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

Memorandum

To: Members, Priority and Allocations Committee:

Bobby Cruz, Co-Chair	Allen Murray
Peta-gay Ledbetter, Co-Chair	Paul Richards
Ronnie Galley	Megan Rowe
Roxane May	Bruce Turner
Josh Mica	Allen Murray

Copy:

Crystal R. Starr	Sha'Terra Johnson
Diane Beck	Carin Martin
Mackenzie Hudson	Rodney Goodie
Glenn Urbach	Ann Robison
Mauricia Chatman	Johnetta Evans-Thomas
Tiffany Shepherd	

From: Tori Williams

Date: Thursday, May 18, 2023

Re: Meeting Announcements

As you know, the May Committee meeting is dedicated to setting the FY 2024 service priorities. Please be sure to attend the meeting. Details are as follows:

Priority and Allocations Committee Meeting
12 noon, Thursday, May 25, 2023

Click the following link to join the Zoom meeting:
https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltdz09
Meeting ID: 893 7471 3843 Passcode: 339238
Or call: 346 248 7799

In person option (must rsvp)
Conference Room, 2223 W. Loop South, Suite 240, Houston, Texas 77027

Please RSVP to Rod, even if you cannot attend. We appreciate your valuable time and look forward to seeing you next week.

DRAFT

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12 noon, Thursday, May 25, 2023

Join the Zoom meeting at:
https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltdz09
Meeting ID: 893 7471 3843 Passcode: 339238
Or call in at: 346 248-7799

AGENDA

I. Call to Order — Bobby Cruz and Peta-gay Ledbetter, Co-Chairs
   A. Moment of Reflection
   B. Approval of Agenda
   C. Approval of Minutes
   D. Determine June Meeting Dates – See attached calendar — Tori Williams
      1) Special Meetings: June 12 – 16, 2022
      2) June Committee Meeting: 12 noon, Thurs. June 22, 2023
      3) Record Public Hearing: Friday, June 16, 2023
      4) Special Meeting if comments: 12 noon, Wed. June 28, 2023

II. 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. **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.)

III. Reports from the Ryan White Grant Recipient Part A/MAI
   A. Review Reports — Glenn Urbach
   B. Update on FY 2022 or FY 2023 Grants
   C. Future updates on EHE grant?

IV. Reports from the Grant Recipient, Ryan White Part B & SS — Sha'Terra Johnson
   A. Review Reports
   B. Update on FY 2022 or FY 2023 Grants

V. Training: Houston EMA Priority Setting Process — Peta-gay Ledbetter

VI. Priority Setting Process
   A. Review the policy for setting priorities
   B. Determine FY 2023 Service Priorities
      1) Review 2020 Needs Assessment Data – see enclosed email
      2) Public Comment – must be directly related to either the midpoints or the numerical ranking of a particular service
      3) Vote on the FY 2024 service priorities

VII. New Business
A. Ideas and data needed for July meeting?
B. Quarterly Committee Report

VIII. Announcements

IX. Adjourn

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12:00 p.m., Thursday, April 27, 2023
Meeting Location: Zoom Teleconference

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bobby Cruz, Co-Chair	Roxane May, excused	*The Resource Group*
Peta-gay Ledbetter, Co-Chair	Paul Richards, excused	Sha'Terra Johnson
Ronnie Galley		
Josh Mica	**OTHERS PRESENT**	*Ryan White Grant Admin*
Allen Murray	Crystal Starr, RWPC Chair	Glenn Urbach
Megan Rowe	Charles Henley, Consultant	Jason Black
Bruce Turner		Mauricia Chatman
Randy Startz		Eric James
		Office of Support
		Victoria Williams
		Mackenzie Hudson
		Diane Beck

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

Call to Order: Bobby Cruz, Co-Chair, called the meeting to order at 12:09 p.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1****: it was moved and seconded (Galley, Murray) to approve the agenda.* **Motion carried.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Galley, Rowe) to approve the March 23, 2023 minutes.* **Motion carried.**

Public Comment and Announcements: None.

