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Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12 noon, Thursday, February 28, 2019
Meeting Location: 2223 West Loop South, Room 416, Houston, Texas 77027

AGENDA

I.	Call to Order	Peta-gay Ledbetter and
	A. Moment of Reflection	Bobby Cruz, Co-Chairs
	B. Adoption of the Agenda	
	C. Approval of the Minutes	
	D. Nuts, Bolts, Petty Cash and Open Meetings Act Training	Tori Williams, Office of Support

II. Public Comment 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. **When signing in, guests are not required to provide their correct or complete names.** 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 your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

III.	Committee Orientation	
	A. Committee description and Conflict of Interest Policy	Tori Williams
	B. 2019 Committee Goals	Tori Williams
	C. 2019 Critical Timeline and Committee Meeting Dates and Time	Tori Williams
	D. Determine the FY 2020 Principles & Criteria	
	E. Determine the FY 2020 Priority Setting Process	
	F. Determine the FY 2019 Policy on Allocating Unspent Funds	
	G. Continue the Subcategory Review Process?	Tori Williams
	H. Training in how to review Ryan White Part A/MAI reports	Carin Martin RW Grant Admin.
	I. Training in how to review Ryan White Part B/SS reports	Sha'Terra Johnson-Fairley The Resource Group
IV.	Old Business	
	A. Updates on FY 2019 HRSA Grant Award	Carin Martin
V.	New Business	
	A. Elect a Committee Vice Chair	
VI.	Announcements	
	Meet in March? April?	
VII.	Adjourn	

DRAFT

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

11:30 a.m., Thursday, October 25, 2018
Meeting Location: 2223 West Loop South, Room 416; Houston, TX 77027

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bruce Turner, Co-Chair	Allan Murray	*Ryan White Grant Administration*
Peta-gay Ledbetter, Co-Chair	Rafael Colorado	Carin Martin
Melody Barr		Samantha Bowen
Ella Collins-Nelson		
Bobby Cruz		*The Resource Group*
Paul Grunenwald	**OTHERS PRESENT**	Sha'Terra Johnson-Fairley
Angela F. Hawkins	Marina Ardoin, HCDD	
J. Hoxi Jones	Matilda Padilla, AHF	*Office of Support*
Mel Joseph		Tori Williams
		Diane Beck

See the attached chart at the end of the minutes for individual voting information.

Call to Order: Bruce Turner, Co-Chair, called the meeting to order at 11:42 a.m. and asked for a moment of reflection.

Adoption of Agenda: ***Motion #1:*** *it was moved and seconded (Hawkins, Ledbetter) to approve the agenda with the addition of two items under V.: C. FY 2019 Carryover Funds and D. FY 2018 Unspent Funds.* **Motion carried unanimously.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Hawkins, Cruz) to approve the August 22, 2018 minutes.* **Motion carried.** Abstentions: Collins-Nelson, Ledbetter.

Public Comment: None.

Reports from Ryan White Grant Administration: Martin introduced staff person, Samantha Bowen, who is the new Project Coordinator for Grants Management. Martin presented the attached reports:

- FY18 Procurement Report – Part A/MAI, dated 10/25/18
- FY18 Service Utilization Report – Part A/MAI, dated 09/18/18
- FY17 WICY Expenditure Report

Reports from the Resource Group: Johnson-Fairley presented the attached reports:

- FY18/19 Procurement – Part B, dated 10/09/18
- FY17/18 Procurement – DSHS State Services (SS), dated 10/09/18
- FY17/18 Health Insurance Assistance Program, dated 10/08/18
- FY17/18 Health Insurance Assistance Program, dated 09/10/18

Requests for Allocation Increases – Part A and MAI: Martin said there were no requests received for MAI funds but she asked the agencies that sent requests and they can all use MAI funds. The committee reviewed 4 requests for increased funding. They thoroughly reviewed each request, made their final recommendations and justified their decisions (see attached chart for details). **Motion #3:** *it was moved and seconded (Barr, Collins-Nelson) to reallocate $399,996 in RW Part A and $172,541 in Minority AIDS Initiative (MAI) funds per the attached chart.* **Motion was approved. Barr abstained. sly.**

Plan for FY 2019 Carryover Funds and FY 2018 Unspent Funds in Final Quarter:
Motion #4: *it was moved and seconded (Barr, Jones) that if there are FY 2018 Ryan White Part A carryover funds, it is the intent of the committee to recommend allocating the full amount to Outpatient/Ambulatory Primary Medical Care.* **Motion carried unanimously**.

