

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
1310 Prairie Street, Suite 800, Houston, Texas 77002  
832 927-7926 telephone; <http://rwpchouston.org>

**MEMORANDUM**

To: Members, Houston Ryan White Planning Council

Copy: Glenn Urbach, Ryan White Grant Administration  
Mauricia Chatman, Ryan White Grant Administration  
Francisco Ruiz, Ryan White Grant Administration  
Tiffany Shepherd, The Resource Group  
Sha'Terra Johnson, The Resource Group  
Diane Beck, Ryan White Office of Support

**Email Copy Only:**

LCDR Lawrence Momodu, HRSA  
Commander Rodrigo Chavez, PACE  
Jason Black, Ryan White Grant Administration  
Ann Robison, the Montrose Center  
Marlene McNeese, Houston Health Department  
Charles Henley, Consultant

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

Date: Tuesday, December 5, 2023

Re: Meeting Announcement

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The December Council meeting is the last meeting of 2023. Please attend virtually or online so that you can acknowledge those who will be rotating off of the Council and vote on the candidates running to be an officer in 2024. To make quorum, **we need 11 people to meet in-person at Bering Church in the Montrose area.** We will be providing sandwich trays to those who have a medical need. Others are encouraged to bring a brown bag lunch. Please contact Rod ASAP to RSVP, even if you cannot attend so we know if we can make quorum. Rod can be reached at: 832 927-7926 or by responding to her email reminders.

**Ryan White Planning Council Meeting**

12 noon, Thursday, December 14, 2023

**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

**In Person:** Bering Church, 1440 Harold St, Houston, Texas 77006. Use the parking lot behind the church on Hawthorne Street and **use the code that was given to Council members only to enter the building.**

Thank you.

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



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

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

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

## AGENDA

12 noon, December 14, 2023

### **Meeting Location: Online or via phone**

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Meeting ID: 995 831 210

Passcode: 577264

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

**In Person: Bering Church, 1440 Harold St, Houston, Texas 77006. Park and enter from behind the Church at the corner of Mulberry and Hawthorne Streets.**

- I. Call to Order  
A. Welcome and Moment of Reflection  
B. Adoption of the Agenda  
C. Approval of the Minutes  

Crystal R. Starr, Chair  
Ryan White Planning Council
  
- 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  

Steven Vargas, Co-Chair

*Item: 2023 Needs Assessment Update*  
*Recommended Action: FYI: 2023 Needs Assessment data collection is taking place weekly.*

*Item: S.M.A.R.T. Goals*  
*Recommended Action: **Motion:** Approve attached, revised goals which make them S.M.A.R.T. (Specific, Measurable, Attainable, Relevant, Time-based) goals for the 2022-26 Houston Area HIV Plan.*

*Item:* 2022-2026 Houston Area Integrated HIV Prevention and Care Plan  
*Recommended Action:* FYI: On November 16, 2023 CPG and the Planning Council hosted a community meeting to kick off the Ending the HIV Epidemic/Integrated HIV Planning Prevention and Care Planning body. Ronnie Galley, Lesley Williams and Shawn Flintroy, as the Co-Chairs of the Leadership Team, did an excellent job co-facilitating the meeting. Over 48 people participated in person or online, plus eight members of the CPG and Planning Council staff. Committee and Workgroup Co-Chairs were introduced and did a fabulous job competing with one another to encourage participants to sign up for their group. In December, the Comprehensive HIV Planning Committee will meet with CPG's Evaluation Committee to form the EHE/Integrated Planning body's Evaluation Committee. In January 2024, all committees and workgroups will begin to meet every other month. All committees and workgroups will report to the Leadership Team in February and continue meeting on alternate months. Please use the attached form to sign up for committee, workgroup and/or the Leadership Team. All are encouraged to participate in this important planning body hosted by CPG & the Planning Council over the next 3 years.

B. Affected Community Committee

*Item:* Road to Success Presentations in FY 2023

*Recommended Action:* FYI: The Affected Community Committee will be hosting 5 Road to Success presentations at 5 different Ryan White funded clinics before the end of FY 2023. The theme for all of the classes will be reviewing a complete menu of services available at each agency. There will be special emphasis on Emergency Financial Assistance – Pharmacy.

Rodney Mills and  
Diane Morgan, Co-Chairs

C. Quality Improvement Committee

*Item:* Reports from the Administrative Agent – Part A/MAI\*

*Recommended Action:* FYI: See the attached reports from the Part A/MAI Administrative Agent.

*Item:* Reports from the Administrative Agent – Part B/SS\*\*

*Recommended Action:* FYI: See the attached reports from the Part B/State Services Administrative Agent.

*Item:* FY24 Standards of Care - Part A/MAI

*Recommended Action:* **Motion:** Endorse all changes to the FY24 Part A/MAI Standards of Care as presented on attached summary sheet.

*Item:* FY24 Standards of Care - Part B and State Services

*Recommended Action:* **Motion:** Endorse all changes to the FY24 Part B/SS Standards of Care as discussed in the presentation from The Resource Group, see attached.

Tana Pradia and  
Pete Rodriguez, Co-Chairs

D. Priority and Allocations Committee

No report

Peta-gay Ledbetter and  
Bobby Cruz, Co-Chairs

- |       |   |  |
|-------|---|--|
| E.    | <p>Operations Committee<br/> <i>Item:</i> Elections for 2024 Council Officers<br/> <i>Recommended Action:</i> FYI: See the attached slate of nominees for Officers of the 2024 Ryan White Planning Council.</p> <p><i>Item:</i> Important Dates in 2024<br/> <i>Recommended Action:</i> FYI: Please note the following 2024 <u>in-person</u> meetings:</p> <ul style="list-style-type: none"> <li>• New Member Training &amp; Mentor/Mentee Luncheon – Thurs. 01/18/23</li> <li>• 10 am – 4 pm Council Orientation at III Wolfgang Puck – Thurs. 01/25/23</li> </ul>  | <p>Ronnie Galley and<br/> Cecilia Lignons, Co-Chairs</p>   |
| V.    | Report from the Office of Support   | Tori Williams, Director  |
| VI.   | Report from Ryan White Grant Administration   | Glenn Urbach, Manager  |
| VII.  | Report from The Resource Group  | Sha’Terra Johnson<br>Health Planner  |
| VIII. | Medical Updates   | Shital Patel, MD<br>Baylor College of Medicine   |
| IX.   | <p>New Business (<b><u>During Virtual Meetings, Reports Will Be Limited to Written Reports Only</u></b>)</p> <p>A. AIDS Educational Training Centers (AETC)</p> <p>B. Ryan White Part C Urban and Part D</p> <p>C. HOPWA</p> <p>D. Community Prevention Group (CPG)</p> <p>E. Update from Task Forces:</p> <ul style="list-style-type: none"> <li>• Sexually Transmitted Infections (STI)</li> <li>• African American</li> <li>• Latino</li> <li>• Youth</li> <li>• MSM</li> <li>• Hepatitis C</li> <li>• Project PATHH (Protecting our Angels Through Healing Hearts)<br/>formerly Urban AIDS Ministry</li> </ul> <p>F. HIV and Aging Coalition</p> <p>G. Texas HIV Medication Advisory Committee</p> <p>H. Positive Women’s Network</p> <p>I. Texas Black Women’s Initiative</p> <p>J. Texas HIV Syndicate</p> <p>K. END HIV Houston</p> <p>L. Texans Living with HIV Network</p> | <p>Shital Patel</p> <p>Dawn Jenkins</p> <p>Megan Rowe</p> <p>Kathryn Fergus</p><br><p>Sha’Terra Johnson</p> <p>Steven Vargas</p><br><p>Steven Vargas</p> <p>Skeet Boyle</p><br><p>Skeet Boyle</p> <p>Bruce Turner</p> <p>Tana Pradia or Diana M.</p> <p>Sha’Terra Johnson</p> <p>Steven Vargas</p> <p>Jason Black</p> <p>Steven Vargas</p> |

