

Houston Area HIV Services Ryan White Planning Council
Office of Support
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<http://rwpchouston.org>

Memorandum

To: Members, Priority and Allocations Committee:
Bobby Cruz, Co-Chair Josh Mica
Peta-gay Ledbetter, Co-Chair Paul Richards
Allen Murray Bruce Turner
Roxane May Megan Rowe
Ronnie Galley

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: Wednesday, July 19, 2023

Re: Meeting Announcements

Please note that you have an important meeting of the Priority and Allocations Committee next week where you will reallocate \$1.3 million in FY 2022 carryover funds. Requests for increased funding are enclosed and meeting details are as follows:

Priority and Allocations Committee Meeting
12 noon, Thursday, July 27, 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)
Bering Church, 1440 Harold St., Houston, Texas 77027
Please enter the building from the parking lot behind the building

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

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12 noon, Thursday, July 27, 2023

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<https://us02web.zoom.us/j/89374713843?pwd=UDBqbGtGUk14d081eDRUSCtBdGltdz09>

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AGENDA

* = to be sent at a later date

- I. Call to Order Peta-gay Ledbetter and
Bobby Cruz, Co-Chairs
- A. Moment of Reflection
 - B. Adoption of the Agenda
 - C. Approval of the Minutes, June 22, 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. Updates & Reports from Ryan White Grant Administration Glenn Urbach

- IV. Updates & Reports from The Resource Group Sha'Terra Johnson

- V. Requests for Allocation Increases
- A. Available Part A funds: \$1,278,521. See 6 requests
 - B. Available MAI* funds: \$?. See 1 request

- VI. New Business
- A. Food form
 - B. Quarterly Committee Report
 - C. Probably no committee meeting in August or September

- VII. Announcements

- VIII. Adjourn

* MAI = Minority AIDS Initiative

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12:00 p.m., Thursday, June 22, 2023

Meeting Location: Zoom Teleconference

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bobby Cruz, Co-Chair	Roxane May, excused	<i>The Resource Group</i>
Peta-gay Ledbetter, Co-Chair	Megan Rowe, excused	Tiffany Shepherd
Ronnie Galley	Bruce Turner, excused	Sha’Terra Johnson
Josh Mica		
Allen Murray		<i>Ryan White Grant Admin</i>
Paul Richards	OTHERS PRESENT	Glenn Urbach
<i>Randy Startz</i>	Charles Henley, Consultant	Jason Black
	Charlene Flash, Avenue 360	Mauricia Chatman
		<i>Office of Support</i>
		Victoria Williams
		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 12:06 p.m. and asked for a moment of reflection.

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

Approval of the Minutes: *Motion #2:* *it was moved and seconded (Ledbetter, Galley) to approve the May 25, 2023 and June 12, 2023 minutes. Motion carried.* Abstention: Mica.

Review Meeting Goals: Williams said that the purpose of the meeting is to walk through the level, increase and decrease funding scenarios that were created at the special meeting earlier this month to look for anything that might be a problem or an error that needs to be corrected.

Public Comment: See attached written comment from Evelio Salinas Escamilla. Charlene Flash, Executive Director of Avenue 360, said that Hospice typically requests additional funds at the end of the contract term and asked that the allocation be increased at the beginning of the FY 2024 so they don’t have to continue doing that.

Review Other Ryan White Planning Committee Recommendations: See attached Public Comment related to HIV and Aging and the Quality Improvement Committees Recommended Changes for the FY 2024 Service Definitions. Ledbetter asked that the language be changed from geriatric to Older adults (50+). All agreed.

FY 2024 Part A/MAI, Part B & State Services Allocations: The committee reviewed the proposed FY 2024 Level, Increase, and Decrease Funding Scenarios for all funding streams, see attached. The committee discussed whether the amount allocated for Medical Case Management targeting older adults would be sufficient. They agreed to keep the amount of \$400,000 as is since they can increase funding later in FY 2024 if necessary. Henley said that Hospice is funded under State Services and it is unlikely they would get an increase. The committee chose to let this service continue at the same level of funding. **Motion #3:** *it was moved and seconded (Ledbetter, Mica) to approve the 2024 Level, Increase, and Decrease Funding Scenarios for Ryan White Part A, MAI, Part B, and State Services funding.* **Motion carried.**

Announcements: Williams said that the committee will tentatively meet at 12 noon on June 28, 2023 to review any public comment that is received regarding the allocations. The public hearing is available to view on YouTube, the link is available on our website <http://rwpcHouston.org>. So far there have been 20 views. The committee will meet in July to reallocate carryover funds.

Adjournment: ***Motion:*** *it was moved and seconded (Ledbetter, Galley) to adjourn the meeting at 12:54 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 06/22/23

	Motion #1 Agenda Carried				Motion #2 Minutes 05/25/23 and 06/12/23 Carried				Motion #3 Accept the FY 2024 level, increase, and decrease funding scenarios Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS												
Bobby Cruz, Co-Chair				C				C				C
Peta-gay Ledbetter, Co-Chair		X				X				X		
Ronnie Galley		X				X				X		
Roxane May	X				X				X			
Josh Mica		X						X		X		
Allen Murray ja 12:30 pm	X				X					X		
Paul Richards		X				X				X		
Megan Rowe	X				X				X			
Randy Startz ja 12:08 pm	X				X					X		
Bruce Turner	X				X				X			

Public Comment



July 17, 2023

Public Comment

As we all know – an important and pressing area of need is in improving care and quality of life of those aging with HIV. Effective medications with decrease pill burden and improved side effects as propelled HIV into what we can consider a chronic controllable health condition, however that is not without its challenges. As people live longer, then special considerations need to be considered, outlined and developed to optimize health outcomes and quality of life related to aging and co-morbidities that come along with aging. This cannot start when individuals are 65 years of age but rather in HIV – much earlier – at 50 and maybe even earlier to address prevention of co-morbidities and to address social determinants of health (SDOH) and social isolation as one ages.

We at Baylor College of Medicine and the Houston AIDS Education and Training Center are here to support initiatives to improve the care and quality of life for individuals at risk for and living with HIV. Although education is one of the resources at the Houston AETC and BCM our current workplan for the coming year only includes a few presentations that could be related to HIV and aging. We feel a pilot project is needed to to develop a comprehensive and robust program to expand the capacity and expertise in improving quality of life and address the needs of those aging with HIV. Through this pilot project outlined we will also leverage the infrastructure and partnerships and resources of both Baylor College of Medicine and the Houston AETC/SCAETC. In addition, we will work with partners like the organizations in New York and San Francisco who have been working in this area and have insight into lessons learned and solutions to share.

We hope that the council will support the pilot project and together we can lead the way in developing an initiative that will expand capacity, expand expertise, and truly have impact in our community by improving the quality of life and health outcomes of individuals aging with HIV.

Sincerely,

Shital M. Patel, MD

On behalf of BCM and Houston AETC/SCAETC



BCM Houston AETC Proposal for HIV and Aging

The South Central AIDS Education and Training Center (AETC), mission is to provide HIV evidence driven quality education, training, and capacity building technical assistance to organizations and health professionals throughout South Central United States (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas). Our training topics are provided along the continuum of care starting with prevention and testing best practices, therapeutics and other treatments, comorbidities, and service linkage and retention. The BCM Houston AETC (a regional partner of the South Central AETC) initiatives also includes capacity building and implementation science. We are leaders in our regional in partnerships with local organizations and Ryan White funded agencies. We customize programs based on discussion and agreed upon needs and objectives with our partners. Programs can include ECHO program development, a learning curriculum for a lecture series or workshops, clinical consultations, and clinical preceptorships.

Significance:

In 2020, per the Centers for Disease Control and Prevention, more than 52% of people with HIV in the United States were 50 years of age or older. As of the end of 2019 in Houston, Harris County, approximately 45-50% of people with HIV were ≥ 50 years old, and nearly 30% were ≥ 55 years old [Houston/Harris County EPI 2021]. That same year, almost 19% of new HIV diagnoses in occurred in people ≥ 45 years old. In light of these local demographics, we propose to help develop a training initiative to educate and building capacity to address the needs of PWH aging with HIV as well as long term survivors aging with HIV. This proposal will help care providers expand quality services and improve health outcomes for older people with HIV as well as play a role in components of Ending the HIV Epidemic.

The goals of this proposal are to:

- Increase providers' awareness of the needs and concerns of patients with HIV who are 50 years of age or older.
- Inform providers about an aging-related approach to older patients with HIV.
- Highlight good practices to help providers provide optimal care for this population.
- Provide resources about aging with HIV for healthcare providers and their patients.
- Suggest steps to guide medical settings in implementing geriatric care into HIV clinical practice

Specifications:

Pilot: Develop of training curriculum for case managers and/or prescribing providers to address the goals above. Start with a small group of case managers and/or prescribing providers

- a. Initial in-person meeting to assess baseline understanding and knowledge related to HIV and aging
- b. In person half day workshop with experts within HIV care, geriatrics, and organizations that provide care and resources for individuals that are aging.
- c. Create a (virtual or in person) learning series that occurs once a month for 6 months after the workshop to reinforce concepts and knowledge, inform about new considerations, and update on best practices or evidence driven care.



Budget:

Item		
Personnel	\$50,000	Funding includes development and implementation effort of project coordinator clinical/associate clinical director and experts for workshop and learning program over 9-12 months
Supplies	\$500	Supplies needed for initial in person meeting and workshop
Meeting costs	\$ 2000	Costs related to in person meetings

Public Comment

Re: HIV and Aging Medical Case Management

June 15, 2023

The following comment was submitted to the Office of Support via email:

I lend support to the Houston Harris County EMA Ryan White Planning Council efforts to create a Medical Case Management category for aging adults 50 years and older. The New York State Department of Health AIDS Institute document that was reviewed by Dr. Eugenia Siegler is a great start. However, Houston should adapt these guidelines for their Ryan White HIV Care System.

The amount of \$400,000 is appreciated but falls short to hire 5 FTEs qualified Medical Social Workers to address these issues jointly with Physicians, Nurse Practitioners, or Physician Assistants including Psychiatrist. These Medical Case Managers must play a central role in the integration of services for these older 50+ older adults. Interdisciplinary teams of care must jointly meet with clients to educate and build the health literacy of the client. The focus must be on polypharmacy, multi-morbidities, and cultural risk factors.

Medical Case Managers trained in cultural factors and cultural humility for aging minorities affected by HIV. Long-term stigma and cultural stress associated with living with HIV for more than 10 years and being older than 50 years old. SBIRT and recreational substance use screening with older adults. The issue of Medical Mistrust is most important with an aging population, rapport and trust with the client should be established. Motivational interviewing intervention skills are utilized to find mutual solutions to meet healthier outcomes.

Bone density is important but we must be more vigilant on muscle wasting with aging older adults over the age of 50 with more than 10 years since their HIV diagnosis. Weight management and mobility issues are further items to explore.

Ryan White as a player of last resort has limitations, therefore eligibility and transition of care to Medicare and/or Medicaid should be made seamless. Ryan White should be allowed to fill the gap in services where absent or medication purchases and adherence whenever needed. Medical Case Managers should be trained and be experts to provide the best options to clients.

Providing adequate Monitoring and Evaluation of positive health outcomes for individuals 50 years and older with more than 10 years since their HIV diagnosis. Measurable outcomes addressing Diabetes, Cholesterol management, Hypertension, and maintaining HIV viral suppression.

The term Geriatric in the literature refers to older adults over the age of 65. The Geriatric term does not really take into account the earlier onset of aging symptoms that affect HIV-positive individuals over the age of 50 and with more than 10 years since their HIV diagnosis.

Evelio Salinas Escamilla

MEMO

To: Members, Ryan White Priority and Allocations Committee

From: D. Kelly, A. Murray & Bruce Turner, Members, Ryan White HIV & Aging Workgroup

Date: Monday, June 12, 2023

Re: FY 2022 Carryover and FY 2024 Funds

According to the attached *Guidance: Addressing the Needs of Older Adults in AIDS Care*, from the New York State Department of Health AIDS Institute (updated on May 5, 2023):

“At the end of 2020, according to the Centers for Disease Control and Prevention, more than 52% of people with HIV in the United States were ≥ 50 years old [CDC 2023]... As the population with HIV grows older, the application of the principles of geriatrics can enhance the quality of care.

Because published evidence to support clinical recommendations is not currently available, (the attached) guidance on addressing the needs of older patients in HIV care was developed.... to present good practices to help clinicians recognize and address the needs of older patients with HIV. The goals of this guidance are several, including.... suggesting steps to guide medical settings in implementing geriatric care into HIV clinical practice.”

It is recommended by the three individuals listed above, that the members of the HIV & Aging Workgroup, along with members of the Quality Improvement and Priority and Allocations Committees, set resources aside that will enable the following activities to take place starting in FY 2023, using FY 2022 carryover funds, and continuing into FY 2024:

1. Establish a partnership with AETC to provide training on the needs of older adults in HIV care for private physicians, as well as physicians and physician assistants at Houston EMA/HSDA Ryan white funded clinics.
2. Use Ryan White or State Services funding to pay for bone density tests and screenings for frailty for all RW clients who are ≥ 50 years old.
3. Use Ryan White or State Services funding to allow agencies to provide part time employment to individuals who are ≥ 50 years old so that they can educate Ryan White consumers on the importance of the above mentioned test and screening.
4. Develop a partnership with Meals on Wheels to better assist clients with nutritional needs and also lessen social isolation of older adults in HIV care.
5. Develop partnerships with local agencies who have volunteer companionship programs that would address issues of isolation and loneliness among older adults in HIV care.

Thank you for your thoughtful consideration. Feel free to contact us if you have questions or need additional information.



CLINICAL GUIDELINES PROGRAM

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE | HIV · HCV · SUBSTANCE USE · LGBT HEALTH

Guidance: Addressing the Needs of Older Patients in HIV Care

Reviewed and updated: Eugenia L. Siegler, MD; May 5, 2023

Writing group: Steven M. Fine, MD, PhD; Rona M. Vail, MD; Joseph P. McGowan, MD, FACP, FIDSA; Samuel T. Merrick, MD; Asa E. Radix, MD, MPH, PhD; Jessica Rodrigues; Christopher J. Hoffmann, MD, MPH; Charles J. Gonzalez, MD

Committee: [Medical Care Criteria Committee](#)

Date of original publication: July 31, 2020

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Purpose of This Guidance

Purpose: Because published evidence to support clinical recommendations is not currently available, this guidance on addressing the needs of older patients in HIV care was developed by the New York State Department of Health AIDS Institute (NYSDOH AI) to present good practices to help clinicians recognize and address the needs of older patients with HIV.

The goals of this guidance are to:

- Raise clinicians’ awareness of the needs and concerns of patients with HIV who are ≥50 years old.
- Inform clinicians about an aging-related approach to older patients with HIV.
- Highlight good practices to help clinicians provide optimal care for this population.
- Provide resources about aging with HIV for healthcare providers and their patients.
- Suggest steps to guide medical settings in implementing geriatric care into HIV clinical practice.

Demographics: At the end of 2020, according to the Centers for Disease Control and Prevention, more than 52% of people with HIV in the United States were ≥50 years old [CDC 2023]. As of the end of 2020 in New York State, 60% of people with HIV were ≥50 years old, and nearly 30% were ≥60 years old [NYCDHMH 2021]. That same year, almost 19% of new HIV diagnoses in New York State occurred in people ≥50 years old, and one-third of them had progressed to AIDS at the time of diagnosis [NYCDHMH 2021]. In light of these New York State demographics, the NYSDOH AI has developed this guidance to help care providers expand services for older people with HIV.

Ensuring appropriate care delivery: Although the effects of HIV on aging have been studied for years, HIV care has been acknowledged only recently as a domain of geriatrics [Guaraldi and Rockwood 2017]. Geriatric assessment provides a complete view of a patient’s function, cognition, and health, and improves prognostication and treatment decisions [Singh, et al. 2017]. As the population with HIV grows older, the application of the principles of geriatrics can enhance the quality of care.

Definition of terms:

- **“Older”**: Published studies differ in their definitions of older patients with HIV (e.g., ≥50 years old, ≥55 years old, ≥60 years old), and the needs of individuals within different age groups may differ markedly. This guidance defines older patients as those ≥50 years old, which is the same definition used by the U.S. Department of Health and Human Services [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents With HIV](#) [DHHS 2023]. Nonetheless, clinical programs may wish to distinguish different strata within this population, as their needs may differ; a local needs assessment is key to determining how best to care for this population as its age distribution continues to change.
- **“Long-term survivor”**: The term long-term survivor has different meanings. [Some have defined](#) it as having been diagnosed with HIV before the era of effective antiretroviral therapy; others have defined it in terms of the length of time an individual has lived with HIV, e.g., for at least 1 or 2 decades. Long-term survivors can be any age. For example, older teens and adults who were perinatally infected are long-term survivors. It is useful to ask patients if they self-identify as long-term survivors and what that term means to them.