Motion #5: *it was moved and seconded (Collins-Nelson, Hawkins) that in the final quarter of FY 2018 Ryan White Part A, Part B and State Services grant years, after implementing the year end Council-approved reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, Ryan White Grant Administration (RWGA) may reallocate any remaining unspent funds as necessary to ensure the Houston EMA has less than 5% unspent Formula funds and no unspent Supplemental funds. The Resource Group (TRG) may reallocate any remaining unspent funds as necessary to ensure no funds are returned to the Texas Department of State Health Services. RWGA and TRG must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.* **Motion carried unanimously**.

Letter of Agreement with Texas Dept. of State Health Services: The committee reviewed the attached document and suggested updates. Williams said to email any additional suggested edits, typos, etc. to her. **Motion #6:** *it was moved and seconded (Hawkins, Cruz) to forward the letter of agreement to the Operations Committee with the suggested changes.* **Motion carried.**

Announcements: Barr introduced new staff person, Marina Ardoin. She said the HOPWA RFP was released a few months ago; all agencies were funded at the same level or with a small increase including one new agency. There were a lot of negative public comments received, none of which were found to be true. They recently had a HUD monitoring visit and there were no findings. Turner said that the HIV and Aging Coalition Christmas party will be at the Montrose Center on December 9, 2018 at 6:00 p.m.

Adjournment: The meeting was adjourned at 1:27 p.m.

Submitted by: Approved by:

_____ _____

Tori Williams, Director Date Committee Chair Date

DRAFT

Scribe: Beck

C = chaired the meeting VP = participated via telephone LM = left meeting

2018 Priority & Allocations Committee Voting Record for 10/25/18

MEMBERS	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** RW Part A/MAI reallocation **Carried**				**Motion #4** Plan for FY18 Carryover funds **Carried**				**Motion #5** Plan for FY18 Unspent Funds **Carried**				**Motion #5** LOA w/TDSHS **Carried**			
	ABSENT	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**
Bruce Turner, Co-Chair				C				C				C				C				C				C
Peta-gay Ledbetter, Co-Chair		X				X				X				X				X			X			
Melody Barr	X					X						X		X				X				X		
Ella Collins-Nelson		X				X				X				X				X			X			
Bobby Cruz		X				X				X				X				X				X		
Paul Grunenwald	X					X			X					X				X				X		
Angela F. Hawkins		X				X				X				X				X				X		
J. Hoxi Jones		X				X				X				X				X			X			
Allen Murray	X				X				X				X				X				X			
Rafael Colorado	X				X				X				X				X				X			
Mel Joseph		X				X				X				X				X				X		

Nuts and Bolts for New Members

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact Rod in the Office of Support. In the meantime, most reminder emails will include an electronic copy of the meeting packet.

The meeting packet will have the date, time and room number of the meeting; this information is also posted on signs on the first and second floor the day of the meeting.

Sign in upon arrival and use the extra agendas on the sign in table if you didn't bring your packet.

Only Council/committee members sit at the table since they are the voting members; staff and other non-voting members sit in the audience.

The only members who can vote on the minutes are the ones who were present at the meeting. If you were absent at the meeting, please abstain from voting.

Due to County budgeting policy, there will be no petty cash reimbursements in March and possibly April so give your receipts to Rod, but be prepared to receive a reimbursement check in late April.

Be careful about stating personal health information in meetings as all meetings are tape recorded and, due to the Open Meetings Act, are considered public record. Anyone can ask to listen to the recordings, including members of the media.

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

MEMORANDUM

To: Members, Ryan White Planning Council
External Members, Ryan White Committees

Copy: Carin Martin

From: Tori Williams, Director, Office of Support

Date: January 24, 2019

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2019. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

1.) Council and External Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 15, 2019.**

2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2019 **will not be reimbursed at all if they are turned in after March 30, 2019.**

3.) The Office of Support may not have access to petty cash funds between March 1 and May 31, 2019. This means that volunteers should give Rod the usual reimbursement request forms for transportation, food and childcare expenses incurred after March 1, 2019 but the Office may not be able to reimburse volunteers for these expenses until mid to late May 2019.