IX. Announcements

X. Adjournment

\* MAI = Minority AIDS Initiative

\*\* SS = Texas State Services Funding

**Comprehensive HIV  
Planning Committee  
Report**

**Organizational Meeting for the Houston Area  
Ending the HIV Epidemic and  
Integrated HIV Prevention and Care Planning Body**  
Co-hosted by the Houston Prevention Community Planning Group and the  
Houston Ryan White Planning Council

**4 p.m., Thursday, November 16, 2023**

**To Join the Zoom Meeting:**

<https://us02web.zoom.us/j/84992401005?pwd=Z2JqdVBVTU4wa3JGSS9hL1lQeGtqQT09>

Meeting ID: 849 9240 1005 Passcode: 509524

Or, use your telephone and dial in: 346 248 7799

**In person option:** Hiram Clarke Multiservice Center, 3810 W Fuqua St, Houston, TX, 77045

**AGENDA**

\* = See attachment

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- |  |  |
|--|--|
| I. Welcome   | Ronnie Galley, Lesley Williams &<br>Shawn-Kenneth Flintroy |
| II. General Background Information About the Planning Body |  |
| A. History and Goals of the Plan                           | Tori Williams  |
| B. Structure of the Integrated Planning Body*              | Mackenzie Hudson   |
| III. Timeline  |  |
| A. First committee and workgroup meetings in January*      | Sha'Terra Johnson  |
| B. Leadership Team meets in February*                      | Mackenzie Hudson   |
| C. Membership Form   | Tori Williams  |
| IV. Introduce Committee and Workgroup Co-Chairs & Staff    | Ronnie, Lesley & Shawn                                     |
| A. Description of each Committee and Workgroup             |  |
| V. Sign up for Committees, Workgroups, and Leadership Team | All  |

Thank you!

**SMART goals for 2022 Integrated HIV Prevention and Care Plan – Updated 11/14/23**  
 (All SMART Goals Approved by Ryan White Comp HIV Planning Committee 11/09/23)

The SMART method provides a way to measure your progress and be accountable for your success. Setting SMART goals allow you to realistically evaluate what you are trying to achieve by assessing what actions to take to reach your goal. For example, you might set a goal to “get better” at typing. However, upon evaluating this goal using the SMART method, you see that your goal is quite vague. By restating your goal in quantifiable terms, such as “be able to type more words per minute,” you have a SMART goal that can be obtained. The characteristics of this goal can then be further detailed to reflect the remaining traits of the SMART goal process.

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<p><b><u>EXAMPLE 1 (HHD):</u></b> Goal 1A: Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.</p> <p><b><u>EXAMPLE 2 (NHAS):</u></b> Goal 5C: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.</p>	<p>Increase individual knowledge of HIV status</p> <p>who report an unmet need for services from a mental health professional</p>	<p>by diagnosing at least 90%</p> <p>Decrease by 50%</p>	<p>of the estimated individuals who are unaware of their status</p> <p>the proportion of people with diagnosed HIV</p>		<p>within three (3) years.</p> <p>from a 2017 baseline of 24.2%.</p>	
<b>Pillar 1: Diagnose</b>						
<p><u>Goal 1B:</u> Improve HIV-Related Health Outcomes of All People Being Tested for HIV</p> <p><u>Goal 1B REV.:</u> Using the status neutral approach, develop X number of Rapid Start programs in order to increase the capacity of the public health healthcare delivery systems and healthcare workforce in order to improve HIV-</p>	<p>Ensure all Ryan White-funded medical care and treatment programs have Rapid Start</p>		<p>By using lessons learned during pilot phase and funding similar efforts</p>	<p>And prioritizing populations that least benefitted, accessed</p>	<p>Within three (3) years.</p>	

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
related health outcomes of the individuals being tested.						
<b>Pillar 2: Treat</b>						
<p><u>Goal 1C</u>: Increase Knowledge and Understanding of HIV <i>Activity: Establish a Houston Area HIV Education Council.</i></p> <p><u>Goal 1C REV</u>: Establish a Houston Area HIV Education Council by reaching out to colleges, consumers, in-person educators, youth, and professional healthcare workers in partnership with AETCs, the RW program, CPG, and city and county health departments to increase consumer input and participation into science-based health education and Houston Area HIV linkage to prevention and care services.</p>	Establish a Houston Area HIV Education Council	By reaching out to college, consumers, needing in-person educators, youth, and professional healthcare workers	In partnership with AETCs, RW and CPG	Increase consumer input and participation into science-based comprehensive sexual health education	Within three (3) years.	Development of a curriculum and pre- and post- tests
<p><u>Goal 2B</u>: Increase Access to Care and Medication <i>Activity: Increase access to services that replace or provide identification documents.</i></p> <p><u>Goal 2B REV</u>: Increase access to services that replace or provide identification documents so that lack of identification as a barrier will decrease regardless of immigration or legal status by working with identification providers</p>	Increase access to services that replace or provide identification documents.	Lack of identification as a barrier will decrease	By working with identification Providers inc. CBOs, NGOs and governmental agencies	Regardless of immigration or legal status	For three (3) years.	Increased number of IDs dispensed ID will not be listed as a main barrier to care in our Needs Assessments



<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
including CBOs, NGOs, and government agencies.						
<p><u>Goal 2C:</u> Increase access to HIV education, prevention and care services among priority populations.</p> <p><u>Goal 2C REV:</u> Create a case manager job description and fund the position so that fewer people with a history of sexual offense will be lost to care by working with street outreach workers, harm reduction teams and others experienced working with people with a history of sexual offense by prioritizing this historically underserved population.</p>	Create a CM job description and fund the position	Less lost to care for people with a history of sex offenses; linkages to care & support svcs	By working with street outreach workers, Harm Reduction teams and others experienced working with people with a history of sexual offense	By prioritizing an historically underserved population	For three (3) years	A caseload develops, linkage to care
<p><u>Goal 2D:</u> Increase access to care and medication by tying the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive).</p> <p><i>Activity: Meet with representatives of Ryan White-funded agencies to determine if this would resolve the issue of giving consumers prepaid phones.</i></p> <p><u>Goal 2D Rev:</u> Gather information from RW-funded pharmacists, case managers, executive directors, and Coalition for the Homeless to create ease of access via phone provision for historically underserved communities and to mitigate</p>	<ol style="list-style-type: none"> <li>Gather information from RW-funded pharmacists, Case Managers, EDs</li> <li>Invite Coalition for the Homeless ( info on Houston Community Voicemail) – find out what replaced this service as Coalition for the Homeless is no longer providing direct client services</li> </ol>	<ol style="list-style-type: none"> <li>Have meetings</li> <li>Develop pros &amp; cons</li> <li>Synthesize info to dev. a consensus decision</li> </ol>	By September 2024	Create ease of access via phone provision for historically underserved communities, mitigate challenges towards maintaining care	For three (3) years	<ol style="list-style-type: none"> <li>Had meetings?</li> <li>Develop pros &amp; cons</li> <li>synthesize info to dev. a consensus decision</li> </ol>

