## **Houston Area HIV Services Ryan White Planning Council**

Office of Support

1440 Harold Street, Houston, Texas 77006 832 927-7926 telephone; <a href="http://rwpchouston.org">http://rwpchouston.org</a>

#### Memorandum

To: Members, Priority and Allocations Committee:

Peta-gay Ledbetter, Co-Chair Priscilla Willridge Rodney Mills, Co-Chair Rebecca Chapa Garcia

Jay BhowmickBobby CruzRoxane MayRonnie GalleyBill PattersonRoxana GuzmanPaul RichardsBruce Turner

Megan Rowe

Copy: Josh Mica Tiffany Shepherd

Diane Beck Sha'Terra Johnson
Glenn Urbach Carin Martin
Mauricia Chatman Rodney Goodie

Frank Ruiz Talice Thomas, Nashville PC staff

From: Tori Williams

Date: Tuesday, April 16, 2024

Re: Meeting Announcements

We are excited to see you at the April meeting of the 2024 Priorities and Allocations Committee. Details are as follows:

# Priority and Allocations Committee Meeting 12 noon, Thursday, April 25, 2024

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 respond to Rod's emails reminders to let her know if you will or will not be in attendance. If you will be in attendance, will we see you in person or virtually? We appreciate your valuable time and look forward to seeing you on Thursday!

## **Houston Area HIV Services Ryan White Planning Council**

## **Priority & Allocations Committee Meeting**

12 noon, Thursday, April 25, 2024

In person meeting location: Bering Church, 1440 Harold St., Houston, Texas 77006

Please enter the building from the parking lot behind the building

To participate virtually, click on the following Zoom link:

https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltdz09

Meeting ID: 893 7471 3843 Passcode: 339238

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

#### **AGENDA**

I. Call to Order

A. Welcome, Introductions and Moment of Reflection

Pete-gay Ledbetter and Rodney Mills, Co-Chairs

- B. Adoption of the Agenda
- C. Approval of the Minutes
- II. Public Comment and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. When signing in, guests are not required to provide their correct or complete names. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

- III. Reports from the Administrative Agencies
  - A. Update on FY24 RW Part A/MAI grant and routine reports
  - B. Updates on FY23-24 Part B and SS grants and routine reports
- IV. Old Business
  - A. Proposed Changes to the 2024 Committee Meeting Schedule
    - April Discuss unobligated Pt. B funds, set dates for June Special meetings & more
    - May Allocate unobligated Pt. B funds?
    - June 3 Special & 1 regular meeting to allocate FY25 funds
    - July Determine FY25 priorities PC must approve in August
  - B. Determine the FY25 Priority Setting Process
  - C. Update the *Request for Service Category Increase Form*
- V. Allocate Unobligated Funds
  - A. Ryan White Part A none

B. Ryan White Part B/State Services

Glenn Urbach Sha'Terra Johnson

- VI. Announcements
- VII. Adjourn
  - Optional: Meet with the Committee Mentor

Peta-gay Ledbetter

## **Houston Area HIV Services Ryan White Planning Council**

#### **Priority & Allocations Committee Meeting**

12:00 p.m., Thursday, February 22, 2024 Meeting Location: Bering Church, 1440 Harold Street and Zoom Teleconference

#### **MINUTES**

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Peta-gay Ledbetter, Co-Chair	Roxane May, excused	Evelio Salinas Escamilla, RWPC
Rodney Mills, Co-Chair	Paul Richards, excused	Ravi, UT School of Public Health
Jay Bhowmick	Rebecca Chapa Garcia, excused	
Bill Patterson	Ronnie Galley, excused	The Resource Group
Megan Rowe	Bruce Turner, excused	Tiffany Shepherd
Priscilla Willridge		
Bobby Cruz		Ryan White Grant Admin
Roxana Guzman		Glenn Urbach
		Office of Support
		Tori Williams
		Diane Beck

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

**Call to Order**: Peta-g ay Ledbetter, Co-Chair, called the mee ting to orde r at 12:07 p.m. and asked everyone to introduce themselves. She then asked for a moment of reflection.

