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
Marlene McNeese, Houston Health Department
Charles Henley, Consultant

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

Date: Tuesday, March 1, 2022

Re: Meeting Announcement

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

Ryan White Planning Council Meeting
12 noon, Thursday, March 10, 2022

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

REVISED

AGENDA

12 noon, March 10, 2022

Meeting Location (quorum requires 11 members to meet in person):

St. Philip Presbyterian Church – Fellowship Hall
4807 San Felipe, Houston, Texas 77056

Online or via phone (remaining members can meet virtually)

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	Crystal R. Starr, Chair
	A. Welcome, Moment of Reflection and Introductions	Ryan White Planning Council
	B. Adoption of the Agenda	
	C. Approval of the Minutes	
	D. Tentative: The Houston 2021 Ending the HIV Epidemic Plan	Representative, Bureau of HIV, Hepatitis & STI*
	E. Changes to the Open Meetings Act	Tori Williams

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*: Committee Orientation *Recommended Action*: FYI: All Committees dedicated the first portion of their February meeting to general orientation, which included a review of the purpose of the committee and the definition of conflict of interest, the requirements of the Open Meetings Act, Petty Cash restrictions, work products, meeting dates and more.	Steven Vargas and Josh Mica, Co-Chairs

Item: 2022 Integrated HIV Prevention and Care Services Plan
Recommended Action: FYI: The Committee is working closely with Office of Support staff and others to bring the community together and develop the 2022 HIV Prevention and Care Services Plan. Details regarding the development of the Plan and how all of us can be involved will be presented in April.

Item: 2022 Integrated HIV Prevention and Care Services Plan
Recommended Action: **Motion:** Include a Quality of Life pillar in the 2022 Houston Integrated HIV Prevention and Care Services Plan. (Note: The staff will follow the HRSA guidelines in preparing the document. Information gathered from Quality of Life workgroup meetings will be included along with all required information.)

Item: Committee Vice Chair
Recommended Action: FYI: Titan Capri was elected as the Vice Chair for the Committee.

B. Affected Community Committee — Holly Renee McLean and Tony Crawford, Co-Chairs
Item: Committee Orientation
Recommended Action: FYI: The Committee reviewed the purpose of the Council, public hearings and committee participation in health fairs. (Note: The committee changed its monthly meeting to the second Monday after Council meets at 12 noon.)

Item: Committee Vice Chair
Recommended Action: FYI: Johnny Deal was elected as the Vice Chair for the Committee.

C. Quality Improvement Committee — Denis Kelly and Daphne Jones, Co-Chairs
Item: Committee Vice Chair
Recommended Action: FYI: Kevin Aloysius was elected as the Vice Chair for the Committee.

Item: Reports from AA – Part A/MAI*
Recommended Action: FYI: See the attached reports from the Part A/MAI Administrative Agent:
- FY21 Procurement Report – Part A & MAI, dated 01/31/22
- Clinical Quality Management Committee Report, received 12/07/21

Item: Reports from Administrative Agent – Part B/SS
Recommended Action: FYI: See the attached reports from the Part B/ State Services (SS) Administrative Agent:
- How To Read TRG Reports 2022
- FY21 Procurement Report Part B, dated 01/25/22
- FY21 Procurement Report SS, dated 01/25/22
- FY21 Service Utilization Report Part B 3rd Qtr., dated 02/01/22
- FY21 Service Utilization Report SS, dated 01/03/22

- FY21 Health Insurance Program Report, dated 01/07/22

D. Operations Committee — Ronnie Galley and Matilda Padilla, Co-Chairs
There was no February Committee meeting since this Committee has been meeting without a break since Sept. 2021.

E. Priority and Allocations Committee — Peta-gay Ledbetter and Bobby Cruz, Co-Chairs
Item: Policy for Addressing Unobligated & Carryover Funds
Recommended Action: **Motion:** Approve the attached 2022 Policy for Addressing Unobligated and Carryover Funds.

Item: FY22 Unspent Funds
Recommended Action: **Motion:** Ask the RW Part A administrative agent to rebid the $160,000 allocation for pediatric care services.

Item: FY23 Guiding Principles and Criteria
Recommended Action: **Motion:** Approve the attached FY 2023 Guiding Principles and Decision Making Criteria.

Item: FY 2023 Priority Setting Process
Recommended Action: **Motion:** Approve the attached FY 2023 Priority Setting Process.

Item: Committee Vice Chair
Recommended Action: FYI: Bruce Turner was elected as the Vice Chair for the Committee.

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

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

VI. Report from The Resource Group — Sha'Terra Johnson, Health Planner

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

VIII. New Business (**During Virtual Meetings, Reports Will Be Limited to Written Reports Only**)
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 — Sha'Terra Johnson
- Latino — Matilda Padilla
- Youth — Veronica Ardoin
- MSM

- Hepatitis C — Steven Vargas

- Project PATHH (Protecting our Angels Through Healing Hearts) formerly Urban AIDS Ministry — Johnny Deal

F. HIV and Aging Coalition — Skeet Boyle
G. Texas HIV Medication Advisory Committee — Steven Vargas
H. Positive Women's Network — T. Pradia or D. Morgan
I. Texas Black Women's Initiative — Sha'Terra Johnson
J. Texas HIV Syndicate — Steven Vargas?
K. END HIV Houston — Steven Vargas?
L. Texans Living with HIV Network — Steven Vargas?

IX. Announcements

X. Adjournment

* *ADAP = Ryan White Part B AIDS Drug Assistance Program*
** *TDSHS = Texas Department of State Health Services*

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL

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

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

MINUTES

12 noon, Thursday, February 10, 2022
Meeting Location: Zoom teleconference

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Crystal Starr, Chair	Matilda Padilla	Jereme Scott
Ardry "Skeet" Boyle, Vice Chair	Oscar Perez	
Kevin Aloysius, Secretary	Tana Pradia	
Veronica Ardoin	Paul Richards	**STAFF PRESENT**
Titan Capri	Faye Robinson	*Ryan White Grant Administration*
Johanna Castillo	Pete Rodriguez	Carin Martin
Kimberley Collins	Imran Shaikh	Heather Keizman
Tony Crawford	Robert Sliepka	Mauricia Chatman
Christopher M. Crawford-Prado	C. Bruce Turner	
Robert "Bobby" Cruz	Steven Vargas	*The Resource Group*
Johnny Deal		Sha'Terra Johnson
Ronnie Galley		
Dawn Jenkins	**MEMBERS ABSENT**	*Office of Support*
Daphne L. Jones	Rosalind Belcher	Tori Williams
Denis Kelly	Tom Lindstrom, excused	Mackenzie Hudson
Peta-gay Ledbetter	Nkechi Onyewuenyi	Diane Beck
Cecilia Ligons	Shital Patel, excused	
Roxane May	Andrew Wilson	
Holly Renee McLean		
Josh Mica		
Rodney Mills		
Diana Morgan		

Call to Order: Crystal Starr, Chair, called the meeting to order at 12:01 p.m.

During the opening remarks, Starr welcomed new members of the 2022 Ryan White Planning Council. She thanked the Operations Committee and the Office of Support staff for organizing the new member orientation, the mentor/mentee meeting and the Planning Council Orientation. She reminded all members that, according to Council policies, complaints must be made to the Operations Committee.

See Tori, Ronnie or Matilda if someone wishes to see a copy of our policy and/or if they wish to lodge a complaint related to the Council or its processes. Starr asked Vargas to give an update on Proyecto VIDA. Vargas said that the class has been postponed until March (tentative). They interviewed one applicant for the class this week and are still accepting applications. Because this is a pilot project, Ryan White Grant Administration is giving us a lot of leeway so we are considering expanding the class statewide in order to train more Spanish-speaking individuals. To date, 6 individuals have been accepted into the class. Starr then called for a Moment of Reflection and asked everyone to remember the life of Diandra Bellamy.

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

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Boyle, Kelly) to approve the December 9, 2021 minutes.* **Motion carried.** Abstentions: Ardoin, Capri, Crawford, Crawford-Prado, Ligons, May, McLean, Mills, Pradia, Vargas.

Integrated Planning that Includes a Quality of Life Pillar: Steven Vargas, Co-Chair of the Comprehensive HIV Planning committee said that Ending the HIV Epidemic planning focuses on four pillars: diagnose, treat, prevent and respond. There has been talk around the community, locally and nationally, about looking beyond just the biomedical advances that have been made for people living with HIV. On page 19 of the National HIV/AIDS Strategy it says *"Inequities in the social determinants of health are significant drivers and contributors to health disparities and highlight the need to focus not only on HIV prevention and care efforts, but also on the ways that programs, practices, and policies affect communities of color and other populations that experience HIV disparities."* That is an invitation to look at the inequities that might be present, an invitation to see what we can do about affecting the quality of life for folks living with HIV. Positive Women's Network, US People Living with HIV Caucus and other groups have been pushing for the same, are willing to work with the current administration in developing some of the quality of life measures and could be a resource for us. Whether or not the administration decides to take it up this time around or not, this is an opportunity for us to lead as we have done so often when it comes to helping people with HIV. 2022 is the 10th anniversary of when we did the very first prevention and care services plan and we've been doing one ever since. In 2012 HRSA suggested it and since we were considering it already we jumped on the idea and HRSA invited us to share how we did it at conferences around the country. I see a repeat of the same situation when it comes to quality of life. Even with the advances in meds and living as long as we are now, aging with HIV raises concern about quality of life across the entire spectrum of our lives. Vargas is asking the Council to consider developing a quality of life pillar to go along with the other pillars, to help us make a difference in the lives of people living with HIV. He invited everyone to stay for the Comprehensive HIV Planning Committee meeting this afternoon after the Council meeting. A number of Council members made comments in support of this idea.

Public Comment and Announcements: None.

Reports from Committees

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following:
2021 Epidemiological Supplement: Rodriguez had a question about a few items. On page 3 it shows that viral suppression is at 59% which is very low but there is no explanation or comparison to previous years. On page 6 it mentions Stage 3 HIV but there is no explanation. He thinks it would be helpful to have the state and or national continuum of care as comparison to the local one. Vargas said that Stage 3 HIV is what is formerly referred to as an AIDS diagnosis. The viral suppression numbers includes non-Ryan White providers and Shaikh added that it is the same as the last report, noting that this is a

supplement and not a full report and cannot be used on it's own. He said there also is more on the continuum of care in the full report. ***Motion #3****: Approve the attached 2021 Epidemiological Supplement for HIV Prevention and Care Services Planning.* **Motion Carried unanimously.**

Affected Community Committee: No report.

Quality Improvement Committee: No report.

Priority and Allocations Committee: No report.

Operations Committee: Ronnie Galley, Co-Chair, reported on the following:
2022 New Member Orientation & Mentor/Mentee Meeting: Galley said that the meetings went very well and he thanked the mentors and mentees who attended, and said Starr was a great timekeeper.

2022 Council Orientation: Galley said that the 2022 Orientation was well attended and Pete Rodriguez and Dr. Patel were outstanding speakers. He thanked Cruz and Beck for the Who's Who game.

2022 Council Activities: See attached. Williams summarized the memorandum regarding Petty Cash procedures, Open Meetings Act Training and the 2022 Timeline of Critical Activities. These items will also be reviewed at the first meeting of each committee.

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, presented the attached report.

Task Force Reports: Starr said that the Council agreed some time ago that they preferred not to have verbal Task Force Reports while meeting on Zoom. The Office of Support is happy to receive and distribute written reports in advance of all Council meetings. Padilla volunteered to give the Latino Task Force report and Ardoin will check into joining the Youth Task Force.

Announcements: None.

Adjournment: ***Motion:*** *it was moved and seconded (Galley, Sliepka) to adjourn the meeting at 1:25 p.m.* **Motion Carried.**

Respectfully submitted,

_____ Date _____
Victoria Williams, Director

Draft Certified by
Council Chair: _____ Date _____

Final Approval by
Council Chair: _____ Date _____

Council Voting Records for February 10, 2022

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** 2021 Epi Supplement **Carried**					**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** 2021 Epi Supplement **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
Crystal Starr, Chair				C								C	Rodney Mills		X						X		X		
Ardry “Skeet” Boyle, Vice Chair		X				X				X			Diana Morgan		X				X				X		
Kevin Aloysius, Secretary		X				X				X			Matilda Padilla		X				X				X		
Veronica Ardoin		X						X		X			Oscar Perez		X				X				X		
Titan Capri		X						X		X			Tana Pradia		X						X		X		
Johanna Castillo ja 12:20pm	X				X					X			Paul Richards		X				X				X		
Kimberley Collins		X				X				X			Faye Robinson		X				X				X		
Tony Crawford lm 12:55pm		X						X		X			Pete Rodriguez		X				X				X		
Christopher M. Crawford-Prado		X						X		X			Imran Shaikh		X				X				X		
Robert “Bobby” Cruz ja 12:20pm	X				X					X			Robert Sliepka		X				X				X		
Johnny Deal		X				X				X			C. Bruce Turner		X				X				X		
Ronnie Galley		X				X				X			Steven Vargas		X						X		X		
Dawn Jenkins		X				X				X															
Daphne L. Jones ja 12:08pm	X					X				X															
Denis Kelly		X				X				X			**MEMBERS ABSENT**												
Peta-gay Ledbetter		X				X				X			Rosalind Belcher												
Cecilia Ligons		X						X		X			Tom Lindstrom												
Roxane May		X						X		X			Nkechi Onyewuenyi												
Holly Renee McLean		X						X		X			Shital Patel												
Josh Mica		X				X				X			Andrew Wilson												

CHANGES TO THE OPEN MEETINGS ACT

From: Tori Williams Date: 03/03/22

The Governor's waiver suspending portions of the Texas Open Meetings Act has ended. Groups can still have meetings in which some members participate by videoconference call, although the Open Meetings Act sets out a number of requirements for that. The following was provided by Kathryn Kase, Legal Counsel to the County Judge and is clipped from guidance provided by the Texas Association of Counties.

The Open Meetings Act allows a videoconference call to be conducted over a telephone network, a data network, or the Internet by a government body only if a quorum of the body is physically present at one location. If the meeting is of a government body that extends into three or more counties, the member of the governmental body presiding over the meeting must be physically present at one location of the meeting that is open to the public.

Videoconferencing is permitted as a substitute for in-person meetings only under very limited circumstances. Section 551.127(c) of the Act requires that a governmental body make publicly available at least one suitable physical space located in or within a reasonable distance of the geographic jurisdiction of the governmental body that is equipped with videoconference equipment that provides an audio and video display, as well as a camera and microphone by which a member of the public can provide testimony or otherwise actively participate in the meeting. The presiding officer must be present at the designated physical location. A member of the governmental body is considered absent, and may not be counted toward a quorum, if audio or video communication is lost or disconnected.

Participation by a member of the public must be allowed as if the person were physically present at a meeting not conducted by videoconference call. The notice of the meeting must specify as a location of the meeting the location where a quorum will be present. **The notice must also specify each remote location at which a member of the commissioners court who will be participating in the meeting is physically present.** The location where a quorum is present must be open to the public during the open parts of the meeting.

The Open Meeting Act sets additional technical requirements for a videoconference meeting. Each part of the meeting that is required to be open to the public must be visible and audible to the public at each location. A recording of the meeting must be made. There must be two-way communication between and at the locations. While speaking, the face of each participant to the call must be visible and his or her voice audible to each other participant. During the open parts of the meeting, each speaker must also be visible, and the speaker's comments must be audible to the public at each location. If a problem occurs in the public audio or video signal, the meeting must be recessed until the problem is resolved or, if the problem persists for six hours or more, adjourned.

Comprehensive HIV Planning Committee Report

Integrated HIV Prevention and Care Plan Guidance (Integrated Plan)

By: Mackenzie Hudson & Tori Williams

So, what's the Integrated Plan?

