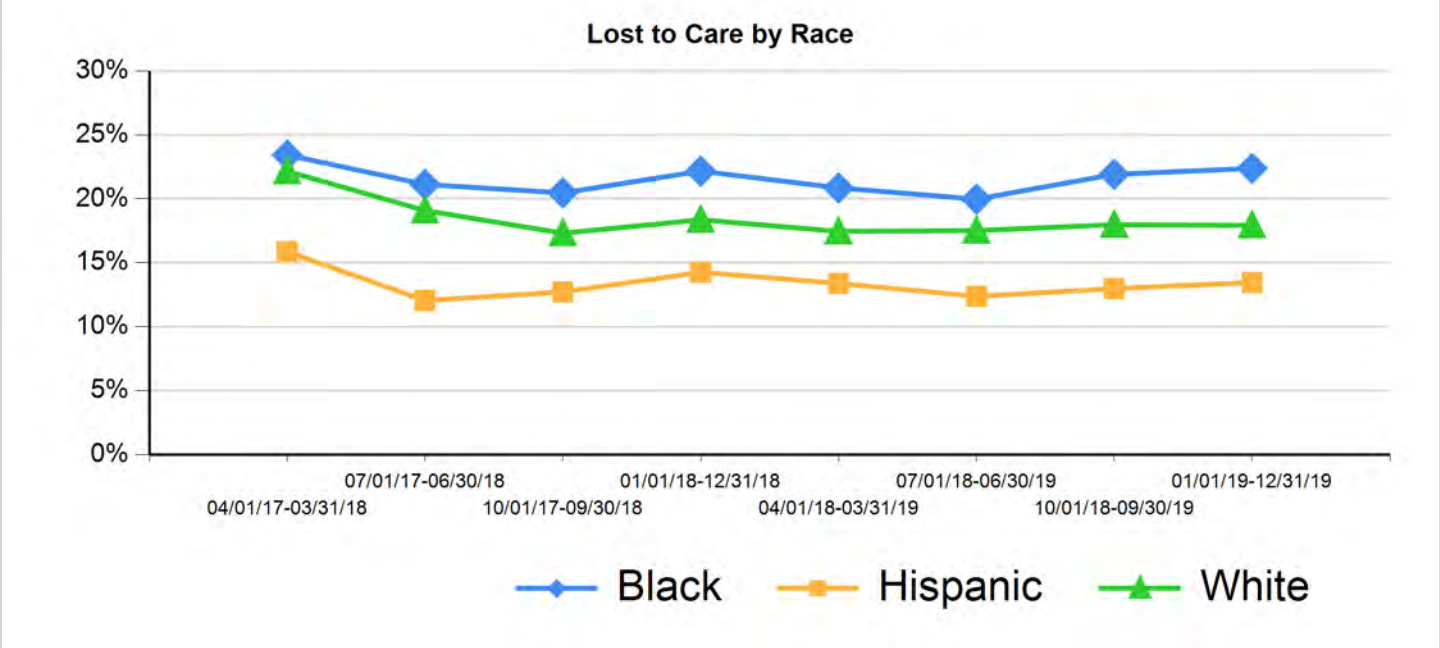
VL Suppression by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients who have a viral load of <200 copies/ml during the measurement year	498	1,423	1,453	1,310	44	170	479	1,492	1,539	1,392	47	186
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	598	1,817	1,707	1,642	53	202	571	1,815	1,806	1,703	54	216
Percentage	83.3%	78.3%	85.1%	79.8%	83.0%	84.2%	83.9%	82.2%	85.2%	81.7%	87.0%	86.1%
Change from Previous Quarter Results	1.0%	-8.1%	1.7%	2.3%	-10.6%	2.5%	0.6%	3.9%	0.1%	2.0%	4.0%	2.0%



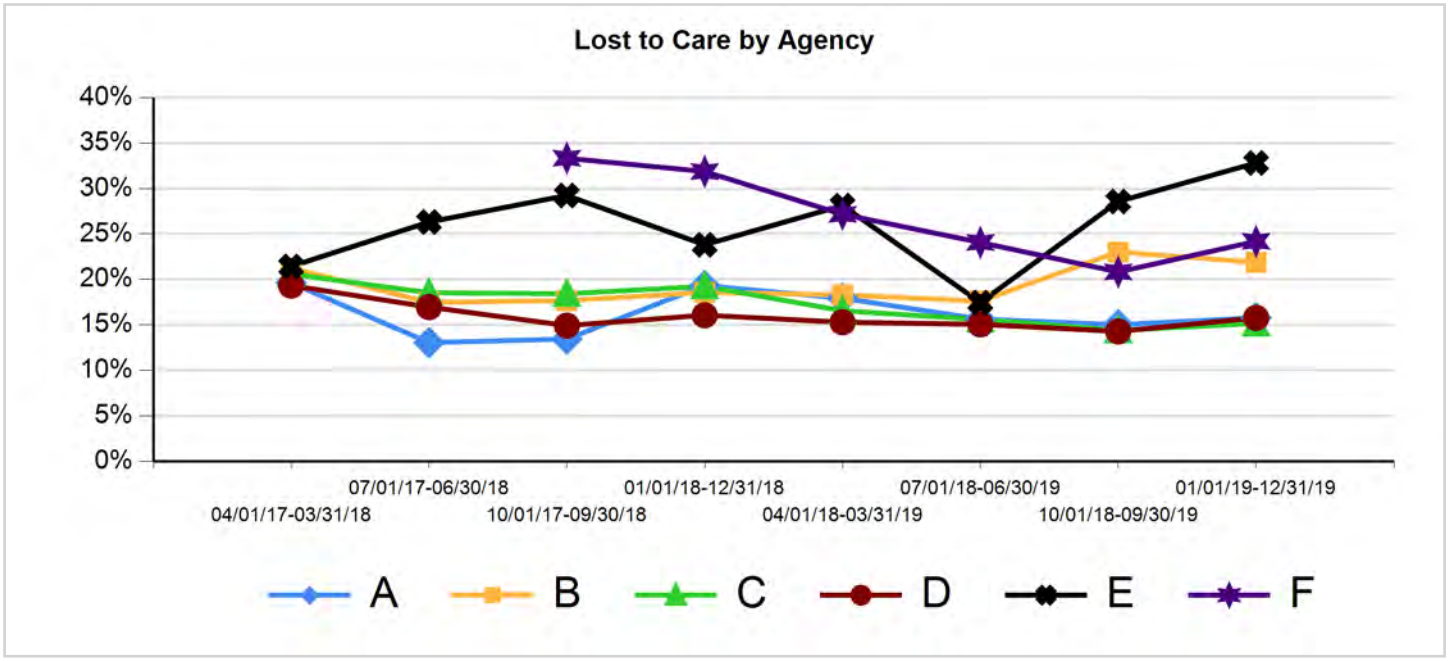
Lost to Care				
In+Care Campaign Gap Measure				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	991	937	1,050	1,120
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	5,705	5,683	5,941	6,198
Percentage	17.4%	16.5%	17.7%	18.1%
Change from Previous Quarter Results	-1.1%	-0.9%	1.2%	0.4%



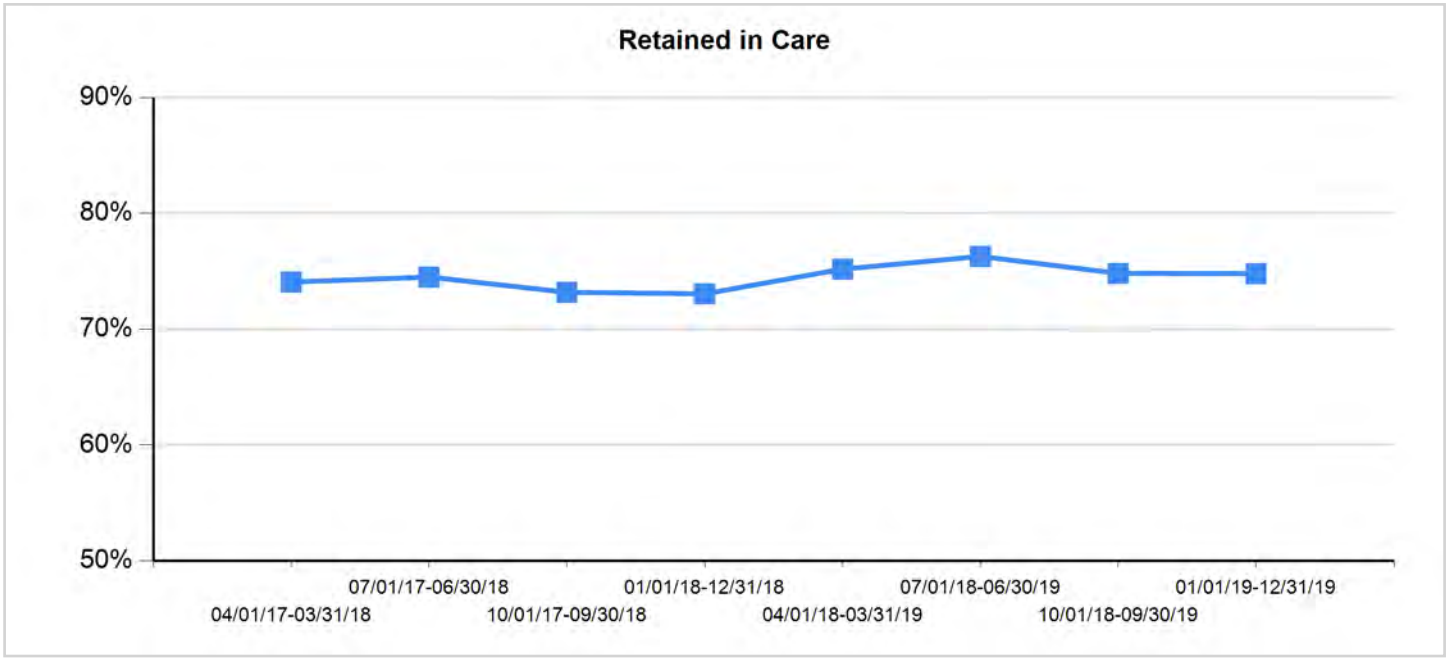
Lost to Care by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	524	275	124	605	301	131	644	325	136
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	2,624	2,223	708	2,761	2,320	729	2,878	2,415	759
Percentage	20.0%	12.4%	17.5%	21.9%	13.0%	18.0%	22.4%	13.5%	17.9%
Change from Previous Quarter Results	-0.9%	-1.0%	0.1%	1.9%	0.6%	0.5%	0.5%	0.5%	-0.1%



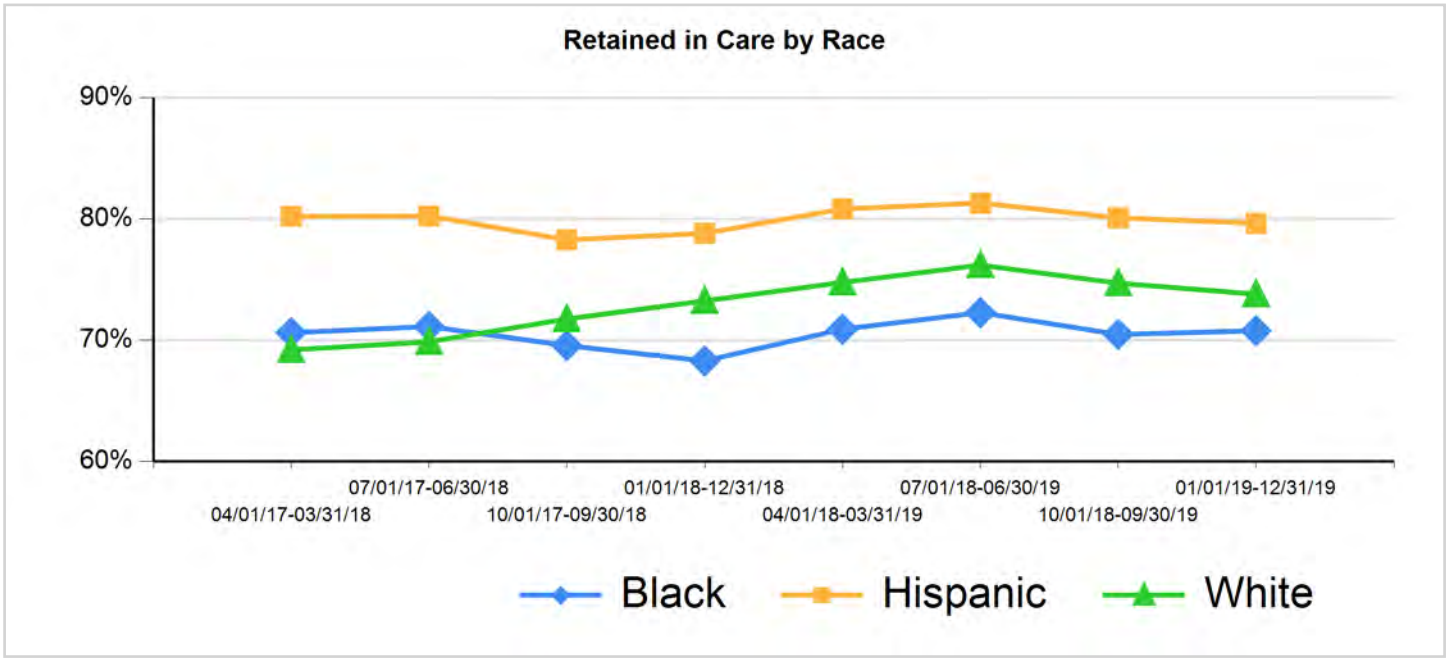
Lost to Care by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	83	453	248	207	18	46	89	444	275	240	21	60
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	553	1,968	1,723	1,450	63	221	564	2,030	1,814	1,522	64	248
Percentage	15.0%	23.0%	14.4%	14.3%	28.6%	20.8%	15.8%	21.9%	15.2%	15.8%	32.8%	24.2%
Change from Previous Quarter Results	-0.6%	5.4%	-1.2%	-0.8%	11.1%	-3.2%	0.8%	-1.1%	0.8%	1.5%	4.2%	3.4%



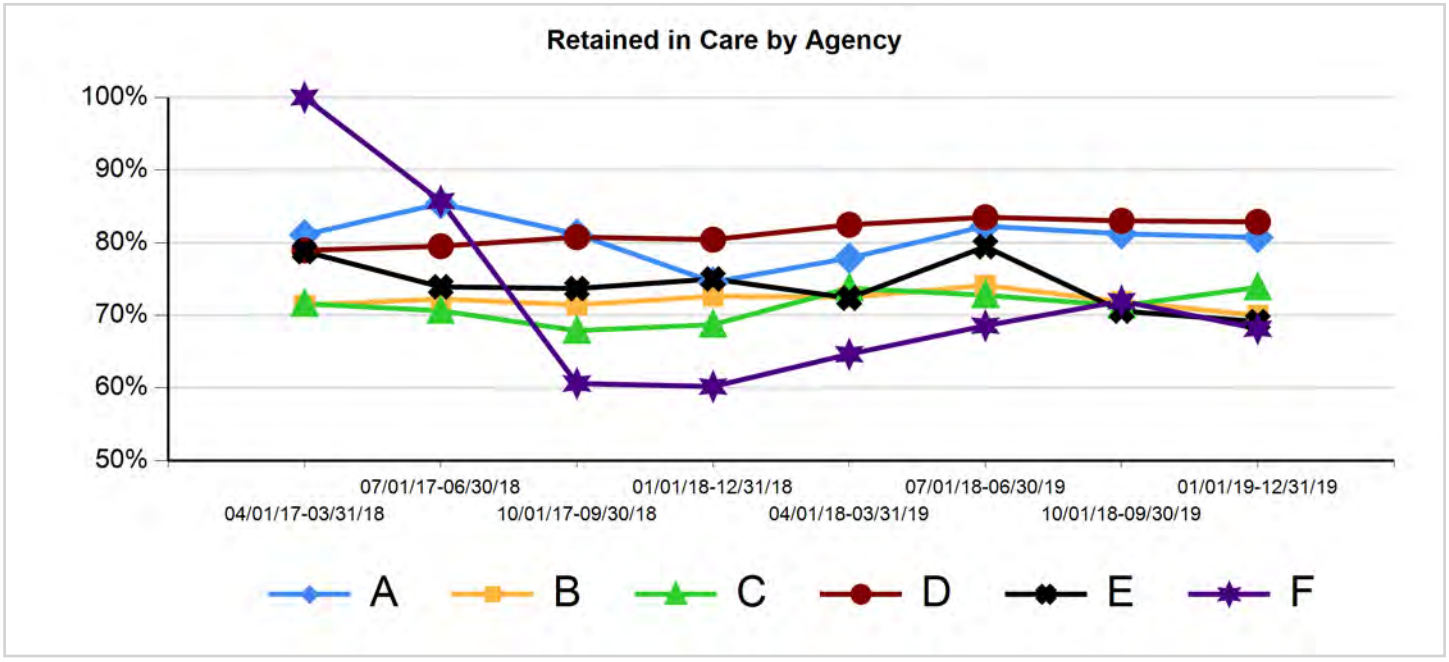
Retained in Care				
Houston EMA Medical Visits Measure				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who had 2 or more medical visits at least 3 months apart during the measurement year*	4,663	4,706	4,808	4,947
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	6,202	6,169	6,426	6,614
Percentage	75.2%	76.3%	74.8%	74.8%
Change from Previous Quarter Results	2.1%	1.1%	-1.5%	0.0%
* Not newly enrolled in care				



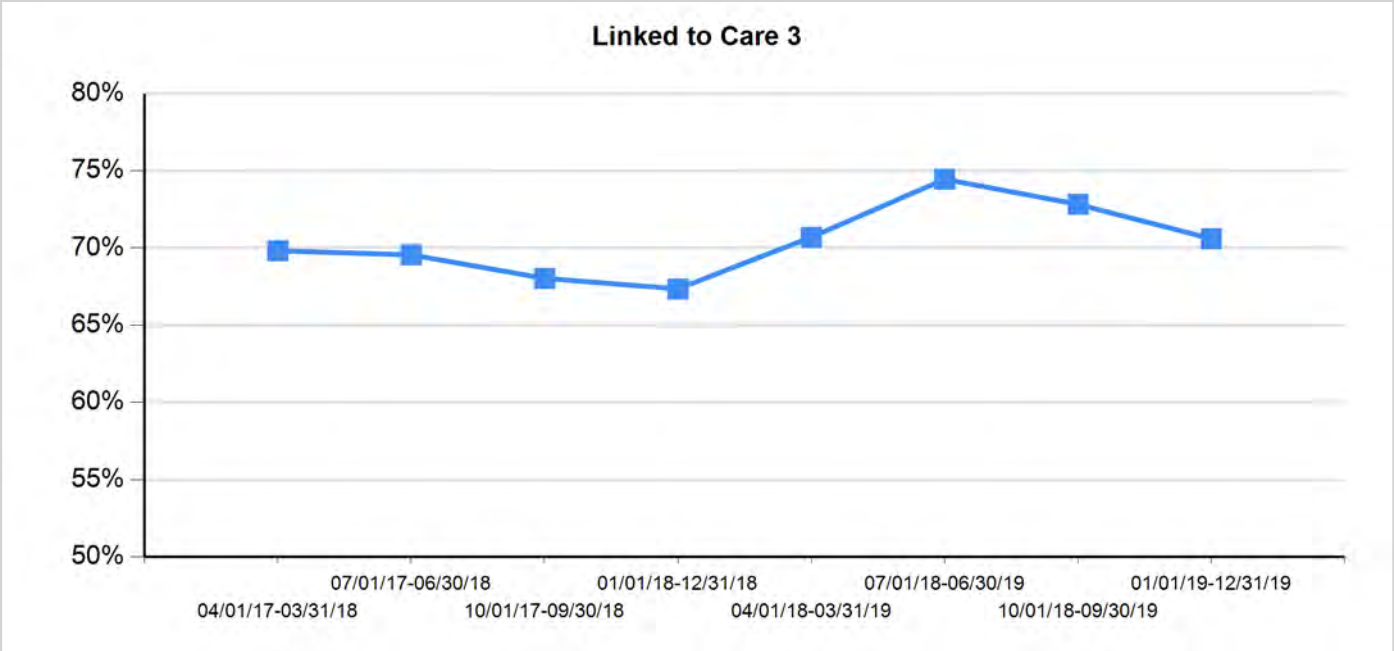
Retained in Care by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had 2 or more medical visits at least 3 months apart during the measurement year	2,089	1,909	598	2,137	1,958	599	2,200	2,017	605
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	2,891	2,348	785	3,033	2,445	802	3,109	2,533	820
Percentage	72.3%	81.3%	76.2%	70.5%	80.1%	74.7%	70.8%	79.6%	73.8%
Change from Previous Quarter Results	1.4%	0.5%	1.4%	-1.8%	-1.2%	-1.5%	0.3%	-0.5%	-0.9%