**Adoption of the Agenda**: <u>Motion #1</u>: it was moved and seconded (Patterson, Willridge) to approve the agenda. **Motion carried.** 

**Approval of the Minutes**: <u>Motion #2:</u> it was moved and seconded (Mills, Willridge) to table the approval of the minutes until the next meeting. **Motion carried.** 

**Public Comment and Announcements:** Evelio Salinas Escamilla (He, Him, El) s tated in the chat that the RWPC must know the amount of EHE (Ending the HIV Epidemic) funds allocated to Primary Care services to providers/contractors that c ould result in duplication of services that RWPC allocates funds. We need to avoid large carryover funds. Urbach said that EHE funds a Rapid Start program similar to Part A Primary Care. The funds are distributed to all Primary Care contractors.

**Committee Orientation:** Williams reviewed the attached documents: End of Y ear Petty Cash Procedures, Tex as Open Meetin gs A ct T raining, Conflict of Interest Policy, 2024 Critical Timeline, and the Committee Meeting Schedule.

**Determine the FY 2024 Policy on Allocating Unspent Funds**: <u>Motion #3:</u> it was moved and seconded (Patterson, Bhowmick) to approve the attached Policy for Addressing Unobligated and Carryover Funds as presented. **Motion carried.** 

**Determine the FY 2025 Principles and Criteria**: <u>Motion #4:</u> it was moved and seconded (Bhowmick, Willridge) to approve the attached Principles and Criteria as presented. **Motion carried.** 

**Determine the FY 2025 Priority Setting Process**: Williams said that at a recent HRSA training she learned that we are required to prioritize all RW services, regardless of if they are funded or not. This me ans that item #10 on the document would be r emoved since services will not be taken off the list. Ledbetter said that it would be best if the non-funded services were listed well below the funde d services, or on a separa te document labe led non-funded core and support services to avoid confusion. Williams will update the text on the document for the committee to review at their next meeting.

**Elect a Committee Vice Chair:** Patterson and Willridge nominated Bhowmick who was elected by acclamation.

#### **Updates from the Administrative Agencies**

**Part A/MAI:** Urbach presented the attached training on How to Read Part A/MAI Reports. Urbach said that the Hou ston EMA has received a partial FY2024 grant award for Part A, MAI and EHE which will go to Commissioner's Court next week. They are working with agencies on contracts based on the partial award. We were told by HRSA to expect level funding.

**Part B and State Services:** Sheph erd p resented the attached training on How to Read TR G Reports.

See attached reports: FY2 3-24 Part B Proc urement Report dated 0 2/02/24, FY23-24 Part B Service Utilization Report dated 02/0 2/24, FY23-24 State Services Procurement Report dated 02/02/24, F Y23-24 State Services Utilization Report dated 01/10/24, and He alth Insurance Assistance Service Utilization Report dated 01/22/24.

Returned F unds for Non-Medical Cas e Mana gement for Substance Use Disorde rs: Williams asked when the committee would have to make a decision reg arding the funds and how much would be available. Shepherd said that the subcontractor ended up extending their contract for a bit longer so she was not sure of the exact amount of funds available. She said that they had sent a memo asking to move the funds to Hospice. The increase scenario would have the funds go to Health Insurance Assistance and then Oral Health but both of these categories are fully funded. Additional funds we re moved into Oral He alth in the last increase s cenario. The Committee agreed that the unobligated funds could be moved into Hospice Care (using the 10% rule?)

**Announcements:** Es camilla (in the Chat): PACHA — The Pre sidential Advisor y Council on HIV/AIDS meeting in Houston, Tex as will be on March 27-28, 2024. Wil liams said that the committee usuall y does not mee t in Marc h but m embers ar e encouraged to attend the J oint Committee Meeting with the Quality Improvement and Affected Community Committees at 2:00

p.m. on Tuesday, March 19, 2024. The purpose of that mee ting is to recommend the criterion used to select and justify the FY 2025 service categories.