- Mission: Work in partnership with the community to provide an effective system of HIV prevention and care services that best meet the needs of populations living with, affected by, or at risk for HIV
- Active for 5 years (2022-2026)

Executive Summary

- Purpose: To briefly summarize the entire plan
- List and describe all documents used to meet submission requirements

Community Engagement and Planning Process

Purpose: To describe the method we used to engage community members in the planning process

Includes fulfilling legislative and programmatic requirements outlined in the SCSN, RWHAP A and B, and CDC requirements

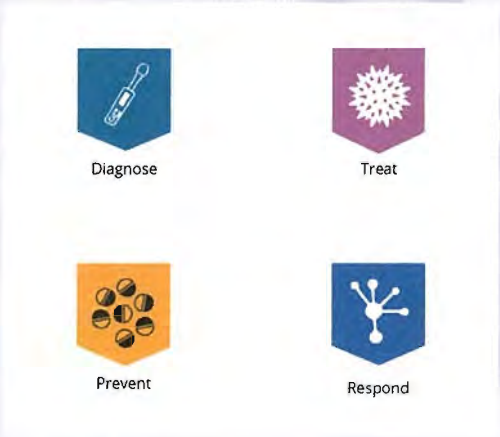
Contributing Data Sets and Assessments

- Purpose: To analyze the data used to describe how HIV impacts the area; to determine needed services and barriers to accessing these services
- 4 Parts:
  - Data sharing and use
  - Epidemiological snapshot
  - Resource inventory
  - Needs assessment

Situational Analysis

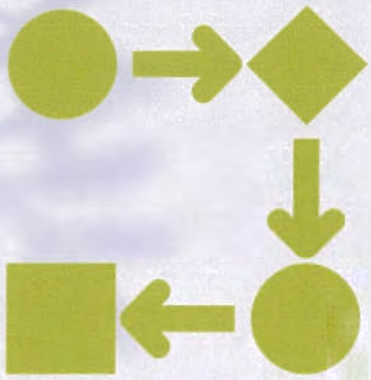
Purpose: Provide a short overview of strengths, challenges, and identified needs of HIV prevention and care

Lays the groundwork for proposed strategies submitted in the goals and objectives section



Goals and Objectives (2022-2026)

- Purpose: List and describe goals and objectives for how the jurisdiction will diagnose, treat, prevent, and respond to HIV
- Example: Reduce the number of new HIV infections in the Houston Area by at least 25%



Implementation Approach

- Purpose: How will we make these changes and how we will we measure if changes are made well?
  - 5 Phases:
    - Implementation
    - Monitoring
    - Evaluation
    - Improvement
    - Reporting and dissemination


Questions

NATIONAL HIV/AIDS STRATEGY

WHAT YOU NEED TO KNOW

The National HIV/AIDS Strategy provides the framework and direction for the Administration's policies, research, programs, and planning for 2022–2025 to lead us toward ending the HIV epidemic in the United States by 2030.

The Strategy reflects President Biden's commitment to accelerate and strengthen our national response to ending the HIV epidemic. It details principles and priorities to guide our collective national work to address HIV in the United States over the next four years.

It is a national plan designed to re-energize a whole-of-society response to the HIV epidemic that accelerates efforts while supporting people with HIV and reducing HIV-associated morbidity and mortality.

★ ★ ★ ★ ★

The Updated NHAS

Recognizes racism as a serious public health threat that directly affects the well-being of millions of Americans, acknowledges ways in which it drives and affects HIV outcomes, and highlights numerous opportunities to intervene to eliminate the HIV-related disparities that result and pursue equity in our national HIV response.

Puts greater emphasis on the **important roles of harm reduction and Syringe Services Programs** in our national response to HIV, as well as to hepatitis C virus infection and substance use disorder.

Underscores the vital role that the Affordable Care Act (ACA) plays in our response to HIV and calls for maximizing use of services available through Marketplace and Medicaid coverage because of the ACA.

Expands discussion of populations with or experiencing risk for HIV, whose unique circumstances warrant specific attention and tailored services, such as immigrants, individuals with disabilities, justice-involved individuals, older adults, people experiencing housing instability or homelessness, and sex workers.

Adds a new focus on the needs of the growing population of **people with HIV who are aging.**

Enhances a focus on **quality of life for people with HIV.**

Strengthens emphasis on the importance of **better integrating responses to the intersection of HIV, viral hepatitis, STIs, and substance use and mental health disorders.**

Calls for expanding engagement opportunities for **people with lived experience** in the research, planning, delivery, assessment, and improvement of HIV prevention, testing, and care services.

Learn more about the **National HIV/AIDS Strategy** at HIV.gov/topics/nhas

THE UPDATED NHAS (CONTINUED)

Weaves HIV research activities more broadly across the objectives, with an emphasis on implementation research and moving research findings into practice more swiftly.

Encourages reform of state HIV criminalization laws.

Calls for sustaining program/service innovations and administrative changes implemented in response to the COVID-19 public health emergency that can continue to support and improve access to and engagement in HIV testing, prevention, care and treatment, and other related services.

Expands the focus on addressing the social determinants of health that influence an individual's HIV risk or outcomes.

Incorporates **the latest data** on HIV incidence, prevalence, and trends.

Adds a new focus on **opportunities to engage the private sector** in novel and important ways in the nation's work to end the HIV epidemic.

Goals

The Strategy focuses on four goals to guide the nation toward realizing this vision:

GOAL 1
Prevent New HIV Infections.

GOAL 2
Improve HIV-Related Health Outcomes of People with HIV.

GOAL 3
Reduce HIV-Related Disparities and Health Inequities.

GOAL 4
Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic Among All Partners.

Strategy Vision

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the life span.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstances.

Priority Populations

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men
- Black women
- Transgender women
- Youth aged 13–24 years
- People who inject drugs

Learn more about the **National HIV/AIDS Strategy** at HIV.gov/topics/nhas

Affected Community Committee Report

Affected Community Committee Training

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

February 21, 2022

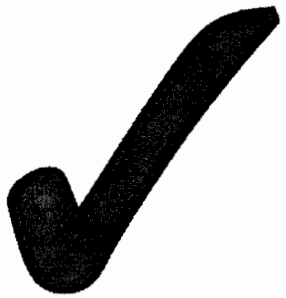
Purpose of the Planning Council

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

Purpose of the Planning Council

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

Participation in Health Fairs



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

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

Purpose of Public Hearings

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

Quality Improvement Committee Report

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

FY 2021 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**10,965,788**	**-75,776**	**1,415,641**	**60,600**	**0**	**12,366,253**	**51.76%**	**12,366,253**	**0**		**6,059,134**	**49%**	**75%**
1.a	Primary Care - Public Clinic (a)	3,927,300	-27,177				3,900,123	16.33%	3,900,123	0	3/1/2021	$1,176,167	30%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	-7,367	441,880	244,386		1,743,475	7.30%	1,743,475	0	3/1/2021	$1,256,181	72%	75%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	-6,301	441,880	75,000		1,421,130	5.95%	1,421,130	0	3/1/2021	$1,051,140	74%	75%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	-7,944	441,880			1,581,861	6.62%	1,581,861	0	3/1/2021	$562,384	36%	75%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	-7,612		-75,000		1,017,388	4.26%	1,017,388	0	3/1/2021	$825,748	81%	75%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	-14,532				2,085,468	8.73%	2,085,468	0	3/1/2021	$847,083	41%	75%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.06%	15,437	0	3/1/2021	$3,300	21%	75%
1.h	Vision	500,000	-3,460	90,000	-85,000		501,540	2.10%	501,540	0	3/1/2021	$337,130	67%	75%
1.x	Primary Care Health Outcome Pilot	200,000	-1,384		-98,786		99,830	0.42%	99,830	0		$0	0%	75%
2	**Medical Case Management**	**1,730,000**	**-100,528**	**30,000**	**0**	**0**	**1,659,472**	**6.95%**	**1,659,472**	**0**		**1,114,115**	**67%**	**75%**
2.a	Clinical Case Management	488,656	-3,381	30,000			515,275	2.16%	515,275	0	3/1/2021	$296,855	58%	75%
2.b	Med CM - Public Clinic (a)	277,103	-1,918				275,185	1.15%	275,185	0	3/1/2021	$147,291	54%	75%
2.c	Med CM - Targeted to AA (a) (e)	169,009	-1,170				167,839	0.70%	167,839	0	3/1/2021	$205,280	122%	75%
2.d	Med CM - Targeted to H/L (a) (e)	169,011	-1,170				167,841	0.70%	167,841	0	3/1/2021	$110,916	66%	75%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186	-423				60,763	0.25%	60,763	0	3/1/2021	$68,844	113%	75%
2.f	Med CM - Targeted to Rural (a)	273,760	-1,894				271,866	1.14%	271,866	0	3/1/2021	$107,450	40%	75%
2.g	Med CM - Women at Public Clinic (a)	75,311	-521				74,790	0.31%	74,790	0	3/1/2021	$96,956	130%	75%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	-90,051				0	0.00%	0	0	3/1/2021	$0	#DIV/0!	75%
2.i	Med CM - Targeted to Veterans	80,025	0				80,025	0.33%	80,025	0	3/1/2021	$52,469	66%	75%
2.j	Med CM - Targeted to Youth	45,888	0				45,888	0.19%	45,888	0	3/1/2021	$28,055	61%	75%
3	**Local Pharmacy Assistance Program**	**1,810,360**	**-12,528**	**22,920**	**0**	**0**	**1,820,752**	**7.62%**	**1,820,752**	**0**	3/1/2021	**$837,477**	**46%**	**75%**
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360	-2,148				308,212	1.29%	308,212	0	3/1/2021	$180,226	58%	75%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	-10,380	22,920			1,512,540	6.33%	1,512,540	0	3/1/2021	$657,251	43%	75%
4	**Oral Health**	**166,404**	**-1,152**	**0**	**0**	**0**	**165,252**	**0.69%**	**165,252**	**0**	3/1/2021	**136,350**	**83%**	**75%**
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	0.69%	165,252	0	3/1/2021	$136,350	83%	75%
5	**Health Insurance (c)**	**1,383,137**	**-9,571**	**300,000**	**0**	**0**	**1,673,566**	**7.01%**	**1,673,566**	**0**	3/1/2021	**$1,206,478**	**72%**	**75%**
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**		**55,000**		**394,033**	**1.65%**	**394,033**	**0**	**3/1/2021**	**$279,588**	**71%**	**75%**
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**	**0.19%**	**45,677**	**0**	3/1/2021	**$24,700**	**54%**	**75%**
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**	**40,000**	**-70,600**	**0**	**1,227,634**	**5.14%**	**1,227,634**	**0**	**3/1/2021**	**$741,804**	**60%**	**75%**
13.a	Service Linkage targeted to Youth	110,793	-767		-20,600		89,426	**0.37%**	89,426	0	3/1/2021	$55,057	62%	75%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	-692		-50,000		49,308	**0.21%**	49,308	0	3/1/2021	$50,459	102%	75%
13.c	Service Linkage at Public Clinic (a)	370,000	-2,560				367,440	**1.54%**	367,440	0	3/1/2021	$234,883	64%	75%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	-4,749	40,000			721,460	**3.02%**	721,460	0	3/1/2021	$401,405	56%	75%
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**	**1.77%**	**421,971**	**0**		**287,816**	**68%**	**75%**
14.a	Medical Transportation services targeted to Urban	252,680	-1,749				250,931	1.05%	250,931	0	3/1/2021	$214,376	85%	75%

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

FY 2021 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
14.b	Medical Transportation services targeted to Rural	97,185	-673				96,512	0.40%	96,512	0	3/1/2021	$73,440	76%	75%
14.c	Transportation vouchering (bus passes & gas cards)	75,046	-519				74,527	0.31%	74,527	0	3/1/2021	$0	0%	75%
15	**Emergency Financial Assistance**	**1,545,439**	**-10,694**	**0**	**-45,000**	**0**	**1,489,745**	**6.24%**	**1,489,745**	**0**		**802,866**	**54%**	**75%**
16.a	EFA - Pharmacy Assistance	1,305,439	-9,034		75,000		1,371,405	5.74%	1,371,405	0	3/1/2021	$736,959	54%	75%
16.b	EFA - Other	240,000	-1,661		-120,000		118,339	0.50%	118,339	0	3/1/2021	$65,908	56%	75%
16	**Linguistic Services (c)**	**0**	**0**				**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
17	**Outreach**	**420,000**	-2,906				**417,094**	**1.75%**	**417,094**	**0**	**3/1/2021**	**$230,728**	**0%**	**75%**
BEU27516	**Total Service Dollars**	**20,100,113**	**-227,226**	**1,808,561**	**0**	**0**	**21,681,448**	**90.75%**	**21,681,448**	**-1**		**11,721,056**	**54%**	**75%**
	Grant Administration	**1,795,958**	**0**	**0**	**0**	**0**	**1,795,958**	**7.52%**	**1,795,958**	**0**	**N/A**	**1,263,365**	**70%**	**75%**
BEU27517	HCPH/RWGA Section	1,271,050		0		0	1,271,050	5.32%	1,271,050	0	N/A	$896,759	71%	75%
PC	RWPC Support*	524,908			0	0	524,908	2.20%	524,908	0	N/A	366,606	70%	75%
BEU27521	**Quality Management**	**412,940**		**0**	**0**	**0**	**412,940**	**1.73%**	**412,940**	**0**	**N/A**	**$279,210**	**68%**	**75%**
		22,309,011	**-227,226**	**1,808,561**	**0**	**0**	**23,890,346**	**100.00%**	**23,890,346**	**-1**		**13,263,631**	**56%**	**75%**
								Unallocated	Unobligated					
	Part A Grant Award:	**22,171,816**	***Carry Over:***	**1,718,511**		***Total Part A:***	**23,890,327**	**-19**	**-1**					

		Original Allocation	Award Reconcilation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent
	Core (must not be less than 75% of total service dollars)	**16,442,761**	**-201,918**	**1,768,561**	**115,600**	**0**	**18,125,004**	**83.60%**		
	Non-Core (may not exceed 25% of total service dollars)	**3,657,352**	**-25,309**	**40,000**	**-115,600**	**0**	**3,556,443**	**16.40%**		
	Total Service Dollars (does not include Admin and QM)	**20,100,113**	**-227,226**	**1,808,561**	**0**	**0**	**21,681,448**			
	Total Admin (must be ≤ 10% of total Part A + MAI)	**1,795,958**	**0**	**0**	**0**	**0**	**1,795,958**	**6.42%**		
	Total QM (must be ≤ 5% of total Part A + MAI)	**412,940**	**0**	**0**	**0**	**0**	**412,940**	**1.48%**		

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**2,002,860**	**-52,609**	**100,100**	**0**	**0**	**2,050,351**	**86.50%**	**2,050,351**	**0**		**1,479,500**	**72%**	**75%**
1.b (MAI)	Primary Care - CBO Targeted to African American	1,012,700	-26,601	50,050			1,036,149	43.71%	1,036,149	0	3/1/2021	$780,725	75%	75%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	990,160	-26,009	50,050			1,014,201	42.79%	1,014,201	0	3/1/2021	$698,775	69%	75%
2	**Medical Case Management**	**320,100**	**0**	**0**	**0**	**0**	**320,100**	**13.50%**	**320,100**	**0**		**$194,498**	**61%**	75%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	6.75%	160,050	0	3/1/2021	$109,612	68%	75%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	6.75%	160,050	0	3/1/2021	$84,886	53%	75%
	Total MAI Service Funds	**2,322,960**	**-52,609**	**100,100**	**0**	**0**	**2,370,451**	**100.00%**	**2,370,451**	**0**		**1,673,998**	**71%**	**75%**
	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**	**100,100**	**0**	**0**	**2,370,451**	**100.00%**	**2,370,451**	**0**		**1,673,998**	**71%**	**75%**

