

Houston Area HIV Services Ryan White Planning Council
Office of Support
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Memorandum

To: Members, Priority and Allocations Committee:
Bobby Cruz, Co-Chair Josh Mica
Peta-gay Ledbetter, Co-Chair Paul Richards
Melody Barr Bruce Turner
Roxane May *Allen Murray*

Copy: Crystal R. Starr Sha'Terra Johnson
Diane Beck Nancy Miertschin
Carin Martin Rodney Goodie
Heather Keizman Ann Robison
Mauricia Chatman Johnetta Evans-Thomas
Yvette Garvin

From: Tori Williams

Date: Thursday, June 1, 2022

Re: Meeting Announcements

This memo is a reminder that there will be a number of Priority and Allocations Committee meetings from June 6 until June 29, 2022. Enclosed you will find agendas and other materials which you will need to have at the meetings. All of the June meetings will be via Zoom, although you are welcome to join us in the office if that is comfortable for you. Be sure to RSVP to Rod for all meetings.

Special Priority & Allocations Committee Meetings (see enclosed agendas with Zoom links)

To develop the FY 2023 allocations for Part A, B & State Services

- 12 noon - 4 pm, Monday, June 6, 2022
- 12 noon – 3 pm, Tuesday, June 7, 2022

Regularly Scheduled Committee Meeting (see enclosed agenda with Zoom link)

The whole Committee will vote on the FY 2023 allocations developed at the special meetings.

- 12 noon, Thursday, June 23, 2022

Final Special Meeting (see enclosed agenda with Zoom link)

To review public comment and possibly amend the recommended FY 2023 priorities and allocations before they receive final approval at the July Steering Committee and Council meetings.

- 10 am, Wednesday, June 29, 2022 – look for an email from Rod as this meeting is often cancelled if we receive no public comment.

Please let Rod know if you will or will not be in attendance. We appreciate your valuable time and look forward to seeing you regularly in June!

**Houston Area HIV Services Ryan White Planning Council
Priority & Allocations Committee Meeting**

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12 noon – 4 pm, Monday, June 6, 2022

Click on this link to join Zoom Meeting:

<https://us02web.zoom.us/j/8899837982>

Meeting ID: 889 983 7982 **No Password**

Or call: 346 248 7799

In person option (must rsvp): St. Philip Presbyterian Church, 4807 San Felipe St, Houston, Texas 77056#

AGENDA

- I. Call to Order Bobby Cruz and
Peta-Gay Ledbetter, Co-Chairs
- A. Moment of Reflection
- B. Approval of Agenda
- C. Review Meeting Goals Tori Williams, Director, OoS
- II. Public Comment - (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up in the Chat Box. Or, send a text to: 832 594-1929. 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. 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. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Review Other Ryan White Planning Committee Recommendations Tori Williams
- A. Changes Recommended for the FY 2023 Service Definitions
- IV. Updates from the Administrative Agents
- A. Ryan White Part A/MAI Carin Martin, RWGA
- B. Ryan White Part B and State Services Funding Yvette Garvin, TRG
- V. Draft Allocations for FY 2023 Part A/MAI, Part B & State Services Funding
- A. Any Staff Recommendations? Carin or Yvette
- B. Optional: Determine the philosophy for allocating FY 2023 funds
- C. Create the FY 2023 Level Funding Scenario
- 1) Part A and MAI
- 2) Part B and State Services
- D. Create the FY 2023 Increase Funding Scenario
- E. Create the FY 2023 Decrease Funding Scenario
- VI. Announcements
- A. IMPORTANT: June Priority and Allocation Committee Meeting Dates and Times:
- Tentative: 12 noon – 3 pm, Tues., June 7, 2022 – Finish drafting FY 2023 allocations
 - 12 noon, Thursday, June 23, 2022 - Committee votes on FY 2023 Allocations
 - Tentative: 10 am, Wed., June 29, 2022 – Review public comment
- VII. Adjourn

Houston Area HIV Services Ryan White Planning Council

FY 2023 How to Best Meet the Need Quality Improvement Committee Service Category Recommendation Summary (as of 05/04/22)

Those services for which no change is recommended include:

Ambulatory Outpatient Medical Care (including Emergency Financial Assistance - Pharmacy Assistance, and Outreach)

Emergency Financial Assistance – Other

Health Insurance Premium and Cost Sharing Assistance

Home and Community Based Health Services (Adult Day Treatment)

Hospice Services

Linguistic Services

Medical Nutritional Therapy/Supplements

Oral Health (Untargeted and Targeting the Northern Rural Area)

Substance Abuse Treatment

Transportation

Vision Care

Services with recommended changes include the following:

Case Management (Medical, Clinical, Non-Medical Service Linkage and Non-Medical Targeting Substance Use Disorders)

- 🚫 Recommend to the Priority and Allocations Committee to increase funding for all Case Management services specifically to increase salaries to reduce staff turnover.

