

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
832 927-7926 telephone; 713 572-3740 fax
<http://rwpchouston.org>

MEMORANDUM

To: Members, Houston Ryan White Planning Council

Copy: Carin Martin, Ryan White Grant Administration
Heather Keizman, Ryan White Grant Administration
Mauricia Chatman, Ryan White Grant Administration
Yvette Garvin, The Resource Group
Sha'Terra Johnson, The Resource Group
Diane Beck, Ryan White Office of Support

Email Copy Only:

Lt. Jonathan Fenner, HRSA
Commander Luz Rivera, PACE
Lt. Commander Rodrigo Chavez, PACE
Ann Robison, the Montrose Center
Beau Mitts, Houston Health Department
Charles Henley, DSHS Consultant
Ricardo Mora, Ryan White Office of Support

From: Tori Williams, Director, Ryan White Office of Support

Date: Tuesday, August 31, 2021

Re: Meeting Announcement

Please note that the Ryan White Planning Council will be meeting as follows:

Ryan White Planning Council Meeting
12 noon, Thursday, September 9, 2021

Meeting Location: Online or via phone

Click on the following link to join the Zoom meeting:

<https://us02web.zoom.us/j/995831210?pwd=UnlNdExMVFFqeVgzQ0NJNkpieXlGQT09>

Meeting ID: 995 831 210

Passcode: 577264

Or, use the following telephone number: 346 248-7799

Please contact Rod Avila to RSVP, even if you cannot attend. She can be reached at 832 927-7926. Or, by responding to one of her email reminders.

Thank you.

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



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

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

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

AGENDA

12 noon, September 9, 2021

Meeting Location: Online or via phone

Click on the following link to join the Zoom meeting:

<https://us02web.zoom.us/j/995831210?pwd=UnlNdExMVFFqeVgzQ0NJNkpieXlGQT09>

Meeting ID: 995 831 210 Passcode: 577264

Or, use the following telephone number: 346 248-7799

- I. Call to Order
 - A. Welcome, Moment of Reflection and Introductions
 - B. Adoption of the Agenda
 - C. Approval of the Minutes
 - D. Training: Rapid Start Program (30 min.)
 - E. Training: FY 2022 EIIHA Updates (15 min.)
- II. Public Comments and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Reports from Committees
 - A. Comprehensive HIV Planning Committee
 - Item:* FY 2022 EIIHA Populations
 - Recommended Action:* FYI: The committee was given the authority to have final approval on the FY 2022 EIIHA populations. See the attached list of the approved populations and more. Also, please note that the committee added MSM who inject drugs as an additional population.

Allen Murray, Chair
Ryan White Planning Council

Carin Martin
Manager
Ryan White Grant Admin.

Ricardo Mora
Health Planner
Ryan White Office of Support

Daphne L. Jones and
Rodney Mills, Co-Chairs

- B. Affected Community Committee
No report since members were asked to attend the joint training on *Ending the Epidemic for Who? – Part 2*
Rosalind Belcher and
Tony Crawford, Co-Chairs
- C. Quality Improvement Committee
Item: Assessment of the Administrative Mechanism
Recommended Action: **Motion:** Approve the attached FY 2021 Assessment of the Administrative Mechanism with a recommendation of no corrective action.
Kevin Aloysius and
Steven Vargas, Co-Chairs
- D. Operations Committee
Item: Incentives
Recommended Action: FYI: The Committee is in the process of amending the policy for Honorariums to include information about incentives, see attached, proposed changes to the policy. Contact Tori if you wish to make comments or submit input. FYI: Per HRSA regulations, those eligible for an incentive are only people living with HIV. And, Council and Affiliate members are not allowed to receive incentives for things like regularly scheduled meetings.
Veronica Ardoin and
Ronnie Galley, Co-Chairs

Item: Quorum

Recommended Action: FYI: The Committee recommends extending and making the following change to the Council bylaws, which were approved in June 2021. Because this is a change to the bylaws, it cannot be voted on until October 2021.

Proposed Motion: *Pending the Governor rescinding current waivers related to the definition of quorum in the Texas Open Meetings Act, amend the Houston Ryan White Planning Council bylaws so that 30% of the members satisfy in-person requirements at Council meetings. ~~until the end of August 2021. After that, the bylaws will revert back to “a majority of the members of the Council are required to constitute a quorum at Council meetings”.~~ Everyone’s vote will count during the meeting but to hold a meeting, the Council must meet quorum as defined in its bylaws.*

Item: Monthly Team Building Exercises – Resume in October?

Recommended Action: FYI: Last year, members of the Council became concerned about depression among Ryan White volunteers because so many were isolated at home due to COVID-19 lockdown. Hence, the staff organized monthly Team Building Exercises on Zoom. Several months ago members felt that the virtual gatherings were no longer necessary but asked that we check in again in September. Does the Council want staff to resume the Team Building exercises at this time?

- E. Priority and Allocations Committee
Item: Reports from the Administrative Agent – Part A/MAI*
Recommended Action: FYI: See the following reports:
- FY21 Part A & MAI Procurement, dated 08/16/21
 - FY21 Part A & MAI Service Utilization, dated 08/16/21

Peta-gay Ledbetter and
Bobby Cruz, Co-Chairs

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

- FY 2021 Part B Procurement, dated 08/04/21
- 2021-2022 Part B Service Utilization, dated 08/17/21
- FY 2021 DSHS* Procurement, dated 08/04/21
- 2020-2021 Health Insurance Assist, dated 07/26/21

Item: Reallocation of FY 2021 Unspent Funds
Recommended Action: **Motion:** Fund request A3
in the amount available. See the attached chart for
details.

Item: Allocation of FY 2020 Carryover Funds – Part A
Recommended Action: **Motion:** Approve all requests
(Control 1 – 6) at their full amount except Control #1,
which will receive \$357,420. See attached chart with
justification.

Item: Allocation of FY 2020 Carryover Funds - MAI
Recommended Action: **Motion:** Approve request M1 at
the full amount and allocate the remaining funds to the
State ADAP program for reimbursement of drug expenses
for Houston EMA ADAP clients.

- 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
Sha'Terra Johnson
Health Planner
- VIII. Medical Updates
Shital Patel, MD
Baylor College of Medicine
- IX. New Business (Written reports only when stay-at-home orders are in effect)
- A. AIDS Educational Training Centers (AETC)
Shital Patel
 - B. Ryan White Part C Urban and Part D
Dawn Jenkins
 - C. HOPWA
Kimberley Collins
 - D. Community Prevention Group (CPG)
Matilda Padilla

E. Update from Task Forces:

- Sexually Transmitted Infections (STI)
- African American
- Latino
- Youth
- MSM
- Hepatitis C
- Project PATHH (Protecting our Angels Through Healing Hearts) formerly Urban AIDS Ministry

Sha'Terra Johnson

Gloria Sierra

Gloria Sierra

Steven Vargas

Johnny Deal

F. HIV and Aging Coalition

G. Texas HIV Medication Advisory Committee

H. Positive Women's Network

I. Texas Black Women's Initiative

J. Texas HIV Syndicate

K. END HIV Houston

L. Texans Living with HIV Network

Nancy Miertschin

D. Morgan or A. Murray

Sha'Terra Johnson

Ricardo Mora

Amy Leonard

Steven Vargas

IX. Announcements

X. Adjournment

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



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

MINUTES

12 noon, Thursday, July 8, 2021

Meeting Location: Zoom teleconference

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Allen Murray, Chair	Faye Robinson	Kevin Chadwin Davis
Denis Kelly, Vice Chair	Pete Rodriguez	Byancha Lawson
Crystal Starr, Secretary	Gloria Sierra	Charles Henley
Kevin Aloysius	Robert Sliepka	Shabaura Perryman, Merck
Rosalind Belcher	C. Bruce Turner	Lt. Cmd. Rodrigo Chavez, PACE
Johanna Castillo	Steven Vargas	Lt. Erica Bussey-Jones, PACE
Kimberley Collins		
Tony Crawford		
Robert “Bobby” Cruz	MEMBERS ABSENT	STAFF PRESENT
Johnny Deal	Veronica Ardoin, excused	<i>Ryan White Grant Administration</i>
Ronnie Galley	Ardry “Skeet” Boyle	Carin Martin
Dawn Jenkins	Enrique Chavez	Heather Keizman
Daphne L. Jones	Mauricia E. Chatman, excused	
Peta-gay Ledbetter	Ahmier Gibson	<i>The Resource Group</i>
Tom Lindstrom	Holly Renee McLean, excused	Sha’Terra Johnson
Roxane May	Deondre Moore	Crystal Townsend
Josh Mica	Imran Shaikh, excused	
Rodney Mills	Andrew Wilson	<i>Office of Support</i>
Diana Morgan		Tori Williams
Nkechi Onyewuenyi		Ricardo Mora
Matilda Padilla		Diane Beck
Shital Patel		
Oscar Perez		

Call to Order: Allen Murray, Chair, called the meeting to order at 12:05 p.m.

During the opening remarks, Murray said thanks to the Priority and Allocations Committee for their hard work making recommendations for the FY 2022 service priorities and allocations. The recommendations

were presented during the Ryan White Public Hearing, which was recorded several weeks ago and aired on Houston's local access channel on June 28th. The recording was aired several times in June and July and told viewers how to submit public comments to the Office of Support. The recording is also available on the Council website. There was a Town Hall meeting yesterday to provide updates on the Texas HIV Medication Program. At this time, there will be no eligibility changes to the program and no waiting list. The State program still cannot use its funds to pay for insurance premiums but the local Part B administrative agency is allowed to continue paying for insurance premiums so that service can continue in the Houston HSDA.

Lastly, Murray thanked everyone who attended the special Council meeting on Friday, June 25, 2021. The fact that we were able to make quorum at 5 pm on a Friday is a testament to members' dedication to the Council. Murray then called for a Moment of Reflection.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Starr, Galley) to approve the June 10, 2021 minutes.* **Motion carried.** Abstentions: Ledbetter, Padilla, Patel, Perez, Rodriguez.

Training: In-Home HIV Testing: See the attached presentation by Nkechi Onyewuenyi, Patient Educator at Legacy Community Health.

Training: FY22 Priority Setting and Allocations Processes: Ledbetter and Cruz walked Council members and guests through the processes used to determine recommendations for the FY 2022 service priorities and allocations.

Public Comment and Announcements: Vargas said he would like to add to what Murray said earlier about the Texas HIV Medication Program. Another great outcome from the advocacy this year to offset the changes made by the Texas Department of State Health Services (TDSHS) ensures that those on the program are good for the next couple of years and those who were removed in December will also be able to return to the program. Now if there is any change to eligibility or the development of a waiting list TDSHS is required to give the public 60 days' notice to make public comment before changes can be made. Also, decisions about State health insurance assistance funding do not affect funding decisions locally.

Byancha Lawson, PrEP and gender affirming services at UT Health, presented information on the "I Am" study.

Reports from Committees

Comprehensive HIV Planning Committee: Rodney Mills, Co-Chair, reported on the following:
Joint Trainings with CPG: The joint training was well attended. The discussion moved quickly and there were a lot of questions. The trainings have been very informative and successful.

Affected Community Committee: Rosalind Belcher, Co-Chair, reported on the following:
Public Hearing: On Monday, June 21, 2021 the Affected Community Committee recorded the public hearing to announce proposed changes to the FY 2022 Ryan White Part A and B, Minority AIDS Initiative and State Services allocations. The video will be played repeatedly on the Houston Access channel and is available to watch on YouTube, see the Council website at <http://rwpchouston.org> for the link.

Comprehensive HIV Planning Committee: No report.

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

FY 2021 Revised Council Support Budget: **Motion #3:** *Depending upon the availability of funds, give the Director of the Ryan White Office of Support permission to implement parts or all of the reallocations listed on the attached chart.* **Motion Carried.** Abstentions: Aloysius, Castillo, Padilla and Sliepka.

People First Language: **Motion #4:** *Ask Office of Support staff to update Council documents to include the term “coercive control” when using the term “intimate partner violence” and explain the difference in a footnote. (Example: Coercive control/intimate partner violence*. A footnote will explain the difference between the two terms.)* **Motion Carried.** Abstentions: Aloysius, Castillo, Sliepka.

2021 Ryan White Member Attendance Records: See the attached.

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

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

- FY20 Part A & MAI Procurement, dated 06/16/21
- FY21 Part A & MAI Procurement, dated 05/26/21

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

- FY 2021 Part B Procurement, dated 06/15/21
- FY 19/20 Part B Procurement, dated 05/21/20
- FY 19/20 DSHS* Procurement, dated 06/15/21

FY 2022 Ryan White Service Priorities: **Motion #5:** *Approve the attached FY 2022 Service Priorities for Ryan White Parts A and B, MAI* and State Services.* **Motion Carried.** Abstention: Aloysius.

FY 2022 Allocations: Level Funding Scenario – All Funding Streams: **Motion #6:** *Approve the attached FY 2022 Level Funding Scenario for Ryan White Parts A and B, MAI and State Services funds. See attached chart for details.* **Motion Carried.** Abstention: Aloysius.

FY 2022 Allocations: MAI* Increase/Decrease Funding Scenarios: **Motion #7:** *Approve the attached FY 2022 Increase & Decrease Funding Scenarios for Ryan White MAI* funds.* **Motion Carried.** Abstentions: Aloysius, Castillo, Crawford, Jenkins, Kelly, Lindstrom, Onyewuenyi, Padilla, Perez.

FY 2022 Allocations: Part A Increase/Decrease Funding Scenarios: **Motion #8:** *Approve the attached FY 2022 Increase & Decrease Funding Scenarios for Ryan White Part A funds.* **Motion Carried.** Abstentions: Aloysius, Castillo, Jenkins, Kelly, Lindstrom, Onyewuenyi, Padilla, Perez, Robinson.

FY 2022 Allocations: Part B & SS** Increase/Decrease Funding Scenarios: **Motion #9:** *Approve the attached FY 2022 Increase & Decrease Funding Scenarios for Ryan White Part B and State Services funding.* **Motion Carried.** Abstention: Aloysius, Kelly, Padilla, Perez.

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

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

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

Task Force Reports: The Council agreed in March 2020 to skip verbal Task Force Reports while meeting on Zoom. See the Council Handouts packet for Task Force reports that were submitted in

writing.

Announcements: Vargas said that he contacted TDSHS to ask about the current number of long term survivors (diagnosed before 1996) and learned that 10% of the current PLWH are long term survivors. This does not compare favorably with data from other states.

Adjournment: Motion: *it was moved and seconded (Kelly, Sliepka) to adjourn the meeting at 1:51 p.m.*
Motion Carried.

Respectfully submitted,

Victoria Williams, Director

Date _____

Draft Certified by
Council Chair: _____

Date _____

Final Approval by
Council Chair: _____

Date _____

Council Voting Records for July 8, 2021

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 FY21 OS revised budget Carried					Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 FY21 OS revised budget Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS													MEMBERS												
Allen Murray, Chair				C				C				C	Matilda Padilla		X						X				X
Denis Kelly, Vice Chair		X				X				X			Shital Patel lm 1:07 pm		X					X	X				
Crystal Starr, Secretary		X				X				X			Oscar Perez		X					X		X			
Kevin Aloysius		X				X						X	Pete Rodriguez		X					X		X			
Rosalind Belcher		X				X				X			Faye Robinson		X			X				X			
Johanna Castillo ja 12:30 pm	X				X							X	Gloria Sierra		X			X				X			
Kimberley Collins		X				X				X			Robert Sliepka		X			X							X
Tony Crawford		X				X				X			C. Bruce Turner		X			X				X			
Robert “Bobby” Cruz		X				X				X			Steven Vargas		X			X				X			
Johnny Deal		X				X				X															
Ronnie Galley		X				X				X			MEMBERS ABSENT												
Dawn Jenkins		X				X				X			Veronica Ardoin												
Daphne L. Jones ja 12:30 pm	X				X					X			Ardry “Skeet” Boyle												
Peta-gay Ledbetter		X						X		X			Mauricia E. Chatman												
Tom Lindstrom		X				X				X			Enrique Chavez												
Roxane May		X				X				X			Ahmier Gibson												
Josh Mica		X				X				X			Holly Renee McLean												
Rodney Mills ja 12:30 pm	X				X					X			Deondre Moore												
Diana Morgan		X				X				X			Imran Shaikh												
Nkechi Onyewuenyi		X				X				X			Andrew Wilson												

Council Voting Records for July 8, 2021 - continued

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #4 People First Language Carried				Motion #5 FY22 Priorities Carried				Motion #6 FY22 Level Funding Scenario - Pt A, MAI, Pt B, SS Carried					Motion #4 People First Language Carried				Motion #5 FY22 Priorities Carried				Motion #6 FY22 Level Funding Scenario - Pt A, MAI, Pt B, SS 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
Allen Murray, Chair				C				C				C	Matilda Padilla		X				X				X		
Denis Kelly, Vice Chair		X				X				X			Shital Patel lm 1:07 pm	X				X				X			
Crystal Starr, Secretary		X				X				X			Oscar Perez		X				X				X		
Kevin Aloysius				X				X				X	Pete Rodriguez		X				X				X		
Rosalind Belcher		X				X				X			Faye Robinson		X				X				X		
Johanna Castillo				X		X				X			Gloria Sierra		X				X				X		
Kimberley Collins lm 1:14 pm		X			X				X				Robert Sliepka				X		X				X		
Tony Crawford		X				X				X			C. Bruce Turner		X				X				X		
Robert “Bobby” Cruz		X				X				X			Steven Vargas		X				X				X		
Johnny Deal		X				X				X															
Ronnie Galley		X				X				X			MEMBERS ABSENT												
Dawn Jenkins		X				X				X			Veronica Ardoin												
Daphne L. Jones ja 1:32 pm		X				X				X			Ardry “Skeet” Boyle												
Peta-gay Ledbetter		X				X				X			Mauricia E. Chatman												
Tom Lindstrom		X				X				X			Enrique Chavez												
Roxane May		X				X				X			Ahmier Gibson												
Josh Mica		X				X				X			Holly Renee McLean												
Rodney Mills		X				X				X			Deondre Moore												
Diana Morgan		X				X				X			Imran Shaikh												
Nkechi Onyewuenyi		X				X				X			Andrew Wilson												

Council Voting Records for July 8, 2021 - continued

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #7 FY22 Incr/Decr Scenario - MAI Carried				Motion #8 FY22 Incr/Decr Scenario - Pt A Carried				Motion #9 FYFY22 Incr/Decr Scenario - Pt B & State Svcs Carried					Motion #7 FY22 Incr/Decr Scenario - MAI Carried				Motion #8 FY22 Incr/Decr Scenario - Pt A Carried				Motion #9 FYFY22 Incr/Decr Scenario - Pt B & State Svcs Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS													MEMBERS												
Allen Murray, Chair				C				C				C	Matilda Padilla				X				X				X
Denis Kelly, Vice Chair				X				X				X	Shital Patel lm 1:07 pm	X				X				X			
Crystal Starr, Secretary		X				X					X		Oscar Perez				X				X				X
Kevin Aloysius				X				X				X	Pete Rodriguez		X				X				X		
Rosalind Belcher		X				X				X			Faye Robinson		X					X			X		
Johanna Castillo				X				X		X			Gloria Sierra		X				X				X		
Kimberley Collins lm 1:14 pm	X				X				X				Robert Sliepka		X				X				X		
Tony Crawford				X		X				X			C. Bruce Turner		X				X					X	
Robert "Bobby" Cruz		X				X				X			Steven Vargas		X				X				X		
Johnny Deal		X				X				X															
Ronnie Galley		X				X				X			MEMBERS ABSENT												
Dawn Jenkins				X				X		X			Veronica Ardoin												
Daphne L. Jones ja 1:32 pm		X				X				X			Ardry "Skeet" Boyle												
Peta-gay Ledbetter		X				X				X			Mauricia E. Chatman												
Tom Lindstrom				X				X		X			Enrique Chavez												
Roxane May		X				X				X			Ahmier Gibson												
Josh Mica		X				X				X			Holly Renee McLean												
Rodney Mills		X				X				X			Deondre Moore												
Diana Morgan		X				X				X			Imran Shaikh												
Nkechi Onyewuenyi				X				X		X			Andrew Wilson												

Comprehensive HIV Planning Committee Report

EIIHA Workgroup Motions FY 2022 EIIHA Populations

The EIIHA Workgroup met on July 14, 2021. Participants included representatives from prevention and care, community members, and consumers. The EIIHA Workgroup reviewed the FY 2022 guidance from HRSA, adopted selection criteria, and selected the FY 2022 populations.

Item: FY 2022 EIIHA Plan Populations

Recommended Action: **FYI: (Committee provides final approval)**: Approve the following populations for inclusion in the FY 2022 EIIHA Plan:

1. Black/African Americans
2. Hispanics/Latinx Individuals
3. Male-Male Sexual Contact/Men who have Sex with Men & People Who Inject Drugs (MSM/PWID)

Office of Support is to include information on late diagnoses, along with HIV and aging, in the EIIHA section of the HRSA application.

Recommended Action: **FYI: (Committee provides final approval)**: Office of Support is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data consistently fail to assess the need for testing, referral, and linkage in vulnerable populations such as among those who are transgender, intersex, homeless, and those released from incarceration.

The Comprehensive HIV Planning Committee will meet on Monday, July 19, 2021 at 4 p.m., online via Zoom, to review and approve the FY 2022 EIIHA Plan populations.

Zoom Meeting ID 895 1853 2649 Passcode: 745873

Link to Zoom Meeting:

<https://us02web.zoom.us/j/89518532649?pwd=U3VuditaSFdXNXptOXI4NWZrMDU1UT09>

All are welcome to provide public comment at the July 19, 2021 Comprehensive HIV Planning Committee Zoom meeting at 2 p.m. Those unable to attend are encouraged to provide input via phone, email or fax to Ricardo Mora no later than Monday, July 19, 2021 at 10 a.m. Those submitting input via email or fax are encouraged to call to confirm receipt.

Input can be submitted via:

Phone: (832) 927-7926
Email: Ricardo.Mora@cjo.hctx.net
Fax: (713) 572-3740

Thank you very much, and we look forward to receiving your input!

Ricardo Mora MPH, Health Planner
Ryan White Planning Council
Office of Support

Fiscal Year 2022
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Selection Matrix

DRAFT – ALL CRITERIA

■ = meets criteria

	1. HIV Diagnosis Rate	2. HIV Prevalence Rate	3. Undiagnosed Estimate	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY21 EIIHA Target Group	8. Late Diagnosis*	Total # Criteria
Houston EMA	20.8	241	4,924	79%	25%	--	--	22%	
Sex									
Male	80.4	367.9	3,986	79%	25%	Y	Y	22%	
Female	19.6	116.3	1,048	81%	24%	Y	Y	22%	
Race/Ethnicity									
White	8.2	120.4	613	83%	23%	N	N	25%	
Black / African American	49.9	660.4	2,214	75%	26%	Y	Y	18%	
Hispanic	20.6	182.8	2,394	83%	25%	Y	Y	26%	
Other	4.6	47.8	--	79%	25%	N	N	19%	
Multi-race	57.1	637.2	--	75%	18%	Y	N	10%	
Age									
0 - 1	0.6	0.6	--	100%	0%	N	N	--	
2 - 12	0	4.2	--	--	15%	N	N	0%	
13 - 24	32.6	101.4	310	77%	22%	Y	N	10%	
25 - 34	48	463.8	3,347	78%	24%	N	Y	21%	
35 - 44	28.4	417.5	1,357	81%	26%	N	Y	22%	
45 - 54	18	386.2	1,480	79%	24%	Y	Y	34%	
55 - 64	13.2	296.8	300	86%	23%	Y	Y	36%	
65+	3.2	0	--	95%	30%	Y	Y	31%	
Risk Category									
Male-Male Sexual Contact	d	d	3,468	80%	24%	Y	Y	20%	
PWID	d	d	205	71%	28%	Y	N	21%	
MSM/PWID	d	d	208	75%	25%	Y	N	35%	
Sex with Female/Sex with Male	d	d	1,247	81%	25%	Y	N	24%	
Perinatal	d	d	--	100%	30%	N	N	0%	
Adult other risk	d	d	--	--	31%	N	N	--	

Notes	1. HIV Diagnosis Rate	2. HIV Prevalence Rate	3. Undiagnosed Estimate	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY20 EIIHA Target Group	8. Late Diagnosis
Definition of selection criterion	Number of new diagnoses of HIV within a population while accounting for population size (rate is the number of new HIV cases per 100,000 population)	Number of HIV diagnosed people within the population after accounting for population size (rate is the number of HIV + HIV stage 3 cases per 100,000 population)	Number of people in each population group estimated to be living with HIV and unaware of their status using the CDC estimate (19.0%)	Percent of newly diagnosed individuals linked to HIV medical care within 3 months of diagnosis	Percent of diagnosed people living with HIV with <u>no</u> evidence of HIV medical care in the previous 12 months per HRSA definition	Population is designated as a "special population" in the Comprehensive HIV Plan	Population was included in the FY20 EIIHA Matrix	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of HIV diagnosis. **Denominator is new diagnoses ONLY.**
Threshold for prioritization	Rate > EMA rate	Rate > EMA rate	Comprises largest # of status-unaware within demographic category	% < EMA %	% > EMA %	Yes/No	Yes/No	% > EMA %
Data source	DSHS, New diagnoses 2019. Released 2/26/20	DSHS, Prevalence 2019. Released 2/26/21	DSHS, HIV Undiagnosed 2019. Released 2/26/21	DSHS, Linkage to care 2019. Released 2/26/21	DSHS, Unmet need 2019. Released 2/26/21	2017 Comprehensive Plan Special Populations	FY21 Houston EMA EIIHA Target Populations, approved by the Comprehensive HIV Planning Committee on 7/23/20	DSHS, Late Diagnosis by population 2018. Released 3/25/21
Explanations and additional background	Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk	HIV+HIV stage 3 (total HIV prevalence) Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk	Estimates have been extrapolated using a national approximation of status unaware. No local estimates are available.	Linked proportion not available for risk category Adult other	---	--	Target Groups for FY20 EIIHA Plan were: <ul style="list-style-type: none"> African Americans Hispanics/Latinos age 25 and over Men who have Sex with Men (MSM) 	Late diagnosis proportion not available for age range 0-1; risk category Adult Other There were no late diagnoses observed among age range 2 – 12.

Fiscal Year 2022
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Criteria Worksheet

Type of Data	Possible Criterion	Definition	Suggested Thresholds	Selected
Epidemiological	1. HIV diagnosis rate*	Number of new diagnoses of HIV disease within the population after accounting for population size (per 100,000)	Rate > EMA rate	✓
	2. HIV prevalence rate	Number of HIV diagnosed people within the population after accounting for population size (per 100,000)	Rate > EMA rate	
	3. Unaware estimates*	Number of people in each population group estimated to be HIV+ and unaware of their status using the CDC estimate (17.3%)	Comprises largest # of status-unaware within demographic category	✓
Care Continuum	4. Linked proportion*	Percent of population that was linked to HIV medical care within 3 months** of diagnosis	% < EMA %	✓
	5. Unmet need/out of care proportion*	Percent of diagnosed persons in the population with <u>no</u> evidence of HIV medical care in the previous 12 months per HRSA definition	% > EMA %	✓
Planning	6. Special populations*	Population is designated as a “special population” in the Comprehensive HIV Plan	Yes/No	✓
	7. FY19 EIIHA Target Group*	Population was included in the FY19 EIIHA Matrix as a Target Group	Yes/No	✓
Other	8. Late diagnosis*	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of initial HIV diagnosis	% > EMA %	✓

*Criteria used in selection of FY 2021 EIIHA target populations

**Linkage within 1 month not available by population

C. Subpopulations of Focus

Although HIV affects millions of Americans nationwide and from all social, economic, and racial and ethnic groups, and in all parts of the country, it disproportionately affects certain populations. The disproportionate prevalence of HIV in specific populations increases the risk of HIV transmission with each sexual or injection drug use encounter within those populations. In addition, a range of social, economic, and demographic factors – such as stigma, discrimination, socio-economic status, income, education, age, and geographic region – affect people's risk for HIV or their ability to access or remain engaged in prevention or care services.

Subpopulations of focus are specific groups of people with HIV within RWHAP Part A jurisdictions that are disproportionately affected by HIV, as a result of specific needs.

A data driven process should be used to identify subpopulations of focus disproportionately affected by HIV. This should include an analysis of the jurisdictional needs assessment, outcomes along the HIV care continuum, data from the unmet need framework, epidemiological data (i.e. incidence of new HIV infections and trends, prevalence of HIV), and potential impact of other major public health threats (e.g. opioid epidemic, COVID-19, etc.).

The PC/PB should determine the needs of subpopulations, with particular attention to identifying disparities in access and services among the affected subpopulations and historically underserved communities. See Section 2602(b)(4) of the PHS Act for a description of the PC/PB's duties.

1. Identify three (3) subpopulations with disparities in health outcomes in your jurisdiction (e.g. subpopulations with disparities in viral suppression, receipt of care, retention in care, late diagnosis, HIV incidence, etc.), and describe the specific needs for each subpopulation.
2. How do the data in the unmet need framework inform the process for identifying the subpopulations of focus for the jurisdiction?
3. As applicable, identify activities for each required EIIHA component (identification of individuals unaware of HIV status; informing newly diagnosed individuals of HIV status; referral to care of newly diagnosed individuals; and, linkage to care of newly diagnosed individuals) and describe how the activities align with the needs of the identified subpopulations of focus for the jurisdiction.

Note: The subpopulations of focus will remain the same for the three-year period of performance. Updates will be reported in the FY 2023 and FY 2024 NCC progress reports.

B. Early Identification of Individuals with HIV/AIDS (EIIHA)

The purpose of this section is to describe the data and information associated with ensuring that individuals who are unaware of their HIV status are identified, informed of their status, referred to supportive services, and linked to medical care if HIV test is positive. The goals of the EIIHA plan are to present a strategy for: (1) identifying individuals with HIV who do not know their HIV status; (2) making such individuals aware of their status and enabling them to use the health and support services; and (3) reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities. See Section 2603(b)(2)(A) of the PHS Act.

A. Describe the planned EMATGA EIIHA activities for the three-year period of performance. Include the following information:

- a) The primary activities that will be undertaken, including system-level interventions that will positively impact HIV outcomes (e.g. routine testing in clinical settings, expanding partner services);
- b) Major collaborations with other programs and agencies, including HIV prevention and surveillance programs and the Ending the HIV Epidemic in the U.S. effort in your jurisdiction (if applicable); and
- c) The anticipated outcomes of the jurisdiction's overall EIIHA strategy. Specifically provide anticipated outcomes for each of the four required EIIHA components: 1.) Identification of individuals unaware of their HIV status; 2.) informing individuals that tested positive of their HIV diagnosis; 3.) referral to care to newly diagnosed individuals; and 4.) linkage to care of newly diagnosed individuals.

B. As applicable, describe any planned efforts to remove legal barriers, including state laws and regulations that increase HIV stigma and discrimination and can pose complex barriers for people with or at risk for HIV, preventing them from seeking prevention tools, learning their HIV status, and accessing medical care, treatment, and supportive service. Also include program/policy efforts to expand implementation of routine HIV testing.

Note: The EIIHA activities will remain the same for the three-year period of performance. Outcomes will be reported in the FY 2023 and FY 2024 NCC progress reports.

EIIHA Trends Data

EIIHA Workgroup

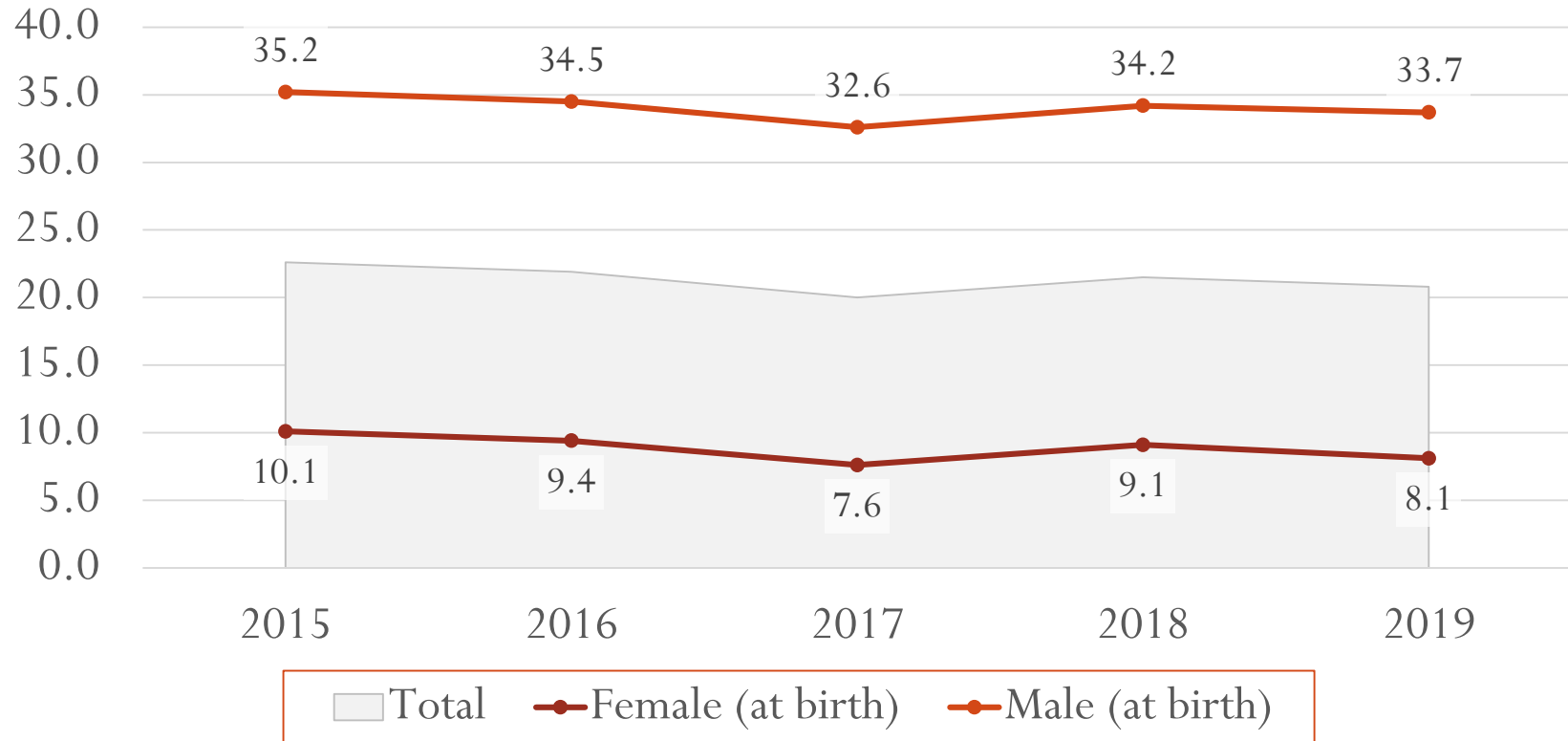
July 14, 2021

Background

- EIIHA measures looking at:
 - Diagnosis Rates
 - Linkage Proportions
 - Out of Care Proportions
 - Late Diagnosis Proportions
- Data will represent the past 5 years (2013 – 2019).
- Data was provided by Texas Department of State Health Services (DSHS) – Unmet Need Framework data.