Reports from the Administrative Agencies
Part A/MAI: The FY 2023 full notice of grant award has been received with an increase of an increase of $1,097,578. The Planning Council's increase scenario has been applied but there are still funds to be allocated. See attached FY23 Allocations Chart with the Increase scenario applied, dated April 10, 2023.

Part B and State Services: Johnson presented the following reports:

- Health Insurance Assistance Service Utilization Report dated 03/30/23

- FY22-23 DSHS State Services Service Utilization Report dated 04/03/23
- FY22-23 DSHS State Services Procurement Report dated 04/03/23
- FY22-23 Part B Procurement Report dated 04/06/23

Williams said on the DSHS service utilization report there was no goal for total unduplicated clients. Johnson said she was ask there is not a number there and if possible, have that number added to the report.

RW/A and MAI FY 2023 Increase and FY 2022 Carryover: See attached report from the Administrative Agent and FY23 Increase/Decrease scenarios. In July there will be $1.1 million to be allocated.

Due to unstable internet connection in the office, Ledbetter assumed the position of Chair.

Plan for distributing the unallocated funds: The total amount to be reallocated is $503,889, the committee needs to determine what information is needed to decide how to reallocate these funds. Mica asked if we had any data on urgent needs. Ledbetter agreed that would be helpful to know as well if there are any deficits or services that have to back-bill. Rowe said that it would be helpful to have color or some kind of designation to show underspending on the charts. Without additional data being available right now, Ledbetter feels that the service where the funds are most needed and can benefit the most clients is Emergency Financial Assistance-Pharmacy. This is based on a demonstrated high need and overspending for this service in the last fiscal year. Urbach said much of this was based on the problems with ADAP. Ledbetter said this is better for our community. Murray asked if EFA-Pharmacy was a core service, if not, will this affect our 75/25 requirement and cause us to be penalized in some way. Henley said that we can submit a waiver if we go over 25% in supportive services, many EMAs do this it is not a problem. ***Motion #3:*** *it was moved and seconded (Mica, Rowe) to allocate $485,889 to Emergency Financial Assistance – Pharmacy based on the high need for this service in FY22.* **Motion Carried**. Abstentions: Turner.

Request for FY23 rental costs from RW Office of Support: See attached. ***Motion #4:*** *it was moved and seconded (Cruz, Mica) to allocate $18,000 to increase the FY23 Ryan White Office of Support Budget to pay for a short-term lease on office and meeting space until more permanent space becomes available.* **Motion Carried**.

Announcements: None.

Adjournment: ***Motion:*** *it was moved and seconded (Mica, Murray) to adjourn the meeting at 1:00 p.m.* **Motion Carried.**

Submitted by: Approved by:

_____ _____

Tori Williams, Director Date Committee Chair Date

Scribe: Beck
C = chaired the meeting; JA = just arrived; LM = left meeting

2023 Priority & Allocations Committee Voting Record for 04/27/23

	Motion #1 Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** Reallocation of FY23 Unallocated Funds: EFA-Pharmacy **Carried**				**Motion #4** Reallocation of FY23 Unallocated Funds: Office of Support budget **Carried**			
MEMBERS	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**
Peta-gay Ledbetter, Co-Chair ja 12:25	X				X							C				C
Bobby Cruz, Co-Chair				C				C		X				X		
Ronnie Galley		X				X				X				X		
Roxane May	X				X				X				X			
Josh Mica ja 12:25	X				X					X				X		
Allen Murray		X				X				X				X		
Paul Richards	X				X				X				X			
Megan Rowe		X				X				X				X		
Randy Startz		X				X				X				X		
Bruce Turner ja 12:16	X				X							X				X

Houston Ryan White Planning Council

Priority Setting Process

May 25, 2023

Principles and Criteria

Principles

Sound priority setting must be based on clearly stated and consistently applied principles for decision-making.

- **These principles are the basic ideals for action**

Criteria

Criteria are the standards on which judgment will be based.

Priority Setting

Needs Assessment Data

The percentages are taken from the needs assessment and then broken down and used to determine the priorities.