Local Pharmacy Assistance Program (LPAP)

- 🚫 Increase the FPL* for non-HIV medication to 500%.

Early Intervention Services (EIS) / Referral for Health Care and Support Services (RHCSS)

- 🚫 Transition EIS to RHCSS to better align with the scope of services provided.

Mental Health Services

- 🚫 Table approval of this service category to allow the committee more time to discuss the public comment received on May 3, 2022.

*FPL = Federal Poverty Level.

FY 2023 How to Best Meet the Need Training – Updated May 3, 2022

ADAP updates

HRSA PCN 21-02

There is no news on eliminating the current six-month self-attestation requirement for ADAP. THMP estimates it could cost as much as **\$17m** per year to move to annual recertifications consistent with the new eligibility guidance.

(NEW) Part B Care Services may seek approval from Department leadership to eliminate the six-month self-attestation for care services only to align with Part A programs that have done so. If so, this would be separate from what ADAP may do.

Health Insurance

There will be **no expansion** of Health Insurance purchasing (per Imelda, “downtown” doesn’t want to even hear insurance expansion discussed).

Spenddown

The existing Spenddown policy continues at least through 10/31/22. The Standard Deduction – the spenddown replacement – is on track. By the end of August, DSHS will publish the standard deduction dollar amount with a 60-day comment period.

90-day Refills

Currently not on the table.

CABENUVA Injectable

No movement on adding Cabenuva – THMP cites concerns over long term costs.

Budget

Shortfalls are possible in State fiscal year 2024 and 2025.

Take Charge Texas (TCT)

For THMP, DSHS states they are “hoping for improvements by late May.”

Local concern

The Council may anticipate continued need for Emergency Financial Assistance (EFA) funding to cover medications while clients await processing of new applications, six-month attestations and annual recertifications. THMP said they are adding contract staff to help address this issue.

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Priority and Allocations
FY 2023 Guiding Principles and Decision Making Criteria
(Priority and Allocations Committee approved 02-24-22)

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

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

Principles

- A. Ensure ongoing client access to a comprehensive system of core services as defined by HRSA
- B. Eliminate barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)
- C. Meet the needs of diverse populations as addressed by the epidemiology of HIV
- D. Identify individuals newly aware of their status and link them to care. Address the needs of those that are aware of their status and not in care.

Allocations only

- E. Document or demonstrate cost-effectiveness of services and minimization of duplication
- F. Consider the availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies
- G. Reduce the time period between diagnosis and entry into HIV medical care to facilitate timely linkage.

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

(Continued)

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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.

PROPOSED

Steps to Allocating Increased FY 2022 Funding and Determining the FY 2023 Allocations

- 1.) Apply the Increase Funding Scenario for Part A and MAI – see enclosed FY 2022 Ryan White Part A and MAI Procurement Report.
- 2.) Use these numbers as the baseline for the FY 2023 Allocations.
- 3.) This will leave approximately \$700,000 to be allocated in July as FY 2022 unobligated funds.

Houston Ryan White Planning Council
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding
FY 2022 Allocations**

(Priority and Allocations Committee approved 06-24-21)

MOTION A: All Funding Streams – Level Funding Scenario

Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding.

Approve the attached Ryan White Part A, MAI, Part B, and State Services Funding FY 2021 Level Funding Scenario for FY 2022.

MOTION B: MAI Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be increased by the same percent. This applies to the total amount of service dollars available.

MOTION C: Part A Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Part A Funding.

All service categories except subcategories 1.g. Primary Care-Pediatric, 2.h. Medical Case Management-Pediatric, 2.i. Medical Case Management-Veterans, 2.j. Medical Case Management-Youth, 10. Substance Abuse Services-Outpatient, 13.a. Service Linkage-Youth, and 13.b. Service Linkage-Newly Diagnosed/Not in Care will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Part A Funding.

Step 1: Allocate first \$200,000 to Local Pharmacy Assistance Program - Untargeted (category 3.b).