We apologize for this significant inconvenience. Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

March 1

2018

Beginning of fiscal year 2018

Feb 15

2019

Turn in all receipts

Feb 28

2019

End of fiscal year 2018. No money available to write checks until possibly the end of May

March 30

2019

Turn in all remaining receipts for fiscal year 2018 or you will not be reimbursed for those expenses incurred between March 1, 2018 and Feb. 28, 2019

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

Memorandum

To: Members, Houston Ryan White Planning Council
External Members, Ryan White Committees

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

Date: February 4, 2019

Re: Open Meetings Act Training

Please note that all Council members, and External Committee members, are required to take the Open Meetings Act training at least once in their lifetime. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 31, 2018. The training takes 60 minutes and can be accessed through the following link (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

https://www.texasattorneygeneral.gov/og/oma-training

If you do not have high-speed internet access, you are welcome to view the video in the Office of Support. We will make the training available in suite 240 after the Council adjourns on Thursday, February 14th; popcorn will be provided. Or, you can contact Diane Beck and make an appointment to see it on one of the computers in our office.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

Print it from the Attorney General web link at:
https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php

Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

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Memorandum

To: Volunteers, Houston Ryan White Program

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

Date: September 27, 2017

Re: Open Meetings Act Training

As a follow up to Orientation, please note that all Council and external committee members are required to take the Open Meetings Act training at least once in their life time. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before November 15, 2017. The training takes 60 minutes and can be accessed through the following link:

https://www.texasattorneygeneral.gov/og/oma-training

If you do not have high-speed internet access, you are welcome to view the video in the Office of Support. You can contact Diane Beck at the telephone number listed above and make an appointment to see it on one of the computers in our office.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

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https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php

Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

Houston Area HIV Services Ryan White Planning Council
Standing Committee Structure

(Reviewed 07-15-15)

1. Affected Community Committee

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV/AIDS-related drug representatives are invited.

The committee will consist of HIV+ individuals, their caregivers (friends or family members) and others. All members of the PC who self-disclose as HIV+ are requested to be a member of the Affected Community Committee; however membership on a committee for HIV+ individuals will not be restricted to the Affected Community Committee.

2. Comprehensive HIV Planning Committee

This committee is responsible for developing the Comprehensive Needs Assessment, Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from external membership and expertise.

3. Operations Committee

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from external member participation except where resolve of grievances are concerned.

4. Priority and Allocations Committee

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include external members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

5. Quality Improvement Committee

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on "how to best meet the need" are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year, are monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council's third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of external members.

Ryan White Definition of Conflict of Interest

"Conflict of Interest" (COI) is defined as an actual or perceived interest by a Ryan White Planning Council member in an action which results or has the appearance of resulting in personal, organizational, or professional gain. COI does not refer to persons living with HIV disease (PLWH) whose sole relationship to a Ryan White Part A or B or State Services funded provider is as a client receiving services. The potential for conflict of interest is present in all Ryan White processes: needs assessment, priority setting, comprehensive planning, allocation of funds and evaluation.

2019 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE

(Submitted April 2019)

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

1. Conduct training to familiarize committee members with decision-making tools.
   Status:

2. Review the final quarter allocations made by the administrative agents.
   Status:

3. *Improve the processes for and strengthen accountability in the FY 2020 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
   Status:

4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
   Status:

5. *Determine the FY 2020 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
   Status:

6. *Review the FY 2019 priorities as needed.
   Status:

7. *Review the FY 2019 allocations as needed.
   Status:

8. Evaluate the processes used.
   Status:

9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
   Status:

Status of Tasks on the Timeline:

_____ _____

Committee Chairperson Date

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2019 Council Activities

(Revised 02-04-19)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location.

The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

General Information: The following is a list of significant activities regarding the 2019 Houston Ryan White Planning Council. Consumers, providers and members of the general public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or review meeting agendas and support documents, please contact the Office of Support at 832 927-7926 or visit our website at: www.rwpchouston.org.

Routinely, the Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.

Thurs. Jan. 24	Council Orientation. 2019 Committee meeting dates will be established at this meeting.
Thurs. Feb. 7	12 noon. First Steering Committee meeting for the 2019 planning year.
Tues. Feb. 5	10:00 am. Orientation for new 2019 External Committee Members.
Thurs. Feb. 14	12 noon. First Council meeting for the 2019 planning year.
Mon. Feb. 18	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding, or recommending funding, for 17 of the 28 allowable HRSA service categories. The Idea Form is used to ask the Council to make a change to a funded service or reconsider funding a service that is not currently being funded in the Greater Houston area with Ryan White Part A, Part B or State Services dollars. The form requires documentation for why dollars should be used to fund a particular service and why it is not a duplication of a service already being offered through another funding source. Anyone can submit a Idea Form. Please contact the Office of Support at 832 927-7926 to request a copy of the required forms
Thurs. Feb. 28	12 noon. Priority & Allocations Committee meets to approve the **policy on allocating FY 2019 unspent funds**, **FY 2020 priority setting process** and more.
March	Date and time TBD. EIIHA Workgroup meeting.
Friday, March 1	5 pm Deadline for submitting a Project LEAP application form. See April 3 for description of Project LEAP. Call 832 927-7926 for an application form.
Mon. March 25	1:30 pm. **Consumer Training** on the How to Best Meet the Need process.
March 19	2:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2020 service categories** for Part A, Part B and *State Services* funding.
Wed. April 3	**Project LEAP** classes begin. Project LEAP is a free 17-week training course for individuals living with and affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.

(Continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2019 Council Activities

(Revised 02-04-19)

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The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

Thurs. April 4	12 noon. Steering Committee meets.
Thurs. April 11	12 noon. Planning Council meets.
*	1:30 – 4:30 pm. **Council and Community Training for the How to Best Meet the Need process**. Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority & Allocations and Affected Community Committees. Call 832 927-7926 for confirmation and additional information.
* Thurs. April 18	10 am – 5 pm, Two special workgroup meetings. Topics to be announced.
* Tues. April 23	10 am – 5 pm. **How To Best Meet the Need Workgroups #1 and #2** at which the following services for FY 2020 will be reviewed: • Ambulatory/Outpatient Medical Care (including Emergency Financial Assistance, Local Pharmacy Assistance, Medical Case Management & Service Linkage – Adult, Rural and Pediatric, Outreach) • Clinical Case Management • Referral for Health Care and Support Services • Health Insurance Premium & Co-pay Assistance • Medical Nutritional Therapy (including Nutritional Supplements) • Mental Health • Substance Abuse Treatment/Counseling • Non-Medical Case Management (Service Linkage at Testing Sites) • Non-Medical Case Management (Substance Use) • Oral Health – Untargeted & Rural • Vision Care Call 832 927-7926 for meeting dates and times and to receive meeting packets.
* Wed. April 24	3:00 pm – 5:00 pm. **How To Best Meet the Need Workgroup #3** at which the following services will be reviewed: • Early Intervention Services • Home & Community-based Health Services (Adult Day Treatment) • Hospice • Linguistic Services • Transportation (van-based-Untargeted & Rural) Call 832 927-7926 for confirmation and additional information.
Thurs. April 25	12 noon. Priority & Allocations Committee meets to allocate **Part A unspent funds.**
Mon. May 6	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 18 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.

(Continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2019 Council Activities

(Revised 02-04-19)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location.

The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

Tues. May 14	12 noon. **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book**. The Operations Committee reviews the FY 2020 Council Support Budget.
Tues. May 14	2:00 pm. Quality Improvement Committee meets to approve the **FY 2020 How to Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority & Allocations Committee.
Mon. May 20	7:00 pm., Public Hearing on the **FY 2020 How To Best Meet the Need results**.
Tues. May 21	Time TBD. Special Quality Improvement Committee meeting to review public comments regarding **FY 2020 How To Best Meet the Need results**.
Thurs. May 23	12 noon. Priority & Allocations Committee meets to recommend the **FY 2020 service priorities** for Ryan White Parts A and B and *State Services* funding.
Thurs. June 6	12 noon. Steering Committee meets to approve the **FY 2020 How to Best Meet the Need results**.
Thurs. June 13	12 noon. Council approves the **FY 2020 How to Best Meet the Need results**. **Project LEAP students present the results of their special projects to the Council, hence the meeting may be at an off-site location.**
Week of June 17-21	Dates and times TBD. Special Priority & Allocations Committee meetings to draft the **FY 2020 allocations for RW Part A and B and *State Services* funding**.
Tues. June 18	2:00 pm. Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
Thurs. June 27	12 noon. Priority & Allocations Committee meets to approve the **FY 2020 allocations for RW Part A and B and *State Services* funding**.
Mon. July 1	7 pm. Public Hearing on the **FY 2020 service priorities and allocations**.
Tues. July 2	Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2020 service priorities and allocations**.
July/Aug.	Workgroup meets to complete the proposed **FY 2020 EIIHA Plan**.
Wed. July 3	12 noon. Steering Committee approves the **FY 2020 service priorities and allocations**.
Thurs. July 11	12 noon. Council approves the **FY 2020 service priorities and allocations**.

(continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2019 Council Activities

(Revised 02-04-19)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location.