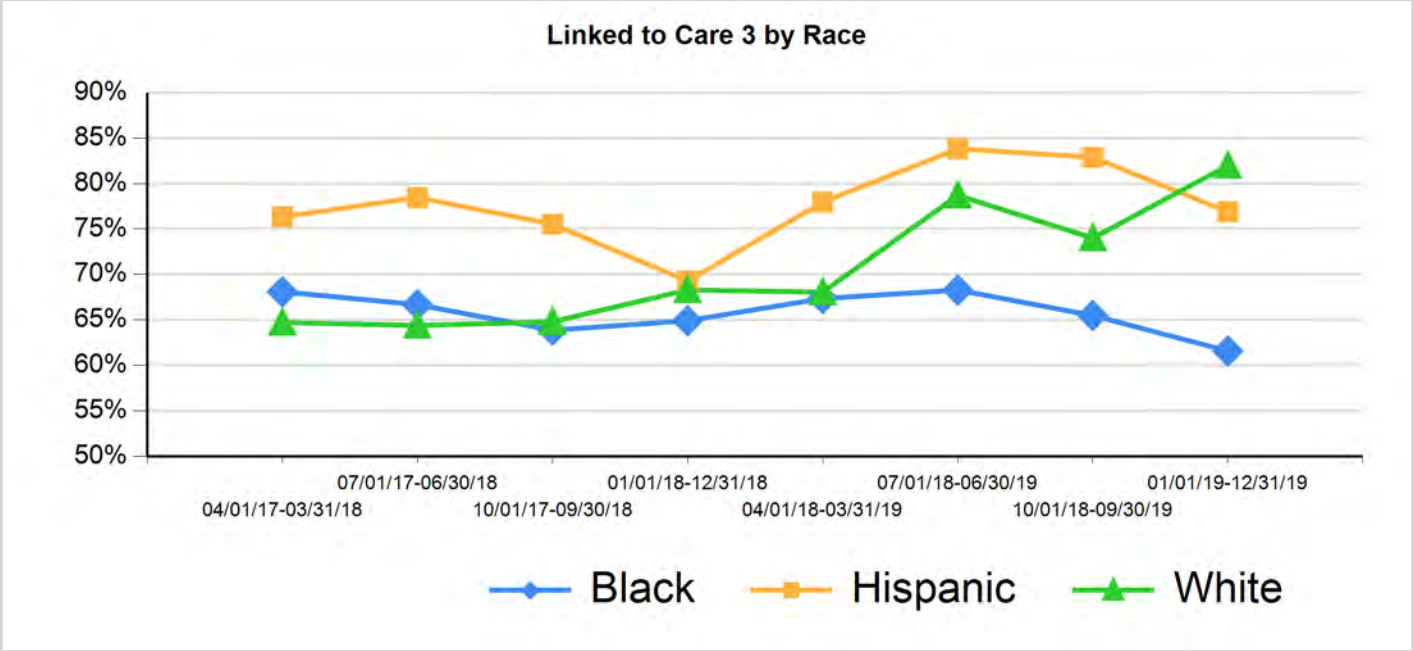
Retained in Care by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients who had 2 or more medical visits at least 3 months apart during the measurement year	476	1,510	1,384	1,334	48	177	486	1,493	1,486	1,383	47	184
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	586	2,101	1,941	1,607	68	246	602	2,133	2,012	1,669	68	270
Percentage	81.2%	71.9%	71.3%	83.0%	70.6%	72.0%	80.7%	70.0%	73.9%	82.9%	69.1%	68.1%
Change from Previous Quarter Results	-1.0%	-2.3%	-1.5%	-0.5%	-8.9%	3.4%	-0.5%	-1.9%	2.6%	-0.1%	-1.5%	-3.8%



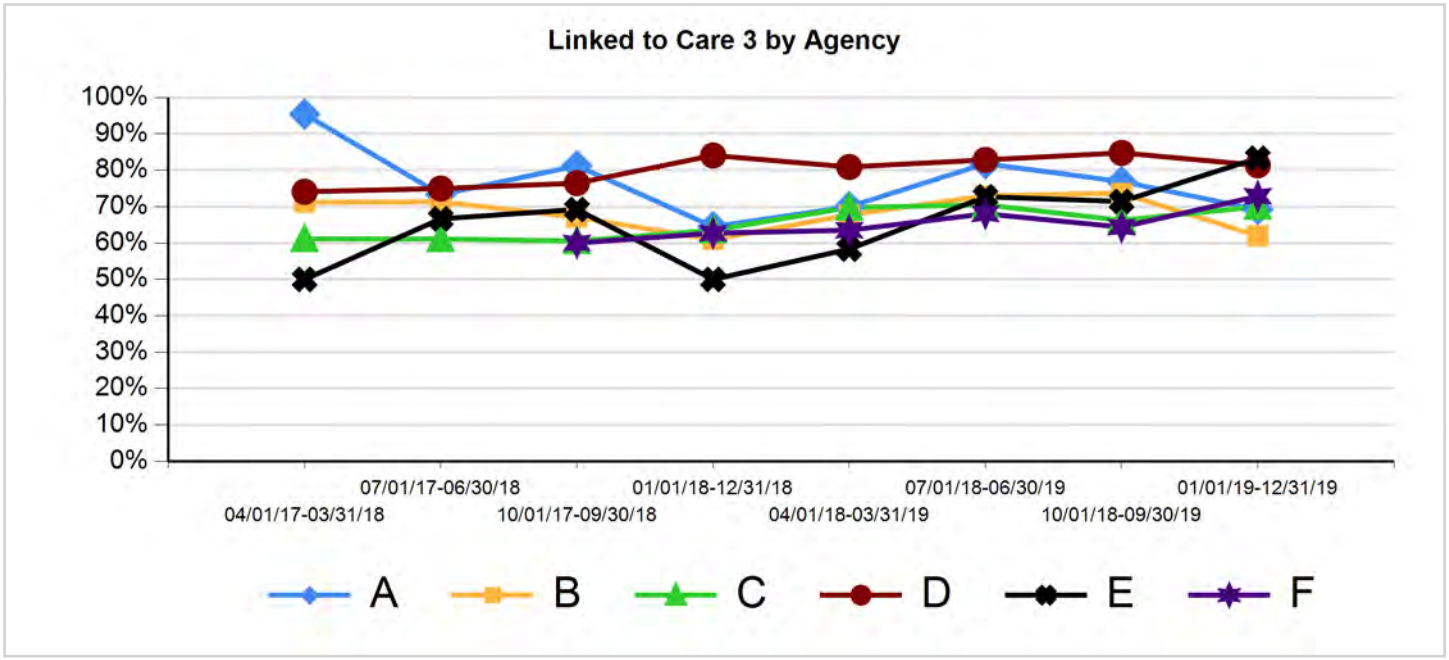
Linked to Care 3				
Medical Visits for Newly Enrolled Clients				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	427	408	394	377
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	604	548	541	534
Percentage	70.7%	74.5%	72.8%	70.6%
Change from Previous Quarter Results	3.3%	3.8%	-1.6%	-2.2%



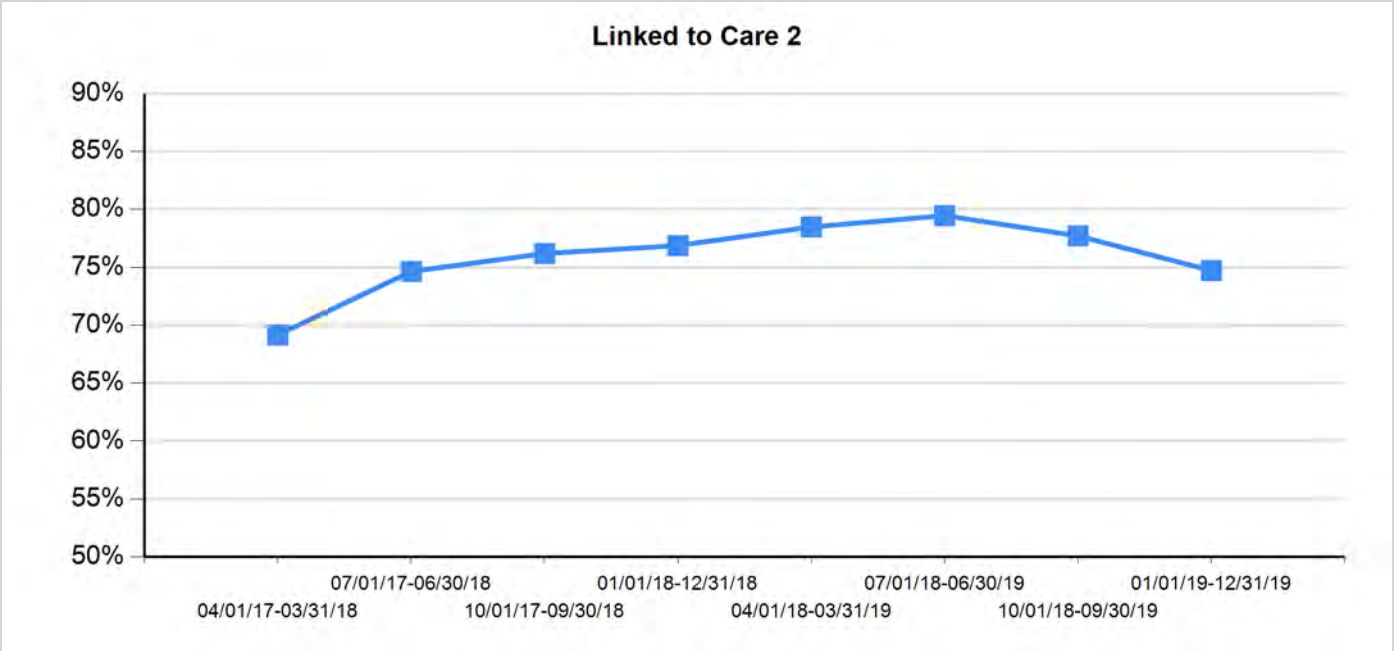
Linked to Care 3 by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	198	145	48	184	155	37	149	163	50
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	290	173	61	281	187	50	242	212	61
Percentage	68.3%	83.8%	78.7%	65.5%	82.9%	74.0%	61.6%	76.9%	82.0%
Change from Previous Quarter Results	0.9%	5.9%	10.6%	-2.8%	-0.9%	-4.7%	-3.9%	-6.0%	8.0%



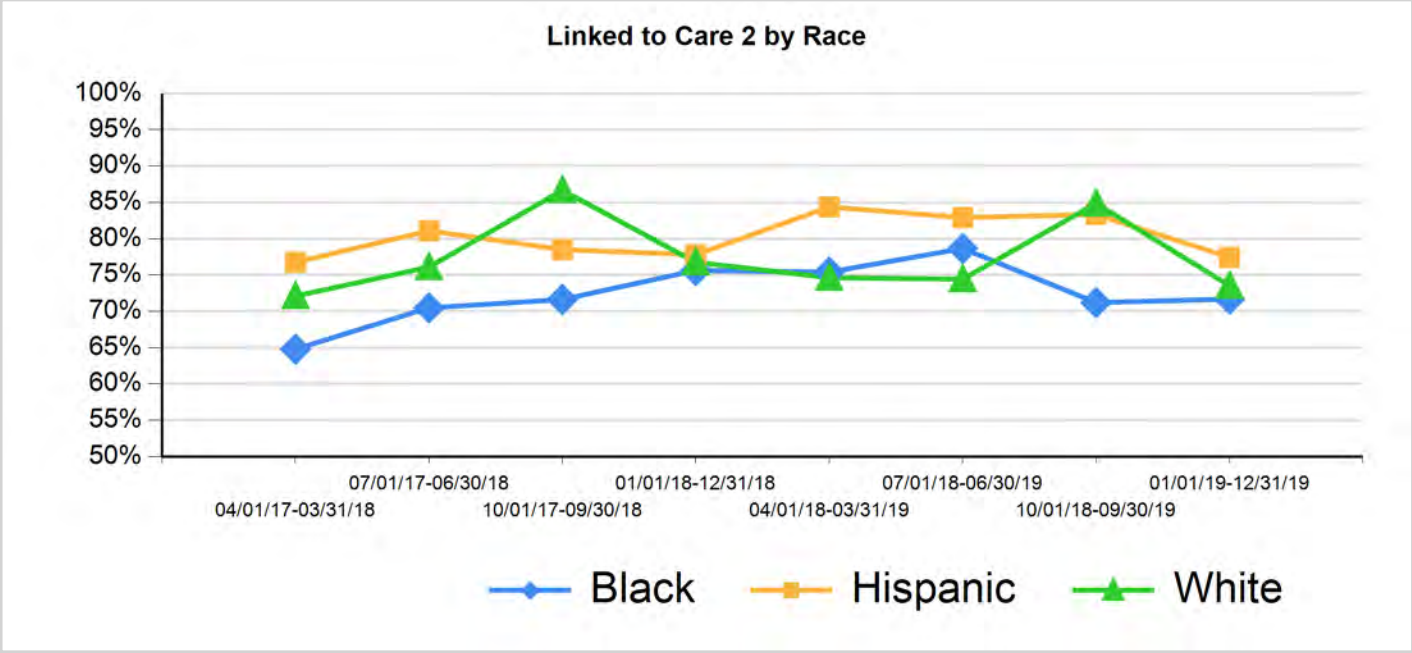
Linked to Care 3 by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	20	115	104	106	5	47	18	93	119	105	5	43
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	26	156	157	125	7	73	26	150	170	129	6	59
Percentage	76.9%	73.7%	66.2%	84.8%	71.4%	64.4%	69.2%	62.0%	70.0%	81.4%	83.3%	72.9%
Change from Previous Quarter Results	-4.9%	0.7%	-4.3%	1.9%	-1.3%	-3.7%	-7.7%	-11.7%	3.8%	-3.4%	11.9%	8.5%



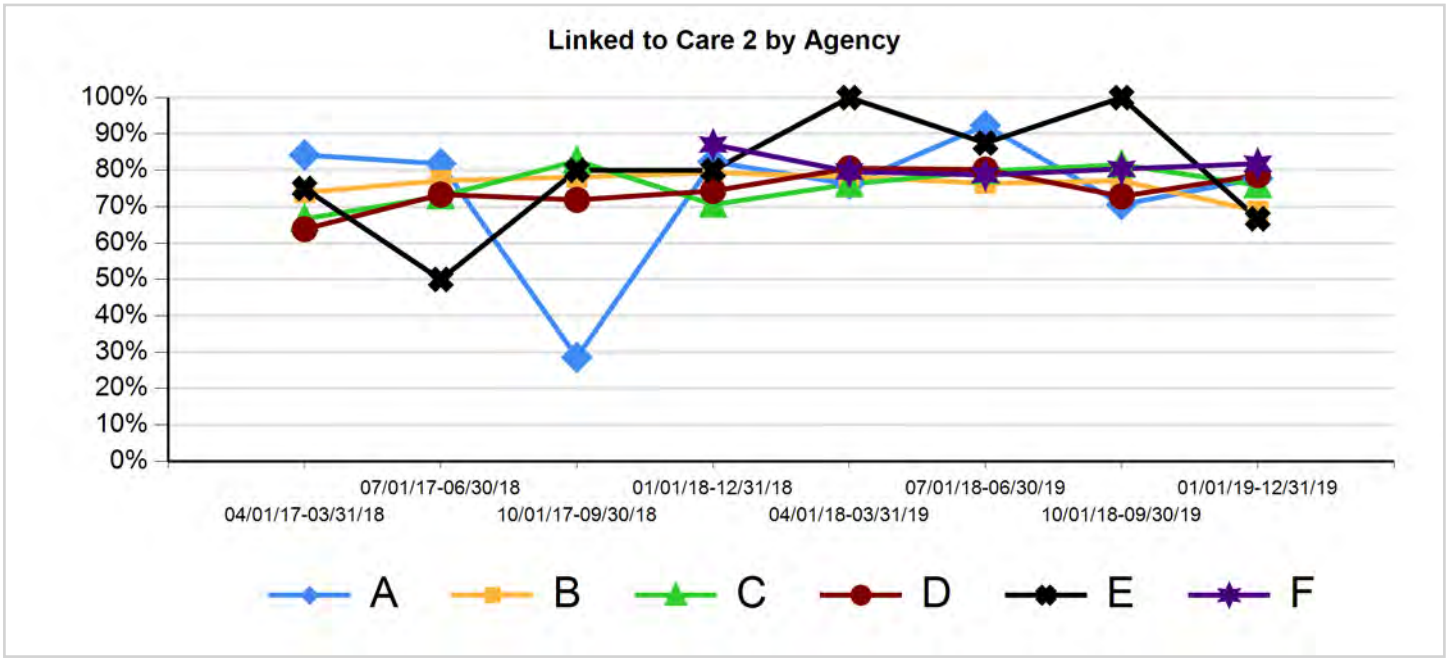
Linked to Care 2				
Viral Load Suppression Measure for Newly Enrolled Clients				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	310	294	265	266
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	395	370	341	356
Percentage	78.5%	79.5%	77.7%	74.7%
Change from Previous Quarter Results	1.6%	1.0%	-1.7%	-3.0%