Step 2: Allocate the next \$200,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council.

MOTION D: Part B and State Services Increase/Decrease Scenario

Decrease Funding Scenario for Ryan White Part B and State Services Funding.

A decrease in funds of any amount will be allocated by the Ryan White Planning Council after the notice of grant award is received.

Increase Funding Scenario for Ryan White Part B and State Services Funding.

Step 1: Allocate the first \$200,000 to be divided evenly between Oral Health – General Oral Health (category 4.a.) and Oral Health – Prosthodontics (category 4.b.).

Step 2: Allocate the next \$200,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council after the notice of grant award is received.

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

FY 2021 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	-75,776	1,415,641	60,600	-1,377,246	10,989,007	46.00%	10,989,007	0		9,085,320	83%	100%
1.a	Primary Care - Public Clinic (a)	3,927,300	-27,177			-1,404,381	2,495,742	10.45%	2,495,742	0	3/1/2021	\$1,926,746	77%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	-7,367	441,880	244,386	9,713	1,753,188	7.34%	1,753,188	0	3/1/2021	\$1,915,159	109%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	-6,301	441,880	75,000	9,713	1,430,843	5.99%	1,430,843	0	3/1/2021	\$1,595,257	111%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	-7,944	441,880		9,713	1,591,574	6.66%	1,591,574	0	3/1/2021	\$745,541	47%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	-7,612		-75,000	-2,004	1,015,384	4.25%	1,015,384	0	3/1/2021	\$1,050,578	103%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	-14,532				2,085,468	8.73%	2,085,468	0	3/1/2021	\$1,347,954	65%	100%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.06%	15,437	0	3/1/2021	\$5,400	35%	100%
1.h	Vision	500,000	-3,460	90,000	-85,000		501,540	2.10%	501,540	0	3/1/2021	\$498,685	99%	100%
1.x	Primary Care Health Outcome Pilot	200,000	-1,384		-98,786		99,830	0.42%	99,830	0		\$0	0%	100%
2	Medical Case Management	1,730,000	-100,528	30,000	0	30,433	1,689,905	7.07%	1,689,905	0		1,485,955	88%	100%
2.a	Clinical Case Management	488,656	-3,381	30,000			515,275	2.16%	515,275	0	3/1/2021	\$356,517	69%	100%
2.b	Med CM - Public Clinic (a)	277,103	-1,918			80,856	356,041	1.49%	356,041	0	3/1/2021	\$271,551	76%	100%
2.c	Med CM - Targeted to AA (a) (e)	169,009	-1,170			-6,687	161,153	0.67%	161,153	0	3/1/2021	\$244,261	152%	100%
2.d	Med CM - Targeted to H/L (a) (e)	169,011	-1,170			-6,687	161,155	0.67%	161,155	0	3/1/2021	\$125,876	78%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186	-423			-6,687	54,076	0.23%	54,076	0	3/1/2021	\$83,763	155%	100%
2.f	Med CM - Targeted to Rural (a)	273,760	-1,894			-30,363	241,503	1.01%	241,503	0	3/1/2021	\$136,886	57%	100%
2.g	Med CM - Women at Public Clinic (a)	75,311	-521				74,790	0.31%	74,790	0	3/1/2021	\$152,862	204%	100%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	-90,051				0	0.00%	0	0	3/1/2021	\$0	#DIV/0!	100%
2.i	Med CM - Targeted to Veterans	80,025	0				80,025	0.33%	80,025	0	3/1/2021	\$62,517	78%	100%
2.j	Med CM - Targeted to Youth	45,888	0				45,888	0.19%	45,888	0	3/1/2021	\$51,724	113%	100%
3	Local Pharmacy Assistance Program	1,810,360	-12,528	22,920	0	10,461	1,831,213	7.67%	1,831,213	0	3/1/2021	\$2,041,079	111%	100%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360	-2,148			251,033	559,245	2.34%	559,245	0	3/1/2021	\$559,245	100%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	-10,380	22,920		-240,572	1,271,968	5.32%	1,271,968	0	3/1/2021	\$1,481,834	116%	100%
4	Oral Health	166,404	-1,152	0	0	0	165,252	0.69%	165,252	0	3/1/2021	165,250	100%	100%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	-1,152			0	165,252	0.69%	165,252	0	3/1/2021	\$165,250	100%	100%
5	Health Insurance (c)	1,383,137	-9,571	300,000	0	0	1,673,566	7.01%	1,673,566	0	3/1/2021	\$1,673,556	100%	100%
6	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
7	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
8	Medical Nutritional Therapy (supplements)	341,395	-2,362	0	55,000	0	394,033	1.65%	394,033	0	3/1/2021	\$382,241	97%	100%
9	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
9.a	In-Home	0									N/A	\$0	0%	0%
9.b	Facility Based	0									N/A	\$0	0%	0%
10	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.19%	45,677	0	3/1/2021	\$25,350	55%	100%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
13	Non-Medical Case Management	1,267,002	-8,768	40,000	-70,600	95,685	1,323,319	5.54%	1,323,319	0	3/1/2021	\$1,218,925	92%	100%
13.a	Service Linkage targeted to Youth	110,793	-767		-20,600		89,426	0.37%	89,426	0	3/1/2021	\$94,788	106%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	-692		-50,000		49,308	0.21%	49,308	0	3/1/2021	\$62,780	127%	100%
13.c	Service Linkage at Public Clinic (a)	370,000	-2,560			107,411	474,851	1.99%	474,851	0	3/1/2021	\$453,719	96%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	-4,749	40,000		-11,726	709,734	2.97%	709,734	0	3/1/2021	\$607,637	86%	100%
13.e	SLW-Substance Use	0	0				0	0.00%	0	0	NA	\$0	0%	0%
14	Medical Transportation	424,911	-2,940	0	0	0	421,971	1.77%	421,971	0		421,959	100%	100%
14.a	Medical Transportation services targeted to Urban	252,680	-1,749				250,931	1.05%	250,931	0	3/1/2021	\$257,980	103%	100%
14.b	Medical Transportation services targeted to Rural	97,185	-673				96,512	0.40%	96,512	0	3/1/2021	\$89,462	93%	100%
14.c	Transportation vouchers (bus passes & gas cards)	75,046	-519				74,527	0.31%	74,527	0	3/1/2021	\$74,517	100%	100%
15	Emergency Financial Assistance	1,545,439	-10,694	0	-45,000	1,326,272	2,816,017	11.79%	2,816,017	0		2,851,156	101%	100%
16.a	EFA - Pharmacy Assistance	1,305,439	-9,034		75,000	1,326,272	2,697,677	11.29%	2,697,677	0	3/1/2021	\$2,771,670	103%	100%