Effects of Aging

Long-term survivors appear to have physiologic changes consistent with advanced or accentuated aging [Akusjarvi and Neogi 2023], even at the level of gene expression and modification [Esteban-Cantos, et al. 2021; De Francesco, et al. 2019]. When compared with age-matched controls who do not have HIV, older patients with HIV have more comorbidities [Verheij, et al. 2023] and polypharmacy [Kong, et al. 2019; Guaraldi, et al. 2018]; poorer bone health [Erlandson, et al. 2016]; and higher rates of cognitive decline [Goodkin, et al. 2017; Vance, et al. 2016], depression [Do, et al. 2014], and aging-related syndromes, such as gait impairment and frailty [Falutz 2020]. Mental health can also be affected in many ways; in 1 study of individuals with HIV ≥50 years old in San Francisco, the majority of participants reported loneliness, poor social support, and/or depression, and nearly half reported anxiety [John, et al. 2016]. Older individuals may also experience negative effects due to the stigma of ageism, which may be compounded by other kinds of stigma, such as racial, gender, or HIV-related stigma [Johnson Shen, et al. 2019]. In addition, long-term survivors, who may have expected to die at a young age like so many of their peers, may feel survivor’s guilt [Machado 2012].

These age-related concerns are not limited to long-term survivors. Although individuals who are ≥50 years old with newly diagnosed HIV are not likely to exhibit the same degree of age advancement as those who have lived a long time with HIV, they may have a delayed diagnosis, low CD4 cell counts, and AIDS at the time of diagnosis [Tavoschi, et al. 2017]. Late initiation of antiretroviral therapy increases the long-term risk of complications [Molina, et al. 2018].

Sex differences in the effect of HIV on aging remain an area of controversy. Studies in several countries have found that women with HIV have life expectancies closer to their HIV-negative counterparts than do men with HIV, but this finding has not been supported by studies in North America [Pellegrino, et al. 2023; Wandeler, et al. 2016; Samji, et al. 2013]. A Canadian study showed shorter life expectancy among women with HIV than men with HIV [Hogg, et al. 2017]. Women with HIV in resource-rich countries appear to have a heightened risk of comorbidities [Palella, et al. 2019], including cardiovascular disease [Kovacs, et al. 2022; Stone, et al. 2017], cognitive loss [Maki, et al. 2018], and more rapid declines in bone mineral density [Erlandson, et al. 2018].

Approach to Aging in HIV Care

→ GOOD PRACTICES

Approach to Aging in HIV Care

- Discussing the effects of aging with patients who have HIV and are ≥50 years old can help identify medical priorities and evaluate physical function. Such conversations may also prompt consideration of advance directives and help patients recognize the effects of age-associated stigma.
- Taking a proactive approach to aging to help prevent or slow functional and social decline.
- Becoming familiar with the many available screening tools and local and national services will help meet the needs of older patients with HIV.

→ GOOD PRACTICES

- Screening for frailty or functional decline can enable early identification of at-risk patients.
- Including nonpharmacologic measures, such as exercise, nutrition, and socialization is essential to a patient's physical and emotional health.
- Using a framework such as the [geriatric 5Ms—mind, mobility, medications, multimorbidity, and matters most](#)—can help inform the choice of screening tests or communicate geriatric concepts, but it is important that screening and assessment be performed with established tools that assess specific domains.
- Prioritizing treatment plans may help reduce the potential for polypharmacy in older patients with HIV who are being treated for multiple comorbidities.
- Evaluating medication lists at every clinical visit to eliminate unnecessary or toxic medications and to identify and mitigate potentially harmful drug-drug interactions will help minimize the effects of polypharmacy in older patients with HIV.
- Facilitating and simplifying access to care (e.g., arranging for a cardiologist to see a patient in the HIV primary care setting) and services as patients' care needs increase can improve overall adherence to and satisfaction with treatment.
- Having familiarity with the benefits and local sources of palliative care will help clinicians recognize and meet the needs of older patients who have HIV and other serious illnesses.
- Referring to a social worker or care coordinator can help older patients with HIV to transition from commercial insurance or Special Needs Plans (SNPs) to Medicare without experiencing a loss of services or medication coverage.

Discuss aging-related concerns: It is essential to discuss aging-related concerns with patients with HIV who are ≥50 years old. Some HIV healthcare providers and their patients have enduring relationships. Such longstanding ties promote high levels of trust, but they can also inhibit exploration of new concerns and promote too tight a focus on keeping viral load undetectable and treating common comorbidities. As a consequence, older individuals with HIV may not recognize concerns as aging-related or may feel it is unnecessary or inappropriate to discuss aging.

Care of older patients with HIV begins with recognizing that aging-related issues are a fundamental part of primary care. Geriatric concerns do not supplant other medical conditions; they reframe them in light of a multiplicity of problems and a finite lifespan. A geriatric approach, even for people in their 50s, can improve the quality of care. Older people with HIV may range from 50 to 80 years old and beyond and are a heterogeneous group. Providing care for older patients requires balance to avoid ageism and neglect of essential care *while at the same* prevent excessive, dangerous, or unnecessary treatments. Determining what is appropriate for patients begins with an assessment of their health and their priorities.

Asking questions such as, “Have you thought about aging?” or “What would you like to know about aging with HIV?” creates opportunities to learn about patient's concerns about the future and to discuss survivorship, guilt, ageism, financial worries, and other issues [Del Carmen, et al. 2019]. This is an opportunity to discuss healthy aging through lifestyle modifications that include exercise, diet, and socialization.

Sexual health: Older age does not preclude discussions of topics that are essential to health. For example, sexuality should be considered an essential part of health at any age. There is no age limit at which clinicians should stop taking a sexual history or discussing HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for partners (see the NYSDOH AI guidelines [PrEP to Prevent HIV and Promote Sexual Health](#) and [PEP to Prevent HIV Infection](#)). Initiating discussions of sexual health, including topics such as erectile dysfunction and loss of libido in men, menopause and postmenopausal sex in women, and screening for sexually transmitted infections as needed, may also provide insights into relationships and the strength of a patient's social network. For more information, see the Centers for Disease Control and Prevention [Sexually Transmitted Infections Treatment Guidelines, 2021 > Screening Recommendations](#).

Cancer screening: Overall, patient health and priorities, rather than age, direct the frequency of cancer screening in individuals with HIV. The literature on adherence to cancer screening guidelines among individuals with HIV is mixed, with most [Corrigan, et al. 2019] but not all [Barnes, et al. 2018] studies failing to find that older individuals were screened less frequently. In patients with a good prognosis, clinicians should continue to follow screening guidelines (see the NYSDOH AI guideline [Comprehensive Primary Care for Adults With HIV > Routine Screening and Primary Prevention](#)). Screening can be re-evaluated when it conflicts with a patient's priorities or when a patient's prognosis is poor.

Aging-related syndromes and comorbidities: Some health concerns take on greater relevance as individuals with HIV age. Geriatric or aging-related syndromes, such as frailty, have received special attention. Frailty, which can be measured as a physical construct or as an “accumulation of deficits,” is a measure of vulnerability [Kehler, et al. 2022]. Frailty has been

associated with increases in falls [Erlandson, et al. 2019] and mortality [Piggott, et al. 2020; Kelly, et al. 2019], and multiple comorbidities [Masters, et al. 2021; Kelly, et al. 2019] have been linked to its development. However, it is possible to reverse frailty. Early identification may enable increased resources for those at highest risk and may also draw attention to associated comorbidities.

Comorbidities in older individuals with HIV are highly prevalent and require added vigilance (see the NYSDOH AI guideline [Comprehensive Primary Care for Adults With HIV](#)). In particular, cardiovascular risk is increased in people with HIV, as is osteoporosis. Guidelines for bone mineral density testing, in particular, are often not followed [Birabaharan, et al. 2021], despite the higher rates of osteoporosis and fractures in people with HIV compared with age-matched controls [Starup-Linde, et al. 2020].

Insurance and long-term care needs: Addressing aging-related concerns directly can help older patients with HIV discuss financial worries and prepare for the future when more personal assistance may be needed. Discussing insurance coverage with patients with HIV when they are in their 60s provides an opportunity to help them prepare for the transition from commercial insurance or SNPs to Medicare-based plans. Planning is essential because commercial insurance plans or SNPs often offer more comprehensive care coordination, medication coverage, and health-maintenance services than Medicare-based plans. People with HIV may need long-term care at an earlier age than those without HIV [Justice and Akgun 2019]. Open discussion about support systems can help patients begin to plan for their long-term care needs.

The 5Ms-an effective communication tool: The geriatric approach can be described as attention to the 5Ms: mind, mobility, multimorbidity, medications, and matters most [Tinetti, et al. 2017]. The 5Ms are a useful way to communicate geriatric principles or choose an area for screening. However, some aging-related syndromes (e.g., dizziness, incontinence) or activities of daily living may not easily fit into one of these categories. Nor do the 5Ms offer a structure for a comprehensive geriatric assessment. The following discussion addresses how the 5Ms can be used to understand and explain geriatric priorities and broaden the focus beyond specific comorbidities. The 5Ms are best viewed as an explanatory framework; it is important that screening and assessment be performed with formally recognized instruments (see [Table 1: Assessment Domains for Older People With HIV and Selected Tools and Resources](#)).

- 1. Mind:** This category includes all domains of behavioral health, including cognition, mood, and other disorders. General assessment questions about instrumental activities of daily living (e.g., using transportation, managing medications, and handling finances) can provide information about practical concerns and offer clues about cognitive or emotional barriers to self-care. Healthcare providers can also use specific tools (see [Table 1](#)) to screen patients for disorders such as depression or cognitive impairment, which may be caused by factors both related to and independent of HIV [Winston and Spudich 2020]. Even as the prevalence of HIV-associated neurocognitive disorder has decreased among individuals with HIV, having multiple comorbidities can increase the risk of cognitive impairment [Heaton, et al. 2023]. Identifying factors that can be addressed to prevent or slow cognitive deterioration is a fundamental part of assessment in this category.
- 2. Mobility:** Healthcare providers can begin to address mobility with a general assessment of activities of daily living to determine whether patients have difficulty dressing or bathing. Discussion of a patient's fall risk can begin with a question such as, "Have you fallen in the past year?" or healthcare providers can use a comprehensive fall-risk screening tool.
- 3. Multimorbidity and multicomplicity:** Care for older patients with HIV usually involves the management of multiple comorbidities, each of which may require treatment with multiple medications. Nonpharmacologic management (e.g., smoking cessation, dietary modification, exercise) can also improve symptoms associated with multiple comorbidities [Fitch 2019].

A geriatric perspective recognizes that, in patients with multimorbidity, strict adherence to multiple disease-based treatment guidelines may not be possible or may jeopardize a patient's health. Simultaneous management of multiple chronic conditions necessitates establishing treatment priorities [Yarnall, et al. 2017], which requires understanding a patient's priorities [Tinetti, et al. 2019].

- 4. Medications:** While older individuals with HIV are taking antiretroviral medications to suppress the virus, they may also be taking other medications to treat comorbidities, which can make medication management especially challenging. Polypharmacy is common, and women appear to be at higher risk than men, likely because of a higher prevalence of comorbidities [Livio, et al. 2021]. Medication evaluation should include a review of all medications, potential drug-drug interactions [Livio and Marzolini 2019], and short- and long-term toxic effects. It may be beneficial to simplify antiretroviral and other medication regimens to ensure that harms from drug-drug interactions and other adverse effects of treatment are avoided [Del Carmen, et al. 2019]. Caution is required when adjusting or simplifying

antiretroviral regimens if changes involve either initiating or discontinuing a medication with pharmacologic inhibitive or induction actions; these changes may affect levels of coadministered medications.

Consultation with a pharmacist can reduce drug-drug interactions and polypharmacy and help clinicians navigate the complexities of medication management in older patients [Ahmed, et al. 2023]. The [University of Liverpool HIV Drug Interactions Checker](#) is a useful tool for checking drug-drug interactions; also see [NYSDOH AI ART Drug-Drug Interactions](#).

5. Matters most: This is the broadest category and includes medical and social priorities, sexual health, and advance directives. This category may also include discussion of palliative care and frank discussion of long-term care needs and end-of-life plans. Advance directives should be addressed and, if an advance directive is in place, revisited. It is preferable for the patient to designate a specific agent or agents who can speak for them when they are incapacitated. Patients who cannot or will not identify a trusted individual to be their agent can complete the NYSDOH [Medical Orders for Life-Sustaining Treatment \(MOLST\)](#) to describe their wishes regarding medical treatment. The MOLST can now also be documented electronically in the [eMOLST](#) registry.

Geriatric Screening and Assessment

General Screening Tools

Screening identifies individuals who are at risk for medical problems. Although care providers may order screening tests for specific diseases such as cancer, they may not be as familiar with screening tools designed to identify functional impairment or geriatric syndromes. In all cases, the same principles apply: brief, sensitive geriatric screening instruments such as those included in Box 1, below, can be used to identify patients who may need more intensive evaluation.

For those programs that are just starting to identify the needs of their older patients, a general screening questionnaire is an excellent place to start. General screening questionnaires are usually appropriate for all older patients and long-term survivors and often are performed annually around a patient's birthday. Such screenings can be completed before a clinic visit; some questionnaires are completed by the patient and others are administered by a staff member. The [modified World Health Organization integrated care for older people \(ICOPE\) screening tool](#) has been tested for people with HIV in a New York State-wide pilot and can be administered by staff in person or over the phone; sites can also use other surveys based on workflows.

Why perform general geriatric screening? Not every patient requires a formal geriatric assessment. Tools for general geriatric screening are simple and cover a wide variety of domains; if the results indicate that more extensive assessment is warranted, then a more formal and comprehensive evaluation can be performed. Use of general screening tools can improve case-finding and, when coupled with referral, can enable targeted interventions but has not yet been shown to reduce hospitalizations or improve function [Rubenstein, et al. 2007].

Box 1: General Geriatric Screening Tools for Older Adults With HIV

- World Health Organization (WHO): [Integrated care for older people \(ICOPE\): guidance on person-centered assessment and pathways in primary care](#)
- NYSDOH HIV Quality of Care Program: [Modified WHO ICOPE screening tool](#)
- [Vulnerable Elders Survey-13 \(VES 13\)](#) [Saliba, et al. 2001]
- Medicare annual wellness visit:
 - Centers for Disease Control and Prevention: [A Framework for Patient-Centered Health Risk Assessments](#)
 - American College of Physicians: [A Checklist for Your Medicare Wellness Annual Visit](#)

Comprehensive Geriatric Assessment

When a patient has a positive result on a general geriatric screening test, the clinician may consider a more comprehensive assessment using validated tools. Formal assessment is more effective than clinical judgment at uncovering problems [Elam, et al. 1991; Pinholt, et al. 1987].

The Comprehensive Geriatric Assessment: The gold standard for geriatric evaluation is the [Comprehensive Geriatric Assessment](#) (CGA), which assesses multiple domains of health and function [Singh, et al. 2017]. Because it is comprehensive, the CGA is lengthy, and its use may not be feasible in many clinical settings. In the general geriatric outpatient setting, the CGA has not been shown to reduce mortality or nursing home placement, although it may reduce hospital admissions [Briggs, et al. 2022]. The CGA is a complicated process, requiring both expert assessors and clear care plans to manage areas of deficit, and its mixed success in the community likely stems at least in part from the complexity of creating a system that effectively responds to the assessment and includes patient buy-in.

Consulting experts in geriatric care: Some academic centers have tested models of collaboration with geriatricians [Davis, et al. 2022], including referral to geriatric consultants outside the practice, multidisciplinary geriatric care within the practice, and dual training of clinicians in geriatrics and HIV medicine. [More models are being studied.](#)

Choosing domains for focused assessment: Given the limitations in both the HIV care and geriatrics workforces [Armstrong 2021; AGS 2017], access to geriatricians may not be feasible. Community-based programs wishing to assess specific domains in the absence of available expert clinicians may choose from among many options.

Recommendations from community advisory boards and patient surveys can advise sites about patient priorities, and results from general screenings can prompt more broad assessments to identify high-prevalence problems. It may be difficult to implement needed aging-related assessments when access to expertise or funding is limited, but every attempt should be made to assess aging-related issues to the degree possible. Table 1 lists domains of geriatric assessment and selected resources for older patients with HIV.