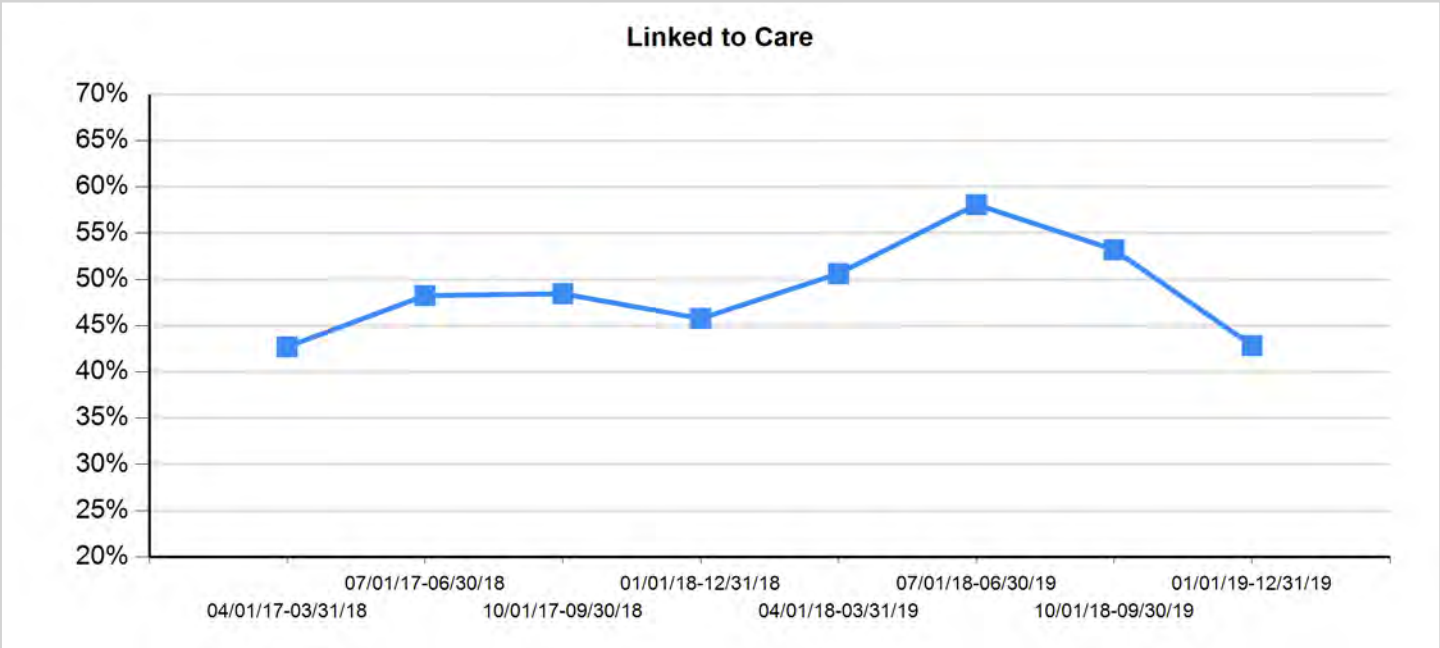
Linked to Care 2 by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	151	97	32	131	90	28	124	103	25
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	192	117	43	184	108	33	173	133	34
Percentage	78.6%	82.9%	74.4%	71.2%	83.3%	84.8%	71.7%	77.4%	73.5%
Change from Previous Quarter Results	3.3%	-1.5%	-0.2%	-7.5%	0.4%	10.4%	0.5%	-5.9%	-11.3%



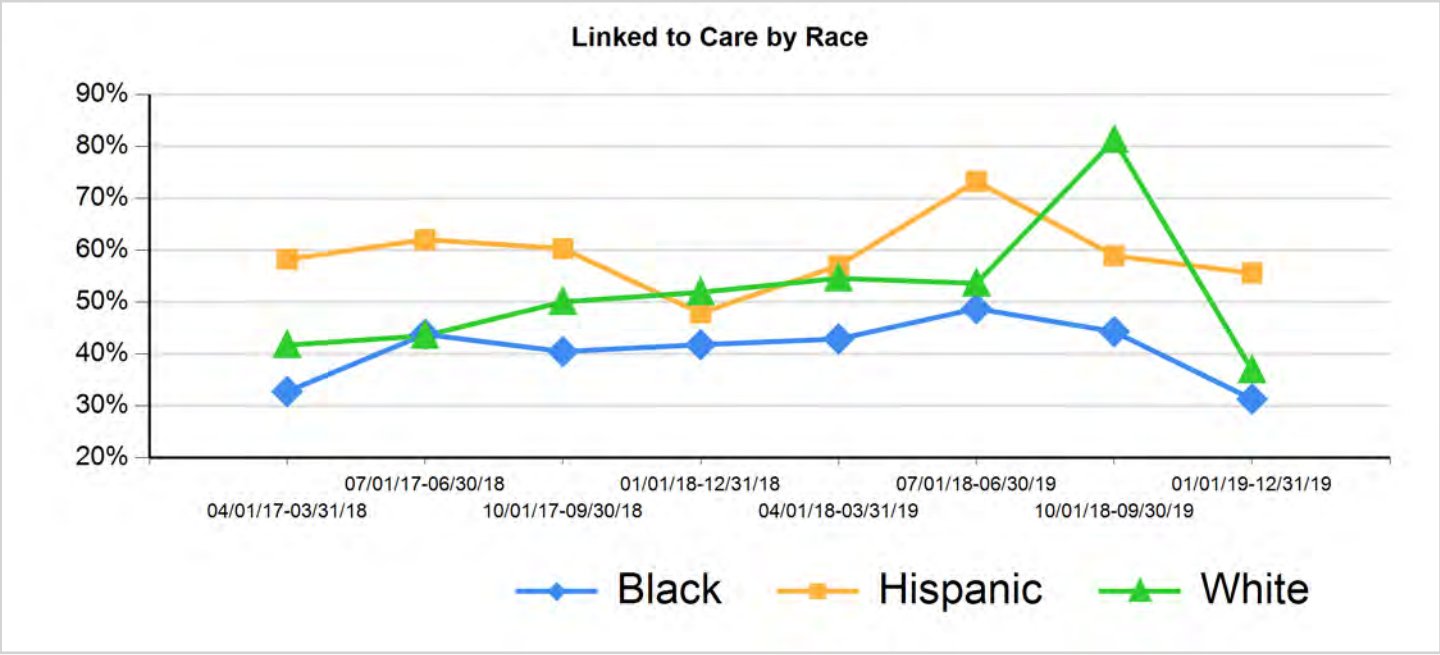
Linked to Care 2 by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	12	74	75	59	5	41	14	75	82	59	4	36
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	17	96	92	81	5	51	18	109	108	75	6	44
Percentage	70.6%	77.1%	81.5%	72.8%	100.0 %	80.4%	77.8%	68.8%	75.9%	78.7%	66.7%	81.8%
Change from Previous Quarter Results	-21.7%	0.7%	1.7%	-7.4%	12.5%	1.7%	7.2%	-8.3%	-5.6%	5.8%	-33.3%	1.4%



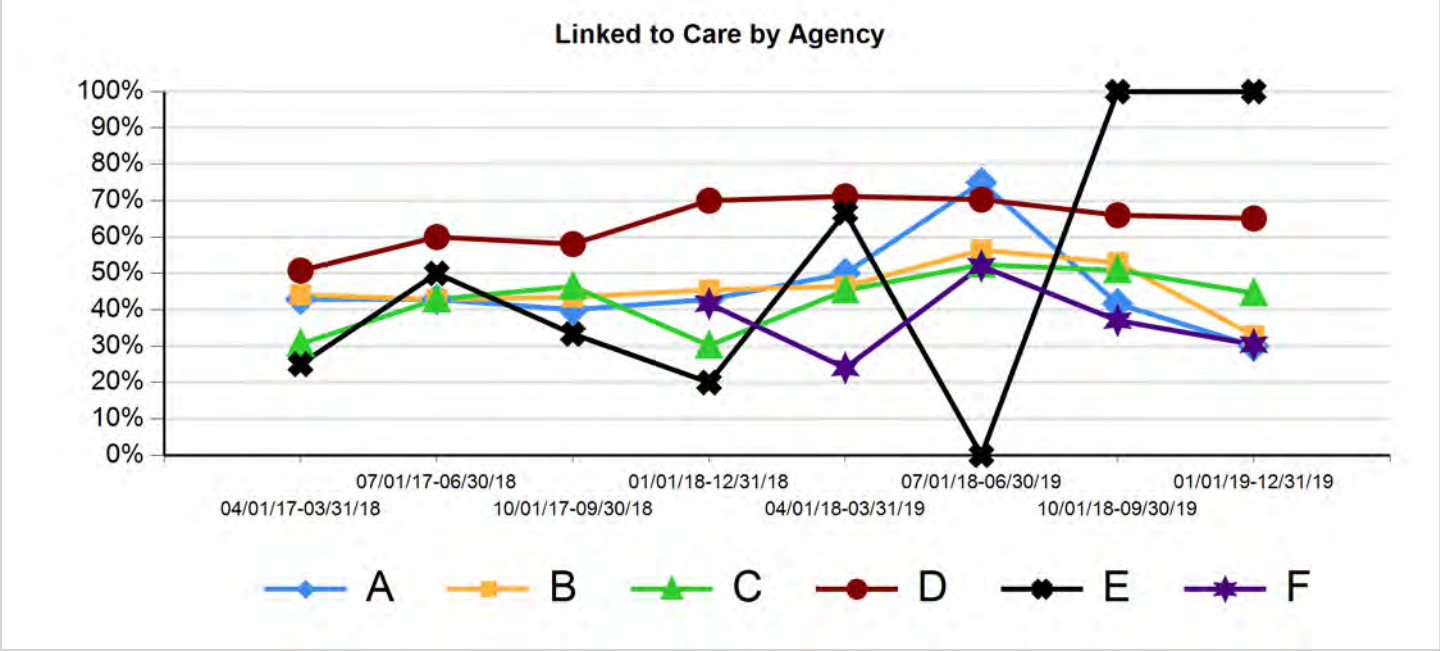
Linked to Care				
In+Care Campaign clients Newly Enrolled in Medical Care Measure				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	121	140	116	99
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	239	241	218	231
Percentage	50.6%	58.1%	53.2%	42.9%
Change from Previous Quarter Results	4.9%	7.5%	-4.9%	-10.4%
* exclude if vl<200 in 1st 4 months				



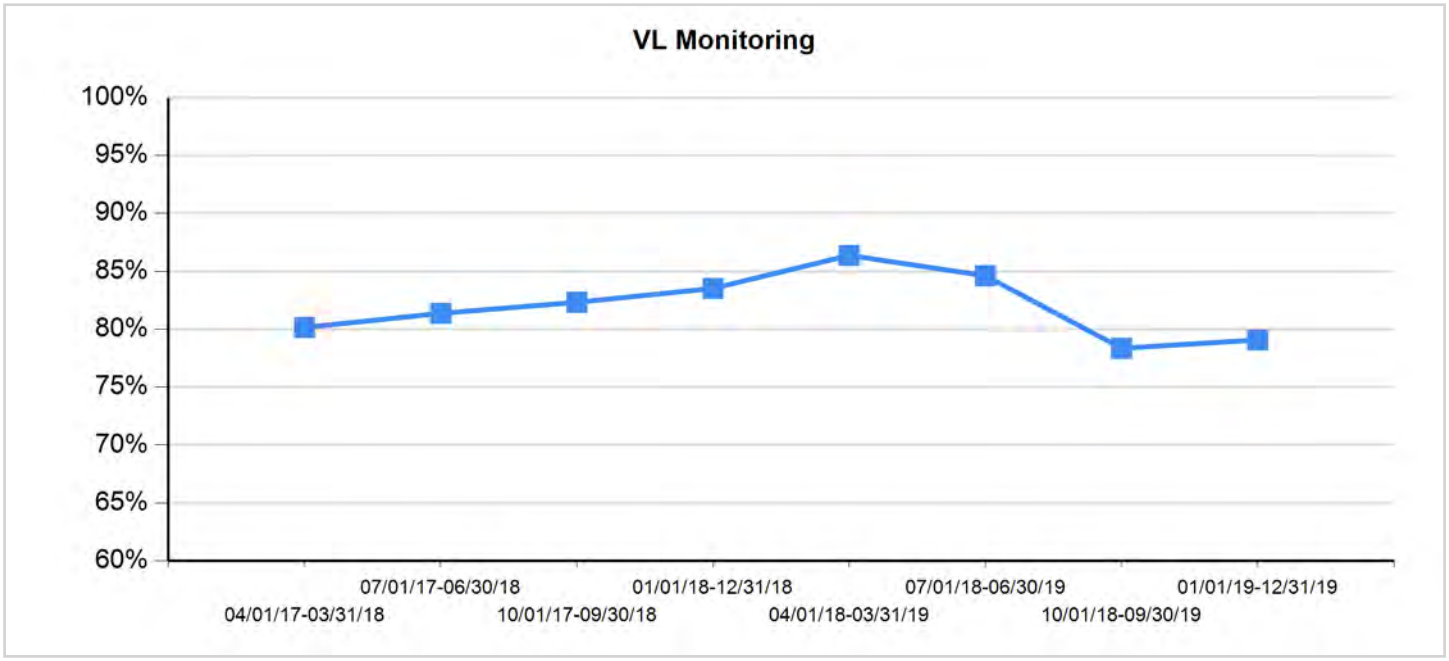
Linked to Care by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	56	63	15	54	43	13	35	50	7
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	115	86	28	122	73	16	112	90	19
Percentage	48.7%	73.3%	53.6%	44.3%	58.9%	81.3%	31.3%	55.6%	36.8%
Change from Previous Quarter Results	5.8%	16.3%	-1.0%	-4.4%	-14.4%	27.7%	-13.0%	-3.3%	-44.4%
* exclude if vl<200 in 1st 4 months									



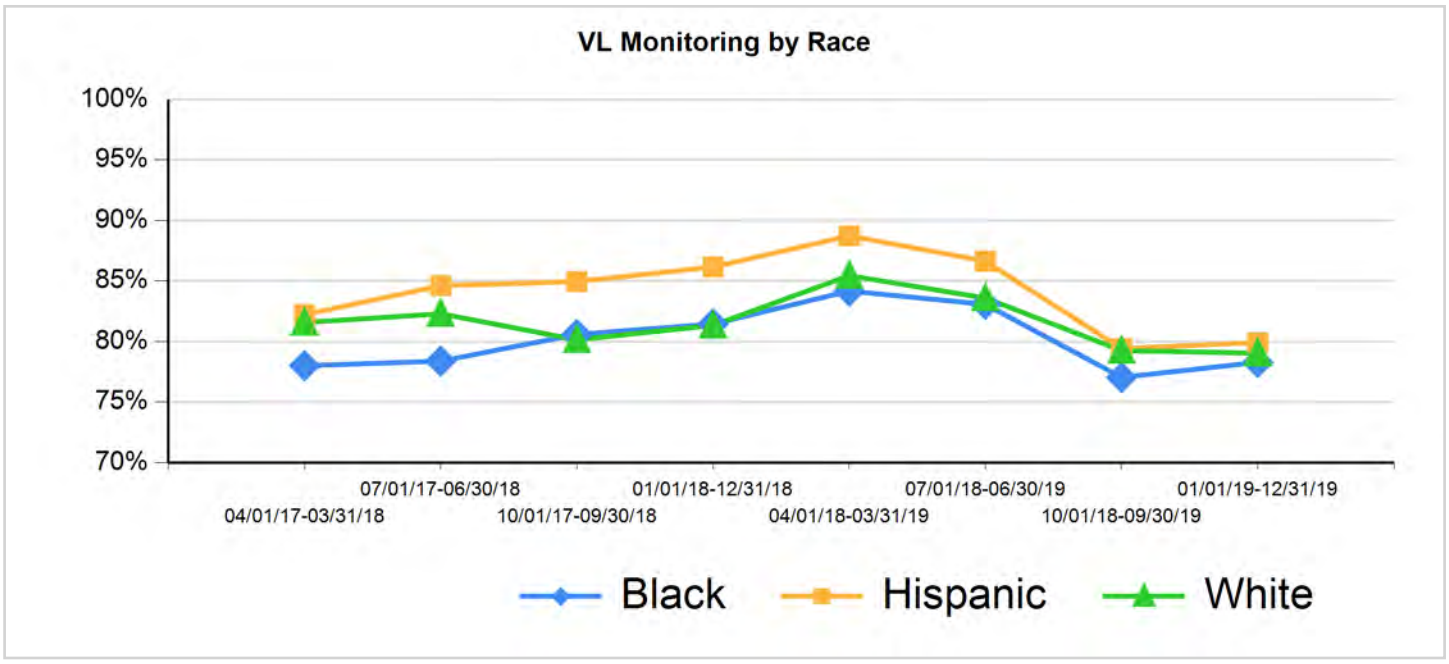
Linked to Care by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	5	36	30	33	2	10	3	26	33	28	4	7
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	12	68	59	50	2	27	10	79	74	43	4	23
Percentage	41.7%	52.9%	50.8%	66.0%	100.0 %	37.0%	30.0%	32.9%	44.6%	65.1%	100.0 %	30.4%
Change from Previous Quarter Results	-33.3%	-3.5%	-1.5%	-4.3%	100.0 %	-15.0%	-11.7%	-20.0%	-6.3%	-0.9%	0.0%	-6.6%
* exclude if vl<200 in 1st 4 months												



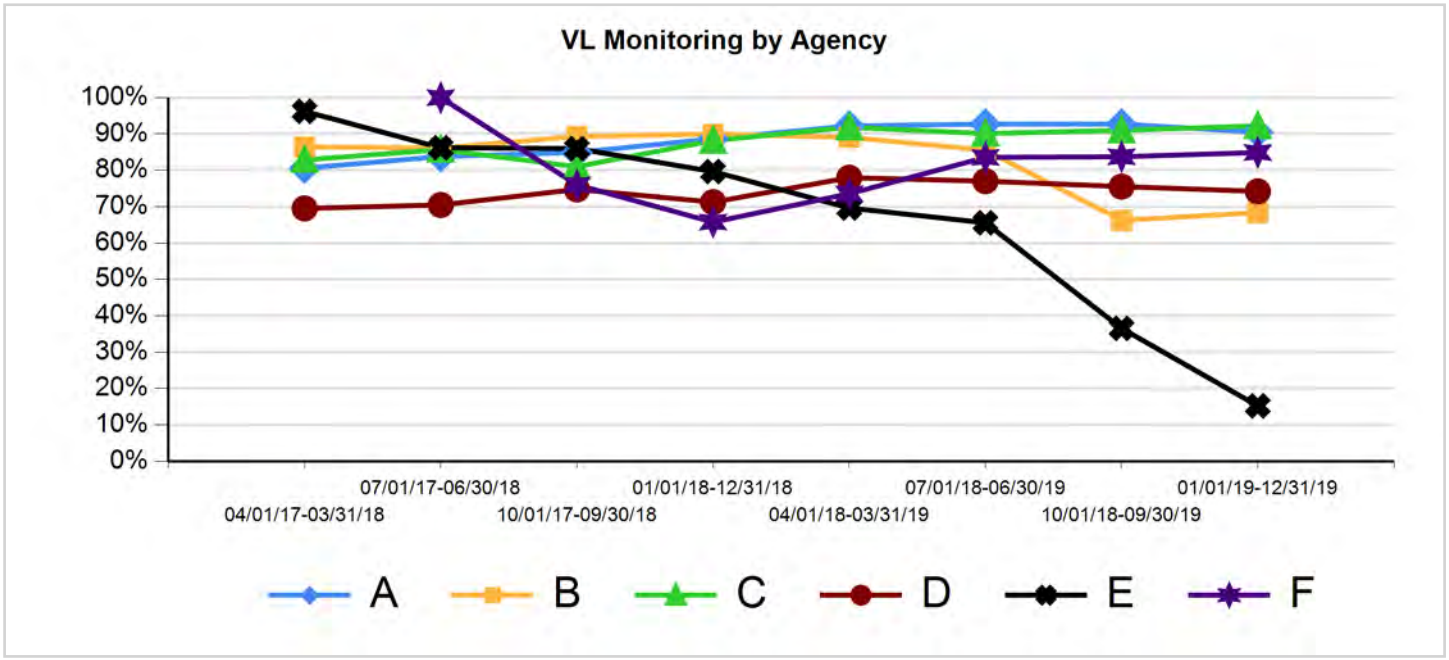
Viral Load Monitoring				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	4,322	4,295	4,054	4,179
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	5,004	5,076	5,174	5,285
Percentage	86.4%	84.6%	78.4%	79.1%
Change from Previous Quarter Results	2.8%	-1.8%	-6.3%	0.7%