FY 2021 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 4th Quarter (3/1-2/28)																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	8,632	75%	23%	2%	47%	12%	2%	39%	0%	0%	5%	28%	27%	11%	25%	2%
1.a	Primary Care - Public Clinic (a)	2,350	2,913	72%	27%	1%	46%	9%	2%	44%	0%	1%	2%	16%	26%	14%	37%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	2,515	70%	27%	3%	99%	0%	1%	0%	0%	0%	7%	39%	27%	10%	16%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,719	82%	14%	4%	0%	0%	0%	100%	0%	0%	5%	31%	31%	12%	19%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	791	89%	10%	2%	0%	85%	15%	0%	0%	0%	3%	27%	25%	11%	32%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	734	69%	30%	1%	47%	22%	2%	29%	0%	0%	3%	30%	29%	11%	25%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	790	0%	99%	1%	55%	5%	1%	38%	0%	0%	1%	11%	26%	18%	38%	5%
1.g	Primary Care - Pediatric (a)	7	6	83%	17%	0%	50%	0%	0%	50%	17%	50%	33%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,966	73%	25%	2%	48%	12%	3%	37%	0%	0%	4%	24%	24%	13%	30%	5%
2	Medical Case Management (f)	3,075	5,325															
2.a	Clinical Case Management	600	896	73%	25%	2%	57%	13%	1%	29%	0%	0%	4%	23%	26%	12%	30%	5%
2.b	Med CM - Targeted to Public Clinic (a)	280	612	89%	9%	2%	54%	11%	1%	33%	0%	0%	2%	25%	24%	10%	33%	5%
2.c	Med CM - Targeted to AA (a)	550	1,583	68%	29%	3%	99%	0%	1%	0%	0%	1%	6%	32%	26%	10%	22%	3%
2.d	Med CM - Targeted to H/L(a)	550	786	80%	15%	5%	0%	0%	0%	100%	0%	0%	5%	26%	31%	12%	23%	3%
2.e	Med CM - Targeted to White and/or MSM (a)	260	454	84%	13%	2%	0%	88%	12%	0%	0%	0%	3%	23%	23%	7%	36%	7%
2.f	Med CM - Targeted to Rural (a)	150	525	67%	32%	1%	46%	31%	1%	21%	0%	0%	2%	26%	24%	11%	30%	6%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	266	0%	100%	0%	73%	6%	2%	18%	0%	0%	2%	21%	33%	11%	27%	5%
2.h	Med CM - Targeted to Pedi (a)	125	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.i	Med CM - Targeted to Veterans	200	186	95%	5%	0%	72%	20%	1%	8%	0%	0%	0%	0%	5%	3%	48%	44%
2.j	Med CM - Targeted to Youth	120	17	88%	6%	6%	65%	12%	0%	24%	0%	18%	82%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	5,834	75%	22%	3%	47%	13%	2%	38%	0%	0%	4%	29%	28%	12%	25%	2%
4	Oral Health	200	376	67%	31%	1%	46%	27%	1%	27%	0%	0%	2%	23%	25%	14%	31%	6%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	376	67%	31%	1%	46%	27%	1%	27%	0%	0%	2%	23%	25%	14%	31%	6%
5	Mental Health Services (d)	NA	NA															
6	Health Insurance	1,700	2,032	80%	19%	1%	43%	26%	3%	29%	0%	0%	1%	16%	18%	11%	42%	12%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	23	87%	4%	9%	30%	48%	0%	22%	0%	0%	0%	26%	43%	13%	17%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	571	74%	24%	1%	41%	19%	3%	37%	0%	0%	1%	12%	18%	10%	46%	13%
11	Hospice Services (d)	NA	NA															
12	Outreach	700	1,132	74%	22%	4%	55%	14%	1%	30%	0%	0%	5%	35%	26%	10%	21%	3%
13	Non-Medical Case Management	7,045	7,755															
13.a	Service Linkage Targeted to Youth	320	171	79%	20%	1%	55%	5%	1%	39%	0%	20%	80%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	104	75%	23%	2%	56%	5%	3%	37%	0%	0%	0%	61%	23%	3%	13%	1%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	3,382	68%	30%	1%	53%	10%	2%	36%	0%	0%	0%	17%	25%	12%	39%	7%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	4,098	74%	23%	3%	53%	13%	2%	32%	1%	1%	5%	28%	26%	10%	26%	4%
14	Transportation	2,850	2,291															
14.a	Transportation Services - Urban	170	704	70%	29%	1%	58%	9%	1%	32%	0%	0%	4%	27%	27%	11%	27%	4%
14.b	Transportation Services - Rural	130	244	65%	34%	1%	32%	34%	2%	32%	0%	0%	4%	16%	24%	16%	34%	7%
14.c	Transportation vouchering	2,550	1,343															
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	NA	2,218	74%	23%	2%	46%	10%	2%	42%	0%	0%	4%	27%	27%	13%	27%	2%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
Net unduplicated clients served - all categories*		12,941	14,283	74%	24%	2%	51%	14%	2%	33%	0%	1%	4%	25%	24%	11%	30%	6%
Living AIDS cases + estimated Living HIV non-AIDS (from FY18 App) (b)			29,078															