Table 1: Assessment Domains for Older People With HIV and Selected Tools and Resources	
Area for Assessment	Tools and Resources
<i>Functional Deficits and Geriatric Syndromes</i>	
Basic activities of daily living (general)	Katz Index of Independence in Activities of Daily Living : bathing, dressing, toileting, grooming, transferring, locomotion
Instrumental activities of daily living	The Lawton Instrumental Activities of Daily Living (IADL) Scale : telephone, transportation, housekeeping, medication management, financial management, meal preparation
Continence	<ul style="list-style-type: none"> National Association for Continence Urinary incontinence in women: evaluation and management [Hu and Pierre 2019] (provides links to 3 different brief screening tools)
Exercise prescription	<ul style="list-style-type: none"> ACSM Exercise is Medicine® Health Care Providers’ Action Guide Evidence-informed practical recommendations for increasing physical activity among persons living with HIV [Montoya, et al. 2019]
Frailty	CGA Toolkit Plus: Frailty
<i>Mental Health</i>	
Cognition	<ul style="list-style-type: none"> MoCA Test (Registration and training are required) Alzheimer’s Association Alzheimer’s Disease Pocketcard app (available for download through the Apple App Store or Google Play) Mini-Cog® Quick Screening for Early Dementia Detection
Social isolation, loneliness	Multiple screening tools and interventions are available through: <ul style="list-style-type: none"> Campaign to End Loneliness UCSF Stress Measurement Network
Other areas (e.g., depression, anxiety, stigma)	<ul style="list-style-type: none"> Patient Health Questionnaire-4 (PHQ-4): Ultra-Brief Screening for Anxiety and Depression SAMHSA Growing Older: Providing Integrated Care for an Aging Population CDC HIV Stigma and Discrimination

Table 1: Assessment Domains for Older People With HIV and Selected Tools and Resources	
Area for Assessment	Tools and Resources
<i>Comorbidities and Medications</i>	
Managing multiple chronic conditions	Decision making for older adults with multiple chronic conditions: executive summary for the American Geriatrics Society Guiding Principles on the Care of Older Adults with Multimorbidity [Boyd, et al. 2019]
Primary care of specific comorbidities	NYSDOH AI guideline Comprehensive Primary Care for Adults With HIV
ART choices and drug-drug interactions	<ul style="list-style-type: none"> • University of Liverpool HIV Drug Interactions Checker • NYSDOH AI guidelines: <ul style="list-style-type: none"> – ART Drug-Drug Interactions – Selecting an Initial ART Regimen > ARV Dose Adjustments for Hepatic or Renal Impairment
Medication choices and polypharmacy	<ul style="list-style-type: none"> • STOPP/START criteria for potentially inappropriate prescribing in older people: version 2 [O'Mahony, et al. 2015] • American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults [AGS 2019]
Bone health	<p>Management algorithms:</p> <ul style="list-style-type: none"> • Recommendations for evaluation and management of bone disease in HIV [Brown, et al. 2015] • Diagnosis, prevention, and treatment of bone fragility in people living with HIV: a position statement from the Swiss Association against Osteoporosis [Biver, et al. 2019] • Management of osteoporosis in patients living with HIV: a systematic review and meta-analysis [Starup-Linde, et al. 2020]
Nutrition (food insecurity, obesity, undernutrition)	<ul style="list-style-type: none"> • USDA Food Security in the U.S. > Survey Tools • HIV and antiretroviral therapy-related fat alterations [Koethe, et al. 2020]
<i>Quality of Life</i>	
Advance directives	<p>NYSDOH:</p> <ul style="list-style-type: none"> • Health Care Proxy: Appointing Your Health Care Agent in New York State (includes fillable form) • Medical Orders for Life-Sustaining Treatment (MOLST) and eMOLST
Caregiving (requiring and providing)	Next Step in Care Toolkits, Guides, and More for Health Care Providers
Elder mistreatment	<ul style="list-style-type: none"> • New York State Coalition on Elder Abuse • National Center on Elder Abuse > Elder Abuse Screening Tools for Healthcare Professionals
Overall health, pain management	<ul style="list-style-type: none"> • CDC HRQOL-14 “Healthy Days Measure” • 2017 HIVMA of IDSA Clinical practice guideline for the management of chronic pain in patients living with HIV [Bruce, et al. 2017]
Palliative care, prognosis, and end-of-life plans	<ul style="list-style-type: none"> • Palliative care as an essential component of the HIV care continuum [Harding 2018] • Prognostic tools: <ul style="list-style-type: none"> – VACS Index Calculator – UCSF ePrognosis Calculators – Prognostic indices for older adults: a systematic review [Yourman, et al. 2012]

Table 1: Assessment Domains for Older People With HIV and Selected Tools and Resources

Area for Assessment	Tools and Resources
Sexual health and menopause	<ul style="list-style-type: none"> • NYSDOH AI GOALS Framework for Sexual History Taking • NYSDOH AI Guidance: Adopting a Patient-Centered Approach to Sexual Health • Clinical considerations for menopause and associated symptoms in women with HIV [Looby 2023] • Sexual health history: techniques and tips [Savoy, et al. 2020]

Abbreviations: ACSM, American College of Sports Medicine; AGS, American Geriatrics Society; ART, antiretroviral therapy; ARV, antiretroviral medication; CDC, Centers for Disease Control and Prevention; CGA, Comprehensive Geriatric Assessment; GOALS, Give Offer Ask Listen Suggest; HIVMA, HIV Medicine Association; HRQOL, Health-Related Quality of Life; IDSA, Infectious Diseases Society of America; MoCA, Montreal Cognitive Assessment; NIH, National Institutes of Health; NYSDOH AI, New York State Department of Health AIDS Institute; SAMHSA, Substance Abuse and Mental Health Services Administration; UCSF, University of California San Francisco; VACS, Veterans Aging Cohort Study.

Integrating the Needs of Older Patients Into Medical Care

This guidance is designed to foster a shift in the practitioner’s perspective when caring for older patients with HIV. However, the clinician cannot provide optimal care in the absence of support. Clinical practices can also begin to address HIV-related aging issues by taking the steps outlined in Box 2, below.

Box 2: Six Steps to Integrating Needs of Older Patients Into HIV Medical Care

1. Assess the clinic’s ability to meet the needs of older patients with HIV:

- Review the demographics of the patient population to identify the number of patients in need of aging-related services at present and in the near- and long-term.
- Track patient requests for aging-related services and identify options for responding to those requests.
- Identify resources needed to address any aging-related priorities identified by a community or clinic advisory board.
- Identify clinic care providers who are experienced in geriatrics or the care of older patients.
- If the clinic is not able to provide multidisciplinary, comprehensive services, identify how the clinic can assist patients in accessing needed services.
- Anticipate problems with finances and insurance coverage for those approaching age 65 (earlier for those on disability) who are transitioning to Medicare.

2. Engage older patients with HIV in program planning:

- Provide ample opportunities for patients and clinical care providers and staff to identify needs to be addressed. This is an essential step for programs of any size. The University of California San Francisco used extensive patient input to develop its [Golden Compass program](#) for older individuals with HIV [Greene, et al. 2015].
- Provide opportunities for discussion of ageism and stigma, so patients and clinical care providers and staff can understand and identify its effects and how to address them.
- Develop a wish list of services and be realistic about what is possible. Set goals and a timeline for program development.

3. Consider options and develop protocols for identifying patients in need of aging-related care and services. For example, patients may be identified based on:

- Age: At base, a clinic can implement a policy that all patients with HIV who are ≥50 years old should undergo general screening; the clinic might also create a protocol that would add more focused and detailed screening (e.g., for memory or gait) to be initiated at an older age.
- Prognosis, such that a prognostic threshold for referral is established based on measures such as the [Veterans Aging Cohort Study \(VACS\) Index Calculator](#)
- Clinical criteria, such as a recent history of falls, deteriorating memory, polypharmacy, or frailty
- Patient request

Box 2: Six Steps to Integrating Needs of Older Patients Into HIV Medical Care

4. Develop an assessment strategy:

- Identify who will perform assessments and how results will be communicated to patients and other care providers involved with the patient.
- Determine the scope of assessment: Will it focus on one particular problem (e.g., gait disorders, cognition), or will assessment address a broad array of problems? Examples of assessment types include the following:
 - **Global simple geriatric screening tools:** Global geriatric screening tools are available for administration by clinical staff or patient self-administration, at home or in the clinic. Dedicated time for assessment may be scheduled as part of primary care, following a model such as the [Medicare Annual Wellness Visit](#) [CMS 2022].
 - **Comprehensive assessment:** Some clinics may collaborate with aging specialists, such as geriatricians or nurse practitioners who specialize in gerontology and can perform a more detailed geriatric assessment as a consultation.
 - **Specific screening tools:** If a clinic has decided to focus on specific assessments, these can be built into the workflow. For example, a clinic may determine that all patients ≥55 years old will be screened for fall risk and cognitive impairment. In this case, patients could be asked to complete a fall-risk evaluation, such as the Centers for Disease Control and Prevention STEADI [Algorithm for Fall Risk Screening, Assessment, and Intervention](#), before the visit, or a nurse could administer a timed walk test while the patient is walking from the waiting room to the exam room.
 - Any of the domains listed in [Table 1: Assessment Domains for Older People With HIV and Selected Tools and Resources](#) would be appropriate for inclusion in a program to enhance the care of older individuals with HIV.

5. Develop protocols for referral:

- Identify aging-related care and services that can be provided on-site and care and services that require referral to an external source. Referral protocols can be problem-specific. For example, if a patient is assessed as being at high risk for falls, the clinic should take a standard approach to address that risk, which could include referral to physical therapy, podiatry, or neurology; medication review; home safety assessment; and/or an exercise program.
- Identify local specialty care providers to whom patients can be referred.

6. Link to the Aging Network for services:

- Connect individuals with HIV who are ≥60 years old to the [Aging Network](#), an interconnected group of agencies that assists older adults in living independently. The Aging Network was initiated through the [Older Americans Act of 1965](#) [National Health Policy Forum 2012].
- Become familiar with locally offered services and assist clients in preparing for the transition to Medicare when medication benefits and care coordination change.

◇ ONLINE RESOURCES FOR AGING AND GERIATRIC CARE

Clinical Resources:

- [Care of People Aging with HIV: Northeast/Caribbean AETC Toolkit](#)
- [American Geriatrics Society Publications and Tools](#)
- [American Geriatrics Society](#) Geriatrics Workforce Enhancement Program (GWEP):
 - [GWEP Coordinating Center](#)
 - [Finger Lakes Geriatric Education Center](#) (Rochester, Ithaca)
 - [Johns Hopkins Medicine GWEP](#)
- [Hartford Institute for Geriatric Nursing](#)

Services and Entitlements:

- [New York State Office for Aging](#) (provides links to local agencies on aging and other resources like the state [Aging and Disability Resource Center](#))
- [USAging](#) (from the Association of Area Agencies on Aging)
- [Eldercare Locator](#)
- [EngAGED: The National Resource Center for Engaging Older Adults](#)
- [National Council on Aging *BenefitsCheckUp*](#)
- [National Aging and Disability Transportation Center](#)
- [Administration for Community Living > Aging and Disability Resource Centers](#)
- [Medicare Rights Center](#)
- [SAGE > Advocacy for LGBTQ+ Elders](#)

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Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	460,625	0	0	0	0	11,426,413	46.94%	11,426,413	0		999,566	9%	8%
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397					4,109,697	16.88%	4,109,697	0	3/1/2023	\$356,225	9%	8%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443					1,114,019	4.58%	1,114,019	0	3/1/2023	\$173,017	16%	8%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289					952,840	3.91%	952,840	0	3/1/2023	\$147,450	15%	8%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314					1,201,238	4.93%	1,201,238	0	3/1/2023	\$75,790	6%	8%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088					1,151,088	4.73%	1,151,088	0	3/1/2023	\$95,930	8%	8%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531					2,197,531	9.03%	2,197,531	0	3/1/2023	\$108,544	0%	8%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437					0	0.00%	0	0	3/1/2023	\$0	0%	0%
1.h	Vision	500,000	0					500,000	2.05%	500,000	0	3/1/2023	\$42,610	9%	8%
1.x	Primary Care Health Outcome Pilot	200,000	0					200,000	0.82%	200,000	0	3/1/2023	\$0	0%	8%
2	Medical Case Management	1,880,000	-97,859	0	0	0	0	1,782,141	7.32%	1,782,141	0		234,763	13%	8%
2.a	Clinical Case Management	531,025	0					531,025	2.18%	531,025	0	3/1/2023	\$108,463	20%	8%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.24%	301,129	0	3/1/2023	50830.5	17%	8%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.75%	183,663	0	3/1/2023	\$19,929	11%	8%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.75%	183,665	0	3/1/2023	\$4,286	2%	8%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.27%	66,491	0	3/1/2023	\$10,725	16%	8%
2.f	Med CM - Targeted to Rural (a)	297,496	0					297,496	1.22%	297,496	0	3/1/2023	\$12,400	4%	8%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.34%	81,841	0	3/1/2023	\$18,489	23%	8%
2.h	Med CM - Targeted to Pedi (a.1)	97,859	-97,859					0	0.00%	0	0	3/1/2023	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0					86,964	0.36%	86,964	0	3/1/2023	\$1,509	2%	8%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.20%	49,867	0	3/1/2023	\$8,133	16%	8%
3	Local Pharmacy Assistance Program	2,067,104	0	0	0	0	0	2,067,104	8.49%	2,067,104	0	3/1/2023	\$123,381	6%	8%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.51%	367,104	0	3/1/2023	\$28,618	8%	8%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0					1,700,000	6.98%	1,700,000	0	3/1/2023	\$94,763	6%	8%
4	Oral Health	166,404	0	0	0	0	0	166,404	0.68%	166,404	0	3/1/2023	41,450	25%	8%
4.b	Oral Health - Targeted to Rural	166,404	0					166,404	0.68%	166,404	0	3/1/2023	\$41,450	25%	8%
5	Health Insurance (c)	1,383,137	223,222	0	0	0	0	1,606,359	6.60%	1,606,359	0	3/1/2023	\$195,206	12%	8%
7	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	0	341,395	1.40%	341,395	0	3/1/2023	\$53,609	16%	8%
10	Substance Abuse Services - Outpatient (c)	45,677	0	0	0	0	0	45,677	0.19%	45,677	0	3/1/2023	\$2,619	6%	8%
13	Non-Medical Case Management	1,267,002	0	0	0	0	0	1,267,002	5.20%	1,267,002	0	3/1/2023	\$188,146	15%	8%
13.a	Service Linkage targeted to Youth	110,793	0					110,793	0.46%	110,793	0	3/1/2023	\$14,356	13%	8%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0					100,000	0.41%	100,000	0	3/1/2023	\$19,747	20%	8%
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.52%	370,000	0	3/1/2023	\$47,756	13%	8%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0					686,209	2.82%	686,209	0	3/1/2023	\$106,288	15%	8%
14	Medical Transportation	424,911	0	0	0	0	0	424,911	1.75%	424,911	0		37,456	9%	8%
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	1.04%	252,680	0	3/1/2023	\$25,472	10%	8%
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.40%	97,185	0	3/1/2023	\$11,984	12%	8%
14.c	Transportation vouchers (bus passes & gas cards)	75,046	0					75,046	0.31%	75,046	0	3/1/2023	\$0	0%	8%
15	Emergency Financial Assistance	1,653,247	485,889	0	0	0	0	2,139,136	8.79%	2,139,136	0		142,892	7%	8%
15.a	EFA - Pharmacy Assistance	1,553,247	485,889					2,039,136	8.38%	2,039,136	0	3/1/2023	\$131,504	6%	8%
15.b	EFA - Other	100,000	0					100,000	0.41%	100,000	0	3/1/2023	\$11,388	11%	8%
17	Outreach	420,000	0	0	0	0	0	420,000	1.73%	420,000	0	3/1/2023	\$30,528	7%	8%
FY23_RW_DIR	Total Service Dollars	20,614,665	1,071,877	0	0	0	0	21,686,542	89.09%	21,686,542	0		2,049,616	9%	8%
									Unallocated	Unobligated					8%
	Part A Grant Award:	24,342,151	Carryover:	0				Total Part A: 24,342,151	0	0					8%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
		Original Allocation	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent	Award Category	Award Amount	Amount Spent	Balance
	Core (must not be less than 75% of total service dollars)	16,849,505	585,988	0	0	0	0	17,435,493	80.40%	1,650,594	80.53%	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	3,765,160	485,889	0	0	0	0	4,251,049	19.60%	399,022	19.47%	Supplemen			0
	Total Service Dollars (does not include Admin and QM)	20,614,665	1,071,877	0	0	0	0	21,686,542		2,049,616		Carry Over	0		0
												Totals	0	0	0
	Total Admin (must be ≤ 10% of total Part A + MAI)	2,208,914	18,000	0	0	0	0	2,226,914	8.33%						
	Total QM (must be ≤ 5% of total Part A + MAI)	428,695	0	0	0	0	0	428,695	1.60%						

MAI Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,107,819	-39,764	0	0	0	0	2,068,055	86.82%	2,068,055	0		240,200	12%	8%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106		0			1,045,669	43.90%	1,045,669	0	3/1/2023	\$106,775	10%	8%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658		0			1,022,386	42.92%	1,022,386	0	3/1/2023	\$133,425	13%	8%
2	Medical Case Management	320,099	-6,038	0	0	0	0	314,061	13.18%	314,061	0		\$26,356	8%	8%
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019					157,031	6.59%	157,031	0	3/1/2023	\$16,535	11%	8%
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019					157,030	6.59%	157,030	0	3/1/2023	\$9,821	6%	8%
	Total MAI Service Funds	2,427,918	-45,802	0	0	0	0	2,382,116	100.00%	2,382,116	0		266,556	11%	8%
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Funds	2,427,918	-45,802	0	0	0	0	2,382,116	100.00%	2,382,116	0		266,556	11%	8%
	MAI Grant Award	2,382,116	Carry Over:	0				Total MAI: 2,382,116							8%
	Combined Part A and MAI Orginial Allocation Total	25,680,192							Unallocated	Unobligated					
									0	0		MAI Award	2,382,116		

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 multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.