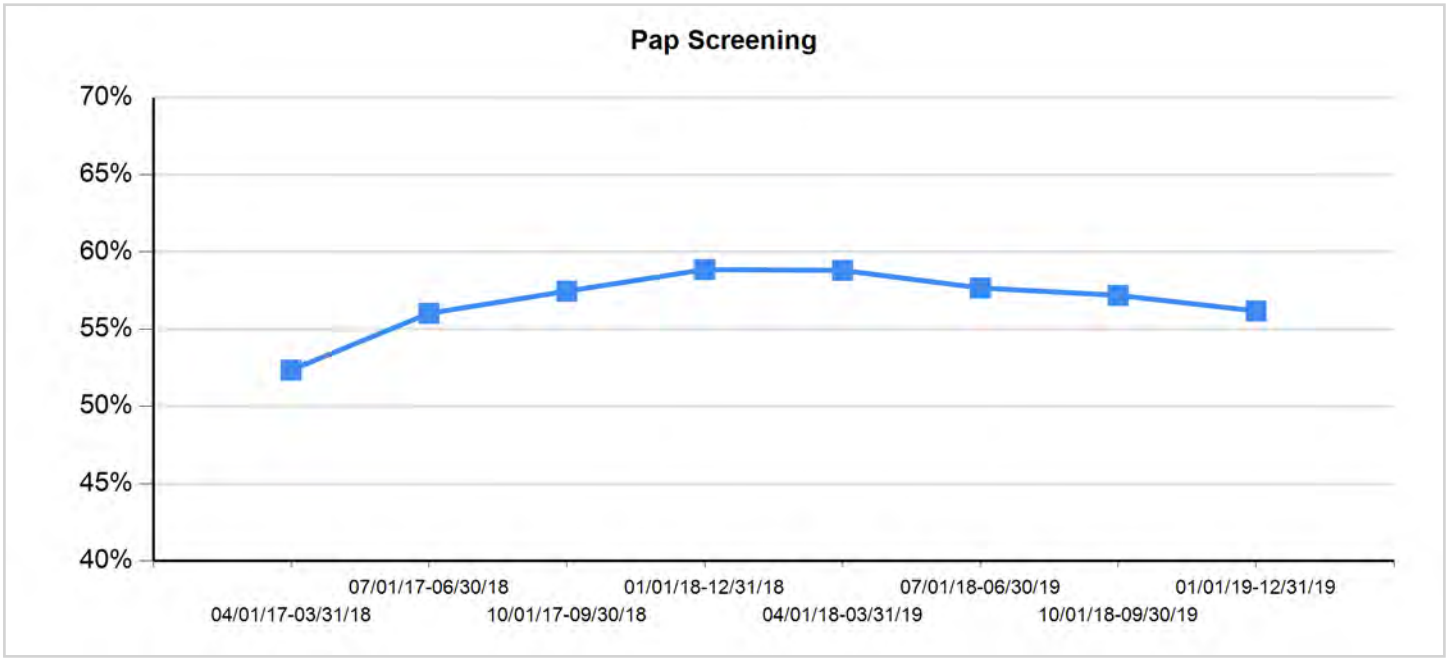
VL Monitoring Data by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	1,889	1,763	540	1,781	1,663	504	1,856	1,707	509
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	2,274	2,035	646	2,312	2,094	636	2,371	2,136	644
Percentage	83.1%	86.6%	83.6%	77.0%	79.4%	79.2%	78.3%	79.9%	79.0%
Change from Previous Quarter Results	-1.1%	-2.1%	-1.9%	-6.0%	-7.2%	-4.3%	1.2%	0.5%	-0.2%



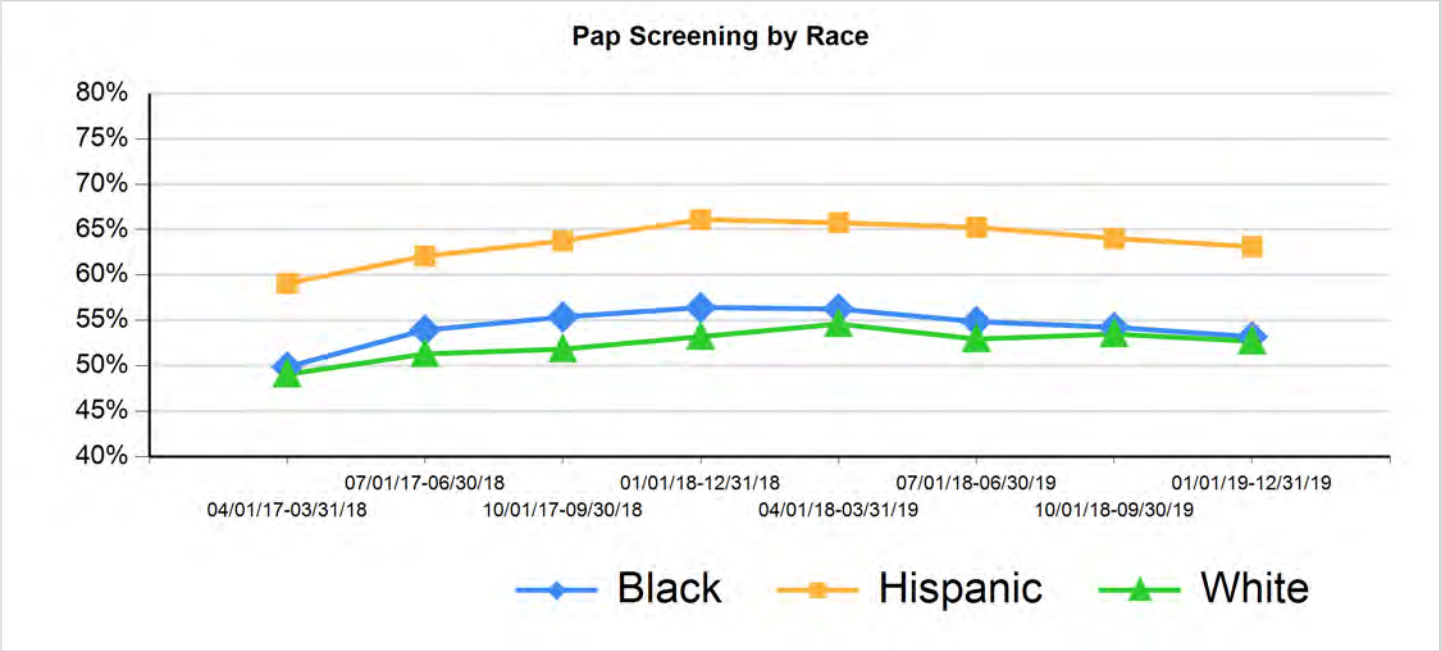
VL Monitoring by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	459	1,036	1,342	1,047	19	139	447	1,047	1,425	1,068	7	163
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	495	1,564	1,475	1,386	52	166	494	1,531	1,545	1,439	46	192
Percentage	92.7%	66.2%	91.0%	75.5%	36.5%	83.7%	90.5%	68.4%	92.2%	74.2%	15.2%	84.9%
Change from Previous Quarter Results	0.0%	-19.3%	0.9%	-1.5%	-29.0%	0.2%	-2.2%	2.1%	1.2%	-1.3%	-21.3%	1.2%



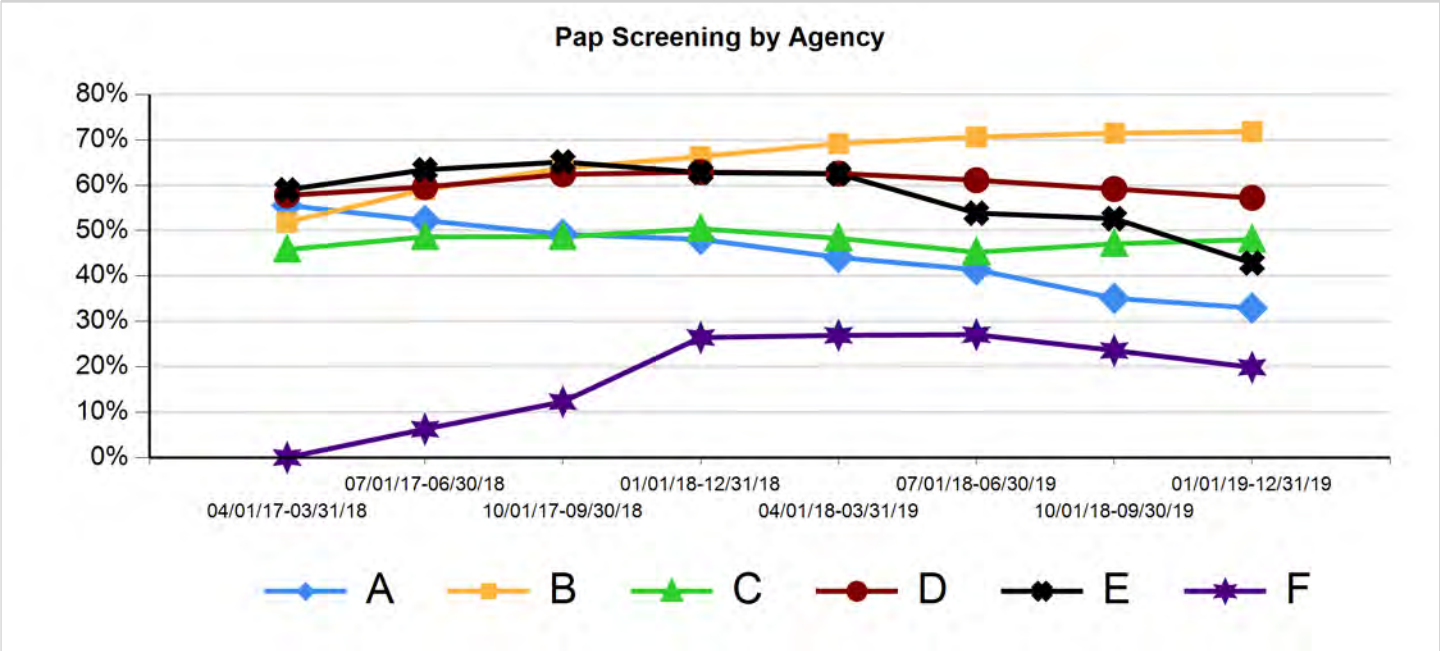
Cervical Cancer Screening				
	04/01/18 - 03/31/19	07/01/18 - 06/30/19	10/01/18 - 09/30/19	01/01/19 - 12/31/19
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	1,165	1,154	1,173	1,159
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,981	2,001	2,051	2,063
Percentage	58.8%	57.7%	57.2%	56.2%
Change from Previous Quarter Results	-0.1%	-1.1%	-0.5%	-1.0%



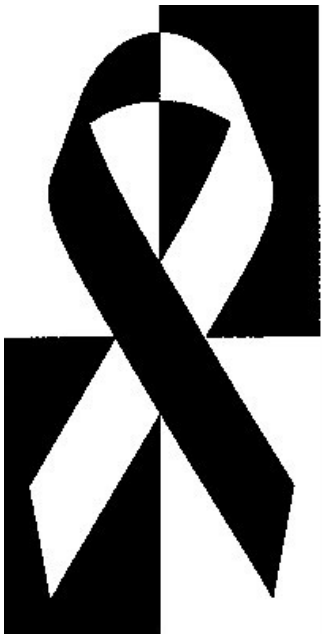
Cervical Cancer Screening Data by Race/Ethnicity									
	07/01/18 - 06/30/19			10/01/18 - 09/30/19			01/01/19 - 12/31/19		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	672	366	90	679	372	92	674	368	88
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,225	561	170	1,252	581	172	1,267	583	167
Percentage	54.9%	65.2%	52.9%	54.2%	64.0%	53.5%	53.2%	63.1%	52.7%
Change from Previous Quarter Results	-1.4%	-0.5%	-1.7%	-0.6%	-1.2%	0.5%	-1.0%	-0.9%	-0.8%



Cervical Cancer Screening by Agency												
	10/01/18 - 09/30/19						01/01/19 - 12/31/19					
	A	B	C	D	E	F	A	B	C	D	E	F
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	60	609	186	609	20	33	56	611	193	297	15	29
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	171	852	395	507	38	140	170	851	402	519	35	146
Percentage	35.1%	71.5%	47.1%	59.2%	52.6%	23.6%	32.9%	71.8%	48.0%	57.2%	42.9%	19.9%
Change from Previous Quarter Results	-6.3%	0.9%	1.9%	-1.9%	-1.2%	-3.5%	-2.1%	0.3%	0.9%	-1.9%	-9.8%	-3.7%



Footnotes:
1. Table/Chart data for this report run was taken from "ABR152 v5.0 5/2/19 [MAI=ALL]", "ABR076A v1.4.1 10/15/15 [ExcludeVL200=yes]", and "ABR163 v2.0.6 4/25/13"
   A. OPR Measures used for the ABR152 portions: "Viral Load Suppression", "Linked to Care", "CERV", "Medical Visits - 3 months", and "Viral Load Monitoring"



THE HOUSTON REGIONAL HIV/AIDS
RESOURCE GROUP, INC.

HOW TO READ
TRG REPORTS
2020

2020 TRG RWPC REPORT DUE

STATE SERVICES CONTRACT YEARS	RYAN WHITE PART B CONTRACT YEARS
Year 1: 9/1/19 - 8/31/20 Year 2: 9/1/20 - 8/31/21	Year 1: 4/1/19 - 3/31/20 Year 2: 4/1/20 - 3/31/21

ANNUAL REPORTS	
2019 CONSUMER INVOLVEMENT REPORT *(DELIVERED TO QI COMMITTEE)* February 2020	2019 CHART REVIEW REPORTS *(DELIVERED TO QI COMMITTEE)* February 2020

All Monthly & Quarterly Reports delivered on a one-month delay to allow the finalization of data.

QUARTERLY REPORTS *(DELIVERED TO QI COMMITTEE)*			
STATE SERVICES SERVICE UTILIZATION REPORTS		RYAN WHITE PART B SERVICE UTILIZATION REPORTS	
MONTHS COVERED	REPORT DUE	MONTHS COVERED	MONTH DUE
September – November	January	April – June	August
September – February	April	April – September	November
September – May	July	April – December	February
September – August	October	April – March	May

MONTHLY REPORTS	
PROCUREMENT REPORTS *(DELIVERED TO QI COMMITTEE)*	HEALTH INSURANCE ASSISTANCE REPORTS *(DELIVERED TO QI COMMITTEE)*

Quarterly Service Utilization Reports

Purpose:
Provide quarterly updates on the number of people living with HIV (PLWH) who are access services by service category.

2018-2019 Ryan White Part B Service Utilization Report **A**

4/1/2018 - 3/31/2019 Houston HSDA (4816)

3rd Quarter - 4/1/2018 to 12/31/2018

C. **D** **B.**

Revised 2/21/2019

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	*1,250*	3	100.00%	0.00%	0.00%	0.00%	75.00%	25.00%	0.00%	0.00%	0.00%	0.00%	8.82%	8.82%	23.53%	11.76%	44.12%	2.94%
Home & Community Based Health Services	*30*	34	70.59%	26.47%	0.00%	2.94%	58.82%	8.82%	32.35%	0.00%	0.00%	0.00%	0.00%	66.67%	0.00%	33.33%	0.00%	0.00%
Oral Health Care	*3,100*	856	72.90%	25.93%	0.00%	1.17%	49.65%	17.06%	31.43%	1.87%	0.00%	0.12%	1.75%	14.84%	18.69%	13.79%	43.46%	7.36%
Unduplicated Clients Served By RW Part B Funds:	*NA*	**893**	**81.16%**	**17.47%**	**0.00%**	**1.37%**	**61.16%**	**16.96%**	**21.26%**	**0.62%**	**0.00%**	**0.11%**	**2.02%**	**14.78%**	**18.81%**	**13.77%**	**43.34%**	**7.17%**

E. COMMENT: The delay in Data Upload from CPCDMS into ARIES is the reason for the discrepancy in the HIP/HIA YTD Total. Please see HINS Report for review on HIP/HIA totals.

Items of Note:

A. Header – this tells you three things:
   1. Which grant is being reported (either Ryan White Part B or State Services),
   2. What grant year is being reported, and
   3. What timeframe is being reported (the quarter and the dates of the quarter).
B. Revision Date – this tells you the last time that the report has updated.
C. Service Categories being reported
D. The Unduplicated Clients (UDC)
   1. Goal shows the number of PLWH that have been targeted to be served in the contract year by all funded agencies.
   2. Year-To-Date (YTD) number of PLWH who have been served and the progress toward achieving the goal based on the contract year.
E. Comments – This is where TRG will provide any notes that will help explain the information in the report.

Monthly Procurement Reports

Purpose:
Provide monthly updates on spending by service category.

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

B. Reflects spending through December 2018 E. F. G. Spending Target: 75%

Revised 2/19/2019 C.

Priority	D. Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	$2,085,565	62%	$0	$2,085,565	62%	4/1/2018	$1,333,620	64%
7	Health Insurance Premiums and Cost Sharing (1)	$726,885	22%	$0	$726,885	22%	4/1/2018	$393,976	54%
9	Home and Community Based Health Services (2)	$202,315	6%	$325,806	$528,121	16%	4/1/2018	$103,920	51%
	Unallocated funds approved by RWPC for Health Insurance	$325,806	10%	-$325,806	$0	0%	4/1/2018	$0	0%
	Total Houston HSDA	3,340,571	100%	$0	$3,340,571	100%		1,831,516	55%

J. Note: Spending variances of 10% will be addressed:
1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31. Agency usually expends all funds. H. I.

Items of Note:
A. Header – this tells you three things:
   1. Which grant is being reported (either Ryan White Part B or State Services),
   2. What grant year is being reported, and
B. What timeframe is being reported (the quarter and the dates of the quarter).
C. Revision Date – this tells you the last time that the report has updated.
D. Service Categories being reported
E. Original Allocation from the P&A Process
F. Amendment – Tracks any change in the allocation.

G. Contractual Amount – the amount of money that has been contracted to service providers.
H. Expended YTD – the amount of money that has been spend year-to-date based on the contract year.
I. Percentage YTD – the percentage of money that has been spent based on the contract year. (TRG considers +/- 10% to be on target for spending.)
J. Comments – This is where TRG will provide any notes that will help explain the information in the report.