FY 2021 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 4th Quarter (03/01 -02/28)																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,745	71%	26%	3%	99%	0%	1%	0%	0%	0%	7%	36%	27%	11%	18%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,481	82%	14%	4%	0%	0%	0%	100%	0%	0%	6%	30%	32%	12%	19%	1%
	2 Medical Case Management (f)																	
2.c	Med CM - Targeted to AA (a)	1,060	967	78%	19%	3%	51%	12%	2%	35%	0%	1%	9%	38%	26%	9%	15%	2%
2.d	Med CM - Targeted to H/L(a)	960	689	75%	23%	2%	67%	15%	2%	16%	0%	2%	6%	39%	23%	13%	15%	2%
RW Part A New Client Service Utilization Report - 4th Quarter (03/01-02/28)																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/21-2/28/22)																		
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	1,897	80%	17%	3%	51%	11%	2%	36%	0%	1%	9%	38%	25%	8%	1%	17%
2	LPAP	1,200	982	78%	19%	3%	51%	12%	2%	35%	0%	1%	9%	38%	26%	9%	2%	15%
3.a	Clinical Case Management	400	111	75%	23%	2%	67%	15%	2%	16%	0%	2%	6%	39%	23%	13%	2%	15%
3.b-3.h	Medical Case Management	1,600	1067	76%	20%	3%	55%	13%	2%	30%	0%	1%	8%	36%	25%	8%	2%	18%
3.i	Medical Case Management - Targeted to Veterans	60	37	95%	5%	0%	86%	11%	0%	3%	0%	0%	0%	0%	11%	8%	38%	43%
4	Oral Health	40	58	69%	29%	2%	50%	31%	0%	19%	0%	0%	2%	29%	28%	12%	7%	22%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	1,860	75%	23%	2%	56%	13%	2%	29%	1%	2%	7%	31%	24%	8%	22%	5%
12.b	Service Linkage at Testing Sites	260	99	76%	21%	3%	58%	2%	4%	36%	0%	5%	19%	49%	13%	1%	11%	1%
<i>Footnotes:</i>																		
(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)	BO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients serve																	