Diagnosis Rates

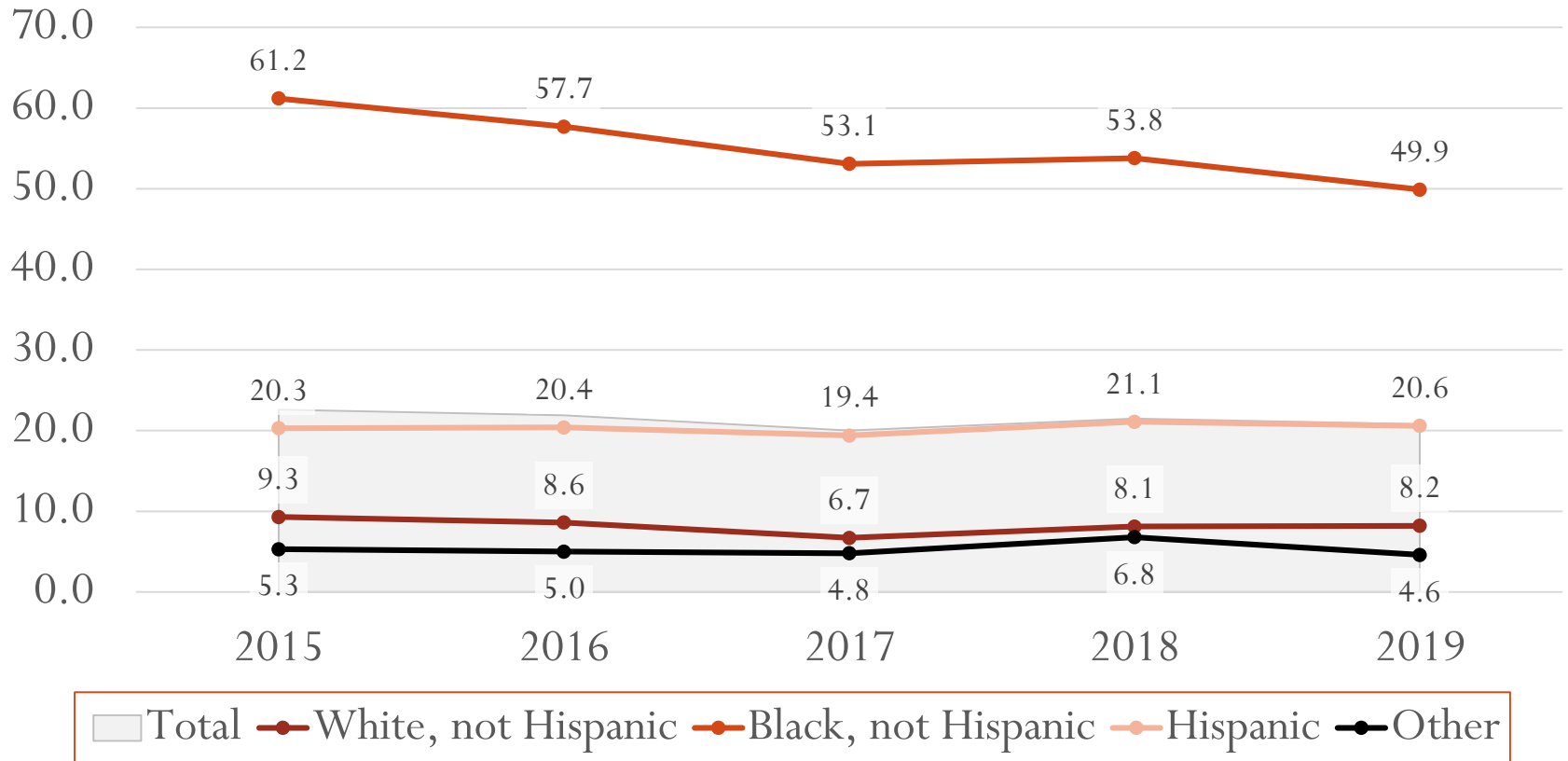
Diagnosis Rate* Trend by Sex at Birth, Houston EMA



*Rates are per 100,000 people

Diagnosis Rates

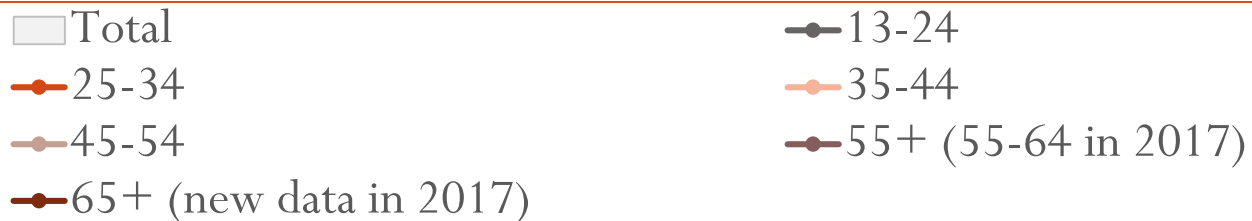
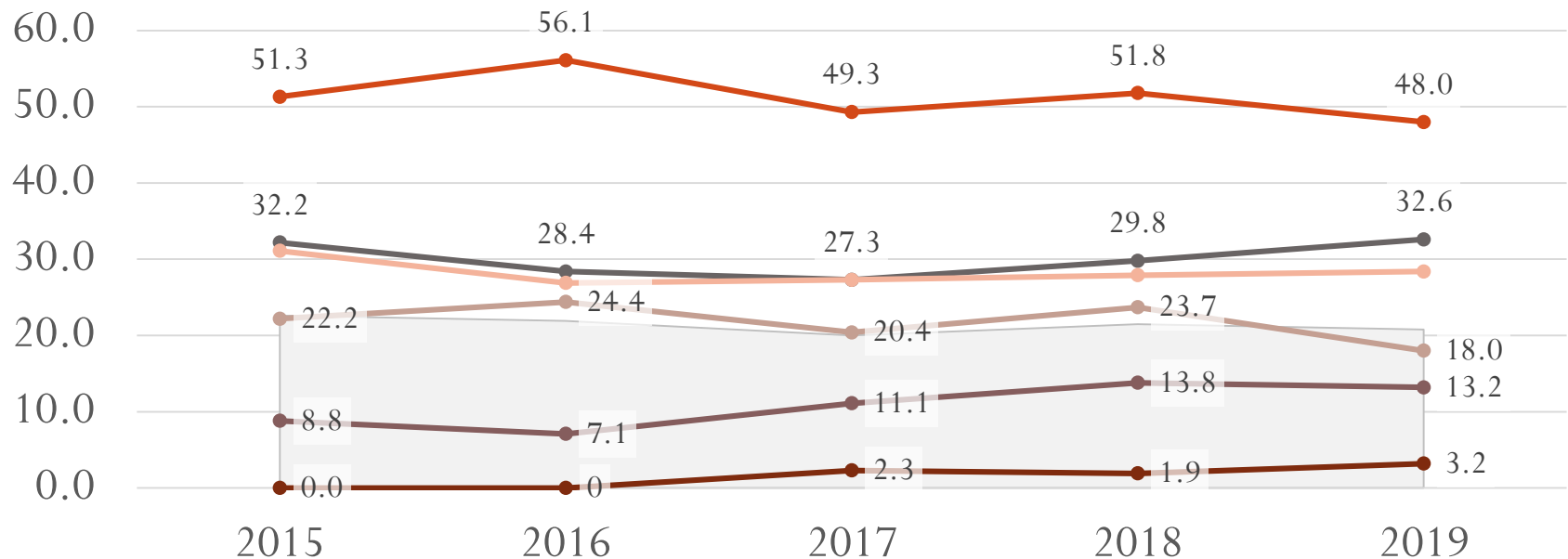
Diagnosis Rate* Trend by Race/Ethnicity, Houston EMA



*Rates are per 100,000 people

Diagnosis Rates

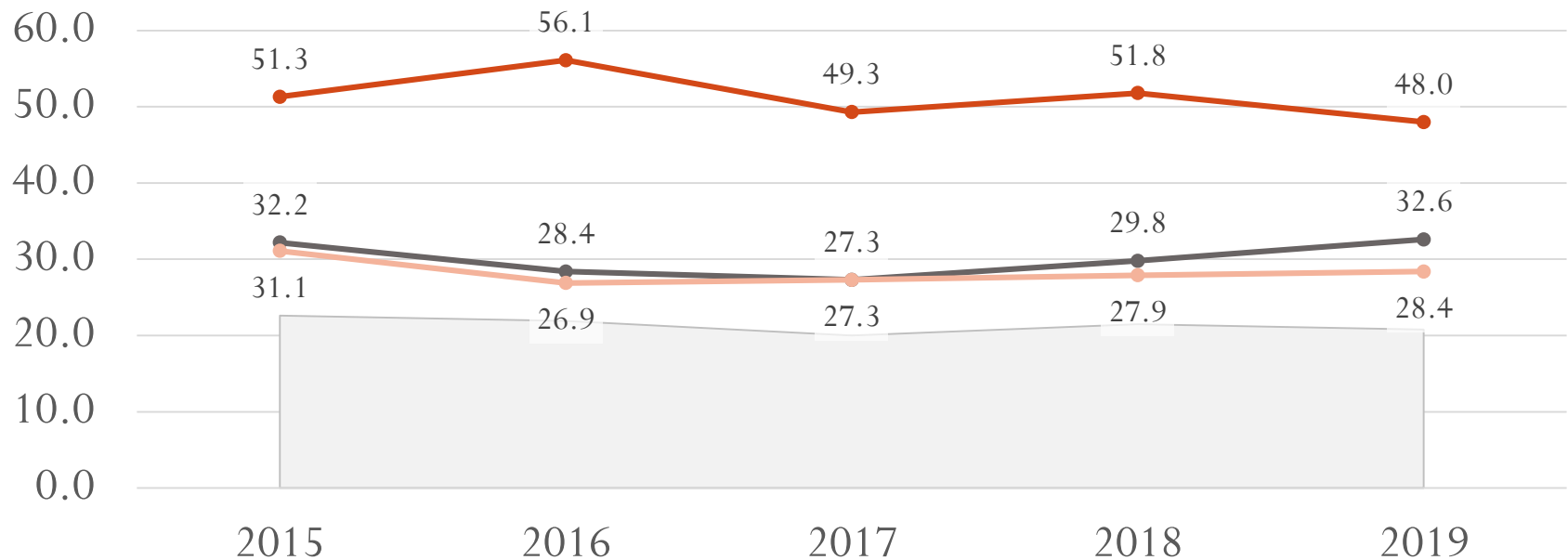
Diagnosis Rate* Trend by Age, Houston EMA



*Rates are per 100,000 people

Diagnosis Rates

Diagnosis Rate* Trend by Age, Houston EMA



■ Total

—●— 13-24

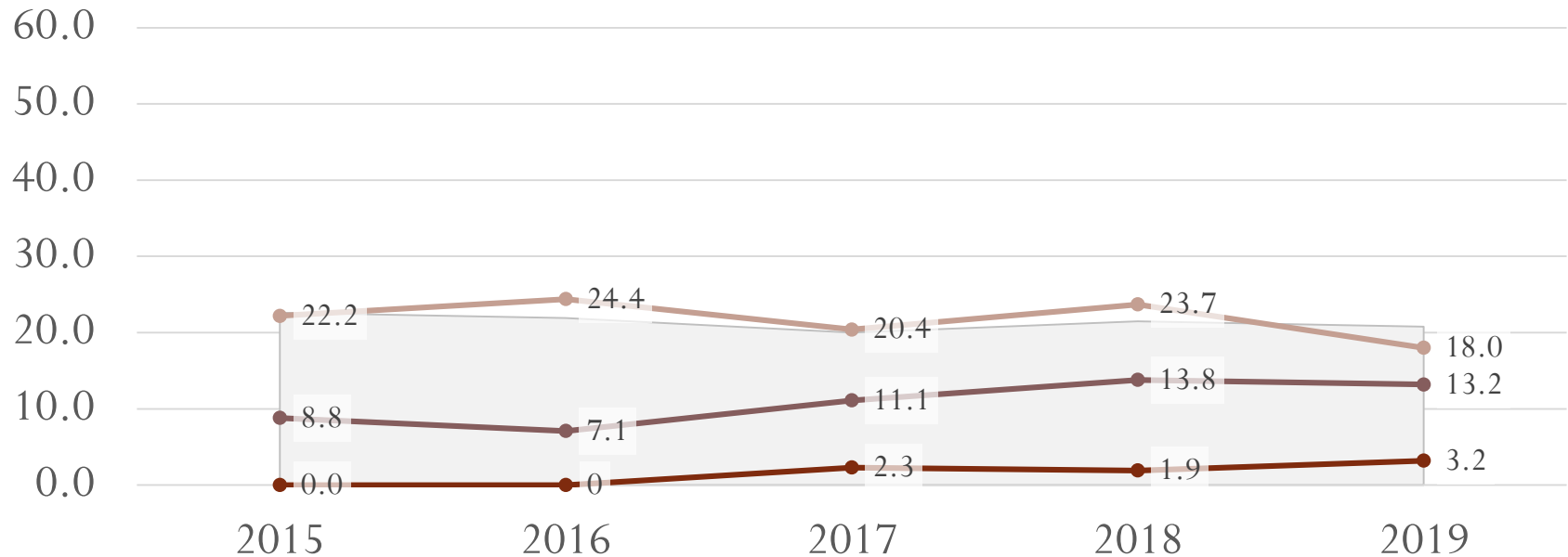
—●— 25-34

—●— 35-44

*Rates are per 100,000 people

Diagnosis Rates

Diagnosis Rate* Trend by Age, Houston EMA



■ Total ● 45-54 ● 55+ (55-64 in 2017) ● 65+ (new data in 2017)

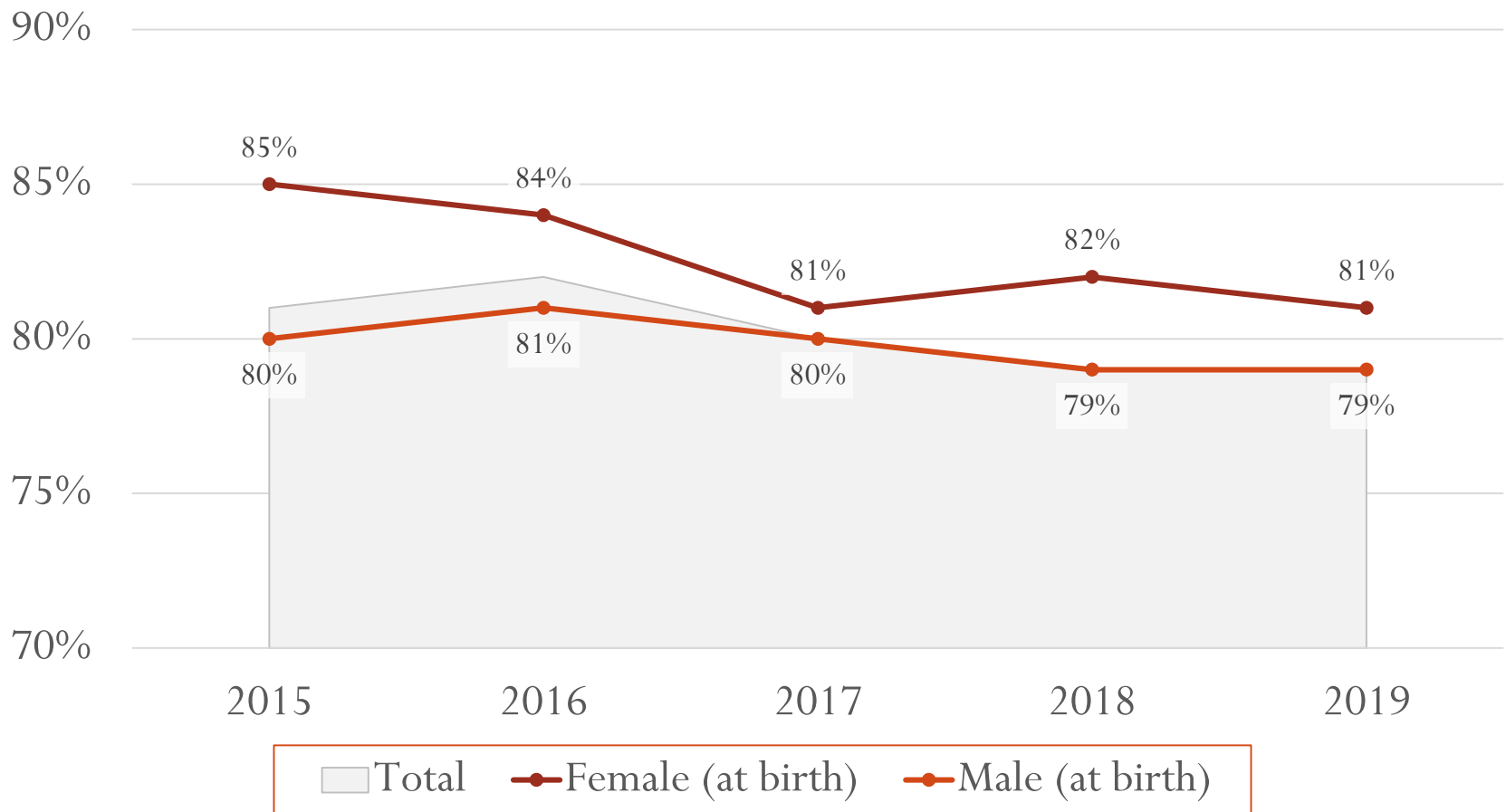
*Rates are per 100,000 people

Diagnosis Rates Facts

- Decreases in Diagnosis Rates (2015 – 2019):
 - 8% decrease overall
 - 20% decrease among females (assigned at birth).
 - 19% decrease among Non-Hispanic, Black/African Americans.
 - 18% decrease among individuals ages 45 - 54
- Increases in Diagnosis Rates (2015 – 2019):
 - 2% increase among Hispanic/Latinx individuals
 - 1% increase among individuals ages 13 – 24
- Rates cannot be calculated by Transmission Risk Groups.

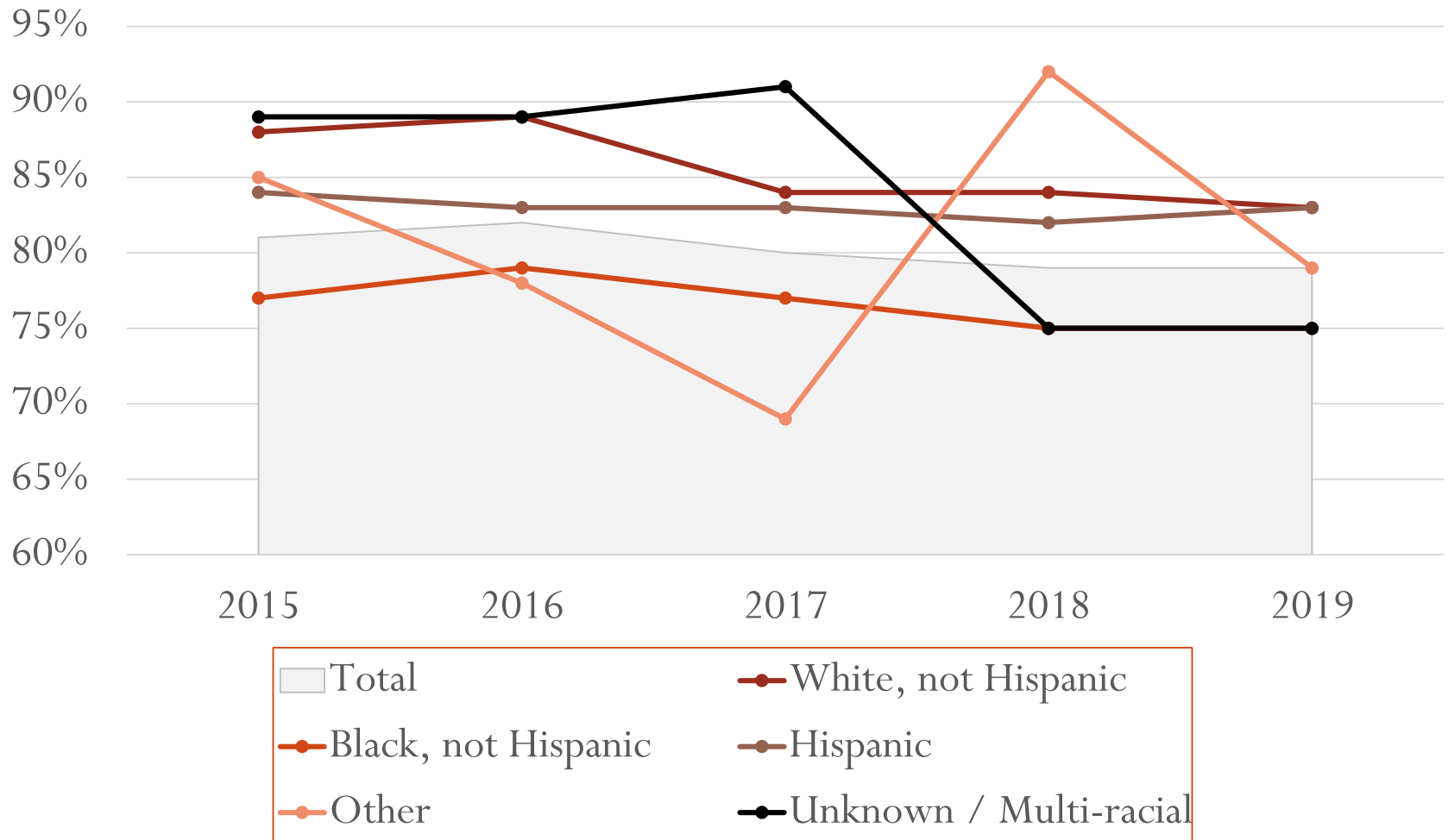
Linkage Proportion

Linkage Trend by Sex at Birth, Houston EMA



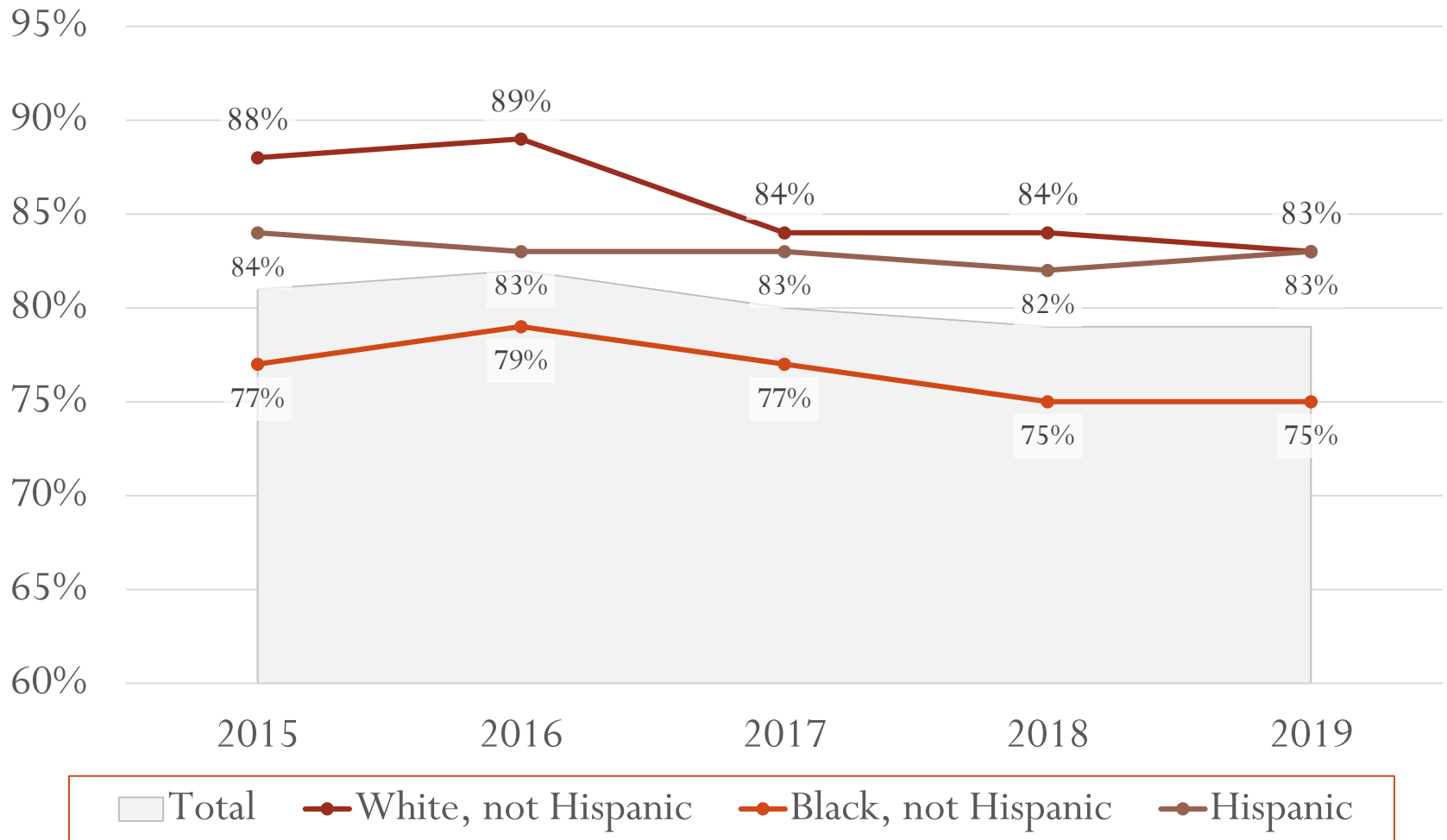
Linkage Proportion

Linkage Trend by Race/Ethnicity, Houston EMA



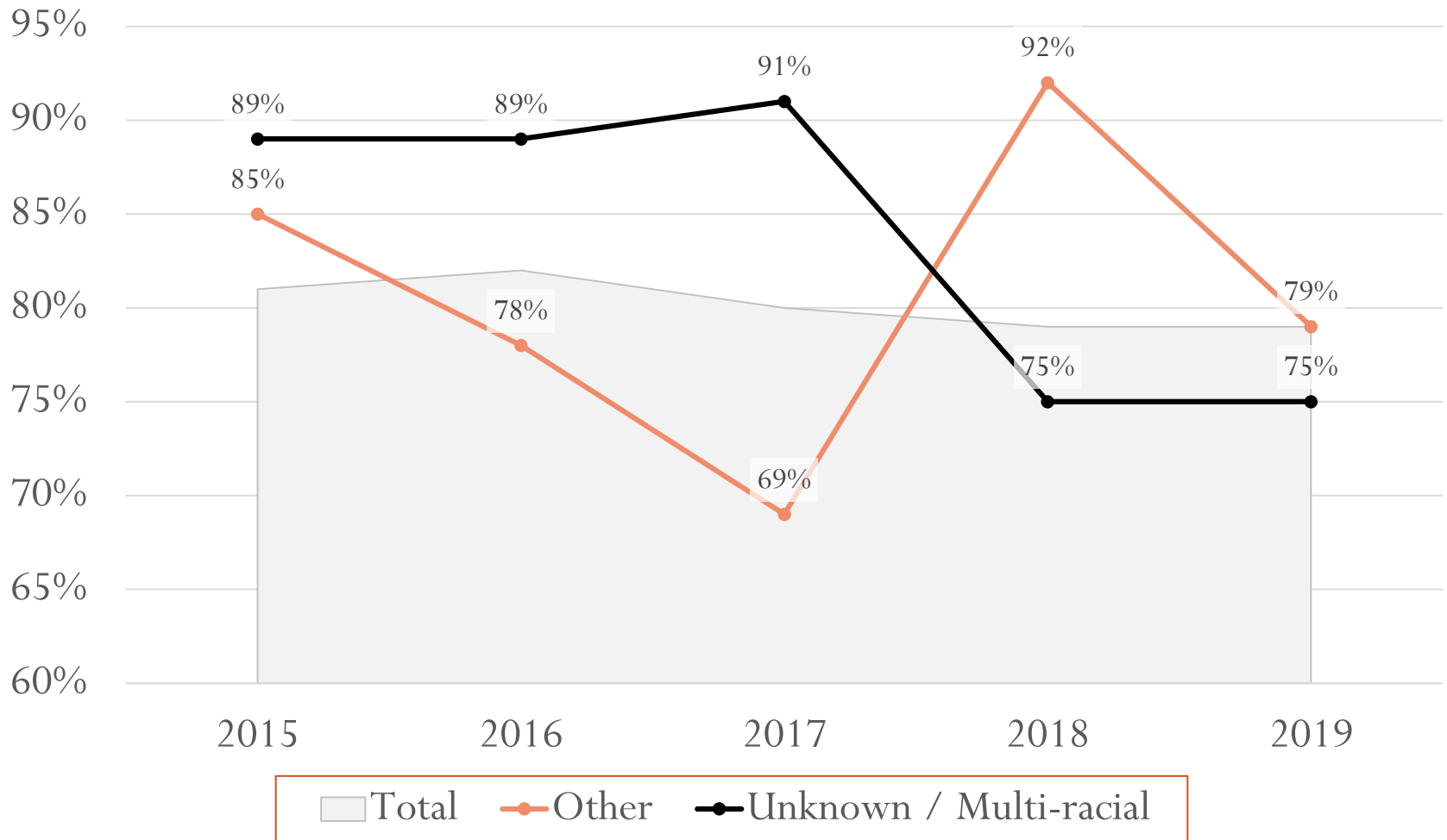
Linkage Proportion

Linkage Trend by Race/Ethnicity, Houston EMA



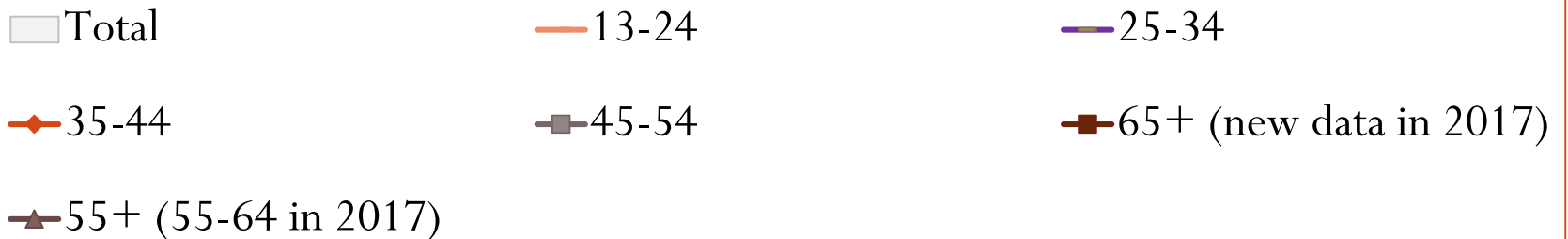
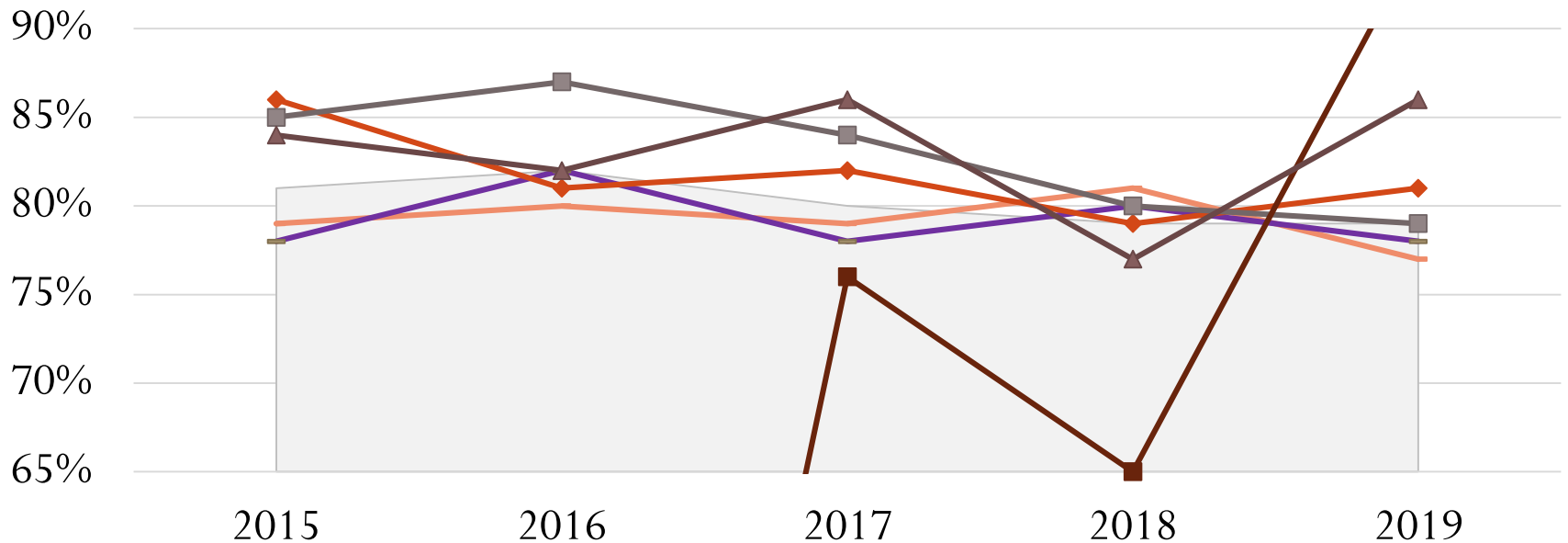
Linkage Proportion