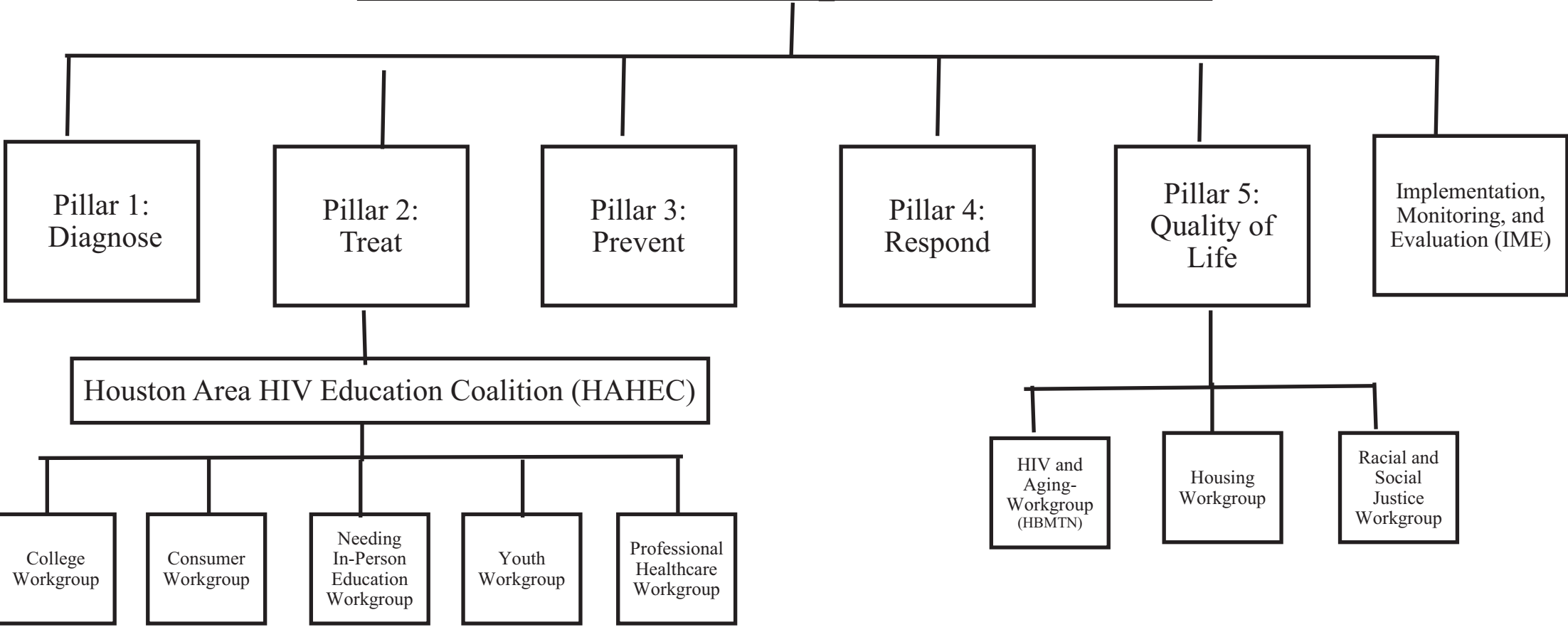
GOAL & ACTIVITY	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
challenges towards maintaining care. Have meetings to develop pros and cons and to synthesize information to develop a consensus decision by September 2024.						
<b>Pillar 3: Prevent</b>						
<u><b>Goal 3A Moved to Pillar 2 and merged with goal 1C</b></u>						•
<p><u>Goal 3C</u>: Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for: Condom distribution in jails and prisons and Texas becoming a Medicaid Expansion state <i>Activity: Gather and review data related to policy changes.</i></p> <p><u>Goal 3C REV</u>: Gather data from SIRR members, people returning from incarceration, subject matter experts, pharmacists, and case managers related to policies both for and against condom distribution in jails and prisons and synthesize information into a consensus decision. Also, gather information from Texas Strike Force, HIV advocacy groups, HINAC (HIV is Not A Crime) related to making Texas a Medicaid expansion state to increase access to more comprehensive medical care and treatment for people</p>	<p>1. Condom Distribution: Gather information from SIRR members, returning from incarceration programs, SME input, pharmacists, Case Managers</p> <p>2. Medicaid Expansion: gather information from Texas Strike Force, HIV advocacy groups, HINAC (HIV IS Not A Crime)</p>	<p>1. 2-3 number of meetings</p> <p>2. Develop pros &amp; cons</p> <p>3. synthesize info to dev. a consensus decision</p>	By March 2024	<p>1. Increased protective factors against HIV acquisition for incarcerated populations</p> <p>2. Increase access to more comprehensive medical care &amp; treatment for people aging with HIV</p>	For three (3) years.	<p>1. 2-3 number of meetings</p> <p>2. Develop pros &amp; cons</p> <p>3. synthesize info to dev. a consensus decision</p>

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
aging with HIV and create a consensus decision.						
<b>Pillar 4: Respond</b>						
All EHE goals.						
<b>Pillar 5: Quality of Life</b>						
<p><u>Goal 5A:</u> Improve Quality of Life for Persons Living with HIV <i>Activity: Develop tools which planning bodies can use to design or strengthen HIV Prevention and Care services that improve the quality of life for people living with HIV.</i></p> <p><u>Goal 5A REV:</u> Improve Quality of Life for persons living with HIV by promoting unfettered access to high quality life-extending prevention and care services through the identification of the top 3 services people needed but couldn't access it as well as the top 3 barriers. We will identify the number of people in need of service and who couldn't access it. This will decrease by focusing on the most needed and least accessible services and the populations benefitting least from these services by making services available, accessible and affordable for three years.</p>	<p>Unfettered access to high quality life-extending prevention and care services Domains 1) Top 3 services needed but couldn't get it and top 3 barriers to each service ***Needs assessment and utilization reports</p>	<p>Percentage of people who said they needed it but couldn't get it – this would decrease</p>	<p>By focusing on the most needed and least accessible services and the populations benefitting least from these services</p>	<p>by making services available, accessible, and affordable</p>	<p>For three (3) years.</p>	<p>Needs Assessment data</p>

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<p><u>Goal 5G:</u> Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data <i>Activity: Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV</i></p> <p><u>Goal 5G REV:</u> For 3 years, continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV.</p> <p>Continued on next page</p>	<p>Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to:</p>	<p>1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV</p>	<p>By continuing the work we have been doing by continuing to host QOL workgroups</p>	<p>Manifesting meaningful involvement of PLWH</p>	<p>For three (3) years.</p>	

GOAL & ACTIVITY	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<b><i>No need to revise the following as SMART goals. HMMP = Houston Medical Monitoring Project.</i></b>						
<u>Goal 5B</u> : Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%. <i>Activity: See HMMP.</i>						<i>See HMMP data.</i>
<u>Goal 5C</u> : Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%. <i>Activity: See HMMP.</i>						<i>See HMMP data.</i>
<u>Goal 5D</u> : Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%. <i>Activity: See HMMP.</i>						<i>See HMMP data.</i>
<u>Goal 5E</u> : Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%. <i>Activity: See HMMP.</i>						<i>See HMMP data.</i>
<u>Goal 5F</u> : Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%. <i>Activity: See HMMP.</i>						<i>See HMMP data.</i>

# Leadership Team



# Membership Form

## 2022-2026 End the HIV Epidemic/Integrated HIV Prevention and Care Planning Body

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

I wish to participate in the following Committees and/or Workgroups for the 2022-2026 EHE/HIV Integrated Planning Body:

Leadership Team:	_____	Member	
Status Neutral Systems & Diagnose Committee:	_____	Member	_____ Co-Chair
Treat Committee:	_____	Member	_____ Co-Chair
Education & Awareness Committee/Coalition:	_____	Member	_____ Co-Chair
Consumer & Community Engagement Workgroup:	_____	Member	_____ Co-Chair
College Workgroup:	_____	Member	_____ Co-Chair
Needing In-Person Workgroup:	_____	Member	_____ Co-Chair
Youth Workgroup:	_____	Member	_____ Co-Chair
Professional Healthcare Workgroup:	_____	Member	_____ Co-Chair
Prevention & Policy Committee:	_____	Member	_____ Co-Chair
Respond Committee:	_____	Member	_____ Co-Chair
Quality of Life & Social Determinants Committee:	_____	Member	_____ Co-Chair
HIV & Aging Workgroup:	_____	Member	_____ Co-Chair
Housing Workgroup:	_____	Member	_____ Co-Chair
Racial & Social Justice Workgroup:	_____	Member	_____ Co-Chair
Research, Data, & Implementation Committee:	_____	Member	_____ Co-Chair
Monitoring, Quality Assurance & Evaluation Committee:	_____	Member	_____ Co-Chair