Quarterly Service Utilization Reports

Purpose:
Provide quarterly updates on the number of people living with HIV (PLWH) who are access services by service category.

Houston Ryan White Health Insurance Assistance Service Utilization Report

A **Period Reported:** 09/01/2018-12/31/2018

B. **Revised:** 2/4/2019

	Assisted			NOT Assisted		
C. Request by Type	Number of Requests (UOS)		Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	785	$72,937.77	509			*0*
Medical Deductible	70	$23,424.75	50			*0*
Medical Premium	2447	$984,144.70	686			*0*
Pharmacy Co-Payment	1345	$135,910.80	651			*0*
APTC Tax Liability	0	$0.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	9	$1,042.00	8	*NA*	*NA*	*NA*
Totals:	4656	$1,215,376.02	1904	0	$0.00	

G **Comments: This report represents services** **D.** **under all g** **E.** **F.**

Items of Note:
A. Period Reported – What timeframe is being reported.
B. Revision Date – this tells you the last time that the report has updated.
C. Type of Request – tells you the sub-services that was provided
D. The number of the request that received service.
E. The amount spent to provide the service.
F. The number of unduplicated people living with HIV that have received service.
G. Comments – This is where TRG will provide any notes that will help explain the information in the report.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1920 Ryan White Part B

Procurement Report

April 1, 2019 - March 31, 2020

Reflects spending through December 2019

Spending Target: 75%

Revised 1/21/20

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care	$2,186,905	65%	$31,973	$2,218,878	$0	$2,218,878	4/1/2019	$1,466,884	66%
5	Health Insurance Premiums and Cost Sharing	$1,040,351	31%	$0	$1,040,351	$0	$1,040,351	4/1/2019	$882,871	85%
8	Home and Community Based Health Services (1)	$113,315	3%	$0	$113,315	$0	$113,315	4/1/2019	$109,360	97%
	Increased RWB Award added to OHS per Increase Scenario*	$0	0%	-$31,973	$0					
	Total Houston HSDA	3,340,571	100%	0	3,372,544	$0	$3,372,544		2,459,115	73%

Note: Spending variances of 10% of target will be addressed:

-1 HCB - Variance reports have been sent out to Agency for explantion of spending.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1920 DSHS State Services

Procurement Report

September 1, 2019- August 31, 2020

Chart reflects spending through December 2019

Spending Target: 33.33%

Revised 1/24/2020

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	**Health Insurance Premiums and Cost Sharing (1)**	$864,506	52%	**$0**	$864,506	$0	$864,506	9/1/2019	$0	0%
6	**Mental Health Services (2)**	$300,000	18%	**$0**	$300,000	$0	$300,000	9/1/2019	$39,680	13%
7	**EIS - Incarcerated**	$175,000	10%	**$0**	$175,000	$0	$175,000	9/1/2019	$56,038	32%
11	**Hospice**	$259,832	16%		$259,832	$0	$259,832	9/1/2019	$100,100	39%
15	**Linguistic Services (3)**	$68,000	4%		$68,000	$0	$68,000	9/1/2019	$13,050	19%
	Increased award amount -Approved by RWPC for Health Insurance (a)	$0	0%	**-$142,285**						
	Total Houston HSDA	**1,667,338**	**100%**	**-$142,285**	$1,667,338	$0	$1,667,338		208,868	13%

Note

(1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31

(2) Mental Health reporting is one month behind and services are uder utilizes.

(3) Linguistic reporting is one month behind, receipt of billing from vender is often delayed.

2018 - 2019 DSHS State Services Service Utilization Report
9/1/2018 thru 11/30/2019 Houston HSDA
1st Quarter

Revised 1/8/2020

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	*871*	821	82.95%	15.05%	0.00%	2.00%	68.81%	15.71%	14.00%	1.48%	0.00%	0.73%	6.33%	32.76%	23.75%	23.14%	12.30%	0.99%
Health Insurance Premiums	*1,600*	2,505	80.23%	19.13%	0.04%	0.60%	46.00%	25.15%	26.10%	2.75%	0.00%	0.30%	2.55%	18.08%	19.68%	27.10%	23.83%	8.46%
Hospice	*38*	39	76.93%	23.07%	0.00%	0.00%	53.85%	35.90%	10.25%	0.00%	0.00%	0.00%	2.56%	2.56%	20.51%	17.94%	41.02%	15.41%
Linguistic Services	*150*	58	50.50%	48.00%	0.00%	1.50%	53.44%	5.17%	6.89%	34.50%	0.00%	0.00%	5.17%	18.96%	31.03%	32.75%	8.62%	3.47%
Mental Health Services	*325*	233	86.27%	10.72%	0.00%	3.01%	36.48%	40.34%	21.04%	2.14%	0.00%	0.00%	0.42%	20.60%	21.03%	28.75%	24.05%	5.15%
Unduplicated Clients Served By State Services Funds:	*NA*	3,656	75.37%	23.12%	0.01%	1.50%	51.71%	24.46%	15.66%	8.17%	0.00%	0.21%	3.41%	18.59%	23.20%	25.94%	21.95%	6.70%

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2019-11/30/19

Revised: 1/8/2020

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	*Dollar Amount of Requests*	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	465	$36,071.23	309			*0*
Medical Deductible	92	$13,848.58	79			*0*
Medical Premium	1636	$613,128.73	603			*0*
Pharmacy Co-Payment	3007	$116,605.56	502			*0*
APTC Tax Liability	0	$0.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	7	$511.02	8	*NA*	*NA*	*NA*
Totals:	5207	$779,143.08	1501	0	$0.00	

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2019-12/31/19

Revised: 2/5/2020

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	*Dollar Amount of Requests*	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	508	$41,139.51	328			*0*
Medical Deductible	108	$16,737.88	93			*0*
Medical Premium	2275	$845,874.98	688			*0*
Pharmacy Co-Payment	3985	$146,357.14	552			*0*
APTC Tax Liability	0	$0.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	7	$511.02	8	*NA*	*NA*	*NA*
Totals:	6883	$1,049,598.49	1669	0	$0.00	

Comments: This report represents services provided under all grants.

THE RESOURCE GROUP
2019 CHART REVIEW
COMBINED PACKET

TABLE OF CONTENTS

EARLY INTERVENTION SERVICES - INCARCERATED
2019 CHART REVIEW REPORT

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HDSA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, data management, fiscal, programmatic, and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring each finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts with one Subgrantee to provide Early Intervention Services in the Houston HSDA.

INTRODUCTION

Description of Service

Early Intervention Services-Incarceration (EIS) includes the connection of incarcerated in the Harris County Jail into medical care, the coordination of their medical care while incarcerated, and the transition of their care from Harris County Jail to the community. Services must include: assessment of the client, provision of client education regarding disease and treatment, education and skills building to increase client's health literacy, establishment of THMP/ADAP post-release eligibility (as applicable), care coordination with medical resources within the jail, care coordination with service providers outside the jail, and discharge planning.

Tool Development

The Early Intervention Services review tool is based upon the established local standards of care.

Chart Review Process

The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

Using the ARIES database, a file sample was created from a provider population of 677 who accessed Early Intervention Services in the measurement year. The records of 40 clients were reviewed (representing 5.9% of the unduplicated population). The demographic makeup of the provider was used as a key to file sample pull.

Demographics-Early Intervention Services

2018 Annual

Total UDC: 789

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	56	7.10%
25 - 44 years	449	56.90%
45 - 64 years	274	34.72%
65 years or older	10	1.27%
Unknown	0	0.00%
	789	100%
Gender	**Number of Clients**	**% of Total**
"Other" and "Refused" are counted as "Unknown"		
Female	122	15.46%
Male	651	82.50%
Transgender FTM	0	0.00%
Transgender MTF	16	2.03%
Unknown	0	0.00%
	789	100%
Race/ Ethnicity	**Number of Clients**	**% of Total**
Includes Multi-Racial Clients		
White	223	28.26%
Black	557	70.60%
Hispanic	103*	13.05%
Asian	1	0.1%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	2	0.25%
Unknown	7	0.89%
	760	100%

From 01/01/18 - 12/31/18

2019 Annual

Total UDC: 672

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	41	6.10%
25 - 44 years	386	57.4%
45 - 64 years	237	35.2%
65 years or older	8	1.1%
Unknown	0	0.00%
	672	100%
Gender	**Number of Clients**	**% of Total**
"Other" and "Refused" are counted as "Unknown"		
Female	100	15%
Male	572	85%
Transgender FTM	0	0.00%
Transgender MTF	13	2%
Unknown	0	0.00%
	672	100%
Race/ Ethnicity	**Number of Clients**	**% of Total**
Includes Multi-Racial Clients		
White	190	28%
Black	476	70%
Hispanic	93*	14%
Asian	0	0.0%
Hawaiian/Pacific Islander	0	0.0%
Indian/Alaskan Native	5	0.74%
Multi-Race	6	0.90%
	677	100%

From 01/01/19 - 12/31/19

RESULTS OF REVIEW

Intake Assessment

Percentage of clients who had a completed intake assessment present in the client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	40	0	-
Number of client records that were reviewed.	40	40	-
Rate	**100%**	**0%**	-

Health Literacy and Education: Risk Assessment

Percentage of clients that had documentation of the client being assessed for risk and provided targeted health literacy and education in the client record (including receipt of a blue book).

	Yes	No	N/A
Number of client records that showed evidence of the measure	40	0	-
Number of client records that were reviewed.	40	30	-
Rate	**100%**	**7%**	-

Linkage: Newly Diagnosed

Percentage of newly diagnosed clients that initiate care through the EIS program

	Yes	No	N/A
Number of client records that showed evidence of the measure	3	0	37
Number of client records that were reviewed.	3	40	40
Rate	**100%**	**0%**	**92.5%**

Referral: Medical Care

Percentage of clients that accessed a referral to a primary care provider and/or essential service in the client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	39	1	-
Number of client records that were reviewed.	40	40	-
Rate	**97.5%**	**2.5%**	-

Percentage of clients that had referral follow-up in the client record

	Yes	No	N/A
Number of client records that showed evidence of the measure	3	29	8
Number of client records that were reviewed.	32	32	40
Rate	**9%**	**91%**	**20%**

Discharge Planning

Percentage of clients who had a discharge plan present in the client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	36	1	3
Number of client records that were reviewed.	37	37	40
Rate	**97%**	**3%**	**7.5%**

Percentage of clients who had documentation of access to medical care upon release in the client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	39	1
Number of client records that were reviewed.	39	39	40
Rate	**0%**	**100%**	**2.5%**

CONCLUSIONS

Overall, quality of services is met. Through the chart review: 100% (40) of clients completed an intake assessment and 97% (36 of 37) developed a discharge plan, an increase of 14% from last year. Of the clients enrolled into the EIS program 100% of the newly diagnosed clients accessing care. Of the files reviewed 97.5% (39 of 40) documented an appropriate referral to medical care upon release and/or other appropriate referrals, however there was limited documentation of follow-up at 9% (3 of 32).

HOME & COMMUNITY-BASED HEALTH SERVICES
2019 CHART REVIEW REPORT

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HDSA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, data management, fiscal, programmatic, and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring each finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts with one Subgrantee to provide Home and Community-Based Health Services in the Houston HSDA.

INTRODUCTION

Description of Service

Home and Community-based Health Services (facility-based) is defined as a day treatment program that includes Physician ordered therapeutic nursing, supportive and/or compensatory health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals and paraprofessionals. Services include skilled nursing, nutritional counseling, evaluations and education, and additional therapeutic services and activities. **Skilled Nursing:** Services to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient care techniques, ongoing monitoring of patients' physical condition and communication with attending physicians (s), personal care, and diagnostics testing. **Other Therapeutic Services:** Services to include recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation. **Nutrition:** Services to include evaluation and counseling, supplemental nutrition, and daily nutritious meals. **Education:** Services to include instructional workshops of HIV related topics and life skills. *Inpatient hospitals services, nursing home and other long-term care facilities are NOT included.*

Tool Development

The TRG Home and Community Based Services Review tool is based upon the established local and DSHS standards of care.

Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

Using the ARIES database, a file sample was created from a provider population of 38 who accessed home and community-based Health Services in the measurement year. The records of 23 clients were reviewed for the annual review process. The demographic makeup of the provider was used as a key to file sample pull.

DEMOGRAPHICS
HOME AND COMMUNITY BASED SERVICES

2018 Annual

Total UDC: 38 Total New: 2

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	3	7.89%
25 - 44 years	13	34.21%
45 - 64 years	21	55.26%
65 years or older	1	2.63%
Unknown	0	0.00%
	38	100%

Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	10	26.32%
Male	27	71.05%
Transgender FTM	0	0.00%
Transgender MTF	1	2.63%
Unknown	0	0.00%
	38	100%

Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	4	10.53%
Black	21	55.26%
Hispanic	13	34.21%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	38	100%

From 01/01/18 - 12/31/18

2019 Annual

Total UDC: 27 Total New: Unk

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.0%
02 - 12 years	0	0.0%
13 - 24 years	1	3.7%
25 - 44 years	0	0.0%
45 - 64 years	23	85.2%
65 years or older	3	11.1%
Unknown	0	0.00%
	27	100%

Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	5	18.5%
Male	22	81.5%
Transgender FTM	0	0.0%
Transgender MTF	0	0.0%
Unknown	0	0.0%
	27	100%

Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	11	40.7%
Black	16	59.3%
Hispanic	4*	14.8%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	27	100%

From 01/01/19 - 12/31/19

RESULTS OF REVIEW- 2018

Initial Assessment

Percentage of clients who have documentation that the client was contacted within one (1) business day of referral to Home and Community-Based Health Services.

	Yes	No	N/A
Number of client records that showed evidence of the measure	1	1	21
Number of client records that were reviewed.	2	2	23
Rate	**50%**	**50%**	**91%**

Percentage of clients who have documentation that services were initiated at the time specified by the primary medical care provider, or within two (2) business days, whichever is earlier.

	Yes	No	N/A
Number of client records that showed evidence of the measure	16	2	5
Number of client records that were reviewed.	18	18	23
Rate	**89%**	**11%**	**22%**

Percentage of clients who have documentation that a needs assessment was completed in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	18	2	3
Number of client records that were reviewed.	20	20	23
Rate	**90%**	**10%**	**13%**

Percentage of clients who have documentation in the client's primary record of a comprehensive evaluation of client's health, psychosocial status, functional status, and home environment, as completed by the home and community-based health agency provider.

	Yes	No	N/A
Number of client records that showed evidence of the measure	18	2	3
Number of client records that were reviewed.	20	20	23
Rate	**90%**	**10%**	**13%**

Implementation of Care Plan

Percentage of clients who have documentation of a care plan completed based on the primary medical care provider's order as indicated in the client's primary

	Yes	No	N/A
Number of client records that showed evidence of the measure	18	4	1
Number of client records that were reviewed.	22	22	23
Rate	**82%**	**18%**	**4%**

Percentage of clients who have documentation that care plan has been reviewed and/or updated as necessary based on changes in the client's situation at least every sixty (60) calendar days as evidenced in the client's primary record

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	23	-
Number of client records that were reviewed.	23	23	-
Rate	**0%**	**100%**	-

Provision of Service

Percentage of clients who documentation of ongoing communication with the primary medical care provider and care coordination team as indicated in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	18	3	2
Number of client records that were reviewed.	21	21	23
Rate	**86%**	**14%**	**9%**

Percentage of client records show documentation in the primary care record from the home and community-based provider on progress throughout the course of treatment, including evidence that the client is not in need of acute care.

	Yes	No	N/A
Number of client records that showed evidence of the measure	20	2	1
Number of client records that were reviewed.	22	22	23
Rate	**91%**	**9%**	**4%**

Coordination of Services

Percentage of clients who show a referral to an appropriate service provider as indicated in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	1	22
Number of client records that were reviewed.	1	1	23
Rate	**0%**	**100%**	**96%**

Percentage of clients who show a referral follow-up to an appropriate service provider as indicated in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	1	22
Number of client records that were reviewed.	1	1	23
Rate	**0%**	**100%**	**96%**

Documentation

Percentage of clients who have documentation that progress notes have been kept in the client's primary record and written the day that services were rendered.

	Yes	No	N/A
Number of client records that showed evidence of the measure	20	2	1
Number of client records that were reviewed.	22	22	23
Rate	**91%**	**9%**	**4%**

Percentage of clients who have documentation that progress notes have been kept in the client's primary record and written the day that services were rendered

	Yes	No	N/A
Number of client records that showed evidence of the measure	20	2	1
Number of client records that were reviewed.	22	22	23
Rate	**91%**	**9%**	**4%**

Transfer/Discharge

Percentage of clients who document a transfer plan developed, as applicable, with referral to an appropriate service provider agency as indicated in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	1	22
Number of client records that were reviewed.	1	1	23
Rate	**0%**	**100%**	**96%**

Percentage of clients who have documentation of discharge plan developed with client, as applicable, as indicated in the
agency as indicated in the client's primary record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	10	2	11
Number of client records that were reviewed.	12	12	23
Rate	**83%**	**17%**	**48%**

CONCLUSIONS

Overall, quality of services provided meets or exceeds minimum thresholds. Of the client records 90% had a needs assessment and comprehensive assessment. Care planning was documented in 82% of the files reviewed and 86% documented coordination with the primary care provider. A change in the review tool, resulted in no assessment of comorbidities this review period.

HOSPICE SERVICES
2019 CHART REVIEW REPORT

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HDSA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, data management, fiscal, programmatic and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring the area of the finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts one Subgrantee to provide hospice services in the Houston HSDA.

INTRODUCTION

Description of Service

Hospice services encompass palliative care for terminally ill clients and support services for clients and their families. Services are provided by a licensed nurse and/or physical therapist. Additionally, unlicensed personnel may deliver services under the delegation of a licensed nurse or physical therapist, to a client or a client's family as part of a coordinated program. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less.

Services must include but are not limited to medical and nursing care, palliative care, and psychosocial support for the patient, as well as a mechanism for bereavement referral for surviving family members. Counseling services provided in the context of hospice care must be consistent with the (Ryan White) definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Program.

Tool Development

The TRG Hospice Review tool is based upon the established local and DSHS standards of care.

Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

File sample was selected from a population of 46 (CPCDMS) who accessed hospice services in the measurement year. The records of 39 clients were reviewed, representing 85% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

Demographics- Hospice

2018 Annual

Total UDC: 46

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	1	2.17%
25 - 44 years	14	30.43%
45 - 64 years	28	60.87%
65 years or older	3	6.52%
Unknown	0	0.00%
	46	100.00%
Gender	**Number of Clients**	**% of Total**
"Other" and "Refused" are counted as "Unknown"		
Female	8	17.39%
Male	37	80.43%
Transgender FTM	0	0.00%
Transgender MTF	1	2.17%
Unknown	0	0.00%
	46	100.00%
Race/ Ethnicity	**Number of Clients**	**% of Total**
Includes Multi-Racial Clients		
White	19	41.30%
Black	27	58.70%
Hispanic	11*	23.91%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	46	100.00%

From 01/01/18 - 12/31/18

2019 Annual

Total UDC: 28

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	0	0.00%
25 - 44 years	5	17.86%
45 - 64 years	18	64.29%
65 years or older	5	17.86%
Unknown	0	0.00%
	28	100.00%
Gender	**Number of Clients**	**% of Total**
"Other" and "Refused" are counted as "Unknown"		
Female	8	28.6%
Male	20	71.4%
Transgender FTM	0	0.00%
Transgender MTF	0	0.00%
Unknown	0	0.00%
	28	100.00%
Race/ Ethnicity	**Number of Clients**	**% of Total**
Includes Multi-Racial Clients		
White	15	41.30%
Black	13	58.70%
Hispanic	4*	23.91%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
	28	100.00%

From 01/01/19 - 12/31/19

RESULTS OF REVIEW-2018

ADMISSION ORDERS AND ASSESSMENT

Percentage of client records that document attending physician certification of client's terminal illness.