Linkage Trend by Race/Ethnicity, Houston EMA



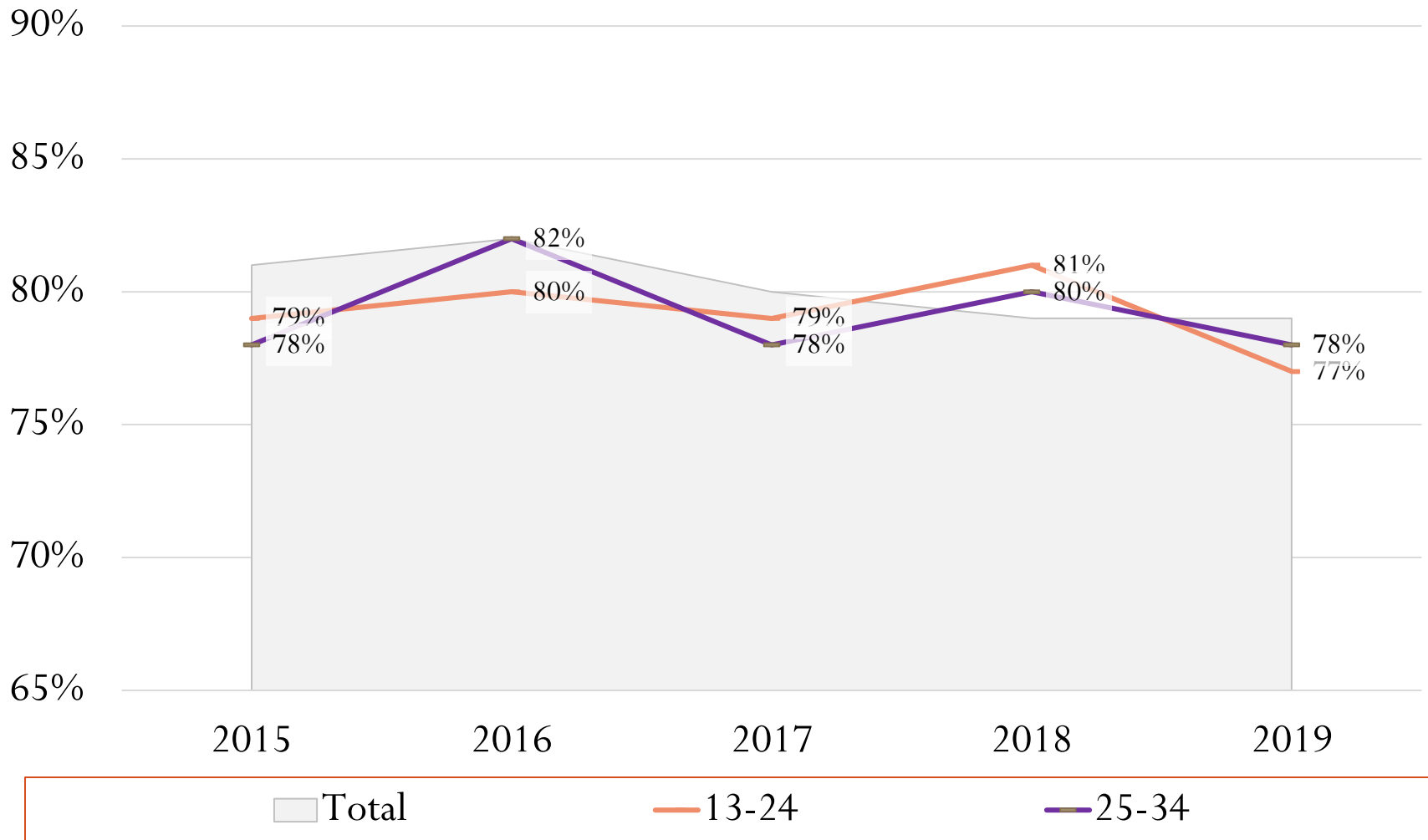
Linkage Proportion

Linkage Trend by Age, Houston EMA



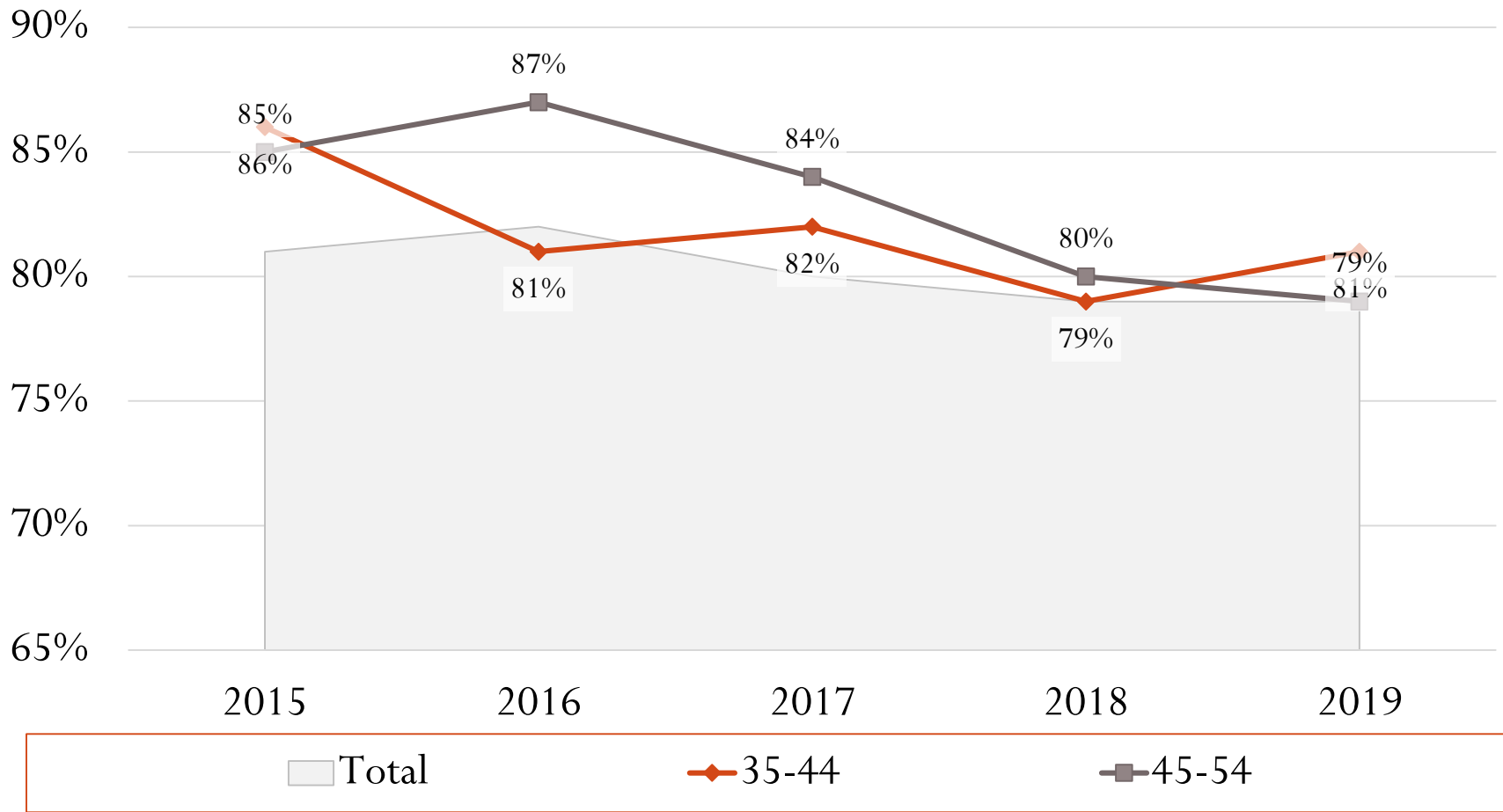
Linkage Proportion

Linkage Trend by Age, Houston EMA



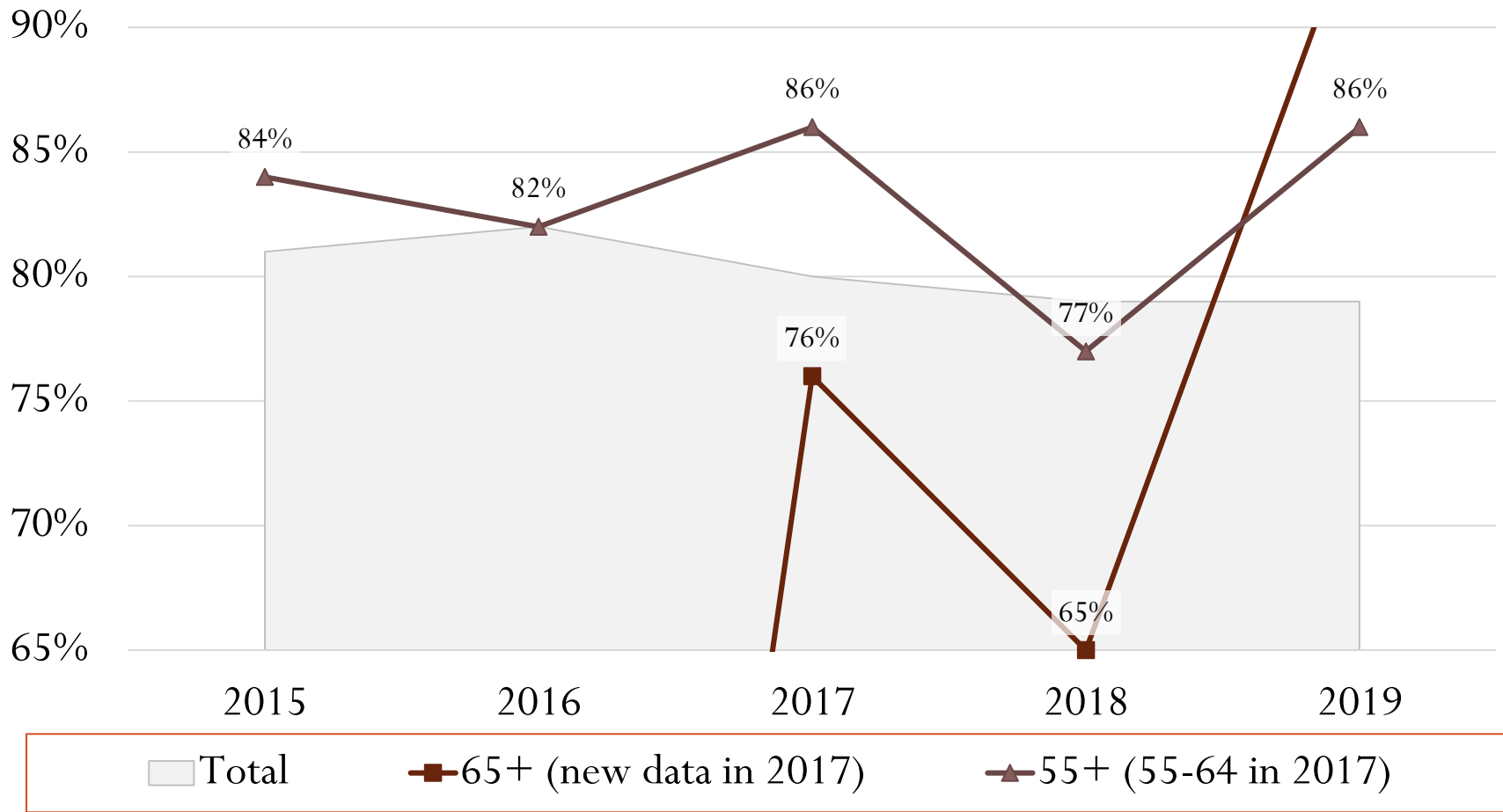
Linkage Proportion

Linkage Trend by Age, Houston EMA



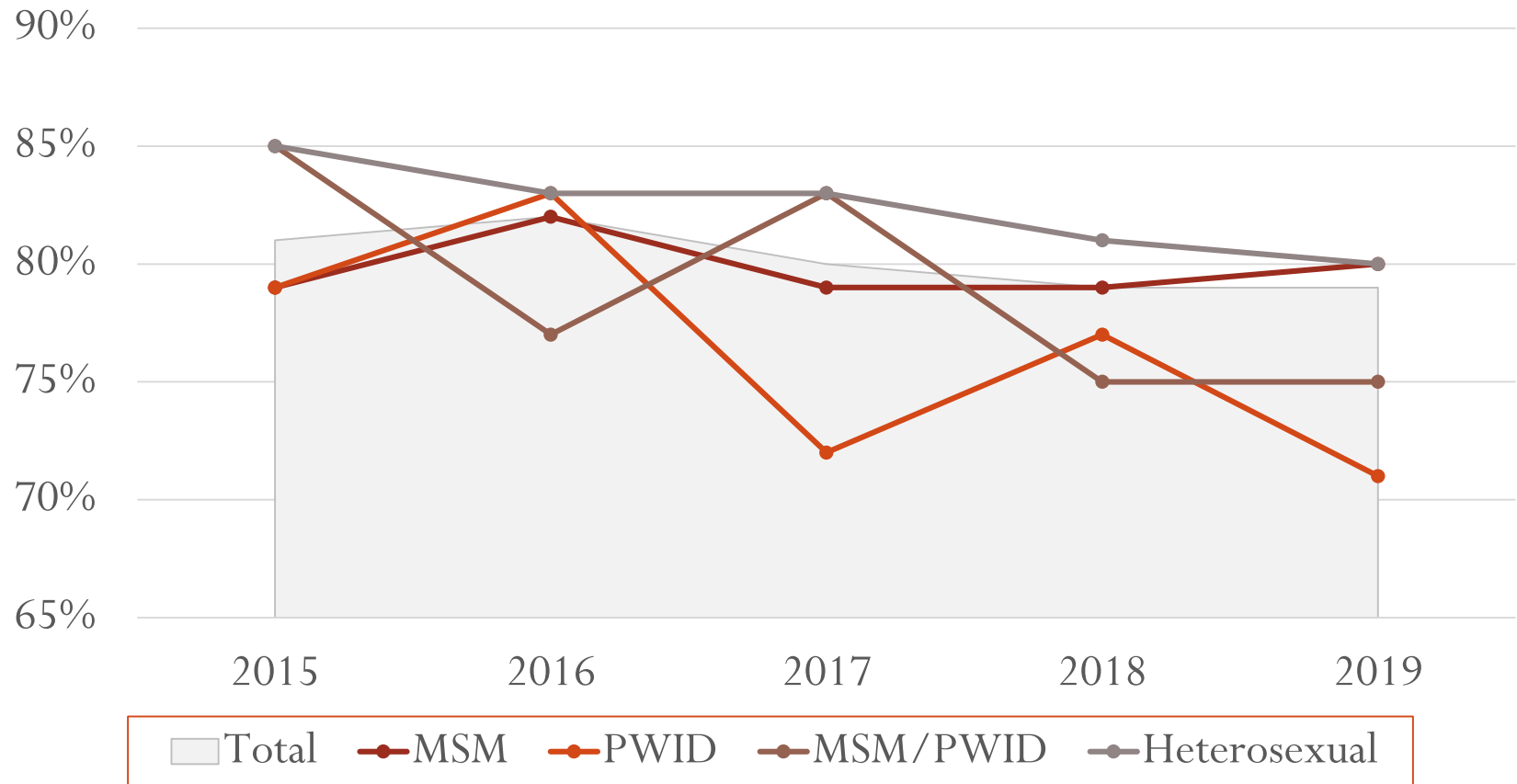
Linkage Proportion

Linkage Trend by Age, Houston EMA



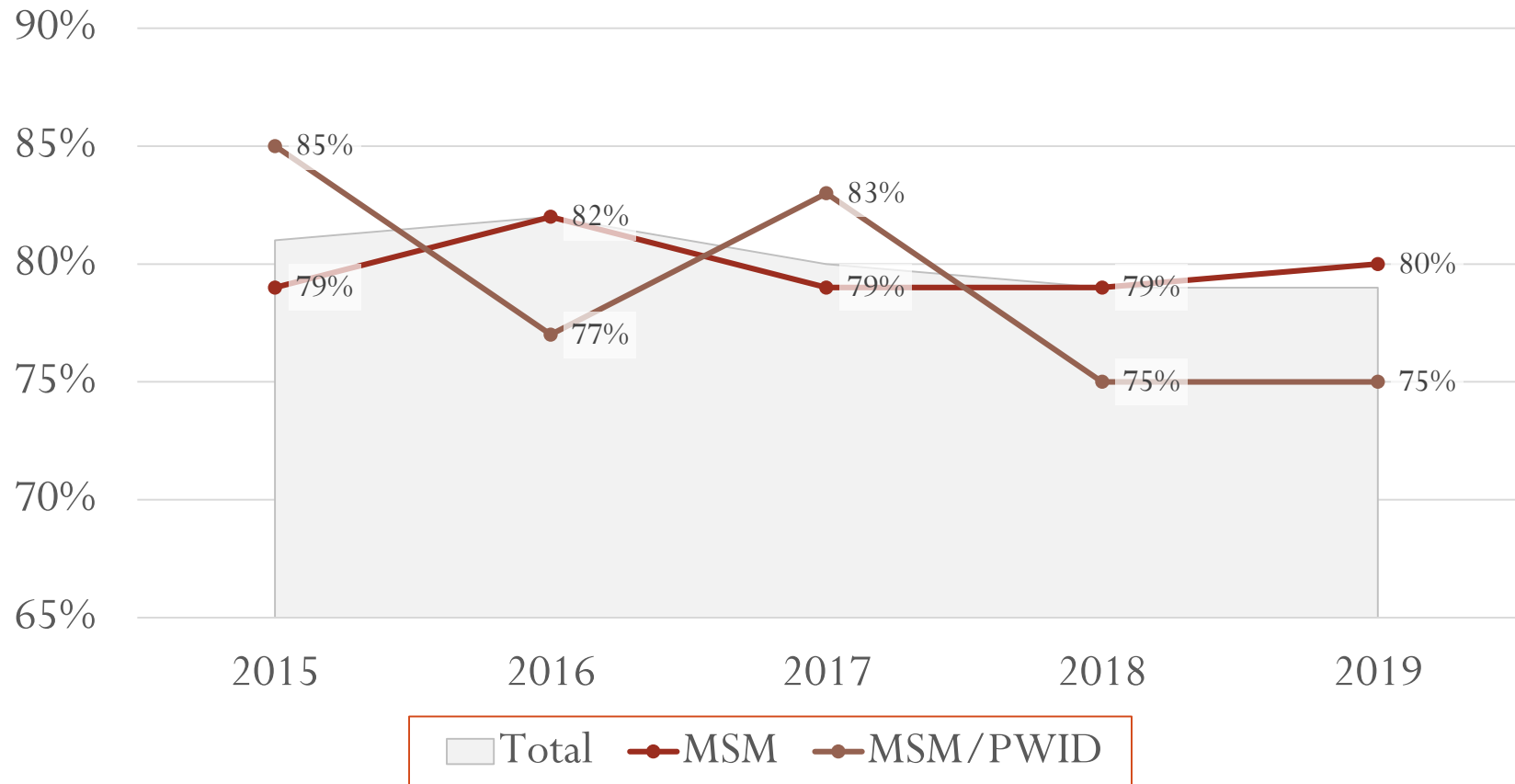
Linkage Proportion

Linkage Trend by Transmission Risk, Houston EMA



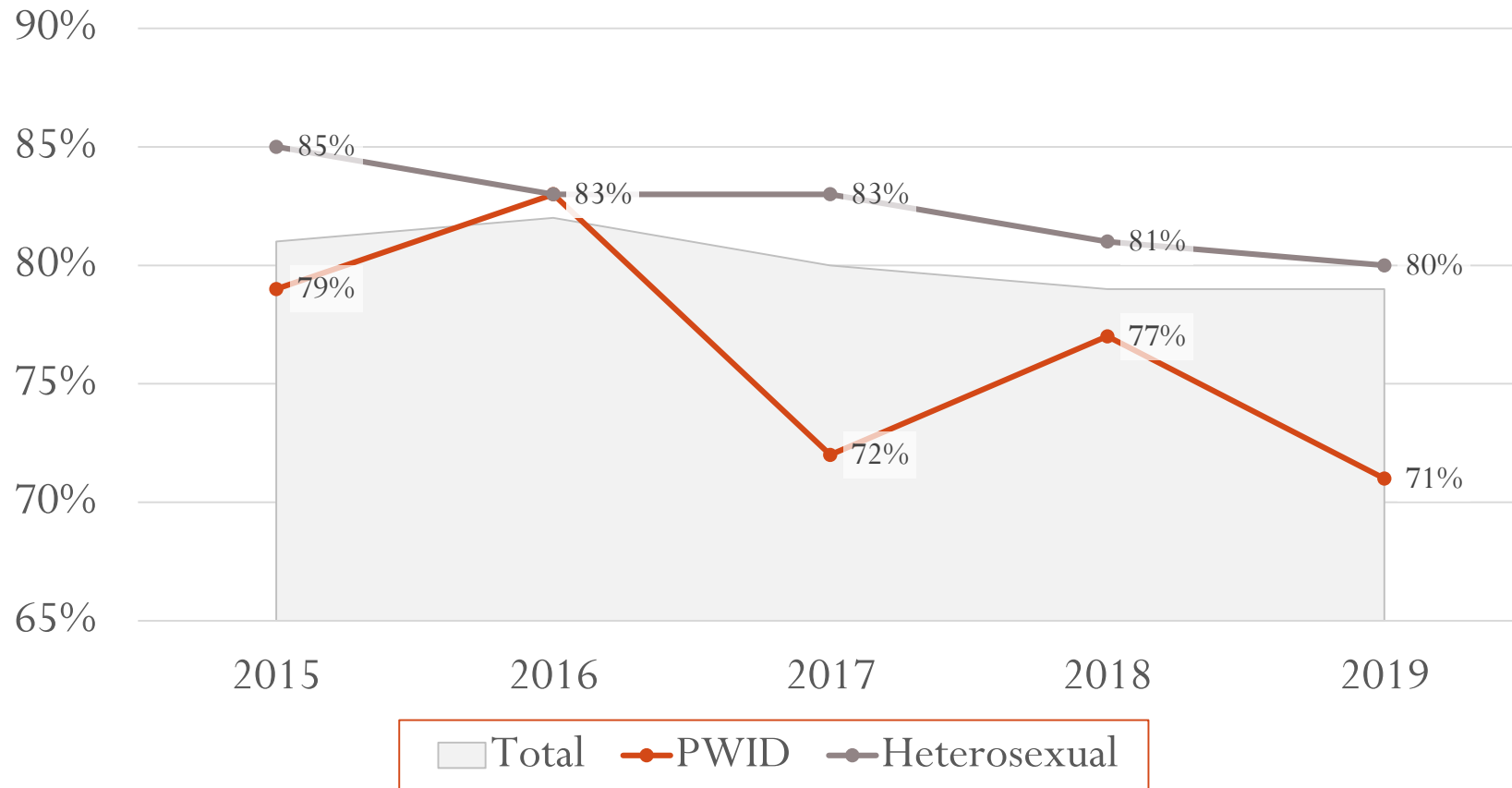
Linkage Proportion

Linkage Trend by Transmission Risk, Houston EMA



Linkage Proportion

Linkage Trend by Transmission Risk, Houston EMA

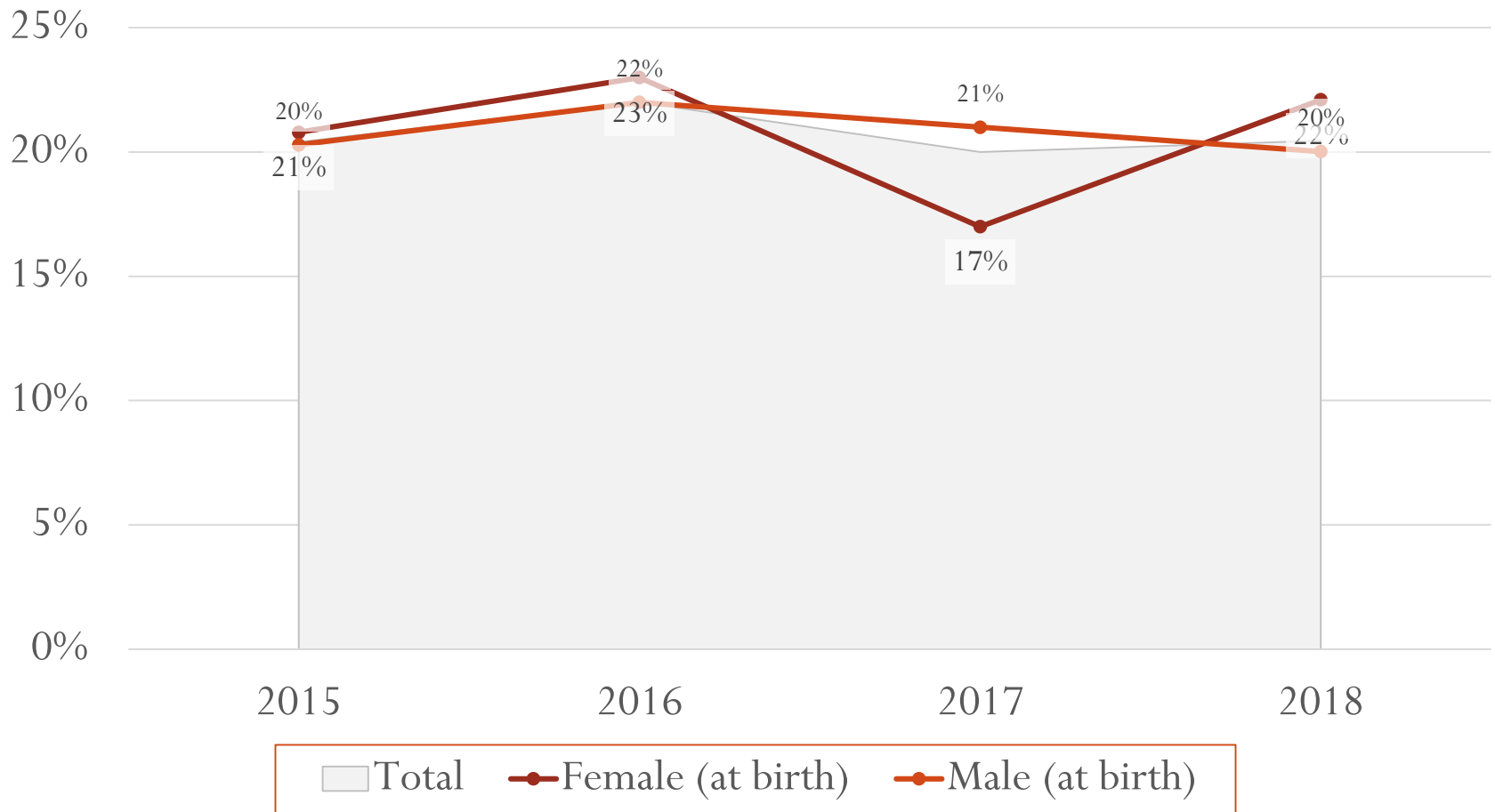


Linkage Proportion Facts

- Decreases in Linkage Proportions
 - 2% decrease in Linkage overall
 - 4% decrease among Females (at birth)
 - Greatest decreases seen among “Other” and “Multi-racial” race groups (6% decrease and 14% decrease respectively)
 - 6% decrease among individuals ages 45 – 54.
 - 10% decrease in same gender loving men who use injection drugs
- Increases in Linkage Proportions
 - 1% increase among same gender loving men
- Individuals ages 25 – 34 saw no changes between 2015 to 2019