# **Quality Improvement Committee Report**



Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
<b>1</b>	<b>Outpatient/Ambulatory Primary Care</b>	<b>10,965,788</b>	<b>460,625</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,426,413</b>	<b>46.94%</b>	<b>11,426,413</b>	<b>0</b>		<b>4,171,374</b>	<b>37%</b>	<b>50%</b>
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397					4,109,697	16.88%	4,109,697	0	3/1/2023	\$1,604,066	39%	50%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443					1,114,019	4.58%	1,114,019	0	3/1/2023	\$603,464	54%	50%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289					952,840	3.91%	952,840	0	3/1/2023	\$648,551	68%	50%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314					1,201,238	4.93%	1,201,238	0	3/1/2023	\$260,634	22%	50%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088					1,151,088	4.73%	1,151,088	0	3/1/2023	\$357,810	31%	50%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531					2,197,531	9.03%	2,197,531	0	3/1/2023	\$536,388	24%	50%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437					0	0.00%	0	0	3/1/2023	\$0	0%	0%
1.h	Vision	500,000	0					500,000	2.05%	500,000	0	3/1/2023	\$160,460	32%	50%
1.x	Primary Care Health Outcome Pilot	200,000	0					200,000	0.82%	200,000	0	3/1/2023	\$0	0%	50%
<b>2</b>	<b>Medical Case Management</b>	<b>1,880,000</b>	<b>-97,859</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,782,141</b>	<b>7.32%</b>	<b>1,782,141</b>	<b>0</b>		<b>705,944</b>	<b>40%</b>	<b>50%</b>
2.a	Clinical Case Management	531,025	0					531,025	2.18%	531,025	0	3/1/2023	\$286,139	54%	50%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.24%	301,129	0	3/1/2023	\$ 124,759	41%	50%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.75%	183,663	0	3/1/2023	\$84,087	46%	50%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.75%	183,665	0	3/1/2023	\$26,566	14%	50%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.27%	66,491	0	3/1/2023	\$35,030	53%	50%
2.f	Med CM - Targeted to Rural (a)	297,496	0					297,496	1.22%	297,496	0	3/1/2023	\$52,771	18%	50%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.34%	81,841	0	3/1/2023	\$71,319	87%	50%
2.h	Med CM - Targeted to PEDI (a.1)	97,859	-97,859					0	0.00%	0	0	3/1/2023	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0					86,964	0.36%	86,964	0	3/1/2023	\$ 1,509	2%	50%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.20%	49,867	0	3/1/2023	\$23,764	48%	50%
<b>3</b>	<b>Local Pharmacy Assistance Program</b>	<b>2,067,104</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,067,104</b>	<b>8.49%</b>	<b>2,067,104</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$824,677</b>	<b>40%</b>	<b>50%</b>
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.51%	367,104	0	3/1/2023	\$96,505	26%	50%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0					1,700,000	6.98%	1,700,000	0	3/1/2023	\$728,171	43%	50%
<b>4</b>	<b>Oral Health</b>	<b>166,404</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>166,404</b>	<b>0.68%</b>	<b>166,404</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$3,900</b>	<b>50%</b>	<b>50%</b>
4.b	Oral Health - Targeted to Rural	166,404	0					166,404	0.68%	166,404	0	3/1/2023	\$83,900	50%	50%
<b>5</b>	<b>Health Insurance (c)</b>	<b>1,383,137</b>	<b>223,222</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,606,359</b>	<b>6.60%</b>	<b>1,606,359</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$803,175</b>	<b>50%</b>	<b>50%</b>
<b>7</b>	<b>Medical Nutritional Therapy (supplements)</b>	<b>341,395</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>341,395</b>	<b>1.40%</b>	<b>341,395</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$167,083</b>	<b>49%</b>	<b>50%</b>
<b>10</b>	<b>Substance Abuse Services - Outpatient (c)</b>	<b>45,677</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>45,677</b>	<b>0.19%</b>	<b>45,677</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$12,119</b>	<b>27%</b>	<b>50%</b>
<b>13</b>	<b>Non-Medical Case Management</b>	<b>1,267,002</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,267,002</b>	<b>5.20%</b>	<b>1,267,002</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$679,091</b>	<b>54%</b>	<b>50%</b>
13.a	Service Linkage targeted to Youth	110,793	0					110,793	0.46%	110,793	0	3/1/2023	\$42,113	38%	50%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0					100,000	0.41%	100,000	0	3/1/2023	\$31,191	31%	50%
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.52%	370,000	0	3/1/2023	\$194,828	53%	50%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0					686,209	2.82%	686,209	0	3/1/2023	\$410,959	60%	50%
<b>14</b>	<b>Medical Transportation</b>	<b>424,911</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>424,911</b>	<b>1.75%</b>	<b>424,911</b>	<b>0</b>		<b>175,902</b>	<b>41%</b>	<b>50%</b>
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	1.04%	252,680	0	3/1/2023	\$126,678	50%	50%
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.40%	97,185	0	3/1/2023	\$49,224	51%	50%
14.c	Transportation vouchers (bus passes & gas cards)	75,046	0					75,046	0.31%	75,046	0	3/1/2023	\$0	0%	50%
<b>15</b>	<b>Emergency Financial Assistance</b>	<b>1,653,247</b>	<b>485,889</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,139,136</b>	<b>8.79%</b>	<b>2,139,136</b>	<b>0</b>		<b>1,018,729</b>	<b>48%</b>	<b>50%</b>
15.a	EFA - Pharmacy Assistance	1,553,247	485,889					2,039,136	8.38%	2,039,136	0	3/1/2023	\$982,992	48%	50%
15.b	EFA - Other	100,000	0					100,000	0.41%	100,000	0	3/1/2023	\$35,737	36%	50%
<b>17</b>	<b>Outreach</b>	<b>420,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>420,000</b>	<b>1.73%</b>	<b>420,000</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$108,426</b>	<b>26%</b>	<b>50%</b>
<i>FY23_RW_DIR</i>	<b>Total Service Dollars</b>	<b>20,614,665</b>	<b>1,071,877</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21,686,542</b>	<b>89.09%</b>	<b>21,686,542</b>	<b>0</b>		<b>8,750,420</b>	<b>40%</b>	<b>50%</b>
									Unallocated	Unobligated					50%
	<b>Part A Grant Award:</b>	<b>24,342,151</b>	<b>Carryover:</b>	<b>0</b>				<b>Total Part A:</b>	<b>24,342,151</b>	<b>0</b>	<b>0</b>				
		<b>Original Allocation</b>	<b>Award Reconciliation</b>	<b>July Adjustments (carryover)</b>	<b>August 10% Rule Adjustments</b>	<b>October Adjustments</b>	<b>Final Quarter Adjustments</b>	<b>Total Allocation</b>	<b>Percent</b>	<b>Total Expended on Services</b>	<b>Percent</b>	<b>Award Category</b>	<b>Award Amount</b>	<b>Amount Spent</b>	<b>Balance</b>
	<b>Core (must not be less than 75% of total service dollars)</b>	<b>16,849,505</b>	<b>585,988</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17,435,493</b>	<b>80.40%</b>	<b>6,768,271</b>	<b>77.35%</b>	Formula			0

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	<b>Non-Core</b> (may not exceed 25% of total service dollars)	3,765,160	485,889	0	0	0	0	4,251,049	19.60%	1,982,149	22.65%	Supplemen			0
	<b>Total Service Dollars</b> (does not include Admin and QM)	20,614,665	1,071,877	0	0	0	0	21,686,542		8,750,420		Carry Over	0		0
												Totals	0	0	0
	<b>Total Admin</b> (must be ≤ 10% of total Part A + MAI)	2,208,914	18,000	0	0	0	0	2,226,914	8.33%						
	<b>Total QM</b> (must be ≤ 5% of total Part A + MAI)	428,695	0	0	0	0	0	428,695	1.60%						
<b>MAI Procurement Report</b>															
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	<b>Outpatient/Ambulatory Primary Care</b>	2,107,819	-39,764	0	0	0	0	2,068,055	86.82%	2,068,055	0		1,059,075	51%	50%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106		0			1,045,669	43.90%	1,045,669	0	3/1/2023	\$566,250	54%	50%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658		0			1,022,386	42.92%	1,022,386	0	3/1/2023	\$492,825	48%	50%
2	<b>Medical Case Management</b>	320,099	-6,038	0	0	0	0	314,061	13.18%	314,061	0		\$95,738	30%	50%
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019					157,031	6.59%	157,031	0	3/1/2023	\$70,410	45%	50%
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019					157,030	6.59%	157,030	0	3/1/2023	\$25,329	16%	50%
	<b>Total MAI Service Funds</b>	2,427,918	-45,802	0	0	0	0	2,382,116	100.00%	2,382,116	0		1,154,813	48%	50%
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	<b>Total MAI Non-service Funds</b>	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	<b>Total MAI Funds</b>	2,427,918	-45,802	0	0	0	0	2,382,116	100.00%	2,382,116	0		1,154,813	48%	50%
	<b>MAI Grant Award</b>	2,382,116	<b>Carry Over:</b>	0				<b>Total MAI:</b> 2,382,116							
	<b>Combined Part A and MAI Orginial Allocation Total</b>	25,680,192							Unallocated	Unobligated					50%
									0	0		<b>MAI Award</b>	2,382,116		
<b>Footnotes:</b>							<b>Total Part A &amp; MAI</b>	26,724,267							
<b>All</b>	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.														
<b>(a)</b>	Single local service definition is multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.														
<b>(c)</b>	Funded under Part B and/or SS														
<b>(e)</b>	10% rule reallocations														