The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

Thurs. July 25	12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the **FY 2020 priority & allocations**. They also allocate **FY 2019 carryover funds**. (**Allocate even though dollar amount will not be avail. until Aug.**)
Thurs. Aug. 1	12 noon. ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE **LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2020 GRANT**. (Mail out date for the August Steering Committee meeting is July 25, 2019.)
Mon. Aug. 19	1:30 pm. **Consumer Training** on Standards of Care and Performance Measures.
Mon. Sept. 9	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 18 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
* Tues. Sept. 17	2:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
Mon. Sept. 23	1:30 pm. **Consumer-Only Workgroup** meeting to review FY 2020 Standards of Care and Performance Measures.
Tues. Oct. 15	12 noon. Review and possibly update the Memorandum of Understanding between all Part A stakeholders.
* October or November	Date & time TBD. Community Workgroup meeting to review **FY 2020 Standards of Care & Performance Measures** for all service categories.
Thurs. Oct. 24	12 noon. Priority & Allocations Committee meets to allocate FY 2019 unspent funds.
November	Date & time TBD. Review the evaluation of 2019 Project LEAP. Operations Committee also hosts a How to Best Meet the Need Workgroup to make recommendations on 2020 Project LEAP.
November	The Resource Group contacts all stakeholders to see if changes need to be made to the Ryan White Part B/State Services Letter of Agreement.
Thurs. Nov. 14	12 noon. Council recognizes all external committee members.
Tues. Nov. 12	9:30 am. Commissioners Court to receive the World AIDS Day Resolution.
Sun. Dec. 1	**World AIDS Day**.
Thurs. Dec. 12	12 noon. Election of Officers for the 2020 Ryan White Planning Council.

2019

JANUARY

S	M	T	W	T	F	S
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27	28	29	30	31		

FEBRUARY

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MARCH

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31						

APRIL

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MAY

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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Jan 01: New Year's Day	Jan 21: M L King Day	Feb 14: Valentine's Day	Feb 18: Presidents' Day
Apr 19: Good Friday	Apr 21: Easter	May 12: Mother's Day	May 27: Memorial Day
Jun 16: Father's Day	Jul 04: Independence Day	Sep 02: Labor Day	Oct 14: Columbus Day
Oct 31: Halloween	Nov 11: Veterans Day	Nov 28: Thanksgiving Day	Dec 25: Christmas

Priority and Allocations
FY 2019 Guiding Principles and Decision Making Criteria

(Priority and Allocations Committee approved 02-22-18)

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/AIDS. 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)

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 2019 Priority Setting Process

(Priority and Allocations Committee approved 02-22-18)

1. Agree on the principles to be used in the decision making process.
2. Agree on the criteria to be used in the decision making process.
3. Agree on the priority-setting 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.

2018 Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-22-18)

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.

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.