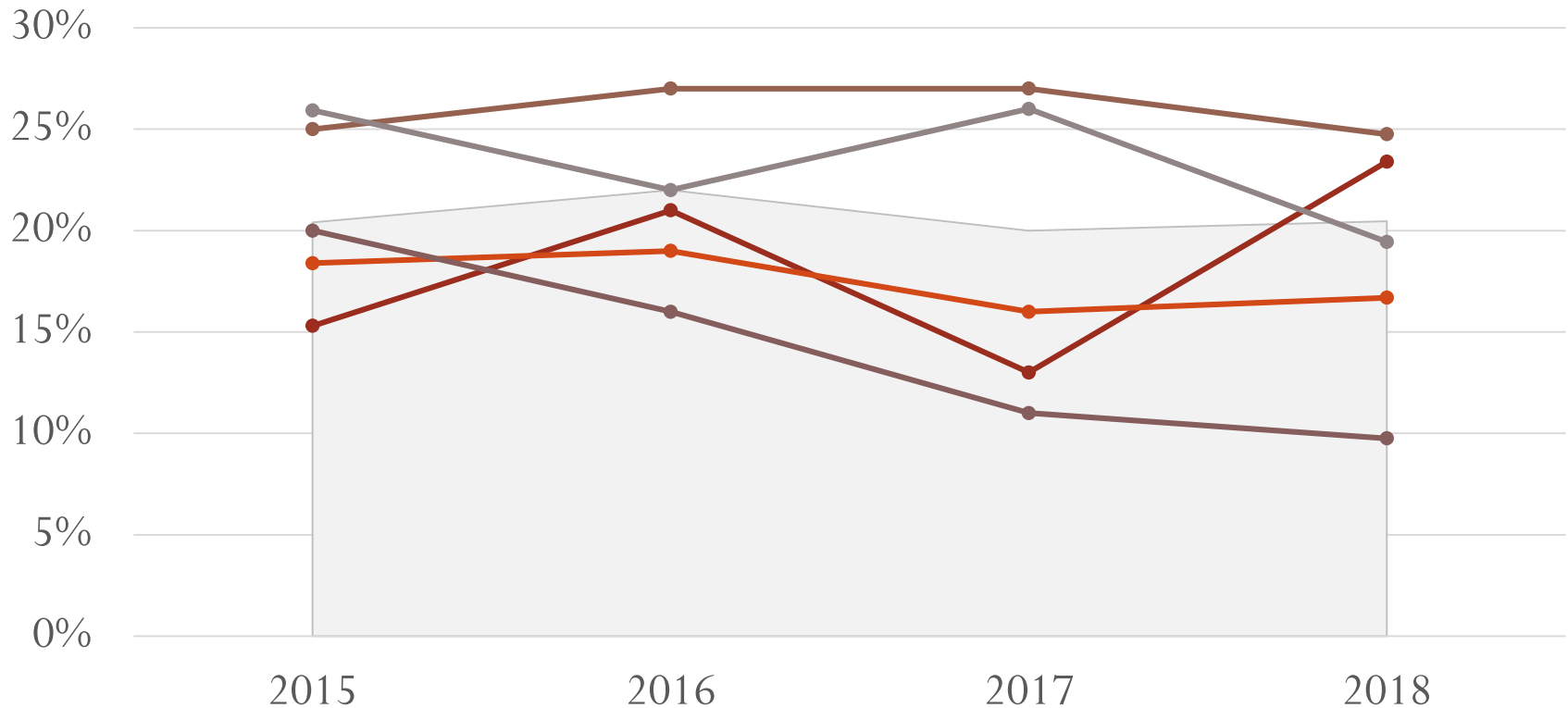
Late Diagnosis Proportion

Late Diagnosis Trend by Sex at Birth, Houston EMA



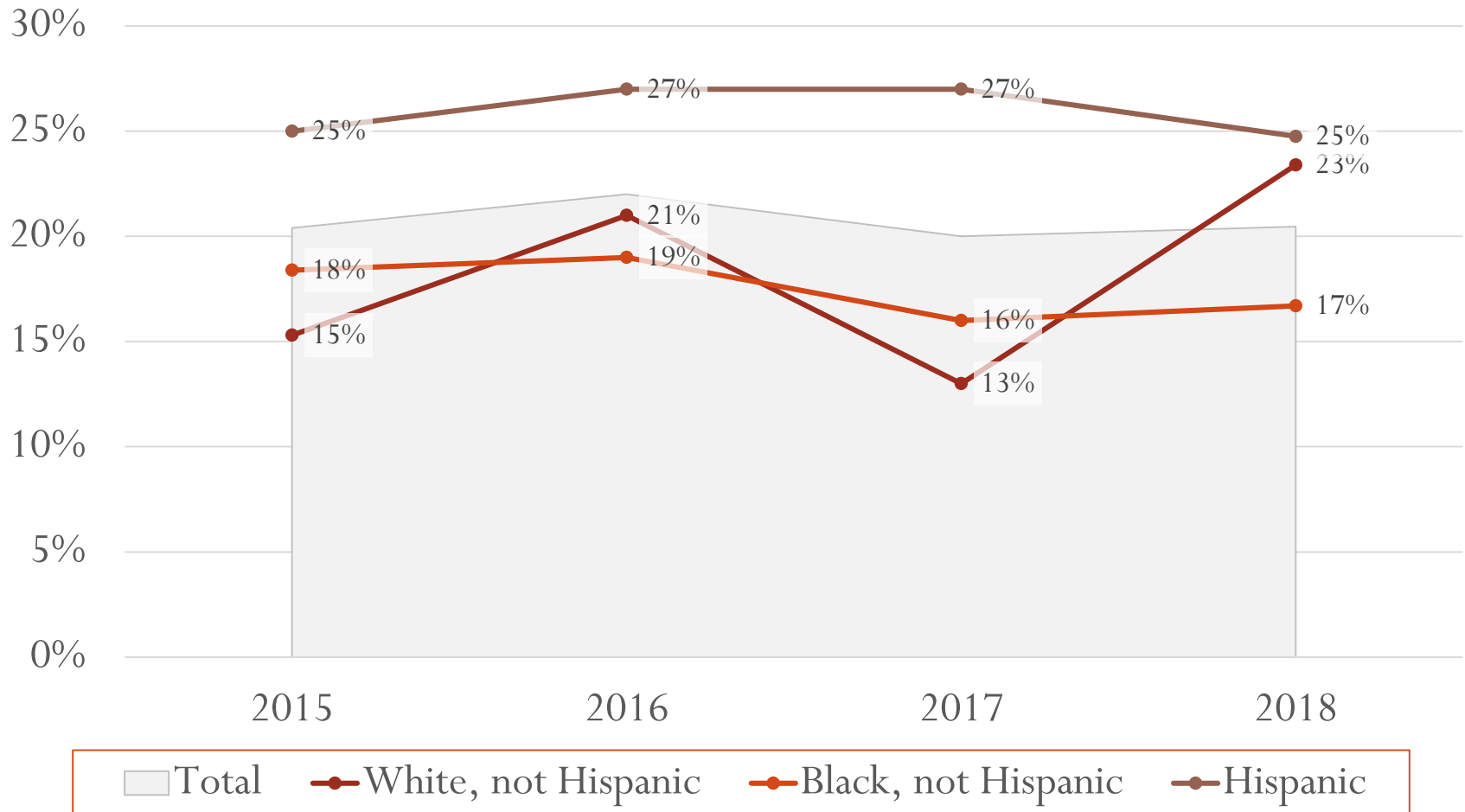
Late Diagnosis Proportion

Late Diagnosis Trend by Race/Ethnicity, Houston EMA



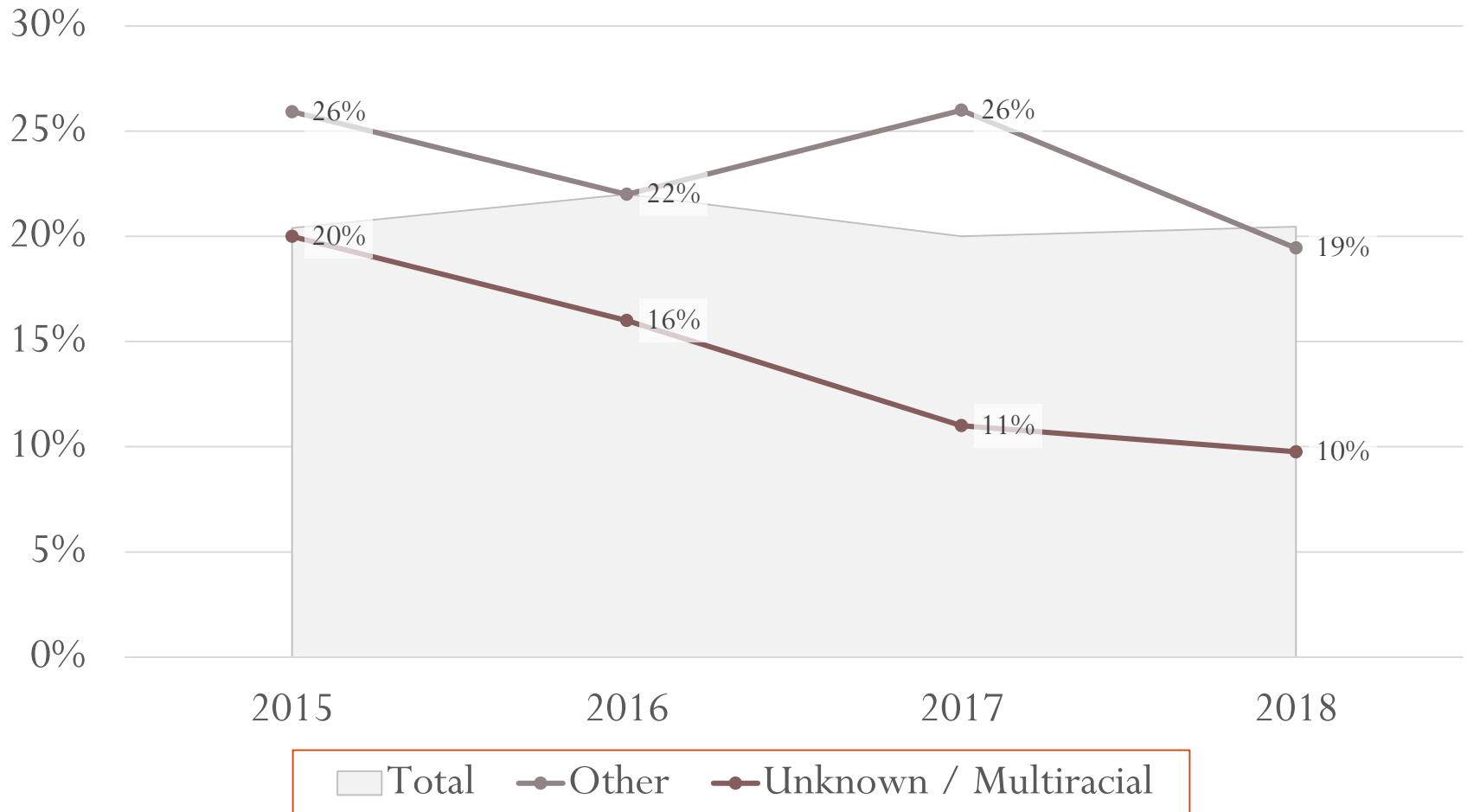
Late Diagnosis Proportion

Late Diagnosis Trend by Race/Ethnicity, Houston EMA



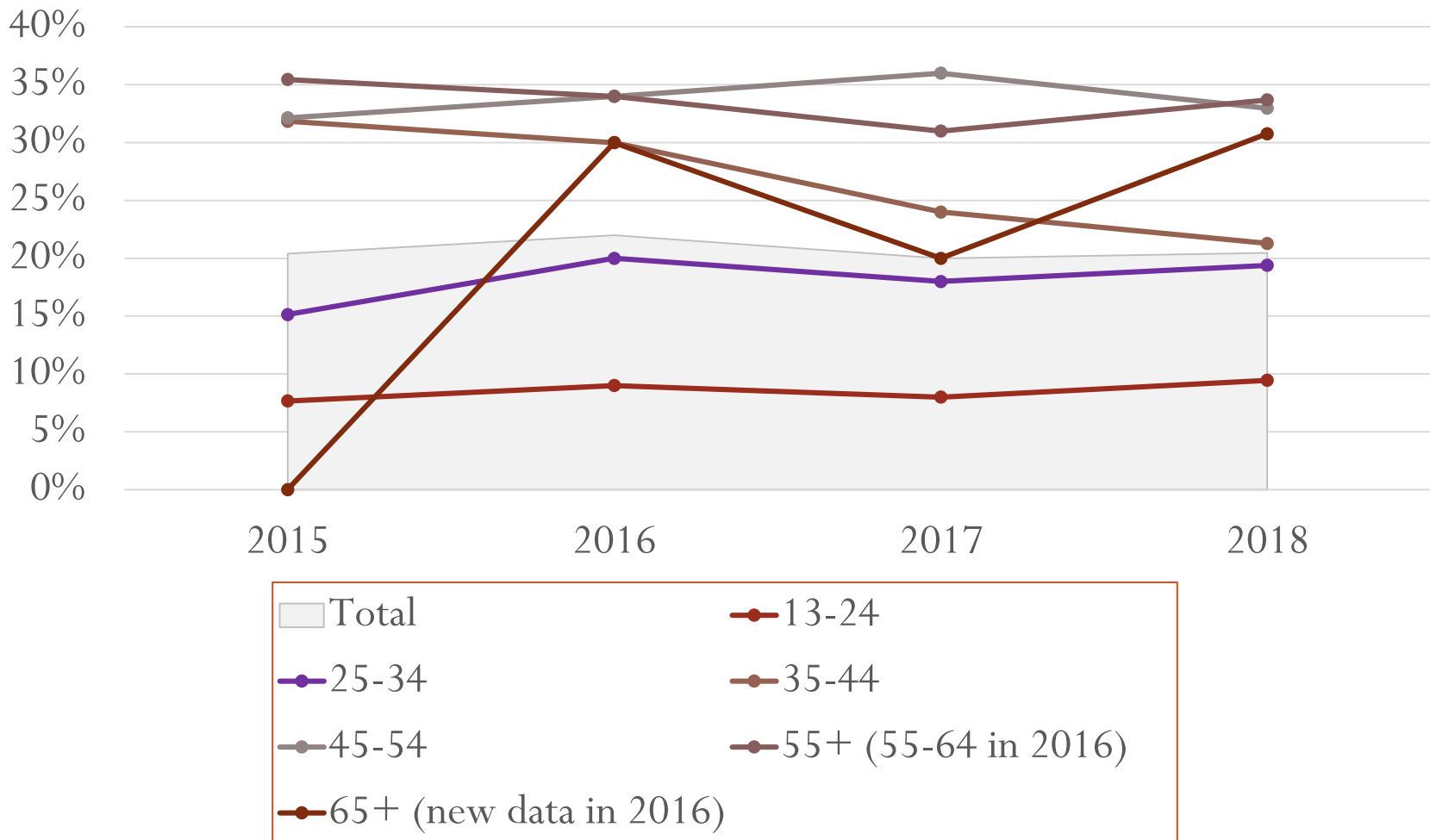
Late Diagnosis Proportion

Late Diagnosis Trend by Race/Ethnicity, Houston EMA



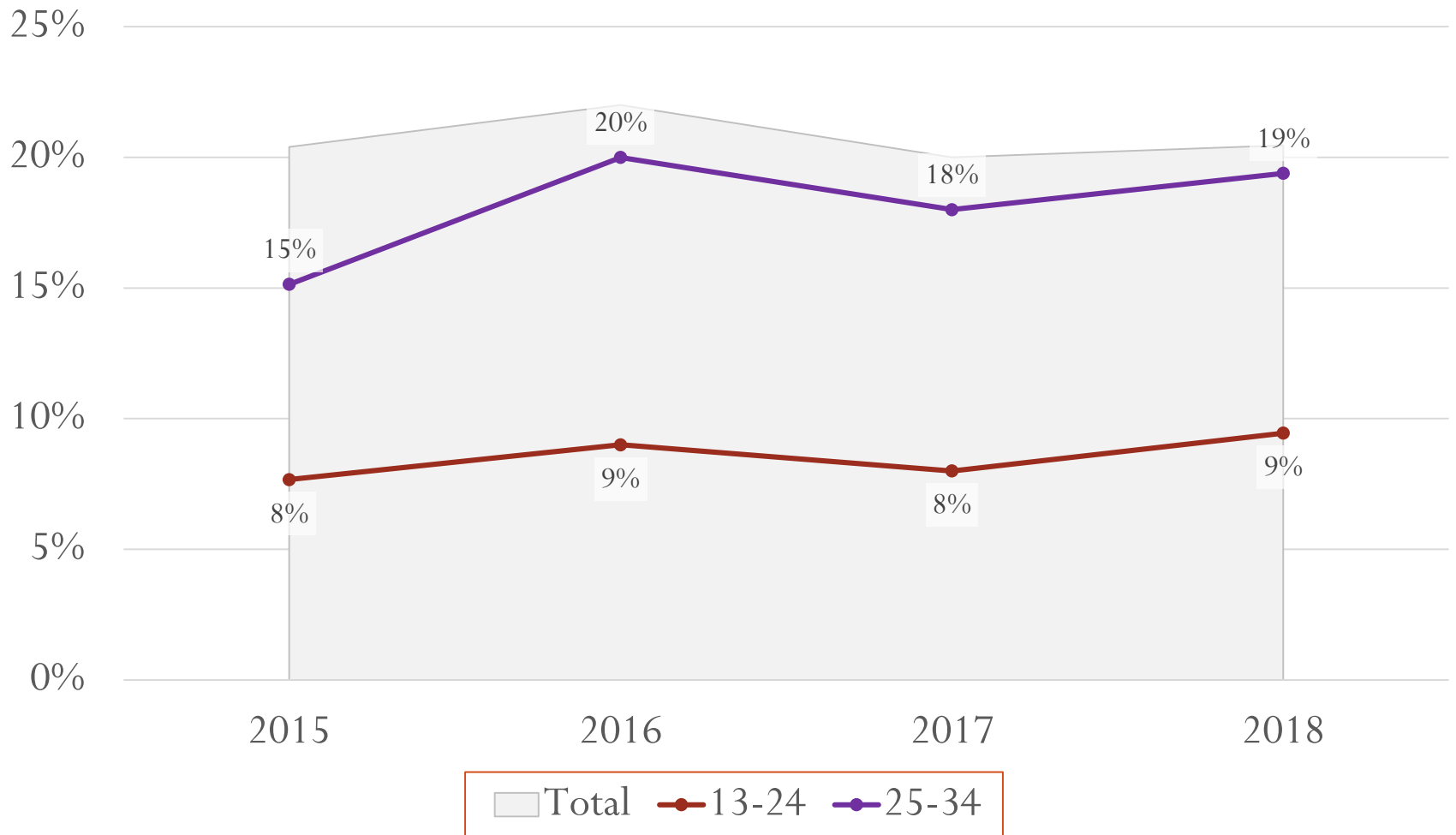
Late Diagnosis Proportion

Late Diagnosis Trend by Age, Houston EMA



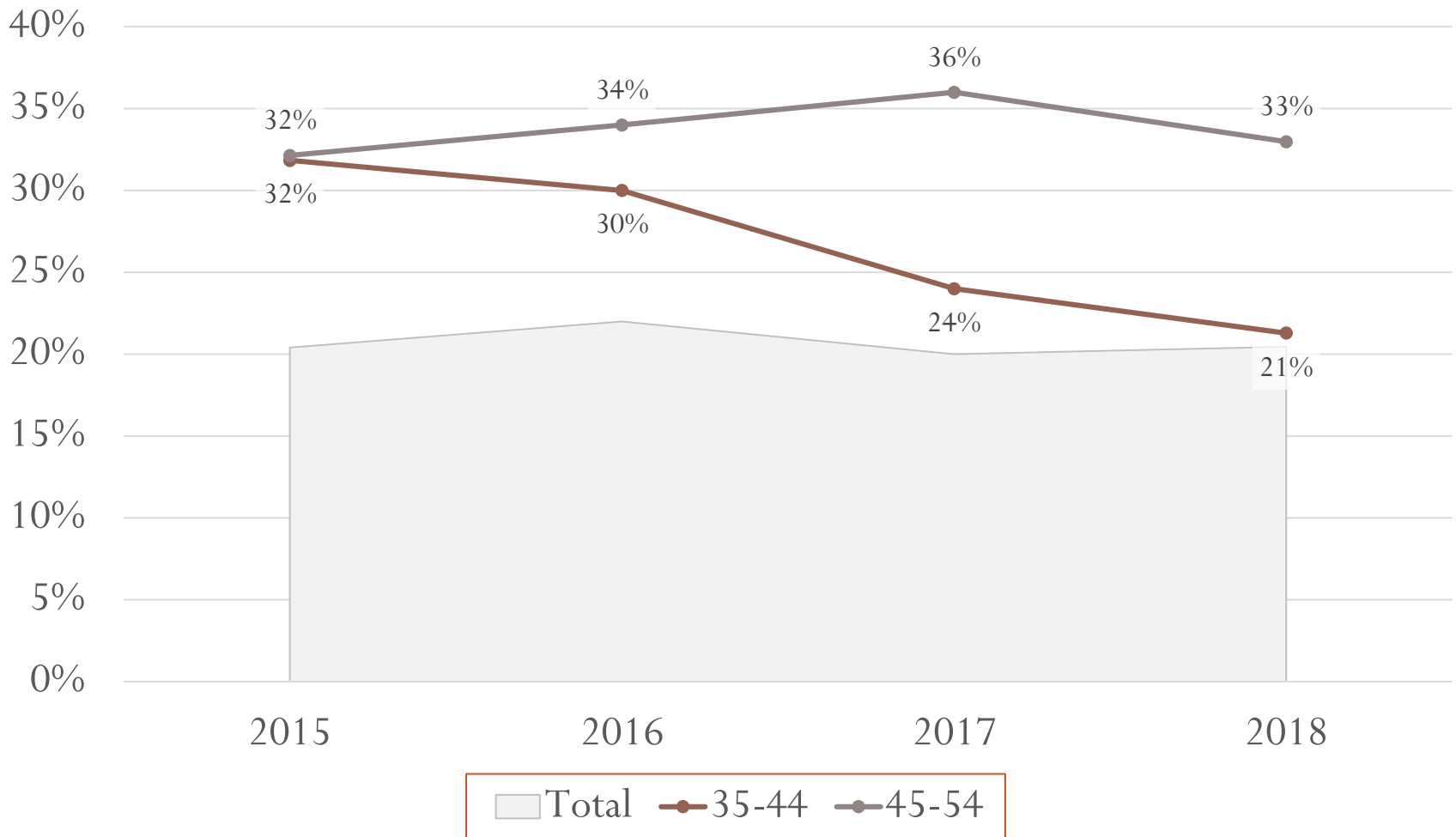
Late Diagnosis Proportion

Late Diagnosis Trend by Age, Houston EMA



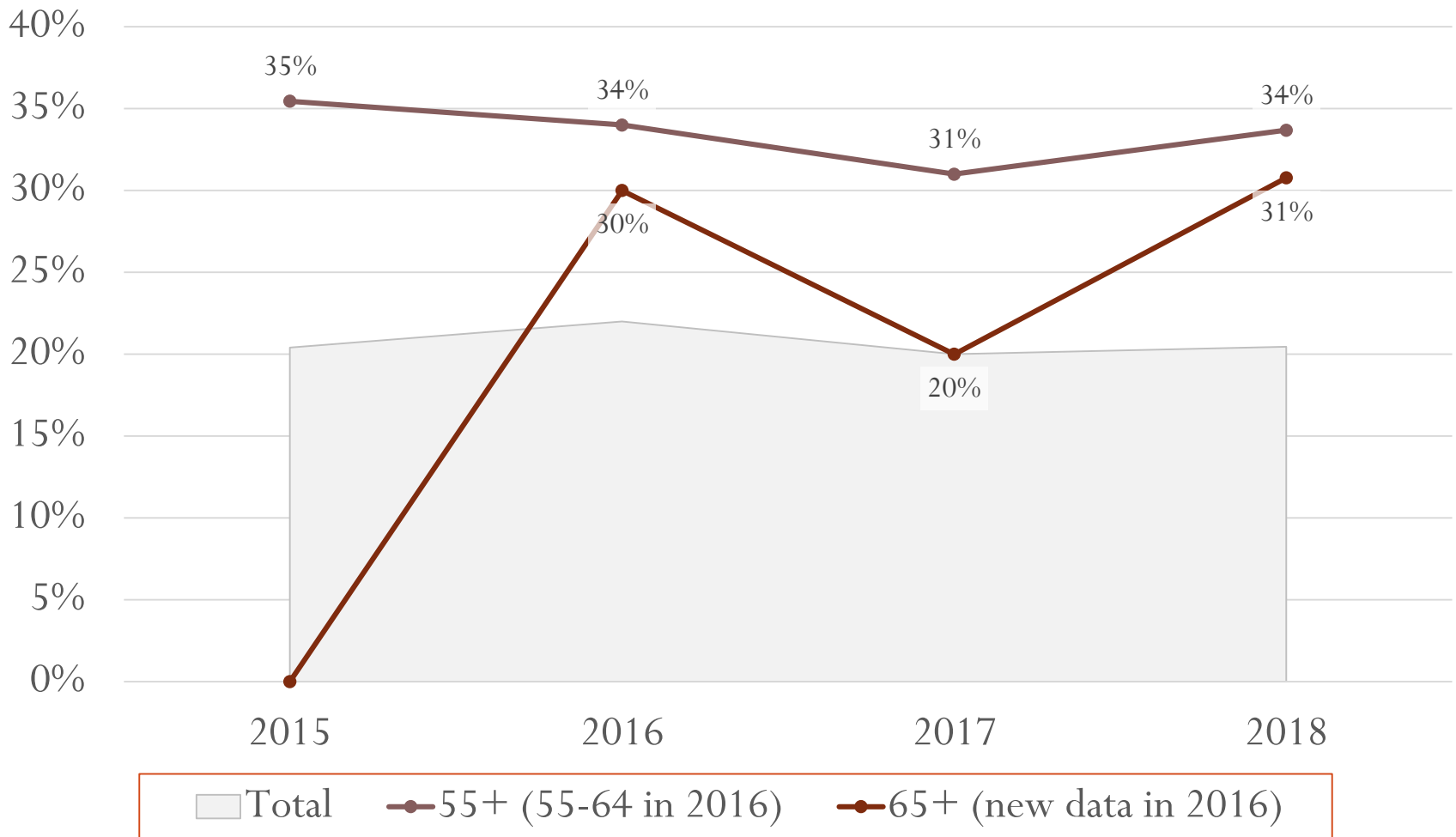
Late Diagnosis Proportion

Late Diagnosis Trend by Age, Houston EMA



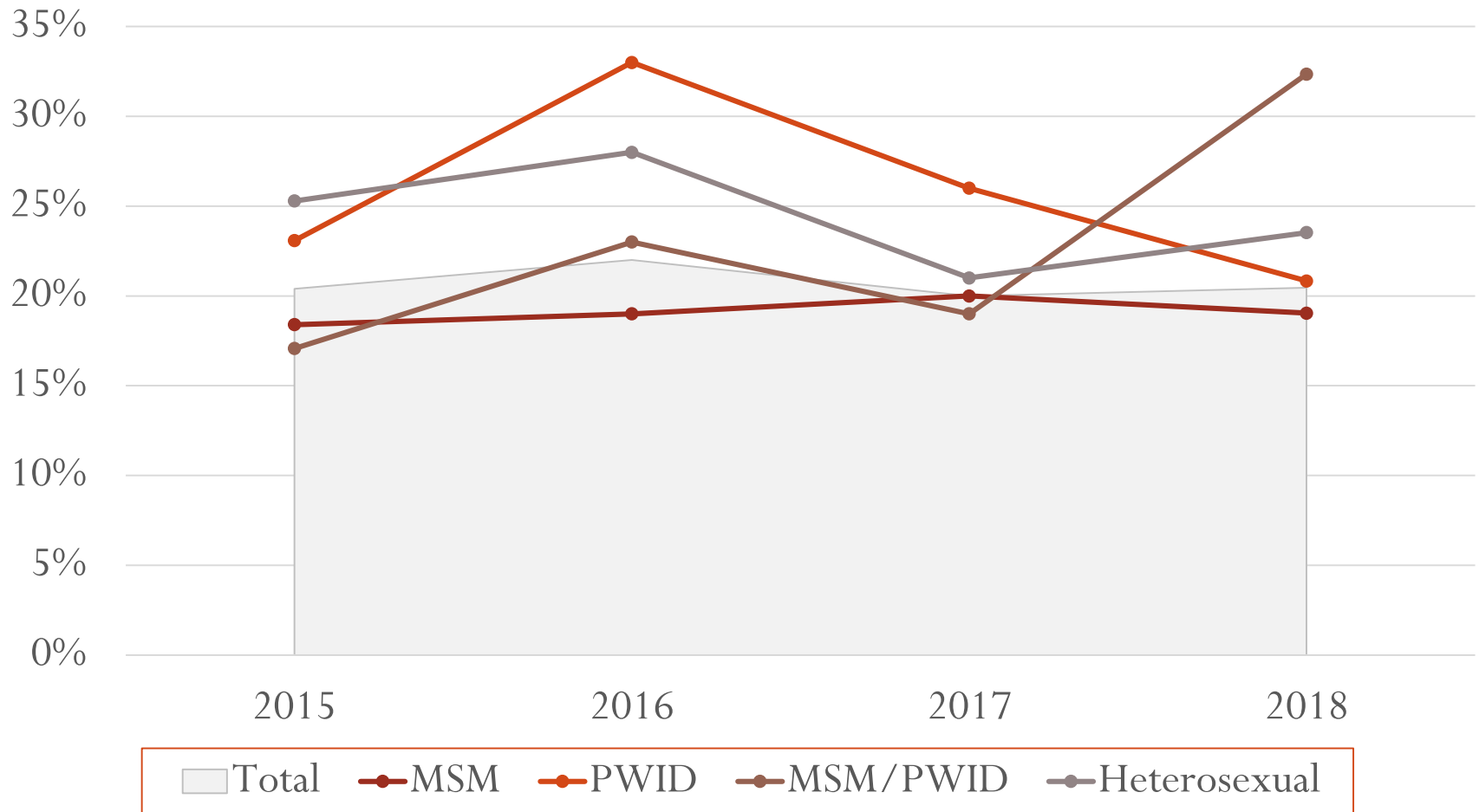
Late Diagnosis Proportion

Late Diagnosis Trend by Age, Houston EMA



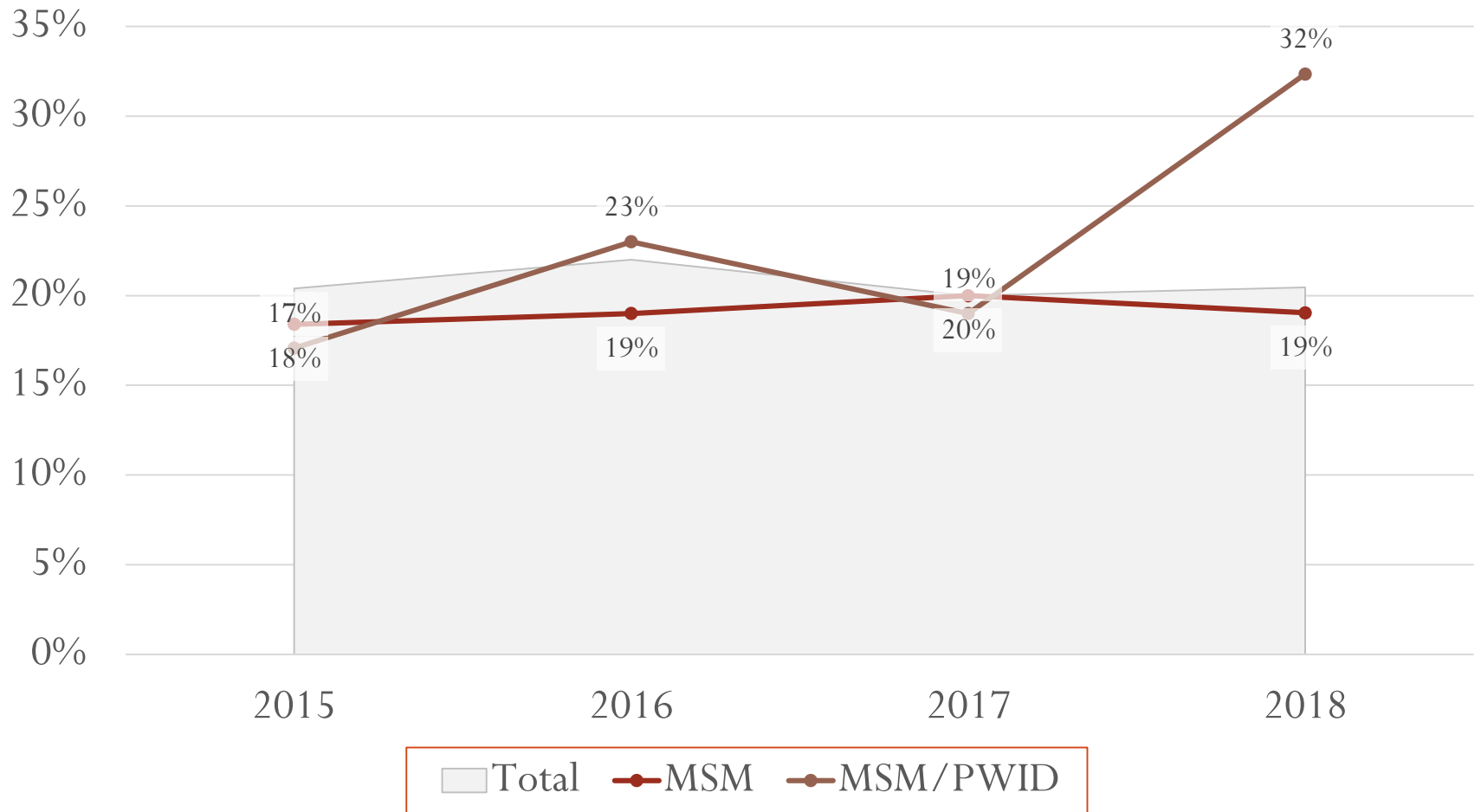
Late Diagnosis Proportion

Late Diagnosis Trend by Transmission Risk, Houston EMA



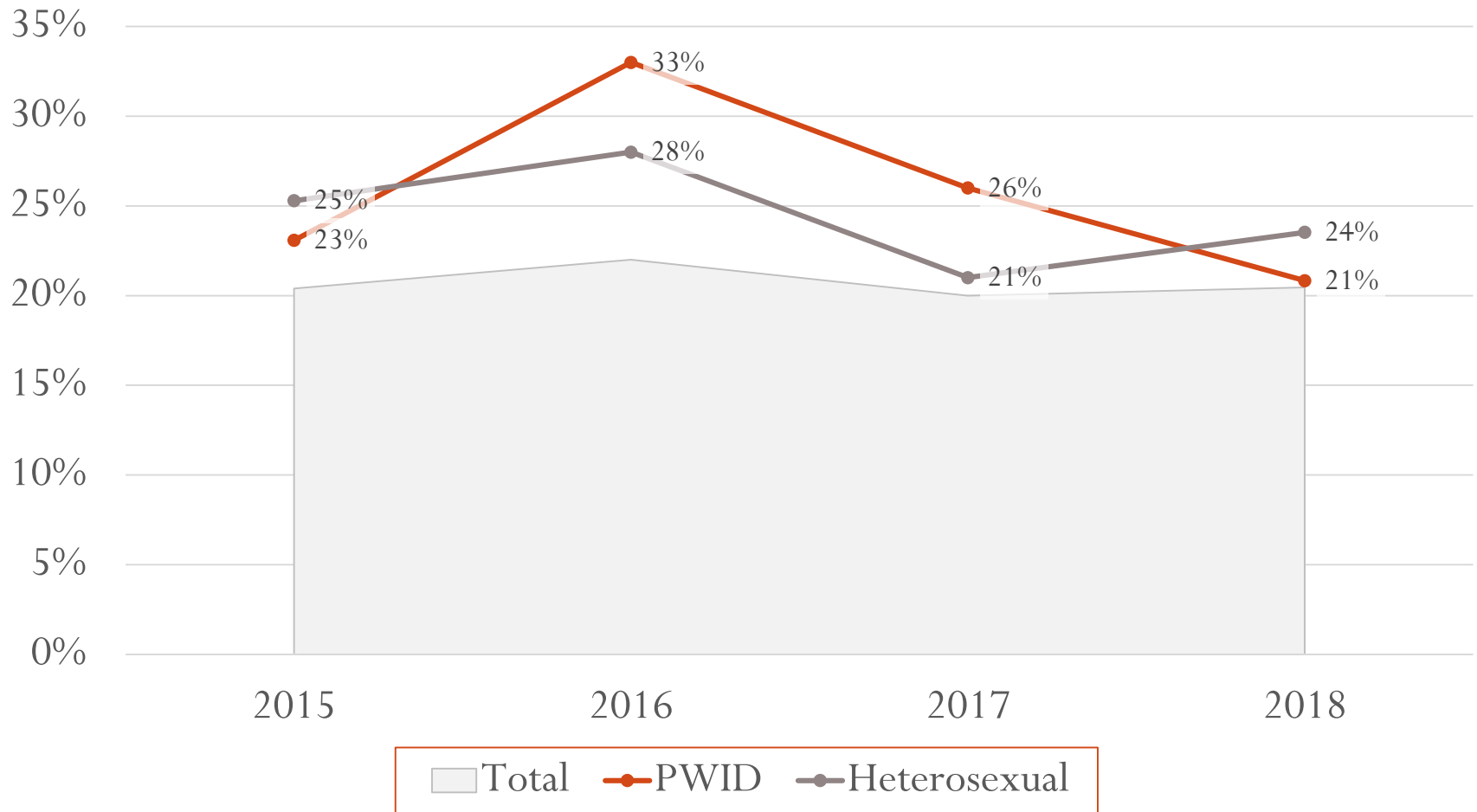
Late Diagnosis Proportion

Late Diagnosis Trend by Transmission Risk, Houston EMA



Late Diagnosis Proportion

Late Diagnosis Trend by Transmission Risk, Houston EMA

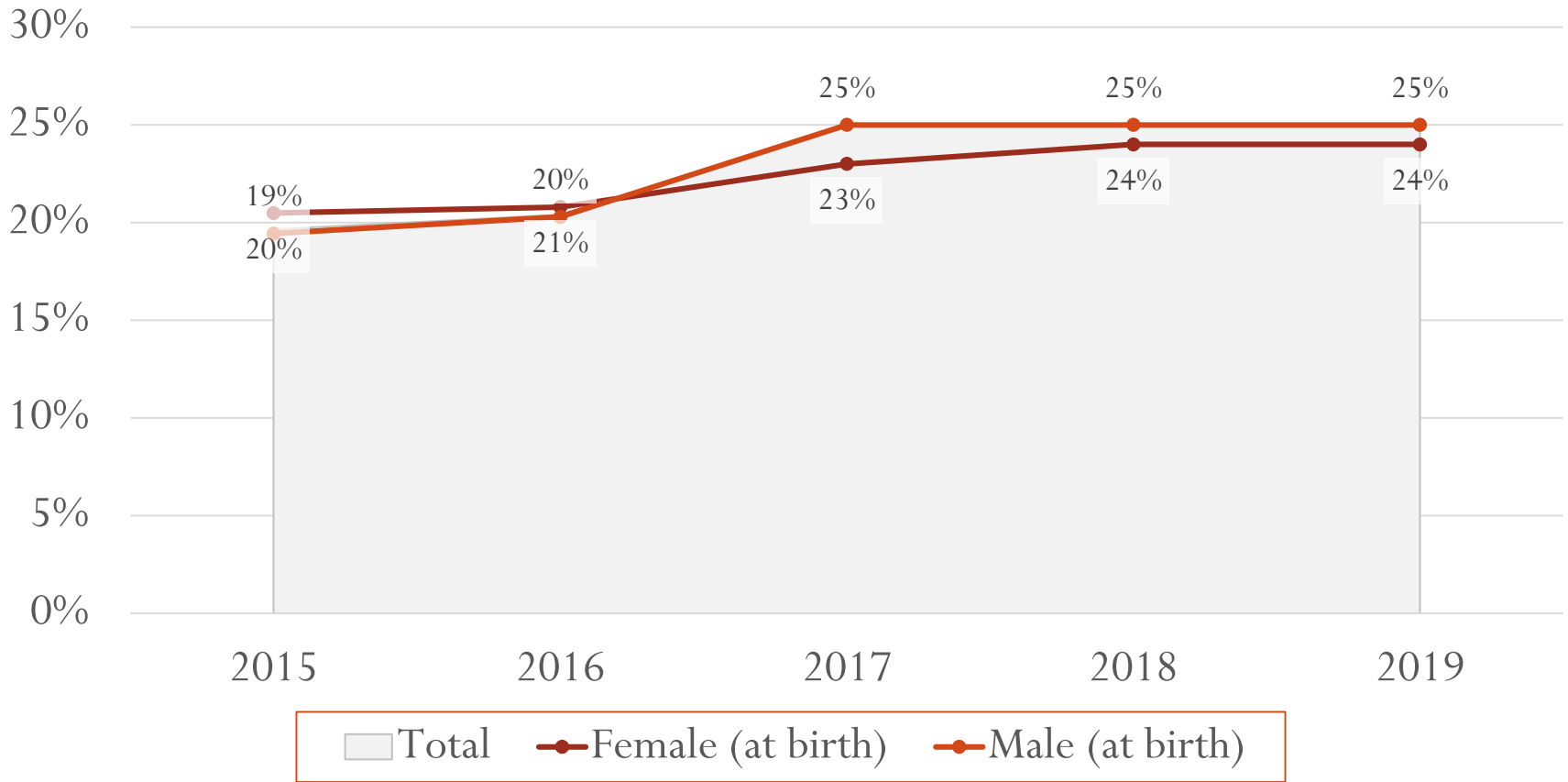


Late Diagnosis Proportion Facts

- Data only includes years 2015 – 2018.
- Decreases in Late Diagnosis
 - 2% among Non-Hispanic, Black/African Americans
 - 11% among individuals ages 35 – 44
 - 2% among people who inject substances and heterosexual individuals
- Increases in Late Diagnosis
 - 1% increase among females (at birth)
 - 8% among Non-Hispanic, White
 - 4% among individuals ages 25 – 34
 - 15% among same gender loving men who inject substances