### FY 2023 Ryan White Part A and MAI Service Utilization Report

Date Range 3/1/23 - 9/30/23

RW PART A SUR																			
Priority	Service Category	Goal	Unduplicated Clients Served	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	
1	<b>Outpatient/Ambulatory Primary Care (excluding Vision)</b>	8,643	6,781	76%	22%	2%	42%	11%	2%	44%	0%	0%	4%	28%	27%	12%	26%	3%	
1.a	Primary Care - Public Clinic (a)	2,959	2,383	73%	26%	1%	41%	9%	2%	49%	0%	0%	2%	17%	25%	15%	36%	4%	
1.b	Primary Care - CBO Targeted to AA (a)	2,417	1,801	71%	26%	4%	99%	0%	1%	0%	0%	0%	5%	37%	27%	10%	18%	2%	
1.c	Primary Care - CBO Targeted to Hispanic (a)	1,916	1,721	83%	13%	3%	0%	0%	0%	100%	0%	1%	6%	33%	29%	12%	19%	1%	
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	774	528	86%	12%	1%	0%	85%	15%	0%	0%	0%	2%	27%	26%	8%	33%	4%	
1.e	Primary Care - CBO Targeted to Rural (a)	683	429	71%	29%	0%	34%	25%	1%	40%	0%	0%	4%	25%	27%	13%	28%	3%	
1.f	Primary Care - Women at Public Clinic (a)	793	627	0%	99%	1%	49%	6%	1%	44%	0%	0%	2%	12%	25%	18%	38%	6%	
1.g	Primary Care - Pediatric (a)	5	0																
1.h	Vision	2,815	1,215	74%	24%	2%	43%	13%	2%	41%	0%	0%	3%	19%	22%	12%	38%	6%	
2	<b>Medical Case Management (f)</b>	5,429	2,607	73%	25%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
2.a	Clinical Case Management	936	474	71%	137%	2%	57%	16%	2%	26%	0%	0%	3%	22%	23%	10%	33%	8%	
2.b	Med CM - Targeted to Public Clinic (a)	569	403	93%	162%	2%	50%	12%	1%	36%	0%	0%	2%	25%	23%	12%	34%	4%	
2.c	Med CM - Targeted to AA (a)	1,625	643	72%	101%	3%	99%	0%	1%	0%	0%	0%	6%	26%	27%	10%	23%	7%	
2.d	Med CM - Targeted to H/L (a)	813	401	83%	162%	4%	0%	0%	0%	100%	0%	0%	5%	29%	27%	11%	24%	3%	
2.e	Med CM - Targeted to White and/or MSM (a)	504	215	89%	303%	1%	0%	92%	8%	0%	0%	0%	2%	21%	22%	8%	37%	10%	
2.f	Med CM - Targeted to Rural (a)	548	246	64%	265%	1%	51%	28%	3%	18%	0%	0%	3%	19%	19%	9%	41%	9%	
2.g	Med CM - Targeted to Women at Public Clinic (a)	246	186	0%	350%	0%	69%	6%	1%	24%	0%	0%	2%	24%	33%	10%	26%	5%	
2.h	Med CM - Targeted to Pedi (a)	0	0																
2.i	Med CM - Targeted to Veterans	172	31	94%	2100%	0%	74%	19%	0%	6%	0%	0%	0%	0%	0%	3%	45%	52%	
2.j	Med CM - Targeted to Youth	15	8	100%	8138%	0%	50%	25%	0%	25%	0%	13%	88%	0%	0%	0%	0%	0%	
3	<b>Local Drug Reimbursement Program (a)</b>	5,775	4,394	77%	20%	4%	40%	12%	2%	45%	0%	0%	4%	25%	28%	12%	28%	3%	
4	<b>Oral Health</b>	356	259	69%	30%	1%	38%	26%	1%	36%	0%	0%	3%	17%	25%	17%	30%	9%	
4.a	Oral Health - Untargeted (d)	NA	NA																
4.b	Oral Health - Rural Target	356	259	69%	30%	1%	38%	26%	1%	36%	0%	0%	3%	17%	25%	17%	30%	9%	
5	<b>Mental Health Services (d)</b>	0	NA																
6	<b>Health Insurance</b>	1,918	1,469	79%	19%	2%	42%	26%	3%	30%	0%	0%	2%	12%	18%	9%	41%	17%	
7	<b>Home and Community Based Services (d)</b>	NA	NA																
8	<b>Substance Abuse Treatment - Outpatient</b>	17	12	92%	8%	0%	25%	42%	8%	25%	0%	0%	0%	25%	42%	17%	17%	0%	
9	<b>Early Medical Intervention Services (d)</b>	NA	NA																
10	<b>Medical Nutritional Therapy/Nutritional Supplements</b>	546	387	76%	23%	2%	45%	17%	3%	35%	0%	0%	1%	7%	13%	9%	51%	20%	
11	<b>Hospice Services (d)</b>	NA	NA																
12	<b>Outreach</b>	1,042	500	72%	25%	3%	63%	10%	2%	25%	0%	0%	6%	31%	26%	10%	22%	4%	
13	<b>Non-Medical Case Management</b>	8,657	5,797																
13.a	Service Linkage Targeted to Youth	175	128	77%	23%	1%	50%	8%	2%	40%	0%	12%	88%	0%	0%	0%	0%	0%	
13.b	Service Linkage at Testing Sites	100	54	76%	24%	0%	54%	4%	0%	43%	0%	0%	0%	46%	30%	9%	11%	4%	
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,546	2,353	68%	31%	1%	52%	9%	1%	38%	0%	0%	0%	19%	24%	13%	37%	7%	
13.d	Service Linkage at CBO Primary Care Programs (a)	4,537	3,262	76%	21%	2%	48%	12%	2%	38%	0%	0%	4%	28%	27%	11%	25%	4%	
14	<b>Transportation</b>	2,366	1,119	71%	27%	2%	61%	10%	2%	26%	0%	0%	2%	16%	21%	11%	41%	8%	
14.a	Transportation Services - Urban	796	313	65%	33%	1%	56%	7%	3%	34%	0%	0%	3%	24%	25%	10%	28%	10%	
14.b	Transportation Services - Rural	237	103	66%	34%	0%	33%	30%	1%	36%	0%	0%	4%	17%	19%	14%	39%	7%	
14.c	Transportation vouchering	1,333	758	73%	25%	2%	68%	10%	2%	22%	0%	0%	2%	13%	19%	11%	47%	8%	
15	<b>Linguistic Services (d)</b>	NA	NA																
16	<b>Emergency Financial Assistance (e)</b>	1,830	1,243	77%	21%	2%	42%	9%	2%	48%	0%	0%	3%	24%	27%	12%	31%	2%	
17	<b>Referral for Health Care - Non Core Service (d)</b>	NA	NA																
Net unduplicated clients served - all categories*		12,941	12,141	75%	23%	2%	47%	13%	2%	38%	0%	0%	4%	24%	25%	11%	30%	6%	
Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)		NA	30,198	30%	9%	1%	19%	5%	1%	30%	0%	0%	0%	10%	10%	4%	12%	3%	