	Yes	No	N/A
Client records that evidenced a Hospice Certificate Letter.	38	1	-
Clients in hospice services that were reviewed.	39	39	-
Rate	**97%**	**3%**	-

Percentage of client records that have admission orders

	Yes	No	N/A
Client records that showed evidence of an admission order.	39	0	-
Clients in hospice services that were reviewed.	39	39	-
Rate	**100%**	**0%**	-

Percentage of client records that have all scheduled and PRN medications, including dosage and frequency

	Yes	No	N/A
Client records that evidenced all medication orders	39	0	-
Clients in hospice services that were reviewed.	39	39	-
Rate	**100%**	**0%**	-

CARE PLAN AND UPDATES DOCUMENTAITON

Percentage of client records that have a completed initial plan of care within 7 days of admission.

	Yes	No	N/A
Client records that evidence a completed initial plan of care within 7 days of admission	39	0	-
Clients in hospice services that were reviewed.	39	39	-
Rate	**100%**	**0%**	-

Percentage of client records that have a completed plan of care reviewed and/or updated at least monthly.

	Yes	No	N/A
Client records that evidenced a completed plan of care that was updated at least monthly.	12	0	27
Clients in hospice services that were reviewed.	12	39	39
Rate	**100%**	**0%**	**69%**

Percentage of client records that document palliative therapy as ordered by the referring provider

	Yes	No	N/A
Client records that showed evidence of palliative therapy as ordered.	33	3	3
Clients in hospice services that were reviewed.	36	36	39
Rate	**92%**	**8%**	**8%**

SERVICES

Percentage of client records that had bereavement counseling offered to family members upon admission to Hospice services

	Yes	No	N/A
Client records that showed evidence of bereavement counseling	3	27	9
Clients in oral health services that were reviewed.	30	30	39

Rate	**10%**	**90%**	**23%**

Percentage of client records that had dietary counseling

	Yes	No	N/A
Number of client records that evidenced dietary counseling	0	1	38
Clients in oral health services that were reviewed.	1	1	39
Rate	**0%**	**100%**	**97%**

Percentage of client records that had spiritual counseling

	Yes	No	N/A
Client records that evidenced spiritual counseling.	36	2	1
Clients in oral health services that were reviewed.	38	38	39
Rate	**95%**	**5%**	**3%**

Percentage of client records that had mental health counseling offered to family members upon admission

	Yes	No	N/A
Number of client records that evidence mental health counseling offered	0	0	39
Clients in oral health services that were reviewed.	39	39	39
Rate	**0%**	**0%**	**100%**

DISCHARGE

Percentage of client records that evidence all refusals of attending physician referrals by hospice providers with evidence indicating an allowable reason for the refusal

	Yes	No	N/A
Client records that evidenced appropriate refusal	6	0	33
Clients in hospice services that were reviewed.	6	39	39
Rate	**100%**	**0%**	**85%**

Percentage of client records that showed completed discharge documentation

	Yes	No	N/A
Client records that evidenced completed discharge documentation.	39	0	-
Clients in hospice services that were reviewed.	39	38	-
Rate	**100%**	**0%**	-

CONCLUSION

The review showed that Hospice Care continue to be delivered at a high standard. Seven of the thirteen Standard of Care data elements were scored at 100% compliance, including care plan, health assessment and discharge. Dietary and mental health counseling referrals to family members were below the threshold of 50% at 0% for each. These indicators are new to the review tool and will be documented in the future.

MENTAL HEALTH SERVICES
2019 CHART REVIEW

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HDSA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

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Scope of Funding

TRG contracts with two Subgrantees to provide hospice services in the Houston HSDA.

INTRODUCTION

Description of Service

Mental Health Services are treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. **Individual Therapy/counseling** is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible HIV positive or HIV/AIDS affected individual. **Support Groups** are defined as professionally led (licensed therapists or counselor) groups that comprise HIV positive individuals, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for an HIV positive person.

Tool Development

The TRG Mental Health Services Tool is based upon established local standards of care.

Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV care of over 10 years. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

Using the ARIES database, the file sample was created from a provider population of 216 who accessed mental health services in the measurement. The records of 51 clients were reviewed, representing 24% of the unduplicated population. The demographic makeup of the providers was used as a key to file sample pull.

NOTES: DSHS modified their review process to exclude indicators that were <51% in last years this year. As a result, only one (1) indicator was reviewed in 2018. The results listed below are from 2017, with the exception of the one (1) indicator reviewed.

Demographics- Mental Health

2018 Annual

Total UDC: 216

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	4	1.85%
25 - 44 years	73	33.80%
45 - 64 years	127	58.80%
65 years or older	12	5.55%
Unknown	0	0.00%
	216	100%
Gender	**Number of Clients**	**% of Total**
"Other" and "Refused" are counted as "Unknown"		
Female	20	9.26%
Male	196	90.74%
Transgender FTM	0	0.00%
Transgender MTF	5*	2.31%
Unknown	0	0.00%
	216	100%
Race/Ethnicity	**Number of Clients**	**% of Total**
Includes Multi-Racial Clients		
White	138	63.89%
Black	73	33.80%
Hispanic	38*	17.59%
Asian	2	0.93%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	1	0.46%
Unknown	2	0.93%
	216	100%

From 01/01/18 - 12/31/18

2019 Annual

Total UDC: 282

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.0%
02 - 12 years	0	0.0%
13 - 24 years	9	3.2%
25 - 44 years	139	49.2%
45 - 64 years	119	42.2%
65 years or older	15	5.3%
Unknown	0	0.0%
	282	100%
Gender	**Number of Clients**	**% of Total**
"Other" and "Refused" are counted as "Unknown"		
Female	42	14.9%
Male	240	85.1%
Transgender FTM	0	0.00%
Transgender MTF	9*	3.19%
Unknown	0	0.00%
	282	100%
Race/Ethnicity	**Number of Clients**	**% of Total**
Includes Multi-Racial Clients		
White	160	56.7%
Black	115	40.8%
Hispanic	66*	23.4%
Asian	0	0.0%
Hawaiian/Pacific Islander	1	0.35%
Indian/Alaskan Native	2	0.70%
Multi/Unknown	4	1.4%
	282	100%

From 01/01/19 - 12/31/19

RESULTS OF REVIEW-2018

Psychosocial Assessment

Psychosocial Assessment completed no later than third counseling session.

	Yes	No	N/A
Clients with psychosocial assessment completed no later than the 3rd appt.	59	-	-
Client records reviewed that included in this measure.	59	-	-
Rate	**100%**	-	-

Psychosocial Assessment: Required Elements

Psychosocial Assessment included assessment of all elements in the Mental Health Standards.

	Yes	No	N/A
Clients with assessment completed no later than the 3rd appt.	59	-	-
Client records reviewed that included in this measure.	59	-	-
Rate	**100%**	-	-

Treatment Plan

(**NEW 2018**) Documentation of detailed treatment plan and services provided within client's primary record.

	Yes	No	N/A
Treatment plan and services detailed in client record.	38	12	1
Client records reviewed that included in this measure.	50	50	51
Rate	**76%**	**24%**	2%

Treatment Plan completed no later than third counseling session.

	Yes	No	N/A
Clients with treatment plans completed no later than the 3rd counseling session.	52	-	7
Client records reviewed that included in this measure.	52	-	59
Rate	**100%**	-	12%

Treatment Plan: Signed by Therapist

Treatment Plan was signed by the mental health professional who rendered service.

	Yes	No	N/A
Clients with treatment plans signed by the mental health professional rendering service.	52	-	7
Client records reviewed that included in this measure.	52	-	59
Rate	**100%**	-	12%

Treatment Plan: Reviewed/Modified

Treatment Plan was reviewed and/modified at least every ninety (90) days.

	Yes	No	N/A
Clients with treatment plans reviewed/modified every 90 days.	50	2	7
Client records reviewed that included in this measure.	52	52	59
Rate	**96%**	**4%**	12%

Services Provided: Required Elements

Treatment included counseling covering all elements outlined in the Mental Health Standards.

	Yes	No	N/A
Clients who received counseling covering all elements.	59	-	-
Client records reviewed that included in this measure.	59	-	-
Rate	**100%**	-	-

Services Provided: Psychiatric Evaluation

Treatment included psychiatric evaluation was conducted/referral completed if needed.

	Yes	No	N/A
Clients who psychiatric evaluation was conducted/referral completed if needed.	1	-	58
Client records reviewed that included in this measure.	59	-	59
Rate	**100%**	-	-

Services Provided: Psychiatric Medication

Treatment included psychotropic medication management services, if needed.

	Yes	No	N/A
Clients who documented psychotropic medication management service was provided if needed.	-	-	59
Client records reviewed that included in this measure.	59	-	59
Rate	**0%**	-	100%

Services Provided: Progress Notes

Progress notes completed for each counseling session and contained all elements outlined in the Mental Health Standards.

	Yes	No	N/A
Clients with progress notes complete and containing all elements.	59	-	-
Client records reviewed that included in this measure.	59	-	-
Rate	**100%**	-	-

Services Provided: Medical Care Coordination

Evidence that care was coordinated as appropriate across all medical care coordination team members.

	Yes	No	N/A
Clients with care coordinated across team.	59	-	-
Client records reviewed that included in this measure.	59	-	-
Rate	**100%**	-	-

Referrals: Referrals Made as Needed

Documentation that referrals were made as needed to specialized medical/mental health providers/services.

	Yes	No	N/A
Clients with referral needed and made.	27	-	32
Client records reviewed that included in this measure.	27	-	59
Rate	**100%**	-	-

Referrals: Referrals Outcome

Documentation is present in client's record of the referral and the outcome of the referral.

	Yes	No	N/A
Clients with referral document with outcome of referral.	27	-	32
Client records reviewed that included in this measure.	27	-	59
Rate	**100%**	-	-

Discharge Planning

Documentation is present that discharge planning was completed with the client.

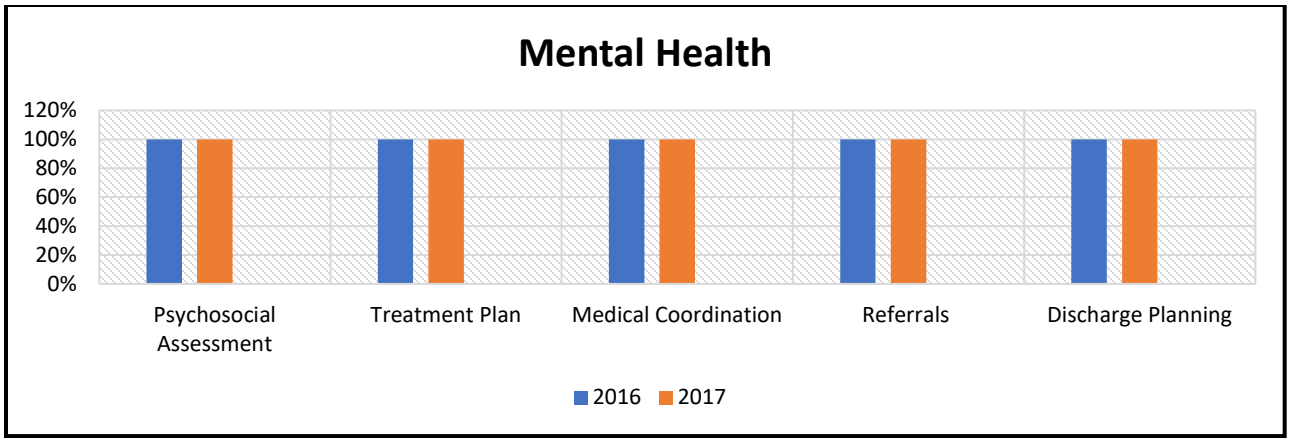
	Yes	No	N/A
Clients with documented discharge planning.	26	-	33
Client records reviewed that included in this measure.	26	-	59
Rate	**100%**	-	-

Discharge

Documentation is reason for discharge is located in the client's record and is consistent with agency policies.

	Yes	No	N/A
Clients with documented reason for discharge.	23	-	36
Client records reviewed that included in this measure.	23	-	59
Rate	**100%**	-	-

HISTORICAL DATA



CONCLUSION

Quality of mental health services continues to excellent. All clients reviewed (100%) completed a psychosocial assessment no later than the third counseling session, all clients had a treatment plan and medical care coordination was appropriate across all medical care coordination team members. Eleven data elements were met at 100%.

ORAL HEALTH CARE SERVICES
2019 CHART REVIEW

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HDSA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantee's comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantee's. Quality Compliance Reviews focus on issues of administrative, clinical, data management, fiscal, programmatic and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring the area of the finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts with two Subgrantees to provide oral health care services in the Houston HSDA.

INTRODUCTION

Description of Service

Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to individuals living with HIV including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.

Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a client's annual benefit balance. If a provider cannot provide adequate services for emergency care, the patient should be referred to a hospital emergency room.

Tool Development

The TRG Oral Healthcare Review tool is based upon the established local and DSHS standards of care.

Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV care. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

File sample was selected from a provider population of 3,597 clients who accessed oral healthcare services in the measurement year. The records of 119 clients were reviewed, representing 3.3% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

Demographics- Oral Healthcare Services

2018 Annual

Total UDC: 3416

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	89	2.61%
25 - 44 years	1331	38.96%
45 - 64 years	1784	52.22%
65 years or older	212	6.21%
Unknown	0	0.00%
	3416	100%
Gender	**Number of Clients**	**% of Total**
"Other" and "Refused" are counted as "Unknown"		
Female	922	26.99%
Male	2494	73.00%
Transgender FTM	1*	0.02%
Transgender MTF	45*	1.31%
Unknown	0	0.00%
	3416	100%
Race/Ethnicity	**Number of Clients**	**% of Total**
Includes Multi-Racial Clients		
White	1493	43.70%
Black	1845	54.01%
Hispanic	1045*	30.59%
Asian	39	1.14%
Hawaiian/Pacific Islander	2	0.05%
Indian/Alaskan Native	14	0.41%
Unknown	23	0.67%
	3416	100%

From 01/01/18 - 12/31/18

2019 Annual

Total UDC: 3597

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.0%
02 - 12 years	0	0.0%
13 - 24 years	101	2.8%
25 - 44 years	1450	40.3%
45 - 64 years	1781	49.5%
65 years or older	265	7.4%
Unknown	0	0.00%
	3597	100%
Gender	**Number of Clients**	**% of Total**
"Other" and "Refused" are counted as "Unknown"		
Female	978	27.2%
Male	2619	72.8%
Transgender FTM	2*	0.06%
Transgender MTF	43*	1.2%
Unknown	0	0.00%
	3597	100%
Race/Ethnicity	**Number of Clients**	**% of Total**
Includes Multi-Racial Clients		
White	1591	44.2%
Black	1914	53.2%
Hispanic	1145*	31.8%
Asian	44	1.22%
Hawaiian/Pacific Islander	2	0.06%
Indian/Alaskan Native	15	0.42%
Multi/Unknown	31	0.86%
	3597	100%

From 01/01/19 - 12/31/19

RESULTS OF REVIEW

MEDICAL/DENTAL HISTORY/SCREENING

An initial or updated dental and medical history within the last year is documented in the client's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Clients records that were reviewed.	119	119	-
Rate	**99.2%**	**0.8%**	**-**

Periodontal Screening/Examination completed within the measurement year in the client's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	95	16	8
Clients records that were reviewed.	111	111	119
Rate	**86%**	**14%**	**6.7%**

LIMITED PHYSICAL EXAMINATION

Dental provider obtained an initial baseline blood pressure/pulse reading during the initial limited physical examination and is documented in the client's oral healthcare record. If not obtained, dental provider documented reason.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Clients records that were reviewed.	119	119	-
Rate	**99.2%**	**0.8%**	-

ORAL EXAMINATION

Oral examination conducted within the last year is documented in the client's oral healthcare record

	Yes	No	N/A
Number of client records that showed evidence of the measure	116	1	2
Clients records that were reviewed.	117	117	119
Rate	**99.1%**	**0.8%**	**1.7%**

TREATMENT PLAN

Dental treatment plan to include specific diagnostic, preventive, and therapeutic was established or updated within the last year and signed by the oral healthcare professional providing the services (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	104	13	2
Clients records that were reviewed.	117	117	119
Rate	**88.9%**	**11.1%**	**1.7%**

Phase 1 treatment plan to include prevention, maintenance and/or elimination of oral pathology resulting from dental caries or periodontal disease was established within one year of initial assessment and signed by the oral healthcare professional providing the services (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	89	5	25
Clients records that were reviewed.	94	94	119
Rate	**94.7%**	**5.3%**	**21%**

ORAL HEALTH EDUCATION

Oral health education for oral hygiene instruction and smoking cessation (if applicable) conducted within the last year is documented in the patient's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Client records that showed evidence of an intraoral exam.	89	30	-
Clients in oral health services that were reviewed.	119	119	-
Rate	**74.8%**	**25.2%**	**-**

REFERRALS

Oral health care patients who have documented referrals have outcomes and/or follow-up documentation in the client's oral health care record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	-	1	118
Number of clients records that were reviewed.	1	1	119
Rate	**0%**	**100%**	**99.1%**

MINIMUM DOCUMENTATION/SERVICES

Oral Healthcare patients have evidence that an oral health care record for the patient was established.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	-	1
Number of clients records that were reviewed.	118	-	119
Rate	**100%**	**-**	**0.8%**

Oral health patients with documented evidence that oral health care services provided met the specific limitations or caps as set forth for the dollar amount and any additional limitations as set regionally for type of procedures, or combination of these.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Number of clients records that were reviewed.	119	119	-
Rate	**99.1%**	**0.8%**	-

If the cost of dental care exceeded the annual maximum amount for Ryan White/State Services funding, reason is documented in the patient's oral health care record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	28	1	90
Number of clients records that were reviewed.	29	29	119
Rate	**96.6%**	**3.4%**	**75.6%**

CONCLUSIONS

The 2019 data shows a continuation of excellent oral healthcare services overall. All but one indicator was well above the established threshold for compliance with applicable guidelines and expectations. Phase 1 treatment plans and completed oral health examinations were well documented. Periodontal screening/ examination did increase from 50% to 86% this year. Oral instruction and smoking cessation is a fairly new data element starting in 2017, it was assessed at a compliance rate of 24% in 2017 (81%, 2018), and continues to show maintained compliance at 74.8% this year.

REFERRAL FOR HEALTH CARE SERVICES- ADAP
2019 CHART REVIEW

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HDSA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantee's comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantee's. Quality Compliance Reviews focus on issues of administrative, clinical, data management, fiscal, programmatic and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring the area of the finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts with five Subgrantees to provide referral for health care services in the Houston HSDA.