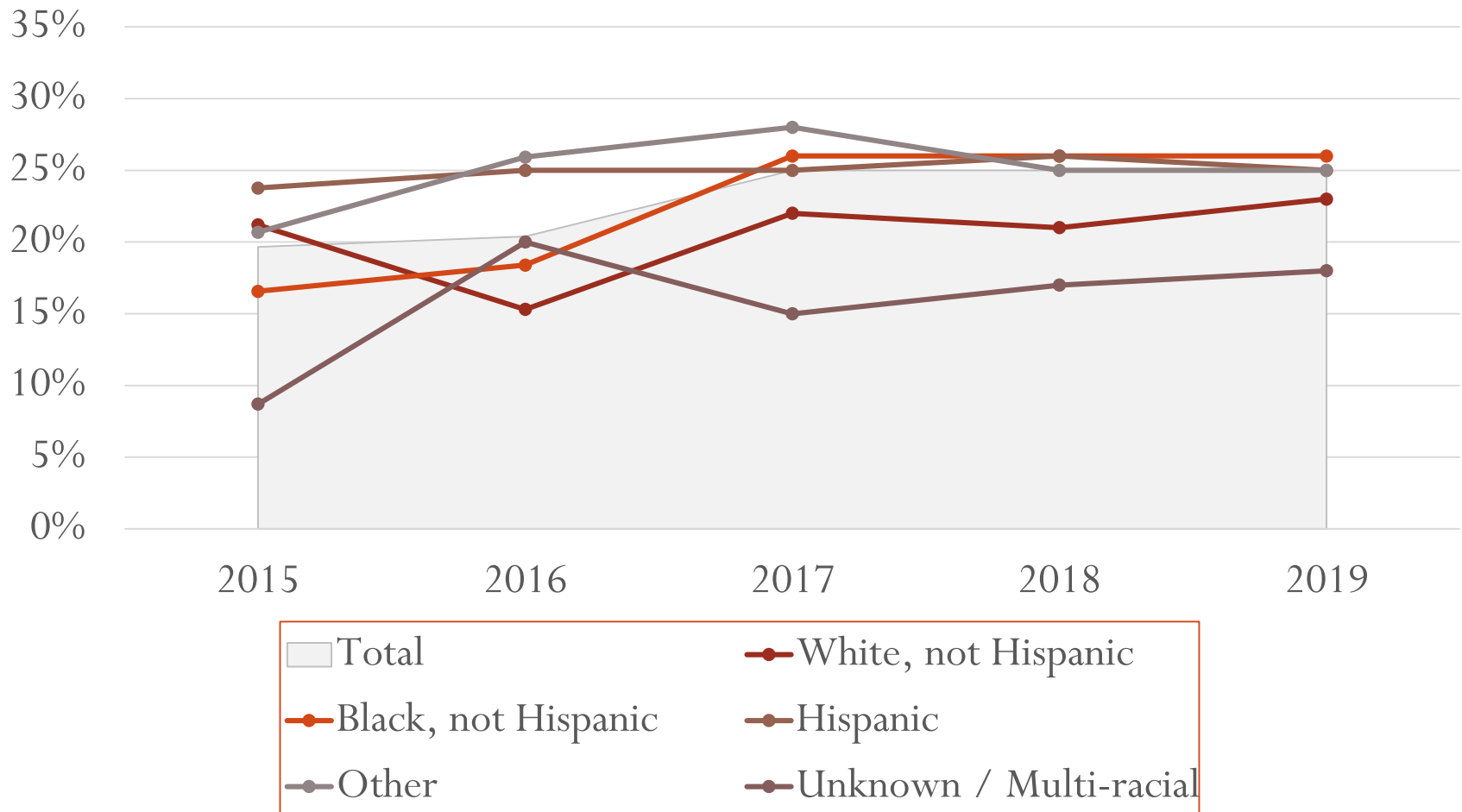
Unmet Need Proportion

Unmet Need Trend by Sex at Birth, Houston EMA



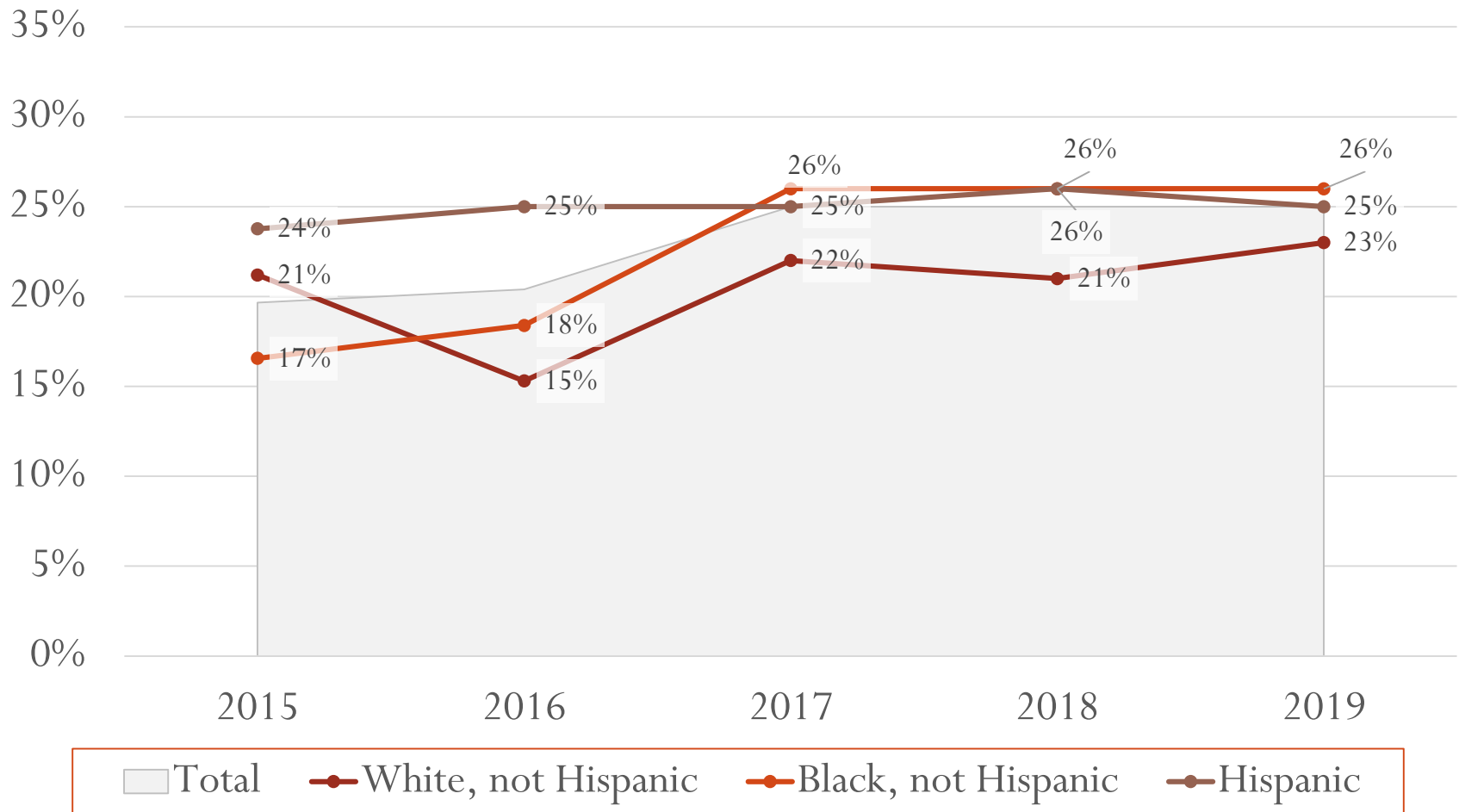
Unmet Need Proportion

Unmet Need Trend by Race/Ethnicity, Houston EMA



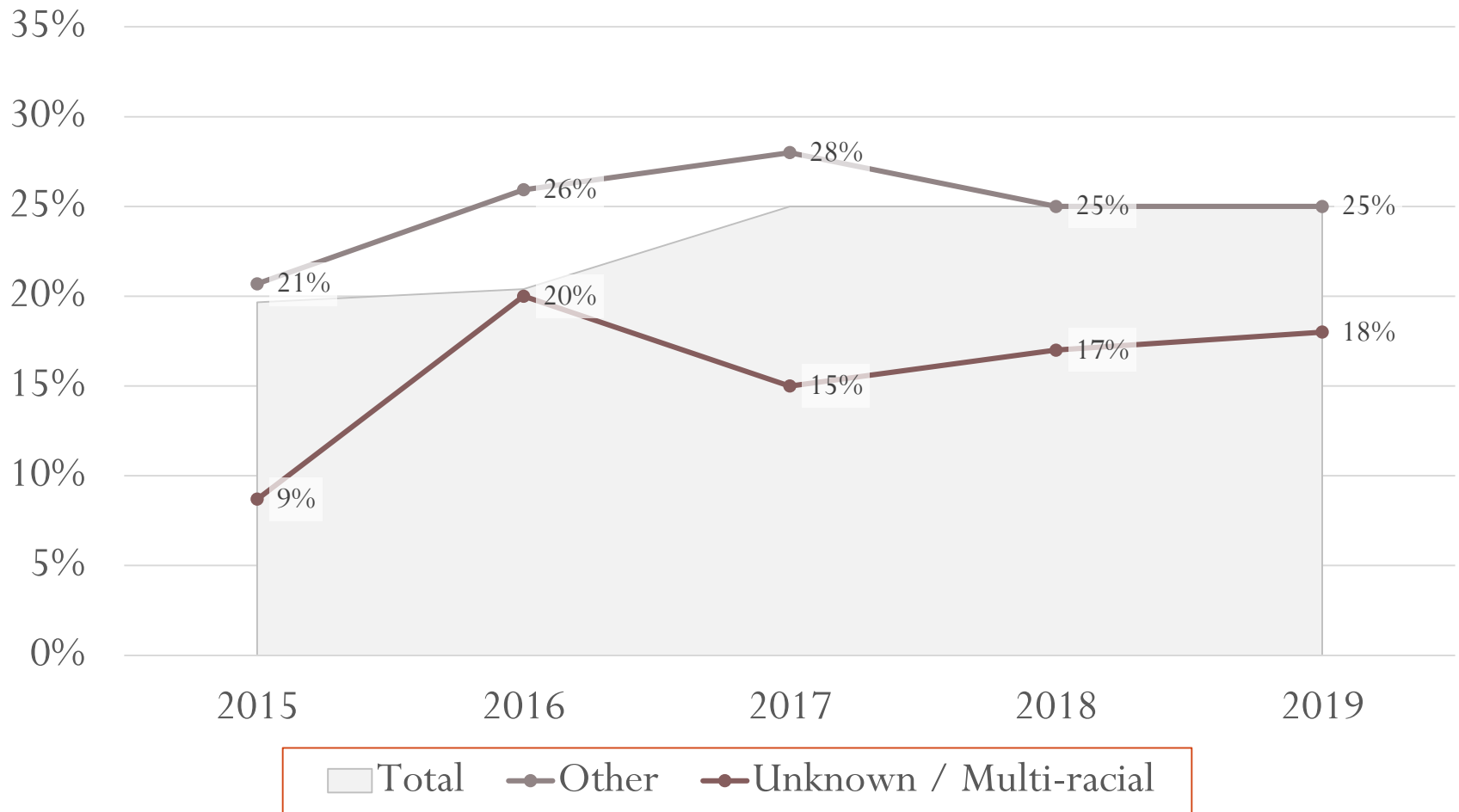
Unmet Need Proportion

Unmet Need Trend by Race/Ethnicity, Houston EMA



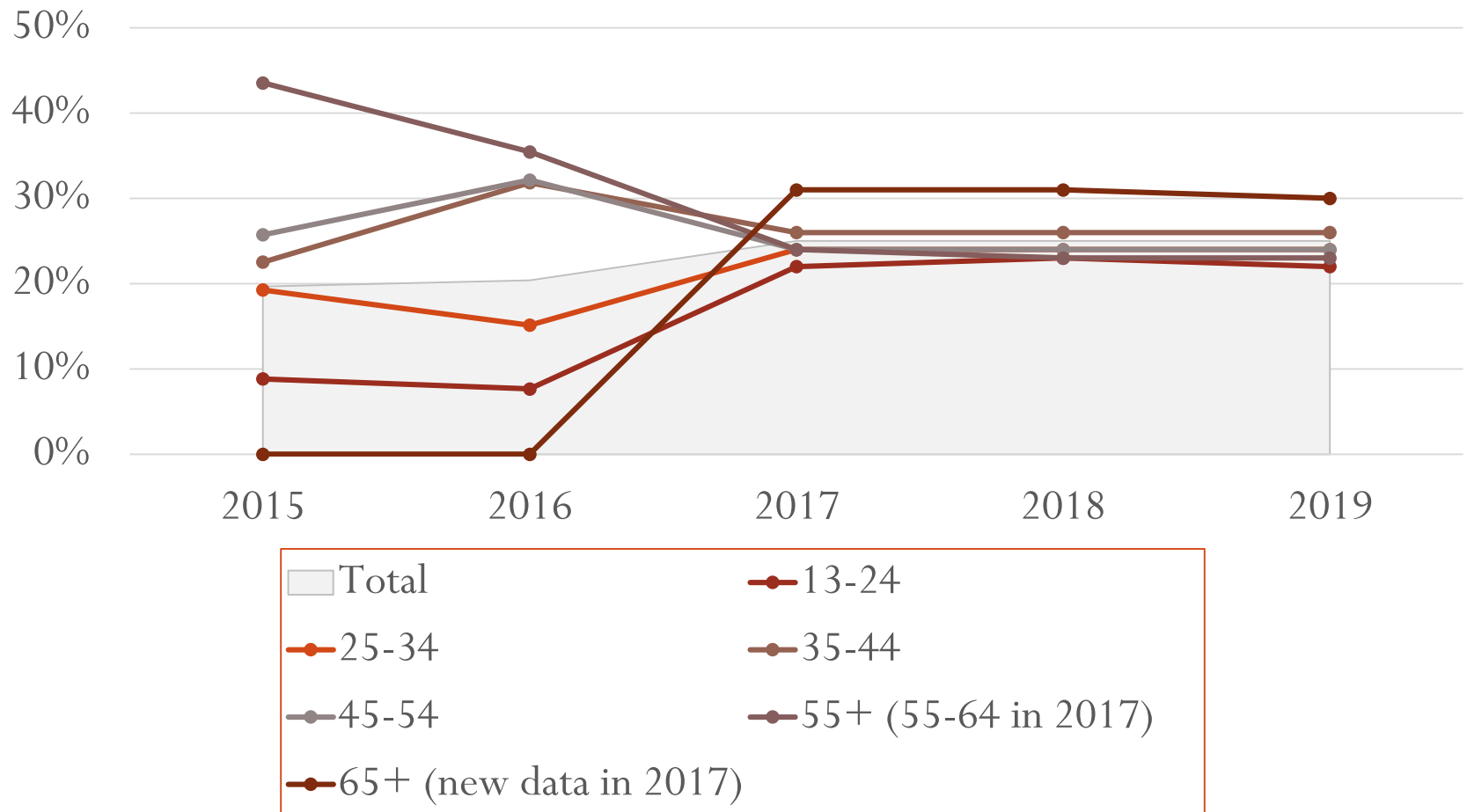
Unmet Need Proportion

Unmet Need Trend by Race/Ethnicity, Houston EMA



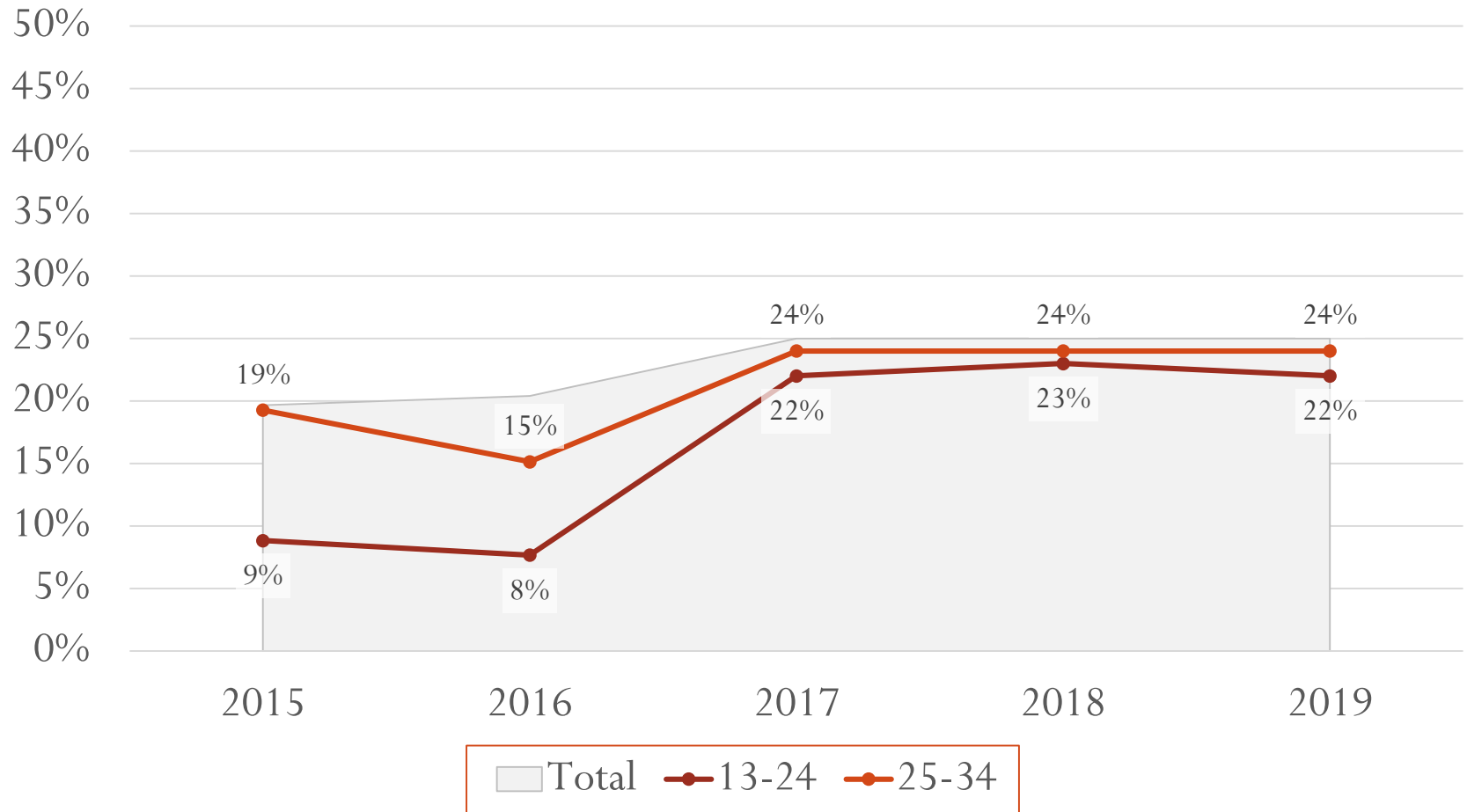
Unmet Need Proportion

Unmet Need Trend by Age, Houston EMA



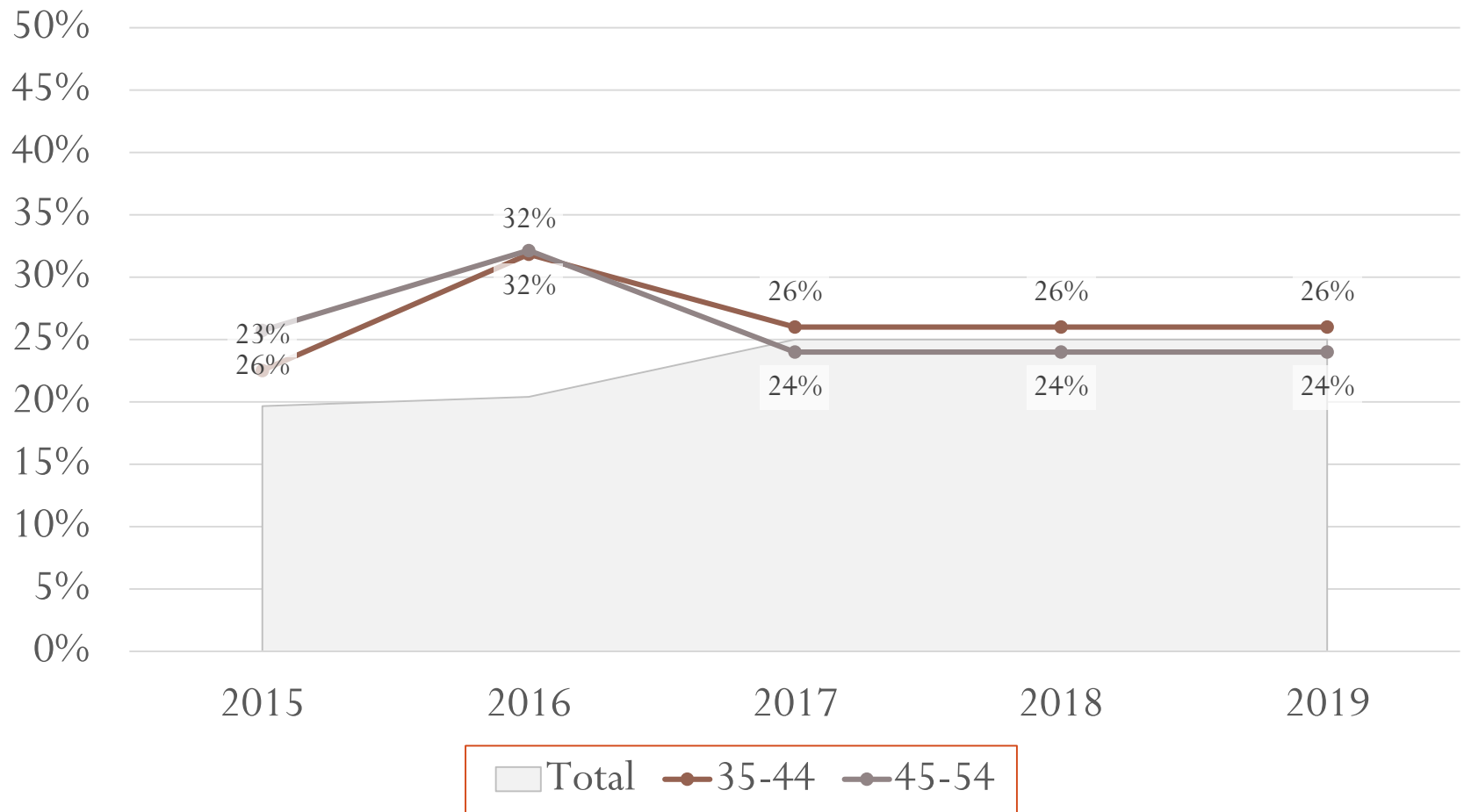
Unmet Need Proportion

Unmet Need Trend by Age, Houston EMA



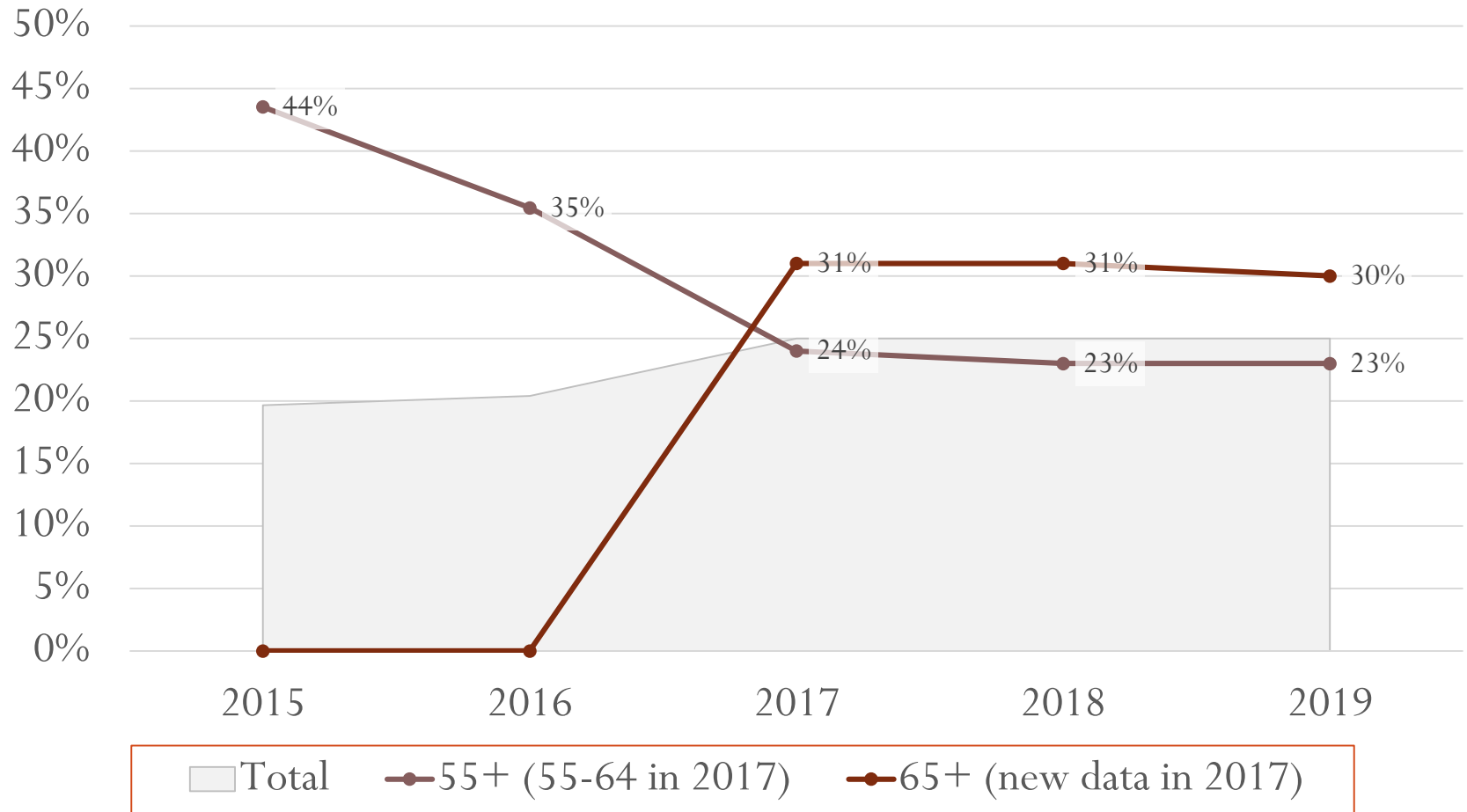
Unmet Need Proportion

Unmet Need Trend by Age, Houston EMA



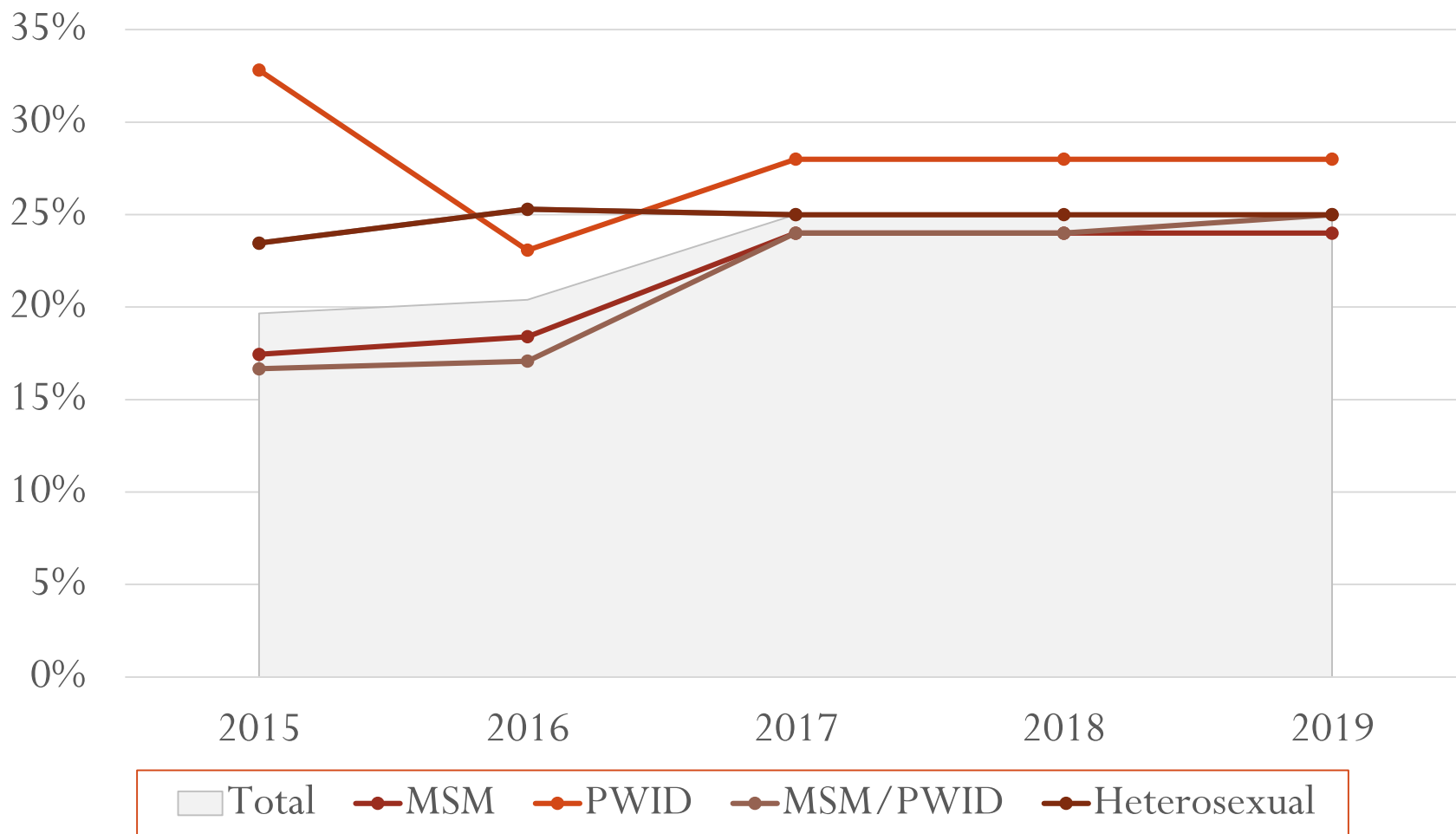
Unmet Need Proportion

Unmet Need Trend by Age, Houston EMA



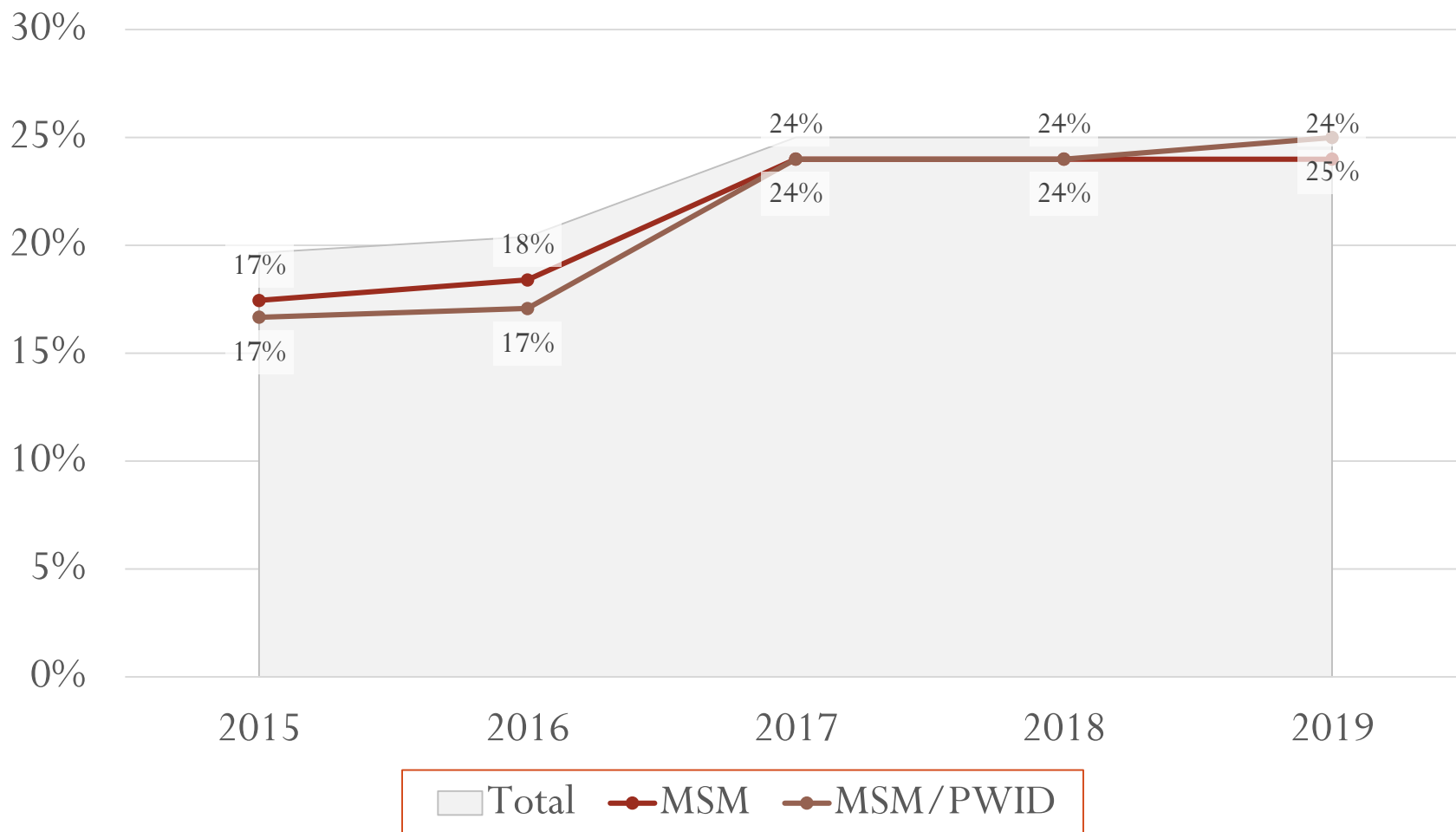
Unmet Need Proportion

Unmet Need Trend by Transmission Risk, Houston EMA



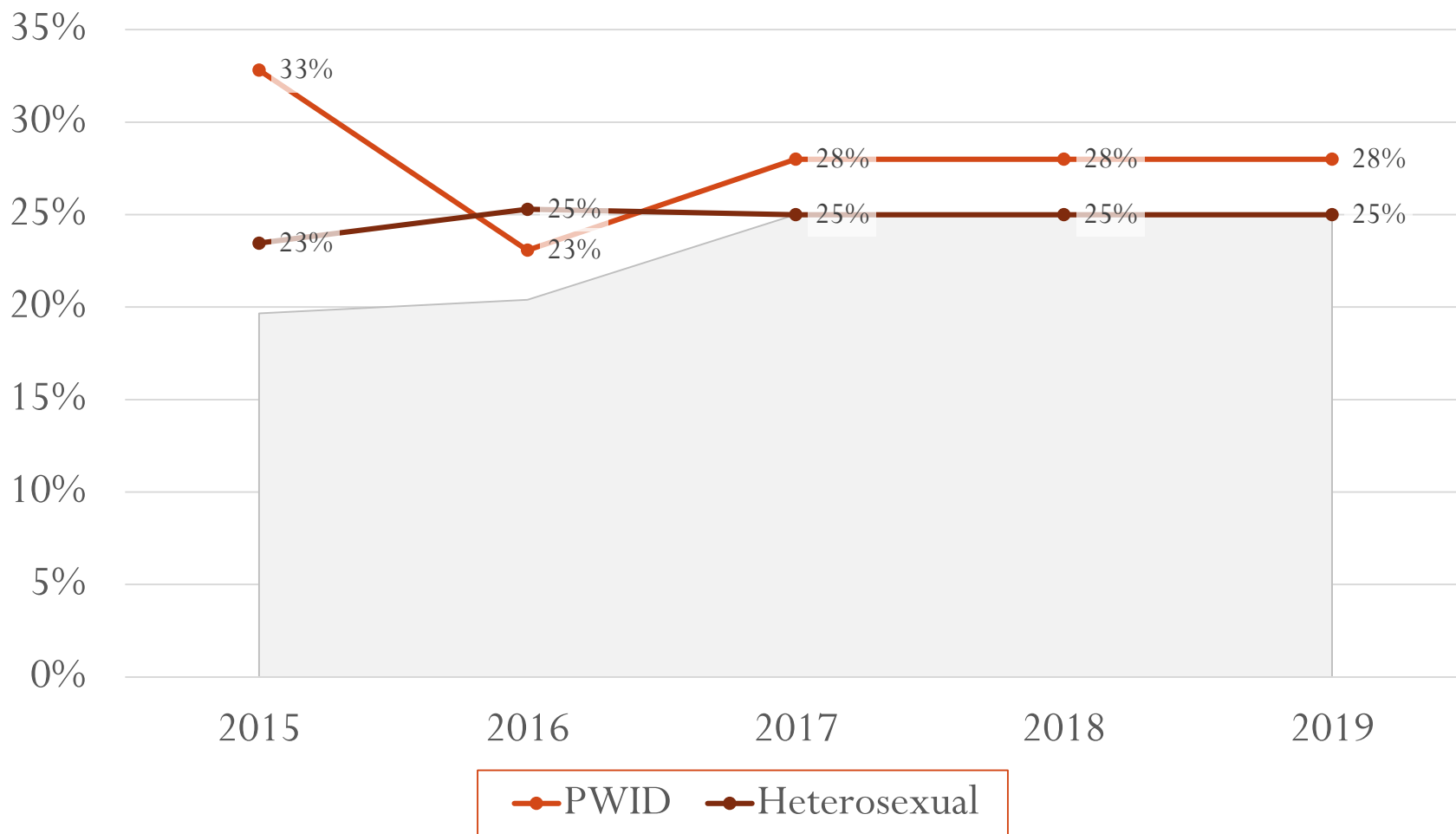
Unmet Need Proportion

Unmet Need Trend by Transmission Risk, Houston EMA



Unmet Need Proportion

Unmet Need Trend by Transmission Risk, Houston EMA



Unmet Need Facts

- Decreases in Diagnosis Rates (2015 – 2019):
 - 2% among individuals ages 2 – 12
 - 5% among people who inject substances
- Increases in Diagnosis Rates (2015 – 2019):
 - 5% increase overall
 - 6% among men (at birth)
 - 9% among Non-Hispanic, Black/African American
 - 13% among individuals ages 13 – 24
 - 8% among same gender loving men who inject substances and pediatric risk groups

Quality Improvement Committee Report

**Houston Area
Ryan White HIV/AIDS Program
Assessment of the Administrative Mechanism**

**Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2020**

Prepared by
Houston Area Ryan White Planning Council
Office of Support
Approved: Pending

**Houston Area
Ryan White HIV/AIDS Program
Assessment of the Administrative Mechanism
Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2020**

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Background

The Ryan White CARE Act requires local Planning Councils to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area.”¹ To meet this mandate, a time-specific document review of local procurement, expenditure, and reimbursement processes for Ryan White HIV/AIDS Program funds is conducted annually by local Planning Councils.² The observation process is not intended to evaluate either the local administrative agencies for Ryan White funds or the individual service providers funded by Ryan White.³ Instead, it produces information about procurement, expenditure, and reimbursement processes for the local *system* of Ryan White funding that can be used for overall quality assurance purposes.

In the Houston eligible area, the Ryan White Planning Council has conducted an assessment of the administrative mechanism for Ryan White Part A and Minority AIDS Initiative (MAI) funds each fiscal year beginning in 2006. In 2012, the Planning Council began assessing the administrative mechanism for Part B and Texas State General Funds (State Services) as well. Consequently, the assessment tool used to conduct the assessment was amended to accommodate Part B and State Services processes. The new tool was developed and approved by the Quality Assurance Committee of the Planning Council on March 21, 2013 and approved by the Full Council on April 11, 2013.

Methodology

In June 2021, the approved assessment tool was applied to the administrative mechanism for Part A and MAI funds. The approved assessment tool will be applied to the administrative mechanism for Part B and State Services funds in November 2021. The contract periods designated in the tool are:

- Part A and MAI: March 1, 2020 – February 29, 2021 (FY20)
- Part B: April 1, 2019 – March 31, 2020 (FY 1920)
- State Services: Most recent completed FY

The tool evaluated three areas of each administrative mechanism: (1) the procurement and Request for Proposals (RFP) process, (2) the reimbursement process, and (3) the contract monitoring process. As outlined in the tool, 10 data points and their respective data sources were assessed for each administrative mechanism for the specified time frames. Application of the checklist, including data collection, analysis, and reporting, was performed by the Ryan White Planning Council Office of Support staff. All data and documents reviewed in the process were publicly available. Findings from the assessment process have been reported for each administration mechanism independently and are accompanied by the respective completed assessment tool.

¹Ryan White Program Manual, Section V, Chapter 1, Page 4

²Ibid, Page 7

³Ibid, Page 8

Part A and Minority AIDS Initiative (MAI)
Contract Period: March 1, 2020 – February 29, 2021 (FY20)

Summary of Findings

I. Procurement/Request for Proposals Process

- a) The Administrative Agent (**AA**) for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with Commissioners Court prior to receipt of the Notice of Grant Award (**NGA**). As a result of this practice, extension of positions for FY20 occurred prior to receipt of the FY20 NGA. Twenty-seven (27) days elapsed between receipt of the NGA by the AA and contract execution with funded service providers, and there were no lapses in services to consumers.
- b) Due to the extensions of Part A and MAI contracts and positions described in (a) above, 100% of the FY20 Part A and MAI grant award was procured to funded service providers by the first day of the contract period (03/01/20).
- c) The AA procured funds in FY20 only to Planning Council-approved Service Categories. Moreover, the amounts of funds procured per Service Category at the beginning of the contract period matched Planning Council-approved final allocations for level funding for FY20 following application of the Increase Funding Scenario. During the contract period, the AA applied Planning Council-approved policies for the shifting of funds within Service Categories, including application of the increased funding scenarios for Part A and MAI, billing reconciliations, and receipt of carry-over funds in approved categories.
- d) Beginning in FY12, Part A and MAI services could be contracted for up to four years, with Service Categories rotated for bidding every three years. According to this schedule, there were no Requests for Proposal (RFP) issued in FY20. Therefore, it is not possible to evaluate communication by AAs to potential bidders specific to the grant award process.
- e) As described in (d) above, no RFP was issued in FY20. According to the schedule mentioned above in d), no Request for Proposal (RFP) was issued in FY20. As such, it is not possible to evaluate communication by AAs to potential bidders specific to Planning Council products
- f) The AA procured 100% of total service dollars for Part A and MAI by the end of the contract period, including the addition of reconciliations and carry-over funds.
- g) There were unspent service dollars in both Part A and MAI at the end of the FY20 contract period that occurred in Primary Care, Medical Case Management, Local Pharmacy Assistance Program, Outreach Services and Service Linkage. The total amount of unspent service funds for both Part A and MAI was \$5,593,019 or 25.4% of the total allocation for service dollars for the contract period. Seventy-seven percent (77%) of FY20 Part A service dollars and sixty-three percent (63%) of MAI service dollars were expended by the end of the fiscal year. The substantial percentage of unspent Part A service dollars was due to the impact of COVID-19 on health care delivery systems throughout the US in 2020. This difficulty in expending Ryan White service dollars was recognized by HRSA as they waived the penalty for EMA's who returned more than 5% of the formula funds awarded. The Houston EMA was able to reallocate a significant portion of these unspent funds to the State ADAP Program, which is currently experiencing a \$52 million deficient.
- h) In FY20, the AA continued to communicate to the Planning Council the results of the procurement process, including agendaizing procurement reports at Committee and Full Council meetings throughout the contract period.

II. Reimbursement Process

- i) The average number of days elapsed between receipt of an accurate Contractor Reimbursement Report (**CER**) from contracted agencies and the issuance of payment by the AA for FY20 was 21 days. The AA paid all contracted Part A and/or MAI agencies within an average of 35 days following receipt of an accurate invoice.

III. Monitoring Process

- j) There were no RFPs issued in FY20, therefore the AA's use of the Standards of Care as part of the contract selection process cannot be evaluated. The monitoring process that took place in FY20 used Standards of Care and clearly indicated this in various quality management policies, procedures, and plans, including the AA's Policy and Procedure for Performing Site Visits and the AA's current Quality Management Plan.

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
a) How much time elapsed between receipt of the NGA or funding contract by the AA and contract execution with funded service providers (i.e., 30, 60, 90 days)?	<ul style="list-style-type: none"> The Administrative Agent (AA) for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with Commissioners Court prior to receipt of the Notice of Grant Award (NGA) in order to prevent lapses in services to consumers. For the FY20 contract period, extensions of positions and contract renewals for Part A and MAI service providers were approved at Commissioners Court meetings on 02/11/2020. The Part A and MAI initial NGA was received on 01/29/2020 (partial) and executed at the Commissioner's Court meeting on 03/10/2020. Twenty-seven (27) business days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers. The Part A and MAI final NGA was received on 04/07/2020 and amended at the Commissioner's Court meeting on 4/28/2020. Twenty-two (22) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. The Part A and MAI Carryover Award was received on 09/11/2020 and authorized for an amendment to accept the carryover funds at the Commissioner's Court meeting on 10/13/2020. Twenty (20) business days elapsed between receipt of the Carryover Award by the AA and contract execution. <p><u>Conclusion:</u> Because the AA rapid processed contract and position extensions, extension of positions for FY20 occurred prior to issuance of the FY20 NGA. Twenty-seven (27) business days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers. Twenty-two (22) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. Twenty (20) business days elapsed between receipt of the Carryover Award by the AA and contract execution.</p>	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	FY20 Part A and MAI NGA (issued 01/29/2020, 04/07/2020, 09/11/2020) Commissioner's Court Agendas (02/11/2020, 03/10/2020, 04/28/2020, 10/13/2020)

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>b) What percentage of the grant award was procured by the:</p> <p><input checked="" type="checkbox"/> 1st quarter?</p> <p><input type="checkbox"/> 2nd quarter?</p> <p><input type="checkbox"/> 3rd quarter?</p>	<ul style="list-style-type: none"> FY20 procurement reports from the AA indicate that all allocated funds in each Service Category were procured by 03/01/2020, the first day of the contract period. This is due to the contract and position extensions processed by the AA prior to receipt of the NGA, as described in (a) above. <p><u>Conclusion:</u> Because of contract and position extensions processed by the AA in anticipation of the grant award, 100% of the Part A and MAI grant award was procured by the 1st quarter of the contract period.</p>	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	FY20 Part A and MAI Procurement Report provided by the AA to the PC (05/26/2021)

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
c) Did the awarding of funds in specific categories match the allocations established by the Planning Council?	<ul style="list-style-type: none"> The Planning Council makes allocations per Service Category for each upcoming contract period based on the assumption of level funding. It then designs scenarios to be applied in the event of an increase or decrease in funding per the actual NGA. The Planning Council further permits the AA to re-allocate funds within Service Categories (up to 10%) without pre-approval throughout the contract period for standard business practice reasons, such as billing reconciliations, and to apply carry-over funds as directed. In addition, the Planning Council allows the AA to shift funds in the final quarter of the contract period in order to prevent the grantee from leaving more than 5% of its formula funds unspent. The most recent FY20 procurement report from the AA (dated 05/26/2021) shows that the Service Categories and amounts of funds per Service Category procured at the beginning of the contract period matched the final Planning Council-approved allocations for level funding for FY20. Upon receipt of the NGA, the Increase Scenario was applied for the \$84,963 (0.4%) increase in Part A Formula and Supplemental service dollars. The AA applied the Increase Scenario to the \$115,502 (5.0%) service dollar increase in MAI. As a result, total allocations for FY20 matched the allocations established by the Planning Council with application of the Increase Funding Scenario. <p><u>Conclusion:</u> The AA procured funds in FY20 only to Planning Council-approved Service Categories, and the amounts of funds per Service Category procured at the beginning of the contract period were a match to final allocations approved by the Planning Council for level funding. The AA applied Planning Council-approved policies for the shifting of funds within Service Categories during the contract period, including increased funding scenarios, billing reconciliations, and receipt of carryover funds.</p>	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	<p>FY20 Part A and MAI Procurement Report provided by the AA to the PC (05/26/2021)</p> <p>PC FY20 Allocations Level Funding Scenario (06/08/2020)</p> <p>PC FY20 Allocations Increase Scenario (08/08/2019)</p>

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>d) Does the AA have a grant award process which:</p> <p><input type="checkbox"/> Provides bidders with information on applying for grants?</p> <p><input type="checkbox"/> Offers a bidder's conference?</p>	<ul style="list-style-type: none"> Beginning in FY12, Part A and MAI services could be contracted for up to four years, with Service Categories rotated for bidding every three years. According to this schedule, no Request for Proposal (RFP) was issued in FY20. <p><i>Conclusion:</i> There was no RFP due for issue in FY20. Therefore, it is not possible to evaluate communication by AAs to potential bidders specific to the grant award process.</p>	Confirmation of communication by the AAs to potential bidders specific to the grant award process	<p>Part A RFP issued in FY20 for FY21 contracts – Not applicable</p> <p>Courtesy Notice for Pre-Proposal Conference in FY20 for FY21 contracts – Not applicable</p>