Midpoint

When a service percentage is above the set median point it will rank as a high for that column, if below the midpoint then it will be a low rank. This will be done for each column. Later in this presentation, we will use an example which will make it easier to see how the data and the midpoints work.

High Low Score

E.g. Score: LLHL

Attached is a listing of each possible high low scenario.

Priority Setting

The group will then place each service into one of two groups: Core or Non Core

CORE

Outpatient/Ambulatory Medical Care (Primary Care)
Local Pharmaceutical Assistance Program (LPAP)
Oral Health Care
Early Intervention Services
Health Insurance Premium and Cost-Sharing Assistance
Hospice
Home and community based health services
Medical Nutrition Therapy
Mental Health
Outpatient Substance Abuse Treatment
Medical Case Management (including treatment adherence services)

NON-CORE

Case Management (Non-Medical)
Emergency Financial Assistance
Health Education Risk Reduction
Medical Transportation
Outreach Services
Psychosocial Support Services
Referral for healthcare/supportive services
Treatment Adherence Counseling

Lets Try It!

Happy HSDA

Service	*Need*	*Use*	*Availability*
Oral Health Care	68	45	15
Primary Care	82	82	3
Case Management	81	76	10
Medical Case Management	68	68	7
Van Transportation	51	49	15
Health Insurance	77	42	30
Vision Care	74	31	38

Let's set our midpoints!

**Hint, Remember the midpoint is the average of the highest and lowest NA percentage.*

Need: 67% Use: 57 % Availability: 21%

Prioritization

Happy HSDA

Service	*Need*	*Use*	*Availability*	*Need*	*Use*	*Avail*
Oral Health Care	68	45	15	**H**	**L**	**L**
Primary Care	82	82	3	**H**	**H**	**L**
Case Management	81	76	10	**H**	**H**	**L**
Medical Case Management	68	68	7	**H**	**H**	**L**
Van Transportation	51	49	15	**L**	**L**	**L**
Health Insurance	77	42	30	**H**	**L**	**H**

Midpoints: Need: 67% Use: 57 % Availability: 21%

Service	High-Low Scores:	C/N	Rank
Primary Care:	HHL	C	1
Medical Case Management:	HHL	C	2
Health Insurance:	HLH	C	3
Oral Health:	HLL	C	4
Case Management:	HHL	N	5
Van Transportation:	LLL	N	6

Prioritization

Tie Breaking and finalizing

Once this is done the committee will use any additional relevant information and public comment to break any ties until there is an established priority list.

Prioritization

What happens when there is NO new Needs Assessment data?

During years where there is no new needs assessment data (or “off years”) the group will use data from the most recent needs assessment activities, special studies, HBTMN, etc.

The group does not complete another High-Low process during these years, the work is already done !, instead….

The group will be given the listing of the previous years priorities and make changes in the priorities as appropriate.

FY 2024 Priority Setting Process

(Priority and Allocations Committee approved 02-23-23)

1. Agree on the priority-setting process.
2. Agree on the principles to be used in the decision making process.
3. Agree on the criteria to be used in the decision making process.
4. Agree on the process to be used to determine service categories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Improvement, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
6. Committee members attend a training session to review the documents contained in the information binder and hear presentations from representatives of other funding sources such as HOPWA, Prevention, Medicaid and others.
7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these five items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
8. The committee meets to do the following. This step occurs at a single meeting:
    - Review documentation not included in the binder described above.
    - Review and adjust the midpoint scores.
    - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
    - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
    - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or TCT (Take Charge Texas).
    - 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.

Setting Priorities

Table 1 below serves as an initial guide for the prioritization process. Services have been ranked based upon needs assessment survey information collected in 2020

Table 1: Prioritizing Needs

Possible Scenarios	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Need	High	High	High	High	Low	Low	Low	Low
Use	High	High	Low	Low	High	High	Low	Low
Ease in Accessing	Low	High	Low	High	Low	High	High	Low

1. HHL – Clients indicate this as a high need and that it is readily used in the area. However, clients indicate that the service is difficult to access.