### FY 2023 Ryan White Part A and MAI Service Utilization Report

Date Range 3/1/23 - 9/30/23

RW MAI Service Utilization Report																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non- Hispanic)	White (non- Hispanic)	Other (non- Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,664	1397	72%	25%	3%	99%	0%	1%	0%	0%	0%	6%	36%	27%	10%	18%	2%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	1,380	1267	82%	14%	3%	0%	0%	0%	100%	0%	1%	5%	33%	27%	12%	20%	2%
2	Medical Case Management (f)	NA	NA															
2.c	Med CM - Targeted to AA (a)	967	422	67%	29%	4%	99%	0%	1%	0%	0%	1%	5%	28%	26%	12%	24%	5%
2.d	Med CM - Targeted to H/L(a)	735	266	83%	13%	4%	0%	0%	0%	100%	0%	0%	5%	28%	27%	10%	27%	2%
RW Part A New Client Service Utilization Report																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months																		
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non- Hispanic)	White (non- Hispanic)	Other (non- Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	1,871	1131	19%	19%	3%	48%	10%	2%	40%	0%	1%	9%	36%	25%	10%	16%	3%
2	LPAP	954	489	83%	14%	3%	46%	10%	2%	42%	0%	1%	9%	37%	27%	10%	14%	2%
3.a	Clinical Case Management	95	52	81%	19%	0%	62%	10%	2%	27%	0%	2%	8%	19%	25%	6%	33%	8%
3.b-3.h	Medical Case Management	1,097	540	76%	21%	2%	49%	12%	1%	37%	0%	1%	8%	30%	24%	12%	20%	5%
3.i	Medical Case Management - Targeted to Veterans	33	3	67%	33%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	33%	0%	67%
4	Oral Health	50	25	76%	24%	0%	40%	36%	0%	24%	0%	0%	8%	16%	28%	4%	36%	8%
12.a.	Non-Medical Case Management (Service Linkage)	1,870	1224	72%	27%	1%	53%	12%	1%	33%	0%	1%	7%	28%	25%	11%	23%	6%
12.c.																		
12.d																		
12.b	Service Linkage at Testing Sites	92	49	71%	27%	2%	49%	4%	2%	45%	0%	6%	8%	33%	29%	8%	12%	4%
Footnotes:																		
(a)	Bundled Category																	
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																	
(d)	Funded by Part B and/or State Services																	
(e)	Total MCM served does not include Clinical Case Management																	
(f)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2022-09/30/2023

Revised: 10/20/2023

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	1141	\$152,354.77	416	0	\$0.00	0
Medical Deductible	300	\$202,006.67	203	0	\$0.00	0
Medical Premium	8223	\$2,886,089.01	909	0	\$0.00	0
Pharmacy Co-Payment	34978	\$2,232,740.03	2036	0	\$0.00	0
APTC Tax Liability	0	\$0.00	0	0	\$0.00	0
Out of Network Out of Pocket	0	\$0.00	0	0	\$0.00	0
ACA Premium Subsidy Repayment	22	\$4,288.06	12	NA	NA	NA
Totals:	44664	\$5,468,902.42	3576	0	\$0.00	

Comments: This report represents services provided under all grants.

**2023-2023 Ryan White Part B Service Utilization Report**  
**4/1/2023- 09/30/2023 Houston HSDA (4816)**  
**3rd Quarter**

Revised 11/1/2023

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	1,150	737	83.05%	15.74%	0.45%	0.76%	37.58%	26.14%	33.37%	2.91%	0.00%	0.00%	0.18%	16.07%	23.35%	22.83%	30.25%	7.32%
Home and Communiy Based Health Services	0	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Oral Health Care	4,224	2,032	73.32%	24.81%	0.00%	1.87%	51.10%	11.82%	34.78%	2.30%	0.00%	0.24%	1.62%	17.17%	22.58%	23.17%	24.75%	10.48%
Unduplicated Clients Served By State Services Funds:	NA	2,769	78.19%	20.28%	0.23%	1.30%	44.34%	18.98%	34.08%	2.60%	0.00%	0.12%	0.90%	16.62%	22.98%	23.00%	27.50%	8.90%

Completed By: L.Ledezma

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2324 Ryan White Part B**  
**Procurement Report**  
**April 1, 2023 - March 31, 2024**



Reflects spending through September 2023

Spending Target: 46%

Revised 10/30/23

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General	\$1,833,318	53%	\$0	\$1,833,318	\$0	\$1,833,318	4/1/2023	\$906,082	49%
4	Oral Health Service -Prosthodontics	\$576,750	17%	\$0	\$576,750	\$0	\$576,750	4/1/2023	\$298,952	52%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,028,433	30%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2023	\$505,615	49%
		\$0	0%	\$0	\$0					
<b>Total Houston HSDA</b>		3,438,501	100%	0	3,438,501	\$0	\$3,438,501		1,710,649	50%

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

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

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2223 DSHS State Services**  
**Procurement Report**  
**September 1, 2022 - August 31, 2023**



Chart reflects spending through August 2023 (Final)

Spending Target: 100%

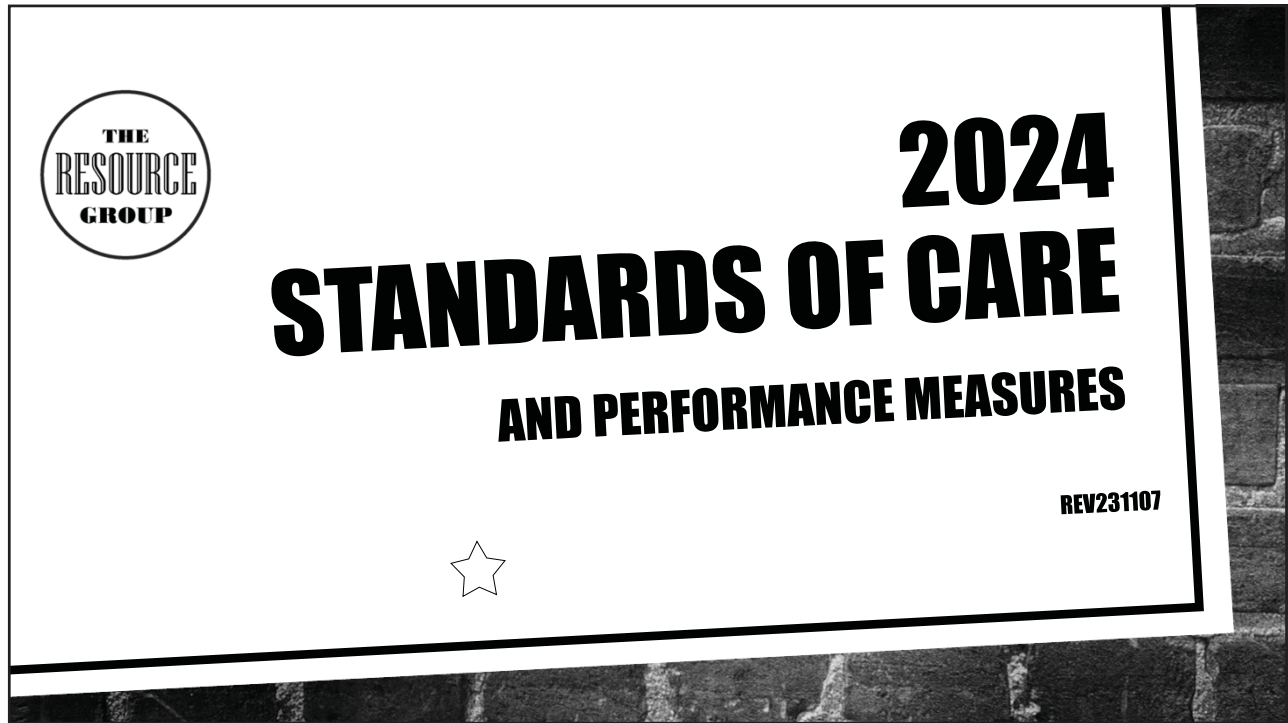
Revised 10/30/2023

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	47%	\$0	\$864,506	\$58,000	\$922,506	9/1/2022	\$922,506	100%
6	Mental Health Services (2)	\$300,000	16%	\$0	\$300,000	-\$45,000	\$255,000	9/1/2022	\$255,000	100%
11	Hospice	\$259,832	14%	\$0	\$259,832	\$77,000	\$329,560	9/1/2022	\$329,560	100%
13	Non Medical Case Management (4)	\$350,000	19%	\$0	\$350,000	-\$130,000	\$220,000	9/1/2022	\$220,000	100%
16	Linguistic Services (5)	\$68,000	4%	\$0	\$68,000	\$0	\$68,000	9/1/2022	\$68,000	100%
<b>Total Houston HSDA</b>		<b>1,842,338</b>	<b>100%</b>	<b>\$0</b>	<b>\$1,842,338</b>	<b>-\$40,000</b>	<b>\$1,795,066</b>		<b>1,795,066</b>	<b>100%</b>