<p>e) Does the REQUEST FOR PROPOSALS incorporate service category definitions that are consistent with those defined by the Planning Council?</p>	<ul style="list-style-type: none"> According to the schedule mentioned above in d), no Request for Proposal (RFP) was issued in FY20 <p><i>Conclusion:</i> There was no RFP due for issue in FY20. Therefore, it is not possible to evaluate communication by AAs to potential bidders specific to Planning Council products</p>	Confirmation of communication by the AAs to potential bidders specific to PC products	Part A RFP issued in FY20 for FY21 contracts – Not applicable
<p>f) At the end of the award process, were there still unobligated funds?</p>	<ul style="list-style-type: none"> The most recent procurement report produced on 05/26/21 shows that 100% of total service dollars for Part A and MAI were procured by the end of the contract period, including the addition of reconciliations and carry-over funds. <p><i>Conclusion:</i> There were no unobligated funds for the contract period.</p>	Comparison of final amounts procured and total amounts allocated in each service category	FY20 Part A and MAI Procurement Report provided by the AA to the PC (05/26/2021)

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
g) At the end of the year, were there unspent funds? If so, in which service categories?	<ul style="list-style-type: none"> The most recent FY20 procurement report produced on 05/26/2021 shows unspent service dollars as follows: <ul style="list-style-type: none"> I. Part A: \$4,690,574 in unspent service dollars with less than 95% of the amount procured expended in the following Service Categories: <ul style="list-style-type: none"> ➤ Primary Care – Public Clinic – 33% expended ➤ Primary Care – CBO Targeted to White/MSM – 43% expended ➤ Primary Care – Women at Public Clinic – 54% expended ➤ Primary Care – Pediatric – 45% expended ➤ Med. Case Management – Clinic Case Management – 83% expended ➤ Med. Case Management – Public Clinic – 51% expended ➤ Med. Case Management – Targeted to H/L – 60% expended ➤ Med. Case Management – Targeted to Rural – 62% expended ➤ Med. Case Management – Targeted to Veterans – 85% expended ➤ Med. Case Management – Targeted to Youth – 90% expended ➤ LPAP – Public Clinic – 37% expended ➤ LPAP – Untargeted – 59% expended ➤ Outreach Services – 74% expended ➤ Service Linkage – Targeted to Youth – 72% expended ➤ Service Linkage – Targeted to Newly-Diagnosed/Not-in-Care – 67% expended ➤ Service Linkage – CBO in Pcare – 91% expended II. MAI: \$902,445 with less than 95% of the amount procured expended in the following Service Categories: <ul style="list-style-type: none"> ➤ Primary Care – CBO Targeted to African American – 71% expended ➤ Primary Care – CBO Targeted to Hispanic – 53% expended ➤ Med. Case Management – Targeted to African American – 72% expended ➤ Med. Case Management – Targeted to Hispanic – 59% expended The total amount of unspent service funds for both Part A and MAI in FY20 was \$5,593,019 or 25.4% of the total service dollar allocation. <p><u>Conclusion:</u> There were \$5,593,019 in unspent funds in Part A and MAI. The Service Categories listed above had less than 95% of the amount procured expended in FY20. Unspent funds represented 25.4% of the total FY20 Part A and MAI allocation for service dollars. Seventy-seven percent (77%) of FY20 Part A service dollars and sixty-three percent (63%) of MAI service dollars were expended by the end of the fiscal year. The substantial percentage of unspent Part A service dollars was due to the impact of COVID-19 on health care delivery systems throughout the US in 2020. The Houston EMA was able to reallocate a significant portion of these unspent funds to the State ADAP Program, which is currently experiencing a \$52 million deficit.</p>	Review of final spending amounts for each service category	FY20 Part A and MAI Procurement Report provided by the AA to the PC (05/26/2021)

Section II: Reimbursement Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>h) Does the ADMINISTRATIVE AGENT have a method of communicating back to the Planning Council the results of the procurement process?</p>	<ul style="list-style-type: none"> The Memorandum of Understanding (MOU) (signed 3/1/12) between the CEO, Planning Council, AA, and Office of Support requires the AA to "inform the Council no later than the next scheduled [...] Steering Committee meeting of any allocation changes" (page 4). In addition, FY20 Part A and MAI procurement reports from the AA were agendaized for Planning Council meetings occurring on 08/06/2020, 09/10/2020, 11/12/2020, 04/08/2021, 06/10/2021. Results from the procurement process were also provided during the AA report. <p><u>Conclusion:</u> The AA was required to and maintained a method of communicating back to the Planning Council the results of the procurement process, including agendaized procurement reports to Committees and Full Council.</p>	<p>Confirmation of communication by the AAs to the PC specific to procurement results</p>	<p>Houston EMA MOU (signed 3/1/12)</p> <p>PC Agendas (08/06/2020, 09/10/2020, 11/12/2020, 04/08/2021, 06/10/2021)</p>
<p>i) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA?</p> <p>What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice:</p> <p><input type="checkbox"/> Within 20 days?</p> <p><input checked="" type="checkbox"/> Within 35 days?</p> <p><input type="checkbox"/> Within 50 days?</p>	<ul style="list-style-type: none"> The Annual Contractor Reimbursement Report (CER) Tracking Summary for FY20 produced by the AA on 06/25/21 showed an average of 21 days elapsing between receipt of an accurate CER from contracted agencies and the issuance of payment by the AA, compared to 28 days on average in FY19. 100% of contracted agencies were paid within an average of 21 days following the receipt of an accurate CER. In comparison, the AA paid 100% of contracted agencies within an average of 28 days in FY19. One contracted agency was paid within an average of 10 days, and 100% were paid within an average of 35 days. <p><u>Conclusion:</u> The average number of days elapsing between receipt of an accurate contractor reimbursement request for Part A and/or MAI funds and the issuance of payment by the AA was 21 days. The AA paid all contracted Part A and/or MAI agencies within an average of 35 days following receipt of an accurate invoice.</p>	<p>Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA</p>	<p>FY20 Part A and MAI Contractor Reimbursement Report (CER) Tracking Summary (06/25/21)</p>

Section III: Contract Monitoring Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
j) Does the ADMINISTRATIVE AGENT use the Standards of Care as part of the contract monitoring process?	<ul style="list-style-type: none"> • Typical RFP language states that the AA will monitor for compliance with the Standards of Care during site monitoring visits of contracted agencies. Directions to current Standards of Care document are also provided. As described in (d) above, however, the AA did not issue an RFP during the FY20 contract period. • In addition, the AA's Site Visit Guidelines used during the FY20 contract period includes the process for reviewing compliance with Standards of Care. • The AA's Quality Management Plan (dated 01/20) states that the RWGA Clinical Quality Improvement Project Coordinator and Quality Management Development Project Coordinator both "[conduct] onsite QM program monitoring of funded services to ensure compliance with RWGA Standards of Care and QM plan" (Page 6). The Plan also states that "Annual site visits are conducted by RWGA at all agencies to ensure compliance with the standards of care" (Page 9). <p><u>Conclusion:</u> The AA used the Standards of Care as part of the contract monitoring process and clearly indicated this in its quality management policies, procedures, and plans.</p>	Confirmation of use of adopted SOC in contract monitoring activities	<p>Part A RFP issued in FY20 for FY21 contracts – N/a</p> <p>HCPH/RWGA Policy and Procedures for Performing Ryan White Part A Site Visits (Revised 03/17)</p> <p>HCPH/RWGA Quality Management Plan (01/20)</p>

Operations Committee Report

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL (RWPC)

EST. OCT. 2002

REVISED XXXXXX

POLICY NO. 1200.00

HONORARIUMS AND INCENTIVES

PURPOSE

The purpose of this policy is to establish guidelines by which honorariums, incentives or other forms of gratuity are allowable.

SCOPE

This policy encompasses Ryan White Planning Council and Affiliate Committee members, Project LEAP students, consumer input group participants, needs assessment survey participants, and needs assessment focus group participants who are living with HIV.

AUTHORITY

Consumer input group participants, needs assessment survey participants, and needs assessment focus group participants who are living with HIV can receive an incentive but it must be purchased as described in Health Services and Resource Administration Policy Clarification Notice (PCN) #16-02: Eligible Individuals & Allowable Uses of Funds: store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Health Services and Resource Administration (HRSA) RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

PROCESS

Office of Support staff will provide procedures and internal controls for gift cards, including but not limited to:

- Documented processes for purchasing, requesting, distributing, and tracking of gift cards held by Office of Support staff.
- Gift cards for all grant participation incentives will meet the following qualifications:
 - Eligible participants are people living with HIV

- **Participants in consumer input meetings must actively engage in event/meeting that furthers the goals and objectives of the RWHAP.**

No member of the Ryan White Planning Council **or Affiliate Committee member, Project LEAP student,** or any other Council-related volunteer, may accept an honorarium, **incentive** or other form of gratuity for services performed in connection to his or her service to the Council. This does not pertain to reimbursements for travel, meals, hotel or other expenses incurred in performance of these services. If an honorarium is sent, the recipient is to turn it in to the Office of Support who will return the check with a letter declining the check and a suggestion that the money be distributed to an HIV organization, such as those listed in the Blue Book.

**BYLAWS of the
HOUSTON AREA HIV HEALTH SERVICES
RYAN WHITE PLANNING COUNCIL**

Revised June 26, 2021

ARTICLE I

Establishment, Definitions and Purposes

Section 1.01. Establishment. The Ryan White Comprehensive AIDS Resources Emergency Act of 1990, 42 USC §300ff et. seq. (West 1991 & Supp. 1997),), later revised as the Ryan White HIV/AIDS Treatment Extension Act of 2009, requires the establishment of an HIV health services planning council by the chief elected official of the eligible area involved, as defined in §300ff 12(a)(1) of the Act. The County Judge (as hereinafter defined) has established the Ryan White Comprehensive AIDS Resources Emergency Act HIV Health Services Planning Council in conformity to Section §300ff 12(a)(1) of the Act. The Council, as established by the County Judge, is not incorporated under the Laws of the State of Texas or any other jurisdiction.

Section 1.02. Definitions. The following definitions shall have the ascribed meaning when used herein, except to the extent the context hereof clearly requires and indicates otherwise:

“Acquired Immune Deficiency Syndrome” (AIDS) is defined by the current criteria established by the Centers for Disease Control (CDC).

“Act” is defined as the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, 42 USC §300ff et.seq.(West 1991 & Supp. 1997), later revised as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

“AIDS” is defined as Acquired Immune Deficiency Syndrome.

“Ryan White Grant Administration” is defined as the section of Harris County Public Health that administers grant funds allocated to the “Eligible Metropolitan Area” under the Act.

“Council” is defined as the Ryan White HIV Health Services Planning Council established by the County Judge.

“County Judge” is defined as the chief elected official of the city or urban county that administers the public health agency that provides outpatient and ambulatory services to the greatest number of individuals living with HIV, as defined in §300ff 12(a)(1) of the Act and herein refers to the duly elected County Judge of Harris County, Texas.

“Eligible Metropolitan Area” is defined as the Houston/Harris County Area which area has been determined by the Centers for Disease Control to consist of Harris County, Waller County, Fort Bend County, Montgomery County, Chambers County and Liberty County.

“Emergency” is defined as an unforeseen combination of circumstances or the resulting state that

“HIV” is defined as the Human Immunodeficiency Virus.

“HIV Infection” is defined as the presence of HIV in the bloodstream as confirmed by the diagnostic tests prescribed by the Centers for Disease Control.

“HRSA” is defined as the Health Resources Services Administration of the Public Health Service of the United States Department of Health and Human Services.

“HSDA” is defined as the Texas Department of Health Services Delivery Area.

“RFPs” is defined as Request for Proposals.

Section 1.03. Purposes. The purposes for which the Council is established are:

- (1) To conduct needs assessment activities;
- (2) To develop a comprehensive plan for the organization and delivery of health services described in §300ff 14 of the Act that is compatible with any existing State of Texas or local plan regarding the provision of health services to individuals living with HIV;
- (3) To establish priorities for the allocation of funds within the Eligible Metropolitan Area;
- (4) To allocate funds within the Eligible Metropolitan Area;
- (5) To assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the Eligible Metropolitan Area.

ARTICLE II

Appointment of Council, Composition of Council, Term and Compensation

Section 2.01. Appointment of Council. All members of the Council shall be appointed by the County Judge. Vacancies occurring on the Council shall be filled by appointment of the County Judge and serve at the pleasure of the County Judge. All candidates are subject to the established Nominations Screening process, with the exception of persons representing HRSA required governmental bodies, including the State Medicaid Agency, HOPWA and others.