(c) Funded under Part B and/or SS

(e) 10% rule reallocations

FY 2023 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 1st Quarter (3/1-5/31)																		
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	45-54	55-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	8,643	3,674	75%	22%	2%	40%	13%	3%	44%	0%	0%	4%	26%	27%	12%	28%	3%
1.a	Primary Care - Public Clinic (a)	2,959	1,530	74%	25%	2%	39%	9%	2%	50%	0%	0%	2%	17%	26%	15%	36%	4%
1.b	Primary Care - CBO Targeted to AA (a)	2,417	823	69%	27%	4%	98%	0%	1%	0%	0%	0%	5%	36%	26%	9%	22%	2%
1.c	Primary Care - CBO Targeted to Hispanic (a)	1,916	699	82%	14%	4%	0%	0%	0%	100%	0%	0%	5%	32%	30%	12%	19%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	774	430	83%	15%	3%	5%	63%	13%	18%	0%	0%	6%	32%	25%	7%	28%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	683	232	73%	27%	0%	28%	27%	2%	43%	0%	0%	5%	25%	25%	10%	30%	4%
1.f	Primary Care - Women at Public Clinic (a)	793	384	0%	99%	1%	43%	6%	1%	50%	0%	0%	1%	10%	27%	20%	38%	5%
1.g	Primary Care - Pediatric (a)	5	0															
1.h	Vision	2,815	492	76%	23%	1%	37%	14%	1%	47%	0%	0%	2%	18%	24%	10%	40%	5%
2	Medical Case Management (f)	5,429	1,299															
2.a	Clinical Case Management	936	279	66%	32%	3%	56%	16%	2%	26%	0%	0%	2%	20%	21%	13%	36%	7%
2.b	Med CM - Targeted to Public Clinic (a)	569	278	93%	4%	3%	53%	10%	2%	35%	0%	0%	1%	24%	24%	12%	34%	5%
2.c	Med CM - Targeted to AA (a)	1,625	277	73%	22%	4%	99%	0%	1%	0%	0%	1%	5%	28%	29%	8%	23%	5%
2.d	Med CM - Targeted to H/L(a)	813	129	78%	19%	4%	0%	1%	1%	98%	0%	0%	3%	36%	27%	8%	21%	5%
2.e	Med CM - Targeted to White and/or MSM (a)	504	113	89%	8%	3%	1%	94%	5%	0%	0%	0%	1%	19%	27%	6%	36%	12%
2.f	Med CM - Targeted to Rural (a)	548	75	63%	37%	0%	51%	32%	3%	15%	0%	0%	1%	16%	17%	8%	47%	11%
2.g	Med CM - Targeted to Women at Public Clinic (a)	246	115	0%	100%	0%	70%	6%	2%	23%	0%	0%	2%	16%	37%	13%	28%	5%
2.h	Med CM - Targeted to Pedi (a)	0	0															
2.i	Med CM - Targeted to Veterans	172	31	94%	6%	0%	74%	19%	0%	6%	0%	0%	0%	0%	0%	3%	45%	52%
2.j	Med CM - Targeted to Youth	15	2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	5,775	2,253	76%	20%	4%	39%	14%	2%	45%	0%	0%	3%	22%	27%	12%	33%	3%
4	Oral Health	356	170	65%	34%	1%	35%	28%	1%	36%	0%	0%	2%	14%	25%	18%	33%	9%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	356	170	65%	34%	1%	35%	28%	1%	36%	0%	0%	2%	14%	25%	18%	33%	9%
5	Mental Health Services (d)	0	NA															
6	Health Insurance	1,918	962	79%	19%	1%	37%	29%	4%	30%	0%	0%	1%	11%	16%	9%	44%	18%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	17	6	100%	0%	0%	0%	50%	17%	33%	0%	0%	0%	50%	17%	17%	17%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	546	265	77%	22%	2%	43%	17%	4%	37%	0%	0%	2%	6%	13%	8%	53%	18%
11	Hospice Services (d)	NA	NA															
12	Outreach	1,042	206	72%	26%	2%	64%	14%	1%	21%	0%	0%	6%	30%	25%	9%	25%	5%
13	Non-Medical Case Management	8,657	2,552															
13.a	Service Linkage Targeted to Youth	175	85	69%	29%	1%	53%	7%	4%	36%	0%	9%	91%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	100	40	80%	20%	0%	45%	3%	0%	53%	0%	0%	0%	48%	33%	10%	5%	5%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,546	1,209	69%	29%	2%	51%	9%	2%	38%	0%	0%	0%	20%	24%	13%	38%	5%
13.d	Service Linkage at CBO Primary Care Programs (a)	4,537	1,218	75%	21%	3%	45%	13%	1%	41%	0%	0%	4%	29%	24%	12%	27%	4%
14	Transportation	2,366	502															
14.a	Transportation Services - Urban	796	129	62%	37%	1%	50%	8%	2%	40%	0%	0%	5%	20%	25%	9%	29%	13%
14.b	Transportation Services - Rural	237	42	62%	38%	0%	36%	31%	0%	33%	0%	0%	5%	17%	14%	14%	36%	14%
14.c	Transportation vouchering	1,333	331	75%	23%	2%	64%	10%	2%	24%	0%	0%	2%	12%	18%	11%	51%	6%
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	1,830	264	72%	25%	3%	63%	7%	2%	29%	0%	0%	5%	25%	25%	8%	35%	2%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
Net unduplicated clients served - all categories*		12,941	7,988	74%	23%	2%	44%	14%	2%	39%	0%	0%	4%	23%	24%	11%	32%	6%
Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)		NA	30,198	75%	25%		48%	17%	5%	30%	0%	4%		21%	23%	25%	20%	7%

FY 2023 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 1st Quarter (03/01 -05/31)																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,664	464	72%	25%	4%	99%	0%	1%	0%	0%	0%	5%	34%	29%	9%	20%	2%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	1,380	551	83%	13%	4%	0%	0%	0%	100%	0%	0%	5%	32%	27%	12%	23%	1%
2	Medical Case Management (f)	0																
2.c	Med CM - Targeted to AA (a)	967	225	83%	14%	3%	44%	13%	1%	41%	1%	1%	5%	39%	27%	9%	18%	1%
2.d	Med CM - Targeted to H/L(a)	735	132	80%	20%	0%	73%	7%	0%	20%	0%	0%	0%	7%	33%	13%	47%	0%
RW Part A New Client Service Utilization Report - 1st Quarter (03/01-05/31)																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/22 - 5/31/22)																		
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	1,871	444	78%	19%	3%	46%	11%	2%	41%	0%	1%	8%	41%	25%	8%	2%	14%
2	LPAP	954	135	83%	14%	3%	44%	13%	1%	41%	1%	1%	5%	39%	27%	9%	1%	18%
3.a	Clinical Case Management	95	15	80%	20%	0%	73%	7%	0%	20%	0%	0%	0%	7%	33%	13%	0%	47%
3.b-3.h	Medical Case Management	1,097	210	74%	24%	1%	51%	10%	1%	37%	0%	1%	4%	34%	24%	11%	6%	19%
3.i	Medical Case Management - Targeted to Veterans	33	3	67%	33%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	33%	67%	0%
4	Oral Health	50	10	60%	40%	0%	30%	30%	0%	40%	0%	0%	0%	10%	30%	10%	0%	50%
12.a.	Non-Medical Case Management (Service Linkage)		504	72%	26%	2%	51%	13%	1%	34%	0%	1%	5%	27%	25%	12%	24%	7%
12.c.			1,870															
12.d.																		
12.b	Service Linkage at Testing Sites	92	34	71%	26%	3%	38%	3%	3%	56%	0%	6%	9%	29%	32%	12%	6%	6%
<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)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	

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



Reflects spending through May 2023

Spending Target: 17%

Revised 6/27/23

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General	\$1,833,318	53%	\$0	\$1,833,318	\$0	\$1,833,318	4/1/2023	\$272,390	15%
4	Oral Health Service -Prosthodontics	\$576,750	17%	\$0	\$576,750	\$0	\$576,750	4/1/2023	\$95,833	17%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,028,433	30%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2023	\$260,420	25%
		\$0	0%	\$0	\$0					
Total Houston HSDA		3,438,501	100%	0	3,438,501	\$0	\$3,438,501		628,643	18%

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

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

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



Chart reflects spending through May 2023

Spending Target: 75%

Revised 6/27/2023

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	47%	\$0	\$864,506	\$0	\$864,506	9/1/2022	\$769,352	89%
6	Mental Health Services (2)	\$300,000	16%	\$0	\$300,000	\$0	\$300,000	9/1/2022	\$83,850	28%
11	Hospice (3)	\$259,832	14%	\$0	\$259,832	\$0	\$259,832	9/1/2022	\$260,040	100%
13	Non Medical Case Management (4)	\$350,000	19%	\$0	\$350,000	\$0	\$350,000	9/1/2022	\$120,573	34%
16	Linguistic Services (5)	\$68,000	4%	\$0	\$68,000	\$0	\$68,000	9/1/2022	\$40,854	60%
Total Houston HSDA		1,842,338	100%	\$0	\$1,842,338	\$0	\$1,842,338		1,274,669	69%

Note

- (1) TRG will reallocate as needed to support service delivery
- (2) Demand for services has been lower than expected
- (3) Service utilization has increased. TRG will reallocate funds to support care delivery
- (4) Staff vacancy has resulted in underspending
- (5) Slight decrease in utilization

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



Reflects spending through May 2023

Spending Target: 17%

Revised 6/27/23

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General	\$1,833,318	53%	\$0	\$1,833,318	\$0	\$1,833,318	4/1/2023	\$272,390	15%
4	Oral Health Service -Prosthodontics	\$576,750	17%	\$0	\$576,750	\$0	\$576,750	4/1/2023	\$95,833	17%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,028,433	30%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2023	\$260,420	25%
		\$0	0%	\$0	\$0					
Total Houston HSDA		3,438,501	100%	0	3,438,501	\$0	\$3,438,501		628,643	18%

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

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

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

Chart reflects spending through May 2023

Spending Target: 75%

Revised 6/27/2023

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Final Adjustments	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	47%	\$0	\$864,506	\$0	\$0	\$864,506	9/1/2022	\$769,352	89%
6	Mental Health Services (2)	\$300,000	16%	\$0	\$300,000	\$0	\$0	\$300,000	9/1/2022	\$83,850	28%
11	Hospice (3)	\$259,832	14%	\$0	\$259,832	\$0	\$0	\$259,832	9/1/2022	\$260,040	100%
13	Non Medical Case Management (4)	\$350,000	19%	\$0	\$350,000	\$0	\$0	\$350,000	9/1/2022	\$120,573	34%
16	Linguistic Services (5)	\$68,000	4%	\$0	\$68,000	\$0	\$0	\$68,000	9/1/2022	\$40,854	60%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	\$0							
Total Houston HSDA		1,842,338	100%	\$0	\$1,842,338	\$0	\$0	\$1,842,338		1,274,669	69%

Note

- (1) TRG will reallocate as needed to support service delivery
- (2) Demand for services has been lower than expected
- (3) Service utilization has increased. TRG will reallocate funds to support care delivery
- (4) Staff vacancy has resulted in underspending
- (5) Slight decrease in utilization

2022-2023 DSHS State Services Service Utilization Report

09/01/2022 thru 05/31/2023 Houston HSDA

3rd Quarter

Revised 6/30/2023

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums	925	1,356	80.70%	18.08%	0.05%	1.17%	39.20%	28.40%	30.00%	2.40%	0.00%	0.00%	1.03%	13.05%	16.50%	22.87%	31.41%	15.14%
Mental Health Services	192	76	64.37%	34.32%	0.00%	1.31%	64.71%	9.51%	25.40%	0.38%	0.00%	0.13%	0.52%	39.89%	25.00%	16.37%	13.15%	4.94%
Hospice	35	12	83.33%	16.67%	0.00%	0.00%	34.68%	44.66%	18.83%	1.83%	0.00%	0.00%	0.00%	0.00%	8.34%	33.33%	58.33%	0.00%
Non Medical Case Management	315	106	93.86%	5.20%	0.00%	0.94%	30.13%	33.91%	34.92%	1.04%	0.00%	0.00%	0.46%	16.43%	23.69%	18.86%	33.96%	6.60%
Linguistic Services	50	49	50.02%	45.90%	0.00%	4.08%	46.85%	8.16%	6.22%	38.77%	0.00%	0.00%	0.20%	6.12%	26.53%	43.85%	14.28%	9.02%
Unduplicated Clients Served By State Services Funds:	NA	1,599	74.46%	24.12%	0.01%	1.41%	43.11%	24.93%	23.07%	8.88%	0.00%	0.03%	0.44%	15.10%	20.01%	27.06%	30.23%	7.14%

completed by:
lledezma

FY 2023 RW PART A REQUESTS FOR ALLOCATION INCREASE (JULY 2023)

REVISED: 7/18/2023

Request Control Number	FY 2023 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	FY 2022 Final Contract Amount	Expended 2022	Percent Expended	FY 2023 Contract Amount	FY 2023 Expended YTD	FY 2023 Percent YTD	FY 2023 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
1	1.b-1.d 2.c-2.e 3.b 13.d 15.a; 17	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management; Outreach	Community-based Primary Medical Care targeted to African American, Hispanic and White; Community-based Medical Case Management targeted to African American, Hispanic and White; EFA - Pharmacy; LPAP; Outreach; SLW	\$518,700	\$2,859,459	\$2,858,101	100%	\$2,965,948	\$597,211	20%	33%	Yes	Expended amounts are through 5/31/23
2	5	Health Insurance Premium & Cost Sharing Assistance	Health Insurance Co-Payments & Co-Insurance	\$800,000	\$1,952,721	\$1,952,396	100%	\$1,606,359	\$336,287	21%	33%	Yes	Expended amounts are through 5/31/23
3	2.a	Medical Case Management	Clinical Case Management	\$113,750	\$244,328	\$382,355	134%	\$224,328	\$89,451	37%	33%	Yes	Expended amounts are through 5/31/23
4	1.b-1.d 2.c-2.e 3.b 13.d 15.a; 17	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management; Outreach	Community-based Primary Medical Care targeted to African American, Hispanic and White; Community-based Medical Case Management targeted to African American, Hispanic and White; EFA - Pharmacy; LPAP; Outreach; SLW	\$690,115	\$2,048,352	\$2,048,352	100%	\$2,020,920	\$368,850	18%	33%	Yes	Expended amounts are through 6/30/23

FY 2023 RW PART A REQUESTS FOR ALLOCATION INCREASE (JULY 2023)

REVISED: 7/18/2023

Request Control Number	FY 2023 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	FY 2022 Final Contract Amount	Expended 2022	Percent Expended	FY 2023 Contract Amount	FY 2023 Expended YTD	FY 2023 Percent YTD	FY 2023 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
5	1.e 2.f 3.b 13.d 15.a	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management;	Adult Comprehensive Primary Medical Care - Targeted to Rural	\$150,000	\$1,601,000	\$1,600,992	100%	\$1,648,244	\$255,659	16%	33%	Yes	Expended amounts are through 6/30/23
6	4.b	Oral Health	Oral Health-Rural (North)	\$30,000	\$166,404	\$166,400	100%	\$166,404	\$55,050	33%	33%	Yes	Expended amounts are through 6/30/23
				\$2,302,565	\$8,872,264	\$9,008,596		\$8,632,203	\$1,702,508				
Confirmed Funds Avail. for Reallocation													
Source of Funds Available for Reallocation:				Part A	Explanation: Unspent Admin, QM, and HIV Services								
FY2022 Anticipated Unspent Funds				\$1,278,521									

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Pcare/MCM/SLW/Outreach/LPAP/EFA			Control No.	1	
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April:	August: X	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$518,700.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in <u>current</u> contract:	b. Cost/unit	c. Number of <u>additional</u> units	d. Total: (b x c)		
	1. Primary Health Care Visits by Physician & Physician Extender	3303.42	\$300.00	1729.00	\$518,700.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):					\$518,700.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2022.* (March 1, 2022 - February 28, 2023) *If agency was funded for service under Part A (or MAI) in FY 2022 - if not, mark these cells as "NA"	2191	38%	19%	43%	87%	13%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2023. a. April Request Period = Not Applicable b. August Request Period = 03/01/23 - 06/30/23 c. October Request Period = 03/01/23 - 09/30/23 d. 4th Qtr. Request Period = 03/01/23 - 11/30/23	1892	36%	16%	48%	87%	13%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	Primary Health Care Visits by Physician & Physician Extender	RWA	2/28/24	\$783,773	Back bill @ 05/31/23
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Glenn Urbach: glenn.urbach@phs.hctx.net				