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

FY 2021 Ryan White Part A and MAI
Procurement Report

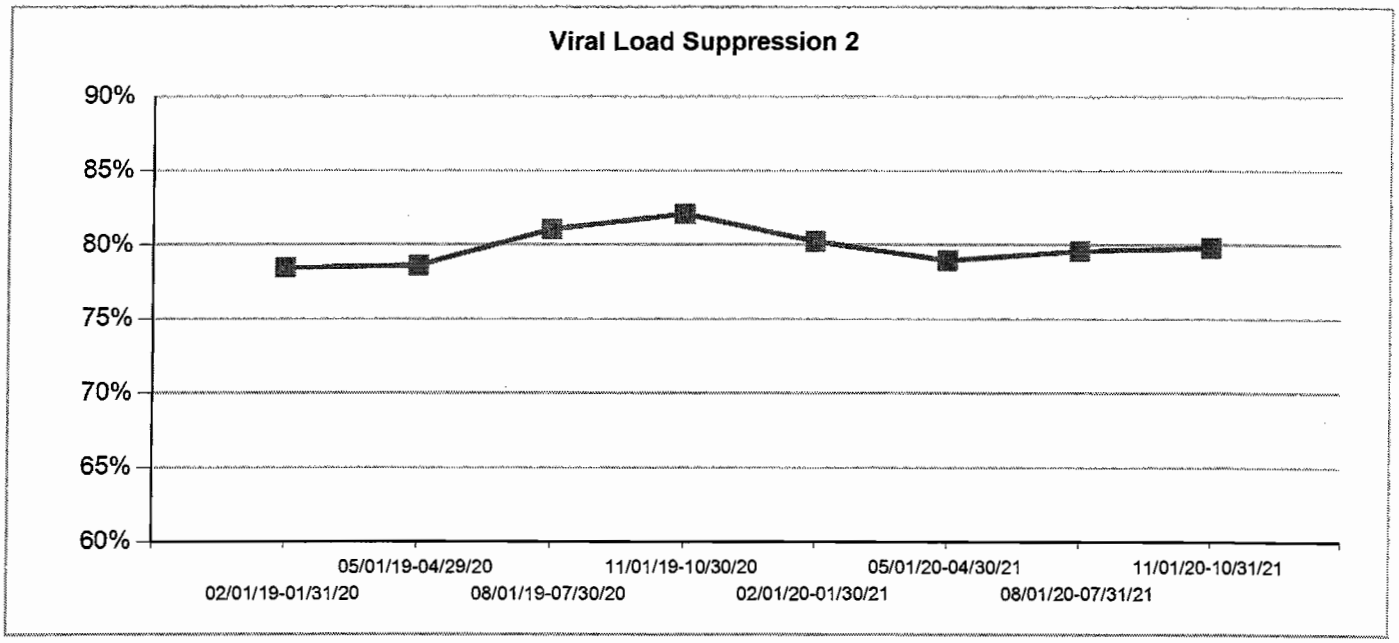
Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	MAI Grant Award	**3,175,710**	***Carry Over:***	**905,361**		***Total MAI:***	**4,081,071**							
	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.													
(c)	Funded under Part B and/or SS													
(d)	Not used at this time													
(e)	10% rule reallocations													

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

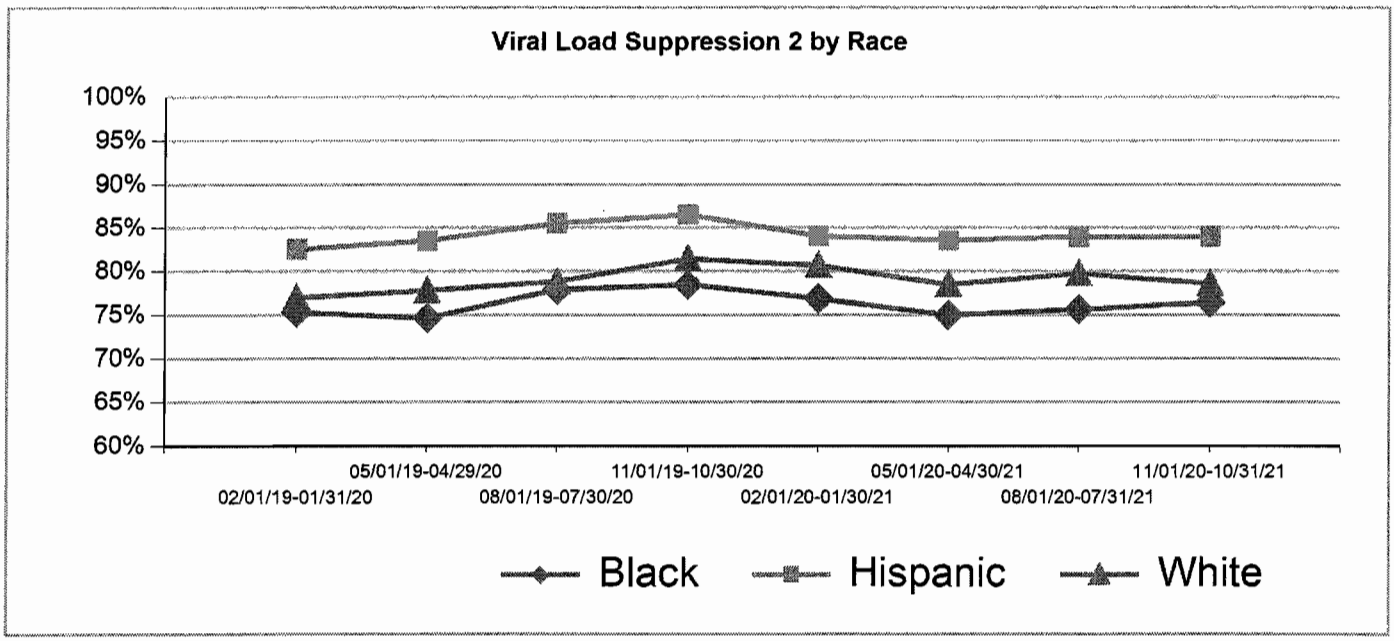
Clinical Quality Management Committee Quarterly Report

Last Quarter Start Date: **11/1/2020**

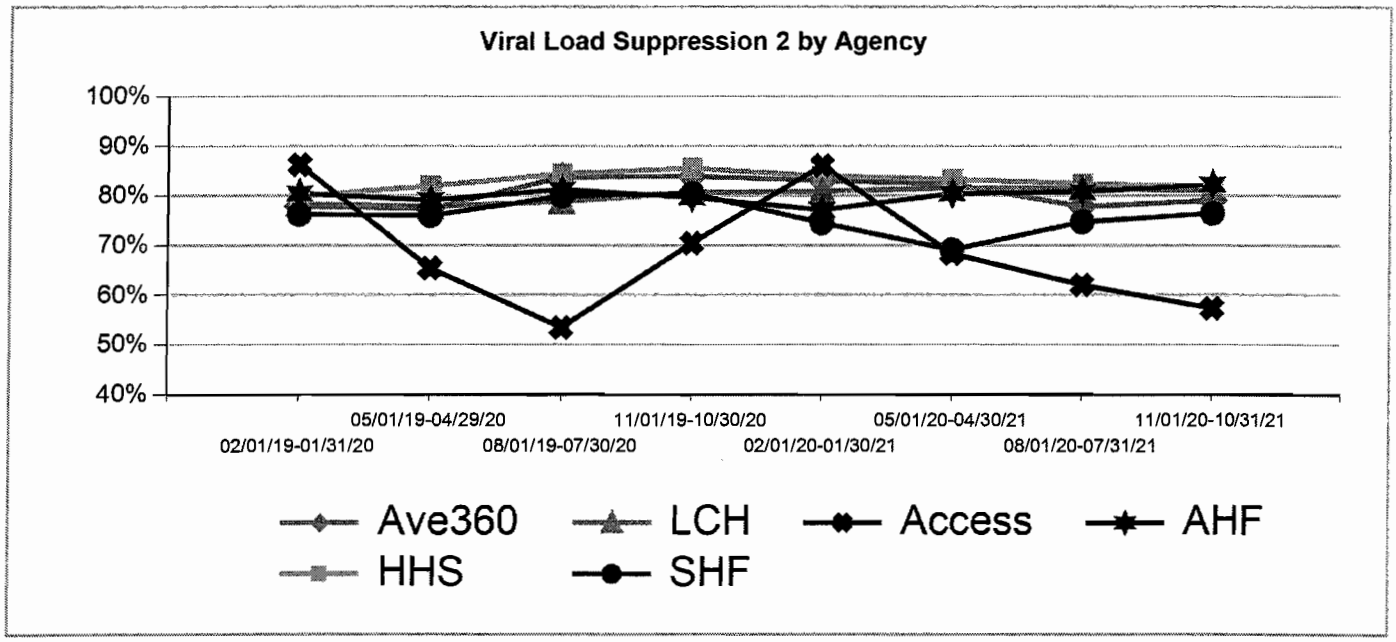
Viral Load Suppression 2- HAB Measure				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who have a viral load of <200 copies/ml during the measurement year	6,920	6,964	7,093	7,047
Number of clients who have had at least 1 medical visit with a provider with prescribing privileges	8,625	8,819	8,911	8,828
Percentage	80.2%	79.0%	79.6%	79.8%
Change from Previous Quarter Results	-1.9%	-1.3%	0.6%	0.2%



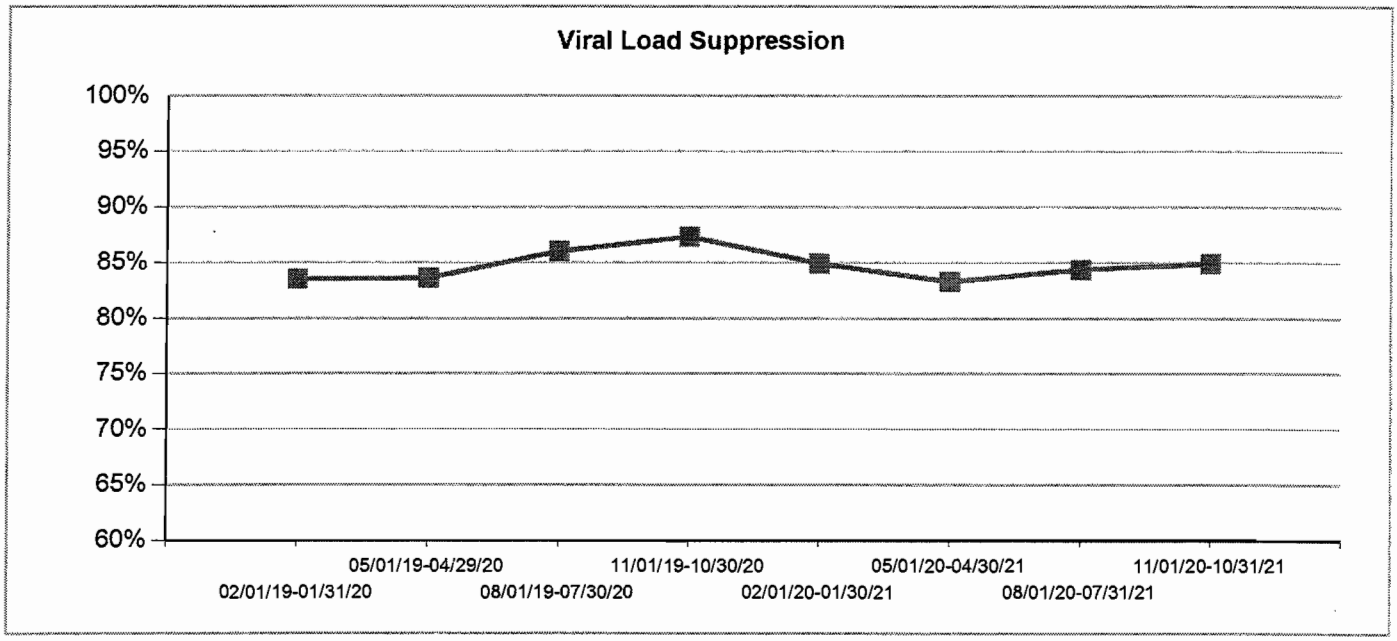
VL Suppression 2 by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load of <200 copies/ml during the measurement year	3,143	2,802	853	3,194	2,859	866	3,193	2,862	821
Number of clients who have had at least 1 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	4,191	3,353	1,087	4,223	3,405	1,086	4,179	3,409	1,045
Percentage	75.0%	83.6%	78.5%	75.6%	84.0%	79.7%	76.4%	84.0%	78.6%
Change from Previous Quarter Results	-1.9%	-0.5%	-2.2%	0.6%	0.4%	1.3%	0.8%	0.0%	-1.2%



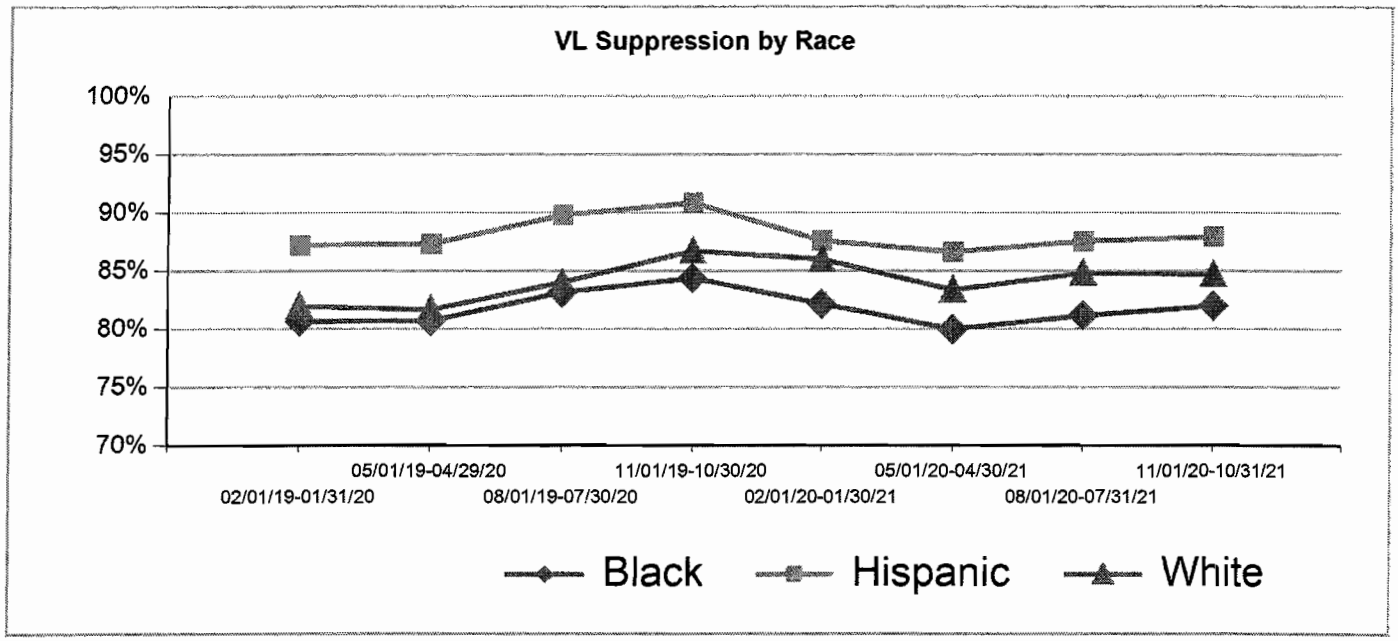
Viral Load 2 Suppression by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who have a viral load of <200 copies/ml during the measurement year	529	2,158	2,256	1,634	49	568	544	2,008	2,239	1,699	47	618
Number of clients who have had at least 1 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	680	2,619	2,767	2,187	79	703	688	2,451	2,765	2,222	82	751
Percentage	77.8%	82.4%	81.5%	74.7%	62.0%	80.8%	79.1%	81.9%	81.0%	76.5%	57.3%	82.3%
Change from Previous Quarter Results	-4.6%	-1.0%	-0.1%	5.6%	-6.3%	0.3%	1.3%	-0.5%	-0.6%	1.7%	-4.7%	1.5%