**Adjournment:** *Motion:* it was moved and seconded (Patterson, Willridge) to adjourn the meeting at 1:59 p.m. **Motion Carried.** 

Submitted by:	Approved		by:	
Tori Williams, 1	Director	Date	Committee Chair	Date

#### 2024 Priority & Allocations Committee Voting Record for 02/22/24

	Motion #1 Agenda Carried					Motio Min Car	utes			FY2	it fund			Motion FY 2 Princip Crit	2025 oles & eria	2
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	ON	ABSTAIN	ABSENT	YES	ON	ABSTAIN	ABSENT	YES	ON	ABSTAIN
Peta-gay Ledbetter, Co-Chair				C				С				С				С
Rodney Mills, Co-Chair		X				X				X				X		
Jay Bhowmick		X				X				X				X		
Roxane May	X				X				X				X			
Bill Patterson		X				X				X				X		
Paul Richards	X				X				X				X			
Megan Rowe		X				X				X				X		
Priscilla Willridge		X				X				X				X		
Bobby Cruz		X				X				X				X		
Rebecca Chapa Garcia	X				X				X				X			
Roxana Guzman		X				X				X				X		
Ronnie Galley	X				X				X				X			
Bruce Turner	X				X				X				X			

#### FY 2023 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original	Award	July	August	October	Final Quarter	Total	Percent of	Amount	Procure-	Original	Expended YTD	Percent	Percent
	<b>,</b>	Allocation	Reconcilation	Adjustments	10% Rule	Adjustments	Adjustments	Allocation	<b>Grant Award</b>	Procured (a)	ment	Date	.	YTD	Expected
		RWPC Approved		(carryover)	Adjustments	-	-				Balance	Procured			YTD
		Level Funding Scenario			(f)										
1 0	utpatient/Ambulatory Primary Care	10,965,788	460,625	535,679	0	-283,680	0	11,678,412	45.56%	11,678,412	0		10,349,078	89%	100%
	rimary Care - Public Clinic (a)	3,927,300	182,397	555,575		200,000		4,109,697	16.03%	4,109,697	0		\$3,995,687	97%	100%
	rimary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443	182,131				1,296,150	5.06%	1,296,150	0		\$1,303,807	101%	100%
	rimary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289					1,108,187	4.32%	1,108,187	0		\$1,716,309	155%	100%
1.d P	rimary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314	198,201				1,399,439	5.46%	1,399,439	0		\$557,823	40%	100%
	rimary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088			-228,730		922,358	3.60%	922,358	0	3/1/2023	\$1,041,519	113%	100%
1.f P	rimary Care - Women at Public Clinic (a)	2,100,000	97,531					2,197,531	8.57%	2,197,531	0	3/1/2023	\$1,336,092	61%	100%
	rimary Care - Pediatric (a.1)	15,437	-15,437					0	0.00%	0	0		\$0	0%	0%
	ision	500,000	0			-54,950		445,050	1.74%	445,050	0	0, 1, 0000	\$397,840	89%	100%
	rimary Care Health Outcome Pilot	200,000	0			0		200,000	0.78%	200,000	0	0, 1, 0000		0%	100%
	ledical Case Management	1,880,000	-97,859	63,063		-96,974	0	1,1 10,200	6.82%		0		1,470,657	84%	100%
	linical Case Management	531,025	0	,		35,176		629,264	2.46%	629,264	0			90%	100%
	led CM - Public Clinic (a)	301,129	0					301,129	1.17%	301,129	0	0, 1, 0000		101%	100%
	led CM - Targeted to AA (a) (e)	183,663	0					183,663	0.72%	183,663	0			73%	100%
	led CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.72%	183,665	0	0, 1, 0000		31%	100%
	led CM - Targeted to W/MSM (a) (e)	66,491	0			00.450		66,491	0.26% 0.92%	66,491	0	0, 1, 444	\$53,283	80%	100%
	led CM - Targeted to Rural (a) led CM - Women at Public Clinic (a)	297,496 81,841	0			-62,150		235,346 81,841	0.92%	235,346 81,841	0	0, 1, 2020	\$131,538 \$159,798	56% 195%	100% 100%
	led CM - Targeted to Pedi (a.1)	97,859	-97,859					01,041	0.32%	01,041	0			0%	0%
	led CM - Targeted to Pedi (a.1)	86,964	-97,059 0			-70.000		16,964	0.00%	16,964	0		\$4,204	25%	100%
	led CM - Targeted to Veterans	49,867	0			-70,000		49,867	0.07%	49,867	0		. ,	117%	100%