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

FY 2022 Ryan White Part A and MAI
 Procurement Report

Priority	Service Category	Original Allocation <i>RWFC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	0	0	0	0	10,965,788	47.27%	10,750,351	215,437				8%
1.a	Primary Care - Public Clinic (a)	3,927,300					3,927,300	16.93%	3,927,300	0	3/1/2022			8%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576					1,064,576	4.59%	1,064,576	0	3/1/2022			8%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551					910,551	3.92%	910,551	0	3/1/2022			8%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924					1,147,924	4.95%	1,147,924	0	3/1/2022			8%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000					1,100,000	4.74%	1,100,000	0	3/1/2022			8%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000					2,100,000	9.05%	2,100,000	0	3/1/2022			8%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.07%	0	15,437	3/1/2022			8%
1.h	Vision	500,000					500,000	2.16%	500,000	0	3/1/2022			8%
1.x	Primary Care Health Outcome Pilot	200,000					200,000	0.86%	0	200,000				8%
2	Medical Case Management	1,730,000	0	0	0	0	1,730,000	7.46%	1,639,949	90,051				8%
2.a	Clinical Case Management	488,656					488,656	2.11%	488,656	0	3/1/2022			8%
2.b	Med CM - Public Clinic (a)	277,103					277,103	1.19%	277,103	0	3/1/2022			8%
2.c	Med CM - Targeted to AA (a) (e)	169,009					169,009	0.73%	169,009	0	3/1/2022			8%
2.d	Med CM - Targeted to H/L (a) (e)	169,011					169,011	0.73%	169,011	0	3/1/2022			8%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186					61,186	0.26%	61,186	0	3/1/2022			8%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.18%	273,760	0	3/1/2022			8%
2.g	Med CM - Women at Public Clinic (a)	75,311					75,311	0.32%	75,311	0	3/1/2022			8%
2.h	Med CM - Targeted to Pedi (a.1)	90,051					90,051	0.39%	0	90,051	3/1/2022			8%
2.i	Med CM - Targeted to Veterans	80,025					80,025	0.34%	80,025	0	3/1/2022			8%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.20%	45,888	0	3/1/2022			8%
3	Local Pharmacy Assistance Program	1,810,360	200,000	0	0	0	2,010,360	8.67%	2,010,360	0				8%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360					310,360	1.34%	310,360	0	3/1/2022			8%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	200,000				1,700,000	7.33%	1,700,000	0	3/1/2022			8%
4	Oral Health	166,404	0	0	0	0	166,404	0.72%	166,404	0				8%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A			0%
4.b	Oral Health - Targeted to Rural	166,404					166,404	0.72%	166,404	0	3/1/2022			8%
5	Health Insurance (c)	1,383,137	200,000	0	0	0	1,583,137	6.82%	1,673,566	-90,429				8%
6	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0				0%
7	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0				0%
8	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.47%	341,395	0				8%
9	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0				0%
9.a	In-Home	0					0				N/A			0%
9.b	Facility Based	0					0				N/A			0%
10	Substance Abuse Services - Outpatient (c)	45,677	0	0	0	0	45,677	0.20%	45,677	0				8%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0				0%
12	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0				0%
13	Non-Medical Case Management	1,267,002	0	0	0	0	1,267,002	5.46%	1,267,002	0				8%
13.a	Service Linkage targeted to Youth	110,793					110,793	0.48%	110,793	0	3/1/2022			8%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000					100,000	0.43%	100,000	0	3/1/2022			8%
13.c	Service Linkage at Public Clinic (a)	370,000					370,000	1.59%	370,000	0	3/1/2022			8%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209					686,209	2.96%	686,209	0	3/1/2022			8%
13.e	SLW-Substance Use	0					0	0.00%	0	0	NA			0%
14	Medical Transportation	424,911	0	0	0	0	424,911	1.83%	424,911	0				8%
14.a	Medical Transportation services targeted to Urban	252,680					252,680	1.09%	252,680	0	3/1/2022			8%
14.b	Medical Transportation services targeted to Rural	97,185					97,185	0.42%	97,185	0	3/1/2022			8%
14.c	Transportation vouchering (bus passes & gas cards)	75,046					75,046	0.32%	75,046	0	3/1/2022			8%
15	Emergency Financial Assistance	1,545,439	0	0	0	0	1,545,439	6.66%	1,545,439	0				8%
16.a	EFA - Pharmacy Assistance	1,305,439					1,305,439	5.63%	1,305,439	0	3/1/2022			8%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2122 Ryan White Part B
Procurement Report
April 1, 2021 - March 31, 2022