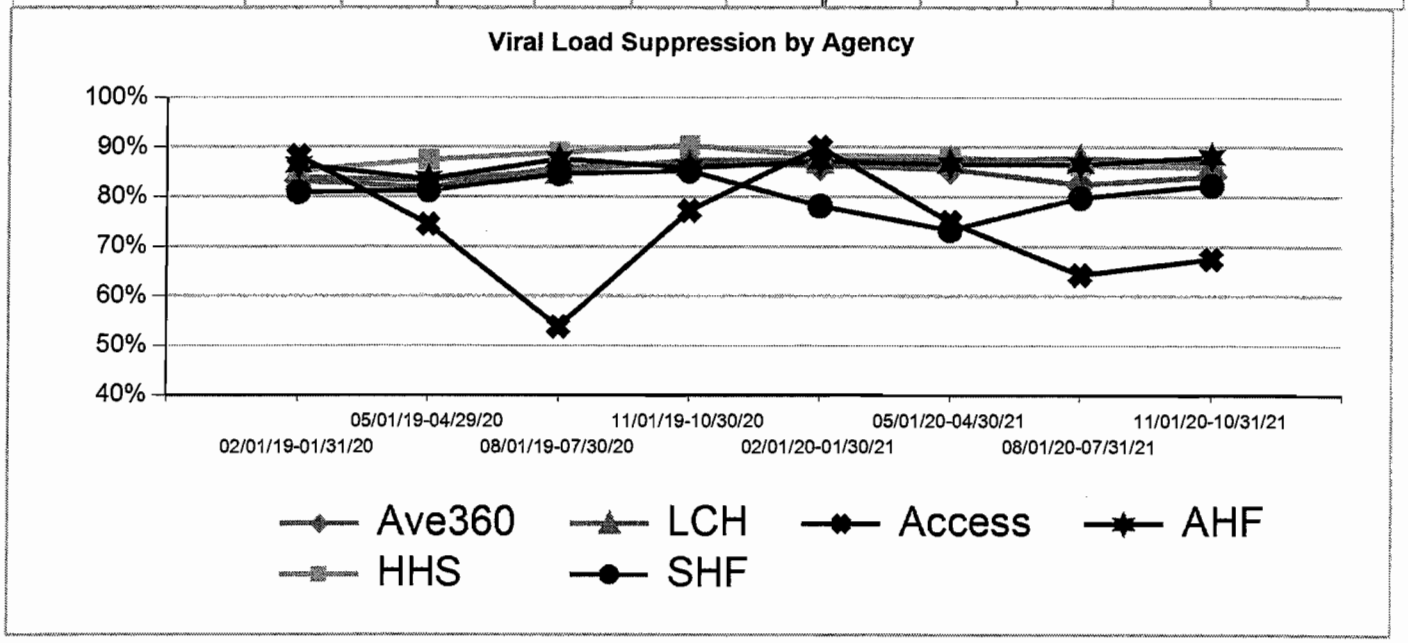
Viral Load Suppression				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who have a viral load of <200 copies/ml during the measurement year	5,195	5,155	5,190	5,106
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	6,118	6,190	6,151	6,014
Percentage	84.9%	83.3%	84.4%	84.9%
Change from Previous Quarter Results	-2.4%	-1.6%	1.1%	0.5%



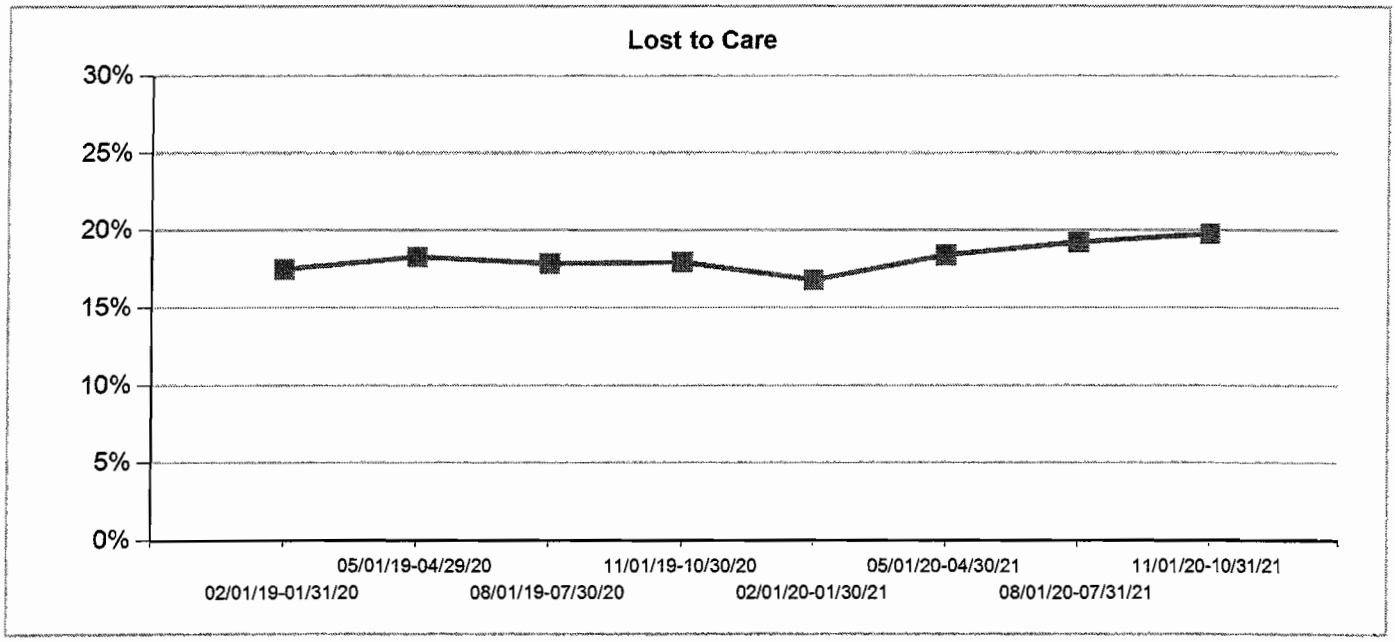
VL Suppression by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load of <200 copies/ml during the measurement year	2,283	2,148	606	2,284	2,177	608	2,257	2,138	581
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	2,855	2,480	727	2,815	2,487	717	2,753	2,432	686
Percentage	80.0%	86.6%	83.4%	81.1%	87.5%	84.8%	82.0%	87.9%	84.7%
Change from Previous Quarter Results	-2.2%	-1.0%	-2.6%	1.2%	0.9%	1.4%	0.8%	0.4%	-0.1%



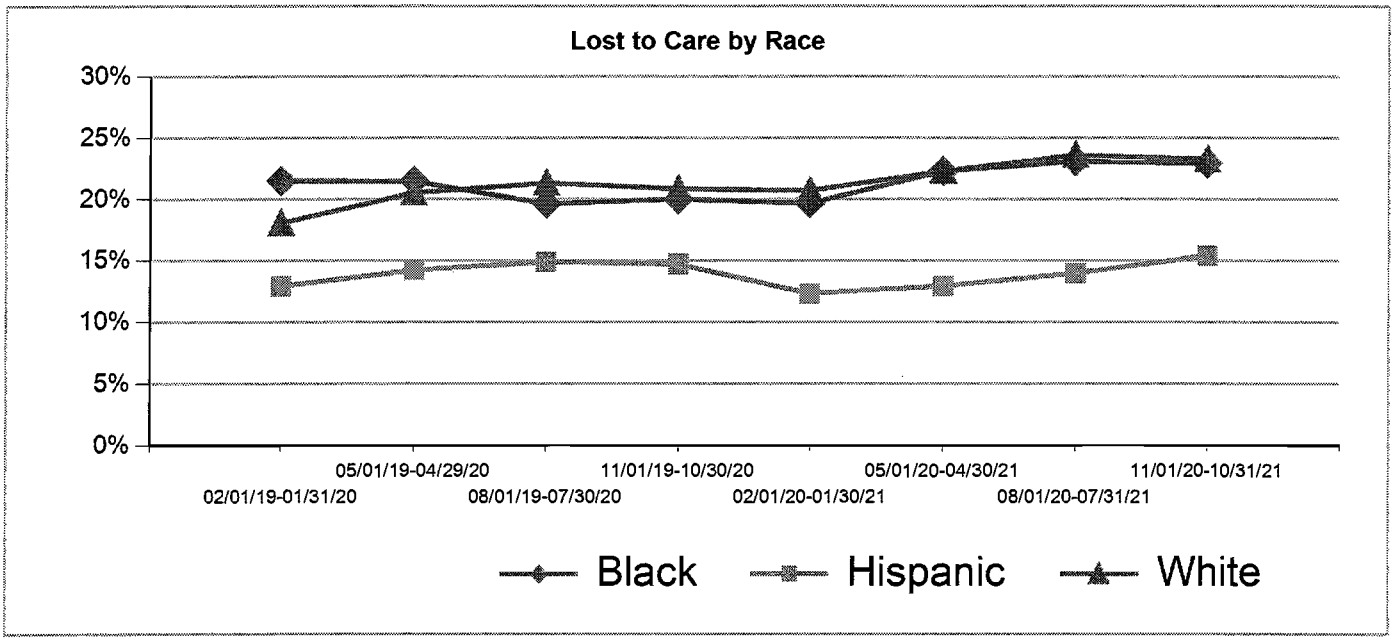
VL Suppression by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who have a viral load of <200 copies/ml during the measurement year	477	1,535	1,356	1,427	27	397	478	1,396	1,324	1,487	27	428
Number of clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	578	1,778	1,544	1,787	42	459	568	1,623	1,524	1,806	40	486
Percentage	82.5%	86.3%	87.8%	79.9%	64.3%	86.5%	84.2%	86.0%	86.9%	82.3%	67.5%	88.1%
Change from Previous Quarter Results	-3.1%	-1.8%	0.4%	6.5%	-10.7%	-0.1%	1.6%	-0.3%	-0.9%	2.5%	3.2%	1.6%



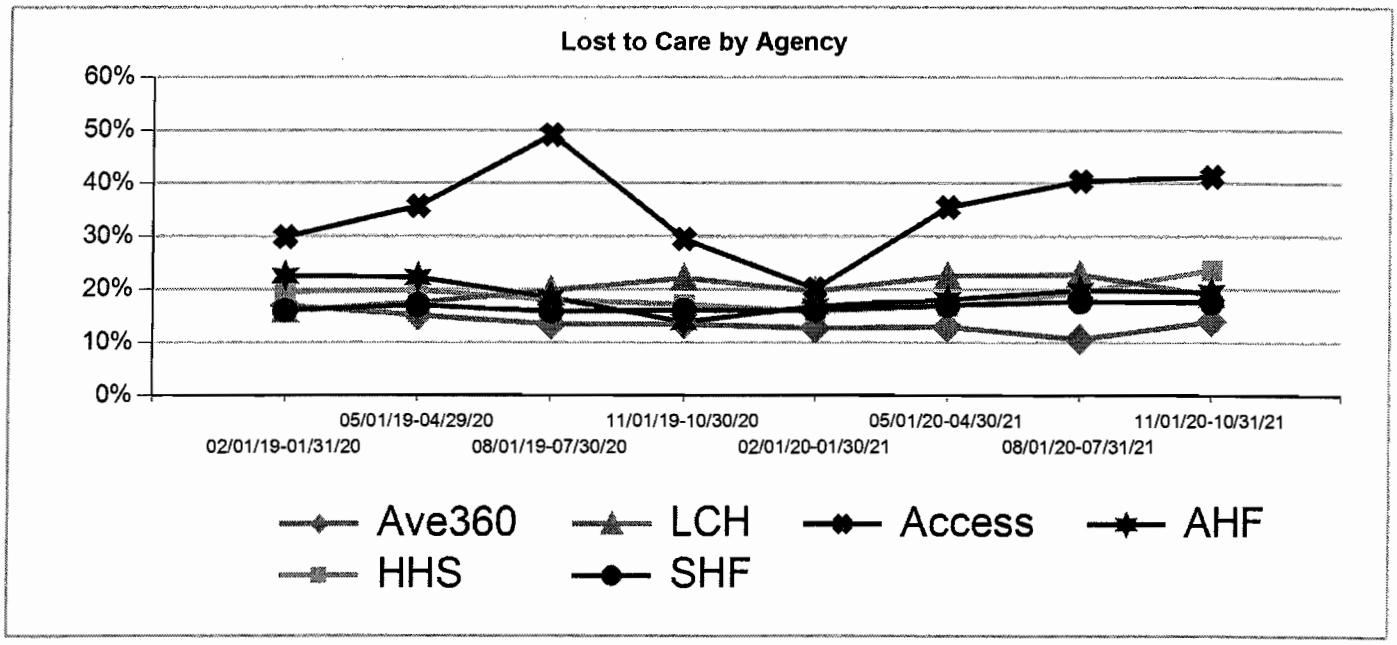
Lost to Care				
In+Care Campaign Gap Measure				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	1,022	1,135	1,188	1,220
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	6,091	6,168	6,179	6,177
Percentage	16.8%	18.4%	19.2%	19.8%
Change from Previous Quarter Results	-1.2%	1.6%	0.8%	0.5%



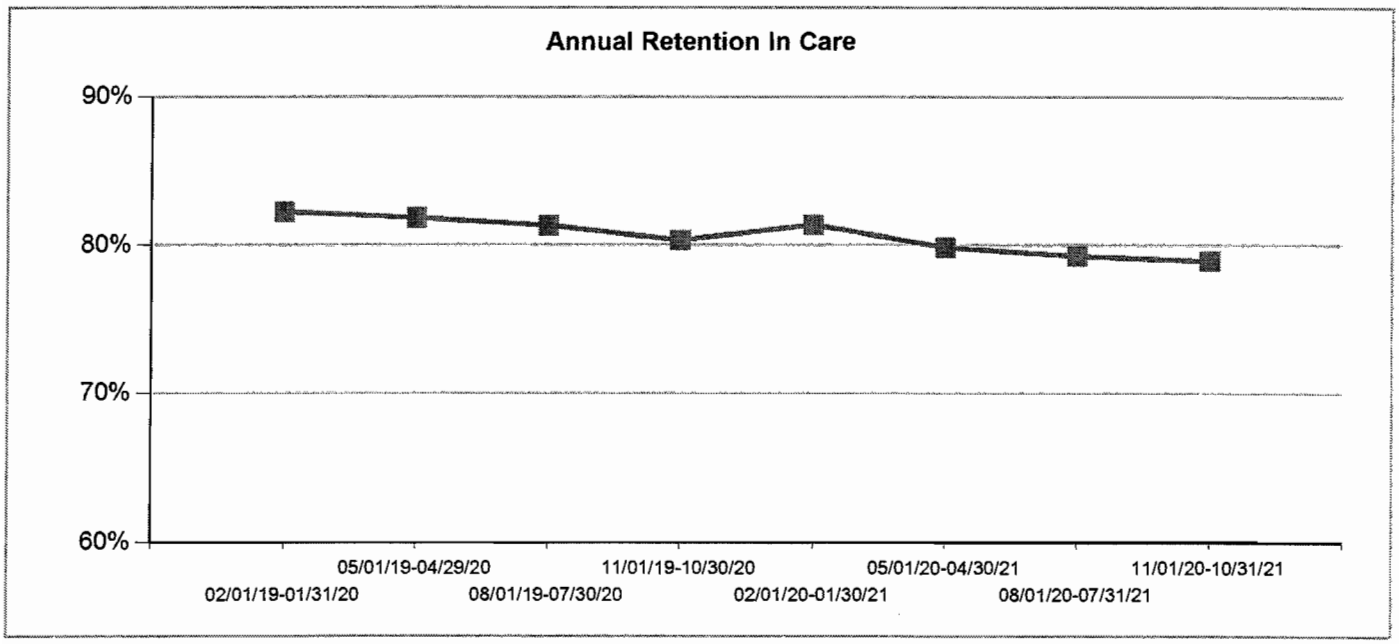
Lost to Care by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	635	320	162	659	347	169	649	386	163
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	2,849	2,473	727	2,853	2,482	716	2,832	2,506	701
Percentage	22.3%	12.9%	22.3%	23.1%	14.0%	23.6%	22.9%	15.4%	23.3%
Change from Previous Quarter Results	2.6%	0.6%	1.6%	0.8%	1.0%	1.3%	-0.2%	1.4%	-0.4%