INTRODUCTION

Description of Service

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public or private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Benefits Counseling: Services should facilitate a client's access to public/private health and disability benefits and programs. This service category works to maximize public funding by assisting clients in identifying all available health and disability benefits supported by funding streams other than RWHAP Part B and/or State Services funds.

Health Care Services: Clients should be provided assistance in accessing health insurance or Marketplace plans to assist with engagement in the health care system and HIV Continuum of Care, including medication payment plans or programs. Services focus on assisting client's entry into and movement through the care service delivery network such that RWHAP and/or State Services funds are payer of last resort.

Tool Development

The DSHS Referral for Healthcare Review tool is based upon the established local and DSHS standards of care.

Chart Review Process

All charts were reviewed by Masters-level Social Worker experienced in programmatic requirements and guidelines for the THMP program. The collected data for each site was recorded directly into a preformatted computerized spreadsheet. The data collected during this process is to be used for service improvement.

File Sample Selection Process

File sample was selected from a provider population of 6,098 clients who accessed oral healthcare services in the measurement year. The records of 200 clients were reviewed, representing 3.3% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

Demographics- Referral for Healthcare Services-ADAP

2019 Annual

Total UDC: 6098

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years		0.00%
02 - 12 years		0.00%
13 - 24 years	319	5.23%
25 - 44 years	3355	55.02%
45 - 64 years	2260	37.06%
65 years or older	164	2.69%
Unknown	0	0.00%
	6098	100%

Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	1433	23.50%
Male	4577	75.06%
Transgender FTM	1	0.02%
Transgender MTF	86	1.41%
Unknown	1	0.02%
	6098	100%

Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	741	12.15%
Black	2758	45.23%
Hispanic	2468	40.47%
Asian	90	1.48%
Hawaiian/Pacific Islander	3	0.05%
Indian/Alaskan Native	10	0.16%
Unknown	28	0.46%
	6098	100%

From 01/01/19 - 12/31/19

2020 Annual

Total UDC:

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years		
02 - 12 years		
13 - 24 years		
25 - 44 years		
45 - 64 years		
65 years or older		
Unknown		
		100%

Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female		
Male		
Transgender FTM		
Transgender MTF		
Unknown		
		100%

Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White		
Black		
Hispanic		
Asian		
Hawaiian/Pacific Islander		
Indian/Alaskan Native		
Multi/Unknown		
		100%

From 01/01/20 - 12/31/20

RESULTS OF REVIEW- BASELINE YEAR

Benefits Counseling

Documented evidence of education provided on public and/or private benefit programs in the primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	108	92	-
Number of client records that were reviewed.	200	200	-
Rate	**54%**	**46%**	**-**

Documented evidence of public and/or private benefit applications completed as appropriate within (14) business days of the eligibility determination date in the primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	117	83	-
Number of client records that were reviewed.	200	200	-
Rate	**58.5%**	**41.5%**	**-**

Health Care Services

Documented evidence of assistance provided to access health insurance or Marketplace plans in the primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	82	-
Number of client records that were reviewed.	200	200	-
Rate	**59%**	**41%**	**-**

Documented evidence of a referral for other core or support services who have documented evidence of the education provided to the client on how to access these services in the primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	9	83	108
Number of client records that were reviewed.	92	92	200
Rate	**10%**	**90%**	**54%**

Documented evidence of referrals provided to any core or support services that had follow-up documentation within (10) business days of the referral in the primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	9	83	108
Number of client records that were reviewed.	92	92	200
Rate	**10%**	**90%**	**54%**

ARIES Documentation

Documented evidence of ADAP application being uploaded onto ARIES within one (1) business day of completion.

	Yes	No	N/A
Number of client records that showed evidence of the measure	95	62	43
Number of client records that were reviewed.	157	157	200
Rate	**60.5%**	**39.5%**	**21.5%**

Documented evidence of THMP being notified within three (3) business days of completed ADAP application upload into ARIES.

	Yes	No	N/A
Number of client records that showed evidence of the measure	104	53	43
Number of client records that were reviewed.	157	157	200
Rate	**66.2%**	**33.8%**	**21.5%**

Documented evidence of completed secondary review of ADAP application indicated before application submission to THMP.

	Yes	No	N/A
Number of client records that showed evidence of the measure	115	42	43
Number of client records that were reviewed.	157	157	200
Rate	**73.2%**	**26.8%**	**21.5%**

Case Closure Summary

Documentation of case closure summary in client primary client record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	0	84	116
Number of client records that were reviewed.	84	84	200
Rate	**0%**	**100%**	**58%**

CONCLUSIONS

The ADAP Enrollment Worker (AEW) program funded under the Referral for Healthcare service category is a new program. In 2019, there were 6098 unduplicated clients served, with 848 new clients. AEW workers provided assistance with 4035 applications, 1797 attestations, and 2446 recertifications during the calendar year. They also entered 18,928 service encounters! Review year 2019 was a baseline year to assess all Houston HSDA programs with a revised review tool. Six (6) of the ten (10) indicators reviewed were above the established threshold of 50%, however follow-up needs to occur with four (4) indicators below the threshold. Due to this program(s) being newly established, documentation of activities was inconsistent. Technical assistance was provided and outcomes for 2020 review should reflect training on documenting service activities.

TRG Consumer Engagement Feedback Results 2019

Feedback Period January 2019-December 2019

OVERVIEW

The Consumer Engagement Feedback Process is used by The Resource Group (TRG) to determine consumer experience and satisfaction accessing funded services. The process formally known as the consumer interview process has grown each year based on the lessons learned from implementation. The process and report system began in 2014 as a method of reporting feedback from consumers who received services within the reporting year. Consumer engagement is required as part of the TRG grant monitoring process at each Subrecipient in Houston and the fifty-one county areas of East Texas. The feedback was gathered through a variety of methods including but not limited to;

- Consumer Interviews
- Calls
- Meetings
- Survey
- Evaluations from Consumer Meetings/Events
- Advisory Board Feedback
- Client Concerns
- Follow up calls to consumers who had a client concern within the feedback period.

The barriers and challenges to obtaining feedback can range from consumer concerns including if the information will be utilized, who will have access to the statements, if the consumer is identified, and does their feedback matter. TRG has designed the process and reports to encourage feedback and recommendations. All experiences with TRG funded services are considered for the inclusion in this report. TRG provides this report at consumer meetings and other consumer engagement opportunities to show consumers their feedback is important. As a result of the efforts to address the challenges consumers have continued to more freely discuss their concerns and report dissatisfaction.

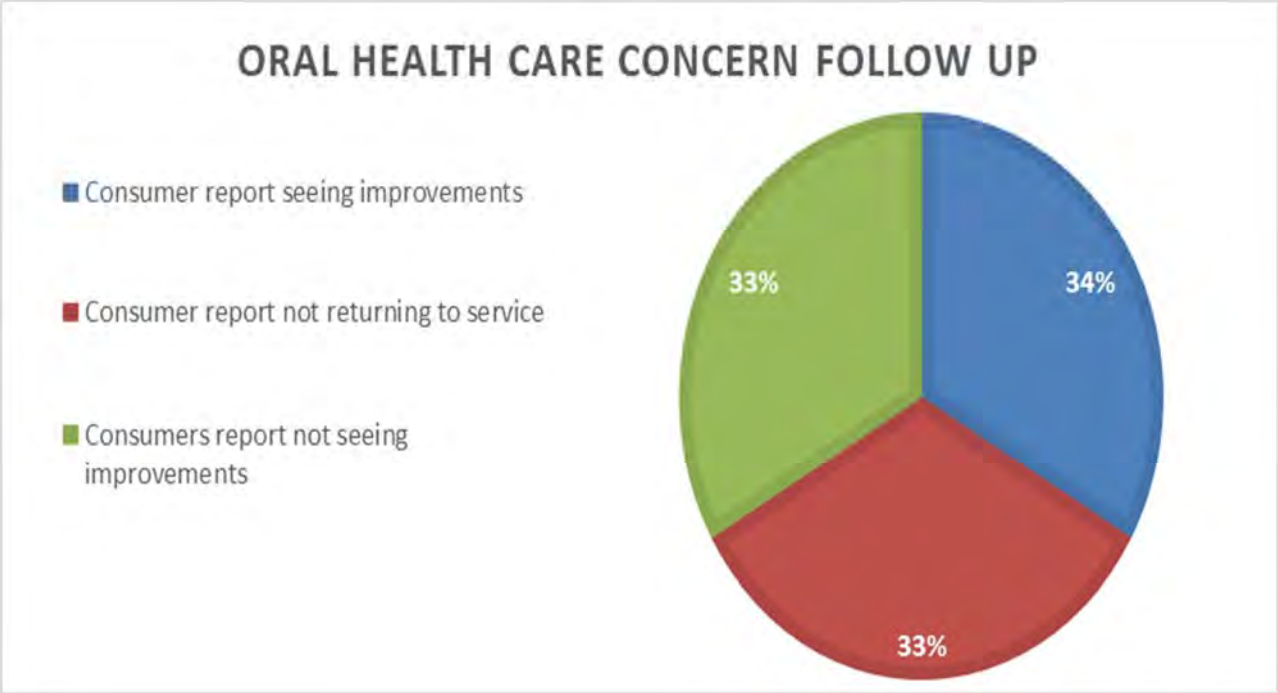
The purpose of the consumer engagement feedback process is to check the flow of information, gather feedback, identify trends and training needs of consumers related to services, programs, and funding updates. Each year TRG uses this report to assist with improvement planning. TRG identifies lessons learned and uses them to update the process and the questions asked during the next feedback period.

CROSS-SERVICE TRENDS

Overall, consumers reported satisfaction with the services they are receiving. Consumers, who are in care, feel comfortable and satisfied with their medical team and care process. The services which received the most feedback in 2019 were Oral Health Care (dental services) and Health Insurance Assistance (HIA). Oral Health Care received a low number of client concerns where consumers

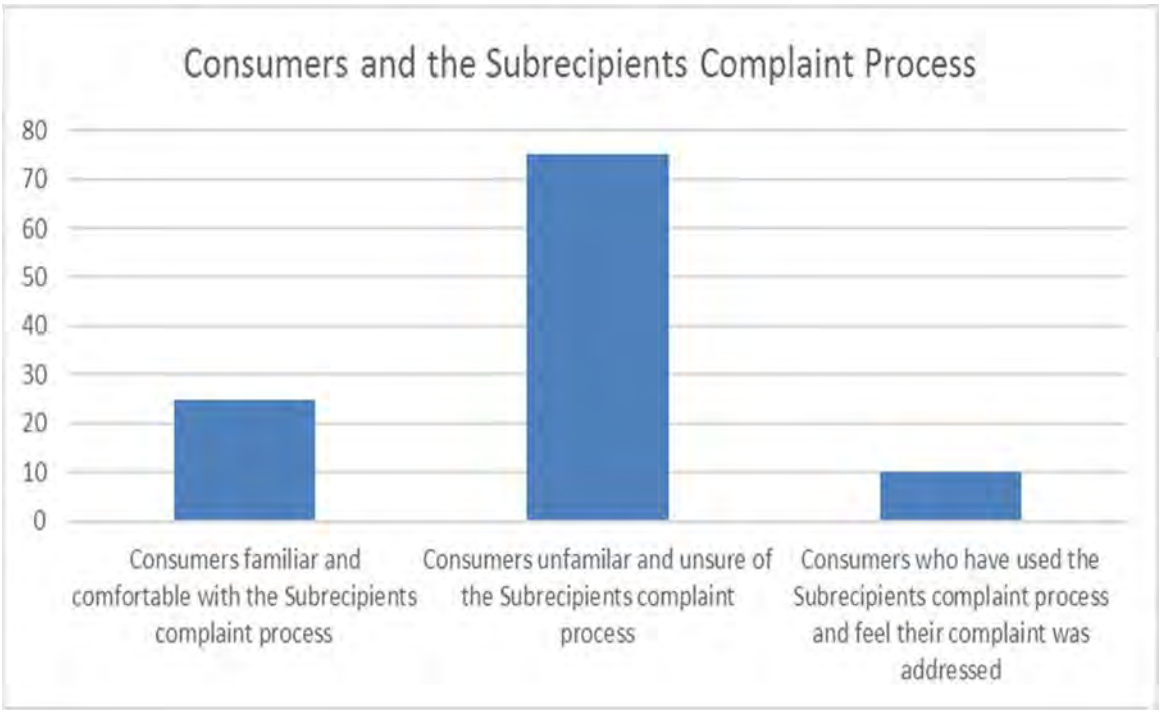
were willing to their give contact information for TRG to follow up. 75% of the consumers had concerns but did not wish to give their contact information for follow up purposes. All consumer concerns were addressed by TRG as part of the problem resolution process. Of the consumers who gave their consent to be contacted for follow up. 50% were unreachable through the contact information given to TRG. The chart and numbers below reflect the consumers who could be reached, TRG staff either spoke to the client or just left a message.

Comments from consumers who were reached as a follow up to concerns with dental service gave mixed reviews. Of those who contacted, 1/3 of the consumers who had a concern accessing service stated that they felt the Subrecipient made efforts to address their concern. 1/3 of the follow-up group of consumers stated they had not returned to the Subrecipient to seek services and were unsure if improvements had been made. 1/3 did not feel like enough improvements were in place and stated they still faced challenges. TRG staff informed consumers that the efforts to address their concerns would continue.



Consumers in Houston mentioned communication between staff and consumers at most Subrecipients needs improvement (i.e. calls not returned, difficulty reaching staff and difficulties navigating phone systems to reach a live person). Problems such as getting medication refills were discussed as problems and results of difficulties in communication with Subrecipients.

There is an ongoing disconnection between consumers and the Subrecipent complaint process or how concerns are resolved with the Subrecipent. Only 25% of consumers were familiar with the Subrecipient process and complaint forms. This discussion has continued for multiple years. Consumers who had complaints expressed their complaints have been addressed and resolved.



TRG continues to address concerns and bring reasonable solution between consumer and Subrecipient within the Ryan White Standards of Care. There are rare occasions where satisfaction cannot be achieved. This does not mean the concern is not documented. Each concern is documented and used to identify trends and best practices of resolution.

The lessons learned and new questions to be added to the interviews and feedback processes for 2020 include:

- TRG has begun to develop multiple Advisory Boards base on target populations and service-specific focuses. In 2019, TRG started a Reentry Advisory Board and hosted an Advisory Board for Clinical Trials related to HIV. TRG staff is also creating an Advisory Board for its Problem Resolution process.
- Service-specific/specific population questions
    - Based on client questions, comments and concerns related to Dental/Oral Health Services, TRG will focus on strategies to gather information, engage consumers and proactively address gaps in communication between the Oral Health Subrecipient consumers.
        a. To gather information; a dental survey has been developed and will be available in English and Spanish. The survey will available online and as a hard copy.
        b. To engage consumers; TRG will lead an Oral Health Advisory Board. A flyer has been created to recruit consumers to focus on reporting trends, progress, consumer feedback goals.
        c. To proactively assisting Oral Health Subrecipient in strengthening their communication efforts with consumers seeking and receiving Oral Health Services funded by TRG.

TRG efforts in obtaining consumer feedback identified the need for Subrecipients to create and facilitate Subrecipent specific/customized training for their consumers which may include but are not limited to:

- Consumers should review and provide feedback on Subrecipient policies and procedures which directly affect clients on an annual basis. TRG staff has provided onsite technical assistance (TA). This can be addressed on the Consumer Engagement Work Plan.
- Subrecipient should provide training on each service which are available to consumers and details to help consumers understand the length of processes for specific procedures or services. The Subrecipient Consumer Advisory Board quarterly meetings and host service-specific training or educational meetings for clients. This can be addressed on the Consumer Engagement Work Plan.

SERVICE-SPECIFIC TRENDS

Oral Health Care

Consumers in the local area have concerns about changes that affect access to this service. TRG has addressed concerns with the Subrecipients. TRG conducted follow-up efforts with consumers with concerns. This service has mixed reviews on the improvement efforts. TRG will continue to focus on addressing concerns with this service.

Mental Health Services

Consumers were satisfied with this service. There were no identified or reported issues related to this service.

Home and Community-Based Health Care Services

Consumers were satisfied with this service. Consumer's understanding of the service they are receiving has continued to improve over multiple years. There were no identified or reported issues related to this service.

Early Intervention Services – Incarcerated (EIS)

EIS consumers seem to be very knowledgeable and appreciative of access to service. The consumers were pleased to be referred to as experts and some inquired about learning more about the Ryan White system and how to participate upon release. There were no identified or reported issues related to this service.

Linguistic Services

There were no identified or reported issues related to this service.

Hospice Care Services

There were no identified or reported issues related to this service.

Health Insurance Assistance (HIA)

Consumers of this service are very knowledgeable about this service. HIA consumers were satisfied and appreciative of the availability of the service. Consumers stated that HIA was simple to get and easy to use. There were no identified or reported issues related to this service.

Priority and Allocations Committee Report

DRAFT

FY 2021 Priority Setting Process

(Priority and Allocations Committee approved 02-27-20)

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

(Continued on next page)

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

DRAFT

Priority and Allocations

FY 2021 Guiding Principles and Decision Making Criteria

(Priority and Allocations Committee approved 02-27-20)

Priority setting and allocations must be based on clearly stated and consistently applied principles and criteria. These principles are the basic ideals for action and are based on Health Resources and Services Administration (HRSA) and Department of State Health Services (DSHS) directives. All committee decisions will be made with the understanding that **the Ryan White Program is unable to completely meet all identified needs** and following legislative mandate **the Ryan White Program will be considered funding of last resort.** Priorities are just one of many factors which help determine allocations. All Part A and Part B service categories are considered to be important in the care of people living with HIV. Decisions will address at least one or more of the following principles **and** criteria.

Principles are the standards **guiding the discussion** *of all service categories to be prioritized and to which resources are to be allocated. Documentation of these guiding principles in the form of printed materials such as needs assessments, focus group results, surveys, public reports, journals, legal documents, etc. will be used in highlighting and describing service categories (individual agencies are not to be considered). Therefore decisions will be based on service categories that address the following principles, in no particular order:*

Principles

A. Ensure ongoing client access to a comprehensive system of core services as defined by HRSA

B. Eliminate barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)

C. Meet the needs of diverse populations as addressed by the epidemiology of HIV

D. Identify individuals newly aware of their status and link them to care. Address the needs of those that are aware of their status and not in care.

Allocations only

E. Document or demonstrate cost-effectiveness of services and minimization of duplication

F. Consider the availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies

G. Reduce the time period between diagnosis and entry into HIV medical care to facilitate timely linkage.

Criteria are the standards on which the committee's decisions will be based. Positive decisions will only be made on service categories that satisfy at least one of the criteria in Step 1 and all criteria in Step 2. Satisfaction will be measured by printed information that address service categories such as needs assessments, focus group results, surveys, reports, public reports, journals, legal documents, etc.

(Continued)

DRAFT

DECISION MAKING CRITERIA STEP 1:

A. Documented service need with consumer perspectives as a primary consideration

B. Documented effectiveness of services with a high level of benefit to people and families living with HIV, including quality, cost, and outcome measures when applicable

C. Documented response to the epidemiology of HIV in the EMA and HSDA

D. Documented response to emerging needs reflecting the changing local epidemiology of HIV while maintaining services to those who have relied upon Ryan White funded services.