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

FY 2018 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**9,634,415**	**391,824**	**703,670**	**180,631**	**0**	**10,910,540**	**50.99%**	**10,910,540**	**0**		**8,001,337**	**73%**	**92%**
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	378,670	0		3,969,734	18.55%	3,969,734	0	3/1/2018	$317,777	8%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	100,000	51,877		1,173,247	5.48%	1,173,247	0	3/1/2018	$991,211	84%	92%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	100,000	51,877		1,019,224	4.76%	1,019,224	0	3/1/2018	$768,581	75%	92%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	100,000	51,877		1,256,597	5.87%	1,256,597	0	3/1/2018	$546,924	44%	92%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0		1,149,761	5.37%	1,149,761	0	3/1/2018	$795,594	69%	92%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0			1,874,540	8.76%	1,874,540	0	3/1/2018	$4,242,084	226%	75%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2018	$9,600	62%	92%
1.h	Vision	402,000	0	25,000	25,000		452,000	2.11%	452,000	0	3/1/2018	$329,565	73%	92%
2	**Medical Case Management**	**2,535,802**	**0**	**0**	**0**	**0**	**2,535,802**	**11.85%**	**2,535,802**	**0**		**1,649,691**	**65%**	**92%**
2.a	Clinical Case Management	488,656	0	0	0		488,656	2.28%	488,656	0	3/1/2018	$379,295	78%	92%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.26%	482,722	0	3/1/2018	$214,673	44%	75%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0		321,070	1.50%	321,070	0	3/1/2018	$305,727	95%	92%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0		321,072	1.50%	321,072	0	3/1/2018	$159,648	50%	92%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0		107,247	0.50%	107,247	0	3/1/2018	$76,314	71%	92%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.63%	348,760	0	3/1/2018	$216,425	62%	92%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.84%	180,311	0	3/1/2018	$92,558	51%	75%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0		160,051	0.75%	160,051	0	3/1/2018	$103,795	65%	92%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.37%	80,025	0	3/1/2018	$60,367	75%	92%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2018	$40,890	89%	75%
3	**Local Pharmacy Assistance Program (a) (e)**	**1,934,796**	**256,674**	**0**	**69,363**	**0**	**2,260,833**	**10.57%**	**2,260,833**	**0**	3/1/2018	**$1,651,228**	**73%**	**92%**
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.78%**	**166,404**	**0**	3/1/2018	**153,800**	**92%**	**92%**
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0			166,404	0.78%	166,404	0	3/1/2018	$153,800	92%	92%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,244,551**	**28,519**	**0**	**0**	**0**	**1,273,070**	**5.95%**	**1,273,070**	**0**	3/1/2018	**$984,852**	**77%**	**92%**
7	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**0**	**0**	**45,677**	**0.21%**	**45,677**	**0**	3/1/2018	**$24,388**	**53%**	**92%**
9	**Early Intervention Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**0**	**0**	**0**	**341,395**	**1.60%**	**341,395**	**0**	3/1/2018	**$267,080**	**78%**	**92%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Outreach Services**	**420,000**	**39,927**				**459,927**	**2.15%**	**459,927**	**0**	**3/1/2018**	**$199,533**	**43%**	**92%**
13	**Non-Medical Case Management**	**1,231,002**	**0**	**0**	**0**	**0**	**1,231,002**	**5.75%**	**1,231,002**	**0**		**1,012,492**	**82%**	**92%**
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.52%	110,793	0	3/1/2018	$82,326	74%	92%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			0		100,000	0.47%	100,000	0	3/1/2018	$69,474	69%	92%
13.c	Service Linkage at Public Clinic (a)	427,000		0	0		427,000	2.00%	427,000	0	3/1/2018	$363,460	85%	75%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		0	0		593,209	2.77%	593,209	0	3/1/2018	$497,233	84%	92%
14	**Medical Transportation**	**482,087**	**25,824**	**0**	**0**	**0**	**507,911**	**2.37%**	**507,911**	**0**		**286,354**	**56%**	**92%**
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0		252,680	1.18%	252,680	0	3/1/2018	$214,038	85%	92%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.45%	97,185	0	3/1/2018	$72,316	74%	92%
14.c	Transportation vouchering (bus passes & gas cards)	132,222	25,824	0	0		158,046	0.74%	158,046	0	3/1/2018	$0	0%	0%
15	**Linguistic Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	$0	**0%**	**0%**
16	**Emergency Financial Assistance**	**450,000**		**0**	**150,000**	**0**	**600,000**	**2.80%**	**600,000**	**0**	3/1/2018	$223,565	**37%**	**92%**
17	**Referral for Health Care and Support Services (c)**	**0**	**0**	**0**			**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
BEA27516	**Total Service Dollars**	**18,486,129**	**742,768**	**703,670**	**399,994**	**0**	**20,332,561**	**92.87%**	**20,332,561**	**0**		**14,031,221**	**69%**	**92%**
	Grant Administration	**1,675,047**	**0**	**0**	**0**	**0**	**1,675,047**	**7.83%**	**1,675,047**	**0**	**N/A**	**0**	**0%**	**92%**
BEA27517	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.36%	1,146,388	0	N/A	$0	0%	92%
PC	RWPC Support*	528,659			0	0	528,659	2.47%	528,659	0	N/A	0	0%	92%

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

FY 2018 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
BES27521	**Quality Management**	**495,000**	**0**	**0**	**0**	**0**	**495,000**	**2.31%**	**495,000**	**0**	**N/A**	**$0**	**0%**	**92%**
		20,656,176	**742,768**	**703,670**	**399,994**	**0**	**22,502,608**	**103.01%**	**22,502,608**	**0**		**14,031,221**	**62%**	**92%**
								Unallocated	Unobligated					
	Part A Grant Award:	**21,398,944**	***Carry Over:***	**0**		***Total Part A:***	**21,398,944**	**-1,103,664**	**0**					
		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)	**15,903,040**	**677,017**	**703,670**	**249,994**	**0**	**17,533,721**	**86.40%**	**17,533,721**	**85.77%**				
	Non-Core (may not exceed 25% of total service dollars)	**2,583,089**	**25,824**	**0**	**150,000**	**0**	**2,758,913**	**13.60%**	**2,908,913**	**14.23%**				
	Total Service Dollars (does not include Admin and QM)	**18,486,129**	**702,841**	**703,670**	**399,994**	**0**	**20,292,634**		**20,442,634**					
	Total Admin (must be ≤ 10% of total Part A + MAI)	**1,675,047**	**0**	**0**	**0**	**0**	**1,675,047**	**7.83%**						
	Total QM (must be ≤ 5% of total Part A + MAI)	**495,000**	**0**	**0**	**0**	**0**	**495,000**	**2.31%**						