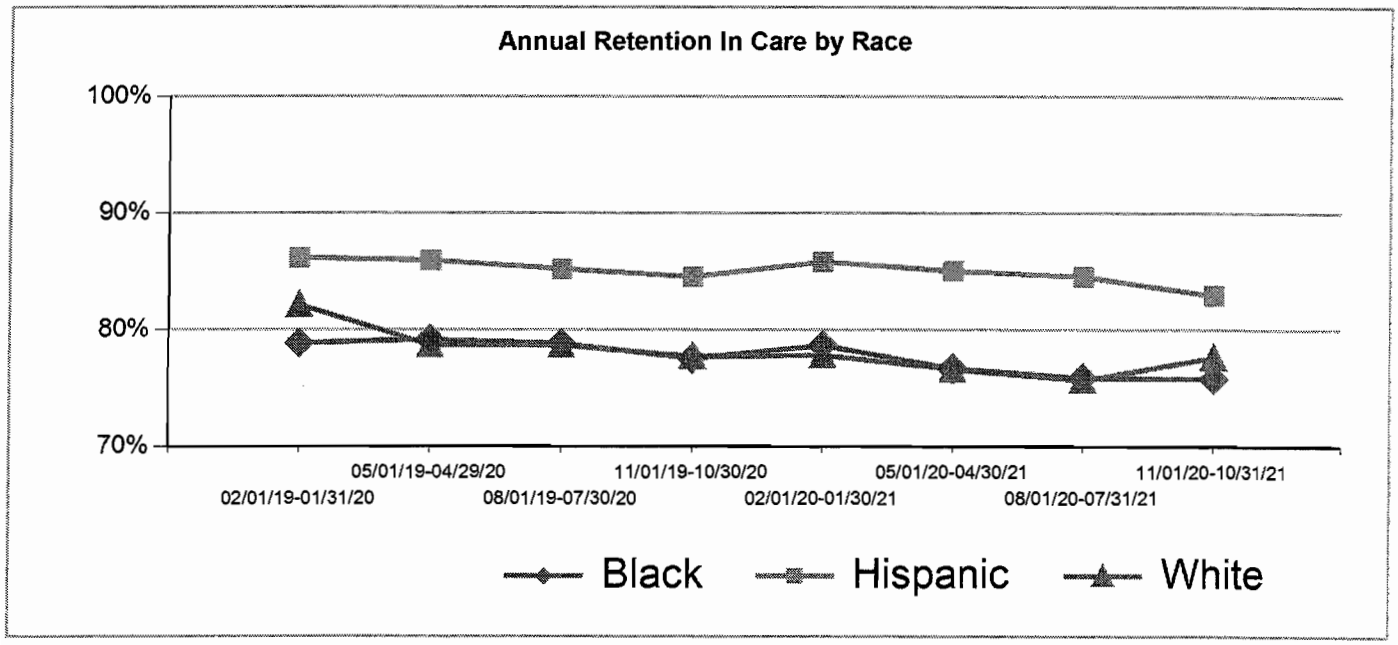
Lost to Care by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of uninsured clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	57	357	380	295	23	87	75	423	305	305	21	94
Number of uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	539	1,843	1,672	1,667	57	440	540	1,792	1,613	1,740	51	484
Percentage	10.6%	19.4%	22.7%	17.7%	40.4%	19.8%	13.9%	23.6%	18.9%	17.5%	41.2%	19.4%
Change from Previous Quarter Results	-2.3%	2.6%	0.3%	0.8%	4.9%	1.8%	3.3%	4.2%	-3.8%	-0.2%	0.8%	-0.4%



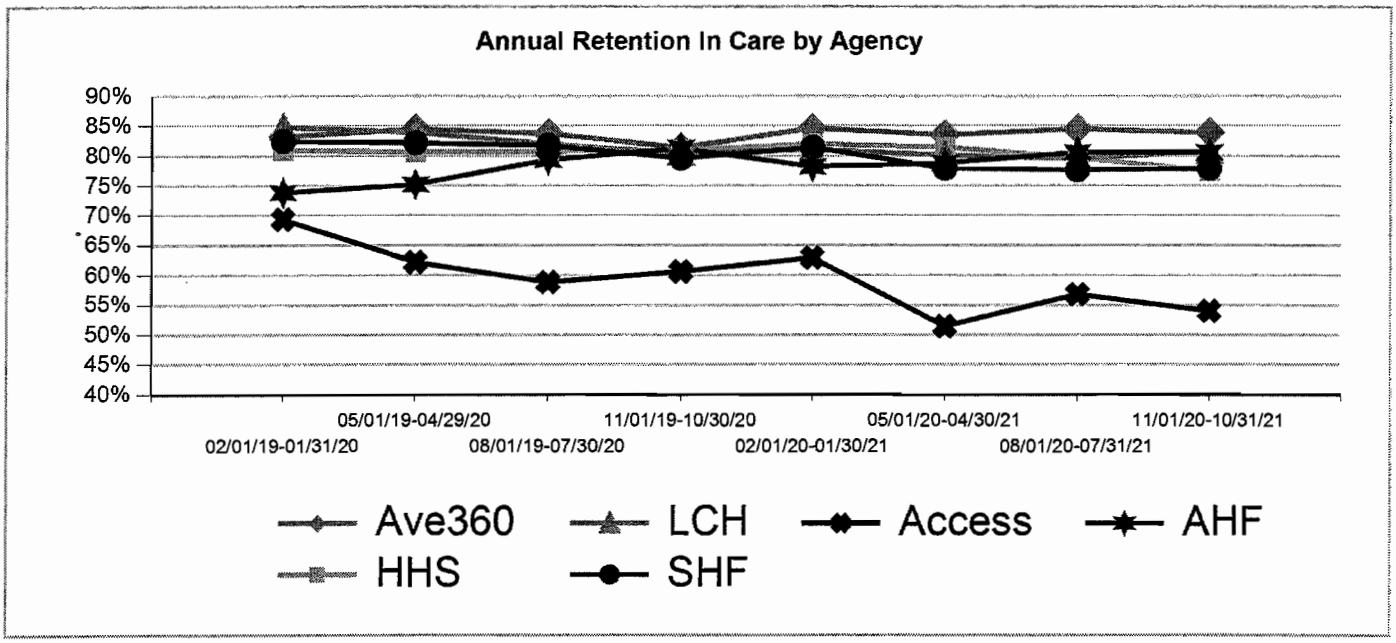
Annual Retention In Care				
Houston EMA Medical Visits Measure				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who had either of the following more than 90 days apart from 1st encounter: a) at least 1 VL test - b) a subsequent medical visit encounter with a provider with prescribing privileges - during the measurement year*	6,432	6,443	6,449	6,358
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	7,905	8,069	8,136	8,056
Percentage	81.4%	79.8%	79.3%	78.9%
Change from Previous Quarter Results	1.0%	-1.5%	-0.6%	-0.3%
* Not newly enrolled in care				



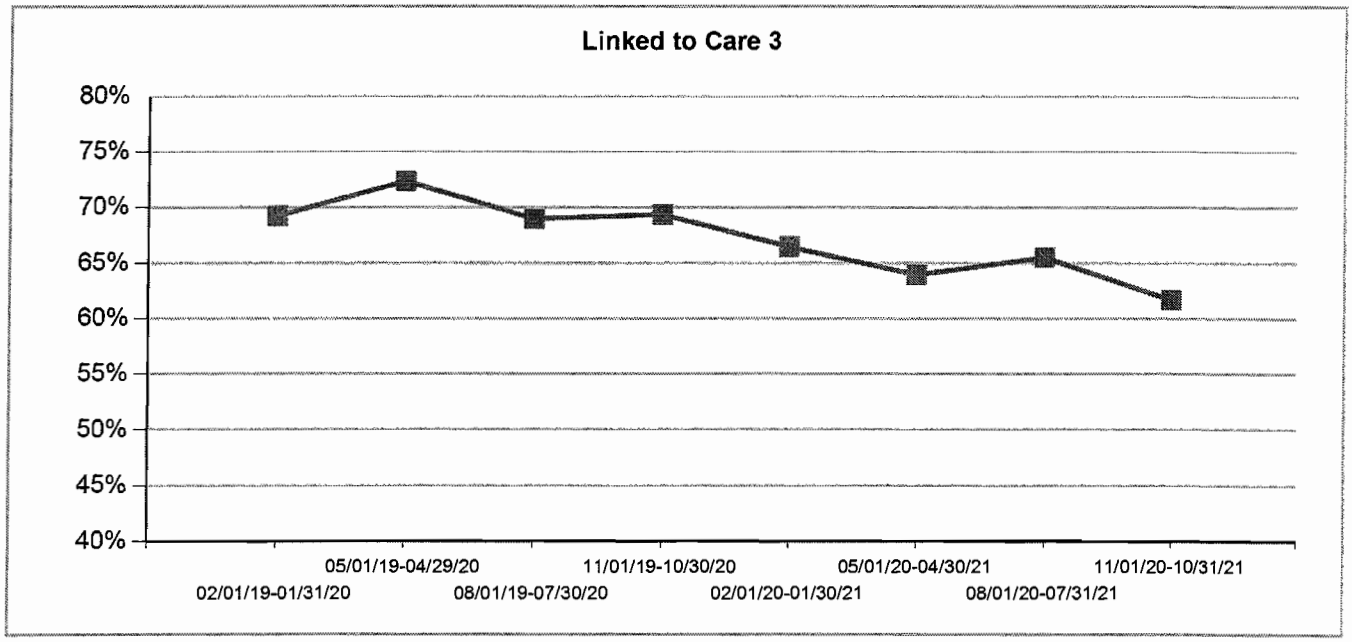
Annual Retention In Care by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had either of the following more than 90 days apart from 1st encounter: a) at least 1 VL test - b) a subsequent medical visit encounter with a provider with prescribing privileges - during the measurement year	2,918	2,632	760	2,914	2,641	752	2,886	2,584	741
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	3,807	3,096	992	3,840	3,124	994	3,808	3,116	955
Percentage	76.6%	85.0%	76.6%	75.9%	84.5%	75.7%	75.8%	82.9%	77.6%
Change from Previous Quarter Results	-2.0%	-0.8%	-1.2%	-0.8%	-0.5%	-1.0%	-0.1%	-1.6%	1.9%



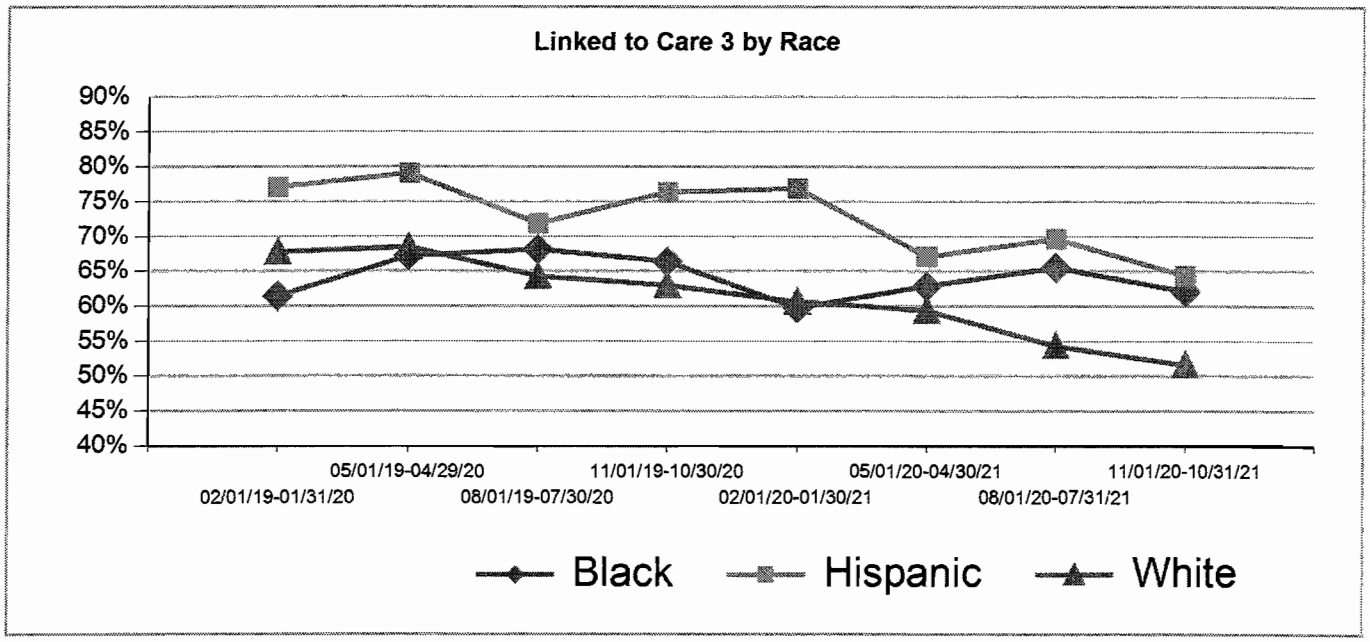
Annual Retention In Care by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who had either of the following more than 90 days apart from 1st encounter: a) at least 1 VL test - b) a subsequent medical visit encounter with a provider with prescribing privileges - during the measurement year	543	1,938	2,004	1,568	42	444	540	1,771	2,012	1,610	41	481
Number of clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	643	2,433	2,520	2,020	74	551	644	2,286	2,491	2,068	76	597
Percentage	84.4%	79.7%	79.5%	77.6%	56.8%	80.6%	83.9%	77.5%	80.8%	77.9%	53.9%	80.6%
Change from Previous Quarter Results	0.9%	-1.8%	-0.6%	-0.3%	5.4%	1.8%	-0.6%	-2.2%	1.2%	0.2%	-2.8%	0.0%



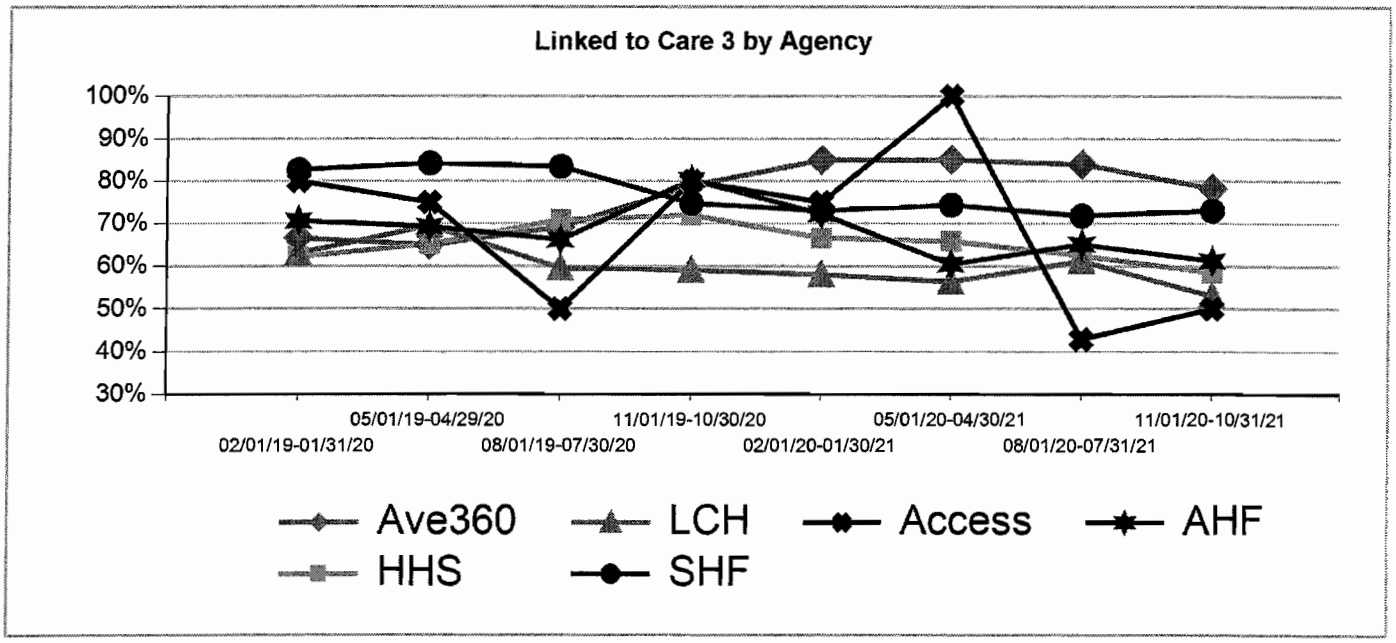
Linked to Care 3				
Medical Visits for Newly Enrolled Clients				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	301	273	334	320
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	453	427	510	519
Percentage	66.4%	63.9%	65.5%	61.7%
Change from Previous Quarter Results	-2.9%	-2.5%	1.6%	-3.8%