CONTROL 1
FY22

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: _____ [Grant]: All [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/22 and 2/28/23 1 Type Encounter
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: 22GEN0556AA [Sub Cats 1]: INFEC,PHEXT [Contract 2]: 22GEN0556HL [Sub Cats 2]: INFEC,PHEXT
 [Contract 3]: 22GEN0556WHT [Sub Cats 3]: INFEC,PHEXT
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 2

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	73	5	68	6	0	6	79	5	74	
	25-34	285	21	264	22	3	19	307	24	283	
	35-44	162	8	154	56	5	51	218	13	205	
	45-54	100	2	98	67	5	62	167	7	160	
	55-64	78	1	77	22	0	22	100	1	99	
	65+	4	0	4	6	0	6	10	0	10	
	SubTotals:	702	37	665	179	13	166	881	50	831	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	16	0	16	0	0	0	16	0	16	
	35-44	10	0	10	1	0	1	11	0	11	
	45-54	11	0	11	3	0	3	14	0	14	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	39	0	39	4	0	4	43	0	43	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	2	0	2	0	0	0	2	0	2	
	25-34	14	4	10	0	0	0	14	4	10	
	35-44	4	0	4	0	0	0	4	0	4	
	45-54	5	2	3	0	0	0	5	2	3	
	55-64	1	1	0	0	0	0	1	1	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	26	7	19	0	0	0	26	7	19	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	5	2	3	0	0	0	5	2	3	
	35-44	2	0	2	0	0	0	2	0	2	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	1	1	0	1	1	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	8	2	6	1	1	0	9	3	6	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	3	0	3	0	0	0	3	0	3
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	0	4	0	0	0	4	0	4
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	2	0	0	0	0	2	2	0
	20-24	47	42	5	2	2	0	49	44	5
	25-34	361	253	108	20	18	2	381	271	110
	35-44	330	219	111	31	21	10	361	240	121
	45-54	226	144	82	24	20	4	250	164	86
	55-64	144	72	72	23	15	8	167	87	80
	65+	14	8	6	0	0	0	14	8	6
	SubTotals:	1,124	740	384	100	76	24	1,224	816	408
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	2	0	0	0	0	2	2	0
	20-24	123	47	76	8	2	6	131	49	82
	25-34	684	280	404	42	21	21	726	301	425
	35-44	508	227	281	88	26	62	596	253	343
	45-54	343	148	195	94	25	69	437	173	264
	55-64	225	74	151	46	16	30	271	90	181
	65+	18	8	10	6	0	6	24	8	16
	SubTotals:	1,903	786	1,117	284	90	194	2,187	876	1,311

Clients Served This Period

Unduplicated clients:	2187
Client visits: ³	3818
Spanish speaking (primary language at home) clients served:	432
Deaf/hard of hearing clients served:	15
Blind/sight impaired clients served:	22
Homeless clients served:	183
Transgender M to F clients served:	64
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	2022
Clients served this period who live outside Harris County:	165
Active substance abuse clients served:	8
Active psychiatric illness clients served:	20

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	15
Hemophilia Coagulation	2
Transfusion	17
Heterosexual Contact	433
MSM (not IDU)	1228
IV Drug Use (not MSM)	32
MSM/IDU	11
Multiple Exposure Categories	61
Other risk	475
Multi-Race Breakdown	
ASN,WHT	8
BLK,NTV	3
BLK,NTV,HWN,WHT	1
BLK,NTV,WHT	1
BLK,WHT	11
NTV,WHT	2

CONTROL 1 FY23

NO PAY ENCOUNTERS

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: 7 [Grant]: All [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/22 and 2/28/23 1 Type Encounter
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: 22GEN0556AANP [Sub Cats 1]: INFEC,PHEXT [Contract 2]: 22GEN0556HLNP [Sub Cats 2]: INFEC,PHEXT
 [Contract 3]: 22GEN0556WHTNP [Sub Cats 3]: INFEC,PHEXT
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

RACE	AGE?	BIRTH GENDER								
		MALE		FEMALE		BOTH GENDERS		Hispanic	Non-Hisp	
		Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp			
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	3	0	3	0	0	0	3	0	3
	35-44	1	0	1	0	0	0	1	0	1
	45-54	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	0	4	0	0	0	4	0	4
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	3	0	3	0	0	0	3	0	3
	35-44	1	0	1	0	0	0	1	0	1
	45-54	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	0	4	0	0	0	4	0	4

Clients Served This Period

Unduplicated clients: 4
 Client visits: 3
 Spanish speaking (primary language at home) clients served: 0
 Deaf/hard of hearing clients served: 0
 Blind/sight impaired clients served: 0
 Homeless clients served: 0
 Transgender M to F clients served: 0
 Transgender F to M clients served: 0
 Clients served this period who live w/in Harris County: 3
 Clients served this period who live outside Harris County: 1
 Active substance abuse clients served: 0
 Active psychiatric illness clients served: 0

Methods of Exposure (not mutually exclusive)

PerinatalTransmission 0
 Hemophilia Coagulation 0
 Transfusion 0
 Heterosexual Contact 0
 MSM (not IDU) 3
 IV Drug Use (not MSM) 0
 MSM/IDU 0
 Multiple Exposure Categories 0
 Other risk 1

FOOTNOTES

1 Visit = time spent per client per agency per service per day
 2 Age as of client max service date
 3 If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2022; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/21.
 [4] Contracts, Subcats, Service Performer, Grants, MAI ignored for SURTypes (Bus Voucher, Ride Share, Ending The Epidemic)

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: [Grant]: All [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/23 and 6/30/23 ¹ Type Encounter
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: 23GEN0415AA [Sub Cats 1]: INFEC,PHEXT [Contract 2]: 23GEN0415HL [Sub Cats 2]: INFEC,PHEXT
 [Contract 3]: 23GEN0415WHT [Sub Cats 3]: INFEC,PHEXT
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No ³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	16	0	16	1	0	1	17	0	17	
	25-34	101	5	96	15	0	15	116	5	111	
	35-44	64	5	59	19	1	18	83	6	77	
	45-54	36	1	35	17	0	17	53	1	52	
	55-64	26	1	25	6	0	6	32	1	31	
	65+	2	0	2	1	0	1	3	0	3	
	SubTotals:	245	12	233	59	1	58	304	13	291	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	4	0	4	0	0	0	4	0	4	
	35-44	3	0	3	1	0	1	4	0	4	
	45-54	3	0	3	1	0	1	4	0	4	
	55-64	1	0	1	0	0	0	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	11	0	11	2	0	2	13	0	13	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	5	0	5	0	0	0	5	0	5	
	35-44	2	0	2	0	0	0	2	0	2	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	9	0	9	0	0	0	9	0	9	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	2	1	1	0	0	0	2	1	1	
	35-44	1	0	1	0	0	0	1	0	1	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	4	1	3	0	0	0	4	1	3	
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	0	1	0	0	0	1	0	1	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	1	1	0	1	1	0	
	20-24	21	18	3	2	2	0	23	20	3	
	25-34	136	99	37	5	5	0	141	104	37	
	35-44	102	66	36	12	9	3	114	75	39	
	45-54	74	50	24	10	9	1	84	59	25	
	55-64	47	23	24	5	3	2	52	26	26	
	65+	7	4	3	0	0	0	7	4	3	
	SubTotals:	387	260	127	35	29	6	422	289	133	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	1	1	0	1	1	0	
	20-24	39	18	21	3	2	1	42	20	22	
	25-34	249	105	144	20	5	15	269	110	159	
	35-44	172	71	101	32	10	22	204	81	123	
	45-54	114	51	63	28	9	19	142	60	82	
	55-64	74	24	50	11	3	8	85	27	58	
	65+	9	4	5	1	0	1	10	4	6	
	SubTotals:	657	273	384	96	30	66	753	303	450	

Clients Served This Period

Unduplicated clients:	753
Client visits: ³	825
Spanish speaking (primary language at home) clients served:	160
Deaf/hard of hearing clients served:	7
Blind/sight impaired clients served:	6
Homeless clients served:	71
Transgender M to F clients served:	19
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	701
Clients served this period who live outside Harris County:	52
Active substance abuse clients served:	3
Active psychiatric illness clients served:	8

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission	6
Hemophilia Coagulation	0
Transfusion	5
Heterosexual Contact	150
MSM (not IDU)	439
IV Drug Use (not MSM)	12
MSM/IDU	3
Multiple Exposure Categories	19
Other risk	146

Multi-Race Breakdown

ASN,WHT	1
BLK,NTV	3
BLK,NTV,WHT	1
BLK,WHT	3
NTV,WHT	1

CONTROL 1 FY23

7/11/2023 2:52:16 PM

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

No Pay
ENCOUNTERS

[Agency] [Grani]: All [Service]: ALL [Service Performer]: 0

Services performed between 3/1/23 and 6/30/23 Type Encounter

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]: 23GEN0415AANP [Sub Cats 1]: INFEC,PHEXT [Contract 2]: 23GEN0415HLNP [Sub Cats 2]: INFEC,PHEXT

[Contract 3]: 23GEN0415WHTNP [Sub Cats 3]: INFEC,PHEXT

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	22	2	20	2	0	2	24	2	22
	25-34	147	10	137	10	0	10	157	10	147
	35-44	98	4	94	24	2	22	122	6	116
	45-54	39	0	39	30	3	27	69	3	66
	55-64	33	1	32	8	0	8	41	1	40
	65+	2	0	2	2	0	2	4	0	4
	SubTotals:	342	17	325	76	5	71	418	22	396
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	5	0	5	0	0	0	5	0	5
	45-54	6	1	5	1	0	1	7	1	6
	55-64	3	0	3	0	0	0	3	0	3
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	15	1	14	1	0	1	16	1	15
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	3	0	3	0	0	0	3	0	3
	35-44	1	0	1	0	0	0	1	0	1
	45-54	1	0	1	0	0	0	1	0	1
	55-64	1	1	0	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	7	1	6	0	0	0	7	1	6
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	2	1	1	0	0	0	2	1	1
	35-44	2	0	2	0	0	0	2	0	2
	45-54	0	0	0	1	0	1	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	4	1	3	1	0	1	5	1	4
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	1	0	1	1	0	2	2	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	31	30	1	1	1	0	32	31	1
	25-34	200	155	45	13	12	1	213	167	46
	35-44	182	137	45	19	15	4	201	152	49
	45-54	131	96	35	17	16	1	148	112	36
	55-64	78	45	33	12	11	1	90	56	34
	65+	6	4	2	1	1	0	7	5	2
	SubTotals:	629	468	161	64	57	7	693	525	168
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	2	1	1	1	1	0	3	2	1
	20-24	54	32	22	3	1	2	57	33	24
	25-34	353	166	187	23	12	11	376	178	198
	35-44	288	141	147	43	17	26	331	158	173
	45-54	177	97	80	49	19	30	226	116	110
	55-64	115	47	68	20	11	9	135	58	77
	65+	8	4	4	3	1	2	11	5	6
	SubTotals:	997	488	509	142	62	80	1,139	550	589

Clients Served This Period

Unduplicated clients:	1139
Client visits: ³	1388
Spanish speaking (primary language at home) clients served:	293
Deaf/hard of hearing clients served:	10
Blind/sight impaired clients served:	10
Homeless clients served:	100
Transgender M to F clients served:	40
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1046
Clients served this period who live outside Harris County:	93
Active substance abuse clients served:	4
Active psychiatric illness clients served:	14

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	10
Hemophilia Coagulation	0
Transfusion	7
Heterosexual Contact	230
MSM (not IDU)	646
IV Drug Use (not MSM)	20
MSM/IDU	5
Multiple Exposure Categories	27
Other risk	229
Multi-Race Breakdown	
ASN,WHT	2
BLK,NTV	2
BLK,NTV,WHT	1
BLK,WHT	2

FOOTNOTES

- ¹ Visit = time spent per client per agency per service per day
- ² Age as of client max service date
- ³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2023; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/22.
- [4] Contracts, Subcontracts, Service Performer, Grants, MAI ignored for SURTypes (Bus Voucher, Ride Share, Ending The Epidemic)

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Health Insurance Premium & Cost Sharing Assistance	Control No.	2			
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April:	August: X	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$800,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in <u>current</u> contract:	b. Cost/unit	c. Number of <u>additional</u> units	d. Total: (b x c)		
	1.				\$0.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$1,413,605.18	N/A	\$800,000.00	\$800,000.00		
	9. Total additional funding (must match E. above):					\$800,000.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2022.* (March 1, 2022 - February 28, 2023) *If agency was funded for service under Part A (or MAI) in FY 2022 - if not, mark these cells as "NA"	1776	42%	25%	33%	81%	19%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2023. a. April Request Period = Not Applicable b. August Request Period = 03/01/23 - 06/30/23 c. October Request Period = 03/01/23 - 09/30/23 d. 4th Qtr. Request Period = 03/01/23 - 11/30/23	1543	41%	26%	33%	81%	19%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. DSHS State Services	The Resource Group	8/31/23	\$864,506	
	2. Ryan White Part B	The Resource Group	3/31/24	\$1,028,433	
	3. Ryan White Part B - Rebate	The Resource Group	8/31/23	\$49,511	
	4. HINS Disbursements	RWA	2/28/24	\$528,639	Back bill @ 05/31/23
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Glenn Urbach: glenn.urbach@phs.hctx.net				

CONTROL 2
FY22

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency] [Grant]: All [Service]: ALL [Service Performer]: 0
Services performed between 3/1/22 and 2/28/23 1 Type Encounter
[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: 22GEN0498 [Sub Cats 1]: All [Contract 2]: 22GEN0498NP [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All
[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
[MAT]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	13	1	12	1	0	1	14	1	13
	25-34	104	2	102	23	0	23	127	2	125
	35-44	120	5	115	51	2	49	171	7	164
	45-54	102	4	98	69	0	69	171	4	167
	55-64	133	1	132	69	0	69	202	1	201
	65+	49	1	48	33	0	33	82	1	81
	SubTotals:	522	14	508	246	2	244	768	16	752
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	2	0	2	0	0	0	2	0	2
	25-34	12	0	12	0	0	0	12	0	12
	35-44	7	0	7	2	0	2	9	0	9
	45-54	9	0	9	1	0	1	10	0	10
	55-64	5	0	5	0	0	0	5	0	5
	65+	3	0	3	1	0	1	4	0	4
	SubTotals:	38	0	38	4	0	4	42	0	42
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	4	2	2	1	0	1	5	2	3
	35-44	3	1	2	0	0	0	3	1	2
	45-54	3	1	2	0	0	0	3	1	2
	55-64	1	0	1	0	0	0	1	0	1
	65+	1	0	1	0	0	0	1	0	1
	SubTotals:	12	4	8	1	0	1	13	4	9
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	1	1	0	2	1	1
	55-64	1	0	1	1	1	0	2	1	1
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	0	2	2	2	0	4	2	2
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1
	55-64	2	1	1	0	0	0	2	1	1
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	3	1	2	0	0	0	3	1	2
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	11	10	1	0	0	0	11	10	1
	25-34	117	85	32	1	0	1	118	85	33
	35-44	138	96	42	14	11	3	152	107	45
	45-54	207	118	89	20	14	6	227	132	95
	55-64	235	100	135	28	14	14	263	114	149
	65+	156	42	114	19	11	8	175	53	122
	SubTotals:	864	451	413	82	50	32	946	501	445
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	26	11	15	1	0	1	27	11	16
	25-34	237	89	148	25	0	25	262	89	173
	35-44	268	102	166	67	13	54	335	115	220
	45-54	323	123	200	91	15	76	414	138	276
	55-64	377	102	275	98	15	83	475	117	358
	65+	209	43	166	53	11	42	262	54	208
	SubTotals:	1,441	470	971	335	54	281	1,776	524	1,252

Clients Served This Period

Unduplicated clients:	1776
Client visits: ³	13060
Spanish speaking (primary language at home) clients served:	174
Deaf/hard of hearing clients served:	11
Blind/sight impaired clients served:	12
Homeless clients served:	83
Transgender M to F clients served:	34
Transgender F to M clients served:	1
Clients served this period who live w/in Harris County:	1558
Clients served this period who live outside Harris County:	218
Active substance abuse clients served:	2
Active psychiatric illness clients served:	13

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	10
Hemophilia Coagulation	1
Transfusion	12
Heterosexual Contact	384
MSM (not IDU)	820
IV Drug Use (not MSM)	23
MSM/IDU	6
Multiple Exposure Categories	45
Other risk	492
Multi-Race Breakdown	
ASN,WHT	1
BLK,NTV	2
BLK,NTV,WHT	1
BLK,WHT	6
HWN,WHT	1
NTV,WHT	2