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**1,797,785**	**49,060**	**90,830**	**0**	**0**	**1,937,675**	**84.33%**	**1,937,675**	**0**		**1,575,475**	**81%**	**92%**
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530	45,415	0	0	980,108	42.65%	980,108	0	3/1/2018	$920,975	94%	92%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530	45,415	0	0	957,567	41.67%	957,567	0	3/1/2018	$654,500	68%	92%
2	**Medical Case Management**	**320,100**	**0**	**40,000**	**0**	**0**	**360,100**	**15.67%**	**320,100**	**40,000**		**$126,959**	**40%**	92%
2.c (MAI)	MCM - Targeted to African American	160,050		20,000			180,050	7.84%	180,050	0	3/1/2018	$84,228	47%	92%
2.d (MAI)	MCM - Targeted to Hispanic	160,050		20,000			180,050	7.84%	160,050	20,000	3/1/2018	$42,731	27%	92%
	Total MAI Service Funds	**2,117,885**	**49,060**	**130,830**	**0**	**0**	**2,297,775**	**100.00%**	**1,937,675**	**360,100**		**1,575,475**	**81%**	**92%**
	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%**
BEC27516	**Total MAI Funds**	**2,117,885**	**49,060**	**130,830**	**0**	**0**	**2,297,775**	**100.00%**	**1,937,675**	**360,100**		**1,575,475**	**81%**	**92%**
	MAI Grant Award	**2,166,944**	***Carry Over:***	**0**		***Total MAI:***	**2,166,944**							
	Combined Part A and MAI Orginial Allocation Total	**22,774,061**												

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations

Prepared by: Ryan White Grant Administration

FY 2018 Ryan White Part A and MAI Service Utilization Report

SUR - 3rd Quarter Cumulative (3/1-11/30)

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

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

Available Data As Of: 12/19/2018

Prepared by: Ryan White Grant Administration

FY 2018 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report

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

RW Part A New Client Service Utilization Report

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

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

Footnotes:

(a)	Bundled Category
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.
(d)	Funded by Part B and/or State Services
(e)	Not funded in FY 2017
(f)	Total MCM served does not include Clinical Case Management

Available Data As Of: 12/19/2018

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

Reflects spending through December 2018

Spending Target: 75%

Revised 2/19/2019

Priority	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%

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.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1819 DSHS State Services

Procurement Report

September 1, 2018- August 31, 2019

Chart reflects spending through December 2018

Spending Target: 33.33%

Revised 2/19/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
5	**Health Insurance Premiums and Cost Sharing (1)**	$979,694	49%	**$142,285**	$1,121,979	56%	1/0/1900	$386,062	34%
6	**Mental Health Services (2)**	$300,000	15%	**$0**	$300,000	15%	9/1/2018	$46,729	16%
7	**EIS - Incarcerated**	$166,211	8%	**$0**	$166,211	8%	9/1/2018	$57,448	35%
11	**Hospice (3)**	$359,832	18%		$359,832	18%	9/1/2018	$49,280	14%
15	**Linguistic Services (4)**	$68,000	3%		$68,000	3%	9/1/2018	$11,700	17%
	Unallocated (RWPC Approved for Health Insurance - TRG will amend contract)	$142,285	7%	**-$142,285**	$0	0%	9/1/2018	$0	0%
	Total Houston HSDA	**2,016,022**	**100%**	**$0**	$2,016,022	100%		551,219	0%

First month of expenditures. Submissions/services/data entry are slow during first few months of contract.

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.

2 Mental Health Services are under Utilized and under reported.

3 Hospice care has had lower than expected client turn out

4 Linguistic is one behind on reporting due to slow invoicing by provider.

2018-2019 Ryan White Part B Service Utilization Report

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

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

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%**

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.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2018-11/30/18

Revised: 1/8/2019

	Assisted			NOT Assisted		
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	535	$50,915.73	464			*0*
Medical Deductible	26	$8,995.08	32			*0*
Medical Premium	1013	$404,708.94	625			*0*
Pharmacy Co-Payment	609	$59,462.09	583			*0*
APTC Tax Liability	0	$0.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	6	$995.00	3	*NA*	*NA*	*NA*
Totals:	2189	$523,086.84	1707	0	$0.00	

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report

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

Revised: 2/4/2019

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

Comments: This report represents services provided under all grants.