2. HHH - Clients indicate this as a highly needed service in the area. Clients also indicate that the service is readily used in their area and high access to service. Thus, ranking it second highest to ensure that this service continues to be accessible.

3. HLL – Clients indicate this as a high need, but the service is not readily used in the area. In addition, clients indicate that the service is not very accessible.

4. HLH – Clients indicate this as a high need and that the service is not readily used. However, clients indicate a high access to this service.

5. LHL – Clients indicate this as a low service need, but that it is readily used. However, clients indicate the service is difficult to access.

6. LHH – Clients indicate this as a low need, and that it is readily used in the area. In addition, clients indicate a high access to this service.

7. LLH – Clients indicate this as a low need and that the service is not readily used. In addition, clients indicate a high access to this service. It is there if needed.

8. LLL – Clients indicate this as a low need and the service is not readily used in the area. In addition, clients indicate difficulty to accessing this service. Not readily needed nor used thus low priority of having it accessible.

DRAFT Key to Priority Setting Using 2020 Needs Assessment Data

(May 16, 2020)

Criteria	Definition	Data Source	Formula
1. Need	Proportion of consumers reporting a need for the service in the past 12 months	Needs Assessment	**(a + b)/N = x*100 (rounded)** *a* = total # of NA respondents selecting "I needed this service, and it was easy to get" per service category *b* = total # of NA respondents selecting "I needed this service, and it was difficult to get" per service category *N* = total # of NA respondents *x* = percent indicating a need for the service per service category
2. Use	Number of clients who used the service in the past 12 months	CPCDMS	# of unduplicated clients per service category for a designated calendar year (1/1 – 12/31)
3. Availability	Proportion of consumers reporting the service was easy to access in the past 12 months	Needs Assessment	**n/N = x*100 (rounded)** *n* = total # of NA respondents selecting "I needed this service, and it was easy to get" per service category *N* = total # of NA respondents indicating need for the service per service category (see *a* + *b* above) *x* = percent indicating service accessibility per service category

Other Possible Criteria*

- **Access (revised):** Number of reported barriers per service compared to mean for all services (quantified as % above/below or as a simple High/Low for Above/Below mean)
- **Quality:** Proportion of clients achieving desired health outcome of the service in the past 12 months (quantified as % or as simple High/Low for Above/Below benchmark)
- **Out-of-Care:** Proportion of out-of-care consumers reporting a need for the service in the past 12 months
- **Newly-Diagnosed/EIIHA:** Proportion of newly-diagnosed consumers reporting a need for the service in the past 12 months

*Source document: Ryan White HIV/AIDS Program Part A Manual – Revised 2013, pg. 2013-204.

DRAFT

Worksheet for Determining FY 2023 Service Priorities

Core Services	HL Scores	HL Rank	Approved FY 2022 Priorities	Approved FY 2023 Priorities	Proposed FY 2024 Priorities	Justification
Ambulatory/Outpatient Medical Care	HHH	2	1	1		No new needs assessment data to justify
Medical Case Management	HHH	2	2	2		changes.
Local Pharmacy Assistance Program	HHH	2	3	3		
Oral Health Services	HLL	3	4	4		
Health Insurance	HLL	3	5	5		
Mental Health Services	LLH	7	6	6		Keep same ranking based on numerical need, historic need, and high need during COVID pandemic.
~~**Early Intervention Services (jail)**~~	LLL	8	7	---		Program moved to Referral for Healthcare and Support services below
Medical Nutritional Therapy	LLH	7	8	7		
Day Treatment	LLH	7	9	8		
Substance Abuse Treatment	LLH	7	10	9		
Hospice*	-	-	11	10		

Support Services	HL Scores	HL Rank	Approved FY 2022 Priorities	Approved FY 2023 Priorities	Proposed FY 2024 Priorities	Justification
Referral for Health Care & Support Services (AEW and Incarcerated)	HHH	2	12	12		
Non-medical case management	HHH	2	13	13		
Medical Transportation	HLL	3	14	14		
Emergency Financial Assistance	HLH	4	15	15		
Linguistics Services	LLL	8	16	16		
Outreach	LLL	8	17	17		

*Hospice does not have HL Score or HL Rank.