Reflects spending through March 2022 Final Close Out Report

Spending Target: 100%

Revised 6/1/22

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Service (1)	\$1,674,036	50%	\$0	\$1,674,036	\$0	\$1,674,036	4/1/2021	\$1,540,487	92%
4	Oral Health Service -Prosthodontics (1)	\$544,842	16%	\$0	\$544,842	\$40,789	\$585,631	4/1/2021	\$683,908	117%
5	Health Insurance Premiums and Cost Sharing (2)	\$1,028,433	31%	\$0	\$1,028,433	\$36,446	\$1,064,879	4/1/2021	\$1,217,879	114%
9	Home and Community Based Health Services (3)	\$113,315	3%	\$0	\$113,315	-\$77,235	\$36,080	4/1/2021	\$36,080	100%
		\$0	0%	\$0	\$0					
	Total Houston HSDA	3,360,626	100%	0	3,360,626	\$0	\$3,360,626		3,478,354	104%

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

- (1) Agencies were allowed to spend the funds where needed within the Oral Health Service and total Oral Health Service spending is 98%
- (2) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31. Demand exceeds funding.
- (3) Demand is still down because of COVID

*Note TRG reallocated funds to avoid lapse in funds including reallocated funds from rural HSDAs.

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



Chart reflects spending through August 2021

Spending Target: 100%

Revised 10/27/2021

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Final Adjustments	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	43%		\$864,506	\$200,000	\$1,064,506	9/1/2020	\$0	\$1,064,506	100%
6	Mental Health Services (2)	\$300,000	15%		\$300,000	-\$163,000	\$137,000	9/1/2020	-\$16,049	\$120,951	88%
7	EIS - Incarcerated	\$175,000	9%		\$175,000	\$0	\$175,000	9/1/2020	-\$905	\$174,095	99%
11	Hospice	\$259,832	13%		\$259,832	-\$20,000	\$239,832	9/1/2020	\$27,028	\$266,860	111%
	Non Medical Case Management	\$350,000	17%		\$350,000	-\$80,000	\$270,000	9/1/2020	-\$13,507	\$256,493	95%
15	Linguistic Services	\$68,000	3%		\$68,000	-\$18,000	\$50,000	9/1/2020	\$4,600	\$54,600	109%
		\$0	0%								
Total Houston HSDA		2,017,338	100%	\$0	\$2,017,338	-\$81,000	\$1,936,338		\$1,167	1,937,505	100%

- Note
- (1) HIP- Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31
 - (2) Service utilization has decreased due to the interruption of COVID-19.
 - *Note TRG made final adjustments moving funds to rural HSDA's to ensure 100% spending to avoid returning funds to DSHS
 - **Note TRG may reallocated funds to avoid lapse in funds

**Houston Area HIV Services Ryan White Planning Council
Priority & Allocations Committee Meeting**

DRAFT

12 noon – 3 pm, Tuesday, June 7, 2022

Join Zoom Meeting

<https://us02web.zoom.us/j/8899837982>

Meeting ID: 889 983 7982 No Password

Or call: 346 248 7799

In person option (must rsvp): St. Philip Presbyterian Church, 4807 San Felipe St, Houston, Texas 77056