CONTROL 2

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

FY23

[Agency]: [Grant]: All [Service]: ALL [Service Performer]: 0
Services performed between 3/1/23 and 6/30/23 * Type Encounter
[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: 23GEN0365 [Sub Cats 1]: All [Contract 2]: 23GEN0365NP [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All
[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	14	1	13	0	0	0	14	1	13
	25-34	81	2	79	10	0	10	91	2	89
	35-44	90	3	87	34	2	32	124	5	119
	45-54	74	5	69	78	2	76	152	7	145
	55-64	125	0	125	60	0	60	185	0	185
	65+	52	2	50	36	0	36	88	2	86
	SubTotals:	436	13	423	218	4	214	654	17	637
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	12	0	12	0	0	0	12	0	12
	35-44	8	0	8	1	0	1	9	0	9
	45-54	8	0	8	2	0	2	10	0	10
	55-64	5	0	5	0	0	0	5	0	5
	65+	3	0	3	0	0	0	3	0	3
	SubTotals:	36	0	36	3	0	3	39	0	39
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	2	0	2	0	0	0	2	0	2
	35-44	2	1	1	0	0	0	2	1	1
	45-54	3	1	2	1	0	1	4	1	3
	55-64	2	0	2	0	0	0	2	0	2
	65+	1	0	1	0	0	0	1	0	1
	SubTotals:	10	2	8	1	0	1	11	2	9
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	1	0	1	1	0	1
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	1	1	0	2	1	1
	55-64	1	0	1	0	0	0	1	0	1
	65+	1	1	0	0	0	0	1	1	0
	SubTotals:	3	1	2	2	1	1	5	2	3
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0	1	1
	55-64	1	0	1	0	0	0	1	0	1	1
	65+	0	0	0	0	0	0	0	0	0	0
	SubTotals:	2	0	2	0	0	0	2	0	2	2
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	10	8	2	1	1	0	11	9	2	2
	25-34	80	54	26	2	1	1	82	55	27	27
	35-44	115	74	41	11	9	2	126	83	43	43
	45-54	171	105	66	16	11	5	187	116	71	71
	55-64	221	104	117	26	16	10	247	120	127	127
	65+	165	39	126	14	8	6	179	47	132	132
	SubTotals:	762	384	378	70	46	24	832	430	402	402
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	1	0	1	1	0	1	1
	20-24	24	9	15	1	1	0	25	10	15	15
	25-34	175	56	119	12	1	11	187	57	130	130
	35-44	215	78	137	46	11	35	261	89	172	172
	45-54	258	111	147	98	14	84	356	125	231	231
	55-64	355	104	251	86	16	70	441	120	321	321
	65+	222	42	180	50	8	42	272	50	222	222
	SubTotals:	1,249	400	849	294	51	243	1,543	451	1,092	1,092

Clients Served This Period

Unduplicated clients:	1543
Client visits: ³	7327
Spanish speaking (primary language at home) clients served:	167
Deaf/hard of hearing clients served:	10
Blind/sight impaired clients served:	11
Homeless clients served:	64
Transgender M to F clients served:	22
Transgender F to M clients served:	1
Clients served this period who live w/in Harris County:	1354
Clients served this period who live outside Harris County:	189
Active substance abuse clients served:	1
Active psychiatric illness clients served:	15

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	10
Hemophilia Coagulation	1
Transfusion	11
Heterosexual Contact	340
MSM (not IDU)	684
IV Drug Use (not MSM)	18
MSM/IDU	2
Multiple Exposure Categories	36
Other risk	453

Multi-Race Breakdown

ASN,WHT	1
BLK,NTV	2
BLK,WHT	5
HWN,WHT	1
NTV,WHT	2

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Medical Case Management/Clinical Case Management	Control No.	3			
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	July: <input type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	<input checked="" type="checkbox"/>					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units	d. Total: (b x c)		
	1. Clinical Case Management	6980.8	\$35.00	3250	\$113,750.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):				\$113,750.00		
G.	Number of new/additional clients to be served with requested increase.	70					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2022.* (March 1, 2022 - February 28, 2023) *If agency was funded for service under Part A (or MAI) in FY 2022 - if not, mark these cells as "NA"	246	58%	22%	19%	80%	20%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2023. a. April Request Period = Not Applicable b. July Request Period = 03/01/23 - 06/30/23 c. October Request Period = 03/01/23 - 09/30/23 d. 4th Qtr. Request Period = 03/01/23 - 11/30/23	143	55%	23%	20%	76%	24%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	1	0	however, there will be a waitlist if we cannot get an increase because we will have to transfer staff to other projects. The current allocation is not sufficient to support 3 CCMs. The current allocation only supports 12.6 hours of service per CCM per week	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1	0	however, there will be a waitlist if we cannot get an increase because we will have to transfer staff to other projects. The current allocation is not sufficient to support 3 CCMs. The current allocation only supports 12.6 hours of service per CCM per week	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	however, there will be a waitlist if we cannot get an increase because we will have to transfer staff to other projects. The current allocation is not sufficient to support 3 CCMs. The current allocation only supports 12.6 hours of service per CCM per week	
	4. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	however, there will be a waitlist if we cannot get an increase because we will have to transfer staff to other projects. The current allocation is not sufficient to support 3 CCMs. The current allocation only supports 12.6 hours of service per CCM per week	
J.	List all other sources and amounts of funding for similar services currently in place with agency: (As per email instructions, Section J is also to list any NP units).	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Resource Group case management for SUD consumers - non-licensed CMs	TRG	8/31/23	\$275,000	only consumers with an SUD history
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Glenn Urbach: glenn.urbach@phs.hctx.net				

CONTROL 3
FY22

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: \ [Grant]: RW1 [Service]: CMGMT [Service Performer]: 0
Services performed between 3/1/22 and 2/28/23 * Type Encounter
[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: 22GEN0503 [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All
[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1	
	20-24	3	0	3	0	0	0	3	0	3	
	25-34	14	1	13	1	0	1	15	1	14	
	35-44	24	0	24	7	0	7	31	0	31	
	45-54	22	1	21	12	0	12	34	1	33	
	55-64	38	0	38	11	0	11	49	0	49	
	65+	7	0	7	5	0	5	12	0	12	
	SubTotals:	109	2	107	36	0	36	145	2	143	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	1	0	1	0	0	0	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	0	1	0	0	0	1	0	1	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	1	0	0	0	0	1	1	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	1	0	0	0	0	1	1	0	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	2	1	1	0	0	0	2	1	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	1	1	0	0	0	2	1	1	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	1	1	0	1	1	0	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	0	0	0	0	0	0	0	0	0
	25-34	8	7	1	0	0	0	8	7	1
	35-44	8	5	3	4	3	1	12	8	4
	45-54	22	9	13	1	1	0	23	10	13
	55-64	33	11	22	5	3	2	38	14	24
	65+	13	2	11	2	0	2	15	2	13
	SubTotals:	84	34	50	13	8	5	97	42	55
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	1	1	0	2	1	1
	20-24	3	0	3	0	0	0	3	0	3
	25-34	23	9	14	1	0	1	24	9	15
	35-44	32	5	27	11	3	8	43	8	35
	45-54	44	10	34	13	1	12	57	11	46
	55-64	74	12	62	16	3	13	90	15	75
	65+	20	2	18	7	0	7	27	2	25
	SubTotals:	197	38	159	49	8	41	246	46	200

Clients Served This Period

Unduplicated clients:	246
Client visits: ³	3041
Spanish speaking (primary language at home) clients served:	19
Deaf/hard of hearing clients served:	7
Blind/sight impaired clients served:	8
Homeless clients served:	33
Transgender M to F clients served:	7
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	241
Clients served this period who live outside Harris County:	5
Active substance abuse clients served:	2
Active psychiatric illness clients served:	7

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	1
Hemophilia Coagulation	0
Transfusion	1
Heterosexual Contact	63
MSM (not IDU)	112
IV Drug Use (not MSM)	7
MSM/IDU	3
Multiple Exposure Categories	10
Other risk	58
Multi-Race Breakdown	
BLK.WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of client max service date

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2022; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/21.

[4] Contracts, Subcats, Service Performer, Grants, MAI ignored for SURTypes (Bus Voucher, Ride Share, Ending The Epidemic)

CONTROL 3
FY 23

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: [Grant]: RW1 [Service]: CMGMT [Service Performer]: 0
Services performed between 3/1/23 and 6/30/23 1 Type Encounter
[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
[Contract 1]: 23GEN0373 [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All
[Contract 3]: n/a [Sub Cats 3]: All
[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 1

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	10	0	10	0	0	0	10	0	10
	35-44	8	0	8	1	0	1	9	0	9
	45-54	9	0	9	10	0	10	19	0	19
	55-64	21	0	21	10	0	10	31	0	31
	65+	4	0	4	5	0	5	9	0	9
	SubTotals:	53	0	53	26	0	26	79	0	79
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	1	0	1	1	0	1
	SubTotals:	0	0	0	1	0	1	1	0	1
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	1	1	0	0	0	0	1	1	0
	SubTotals:	1	1	0	0	0	0	1	1	0
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0
	55-64	2	1	1	0	0	0	2	1	1
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	1	1	0	0	0	2	1	1
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	0	0	0	0	0	0	0	0	0
	25-34	2	1	1	0	0	0	2	1	1
	35-44	4	3	1	1	1	0	5	4	1
	45-54	18	6	12	1	1	0	19	7	12
	55-64	20	10	10	5	3	2	25	13	12
	65+	8	2	6	1	0	1	9	2	7
	SubTotals:	52	22	30	8	5	3	60	27	33
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	12	1	11	0	0	0	12	1	11
	35-44	12	3	9	2	1	1	14	4	10
	45-54	27	6	21	11	1	10	38	7	31
	55-64	43	11	32	15	3	12	58	14	44
	65+	13	3	10	7	0	7	20	3	17
	SubTotals:	108	24	84	35	5	30	143	29	114

Clients Served This Period

Unduplicated clients:	143
Client visits: ¹	967
Spanish speaking (primary language at home) clients served:	10
Deaf/hard of hearing clients served:	6
Blind/sight impaired clients served:	4
Homeless clients served:	20
Transgender M to F clients served:	5
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	138
Clients served this period who live outside Harris County:	5
Active substance abuse clients served:	1
Active psychiatric illness clients served:	4

Methods of Exposure (not mutually exclusive)

Perinatal/Transmission	0
Hemophilia Coagulation	0
Transfusion	1
Heterosexual Contact	44
MSM (not IDU)	54
IV Drug Use (not MSM)	6
MSM/IDU	1
Multiple Exposure Categories	10
Other risk	39
Multi-Race Breakdown	
BLK,WHT	1

FOOTNOTES

- ¹ Visit = time spent per client per agency per service per day
- ² Age as of client max service date
- ³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2023; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/22.
- [4] Contracts, Subcats, Service Performer, Grants, MAI ignored for SURTypes (Bus Voucher, Ride Share, Ending The Epidemic)

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)					
B.	Contract Number (not provided to RWPC)					
C.	Service Category Title (per RFP)				Control No.	4
D.	Request for Increase under (check one):					
	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):					
	April: <input type="checkbox"/>	July: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested: \$690,115.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)					
	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units	d. Total: (b x c)		
	1. INFEC/PHEXT	3654.1099	\$275.00	1273	\$350,075.00	
	2. NUTRITION	154.399	\$130.00	308	\$40,040.00	
	3. EFINA MEDS (Disbursement See Line 8)				\$0.00	
	4.				\$0.00	
	5.				\$0.00	
	6.				\$0.00	
	7.				\$0.00	
	8. Disbursements (list current amount in column a. and requested amount in column c.):	\$134,413.50	N/A	\$300,000.00	\$300,000.00	
	9. Total additional funding (must match E. above):				\$690,115.00	
G.	Number of new/additional clients to be served with requested increase.					
	150					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.					
	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2022.* (March 1, 2022 - February 28, 2023) *If agency was funded for service under Part A (or MAI) in FY 2022 - if not, mark these cells as "NA"	2640	61%	7%	29%	75%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2023. a. April Request Period = Not Applicable b. July Request Period = 03/01/23 - 06/30/23 c. October Request Period = 03/01/23 - 09/30/23 d. 4th Qtr. Request Period = 03/01/23 - 11/30/23	1101	50%	9%	38%	77%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	1-2weeks	0-1 week	The demand for same-day appointments for new patients is rising steadily. Daily, newly diagnosed or out-of-care patients are linked to care, but we still have a limited number of same-day appointment spaces for new patients. Each month, we see an average of 20 to 25 new patients or return to care patients. With additional funding, we could lower new patient appointment wait times from the current 1-2 weeks to 0-1 week. We are currently holding \$732,125.57 in unbilled services that we are unable to bill for. EFINA Meds NP = \$213,610.57 Nutrition NP \$38,090 (293 units) Medial Visits = \$480,425 (1747 units)	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1-1.5 weeks	0 weeks	With a funding increase, existing patients could be seen within the same week.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	There is currently no waiting list, as we have been able to continue scheduling all patients for requested appointments	
	4. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	There are no clients who are unable to access services on a monthly basis.	
J.	List all other sources and amounts of funding for similar services currently in place with agency: (As per email instructions, Section J is also to list any NP units)	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Ryan White Part A 23GEN0416NP	RWGA	2/28/24	\$732,126	\$732,125.57 in no pay for services that have been delivered and cannot be billed
	2.				
	3.				
	4.				

CONTROL 4
FY 22

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: [Grant]: RW1 [Service]: PCARE [Service Performer]: 0
Services performed between 3/1/22 and 2/28/23 1 Type Encounter

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: EXCLUDE

[Contract 1]: 22GEN0593AA [Sub Cats 1]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC, VOMA, VOPH, VOPTO [Contract 2]: 22GEN0593HL [Sub Cats 2]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC, VOMA, VOPH, VOPTO [Contract 3]: 22GEN0593WHT [Sub Cats 3]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC, VOMA, VOPH, VOPTO

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	3	0	3	2	2	0	5	2	3	
	20-24	38	2	36	5	0	5	43	2	41	
	25-34	252	11	241	43	5	38	295	16	279	
	35-44	178	8	170	82	2	80	260	10	250	
	45-54	83	4	79	62	2	60	145	6	139	
	55-64	35	1	34	33	1	32	68	2	66	
	65+	10	1	9	3	0	3	13	1	12	
	SubTotals:	599	27	572	230	12	218	829	39	790	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	7	0	7	0	0	0	7	0	7	
	35-44	4	0	4	1	0	1	5	0	5	
	45-54	3	0	3	0	0	0	3	0	3	
	55-64	2	0	2	0	0	0	2	0	2	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	16	0	16	1	0	1	17	0	17	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	1	0	1	0	0	0	1	0	1	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	6	2	4	2	0	2	8	2	6	
	35-44	3	0	3	1	0	1	4	0	4	
	45-54	2	0	2	1	1	0	3	1	2	
	55-64	2	1	1	0	0	0	2	1	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	14	3	11	4	1	3	18	4	14	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	0	3	1	0	1	4	0	4	
	35-44	3	1	2	2	0	2	5	1	4	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	1	0	1	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	6	1	5	4	0	4	10	1	9	

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0	0
	65+	1	0	1	1	0	1	2	0	2	2
	SubTotals:	1	0	1	1	0	1	2	0	2	2
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	34	30	4	2	1	1	36	31	5	
	25-34	184	160	24	10	8	2	194	168	26	
	35-44	164	140	24	35	28	7	199	168	31	
	45-54	89	73	16	32	21	11	121	94	27	
	55-64	48	37	11	11	8	3	59	45	14	
	65+	3	2	1	2	1	1	5	3	2	
	SubTotals:	522	442	80	92	67	25	614	509	105	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	4	0	4	2	2	0	6	2	4	
	20-24	72	32	40	7	1	6	79	33	46	
	25-34	452	173	279	56	13	43	508	186	322	
	35-44	352	149	203	121	30	91	473	179	294	
	45-54	177	77	100	95	24	71	272	101	171	
	55-64	87	39	48	45	9	36	132	48	84	
	65+	14	3	11	6	1	5	20	4	16	
	SubTotals:	1,158	473	685	332	80	252	1,490	553	937	

Clients Served This Period

Unduplicated clients:	1490
Client visits: ³	4330
Spanish speaking (primary language at home) clients served:	367
Deaf/hard of hearing clients served:	2
Blind/sight impaired clients served:	4
Homeless clients served:	85
Transgender M to F clients served:	34
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1432
Clients served this period who live outside Harris County:	58
Active substance abuse clients served:	6
Active psychiatric illness clients served:	12

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	12
Hemophilia Coagulation	1
Transfusion	9
Heterosexual Contact	525
MSM (not IDU)	815
IV Drug Use (not MSM)	12
MSM/IDU	3
Multiple Exposure Categories	61
Other risk	162
<u>Multi-Race Breakdown</u>	
ASN,WIIT	2
BLK,NTV	6
BLK,WHT	7
NTV,WIIT	3