	ocal Pharmacy Assistance Program	2,067,104	0		-37,920	12,178	0	2,041,362	7.96%	2,041,362	0		\$2,326,099	114%	100%
	ocal Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0	-	01,020	12,170		367,104	1.43%	367,104	0		\$247,873	68%	100%
	ocal Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0		-37.920	12.178		1,674,258	6.53%	1,674,258	0		\$2,078,226	124%	100%
	ral Health	166,404	0		- /	, -	0		0.77%	196,833	0			100%	100%
	ral Health - Targeted to Rural	166,404	0	,				196,833	0.77%	196,833	0			100%	100%
5 H	ealth Insurance (c)	1,383,137	223,222	479,154	0	94,004	0	2,179,517	8.50%	2,179,517	0	3/1/2023	\$2,179,486	100%	100%
7 N	ledical Nutritional Therapy (supplements)	341,395	0					341,395	1.33%	341,395	0	3/1/2023	\$338,531	99%	100%
	ubstance Abuse Services - Outpatient (c)	45,677	0	0	0	-20,677	0	25,000	0.10%	25,000	0	3/1/2023	\$25,000	100%	100%
13 N	on-Medical Case Management	1,267,002	0	0	0	-72,790	0	1,194,212	4.66%	1,194,212	0	3/1/2023	\$1,524,712	128%	100%
	ervice Linkage targeted to Youth	110,793	0			-15,500		95,293	0.37%	95,293	0	0, 1, 4	\$93,766	98%	100%
	ervice Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0			-46,500		53,500	0.21%	53,500	0	3/1/2023	\$46,838	88%	100%
	ervice Linkage at Public Clinic (a)	370,000	0					370,000	1.44%	370,000	0	0, 1, 44	\$480,088	130%	100%
	ervice Linkage embedded in CBO Pcare (a) (e)	686,209	0			-10,790		675,419	2.64%	675,419	0	3/1/2023	\$904,019	134%	100%
	ledical Transportation	424,911	0	0	0	-70,024	0	354,887	1.38%	354,887	0		349,864	99%	100%
	ledical Transportation services targeted to Urban	252,680	0					252,680	0.99%	252,680	0	0, 1, 2020		98%	100%
	ledical Transportation services targeted to Rural	97,185	0					97,185	0.38%	97,185	0	0, 1, 2020	. ,	106%	100%
	ransportation vouchering (bus passes & gas cards)	75,046	0			-70,024		5,022	0.02%	5,022	0			0%	100%
	mergency Financial Assistance	1,653,247	485,889	180,337		665,735	0	0,020,120	11.79%	3,023,128	0		3,869,032	128%	100%
	FA - Pharmacy Assistance	1,553,247	485,889	180,337	37,920	690,735		2,948,128	11.50%	2,948,128	0		\$3,804,050	129%	100%
	FA - Other	100,000	0			-25,000		75,000	0.29%	75,000	0		\$64,982	87%	100%
<u> </u>	utreach	420,000	0		0	007.770		420,000	1.64% 90.53%		0		. ,	53% 98%	100% 100%
FY23_RW_DIR	otal Service Dollars	20,614,665	1,071,877	1,288,662	U	227,772	U	23,202,976		, ,	U		22,852,889	98%	
	Part A Grant Award (without Commonant)	24,342,151	Carryover:	1,288,662	0	0	Total Part A:	25 620 942	Unallocated	Unobligated					100%
-	Part A Grant Award (without Carryover):	24,342,131	Garryover:	1,200,002	0	U	I Ulai Parl A:	20,030,013		U			<del>                                     </del>		
		Original	Award	July	August	October	Final Quarter	Total	Percent	Total	Percent	Award	Award Amount	Amount	Balance
		Allocation	Reconcilation		10% Rule	Adjustments	Adjustments	Allocation	i Groent	Expended on	1 CIOCIII	Category	/ara Amount	Spent	Dalarice
		Allocation		(carryover)	Adjustments	, ajasinens	Aujustilielits	Allocation		Services		Jacogory	1	Ороні	
<b>├</b>	ore (must not be less than 75% of total service dollars)	16 040 E0F	E0E 000	, ,	_	205 440		10 210 740	70 400/		72 000/	Formula	<del>                                     </del>		
	on-Core (may not exceed 25% of total service dollars)	16,849,505 3,765,160	585,988 485,889				0	18,210,749 4,992,227	78.48% 21.52%			Formula Supplemen	<del>                                     </del>		0
	on-Core (may not exceed 25% of total service dollars)  otal Service Dollars (does not include Admin and QM)	20,614,665							21.52%	22,852,889			0		0
	otal oci 1100 Dollars (4003 Hot molade Admili and Qivi)	20,014,005	1,071,877	1,288,662	U	227,772	U	23,202,976		22,002,069		Carry Over	U		0