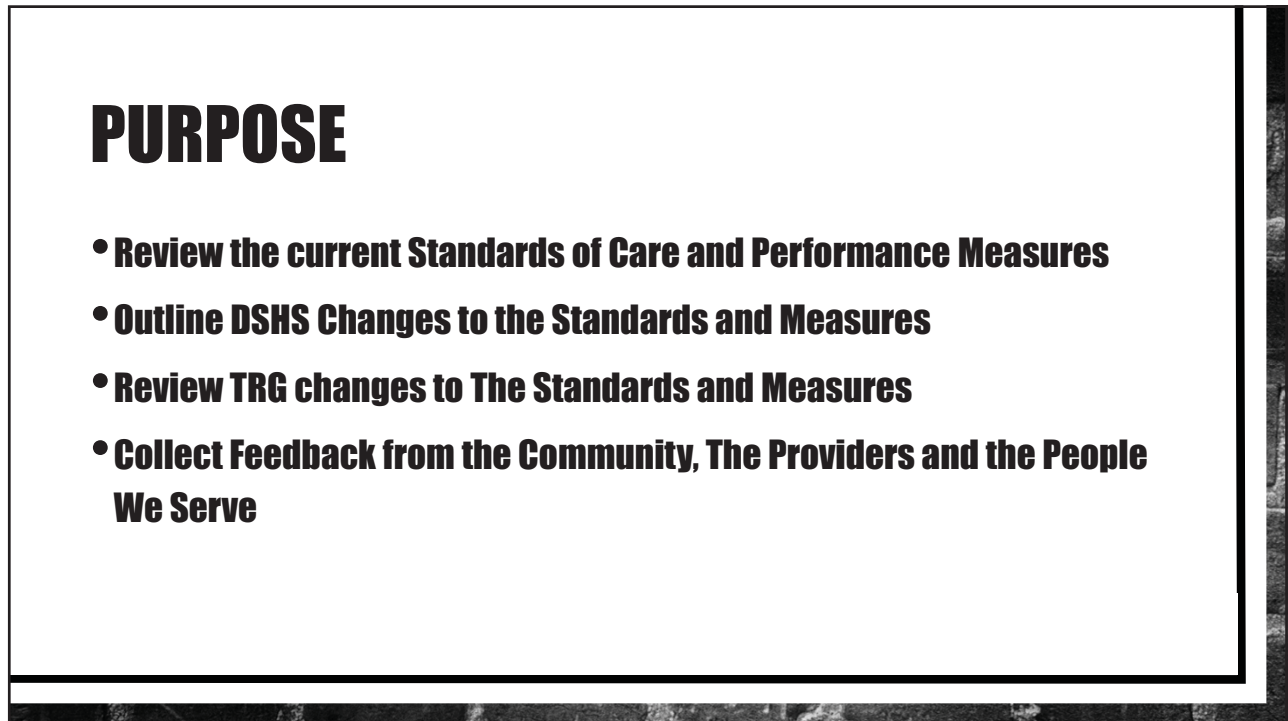
Note

- (1) TRG will reallocate funds to avoid lapse in funds
- (2) TRG will reallocate funds to avoid lapse in funds
- (4) TRG will reallocate funds to avoid lapse in funds
- (5) TRG will reallocate funds to avoid lapse in funds





1



## **PURPOSE**

- **Review the current Standards of Care and Performance Measures**
- **Outline DSHS Changes to the Standards and Measures**
- **Review TRG changes to The Standards and Measures**
- **Collect Feedback from the Community, The Providers and the People We Serve**

2

## **FULL TRANSPARENCY**

- **Though the Standards of Care are a collaborative process with community stakeholders, providers, and people being served, Final Approval of the Standards of Care reside with TRG and DSHS.**

3

## **DSHS UNIVERSAL STANDARDS**

- **DSHS developed Universal Standard for All Its Funded Services that Subrecipients must follow.**
- **<https://www.dshs.texas.gov/hiv-std-program/texas-dshs-hiv-std-program-hiv-medical-support-service-categories/universal-standards>**

4

# 2023/2024 PILOT INDICATORS

TWO-YEAR AUDITING CYCLE

5

## UNIVERSAL STANDARDS

- **Page 10: Take Charge Texas**
  - **Indicator 45:** Policies are in place at all agency locations that are funded in the state of Texas with RWHAP Part B and State Services funds that ensure TCT information is protected and maintained to ensure client confidentiality.
  - **Indicator 46:** Agency has local policies and procedures in place relating to TCT and the data collected through TCT.

6

# UNIVERSAL STANDARDS

- **Page 15: Health Insurance Assistance**
  - **Indicator 77: Where funds are used for copays of eyewear, agency must maintain documentation of the physician's statement that the eye condition is related to HIV. (Already In SOCs)**

7

# UNIVERSAL STANDARDS

- **Page 18: Mental Health Services**
  - **Indicator 94: Policies/procedures in place for emergency/crisis intervention plan. (Already In SOCs)**

8

# **TRAUMA-INFORMED SERVICE DELIVERY**

## **FROM PREACHING TO PRACTICING**

9

# **ALL SERVICE CATEGORIES**

- **TRAUMA-INFORMED SERVICE DELIVERY:**
  - **Trauma-informed approaches (TIA) is a universal framework that any organization can implement to build a culture that acknowledges and anticipates that many of the people being served and those delivering the services have histories of trauma and that the environment and interpersonal interactions within an organization can exacerbate the physical, mental, and behavioral manifestations of trauma.**

10

## ALL SERVICE CATEGORIES

- **TRAUMA-INFORMED SERVICE DELIVERY:**
  - **Trauma-informed care is a service delivery approach focused on an understanding of and responsiveness to the impact of trauma. Trauma-informed care is not a one-size-fits-all approach to service delivery. It's not a program. It's a set of principles and approaches that can shape the ways that people interact within an organization, with clients, patients, customers, and other stakeholders, and with the environment. "A trauma-informed care approach recognizes the intersection of trauma with many health and social problems for which people seek services and treatment, aiming to sensitively address trauma along with an individual's issues."**

11

## ALL SERVICE CATEGORIES

- **TRAUMA-INFORMED SERVICE DELIVERY:**
  - **Trauma-informed service delivery (TISD) requires that:**
    - **Policies are reviewed and revised to ensure that they incorporate trauma-informed approaches and resist retraumatizing the people being served and the staff providing the services.**
    - **Staff are trained to be aware of trauma and avoid processes and practices that may retraumatize survivors.**
    - **Systems and workflows should be altered to support the environment that promotes trauma-informed care.**

12

## **TRG TRAINING SERIES**

- **TRG will be developing a training video series for its You Tube Channel to cover the expectations of this Standard.**
  - **Combination of TRG-specific and respected resource training videos.**

13

## **AFFECTED COMMITTEE/COMMUNITY COMMENTS**

14

## **AC/COMMUNITY COMMENTS**

- **Each year the Affected Committee hosts a community forum for comments about the funded services.**
- **TRG send its Meaningful Engagement Manager to collect comments about its services.**
- **Comments are reviewed to determine if a standard needs to be created.**
- **Meeting occurred 10/23. Comments are incorporated in today's discussion.**