CONTROL 4
FY 23

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: █████ [Grant]: RW1 [Service]: PCARE [Service Performer]: 0
Services performed between 3/1/23 and 6/30/23 1 Type Encounter

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: EXCLUDE

[Contract 1]: 23GEN0416AA [Sub Cats 1]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC, VOMA, VOPTH, VOPTO [Contract 2]: 23GEN0416HL [Sub Cats 2]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC, VOMA, VOPTH, VOPTO [Contract 3]: 23GEN0416WHT [Sub Cats 3]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC, VOMA, VOPTH, VOPTO

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MA]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	6	1	5	0	0	0	6	1	5	
	25-34	60	2	58	8	0	8	68	2	66	
	35-44	49	4	45	21	1	20	70	5	65	
	45-54	18	0	18	21	0	21	39	0	39	
	55-64	10	0	10	12	0	12	22	0	22	
	65+	5	1	4	2	0	2	7	1	6	
	SubTotals:	148	8	140	64	1	63	212	9	203	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	5	0	5	0	0	0	5	0	5	
	35-44	3	0	3	1	0	1	4	0	4	
	45-54	3	0	3	0	0	0	3	0	3	
	55-64	1	0	1	0	0	0	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	12	0	12	1	0	1	13	0	13	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	3	2	1	1	0	1	4	2	2	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	1	0	1	0	0	0	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	5	2	3	1	0	1	6	2	4	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	0	1	1	0	1	2	0	2	
	35-44	1	0	1	0	0	0	1	0	1	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	1	0	1	1	0	1	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	0	2	2	0	2	4	0	4	

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0	0
	65+	1	0	1	1	0	1	2	0	2	2
	SubTotals:	1	0	1	1	0	1	2	0	2	2
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	1	1	0	1	1	0	0
	20-24	8	7	1	1	0	1	9	7	2	2
	25-34	63	52	11	6	3	3	69	55	14	14
	35-44	54	42	12	10	7	3	64	49	15	15
	45-54	35	26	9	13	3	10	48	29	19	19
	55-64	16	11	5	3	2	1	19	13	6	6
	65+	1	1	0	0	0	0	1	1	0	0
	SubTotals:	177	139	38	34	16	18	211	155	56	56
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	1	1	0	1	1	0	0
	20-24	14	8	6	1	0	1	15	8	7	7
	25-34	132	56	76	16	3	13	148	59	89	89
	35-44	107	46	61	32	8	24	139	54	85	85
	45-54	57	26	31	34	3	31	91	29	62	62
	55-64	28	11	17	16	2	14	44	13	31	31
	65+	7	2	5	3	0	3	10	2	8	8
	SubTotals:	345	149	196	103	17	86	448	166	282	282

Clients Served This Period

Unduplicated clients:	448
Client visits: ³	562
Spanish speaking (primary language at home) clients served:	117
Deaf/hard of hearing clients served:	0
Blind/sight impaired clients served:	0
Homeless clients served:	27
Transgender M to F clients served:	10
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	443
Clients served this period who live outside Harris County:	5
Active substance abuse clients served:	2
Active psychiatric illness clients served:	1

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	1
Hemophilia Coagulation	0
Transfusion	3
Heterosexual Contact	153
MSM (not IDU)	239
IV Drug Use (not MSM)	4
MSM/IDU	0
Multiple Exposure Categories	15
Other risk	57
<u>Multi-Race Breakdown</u>	
ASN,WIIT	1
BLK,NTV	2
BLK,WHT	2
NTV,WIIT	1

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	RURAL PCARE				Control No.	5
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	July: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$150,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.EFINA MEDS (Disbursement See Line 8)				\$0.00		
	2				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$156,426.75	N/A	\$150,000.00	\$150,000.00		
	9.Total additional funding (must match E. above):					\$150,000.00	
G.	Number of new/additional clients to be served with requested increase.	45					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2022.* (March 1, 2022 - February 28, 2023) *If agency was funded for service under Part A (or MAI) in FY 2022 - if not, mark these cells as "NA"	1652	51%	17%	30%	74%	26%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2023. a. April Request Period = Not Applicable b. July Request Period = 03/01/23 - 06/30/23 c. October Request Period = 03/01/23 - 09/30/23 d. 4th Qtr. Request Period = 03/01/23 - 11/30/23	368	33%	29%	37%	73%	27%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	1-2weeks	0-1 week	The demand for same-day appointments for new patients is rising steadily. Daily, newly diagnosed or out-of-care patients are linked to care, but we still have a limited number of same-day appointment spaces for new patients. Each month, we see an average of 10 to 15 new patients or return to care patients. With additional funding, we could lower new patient appointment wait times from the current 1-2 weeks to 0-1 week. We are currently holding \$173,577.07 in unbilled services that we are unable to bill for. EFINA Meds NP = \$173,577.07 We are seeing a steady increase in ADAP delays and PAP Denials	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1-1.5 weeks	0 weeks	With a funding increase, existing patients could be seen within the same week.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	There is currently no waiting list, as we have been able to continue scheduling all patients for requested appointments	
	4. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	There are no clients who are unable to access services on a monthly basis.	
J.	List all other sources and amounts of funding for similar services currently in place with agency: (As per email instructions, Section J is also to list any NP units)	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Ryan White Part A 23GEN0363NP	RWGA	2/28/24	\$173,577	\$173,577 in no pay for services that have been delivered and cannot be billed. We are seeing a steady increase in ADAP delays and PAP Denials
	2.				
	3.				

CONTROL 5
FY22

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: [Grant]: RW1 [Service]: PCARE [Service Performer]: 0
Services performed between 3/1/22 and 2/28/23 Type Encounter

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: EXCLUDE

[Contract 1]: 22GEN0597 [Sub Cats 1]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC, VOMA, VOPH, VOPTO [Contract 2]: n/a [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	6	0	6	2	0	2	8	0	8
	25-34	77	4	73	12	0	12	89	4	85
	35-44	41	2	39	24	1	23	65	3	62
	45-54	26	0	26	28	1	27	54	1	53
	55-64	13	1	12	12	0	12	25	1	24
	65+	1	0	1	7	0	7	8	0	8
	SubTotals:	164	7	157	85	2	83	249	9	240
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	1	0	1	1	0	1
	45-54	2	0	2	0	0	0	2	0	2
	55-64	0	0	0	2	0	2	2	0	2
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	0	2	3	0	3	5	0	5
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	1	0	1	1	0	1	2	0	2
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	2	0	2	1	0	1	3	0	3
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	1	1	0	1	0	1	2	1	1
	45-54	0	0	0	1	0	1	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	1	0	2	0	2	3	1	2
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	8	5	3	1	0	1	9	5	4
	25-34	76	52	24	8	6	2	84	58	26
	35-44	74	43	31	20	11	9	94	54	40
	45-54	53	27	26	25	15	10	78	42	36
	55-64	34	17	17	7	3	4	41	20	21
	65+	4	2	2	1	0	1	5	2	3
	SubTotals:	249	146	103	62	35	27	311	181	130
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	14	5	9	3	0	3	17	5	12
	25-34	154	56	98	20	6	14	174	62	112
	35-44	116	46	70	46	12	34	162	58	104
	45-54	82	27	55	55	16	39	137	43	94
	55-64	47	18	29	21	3	18	68	21	47
	65+	5	2	3	8	0	8	13	2	11
SubTotals:	418	154	264	153	37	116	571	191	380	

Clients Served This Period

Unduplicated clients:	571
Client visits: ³	2634
Spanish speaking (primary language at home) clients served:	98
Deaf/hard of hearing clients served:	1
Blind/sight impaired clients served:	2
Homeless clients served:	31
Transgender M to F clients served:	6
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	182
Clients served this period who live outside Harris County:	389
Active substance abuse clients served:	7
Active psychiatric illness clients served:	3

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	5
Hemophilia Coagulation	1
Transfusion	7
Heterosexual Contact	233
MSM (not IDU)	270
IV Drug Use (not MSM)	6
MSM/IDU	2
Multiple Exposure Categories	18
Other risk	58
<u>Multi-Race Breakdown</u>	
BLK,ASN	1
BLK,NTV	1
BLK,WHT	1

FOOTNOTES

- ¹ Visit = time spent per client per agency per service per day
- ² Age as of client max service date
- ³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2022; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/21.
- [4] Contracts, Subcats, Service Performer, Grants, MAI ignored for SURTypes (Bus Voucher, Ride Share, Ending The Epidemic)

CONTROL 5
FY 23

7/14/2023 8:12:37 AM

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: [Redacted] [Grant]: RW1 [Service]: PCARE [Service Performer]: 0

Services performed between 3/1/23 and 6/30/23¹ Type Encounter

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: EXCLUDE

[Contract 1]: 23GEN0363 [Sub Cats 1]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC, VOMA, VOPHT, VOPTO [Contract 2]: n/a [Sub Cats 2]: All

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No³

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	2	1	1	0	0	0	2	1	1	
	25-34	16	3	13	4	0	4	20	3	17	
	35-44	10	0	10	7	0	7	17	0	17	
	45-54	6	0	6	12	1	11	18	1	17	
	55-64	5	0	5	9	0	9	14	0	14	
	65+	1	0	1	4	0	4	5	0	5	
	SubTotals:	40	4	36	36	1	35	76	5	71	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	0	1	0	0	0	1	0	1	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	1	0	1	0	0	0	1	0	1	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	0	1	0	0	0	1	0	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	2	0	2	0	0	0	2	0	2	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	1	1	0	1	0	1	2	1	1	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	1	0	1	0	1	2	1	1	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	1	0	1	0	0	0	1	0	1	

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	9	7	2	0	0	0	9	7	2
	25-34	41	28	13	4	2	2	45	30	15
	35-44	38	20	18	7	6	1	45	26	19
	45-54	28	17	11	13	9	4	41	26	15
	55-64	23	9	14	5	1	4	28	10	18
	65+	4	2	2	0	0	0	4	2	2
	SubTotals:	144	83	61	29	18	11	173	101	72
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	0	0	0	1	0	1
	20-24	11	8	3	0	0	0	11	8	3
	25-34	58	31	27	8	2	6	66	33	33
	35-44	49	21	28	15	6	9	64	27	37
	45-54	36	17	19	25	10	15	61	27	34
	55-64	28	9	19	14	1	13	42	10	32
	65+	5	2	3	4	0	4	9	2	7
	SubTotals:	188	88	100	66	19	47	254	107	147

Clients Served This Period

Unduplicated clients:	254
Client visits: ³	439
Spanish speaking (primary language at home) clients served:	56
Deaf/hard of hearing clients served:	0
Blind/sight impaired clients served:	1
Homeless clients served:	17
Transgender M to F clients served:	1
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	3
Clients served this period who live outside Harris County:	251
Active substance abuse clients served:	4
Active psychiatric illness clients served:	1

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	4
Hemophilia Coagulation	0
Transfusion	3
Heterosexual Contact	99
MSM (not IDU)	117
IV Drug Use (not MSM)	4
MSM/IDU	3
Multiple Exposure Categories	8
Other risk	28
<u>Multi-Race Breakdown</u>	
BLK, ASN	1
BLK, WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of client max service date

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1 2023; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/22.

[4] Contracts, Subcats, Service Performer, Grants, MAI ignored for SUR Types (Bus Voucher, Ride Share, Ending The Epidemic)

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Oral Health				Control No.	6
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	July: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$30,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. General	1364.5128	\$100.00	84	\$8,400.00		
	2. Prosthodontics	199.6848	\$150.00	144	\$21,600.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):					\$30,000.00	
G.	Number of new/additional clients to be served with requested increase.	100					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2022.* (March 1, 2022 - February 28, 2023) *If agency was funded for service under Part A (or MAI) in FY 2022 - if not, mark these cells as "NA"	324	39%	28%	33%	70%	30%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2023. a. April Request Period = Not Applicable b. July Request Period = 03/01/23 - 06/30/23 c. October Request Period = 03/01/23 - 09/30/23 d. 4th Qtr. Request Period = 03/01/23 - 11/30/23	192	36%	28%	35%	68%	32%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	1-2weeks	0-1 week	The demand for same-day appointments for patients is rising steadily. We are seeing a steady demand for Oral Health services each month due to patients being seen same day and need to be seen due to pain. With additional funding, we could lower new patient appointment wait times from the current 1-2 weeks to 0-1 week. We are currently holding \$4000.00 in no pay for services that we are unable to bill for at this time due to surpassing the 1/12 amount monthly.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1-1.5 weeks	0 weeks	With a funding increase, existing patients could be seen within the same week.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	There is currently no waiting list, as we have been able to continue scheduling all patients for requested appointments	
	4. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	There are no clients who are unable to access services on a monthly basis.	
J.	List all other sources and amounts of funding for similar services currently in place with agency: (As per email instructions, Section J is also to list any NP units)	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Ryan White Part A 23GEN0371NP	RWGA	2/28/24	\$4,000	\$4000 in no pay for services that have been delivered and cannot be billed.
	2.				
	3.				
	4.				

CONTROL 6
FY22

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: [Redacted] [Grant]: RW1 [Service]: DENT [Service Performer]: 0
 Services performed between 3/1/22 and 2/28/23 | Type Encounter
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: 22GEN0511 [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All
 [Contract 3]: n/a [Sub Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	2	0	2	0	0	0	2	0	2	
	25-34	21	1	20	9	0	9	30	1	29	
	35-44	23	0	23	12	1	11	35	1	34	
	45-54	11	0	11	14	1	13	25	1	24	
	55-64	13	1	12	13	1	12	26	2	24	
	65+	4	0	4	8	0	8	12	0	12	
	SubTotals:	74	2	72	56	3	53	130	5	125	
ASIAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	0	0	0	0	0	0	0	0	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	1	0	1	0	0	0	1	0	1	
	SubTotals:	1	0	1	0	0	0	1	0	1	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	1	0	1	0	0	0	1	0	1	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	0	0	0	1	0	1	1	0	1	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	1	0	1	1	0	1	2	0	2	
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	0	0	0	0	0	0	0	0	0	
	35-44	0	0	0	0	0	0	0	0	0	
	45-54	1	1	0	0	0	0	1	1	0	
	55-64	0	0	0	0	0	0	0	0	0	
	65+	1	0	1	0	0	0	1	0	1	
	SubTotals:	2	1	1	0	0	0	2	1	1	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	

		BIRTH GENDER								
RACE	AGE ²	MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	6	3	3	0	0	0	6	3	3
	25-34	35	24	11	4	3	1	39	27	12
	35-44	39	25	14	11	6	5	50	31	19
	45-54	37	19	18	14	10	4	51	29	22
	55-64	23	8	15	9	1	8	32	9	23
	65+	9	1	8	2	0	2	11	1	10
	SubTotals:		149	80	69	40	20	20	189	100
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	9	3	6	0	0	0	9	3	6
	25-34	56	25	31	13	3	10	69	28	41
	35-44	62	25	37	23	7	16	85	32	53
	45-54	49	20	29	29	11	18	78	31	47
	55-64	36	9	27	22	2	20	58	11	47
	65+	15	1	14	10	0	10	25	1	24
SubTotals:		227	83	144	97	23	74	324	106	218

Clients Served This Period

Unduplicated clients:	324
Client visits: ³	1501
Spanish speaking (primary language at home) clients served:	62
Deaf/hard of hearing clients served:	2
Blind/sight impaired clients served:	3
Homeless clients served:	20
Transgender M to F clients served:	4
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	34
Clients served this period who live outside Harris County:	290
Active substance abuse clients served:	2
Active psychiatric illness clients served:	4

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	7
Hemophilia Coagulation	2
Transfusion	6
Heterosexual Contact	133
MSM (not IDU)	137
IV Drug Use (not MSM)	5
MSM/IDU	3
Multiple Exposure Categories	14
Other risk	38
<u>Multi-Race Breakdown</u>	
BLK,NTV	1
BLK,WHT	1

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of client max service date

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2022; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/21.