Williams, Victoria (County Judge's Office)

From: Harbolt, Amber (County Judge's Office)
Sent: Monday, April 27, 2020 5:21 PM
To: Williams, Victoria (County Judge's Office)
Subject: Changes in Service Priority Worksheet Between 2016 and 2020
Attachments: Rankings - DRAFT 1 - 04-27-20.xls

Hi Tori,

Here are the changes in the service priority rankings between the 2016 and 2020 Needs Assessments. The rankings and data used are also saved in the J drive.

Core Medical Services:

- Health Insurance Assistance increased from Rank #4 (HLH) to Rank #3 (HLL). This is because service accessibility fell below the midpoint.
- Early Intervention Services decreased from Rank #7 (LLH) to Rank #8 (LLL). This is because service accessibility fell below the midpoint. As you may recall from the priority setting guide, there is less priority for addressing low service accessibility when there is low need and low utilization for the service, as opposed to higher priority for keeping high accessibility for services with low need and low utilization.
- Similarly, Medical Nutritional Therapy increased from Rank #8 (LLL) to Rank #7 (LLH). This is because service accessibility was at or above the midpoint.

Support Services:

- Rank #8 (LLL) was established for Outreach Services. This service was previously unranked as it was not assessed in the 2016 Needs Assessment.
- Medical Transportation increased from Rank #7 (LLH) to Rank #3 (HLL). This is because service need was at or above the midpoint, while service accessibility fell below the midpoint.
- Linguistics decreased from Rank #7 (LLH) to Rank #8 (LLL). This is because service accessibility fell below the midpoint.
- Rank #4 (HLH) was established for Emergency Financial Assistance. This service was previously unranked as it was not assessed in the 2016 Needs Assessment. Please note that this is Emergency Financial Assistance as currently designed in the Houston EMA for medication assistance only.
- Rank #2 (HHH) was established for Referral for Health Care and Support Services (ADAP Enrollment Workers). This service was previously unranked as it was not assessed in the 2016 Needs Assessment.

Thank you,

Amber L. Harbolt, MA
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HOUSTON EMA/HSDA
Needs Assessment Rankings

Chart for Determining FY2023 Service Priorities

Core Service	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes
Primary Care	89	9,384	90	H	H	H	HHH	2		
Medical/Clinical Case Management	73	6,712	92	H	H	H	HHH	2		
Local Medication Assistance	79	5,119	94	H	H	H	HHH	2		
Oral Health Services	72	3,830	80	H	L	L	HLL	3		
Health Insurance	57	2,374	84	H	L	L	HLL	3		
Mental Health Services	51	288	90	L	L	H	LLH	7		
Day Treatment	32	27	90	L	L	H	LLH	7		
Substance Abuse Treatment	24	27	86	L	L	H	LLH	7		
Medical Nutritional Therapy	36	491	86	L	L	H	LLH	7		
~~Early Intervention Services (jail)~~										
Hospice		28			L					
Proposed MIDPOINTS	**56**	**4,706**	**87**							

	Ranking
HHL	1
HHH	2
HLL	3
HLH	4
LHL	5
LHH	6
LLH	7
LLL	8

Support Service	Need	Use	Access Ease	Need	Use	Access Ease	High-Low Scores	HL Rank	Tie Breaker	Changes
Non-medical Case Management*	73	9,132	92	H	H	H	HHH	2		
Referral for Health Care & Support Services	68	6,286	97	H	H	H	HHH	2		
Medical Transportation	48	3,126	86	H	L	L	HLL	3		
Emergency Financial Assistance	79	1,527	94	H	L	H	HLH	4		
Linguistics Services	5	54	89	L	L	L	LLL	8		
Outreach Services	5	779	89	L	L	L	LLL	8		
Proposed MIDPOINTS	**42**	**4,593**	**92**							

Midpoint=Highest Use+Lowest Use/2
High (H)=Use above the midpoint
Low (L)=Use below the midpoint