15

## **HEALTH INSURANCE ASSISTANCE**

- **Standard 1.7: Matched DSHS Language**
- **Standard 3.8: Trauma-Informed Service Delivery**
- **Affected Committee/Community Comments**

16



## **HIA COMMENTS**

- **Health Insurance Assistance (HIA) Concerns:**
  - **Few or no warm handoffs and limited or no communication with PLWH.**
  - **HIA Staff are not communicating updates to PLWH.**
  - **OAHS Subrecipients are not accepting some of the insurance plans.**

17

## **HIA COMMENTS**

- **TRG will conduct provider interviews to determine practices.**
- **TRG will conduct further focus groups with those receiving OHC services to determine potential resolutions that will address the concerns.**
- **TRG will determine any additional SOC revisions or alternative resolutions based on this feedback.**

18

# **HOSPICE**

- **Standard 2.10: Trauma-Informed Service Delivery**

19

# **LINGUISTIC SERVICES**

- **Standard 2.7: Trauma-Informed Service Delivery**

20

# **MENTAL HEALTH SERVICES (MHS)**

- **Standard 2.7: Trauma-Informed Service Delivery**

21

# **MHS TARGETING SPECIAL POPULATIONS**

- **Based on Mental Health Standards**
- **Local Definition: Inserted Target Populations**
- **Standard 2.11: Trauma-Informed Service Delivery**
- **Standard 2.12: Collaborative Relationships**
- **Standard 2.13: Specialized Training**
- **Standard 2.14: Community Based Approach**

22

# **MHS TARGETING SPECIAL POPULATIONS**

- **Target Populations**
  - **Transgender Persons (Emphasizing Those Who Are Latinx/Black and/or Under The Age Of 25),**
  - **Individuals Who Exchange Sex For Money, and**
  - **Individuals Born Outside The United States.**

23

# **ORAL HEALTH CARE**

- **Standard 2.9: Trauma-Informed Service Delivery**
- **Affected Committee/Community Comments**

24

## **Oral Health Care (OHC) Comments**

- **Too many appointments**
- **Up to 5 appointments before service is received.**
  1. **Eligibility**
  2. **Intake**
  3. **X-Ray**
  4. **Discussion of a dental service plan**
  5. **May see dentist or more discussion**
- **And a separate appointment for each quadrant of the mouth.**

25

## **OHC Comments**

- **TRG will conduct provider interviews to determine practices.**
- **TRG will conduct further focus groups with those receiving OHC services to determine potential resolutions that will address the concerns.**
- **TRG will determine any additional SOC revisions or alternative resolutions based on this feedback.**

26

## **REFERRAL FOR HEALTH CARE (AEW)**

- **Standard 1.7: TCT Additional Measures**
- **Standard 2.7: Trauma-Informed Service Delivery**

27

## **REFERRAL FOR HEALTH CARE (IRR)**

- **Standard 1.11: TCT Additional Measures**
- **Standard 3.8: Trauma-Informed Service Delivery**

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## **REFERRAL FOR HEALTH CARE (IRR)**

- **Standard 1.11: TCT Additional Measures**
- **Standard 3.8: Trauma-Informed Service Delivery**

29

## **WRAP-UP**

- **Feedback from this workgroup and the community comments will be reviewed, and additional revisions will be made if warranted.**
- **The final draft Standards will be presented to QI Committee and full Council.**

30

**2023-2024 Houston EMA: RWGA Part A  
 Standards of Care for HIV Services  
 Ryan White Grant Administration Section  
 SUMMARY OF CHANGES  
 AS OF 11/7/2023**

<b>Location</b>	<b>2023-2024 (old)</b>	<b>2023-2024 (new)</b>
RWA Standards of Care all categories	<u>OAMC</u> Outpatient Ambulatory Medical Care	<u>OAHS</u> Outpatient Ambulatory Health Services
Primary Medical Care 1.8	<u>Plan of Care</u> A plan of care shall be developed for each identified problem and should address diagnostic, therapeutic and educational issues in accordance with the current U.S. HHS treatment guidelines.	<u>Plan of Care</u> A plan of care shall be developed for each identified problem and should address diagnostic, therapeutic and educational issues in accordance with the current U.S. HHS treatment guidelines.  When the plan of care identifies medical issues that require a referral to a specific specialty, such as Psychiatry, Podiatry, Dermatology, Oncology, etc., the primary care provider must clearly document the need for the referral in the client's record and provide the client with a written copy of the referral to the specialist indicating the reason for the referral.  If the client continues attending appointments with a specialist, the primary care provider must receive documentation from the specialist describing why ongoing visits / treatments are necessary.

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Case Management (All Case Management Categories) 2.3	Not previously in SOC	<p><u>Case Management Brief Intervention</u></p> <p>Case Management staff (Medical, Clinical and Service Linkage) will, on occasion, be called to assist a client with a low/intermittent need, (i.e., CPCDMS eligibility renewal, ADAP application renewal, bus pass renewal, or information about a service, etc.) and have no other needs. In these situations the staff may provide a <i>brief intervention</i> with the client.</p> <p>If during the visit, the staff assesses the client has further needs than originally presented, the appropriate staff will complete an assessment (brief or comprehensive) appropriate to addressing the client’s needs.</p>
Outreach 1.4	Not previously in SOC	<p><u>Outreach Brief Intervention</u></p> <p>Outreach staff will, on occasion, be called to assist a client with a low/intermittent need, (such as, CPCDMS eligibility renewal, ADAP application renewal, bus pass renewal, or information about a service, etc.) and have no other needs. In this situation the staff may provide a <i>brief intervention</i> with the client.</p> <p>The subcategory “OUTBIFF” and “OUTBIPH” will be used to indicate this service as a brief intervention by the Outreach Worker.</p> <p>If during the visit, the staff assesses the client has further needs than originally presented, the appropriate staff will complete an assessment (brief or comprehensive) appropriate to addressing the client’s needs.</p>

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Transportation 1.4	Not previously in SOC	<p><u>Ride Share Guidelines</u></p> <p>Ride Share: Eligible clients residing in Harris County have access to ride share services with a focus on newly diagnosed and re-engaged to care patients but may also include established patients in medical care. This form of transportation can be provided to any HIV-related medical appointment and on a limited basis to appointments directly related to social determinants of health, such as visits to a food bank.</p>
General Standard 2.8	<p><u>Accountability</u></p> <p>There is a system in place to document staff work time.</p>	<p><u>Accountability</u></p> <p>There is a system in place to document staff work time. Time and effort must be appropriately allocated based on funding stream.</p>

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Transportation 1:1

Client Eligibility

In order to be eligible for services, individuals must meet the following:

- HIV+
- Residence in the Houston EMA/HSDA
- Part A Urban Transportation limited to Harris County
- Part A Rural/Part B Transportation are limited to Houston EMA/HSDA, as applicable
- Income no greater than 300% of the Federal Poverty level
- Proof of identification

Documentation of ineligibility for Third Party Reimbursement

Client Eligibility

In order to be eligible for services, individuals must meet the following:

- HIV+
- Residence in the Houston EMA/HSDA
- Part A Urban Transportation limited to Harris County
- Part A Rural/Part B Transportation are limited to Houston EMA/HSDA, as applicable
- Income no greater than 400% of the Federal Poverty level
- Proof of identification

Documentation of ineligibility for Third Party Reimbursement

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**Ryan White Part A  
FY 2024-2025 Performance Measures**

<b>Current Performance Measure</b>	<b>Proposed Performance Measure</b>
85% of clients for whom there is lab data in CPCDMS will be virally suppressed (<200)	By end of the measurement year, reduce disparities in the viral load of the following priority populations by 5-10%: Gay, MSM Black/Latino, Youth Black/Latino aged 13-24, Black and Trans Women.
Prior performance measure – 95% of clients will be prescribed antiretroviral therapy during the measurement year.	Increase percentage of clients prescribed antiretroviral therapy during the measurement year by 2%.
Prior performance measure – 90% of clients will have two or more medical encounters, 90 days apart, in an HIV care setting in the measurement year.	Increase percentage of clients retained-in-care, having two or more HIV medical encounters, at least 90 days apart, in the measurement year by 5-10%.

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