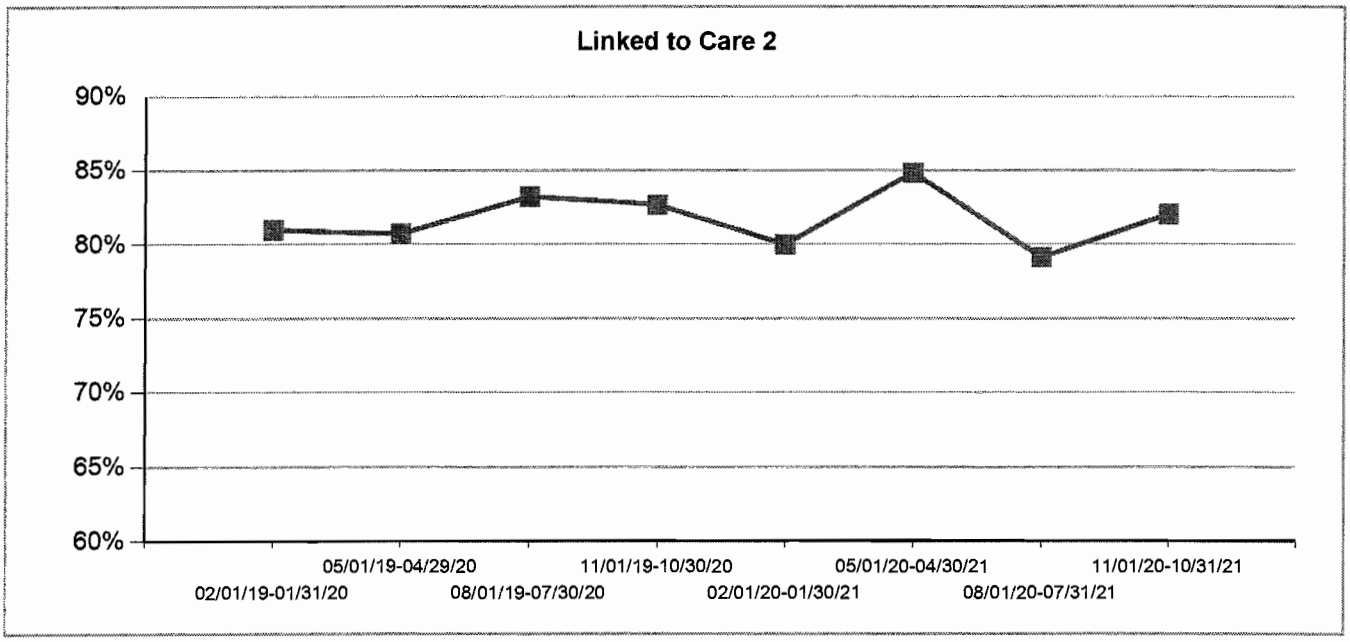
Linked to Care 3 by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	122	106	38	173	117	38	159	121	33
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	194	158	64	264	168	70	256	188	64
Percentage	62.9%	67.1%	59.4%	65.5%	69.6%	54.3%	62.1%	64.4%	51.6%
Change from Previous Quarter Results	3.2%	-9.8%	-1.2%	2.6%	2.6%	-5.1%	-3.4%	-5.3%	-2.7%



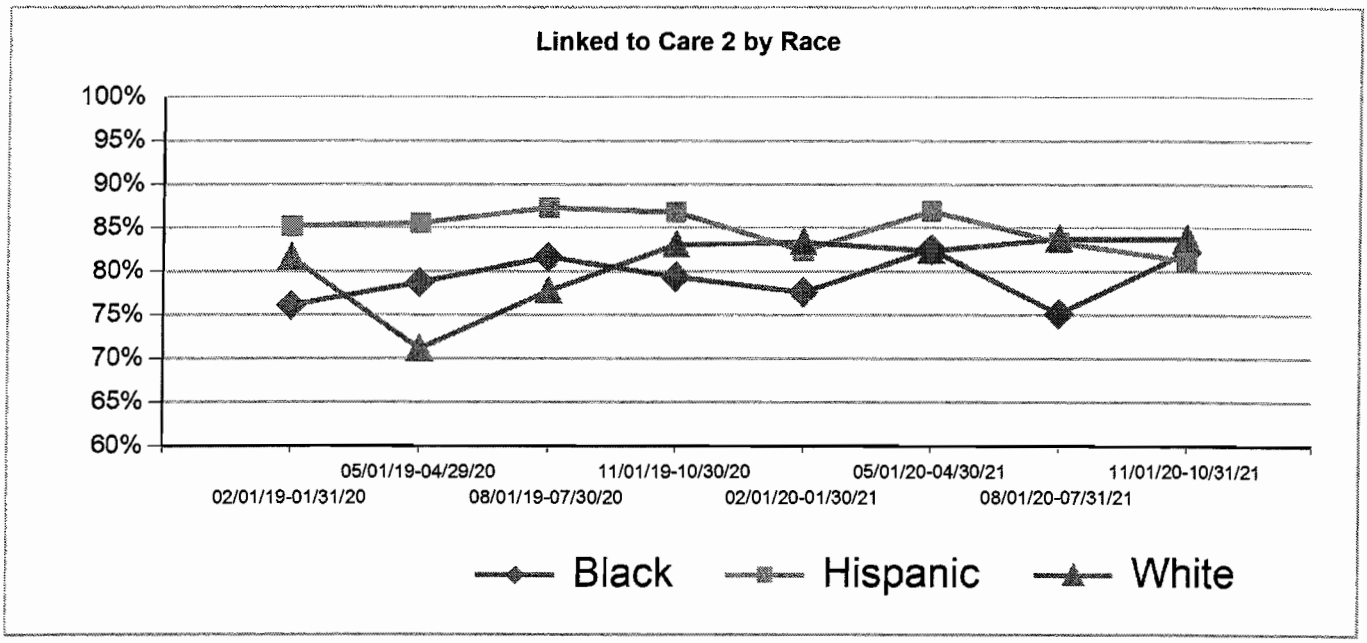
Linked to Care 3 by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who had a medical visit with a provider at least once in the last 6 months of the measurement period	21	70	101	69	3	73	18	69	71	84	2	79
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 6 months of the measurement period	25	112	165	96	7	112	23	118	134	115	4	129
Percentage	84.0%	62.5%	61.2%	71.9%	42.9%	65.2%	78.3%	58.5%	53.0%	73.0%	50.0%	61.2%
Change from Previous Quarter Results	-1.0%	-3.4%	4.8%	-2.5%	-57.1%	4.7%	-5.7%	-4.0%	-8.2%	1.2%	7.1%	-3.9%



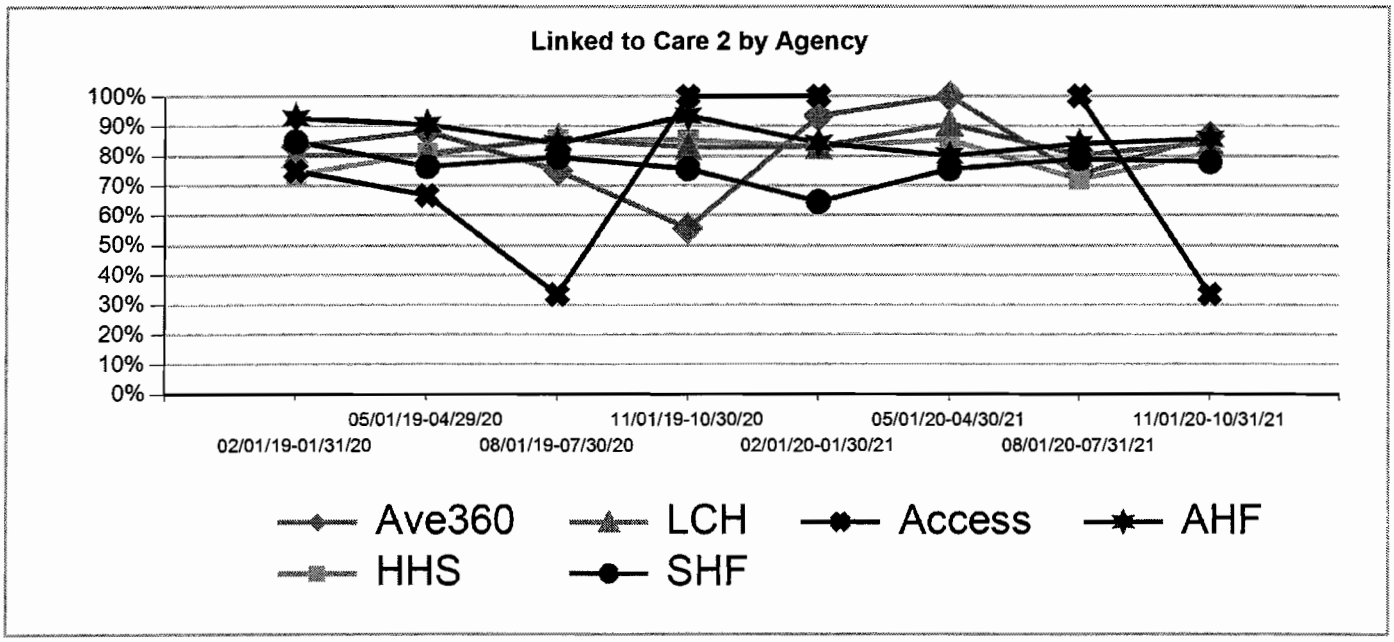
Linked to Care 2				
Viral Load Suppression Measure for Newly Enrolled Clients				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	232	213	235	265
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	290	251	297	323
Percentage	80.0%	84.9%	79.1%	82.0%
Change from Previous Quarter Results	-2.7%	4.9%	-5.7%	2.9%



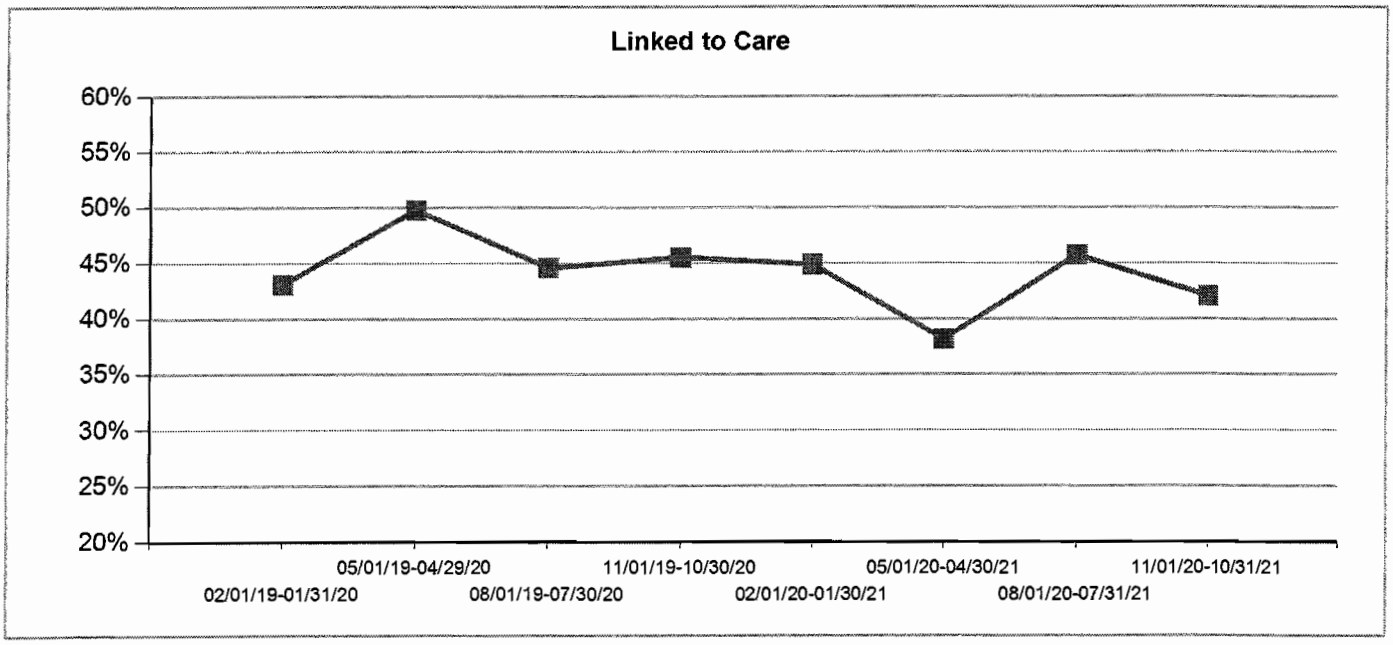
Linked to Care 2 by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	85	93	28	118	75	36	129	95	36
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	103	107	34	157	90	43	157	117	43
Percentage	82.5%	86.9%	82.4%	75.2%	83.3%	83.7%	82.2%	81.2%	83.7%
Change from Previous Quarter Results	4.9%	4.6%	-1.0%	-7.4%	-3.6%	1.4%	7.0%	-2.1%	0.0%



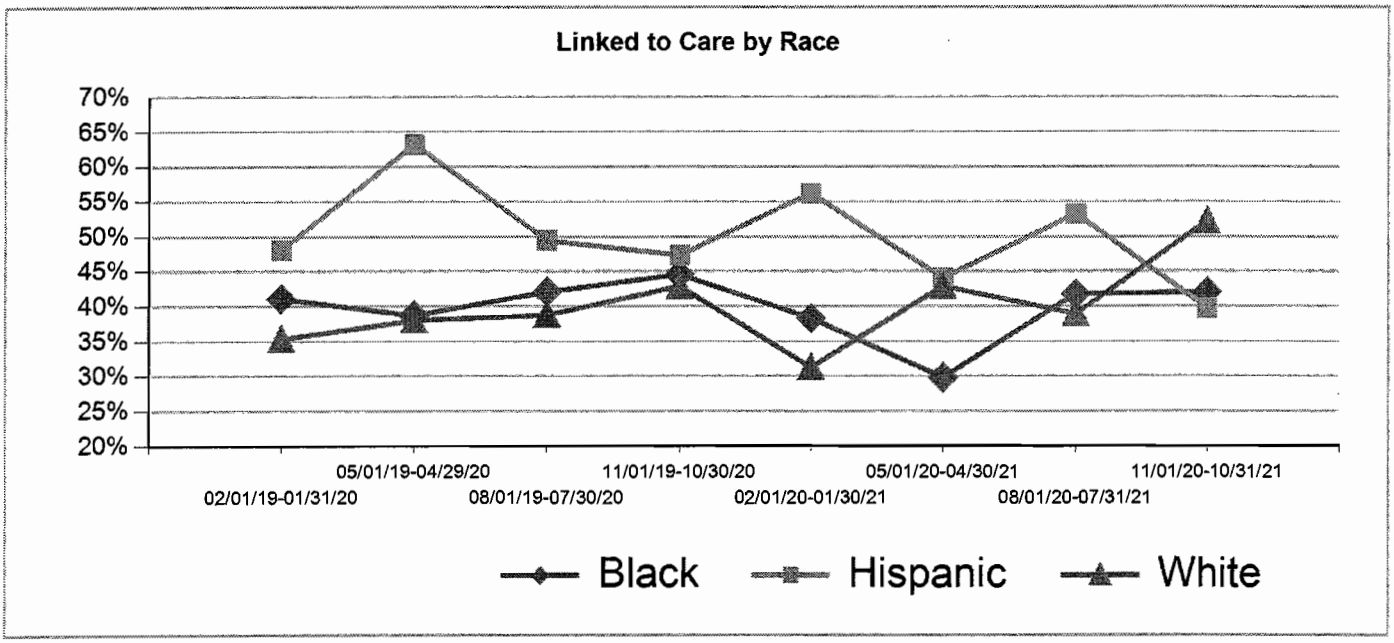
Linked to Care 2 by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who have a viral load <200 copies/ml at last viral load in the measurement period	14	49	69	45	4	58	13	64	70	53	1	66
Number of newly enrolled clients who had a medical visit with a provider at least once in the first 4 months of the measurement period	19	68	86	57	4	69	15	79	83	68	3	77
Percentage	73.7%	72.1%	80.2%	78.9%	100.0 %	84.1%	86.7%	81.0%	84.3%	77.9%	33.3%	85.7%
Change from Previous Quarter Results	-26.3%	-13.4%	-10.6%	3.4%	NaN	4.1%	13.0%	9.0%	4.1%	-1.0%	-66.7%	1.7%