2019 Ryan White Planning Council

STANDING COMMITTEE LIST

(Updated 01-28-19)

Red Text = Committee Mentor

STEERING	
Bruce Turner, RWPC Chair	Ronnie Galley, Co-Chair, Operations
John Poole, Vice Chair	Allen Murray, Co-Chair, Operations
Tana Pradia, Secretary	Bobby Cruz, Co-Chair, Priority and Allocations
Rodney Mills, Co-Chair, Affected Community	Peta-Gay Ledbetter, Co-Chair, Priority and Allocations
Isis Torrente, Co-Chair, Affected Community	Denis Kelly, Co-Chair, Quality Improvement
Daphne L. Jones, Co-Chair, Comprehensive HIV Planning	Gloria Sierra, Co-Chair, Quality Improvement
Ted Artiaga, Co-Chair, Comprehensive HIV Planning	

AFFECTED COMMUNITY			
1. Rodney Mills, Co-Chair	8. Holly McLean	***External Members:***	
2. Isis Torrente, Co-Chair	9. John Poole	*1. Ardry "Skeet" Boyle*	
3. Veronica Ardoin	10. Tana Pradia	*2.Ma'Janae Chambers*	
4. Rosalind Belcher		*3.Eddie Gonzalez*	
5. Tony Crawford		*4. Lionel Pennamon*	
6. Ronnie Galley		*5.Roy Wesley*	
7. Arlene Johnson			

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2. Daphne L. Jones, Co-Chair	9. Faye Robinson	*1.Dominique Brewster*	*7. Anthony Williams*
3. Dawn Jenkins	10. Imran Shaikh	*2.Ryan Clark*	*8. Larry Woods*
4. Denis Kelly	11. Isis Torrente	*3. Elizabeth Drayden*	
5 Holly McLean		*4.Nancy Miertschin*	
6. Rodney Mills		*5.Stephen Nazarenus*	
7. Matilda Padilla		*6.Steven Vargas*	

OPERATIONS			
1. Ronnie Galley, Co-Chair	4. Bobby Cruz	7. Tana Pradia	
2. Allen Murray, Co-Chair	5. Johnny Deal		
3. Veronica Ardoin	6. Angela F. Hawkins		

PRIORITY AND ALLOCATIONS			
1. Bobby Cruz, Co-Chair	4. Hoxi Jones	7. Allen Murray	
2. Peta-gay Ledbetter, Co-Chair	5. Melvin Joseph		
3. Allison Hesterman	6. Niquita Moret		

QUALITY IMPROVEMENT			
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2. Gloria Sierra, Co- Chair	9. Daphne L. Jones	***External Members:***	*6.Cecilia Oshingbade*
3. Connie Barnes	10. Tom Lindstrom	*1. Kevin Aloysius*	*7.Tracy Sandles*
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5. Tony Crawford	12. John Poole	*3.Ma'Janae Chambers*	
6. Ronnie Galley	13. Pete Rodriguez	*4.Billy Ray Grant Jr.*	
7. Ahmier Gibson	14. Crystal Starr	*5.Marcely Hernandez*	

(Over)

QUEERTY*

US government developing virtual reality simulation for young gay men

By Dan Tracer January 2, 2019 at 1:01pm

The National Institutes of Health is developing a virtual reality experience to help young gay men who've contracted HIV disclose their status to future sex partners.

"Tough Talks" allows users to practice what can be a difficult and necessary conversation — how to tell someone you may not know very well that you're HIV-positive prior to having sex.

In the simulation, characters are able to exhibit and roleplay various emotional states like "anger, fear, rejection, blame, ignorance, curiosity, confusion, support, concern, sympathy, empathy, acceptance, [and] love."

Users are able to practice several scenarios of communication with casual or primary sex partners.

The Georgia-based Tech training company Virtually Better, Inc., along with the University of North Carolina at Chapel Hill and the University of Southern California Institute for Creative Technologies, are creating the simulation in the hopes of opening up pathways of communication.

According to the grant that led to developing the project, 67% of young gay men not adequately disclose their HIV status to first-time partners.

"Given the potential benefits and challenges associated with disclosure, there is a need for sophisticated interventions that can assist [men who have sex with men] MSM, with the disclosure process," the grant reads. "Virtual reality provides a unique environment for users to practice HIV disclosure."

Starting in 2014 under the Obama administration, researchers recruited young men through Craigslist, Grindr and Facebook.

The results of the study were published in July 2018 in a paper titled 'I Didn't Tell You Sooner Because I Didn't Know How to Handle It Myself' and look promising, with participants reporting the simulation helpful.

The project will continue through May 2020.