[4] Contracts, Subcats, Service Performer, Grants, MAI ignored for SURTypes (Bus Voucher, Ride Share, Ending The Epidemic)

CONTROL 6
 FY22
 NO PAY
 ENCOUNTERS

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
 SERVICE UTILIZATION REPORT

[Agency]: █████ [Grant]: OTH [Service]: DENT [Service Performer]: 0
 Services performed between 3/1/22 and 2/28/23 1 Type Encounter
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: 22GEN0511NP [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All
 [Contract 3]: n/a [Sub Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	1	0	1	0	0	0	1	0	1	1
	45-54	1	0	1	0	0	0	1	0	1	1
	55-64	2	0	2	2	0	2	4	0	4	4
	65+	1	0	1	2	0	2	3	0	3	3
	SubTotals:	5	0	5	4	0	4	9	0	9	9
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	1	1	0	0	0	0	1	1	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	2	2	0	2	2	0	4	4	0	0
	55-64	1	0	1	2	1	1	3	1	2	2
	65+	1	0	1	0	0	0	1	0	1	1
	SubTotals:	5	3	2	4	3	1	9	6	3	3
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	1	1	0	0	0	0	1	1	0	0
	35-44	1	0	1	0	0	0	1	0	1	1
	45-54	3	2	1	2	2	0	5	4	1	1
	55-64	3	0	3	4	1	3	7	1	6	6
	65+	2	0	2	2	0	2	4	0	4	4
	SubTotals:	10	3	7	8	3	5	18	6	12	12

Methods of Exposure (not mutually exclusive)

PerinatalTransmission	0
Hemophilia Coagulation	0
Transfusion	0
Heterosexual Contact	7
MSM (not IDU)	5
IV Drug Use (not MSM)	2
MSM/IDU	0
Multiple Exposure Categories	0
Other risk	3

Clients Served This Period

Unduplicated clients:	18
Client visits: ¹	18
Spanish speaking (primary language at home) clients served:	4
Deaf/hard of hearing clients served:	1
Blind/sight impaired clients served:	0
Homeless clients served:	0
Transgender M to F clients served:	0
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	0
Clients served this period who live outside Harris County:	18
Active substance abuse clients served:	0
Active psychiatric illness clients served:	0

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of client max service date

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2022; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/21.

[4] Contracts, Subcats, Service Performer, Grants, MAM ignored for SURTypes (Bus Voucher, Ride Share, Ending The Epidemic)

CONTROL 6
FY 23

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: [Redacted] [Grant]: RW1 [Service]: DENT [Service Performer]: 0
 Services performed between 3/1/23 and 6/30/23 1 Type Encounter
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: 23GEN0371 [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All
 [Contract 3]: n/a [Sub Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	1	1	0	0	0	0	1	1	0	0
	25-34	8	1	7	5	0	5	13	1	12	12
	35-44	10	0	10	7	0	7	17	0	17	17
	45-54	6	0	6	14	0	14	20	0	20	20
	55-64	6	0	6	5	0	5	11	0	11	11
	65+	3	0	3	6	0	6	9	0	9	9
	SubTotals:	34	2	32	37	0	37	71	2	69	69
ASIAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0	0
	65+	1	0	1	0	0	0	1	0	1	1
	SubTotals:	1	0	1	0	0	0	1	0	1	1
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0	0
	35-44	1	1	0	0	0	0	1	1	0	0
	45-54	0	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0	0
	SubTotals:	1	1	0	0	0	0	1	1	0	0
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	5	4	1	0	0	0	5	4	1	1
	25-34	15	11	4	1	1	0	16	12	4	4
	35-44	25	14	11	6	3	3	31	17	14	14
	45-54	25	13	12	8	6	2	33	19	14	14
	55-64	18	9	9	8	3	5	26	12	14	14
	65+	6	1	5	2	0	2	8	1	7	7
	SubTotals:	94	52	42	25	13	12	119	65	54	54
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
ALL RACES	20-24	6	5	1	0	0	0	6	5	1
	25-34	23	12	11	6	1	5	29	13	16
	35-44	36	15	21	13	3	10	49	18	31
	45-54	31	13	18	22	6	16	53	19	34
	55-64	24	9	15	13	3	10	37	12	25
	65+	10	1	9	8	0	8	18	1	17
	SubTotals:	130	55	75	62	13	49	192	68	124

Clients Served This Period

Unduplicated clients:	192
Client visits: ³	495
Spanish speaking (primary language at home) clients served:	32
Deaf/hard of hearing clients served:	0
Blind/sight impaired clients served:	0
Homeless clients served:	13
Transgender M to F clients served:	2
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	2
Clients served this period who live outside Harris County:	190
Active substance abuse clients served:	2
Active psychiatric illness clients served:	0

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	5
Hemophilia Coagulation	0
Transfusion	3
Heterosexual Contact	80
MSM (not IDU)	73
IV Drug Use (not MSM)	2
MSM/IDU	2
Multiple Exposure Categories	6
Other risk	30

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of client max service date

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2023; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/22.

[4] Contracts, Subcats, Service Performer, Grants, MAI ignored for SURTypes (Bus Voucher, Ride Share, Ending The Epidemic)

FY 2020 RW PART MAI REQUESTS FOR ALLOCATION INCREASE (JULY {august} 2021)

REVISED: 7/18/2023

Request Control Number	FY 23 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Agency	Amount of Request	FY 2022 Final Contract Amount	Expended 2022	Percent Expended	FY 2023 Contract Amount	FY 2023 Expended YTD	FY 2023 Percent YTD	FY 2023 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for funding?	Notes Amount approved detail:
1	1.b. 2.c.	Outpatient/Ambulatory Health Services; Medical Case Managemen	Primary Medical Care targeted to African American, and Hispanic; Medical Case Management targeted to African American, and Hispanic	SHF	\$19,124	\$974,382	\$974,368	100%	\$704,304	\$78,950	11%	33%	Yes	Expended amounts are through 6/30/23
					\$19,124	\$974,382	\$974,368		\$704,304	\$78,950				
Confirmed Funds Avail. for Reallocation														

FY 2020 RW PART MAI REQUESTS FOR ALLOCATION INCREASE (JULY {august} 2021)

REVISED: 7/18/2023

Request Control Number	FY 23 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Agency	Amount of Request	FY 2022 Final Contract Amount	Expended 2022	Percent Expended	FY 2023 Contract Amount	FY 2023 Expended YTD	FY 2023 Percent YTD	FY 2023 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible	Notes Amount approved detail:
Source of Funds Available for Reallocation:			MAI		Explanation: Unspent MAI funds from FY 22 program year for both Primary Care and MCM									
	FY2022 Anticipated Unspent Funds		\$19,124											

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	MAI PRIMARY CARE				Control No.	1
D.	Request for Increase under (check one):	Part A:	or	MAI: X			
	Request Period (check one):	April:	July: X	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$19,124.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c).		
	1.MD/P/PA	2266.313	\$275.00	69	\$18,975.00		
	2.MCM	3235.36	\$25.00	5	\$125.00		
	3. DIAGNOSTICS (Disbursements see line8)				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$183.90	N/A	\$24.00	\$24.00		
	9.Total additional funding (must match E. above):	\$19,124.00					
G.	Number of new/additional clients to be served with requested increase.	35					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2022.* (March 1, 2022 - February 28, 2023) *If agency was funded for service under Part A (or MAI) in FY 2022 - if not, mark these cells as "NA"	1499	62%	0%	38%	77%	23%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2023. a. April Request Period = Not Applicable b. July Request Period = 03/01/23 - 06/30/23 c. October Request Period = 03/01/23 - 09/30/23 d. 4th Qtr. Request Period = 03/01/23 - 11/30/23	438	55%	0%	45%	82%	18%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	1-2weeks	0-1 week	The demand for same-day appointments for new patients is rising steadily. Daily, newly diagnosed or out-of-care patients are linked to care, but we still have a limited number of same-day appointment spaces for new patients. Each month, we see an average of 10 to 12 new patients or return to care patients. With additional funding, we could lower new patient appointment wait times from the current 1-2 weeks to 0-1 week.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1-1.5 weeks	0 weeks	With a funding increase, existing patients could be seen within the same week.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	There is currently no waiting list, as we have been able to continue scheduling all patients for requested appointments	
	4. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	There are no clients who are unable to access services on a monthly basis.	
J.	List all other sources and amounts of funding for similar services currently in place with agency: (As per email instructions, Section J is also to list any NP units)	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				

CONTROL 1
 FY 23
 MAI

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
 SERVICE UTILIZATION REPORT

[Agency]: █████ [Grant]: RW1 [Service]: PCARE [Service Performer]: 0
 Services performed between 3/1/23 and 6/30/23 1 Type Encounter

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: EXCLUDE

[Contract 1]: 23GEN0362AAMAI [Sub Cats 1]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC [Contract 2]: 23GEN0362HLMAI [Sub Cats 2]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC

[Contract 3]: n/a [Sub.Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

		BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
RACE	AGE²	Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	11	1	10	1	0	1	12	1	11
	25-34	79	2	77	5	0	5	84	2	82
	35-44	47	3	44	20	0	20	67	3	64
	45-54	26	3	23	22	0	22	48	3	45
	55-64	8	0	8	6	0	6	14	0	14
	65+	6	0	6	1	0	1	7	0	7
	SubTotals:	177	9	168	55	0	55	232	9	223
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	2	1	1	0	0	0	2	1	1
	35-44	1	0	1	0	0	0	1	0	1
	45-54	1	0	1	0	0	0	1	0	1
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	5	1	4	0	0	0	5	1	4
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	10	10	0	0	0	0	10	10	0
	25-34	50	50	0	2	2	0	52	52	0
	35-44	58	58	0	5	5	0	63	63	0
	45-54	27	27	0	11	11	0	38	38	0
	55-64	14	14	0	3	3	0	17	17	0
	65+	1	1	0	0	0	0	1	1	0
	SubTotals:	160	160	0	21	21	0	181	181	0
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	22	11	11	1	0	1	23	11	12
	25-34	131	53	78	7	2	5	138	55	83
	35-44	106	61	45	25	5	20	131	66	65
	45-54	54	30	24	33	11	22	87	41	46
	55-64	22	14	8	9	3	6	31	17	14
	65+	7	1	6	1	0	1	8	1	7
	SubTotals:	342	170	172	76	21	55	418	191	227

<u>Clients Served This Period</u>		<u>Methods of Exposure (not mutually exclusive)</u>	
Unduplicated clients:	418	Perinatal Transmission	0
Client visits: ³	482	Hemophilia Coagulation	0
Spanish speaking (primary language at home) clients served:	127	Transfusion	2
Deaf/hard of hearing clients served:	1	Heterosexual Contact	141
Blind/sight impaired clients served:	1	MSM (not IDU)	249
Homeless clients served:	27	IV Drug Use (not MSM)	2
Transgender M to F clients served:	10	MSM/IDU	0
Transgender F to M clients served:	0	Multiple Exposure Categories	17
Clients served this period who live w/in Harris County:	415	Other risk	41
Clients served this period who live outside Harris County:	3	<u>Multi-Race Breakdown</u>	
Active substance abuse clients served:	1	BLK,NTV	3
Active psychiatric illness clients served:	1	BLK,WHT	2

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of client (max service date)

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2023; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/22.

[4] Contracts, Subcats, Service Performer, Grants, MAI ignored for SURTypes (Bus Voucher, Ride Share, Ending The Epidemic)

CONTROL 1

Fy 22
MAI

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT

[Agency]: [Grant]: RW1 [Service]: PCARE [Service Performer]: 0
Services performed between 3/1/22 and 2/28/23 1 Type Encounter

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: EXCLUDE

[Contract 1]: 22GEN0516AAMAI [Sub Cats 1]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC [Contract 2]: 22GEN0516HLMAI [Sub Cats 2]: ASBMC, ASBPS, ASCMC, CREG, CREGU, DPPLC, DPPSL, MCCM, MCCRD, MTGCM, MTPSL, PCSLW, PCSUP, SPBMC, SPBPS, SPCMC

[Contract 3]: n/a [Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No 3

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	2	2	0	3	2	1	
	20-24	41	2	39	3	0	3	44	2	42	
	25-34	252	9	243	46	5	41	298	14	284	
	35-44	171	6	165	83	1	82	254	7	247	
	45-54	71	3	68	68	2	66	139	5	134	
	55-64	42	2	40	30	1	29	72	3	69	
	65+	9	1	8	7	0	7	16	1	15	
	SubTotals:	587	23	564	239	11	228	826	34	792	
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	1	0	1	0	0	0	1	0	1	
	20-24	0	0	0	0	0	0	0	0	0	
	25-34	4	2	2	1	0	1	5	2	3	
	35-44	3	0	3	1	0	1	4	0	4	
	45-54	2	0	2	0	0	0	2	0	2	
	55-64	1	1	0	0	0	0	1	1	0	
	65+	0	0	0	0	0	0	0	0	0	
	SubTotals:	11	3	8	2	0	2	13	3	10	
WHITE	0-12	0	0	0	0	0	0	0	0	0	
	13-19	0	0	0	0	0	0	0	0	0	
	20-24	26	26	0	1	1	0	27	27	0	
	25-34	150	150	0	8	8	0	158	158	0	
	35-44	128	128	0	24	24	0	152	152	0	
	45-54	70	70	0	22	22	0	92	92	0	
	55-64	32	32	0	7	7	0	39	39	0	
	65+	2	2	0	1	1	0	3	3	0	
	SubTotals:	408	408	0	63	63	0	471	471	0	
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	
	13-19	2	0	2	2	2	0	4	2	2	
	20-24	67	28	39	4	1	3	71	29	42	
	25-34	406	161	245	55	13	42	461	174	287	
	35-44	302	134	168	108	25	83	410	159	251	
	45-54	143	73	70	90	24	66	233	97	136	
	55-64	75	35	40	37	8	29	112	43	69	
	65+	11	3	8	8	1	7	19	4	15	
	SubTotals:	1,006	434	572	304	74	230	1,310	508	802	

Clients Served This PeriodMethods of Exposure (not mutually exclusive)

Unduplicated clients:	1310	Perinatal Transmission	11
Client visits: ³	3191	Hemophilia Coagulation	1
Spanish speaking (primary language at home) clients served:	334	Transfusion	10
Deaf/hard of hearing clients served:	1	Heterosexual Contact	474
Blind/sight impaired clients served:	2	MSM (not IDU)	699
Homeless clients served:	80	IV Drug Use (not MSM)	6
Transgender M to F clients served:	30	MSM/IDU	0
Transgender F to M clients served:	1	Multiple Exposure Categories	46
Clients served this period who live w/in Harris County:	1270	Other risk	148
Clients served this period who live outside Harris County:	40	<u>Multi-Race Breakdown</u>	
Active substance abuse clients served:	1	BLK,NTV	5
Active psychiatric illness clients served:	6	BLK,WHT	8

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of client max service date

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2022; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/21.

[4] Contracts, Subcats, Service Performer, Grants, MAI ignored for SURTypes (Bus Voucher, Ride Share, Ending The Epidemic)

CONTROL 6
 FY23
 NO PAY
 ENCOUNTERS

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
 SERVICE UTILIZATION REPORT

[Agency]: [REDACTED] [Grant]: OTH [Service]: DENT [Service Performer]: 0
 Services performed between 3/1/23 and 6/30/23 Type Encounter
 [Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: 23GEN0371NP [Sub Cats 1]: All [Contract 2]: n/a [Sub Cats 2]: All
 [Contract 3]: n/a [Sub Cats 3]: All
 [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER									
		MALE			FEMALE			BOTH GENDERS			
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1	1
	35-44	2	0	2	1	0	1	3	0	3	3
	45-54	2	0	2	0	0	0	2	0	2	2
	55-64	2	0	2	0	0	0	2	0	2	2
	65+	0	0	0	0	0	0	0	0	0	0
	SubTotals:	7	0	7	1	0	1	8	0	8	8
WHITE	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1	1
	25-34	2	2	0	0	0	0	2	2	0	2
	35-44	6	3	3	1	1	0	7	4	3	7
	45-54	3	2	1	1	0	1	4	2	2	4
	55-64	3	2	1	2	1	1	5	3	2	5
	65+	0	0	0	0	0	0	0	0	0	0
	SubTotals:	15	9	6	4	2	2	19	11	8	19
ALL RACES	0-12	0	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1	1
	25-34	3	2	1	0	0	0	3	2	1	3
	35-44	8	3	5	2	1	1	10	4	6	10
	45-54	5	2	3	1	0	1	6	2	4	6
	55-64	5	2	3	2	1	1	7	3	4	7
	65+	0	0	0	0	0	0	0	0	0	0
	SubTotals:	22	9	13	5	2	3	27	11	16	27

Methods of Exposure (not mutually exclusive)

Perinatal Transmission	3
Hemophilia Coagulation	0
Transfusion	0
Heterosexual Contact	11
MSM (not IDU)	9
IV Drug Use (not MSM)	1
MSM/IDU	0
Multiple Exposure Categories	1
Other risk	4

Clients Served This Period

Unduplicated clients:	27
Client visits: ³	33
Spanish speaking (primary language at home) clients served:	5
Deaf/hard of hearing clients served:	0
Blind/sight impaired clients served:	0
Homeless clients served:	2
Transgender M to F clients served:	0
Transgender F to M clients served:	0
Clients served this period who live w/in Harris County:	1
Clients served this period who live outside Harris County:	26
Active substance abuse clients served:	1
Active psychiatric illness clients served:	0

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of client max service date

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2023; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/22.

[4] Contracts, Subcats, Service Performer, Grants, MAI ignored for SURTypes (Bus Voucher, Ride Share, Ending The Epidemic)

2023 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(Submitted July 2023)

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 2024 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 2024 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status:

6. *Review the FY 2022 priorities as needed.
Status:

7. *Review the FY 2023 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