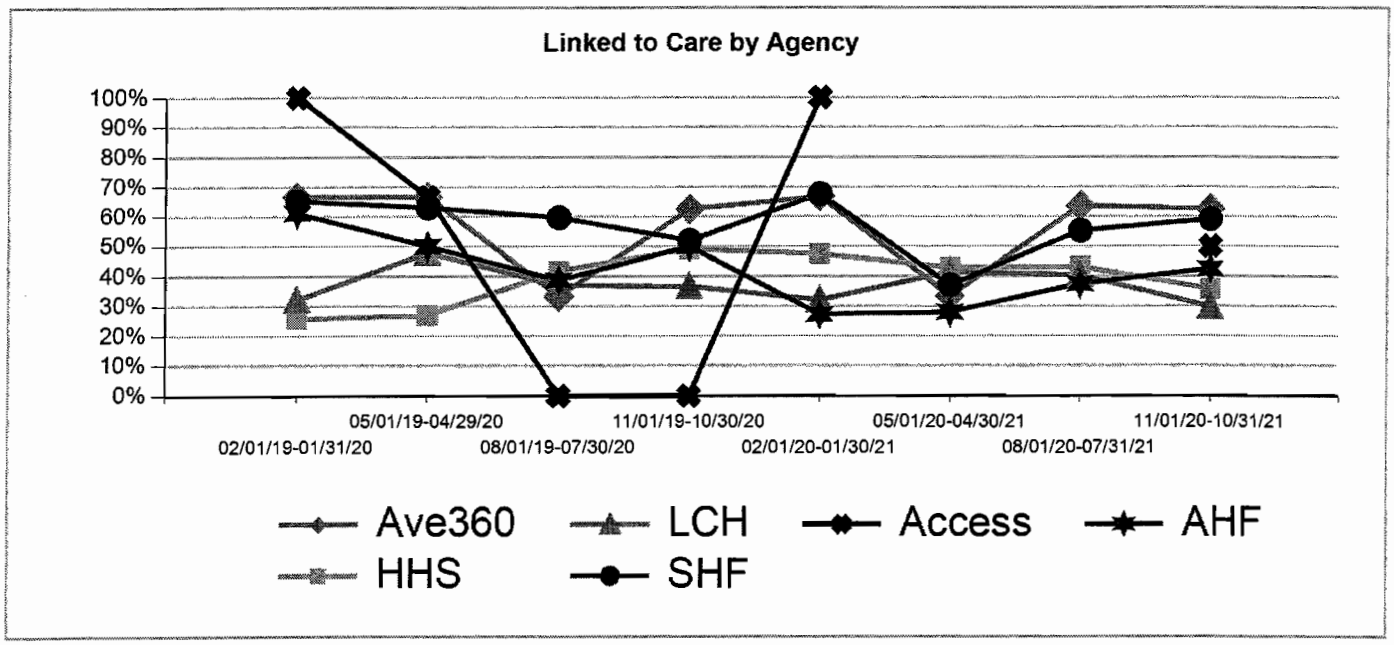
Linked to Care				
In+Care Campaign clients Newly Enrolled in Medical Care Measure				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	70	50	80	82
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	156	131	175	195
Percentage	44.9%	38.2%	45.7%	42.1%
Change from Previous Quarter Results	-0.6%	-6.7%	7.5%	-3.7%
* exclude if vl<200 in 1st 4 months				



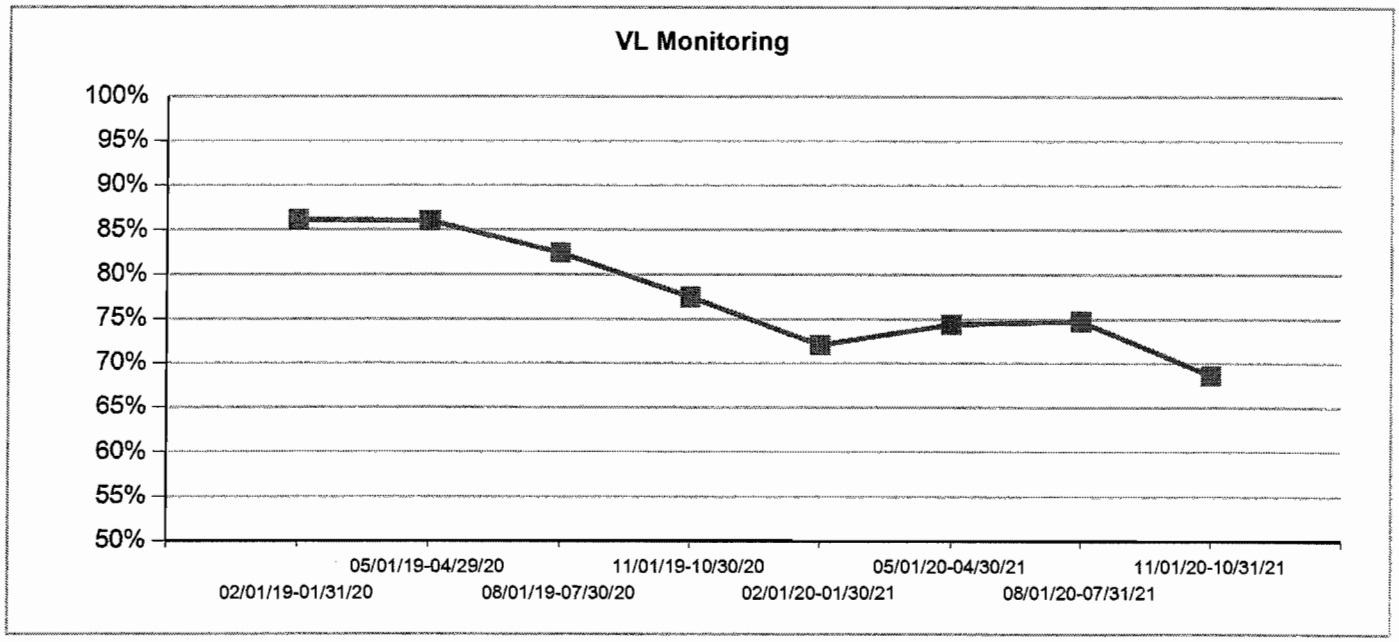
Linked to Care by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	17	26	6	38	33	7	42	27	12
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	57	59	14	91	62	18	100	68	23
Percentage	29.8%	44.1%	42.9%	41.8%	53.2%	38.9%	42.0%	39.7%	52.2%
Change from Previous Quarter Results	-8.4%	-12.1%	11.6%	11.9%	9.2%	-4.0%	0.2%	-13.5%	13.3%
* exclude if vl<200 in 1st 4 months									



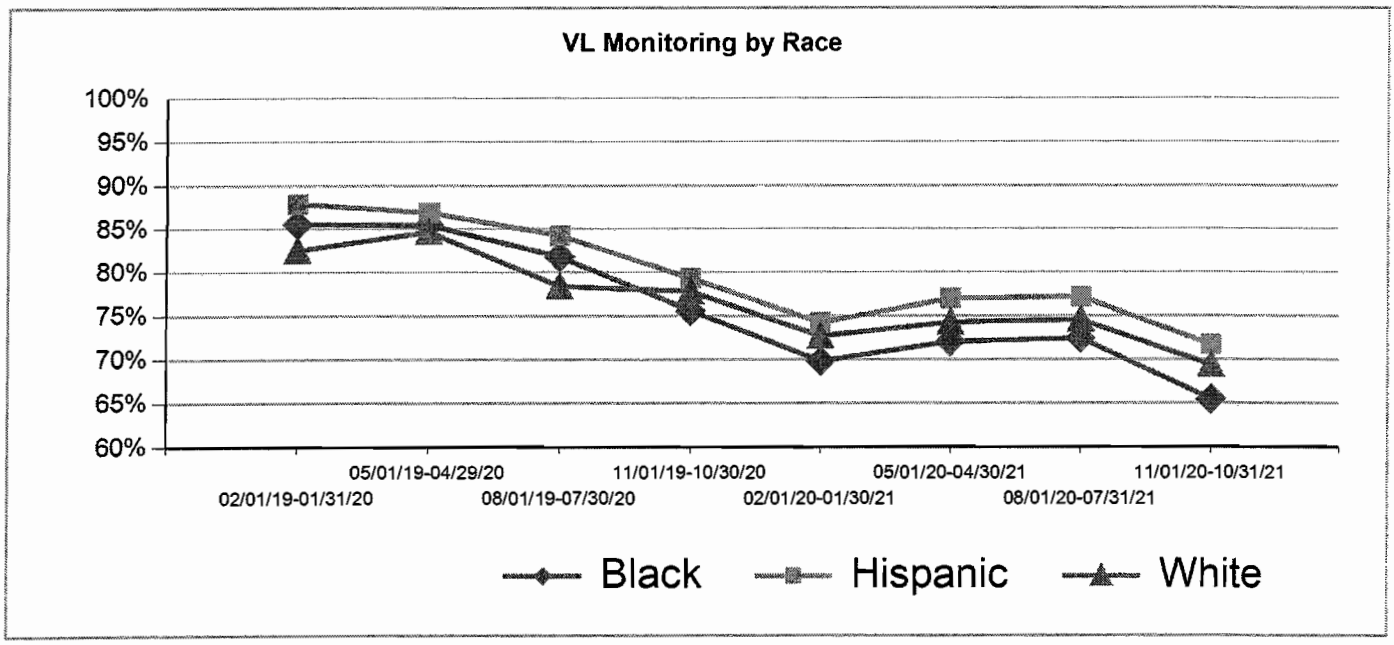
Linked to Care by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of newly enrolled uninsured clients who had at least one medical visit in each of the 4-month periods of the measurement year	7	19	21	21	0	12	5	20	14	26	1	17
Number of newly enrolled uninsured clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	11	44	52	38	0	32	8	56	47	44	2	40
Percentage	63.6%	43.2%	40.4%	55.3%	NaN	37.5%	62.5%	35.7%	29.8%	59.1%	50.0%	42.5%
Change from Previous Quarter Results	30.3%	0.3%	-1.1%	18.2%	NaN	9.5%	-1.1%	-7.5%	-10.6%	3.8%	NaN	5.0%
* exclude if vl<200 in 1st 4 months												



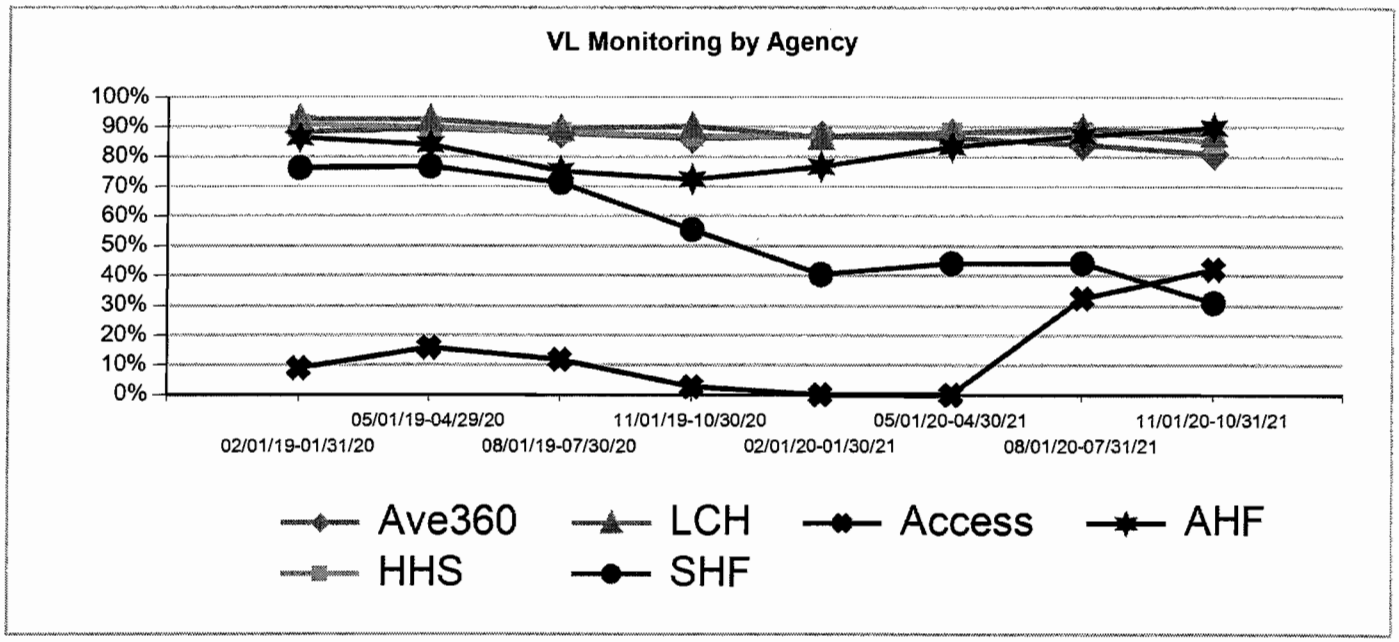
Viral Load Monitoring				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	3,874	3,977	3,915	3,478
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	5,376	5,346	5,238	5,069
Percentage	72.1%	74.4%	74.7%	68.6%
Change from Previous Quarter Results	-5.4%	2.3%	0.4%	-6.1%



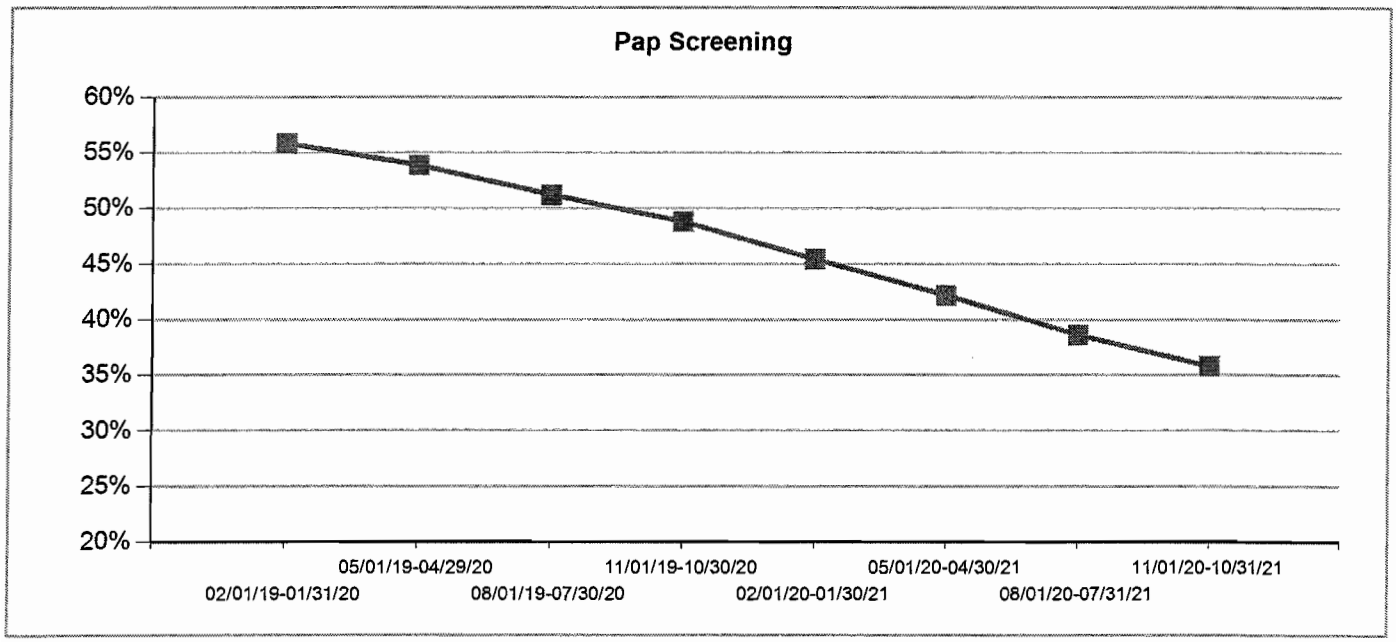
VL Monitoring Data by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	1,726	1,712	456	1,684	1,697	443	1,466	1,528	394
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	2,396	2,224	614	2,324	2,198	594	2,240	2,131	568
Percentage	72.0%	77.0%	74.3%	72.5%	77.2%	74.6%	65.4%	71.7%	69.4%
Change from Previous Quarter Results	2.2%	2.8%	1.6%	0.4%	0.2%	0.3%	-7.0%	-5.5%	-5.2%