Section 2.02. Composition of Council. The Planning Council will be made up of individuals as specified in Sec.2602(2) PLANNING COUNCIL REPRESENTATION as stated in the most current Ryan White Program, and will be reflective of the local HIV/AIDS epidemic. The Planning Council may also request other positions/representation in order to maintain diversity within the EMA reflecting the pandemic and/or needed expertise within the EMA subject to the approval of the County Judge. These positions are subject to the Nominations Screening Process.

Section 2.03. Term. Each Council position is for a term of two (2) years. The terms of one-half the Council positions shall terminate in even-numbered years and the other half of the positions shall terminate in odd-numbered years. A term shall begin on January 1 and shall terminate on December 31 of the second year following. Council members appointed to vacancies shall complete the unexpired term of office.

Section 2.04. Term Limits. The County Judge shall appoint Council members to no more than three two-year terms. All members serve at the pleasure of the County Judge through an open nominations process.

Section 2.05. Compensation/Reimbursement. Persons serving as members of the Council shall not receive any salary or other compensation for their services as a member of the Council. All Council members may be reimbursed allowable expenses as approved by Harris County Public Health, the Ryan White Planning Council, and the CEO.

ARTICLE III

Duties of the Council

Section 3.01. Duties. The duties of the Council are to see to the establishment and implementation of the purposes of the Council as set out in Section 1.03 of these Bylaws and those duties which are prescribed by the provisions of the Act as within the purview of the Council.

Section 3.02. Orientation. All new members shall be required to attend mandatory orientation within 6 months.

ARTICLE IV

Committees

Section 4.01. Steering Committee. The Steering Committee shall be composed of the following persons: Chair of the Council, Vice Chair of the Council, Secretary of the Council, and the Chair, or Co-Chairs, of each Standing Committee. Actions of the Steering Committee are subject to ratification by the Council. The Steering Committee is responsible for the following:

- (1) setting agendas for the Ryan White Planning Council;
- (2) making recommendations to the Ryan White Planning Council;
- (3) providing leadership;
- (4) previewing reports from the Standing Committees;
- (5) and functioning in "emergency" situations as they arise.

Section 4.02. Standing Committees. There shall be six Standing Committees. Each member of the Council except the Planning Council Chair is required to serve on at least one of the following standing committees.

- 1) Affected Community
- 2) Operations

- 3) Comprehensive HIV Planning
- 4) Priority and Allocations
- 5) Quality Improvement
- 6) Steering

Section 4.03. Ad hoc groups, work groups, subcommittees. The Chair of the Council or the Council may, from time to time, establish such other ad hoc groups as may be expedient or necessary to carry out the duties and responsibilities of the Council. The scope and responsibilities of such ad hoc groups shall be delineated at the time such groups may be established.

ARTICLE V

Officers, Election of Officers, Election of Committee Chairs
Duties of Officers and Duties of Service Committee Chairs

Section 5.01. Officers. The officers of the Council shall be a Chair, a Vice Chair and a Secretary. Officers cannot serve as Standing Committee Chairs. Ryan White Part A or B or State Services funded providers/employees/subcontractors/Board Members and or employees/ subcontractors of the Grantee shall not be eligible to run for office of Chair of the Ryan White Planning Council. A parliamentarian may be appointed at the pleasure of the Chair. Subsequent to election, if the Chair becomes a contractor, he/she shall be removed and a new election held to elect a new Chair.

Section 5.02. Election of Officers. The officers shall be elected by the majority vote of the members of the Council at the December meeting, which shall be termed the Organizational Meeting. (Per letter from Judge Eckels dated 12-13-00: "As in any political election, the number of candidates is not regulated. Following the first vote in the race, if one candidate has not received the majority, a run-off election is held between the two candidates receiving the most votes. The Council may accept nominations for the slate of officers that exceeds two candidates and may receive nominations from the floor regardless of the number of candidates already nominated.") One of the three officers must be a self-identified HIV positive person. Officers elected at the Organizational Meeting of the Council shall serve from the date of election to the next annual Organizational Meeting. If a vacancy occurs in any office, the Council shall elect a replacement to serve the remainder of the term.

Section 5.03. Appointment of Committee Chairs. Committee Chairs will be appointed by the Planning Council Chair. Committee Chairs must be members of the Planning Council for at least one year. If committee leadership is not available from among Planning Council members with at least one year's service, the Chair may seek leadership among remaining Planning Council members.

Section 5.04. Duties of Officers. The officers of the duly appointed Council shall have the responsibility for the performance of the following duties:

Chair: The Chair of the Council shall serve as the Chief Executive Officer of the Council and shall preside at all meetings of the Council and the Steering Committee. The Chair is the only official spokesperson for the Council and will be responsible for interfacing with the public and with the media. As the only authorized spokesperson, the Chair will have a business card that includes **his/her name**. He/she will also be responsible for correspondence to members regarding attendance and participation issues. The Chair shall perform such other duties as are normally performed by a chair of an organization or such other duties as the Council may prescribe from time to time. The Chair of the Council is an ex-officio member of all committees (standing, subcommittee, and work groups). Ex-officio means that he/she is welcome to attend and is allowed to be a part of committee discussion. They are not allowed to vote. In the absence of the Chair of the Council, the next officer will assume the ex-officio role with committees.

Vice Chair: The Vice Chair of the Council shall preside at meetings of the Council and Steering Committee in the absence of the Chair. The Vice Chair shall perform such other duties as the Chair may designate or the Council shall prescribe from time to time.

Secretary: Per Texas law, the Secretary may not chair a meeting. The position of Secretary shall include the following duties:

- 1) The Secretary will ensure that minutes are taken, approved, and filed as mandated by the Ryan White Program.
- 2) The Secretary will be responsible for keeping an up-to-date roll of Planning Council members.
- 3) When a roll call vote is taken, the Secretary will call the roll call vote, note the vote and announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts of interest, the Secretary will process inquiries into votes made in conflict of interest.
- 4) The Secretary will keep a copy of the Planning Council Bylaws and other relevant Policies and Procedures at the Planning Council meetings, and will provide the Council with clarification from the Bylaws and Policies & Procedures, as requested.
- 5) The Secretary will keep a record of all committees of the Planning Council. When (if) new committees are established, the Secretary will assure or cause to be assured the actual formation and implementation of the new committees.
- 6) The Secretary will be responsible for notification of specially called Planning Council meetings, corresponding to the members as required by the Bylaws.

Standing Committee Chairs/Co-Chairs: The Standing Committee Chairs, or one of the Standing Committee Co-Chairs, shall preside at all meetings of their respective committees. The Committee Vice Chair shall preside at all committee meetings in the absence of the Chair, or both of the Co-chairs. If none is present, committee members shall use consensus to select another committee member to chair that particular meeting. The Committee Chairs/Co-chairs are responsible for the execution of the duties prescribed herein for the Committees and for such other duties as may be prescribed by the Chair of the Council or the Council from time to time. The Committee Chairs/Co-chairs are responsible for the recording of or cause to be recorded all deliberations

undertaken by each respective Committee. Copies of all approved minutes are available in the Office of Support for the Ryan White Planning Council.

ARTICLE VI

Quorum, Voting, Proxies and Attendance

Section 6.01. Quorum. A majority of the members of the Council are required to constitute a quorum at Council meetings. In computing a quorum, vacant seats on the Council or Committee shall not be counted. A minimum of one (1) self-identified HIV positive member must be present to constitute a quorum. *Pending the Governor rescinding current waivers related to the definition of quorum in the Texas Open Meetings Act, amend the Houston Ryan White Planning Council bylaws so that 30% of the members satisfy in-person requirements at Council meetings until the end of August 2021. After that, the bylaws will revert back to "a majority of the members of the Council are required to constitute a quorum at Council meetings". Everyone's vote will count during the meeting but to hold a meeting, the Council must meet quorum as defined in its bylaws.*

At least two (2) committee members and a Chair must be present; one of these must be a self-identified HIV positive member, to constitute a Standing Committee quorum.

Section 6.02. Voting. Each member of the Council shall be entitled to one vote on any regular business matter coming before the Council. A simple majority of members present and voting is required to pass any matter coming before the Council except for that of proposed Bylaw changes, which shall be submitted (in written form) for review to the full Council at least fifteen (15) days prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council shall not vote except in the event of a tie. The Chairs of the Standing Committees shall not vote at Committee meetings except in the event of a tie.

Section 6.03. Proxies. There shall be no proxy voting.

Section 6.04. Council Attendance.

Council members are required to attend meetings of the Houston Area HIV Health Services (Ryan White) Planning Council. Any Council member with four (4) absences from Council meetings within a calendar year or who fails to perform the duties of a Council member described herein without just cause, is subject to removal by the CEO. The Secretary shall cause attendance records to be maintained and shall regularly provide such records to the Chair.

Standing Committee Attendance:

Committee members are required to attend regularly scheduled committee meetings. Four (4) absences from committee meetings in a calendar year may be grounds for reassignment or termination of committee membership. The Council Chair will be responsible for determining reassignment or termination of committee membership. Reasons for absences that would be used for determining reassignment or termination include: 1) sickness; 2) work related conflicts (in or out of town and vacations); and 3) unforeseeable circumstances. The Chair of the Operations Committee will notify the Planning Council Chair if a member is absent for four (4) committee meetings and, if warranted, the Planning Council Chair will formally notify the member in writing of removal from committee membership. The member will be given an opportunity to request assignment to another committee. If the member continues to fail to meet committee requirements,

it is the sole responsibility of the County Judge to determine if the member will be discharged from membership on the Planning Council.

Any Planning Council member who is unable to attend a Planning Council meeting or standing committee meeting of the committee must notify the Office of Support prior to such meeting. The Office of Support staff will document why a member is absent. The Operations Committee will review attendance records quarterly.

ARTICLE VII

Administration of Funds, Information Regarding Funding and Council Oversight of Funding

Section 7.01. Administration of Funds. The County Judge shall designate the lead agency which will be charged with the administration and distribution of any funds granted to the Eligible Area under the Act. The Council shall report to the County Judge its findings and recommendations regarding the prioritization and allocation of funds granted under the Act, together with its recommendations as to the use of any such funds in accordance with the provisions of the Act.

Section 7.02. Information Regarding Funding. Ryan White Grant Administration will be responsible for the collection and dissemination of monthly reports to the Council on the administration of the funds granted to the Eligible Metropolitan Area under the Act.

Section 7.03. Council Oversight of Funding. The Council is responsible for an annual assessment of the administrative mechanism and distribution of the funds granted to the Eligible Metropolitan Area under the Act by the lead agency designated by the County Judge. The Council shall perform such other oversight duties as may be required by the Act or any regulation promulgated there under.

ARTICLE VIII

Conflicts of Interest

Section 8.01. Conflict of Interests. A conflict of interest (COI) occurs: 1) when an appointed or voting member of the planning council has a direct or indirect fiduciary or other personal or professional interest in a council decision or the outcome of a vote, 2) when a member uses his/her positions for purposes that are motivated by pursuit of private gain for themselves or their families, friends, or business associates. COI is defined to include interests that existed within 12 months preceding the date when the conflict ended. The mere perception of COI is a significant concern.

The Council, acknowledging that perception is as important as reality, has elected to voluntarily adopt the following code of conduct regarding conflict of interest to be followed during all deliberations and decisions.

- 1) In order to make members aware of any potential positive bias, Council members agree to disclose their associations with any organization seeking to do business with the Ryan White Part A or B Administrative Agencies for which they or their spouse or domestic partner, during the past twelve months:

ARTICLE X

Grievance

Section 10.01. Grievance. There is a Ryan White Planning Council grievance process and the Grievance Policies & Procedures must be followed.

ARTICLE XI

Amendments, Governing Procedure, Compliance and Invalidity of Provisions

Section 11.01. Amendments. These Bylaws may be amended from time to time by a vote of two-thirds (2/3) of the entire membership of the Council. Proposed amendments shall be submitted (in written form) for review to the full Council at least fifteen (15) days prior to voting.

Section 11.02. Governing Procedure. The meetings of the Council shall be conducted in accordance with Roberts Rules of Order; revised except to the extent the provisions of Roberts Rules of Order conflict with the Bylaws of the Ryan White Planning Council in which event the Bylaws shall prevail.

Section 11.03 Compliance. The Council shall at all times comply with the duties and responsibilities set out in the Act and shall perform all of its deliberations in accordance therewith.

Section 11.04. Invalidity of Provisions. In the event any provision hereof conflicts with the provisions of the Act or other applicable law, such provision shall be deemed stricken and the remainder of these Bylaws shall be in full force and effect without regard to such invalid provision.

Priority and Allocations Committee Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	-75,776	0	0	0	10,890,012	49.12%	10,691,396	198,616		2,243,947	21%	33%
1.a	Primary Care - Public Clinic (a)	3,927,300	-27,177				3,900,123	17.59%	3,900,123	0	3/1/2021	\$661,141	17%	33%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	-7,367				1,057,209	4.77%	1,057,209	0	3/1/2021	\$300,201	28%	33%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	-6,301				904,250	4.08%	904,250	0	3/1/2021	\$341,760	38%	33%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	-7,944				1,139,980	5.14%	1,139,980	0	3/1/2021	\$183,632	16%	33%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	-7,612				1,092,388	4.93%	1,092,388	0	3/1/2021	\$351,750	32%	33%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	-14,532				2,085,468	9.41%	2,085,468	0	3/1/2021	\$240,809	12%	33%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.07%	15,437	0	3/1/2021	\$2,100	14%	33%
1.h	Vision	500,000	-3,460				496,540	2.24%	496,540	0	3/1/2021	\$162,555	33%	33%
1.x	Primary Care Health Outcome Pilot	200,000	-1,384				198,616	0.90%	0	198,616		\$0	#DIV/0!	33%
2	Medical Case Management	1,730,000	-10,477	0	0	0	1,719,523	7.76%	1,719,523	0		463,270	27%	33%
2.a	Clinical Case Management	488,656	-3,381				485,275	2.19%	485,275	0	3/1/2021	\$134,978	28%	33%
2.b	Med CM - Public Clinic (a)	277,103	-1,918				275,185	1.24%	275,185	0	3/1/2021	\$59,857	22%	33%
2.c	Med CM - Targeted to AA (a) (e)	169,009	-1,170				167,839	0.76%	167,839	0	3/1/2021	\$62,105	37%	33%
2.d	Med CM - Targeted to H/L (a) (e)	169,011	-1,170				167,841	0.76%	167,841	0	3/1/2021	\$61,047	36%	33%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186	-423				60,763	0.27%	60,763	0	3/1/2021	\$29,966	49%	33%
2.f	Med CM - Targeted to Rural (a)	273,760	-1,894				271,866	1.23%	271,866	0	3/1/2021	\$55,364	20%	33%
2.g	Med CM - Women at Public Clinic (a)	75,311	-521				74,790	0.34%	74,790	0	3/1/2021	\$25,138	34%	33%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	0				90,051	0.41%	90,051	0	3/1/2021	\$0	0%	33%
2.i	Med CM - Targeted to Veterans	80,025	0				80,025	0.36%	80,025	0	3/1/2021	\$23,413	29%	33%
2.j	Med CM - Targeted to Youth	45,888	0				45,888	0.21%	45,888	0	3/1/2021	\$11,401	25%	33%
3	Local Pharmacy Assistance Program	1,810,360	-12,528	0	0	0	1,797,832	8.11%	1,797,832	0	3/1/2021	\$321,639	18%	33%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360	-2,148				308,212	1.39%	308,212	0	3/1/2021	\$77,575	25%	33%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	-10,380				1,489,620	6.72%	1,489,620	0	3/1/2021	\$244,064	16%	33%
4	Oral Health	166,404	-1,152	0	0	0	165,252	0.75%	165,252	0	3/1/2021	54,300	33%	33%
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	-1,152		0		165,252	0.75%	165,252	0	3/1/2021	\$54,300	33%	33%
5	Health Insurance (c)	1,383,137	-9,571	0	0	0	1,373,566	6.20%	1,373,566	0	3/1/2021	\$244,045	18%	33%
6	Mental Health Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
7	Early Intervention Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
8	Medical Nutritional Therapy (supplements)	341,395	-2,362				339,033	1.53%	339,033	0	3/1/2021	\$83,377	25%	33%
9	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
9.a	In-Home	0									N/A	\$0	0%	0%
9.b	Facility Based	0									N/A	\$0	0%	0%
10	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.21%	45,677	0	3/1/2021	\$13,063	29%	33%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Referral for Health Care and Support Services (c)	0	0				0	0.00%	0	0	NA	\$0	0%	0%
13	Non-Medical Case Management	1,267,002	-8,768	0	0	0	1,258,234	5.67%	1,258,234	0	3/1/2021	\$272,531	22%	33%
13.a	Service Linkage targeted to Youth	110,793	-767				110,026	0.50%	110,026	0	3/1/2021	\$17,645	16%	33%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	-692				99,308	0.45%	99,308	0	3/1/2021	\$11,510	12%	33%
13.c	Service Linkage at Public Clinic (a)	370,000	-2,560				367,440	1.66%	367,440	0	3/1/2021	\$84,825	23%	33%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	-4,749				681,460	3.07%	681,460	0	3/1/2021	\$158,551	23%	33%
13.e	SLW-Substance Use	0	0				0	0.00%	0	0	NA	\$0	0%	0%
14	Medical Transportation	424,911	-2,940	0	0	0	421,971	1.90%	421,971	0		114,684	27%	33%
14.a	Medical Transportation services targeted to Urban	252,680	-1,749				250,931	1.13%	250,931	0	3/1/2021	\$88,752	35%	33%
14.b	Medical Transportation services targeted to Rural	97,185	-673				96,512	0.44%	96,512	0	3/1/2021	\$25,932	27%	33%
14.c	Transportation vouchers (bus passes & gas cards)	75,046	-519				74,527	0.34%	74,527	0	3/1/2021	\$0	0%	33%
15	Emergency Financial Assistance	1,545,439	-10,694	0	0	0	1,534,745	6.92%	1,534,745	0		246,521	16%	33%
16.a	EFA - Pharmacy Assistance	1,305,439	-9,034				1,296,405	5.85%	1,296,405	0	3/1/2021	\$246,521	19%	33%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
16.b	EFA - Other	240,000	-1,661				238,339	1.07%	238,339	0	3/1/2021	\$0	0%	33%
16	Linguistic Services (c)	0	0				0	0.00%	0	0	NA	\$0	0%	0%
17	Outreach	420,000	-2,906				417,094	1.88%	417,094	0	3/1/2021	\$94,579	0%	33%
BEU27516	Total Service Dollars	20,100,113	-137,175	0	0	0	19,962,938	90.04%	19,764,322	198,615		4,151,954	21%	33%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	8.10%	1,795,958	0	N/A	554,430	31%	33%
BEU27517	HCPH/RWGA Section	1,271,050		0		0	1,271,050	5.73%	1,271,050	0	N/A	\$395,599	31%	33%
PC	RWPC Support*	524,908			0	0	524,908	2.37%	524,908	0	N/A	158,832	30%	33%
BEU27521	Quality Management	412,940		0	0	0	412,940	1.86%	412,940	0	N/A	\$117,105	28%	33%
		22,309,011	-137,175	0	0	0	22,171,836	100.00%	21,973,220	198,615		4,823,489	22%	33%
								Unallocated	Unobligated					33%
	Part A Grant Award:	22,171,816	Carry Over:	0		Total Part A:	22,171,816	-20	198,615					33%
		Original Allocation	Award Reconciliation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	16,442,761	-111,867	0	0	0	16,330,894	81.81%						
	Non-Core (may not exceed 25% of total service dollars)	3,657,352	-25,309	0	0	0	3,632,043	18.19%						
	Total Service Dollars (does not include Admin and QM)	20,100,113	-137,175	0	0	0	19,962,938							
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	0	0	0	0	1,795,958	7.35%						
	Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.69%						
MAI Procurement Report														
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,002,860	-52,609	0	0	0	1,950,251	85.90%	1,950,251	0		609,950	31%	33%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,012,700	-26,601				986,099	43.43%	986,099	0	3/1/2021	\$308,000	31%	33%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	990,160	-26,009				964,151	42.47%	964,151	0	3/1/2021	\$301,950	31%	33%
2	Medical Case Management	320,100	0	0	0	0	320,100	14.10%	320,100	0		\$87,440	27%	33%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.05%	160,050	0	3/1/2021	\$48,971	31%	33%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.05%	160,050	0	3/1/2021	\$38,469	24%	33%
	Total MAI Service Funds	2,322,960	-52,609	0	0	0	2,270,351	100.00%	2,270,351	0		697,390	31%	33%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEO 27516	Total MAI Funds	2,322,960	-52,609	0	0	0	2,270,351	100.00%	2,270,351	0		697,390	31%	33%
	MAI Grant Award	2,270,349	Carry Over:	0		Total MAI:	2,270,349							33%
	Combined Part A and MAI Orginial Allocation Total	24,631,971												
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.													

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
(c)	Funded under Part B and/or SS													
(d)	Not used at this time													
(e)	10% rule reallocations													

FY 2021 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 1st Quarter (3/1-5/31)																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	3,986	72%	26%	2%	45%	15%	3%	38%	0%	0%	4%	25%	26%	13%	29%	2%
1.a	Primary Care - Public Clinic (a)	2,350	1,702	71%	28%	1%	45%	9%	2%	44%	0%	0%	3%	16%	25%	14%	38%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	861	67%	31%	3%	99%	0%	1%	0%	0%	1%	5%	36%	27%	11%	18%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	650	78%	19%	4%	0%	0%	0%	100%	0%	0%	6%	29%	29%	15%	20%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	399	87%	11%	2%	0%	84%	16%	0%	0%	0%	3%	25%	26%	14%	29%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	400	427	69%	30%	1%	43%	26%	2%	29%	0%	0%	4%	30%	27%	10%	27%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	482	0%	100%	0%	53%	5%	2%	40%	0%	0%	1%	10%	27%	16%	40%	5%
1.g	Primary Care - Pediatric (a)	7	5	80%	20%	0%	40%	0%	0%	60%	20%	60%	20%	0%	0%	0%	0%	0%
1.h	Vision	1,600	830	75%	24%	1%	47%	13%	2%	37%	0%	0%	5%	26%	23%	14%	30%	3%
2	Medical Case Management (f)	3,075	2,058															
2.a	Clinical Case Management	600	458	71%	25%	3%	57%	10%	1%	32%	0%	0%	5%	22%	24%	13%	31%	4%
2.b	Med CM - Targeted to Public Clinic (a)	280	205	91%	7%	2%	52%	12%	0%	35%	0%	1%	0%	28%	22%	12%	32%	4%
2.c	Med CM - Targeted to AA (a)	550	499	71%	27%	2%	98%	0%	2%	0%	0%	1%	6%	33%	24%	10%	23%	3%
2.d	Med CM - Targeted to H/L(a)	550	314	78%	19%	3%	0%	0%	0%	100%	0%	1%	5%	27%	30%	11%	24%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	170	81%	16%	2%	0%	90%	10%	0%	0%	1%	2%	25%	24%	8%	31%	9%
2.f	Med CM - Targeted to Rural (a)	150	189	67%	33%	1%	52%	30%	1%	18%	0%	0%	4%	24%	23%	9%	35%	5%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	136	0%	100%	0%	71%	9%	0%	21%	0%	0%	1%	21%	32%	14%	30%	1%
2.h	Med CM - Targeted to Pedi (a)	125	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.i	Med CM - Targeted to Veterans	200	84	94%	6%	0%	70%	21%	1%	7%	0%	0%	0%	0%	2%	5%	55%	38%
2.j	Med CM - Targeted to Youth	120	3	67%	33%	0%	67%	0%	0%	33%	0%	67%	33%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	2,358	72%	23%	4%	44%	14%	2%	39%	0%	0%	3%	24%	28%	13%	31%	1%
4	Oral Health	200	154	65%	35%	0%	47%	25%	1%	27%	0%	0%	2%	23%	23%	15%	34%	3%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	154	65%	35%	0%	47%	25%	1%	27%	0%	0%	2%	23%	23%	15%	34%	3%
5	Mental Health Services (d)	NA	NA															
6	Health Insurance	1,700	868	79%	19%	2%	42%	27%	2%	29%	0%	0%	1%	11%	15%	11%	47%	14%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	15	93%	0%	7%	33%	40%	0%	27%	0%	0%	0%	27%	40%	13%	20%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	316	73%	26%	1%	42%	20%	4%	34%	0%	0%	1%	11%	15%	9%	49%	14%
11	Hospice Services (d)	NA	NA															
12	Outreach	700	335	74%	22%	4%	55%	13%	1%	31%	0%	0%	6%	31%	27%	11%	22%	3%
13	Non-Medical Case Management	7,045	2,401															
13.a	Service Linkage Targeted to Youth	320	70	67%	31%	1%	54%	3%	1%	41%	0%	11%	89%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	33	73%	27%	0%	55%	6%	0%	39%	0%	0%	0%	64%	27%	0%	9%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	1,066	68%	31%	1%	53%	10%	2%	36%	0%	0%	0%	19%	25%	12%	39%	5%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	1,232	73%	24%	3%	54%	13%	2%	31%	3%	2%	4%	27%	23%	10%	28%	3%
14	Transportation	2,850	733															
14.a	Transportation Services - Urban	170	290	67%	33%	0%	57%	11%	2%	31%	0%	0%	3%	26%	24%	11%	30%	6%
14.b	Transportation Services - Rural	130	105	67%	33%	0%	34%	38%	3%	25%	0%	0%	2%	18%	25%	13%	36%	6%
14.c	Transportation vouchering	2,550	338															
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	NA	275	70%	27%	3%	55%	10%	0%	34%	0%	0%	3%	21%	28%	14%	32%	1%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
Net unduplicated clients served - all categories*		12,941	8,237	73%	25%	2%	48%	15%	2%	35%	0%	1%	4%	23%	24%	12%	31%	5%
Living AIDS cases + estimated Living HIV non-AIDS (from FY18 App) (b)		NA	29,078	75%	25%	0%	48%	18%	5%	29%	0%	4%		21%	23%	45%		7%

FY 2021 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 1st Quarter (03/01 -05/31)																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	705	69%	29%	2%	99%	0%	1%	0%	0%	1%	5%	38%	25%	12%	19%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	724	81%	15%	4%	0%	0%	0%	100%	0%	0%	5%	30%	32%	13%	19%	1%
2	Medical Case Management (f)																	
2.c	Med CM - Targeted to AA (a)	1,060	353	76%	21%	3%	58%	12%	4%	26%	0%	1%	5%	38%	25%	14%	17%	1%
2.d	Med CM - Targeted to H/L(a)	960	261	71%	29%	0%	74%	9%	3%	15%	0%	3%	6%	32%	26%	21%	12%	0%
RW Part A New Client Service Utilization Report - 1st Quarter (03/01-05/31) Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/20 - 2/28/21)																		
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	438	76%	22%	3%	52%	14%	3%	32%	0%	1%	9%	38%	24%	9%	2%	18%
2	LPAP	1,200	103	76%	21%	3%	58%	12%	4%	26%	0%	1%	5%	38%	25%	14%	1%	17%
3.a	Clinical Case Management	400	34	71%	29%	0%	74%	9%	3%	15%	0%	3%	6%	32%	26%	21%	0%	12%
3.b-3.h	Medical Case Management	1,600	231	80%	17%	3%	48%	19%	2%	30%	0%	3%	6%	41%	22%	7%	2%	19%
3.i	Medical Case Manangement - Targeted to Veterans	60	14	100%	0%	0%	93%	7%	0%	0%	0%	0%	0%	0%	0%	0%	29%	71%
4	Oral Health	40	10	80%	20%	0%	60%	20%	0%	20%	0%	0%	0%	30%	20%	0%	10%	40%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	421	74%	25%	1%	59%	15%	3%	24%	2%	2%	5%	30%	22%	10%	24%	4%
12.b	Service Linkage at Testing Sites	260	16	88%	13%	0%	69%	0%	0%	31%	0%	6%	19%	56%	13%	0%	6%	0%
Footnotes:																		
(a)	Bundled Category																	
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																	
(d)	Funded by Part B and/or State Services																	
(e)	Total MCM served does not include Clinical Case Management																	
(f)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2021 Ryan White Part B
Procurement Report
April 1, 2021 - March 31, 2022



Reflects spending through May 2021

Spending Target: 17%

Revised

8/4/21

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	\$2,218,878	58%	\$0	\$2,218,878	\$0	\$2,218,878	4/1/2021	\$347,126	16%
	Oral Health Care -Prosthodontics	\$460,000	12%	\$0	\$460,000	\$0	\$460,000	4/1/2021	\$118,002	26%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,028,433	27%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2021	\$0	0%
8	Home and Community Based Health Services	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2021	\$8,160	7%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	\$0	\$0					
Total Houston HSDA		3,820,626	100%	0	3,820,626	\$0	\$3,360,626		473,288	14%

Note: Spending variances of 10% of target 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

2021-2022 Ryan White Part B Service Utilization Report
4/1/2021 - 6/30/2021 Houston HSDA (4816)
1st Quarter

Revised 8/17/2021

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	MTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	1,000	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Home & Community Based Health Services	30	14	50.00%	50.00%	0.00%	0.00%	92.85%	0.00%	7.15%	0.00%	0.00%	0.00%	7.14%	0.00%	0.00%	14.28%	57.14%	21.44%
Oral Health Care	2,500	1,496	72.02%	26.74%	0.00%	1.24%	50.47%	14.24%	33.47%	1.82%	0.00%	0.00%	1.72%	15.64%	20.85%	27.40%	24.86%	9.53%
Unduplicated Clients Served By RW Part B Funds:	NA	1,510	61.01%	38.37%	0.00%	0.62%	71.55%	7.12%	20.91%	0.91%	0.00%	0.00%	4.83%	7.82%	10.43%	20.84%	41.00%	15.49%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2021 DSHS State Services
Procurement Report
September 1, 2020 - August 31, 2021



Chart reflects spending through May 2021

Spending Target: 75%

Revised 8/4/2021

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	43%	\$0	\$864,506	\$200,000	\$1,064,506	9/1/2020	\$465,724	44%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	-\$163,000	\$137,000	9/1/2020	\$87,578	64%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2020	\$128,896	74%
11	Hospice	\$259,832	13%	\$0	\$259,832	-\$20,000	\$239,832	9/1/2020	\$167,860	70%
	Non Medical Case Management (2)	\$350,000	17%	\$0	\$350,000	-\$80,000	\$270,000	9/1/2020	\$194,638	72%
15	Linguistic Services (2)	\$68,000	3%	\$0	\$68,000	-\$18,000	\$50,000	9/1/2020	\$36,525	73%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	\$0						
Total Houston HSDA		2,017,338	100%	\$0	\$2,017,338	-\$81,000	\$1,936,338		1,081,221	56%

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) Service utilization has decreased due to the interruption of COVID-19.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported:

09/01/2020-6/30/2021

Revised: 7/26/2021



Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1291	\$162,417.05	519			0
Medical Deductible	0	\$0.00	0			0
Medical Premium	6381	\$2,074,048.99	902			0
Pharmacy Co-Payment	14503	\$483,206.17	1284			0
APTC Tax Liability	1	\$500.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	13	\$12,797.00	0	NA	NA	NA
Totals:	22189	\$2,707,375.21	2706	0	\$0.00	

Comments: This report represents services provided under all grants.

GREEN REQUESTS

Ryan White Allocation Increases as of 08-26-21: Ryan White Part A Funding

Motion: Approve request A3 in the amount available.