E. When allocating unspent and carryover funds, services are of documented sustainability across fiscal years in order to avoid a disruption/discontinuation of services

F. Documented consistency with the current Houston Area Comprehensive HIV Prevention and Care Services Plan, the Continuum of Care, the National HIV/AIDS Strategy, the Texas HIV Plan and their underlying principles to the extent allowable under the Ryan White Program to:

- build public support for HIV services;
- inform people of their serostatus and, if they test positive, get them into care;
- help people living with HIV improve their health status and quality of life and prevent the progression of HIV;
- help reduce the risk of transmission; and
- help people with advanced HIV improve their health status and quality of life and, if necessary, support the conditions that will allow for death with dignity

DECISION MAKING CRITERIA STEP 2:

A. Services have a high level of benefit to people and families living with HIV, including cost and outcome measures when applicable

B. Services are accessible to all people living with or affected by HIV, allowing for differences in need between urban, suburban, and rural consumers as applicable under Part A and B guidelines

C. The Council will minimize duplication of both service provision and administration and services will be coordinated with other systems, including but not limited to HIV prevention, substance use, mental health, and Sexually Transmitted Infections (STIs).

D. Services emphasize access to and use of primary medical and other essential HRSA defined core services

E. Services are appropriate for different cultural and socioeconomic populations, as well as care needs

F. Services are available to meet the needs of all people living with HIV and families, as applicable under Part A and B guidelines

G. Services meet or exceed standards of care

H. Services reflect latest medical advances, when appropriate

I. Services meet a documented need that is not fully supported through other funding streams

PRIORITY SETTING AND ALLOCATIONS ARE SEPARATE DECISIONS. All decisions are expected to address needs of the overall community affected by the epidemic.

DRAFT

2020 Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-27-20)

Background

The Ryan White Planning Council must address two different types of money: Unobligated and Carryover.

Unobligated funds are funds allocated by the Council but, for a variety of reasons, are not put into contracts. Or, the funds are put into a contract but the money is not spent. For example, the Council allocates $700,000 for a particular service category. Three agencies bid for a total of $400,000. The remaining $300,000 becomes unobligated. Or, an agency is awarded a contract for a certain amount of money. Halfway through the grant year, the building where the agency is housed must undergo extensive remodeling prohibiting the agency from providing services for several months. As the agency is unable to deliver services for a portion of the year, it is unable to fully expend all of the funds in the contract. Therefore, these unspent funds become unobligated. The Council is informed of unobligated funds via Procurement Reports provided to the Quality Improvement (QI) and Priority and Allocations (P&A) Committees by the respective Administrative Agencies (AA), HCPHS/ Ryan White Grant Administration and The Resource Group.

Carryover funds are the RW Part A Formula and MAI funds that were unspent in the previous year. Annually, in October, the Part A Administrative Agency will provide the Committee with the estimated total allowable Part A and MAI carryover funds that could be carried over under the Unobligated Balances (UOB) provisions of the Ryan White Treatment Extension Act. The Committee will allocate the estimated amount of possible unspent prior year Part A and MAI funds so the Part A AA can submit a carryover waiver request to HRSA in December.

The Texas Department of State Health Services (DSHS) does not allow carryover requests for unspent Ryan White Part B and State Services funds.

It is also important to understand the following applicable rules when discussing funds:

1.) The Administrative Agencies are allowed to move up to 10% of unobligated funds from one service category to another. The 10% rule applies to the amount being moved from one category and the amount being moved into the other category. For example, 10% of an $800,000 service category is $80,000. If a $500,000 category needs the money, the Administrative Agent is only allowed to move 10%, or $50,000 into the receiving category, leaving $30,000 unobligated.

2.) Due to procurement rules, it is difficult to RFP funds after the mid-point of any given fiscal year.

In the final quarter of the applicable grant year, after implementing the Council-approved October reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, the AA may reallocate any remaining unspent funds as necessary to ensure the Houston EMA/HSDA has less than 5% unspent Formula funds and no unspent Supplemental funds. The AA for Part B and *State Services* funding may do the same to ensure no funds are returned to the Texas Department of State Health Services (TDSHS). The applicable AA must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.

DRAFT

Recommendations for Addressing Unobligated and Carryover Funds:

1.) Requests from Currently Funded Agencies Requesting an Increase in Funds in Service Categories where The Agency Currently Has a Contract: These requests come at designated times during the year.

A.) In response, the AA will provide funded agencies a standard form to document the request (see attached). The AA will state the amount currently allocated to the service category, state the amount being requested, and state if there are eligible entities in the service category. This form is known as a *Request for Service Category Increase*. The AA will also provide a Summary Sheet listing all requests that are eligible for an increase (e.g. agency is in good standing).

The AA must submit this information to the Office of Support in an appropriate time for document distribution for the April, July and October P&A Committee meetings. The form must be submitted for all requests regardless of the completeness of the request. The AA for Part B and State Services Funding will do the same, but the calendar for the Part B AA to submit the Requests for Service Category Increases to the Office of Support is based upon the current Letter of Agreement. The P&A Committee has the authority to recommend increasing the service category funding allocation, or not. If not, the request "dies" in committee.

2.) Requests for Proposed Ideas: These requests can come from any individual or agency at any time of the year. Usually, they are also addressed using unobligated funds. The individual or agency submits the idea and supporting documentation to the Office of Support. The Office of Support will submit the form(s) as an agenda item at the next QI Committee meeting for informational purposes only, the Office of Support will inform the Committee of the number of incomplete or late requests submitted and the service categories referenced in these requests. The Office of Support will also notify the person submitting the Proposed Idea form of the date and time of the first committee meeting where the request will be reviewed. All committees will follow the RWPC bylaws, policies, and procedures in responding to an "emergency" request.

Response to Requests: Although requests will be accepted at any time of the year, the Priority and Allocations Committee will Review requests at least three times a year (in April, July, and October). The AA will notify all Part A or B agencies when the P&A Committee is preparing to allocate funds.

3.) Committee Process: The Committee will prioritize recommended requests so that the AA can distribute funds according to this prioritized list up until May 31, August 31 and the end of the grant year. After these dates, all requests (recommended or not) become null and void and must be resubmitted to the AA or the Office of Support to be considered in the next funding cycle.

After reviewing requests and studying new trends and needs the committee will review the allocations for the next fiscal year and, after filling identified gaps in the current year, and if appropriate and possible, attempt to make any increase in funding less dramatic by using an incremental allocation in the current fiscal year.

4.) Projected Unspent Formula Funds: Annually in October, the Committee will allocate the projected, current year, unspent, Formula funds so that the Administrative Agent for Part A can report this to HRSA in December.

Operations Committee Report

2020 Council Orientation Evaluation Results

Introduction

The 2019 Operations Committee hosted the 2020 Houston Area Ryan White Planning Council Orientation on January 23, 2020 at Third Coast Restaurant and Conference Center. Staff asked members who attended Orientation to complete evaluation forms. Twenty-seven attendees completed an evaluation form, **33%** of whom were new members.

Members were asked to:

- Describe their favorite part of Orientation
- Rate the quality of logistic features of the event
- Rate the helpfulness of each session for preparing the members to serve on Council
- Rate their confidence in their ability to successfully participate in Council following Orientation
- Suggest any topics they thought would be useful to include in the 2021 Council Orientation

Successes

1. In descending order, the favorite parts of Orientation were:
    a. Getting to know new and returning members
    b. Trends in HIV Prevention and Care (particularly molecular HIV surveillance)
    c. Lunch
    d. Jeopardy
2. All meeting logistic features had mean quality ratings of **4.68** or higher. This means that, on average, the location, meeting space, food and drink provided, materials, overall agenda, facilitators, and staff communication were rated as "**Very Good**" or "**Excellent**".
3. All Orientation sessions had a mean helpfulness rating of **4.60** or higher. This means that, on average, attendees rated all sessions as "**Very Helpful**", or "**Extremely Helpful**". Lunch/introductions received the highest mean helpfulness rating (**4.63**), followed by the Committee Orientation (**4.61**), and Trends in HIV Prevention and Care (**4.61**).
4. All new member sessions received helpfulness ratings of **5.00**, meaning that, on average, attendees rated all new member sessions as "**Extremely Helpful**".
5. The mean confidence rating was **4.46**. This means, on average, members reported being "**Very Confident**" following the 2020 Orientation.

Challenges

1. Though the overall agenda received an "**Excellent**" average rating (**4.65**), two attendees commented on the need to limit the time spent on introductions, and manage pacing of the agenda.

Opportunities

The following are direct quotes from members who attended Orientation on what topics they would like to see included in the 2021 Council Orientation:

- "More info on molecular science."

Williams, Victoria (County Judge's Office)

From: Steven Vargas <sivargas68@gmail.com>
Sent: Tuesday, January 14, 2020 1:50 PM
To: Williams, Victoria (County Judge's Office)
Subject: SHARING AN IDEA
Attachments: Orientation Planning Notes SV.docx; Cascade-Diagram_slide-5_English2-e1486467791887.png; double-helix_HIV continuum.gif; HIV-prevention-diagnosis-treatment-and-care-continuum.png

Tori,

Just got off a CPG Orientation Planning Call. Beau shared a great idea which I want to share with you. He said he knows it is too late right now, but would like to investigate the idea of doing a semi-combined RWPC/CPG Orientation.

My response was that the RWPC for this year has already planned out its Orientation and the idea is certainly too late to establish for this year. I also shared the RWPC Orientation is strictly for Planing Council members. Unlike the rest of the meetings of the year, this is a closed meeting only for Council members and the invited speakers. So, this would be a barrier that would need to be negotiated.

Otherwise, I loved the idea for a number of reasons.

1. Though the funding and rules may differ between HIV Prevention (CDC) and HIV care/treatment (HRSA), that the lines have become more blurred since 2012 when PrEP was approved by the FDA. I remember using this initial blurring of the lines as an argument for why we needed to develop a combined HIV Prevention and HIV care services plan if we intend to be truly comprehensive with addressing HIV. And then we took the plunge and developed the combined plan.

2. Today, we have developed visual representations of an HIV Continuum which encompasses both the Prevention and Treatment side of addressing HIV. So, even here we have been presenting information in a combined fashion. *see the colorful attachments*

3. Since the funding for both Prevention and Treatment go to different governmental bodies (Prevention > City; Treatment > County) a combined Orientation provides an opportunity for members of both planning bodies to experience what we see visually in combined Treatment Cascade representations, read in the NHAS and will more likely see in the EtE plans, particularly the 4th goal to develop a more coordinated system to address HIV.

4. It also reminds me of what Judge Emmett shared about his tradition of having a weekly recurring, when possible) breakfast with the Mayor of Houston. I wish more people knew about that so they could see people working together across across governmental systems...and our HIV Prevention and Treatment bodies would essentially reflect that example.

I know a number of hurdles and barriers could pop up as we look into this further, but on the face of it all, I think it could benefit the people serving on the respective planning bodies and our community as a whole. I have attached notes from what I submitted as an ideal CPG Orientation for this year in case you have the time to look it over and find the commonalities between both orientations. I imagine combined sessions for the items which affect both groups, and separating to orient to the particulars of their individual duties and

responsibilities. This would not be combining planning bodies, but demonstrating how we all work together under a number of initiatives and plans to end the epidemic levels of HIV with different roles (and funding and rules, etc), but the same goal.

Sorry for the long email. I just wanted to share this while it was still fresh in my mind.

Houston HIV Prevention Community Planning Group

HOUSTON HEALTH DEPARTMENT

2020 HOUSTON HIV PREVENTION COMMUNITY PLANNING GROUP NEW MEMBER ORIENTATION | MINUTES

PROGRAM/DIVISION: Bureau of HIV/STD & Viral Hepatitis Prevention

PURPOSE: CPG New Member Orientation

DATE: January 30, 2020

TIME: 9:00A-3:00P

LOCATION: The American Red Cross 2700 Southwest Fwy, Houston, TX 77098

MINUTES

AGENDA ITEMS	PRESENTER	TIME
1. **Welcome** ***Welcome comments were made by Steven Vargas and Beau Mitts.***	CPG Co-Chairs	9:00AM
2. **Introductions** ***Brief introductions were made by current CPG members, new CPG members and CPG guest.***	All	9:10AM
3. **Family Feud** ***A friendly game of Family Feud was used as an ice breaker activity. Topics involved HIV/AIDS. Team 1 won with 81 points.***	Chanda Phanhphongsane Jordy Stiggs	9:30AM
4. **Break**		9:50AM
5. **Who we are: History of CPG.** ***Look at attached Power Point Presentation labeled "2020 CPG Orientation"*** ***Task Force update on CPG's website was recammended. Updated Task Force membership can be emailed to chanda.phanhphongsane@houstontx.gov.*** ***In February the Community Co-Chair elect position will be voted on.***	Steven Vargas Crystal Townsend	10:05AM
6. **How we Operate: 2020 Calendar, CPG Bylaws, and Policies & Procedures. CPG committee definitions and responsibilities. February CPG meeting, Community Co-Chair elect** ***Member Relations Committee will be reviewing the Bylaws and will give suggestions for amendments.*** ***Amendment to Bylaws regarding committee member placement will be discussed February meeting.*** ***The time frame for the full body meeting and committee meeting will be discussed in February meeting or doodle poll. Possibility of using video conferencing to get more members at the full body meeting.***	ShaTerra Johnson	10:50AM

Learning CPGs role when it comes to contributing to the EtE plan and figuring out how to create a unified process		
13. Submit Evaluations/Meeting Adjourned		2:55PM

CPG MEMBERS:

A E	Domingo Banda	A E	Raven Bradley	P	Shawn K. Flintroy
P	Olufemi Faweya	A	Andres Caicedo	P	Sha'Terra Johnson-Fairley
P	Dominique Guinn	A E	Kathryn Fergus	A E	Eddie Gonzalez
A E	Franaldo Curl	A E	Deborah Somoye	P	Nettie Johnson
A	Juddson Robinson	A	Adonis May	A E	Jeffery Meyer
P	Crystal Townsend	P	Steven Vargas	A E	Gloria Sierra
A E	Mike Wilkerson	A	Mona Cartwright-Biggs	A	Tana Pradia
P	Dexter Williams	P	Herman Finley	P	Pat Pullins
A	Ma'Janae Chambers	P	Ashley Barnes		

WHO WE ARE, WHAT WE DO

Established in 1993 by the Centers for Disease Control and Prevention (CDC), the purpose of the Houston HIV Prevention Community Planning Group (CPG) has been to work collectively with local, territorial, and state health departments to address the high prevalence of new HIV transmissions by developing scientifically sound and locally relevant HIV prevention initiatives. Today, the CPG continues to work closely with the Houston Health Department to address the HIV epidemic in our jurisdiction by:

- Analyzing the course of the epidemic in our area.
- Determining target populations for HIV prevention activities.
- Assessing and prioritizing HIV prevention needs.
- Identifying HIV prevention interventions to meet those needs.
- Developing a Comprehensive HIV Prevention Plan with the Ryan White Planning Council in response to the local epidemic.

FYI

2020 Ryan White Planning Council Committee Schedule - DRAFT

(as of 02/25/20)

AFFECTED COMMUNITY

Meetings are on the second Mondays following Council starting at 12 noon**.**

February 24	July 20
March 17*	August 24
March 23	September 21
April no meeting	October 19
May 18**	November 23
June 22	December no mtg

COMPREHENSIVE HIV PLANNING

Meetings are on the second Thursdays starting at 2:00 pm:

February 13	August 13
March 12	September 10
April 9	October 8
May 14	November 12
June 11	December 10
July 9	

OPERATIONS

Meetings are on the Tuesdays following Council starting at 11:30 am:

February 18	August 18
March 17	September 15
April 14	October 13
May 19	November 17
June 16	December no mtg
July 14	

PLANNING COUNCIL

Meetings are the second Thursday of the month starting at 12 noon:

February 13	**Aug. 6****
March 12	September 10
April 9	October 8
May 14	November 12
June 11	December 10
July 9	

PRIORITY & ALLOCATIONS

Meetings are on the fourth Thursday of the month at 12 pm:

February 27	July 23
March 17*	August 27
March 26	September 24
April 23	October 22
May 28	November no mtg
June 25	December no mtg

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 2:00 pm:

February 18	August 18
March 17*	September 15
April 14	October 13
May 19	November 17
June 16	December no mtg
July 14	

STEERING

Meetings are on the first Thursday of the month starting at 12 noon:

February 6	**July 30****
March 5	September 3
April 2	October 1
May 7	November 5
June 4	December 3
July 2	

***Joint meeting of the Affected Community, Priority and Allocations and Quality Improvement Committees.**

**** The Committee is meeting one week early due to a conflict the next week.**

BOLD = Special meeting date, time or place

From: NASTAD, February 12, 2020

PRESIDENT'S BUDGET PROVIDES SUPPORT FOR ENDING THE HIV EPIDEMIC WHILE MAKING DEEP CUTS TO VITAL SAFETY-NET PROGRAMS

By Kyle Taylor February 12, 2020 Join

Cross-Posted from the Partnership to End HIV, STDs, and Hepatitis. Read the original here.

The Partnership to End HIV, STD, and Hepatitis, five of the nation's leading organizations focused on ending the HIV, STD, and hepatitis epidemics in the United States – AIDS United, NASTAD, the National Coalition of STD Directors, NMAC, and The AIDS Institute – today issued the following statement in response to the President's FY2021 budget proposal:

Washington, DC – The President's FY2021 budget request increases support for the administration's Ending the HIV Epidemic: A Plan for America (EHE) initiative – an initiative launched last year, committing the nation to reducing new HIV transmissions 90% by 2030 – while also proposing painful cuts and policies that could put the administration's goals at risk.

The Partnership recognizes the proposed increase in funding for EHE activities – $716 million for 2021 – as an important scale up of current funding. Coupled with continued HIV funding across HRSA and CDC, these dollars will support the communities that remain vulnerable and disproportionately impacted by this epidemic. However, our ability to end new HIV infections in this country hinges on our commitment to strengthening, not decimating, vital safety net programs and services. With STD rates at an all-time high and new cases of viral hepatitis on the rise, it is paramount that we respond to this crisis with the funding necessary to mount a public health response. Beyond the funding increase to the eliminating opioid-related infectious diseases program, the President's failure to increase funding to respond to STDs and viral hepatitis is disappointing and harmful. Similarly, the proposed $427 million cut to vital CDC programs outside of infectious diseases will only serve to destabilize our public health infrastructure.

Proposed cuts to Medicaid, HOPWA, and Medicare (among other safety net programs) will also be devastating to people living with and at risk for HIV. Rolling back these vital safety net programs will have a disproportionate impact on communities prioritized in the EHE initiative, including low-income Black and Latinx populations, and will only deepen

existing HIV disparities. And finally, the continued vitriolic anti-immigrant rhetoric and policies that appear throughout the budget are not only an affront to the dignity of immigrants in this country, they are anathema to the goals of public health.

The success of Ending the HIV Epidemic: A Plan for America now rests on Congress, and we urge both parties to come together to ensure that the necessary resources are made available to achieve a 90% reduction in new HIV transmission by 2030 while also addressing the STD and viral hepatitis epidemics. We appreciate Congress's support in last year's appropriations process, and we look to them again to step up and enhance our nation's public health response.