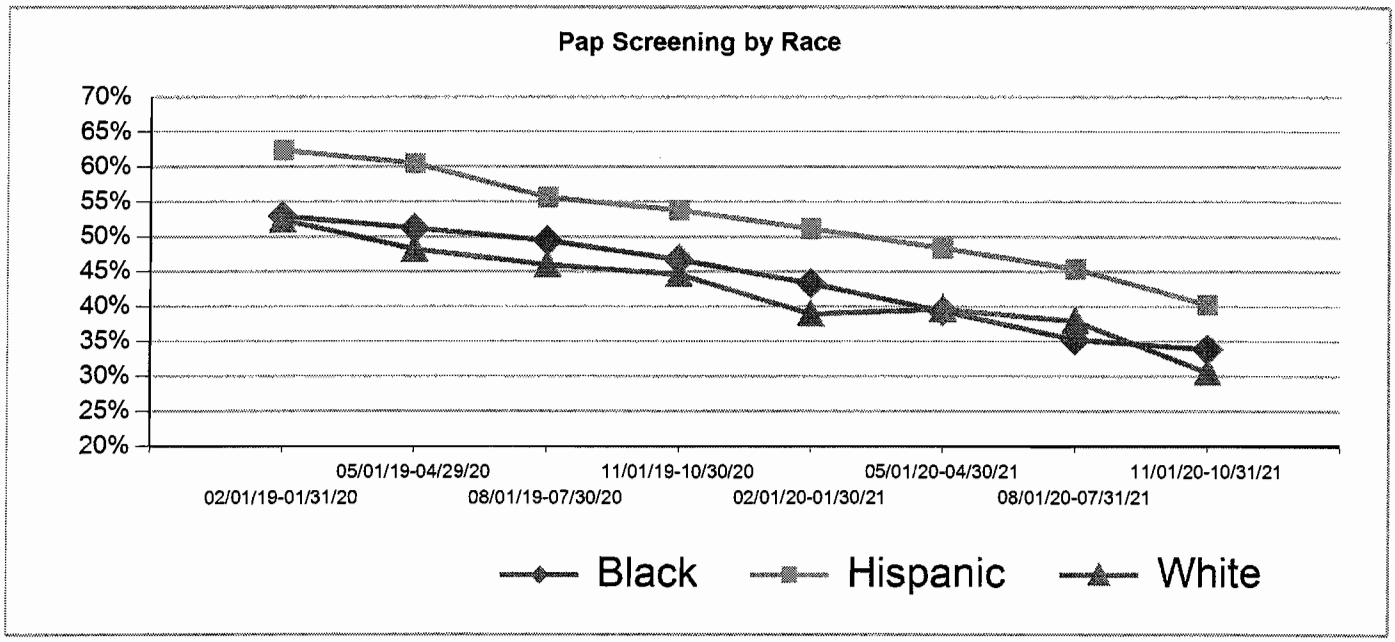
VL Monitoring by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	422	1,285	1,179	674	12	327	396	1,092	1,141	475	16	340
Number of clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	502	1,454	1,318	1,524	37	376	490	1,286	1,303	1,536	38	379
Percentage	84.1%	88.4%	89.5%	44.2%	32.4%	87.0%	80.8%	84.9%	87.6%	30.9%	42.1%	89.7%
Change from Previous Quarter Results	-2.2%	0.3%	1.3%	0.1%	32.4%	3.6%	-3.2%	-3.5%	-1.9%	-13.3%	9.7%	2.7%



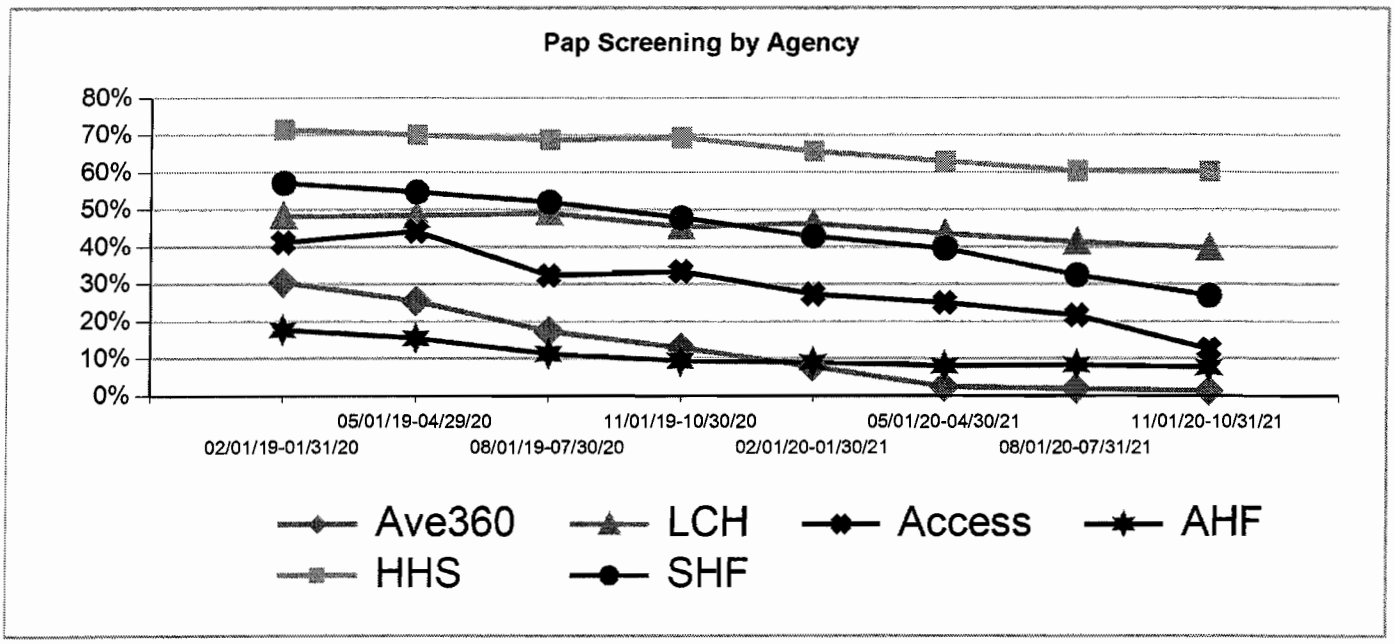
Cervical Cancer Screening				
	02/01/20 - 01/30/21	05/01/20 - 04/30/21	08/01/20 - 07/31/21	11/01/20 - 10/31/21
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	898	853	777	696
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,977	2,023	2,012	1,945
Percentage	45.4%	42.2%	38.6%	35.8%
Change from Previous Quarter Results	-3.4%	-3.3%	-3.5%	-2.8%



Cervical Cancer Screening Data by Race/Ethnicity									
	05/01/20 - 04/30/21			08/01/20 - 07/31/21			11/01/20 - 10/31/21		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	492	290	55	433	276	53	398	243	40
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,252	600	139	1,230	608	140	1,176	604	131
Percentage	39.3%	48.3%	39.6%	35.2%	45.4%	37.9%	33.8%	40.2%	30.5%
Change from Previous Quarter Results	-4.0%	-2.8%	0.7%	-4.1%	-2.9%	-1.7%	-1.4%	-5.2%	-7.3%



Cervical Cancer Screening by Agency												
	08/01/20 - 07/31/21						11/01/20 - 10/31/21					
	Ave360	HHS	LCH	SHF	Access	AHF	Ave360	HHS	LCH	SHF	Access	AHF
Number of female clients who had Pap screen results documented in the 3 years previous to the end of the measurement year	3	435	164	435	8	17	2	392	159	142	5	16
Number of female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	159	720	397	531	37	204	154	650	401	527	40	210
Percentage	1.9%	60.4%	41.3%	32.4%	21.6%	8.3%	1.3%	60.3%	39.7%	26.9%	12.5%	7.6%
Change from Previous Quarter Results	-0.6%	-2.6%	-2.2%	-7.2%	-3.4%	0.3%	-0.6%	-0.1%	-1.7%	-5.4%	-9.1%	-0.7%



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

THE HOUSTON REGIONAL HIV/AIDS
RESOURCE GROUP, INC.

HOW TO READ
TRG REPORTS
2022

2022 TRG RWPC REPORT DUE

STATE SERVICES CONTRACT YEARS	RYAN WHITE PART B CONTRACT YEARS
Year 1: 9/1/21 - 8/31/22 Year 2: 9/1/22 - 8/31/23	Year 1: 4/1/21 - 3/31/22 Year 2: 4/1/22 - 3/31/23

ANNUAL REPORTS *(DELIVERED TO QI COMMITTEE)*	
2021 CONSUMER INVOLVEMENT REPORT March 2022*	2021 CHART REVIEW REPORTS March 2022*

**Limited Data Collection due COVID-19 Restrictions and DSHS Waiver of Monitoring*

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

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

**Potential impact due to TCT Transition

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

Quarterly Service Utilization Reports

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

2018-2019 Ryan White Part B Service Utilization Report **A**
4/1/2018 - 3/31/2019 Houston HSDA (4816)
3rd Quarter - 4/1/2018 to 12/31/2018

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

Revised 2/21/2019

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

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

Items of Note:

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

Monthly Procurement Reports

Purpose:
Provide monthly updates on spending by service category.

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

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

THE RESOURCE GROUP

Revised 2/19/2019 C.

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

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

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

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

Quarterly Service Utilization Reports

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

Houston Ryan White Health Insurance Assistance Service Utilization Report

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

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

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

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

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

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

Reflects spending through December 2021

Spending Target: 75%

Revised 1/25/22

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 (1)	$1,674,036	50%	$0	$1,674,036	$0	$1,674,036	4/1/2021	$1,074,738	64%
4	Oral Health Care -Prosthodontics (1)	$544,842	16%	$0	$544,842	$0	$544,842	4/1/2021	$364,162	67%
5	Health Insurance Premiums and Cost Sharing (2)	$1,028,433	31%	$0	$1,028,433	$0	$1,028,433	4/1/2021	$273,355	27%
9	Home and Community Based Health Services (3)	$113,315	3%	$0	$113,315	$0	$113,315	4/1/2021	$24,560	22%
	Increased RWB Award added to OHS per Increase Scenario*	$0	0%	$0	$0					
	Total Houston HSDA	3,360,626	100%	0	3,360,626	$0	$3,360,626		1,736,814	52%

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

(1) Working with agency on spending and looking into possible reallocation

(2) 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

(3) Demand is still down because of COVID & Category is two months behind in reporting

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2122 DSHS State Services

Procurement Report

September 1, 2021 - August 31, 2022

Chart reflects spending through December 2021

Spending Target: 33%

Revised 1/25/2022

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)**	$853,137	43%	**$0**	$853,137	$0	$853,137	9/1/2020	$0	0%
6	**Mental Health Services (2)**	$300,000	15%	**$0**	$300,000	$0	$300,000	9/1/2020	$27,750	9%
7	**EIS - Incarcerated**	$175,000	9%	**$0**	$175,000	$0	$175,000	9/1/2020	$51,279	29%
11	**Hospice**	$259,832	13%	**$0**	$259,832	$0	$259,832	9/1/2020	$69,960	27%
13	**Non Medical Case Management (2)**	$350,000	17%	**$0**	$350,000	$0	$350,000	9/1/2020	$53,357	15%
16	**Linguistic Services**	$68,000	3%	**$0**	$68,000	$0	$68,000	9/1/2020	$23,850	35%
	Total Houston HSDA	**2,005,969**	**100%**	**$0**	$2,005,969	$0	$2,005,969		226,196	11%

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) Subcontractors behind in reporting

4/1/2021- 12/31/2021 Houston HSDA (4816)
3rd Quarter

Revised 2/1/2022

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums	*1,600*	614	82.25%	17.26%	0.00%	0.49%	36.97%	26.87%	33.87%	2.29%	0.00%	0.00%	1.00%	19.38%	17.91%	27.52%	27.68%	6.51%
Home and Communiy Based Health Services	*38*	18	52.63%	42.10%	0.00%	5.27%	77.77%	11.11%	11.12%	0.00%	0.00%	0.00%	5.55%	0.00%	0.00%	27.77%	44.44%	22.24%
Oral Health Care	*3,510*	2,451	72.59%	27.19%	0.00%	0.22%	53.69%	12.81%	31.57%	1.93%	1.91%	0.08%	1.99%	17.05%	21.54%	25.09%	25.66%	6.68%
Unduplicated Clients Served By State Services Funds:	*NA*	1,839	69.16%	28.85%	0.00%	1.99%	56.14%	16.93%	25.52%	1.41%	0.64%	0.03%	2.85%	12.14%	13.15%	26.79%	32.59%	11.81%

2021 - 2022 DSHS State Services Service Utilization Report
9/1/2021 thru 11/30/2021 Houston HSDA
1st Quarter

Revised 1/3/2022

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	*700*	240	85.00%	12.08%	0.00%	2.92%	64.17%	14.17%	20.83%	0.83%	0.00%	7.50%	29.59%	29.58%	0.00%	16.04%	16.04%	1.25%
Health Insurance Premiums	*2,300*	147	72.11%	25.85%	0.00%	2.04%	27.21%	42.86%	28.57%	1.36%	0.00%	0.00%	0.00%	16.33%	16.33%	27.55%	27.55%	12.24%
Hospice	*35*	8	75.00%	25.00%	0.00%	0.00%	50.00%	12.50%	37.50%	0.00%	0.00%	0.00%	0.00%	25.00%	25.00%	12.50%	12.50%	25.00%
Linguistic Services	*50*	28	50.00%	46.43%	0.00%	3.57%	42.86%	7.14%	17.86%	32.14%	0.00%	0.00%	0.00%	12.07%	16.07%	34.14%	34.15%	3.57%
Mental Health Services	*250*	73	77.00%	23.00%	0.00%	0.00%	31.09%	45.99%	22.92%	0.00%	0.00%	17.52%	17.53%	35.37%	17.69%	0.00%	0.00%	11.89%
Unduplicated Clients Served By State Services Funds:	*NA*	496	71.82%	26.47%	0.00%	1.71%	43.07%	24.53%	25.54%	6.87%	0.00%	5.00%	9.42%	23.67%	15.02%	18.05%	18.05%	10.79%

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2021-11/30/2021

Revised: 1/7/2022

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	360	$39,512.64	218			*0*
Medical Deductible	7	$453.31	6			*0*
Medical Premium	1753	$388,354.00	691			*0*
Pharmacy Co-Payment	4820	$167,028.54	648			*0*
APTC Tax Liability	0	$0.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	4	$693.77	8	*NA*	*NA*	*NA*
Totals:	6944	$594,654.72	1571	0	$0.00	

Comments: This report represents services provided under all grants.

Priority and Allocations Committee Report

DRAFT

2022 Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-24-22)

Background

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

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

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

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

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

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

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

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

DRAFT

Recommendations for Addressing Unobligated and Carryover Funds:

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

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

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

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

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

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

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

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

DRAFT

Priority and Allocations

FY 2023 Guiding Principles and Decision Making Criteria

(Priority and Allocations Committee approved 02-24-22)

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

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

Principles

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

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

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

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

Allocations only

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

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

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

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

(Continued)

DRAFT

DECISION MAKING CRITERIA STEP 1:

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

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

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

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

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

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

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

DECISION MAKING CRITERIA STEP 2:

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

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

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

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

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

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

G. Services meet or exceed standards of care

H. Services reflect latest medical advances, when appropriate

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

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

FY 2023 Priority Setting Process

(Priority and Allocations Committee approved 02-24-22)

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

(Continued on next page)

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