A - Part A Unspent Funds Available for Reallocation: \$90,051

Control No. / Priority No.	Yes, No or Maybe	Service Category	Amount Requested	Recommended Reallocations	Justification
RYAN WHITE PART A FUNDS					
Control A1 Priority 5	No	Health Insurance Assistance	\$90,051	\$0	Will address with carryover funds.
Control A2 Priorities 1.b-1.d, 2.c- 2.e, 16.a	No	Community-based Primary Medical Care for AA, H & W, Medical Case Management for same populations, and Financial Assistance - Pharmacy	\$68,100	\$0	Will address with carryover funds
Control A3 Priorities 1.b-1.d	Yes	Community-based Primary Medical Care for AA, H & W	\$95,700	\$90,051	Priority 1. Did not make a second request for carryover funds so no other opportunity to receive funding. The request addresses service priorities #1 and 2 and concerns regarding new clients coming into care due to COVID-19 related unemployment.
		TOTALS	\$253,851	\$90,051	

FY 2021 RW PART A REQUESTS FOR ALLOCATION INCREASE (April 2021)

REVISÉD: 4/14/2021

[illegible]

**Request for Service Category Increase
Ryan White Part A and MAI**

A. Name of Agency (not provided to RWPC)							
B. Contract Number (not provided to RWPC)							
C. Service Category Title (per RFP)		Health Insurance Premium & Cost Sharing Assistance			Control No.		
D. Request for Increase under (check one):		Part A: <input checked="" type="checkbox"/>		or		MAI: <input type="checkbox"/>	
Request Period (check one):		April: <input checked="" type="checkbox"/>	August: <input type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E. Amount of additional funding Requested:		\$90,051.00					
F. Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested	d. Total: (b x c)		
1.					\$0.00		
2.					\$0.00		
3.					\$0.00		
4.					\$0.00		
5.					\$0.00		
6.					\$0.00		
7.					\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)		\$304,294.00	N/A	\$90,051.00	\$90,051.00		
9. Total additional funding (must match E. above):		\$90,051.00					
G. Number of new/additional clients to be served with requested increase.							
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"		1975	44%	25%	31%	81%	19%
2. Number of clients that have received this service under Part A (or MAI) in FY 2021. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21							

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. DSHS State Services		8/31/21	\$864,506	
	2. Ryan White Part B		3/31/22	\$1,028,433	
	3. Ryan White Part B - Rebate		3/31/22	\$136,918	
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

SERVICE UTILIZATION REPORT

[Agency]: [City] [State] [Country] [Zip] [Phone] [Fax] [Email] [Website] [Address] [City] [State] [Country] [Zip] [Phone] [Fax] [Email] [Website] [Address]
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: [Sub Cats 1]: All [Contract 2]: [Sub Cats 2]: All
 [Contract 3]: n/a [Sub Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

		BIRTH GENDER								
RACE	AGE ²	MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	0	2	0	0	0	2	0	2
	20-24	21	1	20	1	0	1	22	1	21
	25-34	142	4	138	26	1	25	168	5	163
	35-44	131	7	124	65	2	63	196	9	187
	45-54	131	5	126	107	0	107	238	5	233
	55-64	140	2	138	73	1	72	213	3	210
	65+	37	1	36	25	0	25	62	1	61
	SubTotals:	604	20	584	297	4	293	901	24	877
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	8	0	8	0	0	0	8	0	8
	35-44	9	1	8	2	0	2	11	1	10
	45-54	9	0	9	2	0	2	11	0	11
	55-64	7	0	7	0	0	0	7	0	7
	65+	3	0	3	0	0	0	3	0	3
	SubTotals:	37	1	36	4	0	4	41	1	40
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	2	0	2	0	0	0	2	0	2
	25-34	5	2	3	0	0	0	5	2	3
	35-44	1	0	1	0	0	0	1	0	1
	45-54	2	0	2	1	0	1	3	0	3
	55-64	3	0	3	0	0	0	3	0	3
	65+	2	0	2	0	0	0	2	0	2
	SubTotals:	15	2	13	1	0	1	16	2	14
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	2	1	1	2	1	1
	45-54	1	0	1	1	1	0	2	1	1
	55-64	1	0	1	0	0	0	1	0	1
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	0	2	3	2	1	5	2	3
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	1	0	1	0	0	0	1	0	1
	45-54	1	0	1	0	0	0	1	0	1
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	3	1	2	0	0	0	3	1	2
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	1	1	1	1	0	3	2	1
	20-24	10	9	1	0	0	0	10	9	1
	25-34	145	97	48	7	6	1	152	103	49
	35-44	151	93	58	15	10	5	166	103	63
	45-54	253	145	108	17	11	6	270	156	114
	55-64	272	104	168	24	8	16	296	112	184
	65+	99	31	68	14	8	6	113	39	74
	SubTotals:	932	480	452	78	44	34	1,010	524	486
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	4	1	3	1	1	0	5	2	3
	20-24	34	10	24	1	0	1	35	10	25
	25-34	300	103	197	33	7	26	333	110	223
	35-44	293	101	192	84	13	71	377	114	263
	45-54	397	150	247	128	12	116	525	162	363
	55-64	424	107	317	97	9	88	521	116	405
	65+	141	32	109	39	8	31	180	40	140
	SubTotals:	1,593	504	1,089	383	50	333	1,976	554	1,422

Clients Served This Period

Unduplicated clients: 1976
 Client visits: ³ 9562
 Spanish speaking (primary language at home) clients served: 189
 Deaf/hard of hearing clients served: 6
 Blind/sight impaired clients served: 3
 Homeless clients served: 134
 Transgender M to F clients served: 27
 Transgender F to M clients served: 1
 Clients served this period who live w/in Harris County: 1781
 Clients served this period who live outside Harris County: 195
 Active substance abuse clients served: 1
 Active psychiatric illness clients served: 10

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission 12
 Hemophilia Coagulation 3
 Transfusion 11
 Heterosexual Contact 434
 MSM (not IDU) 896
 IV Drug Use (not MSM) 27
 MSM/IDU 4
 Multiple Exposure Categories 45
 Other risk 544
Multi-Race Breakdown
 ASN,HWN 1
 ASN,WHT 1
 BLK,NTV 3
 BLK,NTV,WHT 1
 BLK,WHT 9
 NTV,WHT 1

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)					
B.	Contract Number (not provided to RWPC)					
C.	Service Category Title (per RFP)	Adult Community-Based Comprehensive Primary Medical Care Targeted to AA, HISP, and White/MSM - MEDICAL CASE MANAGEMENT				Control No. AZ
D.	Request for Increase under (check one):	Part A:	or	MAI:		
	Request Period (check one):	April:	August:	Oct:	Final Qtr.	
E.	Amount of additional funding Requested:					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)	
	1. Medical Case Management	457.33	\$25.00	400	\$10,000.00	
	2. Emergency Financial Assistance	198	\$30.00	20	\$600.00	
	3. Primary Care MD/PE	155	\$275.00	100	\$27,500.00	
	4.				\$0.00	
	5.				\$0.00	
	6.				\$0.00	
	7.				\$0.00	
	8. Disbursements (list current amount in column a. and requested amount in column c.) EFA	\$17,810.00	N/A	\$30,000.00	\$30,000.00	
	9. Total additional funding (must match E. above):				\$68,100.00	
G.	Number of new/additional clients to be served with requested increase.					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	708 650	56% 54%	13% 12%	29% 29%	68% 68%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2021. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21	NA				

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	1	1		
	2. Length of waiting time (in weeks) for an appointment for a current client:	1	1		
	3. Number of clients on a "waiting list" for services (per Part A SOC):	35	3	Requested funding is essential to provide the much-needed services to PLWHA.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	10	3	Requested funding is essential to provide the much-needed services to PLWHA. The number of clients that need services will continue to grow throughout the remaining period	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. None				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	22	18	4	5	4	1	27	22	5
	25-34	70	53	17	17	12	5	87	65	22
	35-44	52	38	14	19	13	6	71	51	20
	45-54	32	21	11	8	4	4	40	25	15
	55-64	25	9	16	7	5	2	32	14	18
	65+	1	1	0	0	0	0	1	1	0
	SubTotals:	206	144	62	57	39	18	263	183	80
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	7	4	3	3	2	1	10	6	4
	20-24	44	18	26	10	4	6	54	22	32
	25-34	206	57	149	62	12	50	268	69	199
	35-44	104	40	64	85	13	72	189	53	136
	45-54	51	21	30	31	4	27	82	25	57
	55-64	29	9	20	15	5	10	44	14	30
	65+	1	1	0	2	0	2	3	1	2
	SubTotals:	442	150	292	208	40	168	650	190	460

Clients Served This PeriodMethods of Exposure (not mutually exclusive)

Unduplicated clients:	650	Perinatal Transmission	11
Client visits: ³	2408	Hemophilia Coagulation	0
Spanish speaking (primary language at home) clients served:	86	Transfusion	5
Deaf/hard of hearing clients served:	3	Heterosexual Contact	239
Blind/sight impaired clients served:	1	MSM (not IDU)	341
Homeless clients served:	57	IV Drug Use (not MSM)	7
Transgender M to F clients served:	15	MSM/IDU	1
Transgender F to M clients served:	2	Multiple Exposure Categories	8
Clients served this period who live w/in Harris County:	614	Other risk	52
Clients served this period who live outside Harris County:	36	<u>Multi-Race Breakdown</u>	
Active substance abuse clients served:	15	BLK,NTV	3
Active psychiatric illness clients served:	20	BLK,NTV,WHT	1
		BLK,WHT	5

FOOTNOTES¹ Visit = time spent per client per agency per service per day² Age as of client max service date³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2020; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/19.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)				Outpatient/Ambulatory Primary Care		
D.	Request for Increase under (check one):		Part A: X	or	MAI:	Control No. A3	
	Request Period (check one):		April: X	August:	Oct:	Final Qtr:	
E.	Amount of additional funding Requested:		\$95,700.00				
F.	Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)	
	1. INFEC/PHEXT					\$0.00	
	2.		472	\$275.00	348	\$95,700.00	
	3.					\$0.00	
	4.					\$0.00	
	5.					\$0.00	
	6.					\$0.00	
	7.					\$0.00	
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A			\$0.00	
	9. Total additional funding (must match E. above):		\$95,700.00				
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"		957 870	47% 46.1	44% 42.1	41%	75% 74.1
							25% 26.1

Request for Service Category Increase
Ryan White Part A and MAI

2. Number of clients that have received this service <u>under Part A</u> (or MAI) in FY 2021. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21						
--	--	--	--	--	--	--

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	9.8		This data is as of November 2020	
	2. Length of waiting time (in weeks) for an appointment for a current client:	9		This data is as of November 2020	
	3. Number of clients on a "waiting list" for services (per Part A SOC):				
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):				
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

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

[Age] Grant]: RW1 [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/20 and 2/28/21
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract] Sub Cats 1]: All [Contract] Sub Cats 2]: All
 [Contract] Sub Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER							
		MALE			FEMALE			BOTH GENDERS	
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0
	20-24	7	0	7	1	0	1	8	0
	25-34	107	5	102	29	0	29	136	5
	35-44	70	3	67	43	2	41	113	5
	45-54	59	3	56	39	2	37	98	5
	55-64	33	1	32	21	4	17	54	5
	65+	5	0	5	6	1	5	11	1
	SubTotals:	281	12	269	139	9	130	420	21
ASIAN	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0
	25-34	2	0	2	0	0	0	2	0
	35-44	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0
	55-64	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0
	SubTotals:	3	0	3	0	0	0	3	0
MULTI-RACE	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0
	25-34	2	0	2	0	0	0	2	0
	35-44	1	1	0	0	0	0	1	1
	45-54	0	0	0	1	0	1	1	0
	55-64	0	0	0	1	1	0	1	1
	65+	0	0	0	0	0	0	0	0
	SubTotals:	3	1	2	2	1	1	5	2
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0
	45-54	0	0	0	1	1	0	1	1
	55-64	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0
	SubTotals:	0	0	0	1	1	0	1	1
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	1	0	1	0	0	0	1	0	1
	45-54	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	0	1	0	0	0	1	0	1
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	1	0	0	0	0	1	1	0
	20-24	5	3	2	2	2	0	7	5	2
	25-34	77	62	15	9	7	2	86	69	17
	35-44	101	86	15	25	20	5	126	106	20
	45-54	106	78	28	28	23	5	134	101	33
	55-64	53	35	18	15	11	4	68	46	22
	65+	16	4	12	2	2	0	18	6	12
	SubTotals:	359	269	90	81	65	16	440	334	106
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	1	0	0	0	0	1	1	0
	20-24	12	3	9	3	2	1	15	5	10
	25-34	188	67	121	38	7	31	226	74	152
	35-44	173	90	83	68	22	46	241	112	129
	45-54	166	81	85	69	26	43	235	107	128
	55-64	86	36	50	37	16	21	123	52	71
	65+	21	4	17	8	3	5	29	7	22
	SubTotals:	647	282	365	223	76	147	870	358	512

Clients Served This Period

Unduplicated clients:	870
Client visits: ³	3986
Spanish speaking (primary language at home) clients served:	231
Deaf/hard of hearing clients served:	0
Blind/sight impaired clients served:	1
Homeless clients served:	197
Transgender M to F clients served:	48
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	831
Clients served this period who live outside Harris County:	39
Active substance abuse clients served:	2
Active psychiatric illness clients served:	3

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	16
Hemophilia Coagulation	1
Transfusion	6
Heterosexual Contact	293
MSM (not IDU)	395
IV Drug Use (not MSM)	13
MSM/IDU	2
Multiple Exposure Categories	26
Other risk	164
<u>Multi-Race Breakdown</u>	
BLK,HWN	1
BLK,NTV	1
BLK,WHIT	3

FOOTNOTES¹ Visit = time spent per client per agency per service per day² Age as of client max service date³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2020; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/19.

Ryan White Allocation Increases as of 08-26-21: Ryan White Part A Funding

Motion: Approve all requests below at their full amount except Control 1 which will receive \$357,420. See justification.

A - Part A Funds Available for Reallocation: \$ 1,718,510

Control No. / Priority No.	Yes, No or Maybe	Service Category	Amount Requested	Recommended Reallocations	Justification
RYAN WHITE PART A FUNDS					
Control 1 Priorities 1.b-1.d, 2.c-2.e, 3.b, 13.d, 16.a, 17	Yes	Community-based Primary Medical Care for AA, H & W; Medical Case Management for the same populations, Emergency Financial Assistance – Pharmacy; LPAP, Outreach and Service Linkage Workers	\$515,420	\$357,200	Based upon the service utilization report, allocation amount is based upon a smaller volume of clients. Fund request since it addresses service priorities #1 and 2 and concerns regarding new clients coming into care due to COVID-19 related unemployment.
Control 2 Priority 1.h	Yes	Vision Care	\$90,000	\$90,000	Priority 1 with a history of regularly requesting additional funds.
Control 3 Priority 5	Yes	Health Insurance Assistance	\$300,000	\$300,000	Priority 5. Fund because of concerns regarding COVID-19 related unemployment and PLWH losing health insurance from their employers.
Control 4 Priorities 1.b-1.d, 2.c-2.e, 3.b, 13.d, 16.a, 17	Yes	Community-based Primary Medical Care for AA, H & W; Medical Case Management for the same populations, Emergency Financial Assistance – Pharmacy; LPAP, Outreach and Service Linkage Workers	\$446,310	\$446,310	Fully fund request since it addresses service priorities #1 and 2 and concerns regarding new clients coming into care due to COVID-19 related unemployment.
Control 5 Priority 2.a	Yes	Clinical Case Management	\$ 30,000	\$30,000	Priority 2. Fully fund because
Control 6 Priorities 1.b-1.d, 2.c-2.e, 3.b, 13.d, 16.a, 17	Yes	Community-based Primary Medical Care for AA, H & W; Medical Case Management for the same populations, Emergency Financial Assistance – Pharmacy; LPAP, Outreach and Service Linkage Workers	\$ 495,000	\$495,000	Fully fund request since it addresses service priorities #1 and 2 and concerns regarding new clients coming into care due to COVID-19 related unemployment.
TOTALS			\$1,876,730	\$1,718,510	

FY 2021 RW PART A REQUESTS FOR ALLOCATION INCREASE (JULY {august} 2021)

REVISED: 8/18/2021

Request Control Number	FY 21 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	FY 2020 Final Contract Amount	Expended 2020	Percent Expended	FY 2021 Contract Amount	FY 2021 Expended YTD	FY 2021 Percent YTD	FY 2021 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
1	1.b-1.d 2.c-2.e 3.b 13.d 16.a; 17	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management; Outreach	Community-based Primary Medical Care targeted to African American, Hispanic and White; Community-based Medical Case Management targeted to African American, Hispanic and White; EFA - Pharmacy; LPAP; Outreach; SLW	\$515,420	\$558,293	\$558,288	100%	\$588,388	\$110,679	19%	33%	Yes	
2	1.h	Outpatient/Ambulatory Health Services	Vision	\$90,000	\$363,000	\$363,000	100%	\$248,270	\$103,600	42%	33%	Yes	
3	5	Health Insurance Assistance	Health Insurance Assistance	\$300,000	\$1,383,137	\$1,382,419	100%	\$1,373,566	\$244,045	18%	33%	Yes	
4	1.b-1 d 2.c-2.e 3.b 13.d 16.a; 17	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management; Outreach	Community-based Primary Medical Care targeted to African American, Hispanic and White; Community-based Medical Case Management targeted to African American, Hispanic and White; EFA - Pharmacy; LPAP; Outreach; SLW	\$446,310	\$3,475,661	\$2,704,532	78%	\$2,720,655	\$696,270	26%	33%	Yes	
5	2.a	Medical Case Management	Clinical Case Management	\$30,000	\$244,328	\$244,320	100%	\$242,638	\$51,900	21%	33%	Yes	
6	1.b-1.d 2.c-2.e 3.b 13.d 16.a; 17	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management; Outreach	Community-based Primary Medical Care targeted to African American, Hispanic and White; Community-based Medical Case Management targeted to African American, Hispanic and White; EFA - Pharmacy; LPAP; Outreach; SLW	\$495,000	\$2,698,492	\$2,698,482	100%	\$1,960,119	\$571,995	29%	33%	Yes	
				\$1,876,730	\$8,722,911	\$7,951,041		\$7,133,636	\$1,778,489				
Confirmed Funds Avail. for Reallocation			\$1,718,510	Part A									
Source of Funds Available for Reallocation:			Explanation:										
FY2020 Anticipated Unspent Funds			Unspent Admin, QM, and HIV Services (primarily LPAP, Outreach, Non-Medical and Medical Case Management)										

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)					Pcare, MCM, SLW, LPAP, EFA, OUTRE, EHE	
D.	Request for Increase under (check one):					Control No.	
	Request Period (check one):						
E.	Amount of additional funding Requested:						
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. MD/PE	813	\$275.00	700	\$192,500.00		
	2. LPAP	468	\$30.00	764	\$22,920.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a and requested amount in column c.)	\$72,760.00	N/A	\$300,000.00	\$300,000.00		
	9. Total additional funding (must match E. above):				\$515,420.00		
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	708	56%	13.28%	28.53%	67.94%	32.06%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2020. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21	619	58.16%	27.30%	28.76%	69.63%	30.37%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	1	1	None	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1	1	None	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	140	1	1 Requested funding is essential to provide the much-needed services to PLWHA	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	28	1	1 Requested funding is essential to provide the much-needed services to PLWHA. The number clients that need services will continue to grow throughout the remainig period	
J.	List all other sources and amounts of funding for similar services currently in place with agency: (As per email J is to list any NP units)	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Outpatient		2/28/22	\$192,500	Currently we have 701 units in NP contract
	2. DRUG		2/28/22	\$22,920	We have 764 units in NP with a value of 5,658.58
	3. EFA		2/28/22	\$5,010	We have 167 units in NP with a value of 312,639.68
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax): Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F 9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

Request for Service Category Increase Ryan White Part A and MAI

A. Name of Agency (not provided to RWPC)							Control No. 2
B. Contract Number (not provided to RWPC)							
C. Service Category Title (per RFP)	VISION						
D. Request for Increase under (check one): Request Period (check one):	Part A: X April:	or August: X	MAI: Oct:	Final Qtr:			
E. Amount of additional funding Requested:	\$90,000.00						
F. Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in <u>current</u> contract:	b. Cost/unit	c. Number of <u>additional</u> units requested:	d. Total: (b x c)			
1. Vision Services	2482.7	\$100.00	900	\$90,000.00			
2.				\$0.00			
3.				\$0.00			
4.				\$0.00			
5.				\$0.00			
6.				\$0.00			
7.				\$0.00			
8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00			
9. Total additional funding (must match E. above):				\$90,000.00			
G. Number of new/additional clients to be served with requested increase.	450						
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female	
De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.							
1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	1998	55% raw# 1093	10% raw# 203	33% raw# 656	71% raw# 1427	29% raw# 571	
2. Number of clients that have received this service under Part A (or MAI) in FY 2020.							
a. April Request Period = Not Applicable	662	55% raw# 364	8% raw# 53	34% raw# 226	74% raw# 487	26% raw# 175	
b. August Request Period = 03/01/21 - 06/30/21							
c. October Request Period = 03/01/21 - 09/30/21							
d. 4th Qtr. Request Period = 03/01/21 - 11/30/21							

I. Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):
1. Length of waiting time (in weeks) for an appointment for a new client:	2 weeks	0-1 week	We would like to be able to provide new patients services within same week - 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily be expanded to greater than two weeks without increased funding. Currently we have \$54,500 in no pay.
2. Length of waiting time (in weeks) for an appointment for a current client:	1 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase, we would see patients five days a week.
3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	No clients unable to access services monthly

J. List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
1.				
2.				
3.				
4.				

- K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):
 Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).
 This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Health Insurance Premium & Cost Sharing Assistance				Control No.	3
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$300,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.				\$0.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$1,208,746.00	N/A	\$300,000.00	\$300,000.00		
	9. Total additional funding (must match E. above):					\$300,000.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	1976	44%	25%	31%	81%	19%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2021. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21	1005	42%	26%	32%	81%	19%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:		4	3	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.
	2. Length of waiting time (in weeks) for an appointment for a current client:		3	2	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.
	3. Number of clients on a "waiting list" for services (per Part A SOC):		0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):		0	0	The agency offers a limited number of same day appointment slots for patients.
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. DSHS State Services		8/31/21	\$864,506	
	2. Ryan White Part B		3/31/22	\$1,028,433	
	3. Ryan White Part B - Rebate		3/31/22	\$136,918	
	4. HINS Disbursements	RWA	2/28/22	\$102,234	Back bill @ 06/30/21
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	OAMC/MCM/LPAP/SLW/EFA/OUTREACH				Control No.	4
D.	Request for Increase under (check one): Request Period (check one):	Part A: X April:	or August: X	MAI: Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$446,310.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Medical Case Management	6800	\$25.00	3600	\$90,000.00		
	2. Service Linkage Worker	12250	\$20.00	3750	\$75,000.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Diagnostics (list current amount in column a. and requested amount in column c.)	\$114,730.00	N/A	\$281,310.00	\$281,310.00		
	9. Total additional funding (must match E. above):	\$446,310.00					
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	2616	49%	17%	34%	83%	17%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2020. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21	901	47%	18%	35%	82%	18%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:		4	3	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.
	2. Length of waiting time (in weeks) for an appointment for a current client:		3	2	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.
	3. Number of clients on a "waiting list" for services (per Part A SOC):		0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):		0	0	The agency offers a limited number of same day appointment slots for patients.
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Diagnostics	RWA	2/28/22	\$135,217	Back bill @ 06/30/21
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Clinical Case Management				Control No.	5
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested.						
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. CMLIC	8087.93	\$30.00	1000	\$30,000.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):				\$30,000.00		
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	462	55%	26%	18%	83%	17%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2021. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21	146	66%	20%	14%	75%	25%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	0	0	There is currently no wait time	
	2. Length of waiting time (in weeks) for an appointment for a current client:	0	0	There is currently no wait time	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	None, but we do have 671 units in no pay from 3/1/21-6/30/21 and we will have to start a wait list if no additional funds are provided	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	None	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Service Linkage (non-medical case management)	the Resource Group - State	8/31/21	\$275,000	specializing in substance users and the recently released
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax): Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

Request for Service Category Increase Ryan White Part A and MAI

Name of Agency (not provided to RWPC)							
Contract Number (not provided to RWPC)							
Service Category Title (per RFP)		ADULT COMPREHENSIVE PRIMARY CARE TARGETING URBAN				Control No. 60	
Request for Increase under (check one):		Part A: <input checked="" type="checkbox"/> X		or MAI: <input type="checkbox"/>			
Request Period (check one):		April: <input type="checkbox"/>		August: <input checked="" type="checkbox"/> X		Oct: <input type="checkbox"/> Final Qtr: <input type="checkbox"/>	
Amount of additional funding Requested:		\$495,000.00					
Unit of Service: (list only those units and disbursements where an increase is requested)		a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
1. MD/Phys Extenders		3323	\$275.00	1000	\$275,000.00		
2. PSYCH		889	\$130.00	750	\$97,500.00		
3. SLW		10750	\$20.00	2000	\$40,000.00		
4. NUTRITION		140	\$150.00	550	\$82,500.00		
5.					\$0.00		
6.					\$0.00		
7.					\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)			N/A		\$0.00		
9. Total additional funding (must match E. above):		\$495,000.00					
Number of new/additional clients to be served with requested increase.		300					
Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.		a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"		2570	61% raw# 1562	9% raw# 226	28% raw# 718	74% raw# 1911	26% raw# 659
2. Number of clients that have received this service under Part A (or MAI) in FY 2020. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21		1459	57% raw# 835	9% raw# 127	31% raw# 453	75% raw# 1087	25% raw# 372

Request for Service Category Increase Ryan White Part A and MAI

Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
1. Length of waiting time (in weeks) for an appointment for a new client:	2 weeks	0-1 week	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing an average of 20-25 new patients each month. New patient appt timeframes is currently 2 weeks, but with the steady increase of new patients the timeframe could reach 3 weeks without the increase in funding. Currently we have \$409,240 in no pay status.	
2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 1.5 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase.	
3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	No clients unable to access services monthly	
List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
1.				
2.				
3.				
4.				
c. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				

Ryan White Allocation Increases as of 08-26-21: Ryan White Part A Funding

Motion: Approve request M1 at the full amount and allocate the remaining funds to the State ADAP Program for reimbursement of drug expenses for Houston EMA ADAP clients.

MAI - Part A Funds Available for Reallocation: \$ 905,361

Control No. / Priority No.	Yes, No or Maybe	Service Category	Amount Requested	Recommended Reallocations	Justification
RYAN WHITE PART A FUNDS					
Control M1 Priorities 1, 2		Primary Medical Care for AA & H; Medical Case Management for the same populations	\$ 100,100	\$100,100	Fund 100% of request since the request addresses service priorities #1 and 2 and because of concerns regarding new clients coming into care due to COVID-19 related unemployment.
		TOTALS	\$ 100,100	\$100,100	

FY 2020 RW PART MAI REQUESTS FOR ALLOCATION INCREASE (JULY {august} 2021)

REVISED: 8/18/2021

Request Control Number	FY 21 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	FY 2020 Final Contract Amount	Expended 2020	Percent Expended	FY 2021 Contract Amount	FY 2021 Expended YTD	FY 2021 Percent YTD	FY 2021 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
M1	1: 2	Outpatient/Ambulatory Health Services; Medical Case Management	Primary Medical Care targeted to African American, and Hispanic; Medical Case Management targeted to African American, and Hispanic	\$100,100	\$1,045,496	\$1,045,494	100%	\$921,412	\$388,205	42%	42%	Yes	
				\$100,100	\$1,045,496	\$1,045,494		\$921,412	\$388,205				
Confirmed Funds Avail. for Reallocation				\$905,361	MAI								
Source of Funds Available for Reallocation:				Explanation:									
FY 2020 Carryover Funds				Unspent MAI funds from FY 20 program year for both Primary Care and MCM									

- A. Name of Agency (**not provided to RWPC**)
 B. Contract Number (**not provided to RWPC**)
 C. Service Category Title (per RFP)

ADULT COMPREHENSIVE PRIMARY CARE MAI

Control No.

MI

- D. Request for Increase under (check one):
 Request Period (check one):

Part A: or MAI: X
 April: August: X Oct: Final Qtr:

- E. Amount of additional funding Requested:

\$100,100.00

- F. Unit of Service:

(list only those units and disbursements where an increase is requested)

a. Number of units in <u>current</u> contract:	b. Cost/unit	c. Number of <u>additional</u> units requested:	d. Total: (b x c)
2957	\$275.00	364	\$100,100.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00

9. Total additional funding (must match E. above):

\$100,100.00

- G. Number of new/additional clients to be served with requested increase.

125

- H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served.

a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
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De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.

1. Number of clients that received this service under Part A (or MAI) in FY 2020.*

(March 1, 2020 - February 28, 2021)

*If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"

2. Number of clients that have received this service under Part A (or MAI) in FY 2020.

- a. April Request Period = Not Applicable
 b. August Request Period = 03/01/21 - 06/30/21
 c. October Request Period = 03/01/21 - 09/30/21
 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21

1403	64% raw# 893	0%	raw# 0	35% raw# 497	76% raw# 1063	24% raw# 340
836	60% raw# 503	0%	raw# 0	39% raw# 328	76% raw# 633	24% raw# 203

- | I. Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation. | a. Enter Number of Weeks in this column | b. How many Weeks will this be if full amount of request is received? | c. Comments (do not include agency name or identifying information): |
|---|---|---|--|
| 1. Length of waiting time (in weeks) for an appointment for a new client: | 2 weeks | 0-1 week | The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing a average of 25 new patients each month. New patient appt timeframes is currently 2 weeks, but with the steady increase of new patients the timeframe could reach 3-4 weeks without the increase in funding. Currently we have \$27,775 in no pay status. |
| 2. Length of waiting time (in weeks) for an appointment for a current client: | 1 - 1.5 weeks | 0 weeks | Will be able to see patients same week with funding increase |
| 3. Number of clients on a "waiting list" for services (per Part A SOC): | 0 | 0 | No waiting list at this time as we have been able to continue scheduling all patients for appointments. |
| 3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC): | 0 | 0 | No clients unable to access services monthly |
-
- | J. List all other sources and amounts of funding for similar services currently in place with agency: | a. Funding Source: | b. End Date of Contract: | c. Amount | d. Comment (50 words or less): |
|--|--------------------|--------------------------|-----------|--------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
-
- K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):
Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).


2021 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(Submitted August 2021)

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

1. Conduct training to familiarize committee members with decision-making tools.
Status: *AS NEEDED*
2. Review the final quarter allocations made by the administrative agents.
Status: *ACCOMPLISHED*
3. *Improve the processes for and strengthen accountability in the FY 2022 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
Status: *AS NEEDED*
4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
Status: *ACCOMPLISHED*
5. *Determine the FY 2022 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status: *ACCOMPLISHED*
6. *Review the FY 2021 priorities as needed.
Status: *ACCOMPLISHED*
7. *Review the FY 2021 allocations as needed.
Status: *ACCOMPLISHED*
8. Evaluate the processes used.
Status: *DONE*
9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
Status: *ACCOMPLISHED*

Status of Tasks on the Timeline:

ON TRACK



Committee Chairperson
BOBBY CRUZ

8/26/21

Date



Ryan White Part B, C, D HOPWA and State Services Grant Administrative Agency

RWPC Steering Committee & Council Report

August 2021

1. Administrative Agency Update

a. TRG Reports Submission:

▪ Procurement

1. Ryan White State Services September 1-August 31:

- a. FY 2021 SS spending through May 2021 **provided 8/17/2021**

2. Ryan White Part B April 1-March 31:

- a. FY 2021 RWB spending through May 2021 **provided 8/17/2021**

▪ Service Utilization Quarterly Report

1. Ryan White State Services September 1-August 30:

- a. FY 2021 1st Quarter (Sept-Nov)
- b. FY 2021 2nd Quarter (Dec-Feb)
- c. FY 2021 3rd Quarter (Mar-May) **provided 7/6/2021**
- d. FY 2021 4th Quarter FINAL (Jun-Aug)

2. Ryan White Part B April 1-March 31:

- a. FY 2021 1st Quarter (Apr-Jun) **provided 8/17/2021**
- b. FY 2021 2nd Quarter (Jul-Sept)
- c. FY 2021 3rd Quarter (Oct-Dec)
- d. FY 2021 4th Quarter RWB (Jan-Mar)

▪ Health Insurance Assistances Service Utilization Monthly Report

- a. FY 20-21 Usage Through June 2021 **provided 8/17/2021**

**All reports provided to RWPC OOS*

2. DSHS Funding Ryan White Part B & State Services Update

Contact Information
The Resource Group, Inc.
713-526-1016

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plmartin@hivtrg.org
Sha'Terra Johnson, LMSW, Health Planner
sjohnson@hivtrg.org



Ryan White Part B, C, D HOPWA and State Services Grant Administrative Agency

- a. **EIS Implementation Workgroup**
 - No Update.
 - b. **Houston ADAP Enrollment Workers:**
 - Regional ADAP/Eligibility Liaison Hailey Malcolm Contact email hmalcolm@hivtrg.org
 - There will be no waitlist put in place for ADAP. This is on hold for at least the next 2 years
 - Spend down is still very possible, but currently on hold. There will be more updates regarding spend down late summer 2021
 - HRAR will replace ARIES. Start date is still TBA
 - THMP is still experiencing backlog; AEWs are encouraged to continue using medication assistance in the meantime
 - THMP/DSHA does have enough funds to keep the ADAP program as is for the next 2 years
 - ADAP Liaisons are still meeting weekly with THMP to discuss any ADAP updates, concerns, and application processing status.
- 3. HRSA Funding Ryan White Part D**
- a. **The Positive VIBE Project (PVP) of Houston and Galveston Update (RW Part D)**
 - TRG received its Notice of Grant Award and will be finalizing its contracts.
 - TRG will be conducting agency-specific Care Coordination Trainings with the funded partners.
- 4. DSHS Funding HOPWA**
- a. **HOPWA Bridge Re-Entry Initiative (BRI) Project**
 - TRG met with project staff to discuss the redesign of current program reporting and the establishment of outcomes to support the documentation of the project's best practices for replication.

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Community Initiatives

- 1. Trauma-Informed Care Initiative**
 - a. TRG has started the COMPASS LEARN Trauma-Informed Learning and Supervisor (TILS) Project. Reachelian Ellison is the lead for this project.
- 2. create+equity Collaborative**
 - a. TRG's local team has continued to meet monthly. TRG participated in the second Learning Session in July. The local team is vetting validated MH screening tools and developing a uniform screening protocol around the selected screening tools. The protocol and tools will be piloted at three (3) clinical/case management sites. Once the protocol has been piloted, the Active Referral and Linkage intervention will be implemented.
- 3. Serving the Recently Released and Incarcerated**
 - a. The July SIRR meeting included monthly updates, and a brief about special legislative session and discussion of the EHE Framework questions. To be added to the distribution list for meeting announcements, contact Felicia Booker fbooker@hivtrg.org
- 4. Texas Black Women's Health Initiative (TxBWHI) Houston Team**
 - a. Contact Sha'Terra Johnson tbwihouston@gmail.com
- 5. END HIV Houston (END)**
 - a. Staff have resigned and the position will not be filled indefinitely.

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