AGENDA

- I. Call to Order Bobby Cruz and
A. Moment of Reflection Peta-Gay Ledbetter, Co-Chairs
B. Approval of Agenda
C. Review Meeting Goals Tori Williams, Director, OoS
- II. Public Comment - (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up in the Chat Box. Or, send a text to: 832 594-1929. 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. 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. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Continue Drafting Allocations for FY 2023 Part A/MAI, Part B & State Services Funding
A. Any Staff Recommendations? Carin or Yvette
B. Finish the FY 2023 Level Funding Scenario
1) Part A and MAI
2) Part B and State Services
C. Finish the FY 2023 Increase Funding Scenario
D. Finish the FY 2023 Decrease Funding Scenario
- IV. Announcements
A. IMPORTANT: June Priority and Allocation Committee Meeting Dates and Times:
• 12 noon, Thursday, June 23, 2022 - Committee votes on FY 2023 Allocations
• Tentative: 10 am, Wed., June 29, 2022 – Review public comment
- V. Adjourn

Houston Area HIV Services Ryan White Planning Council Priority & Allocations Committee Meeting

12 noon, Thursday, June 23, 2022

Click the following link to join the Zoom meeting:

<https://us02web.zoom.us/j/8899837982>

Meeting ID: 889 983 7982 **No Password**

Or call: 346 248 7799

In person option (must rsvp): St. Philip Presbyterian Church, 4807 San Felipe St, Houston, Texas 77056

AGENDA

-
- | | | |
|------|---|---|
| I. | <p>Call to Order</p> <p style="margin-left: 20px;">A. Moment of Reflection</p> <p style="margin-left: 20px;">B. Approval of Agenda</p> <p style="margin-left: 20px;">C. Approval of the May 26, 2022 Minutes</p> <p style="margin-left: 20px;">D. Review Meeting Goals</p> | <p>Bobby Cruz and
Peta-gay Ledbetter, Co-Chairs</p>
<p>Tori Williams, Director
Office of Support</p> |
| II. | <p>Public Comment - (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. <u>When signing in, guests are not required to provide their correct or complete names.</u> 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. 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. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)</p> | |
| III. | <p>Updates</p> <p style="margin-left: 20px;">A. Ryan White Part A/MAI Administrative Agent</p> <p style="margin-left: 20px;">B. Ryan White Part B and State Services Admin. Agent</p> | <p>Carin Martin, RWGA</p> <p>Yvette Garvin, TRG</p> |
| IV. | <p>Allocations for FY 2023 Part A/MAI, Part B & State Services Funding</p> <p style="margin-left: 20px;">A. Review the Proposed FY 2023 Level Funding Scenario</p> <p style="margin-left: 20px;">B. Review the FY 2023 Increase Funding Scenario</p> <p style="margin-left: 20px;">C. Review the FY 2023 Decrease Funding Scenario</p> | |
| V. | <p>Announcements</p> <p style="margin-left: 20px;">A. IMPORTANT: Priority and Allocation Committee Meeting Dates and Times:</p> <ul style="list-style-type: none"> • Tentative: 10 am, Wed., June 29, 2022 – Review public comment • 12 noon, Thurs., July 28, 2022 – Reallocate funds <p style="margin-left: 20px;">B. See the public hearings on the website at: www.rwpchouston.org</p> | |
| VI. | <p>Adjourn</p> | |

**Houston Area HIV Services Ryan White Planning Council
Priority & Allocations Committee Meeting**

DRAFT

10 am, Wed., June 29, 2022

Join Zoom Meeting

<https://us02web.zoom.us/j/8899837982>

Meeting ID: 889 983 7982 **No Password**

Or call: 346 248 7799

In person option (must rsvp): St. Philip Presbyterian Church, 4807 San Felipe St, Houston, Texas 77056

AGENDA

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- I. Call to Order Bobby Cruz and
Peta-Gay Ledbetter, Co-Chairs
- A. Moment of Reflection
 - B. Approval of Agenda
 - C. Review Meeting Goals Tori Williams, Director, OoS
- II. Public Comment - (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up in the Chat Box. Or, send a text to: 832 594-1929. 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. 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. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Updates from the Administrative Agents Carin Martin, RWGA
Yvette Garvin, TRG
- A. Ryan White Part A/MAI
 - B. Ryan White Part B and State Services Funding
- IV. Allocations for FY 2023 Part A/MAI, Part B & State Services Funding
- A. Review the FY 2023 Level Funding Scenario
 - B. Review the FY 2023 Increase Funding Scenario
 - C. Review the FY 2023 Decrease Funding Scenario
- V. Announcements
- VI. Adjourn