#### FY 2023 Ryan White Part A and MAI Procurement Report

Prior	Total Admin (must be ≤ 10% of total Part A + MAI)	Original Allocation RWPC Approved Level Funding Scenario  2,208,914	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	171,547	Final Quarter Adjustments	Total Allocation	Percent of Grant Award		Procure- ment Balance	Original Date Procured  Totals	Expended YTD  0	Percent YTD	Percent Expected YTD
	<b>Total QM</b> (must be ≤ 5% of total Part A + MAI)	428,695	0	0	0	-55,825	0	372,870	1.33%	<u> </u>					
					MAI Dragurar	nont Bonort									
Date	Comition Outcome	0.1.1	A	I. I.	MAI Procurer		Elect Occupies	T-1-1	B	A	D	Data of	EII-VED	D	Danas and
Prior	,	Original Allocation RWPC Approved Level Funding Scenario	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award		Procure- ment Balance	Date of Procure- ment	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,107,819	-39,764	17,664	0	0	0	2,085,719	86.91%	2,085,719	0		2,170,575	104%	
1.b (M	AI) Primary Care - CBO Targeted to African American	1,065,775	-20,106	8,832	0			1,054,501	43.94%	1,054,501	0	3/1/2023	\$1,193,260	113%	
1.c (M	AI) Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658	8,832	0			1,031,218		1,031,218	0	3/1/2023	\$977,315	95%	
2	Medical Case Management	320,099	-6,038	116		0	0	314,177		- ,	0		\$181,861	58%	
	AI) MCM - Targeted to African American	160,050	-3,019	58				157,089		157,089	0	0, 1,2020	\$126,576	81%	
2.d (M	AI) MCM - Targeted to Hispanic	160,049	-3,019	58				157,088		157,088	0	3/1/2023	\$55,285	35%	
	Total MAI Service Funds	2,427,918	-45,802	17,780	0	Ū	0	2,399,896		, ,	0		2,352,436	98%	
	Grant Administration	0	0	0	0	Ŭ	0	0			0		0	0%	
	Quality Management	0	0	0	0	0	0	0			0		0	0%	
	Total MAI Non-service Funds	0	0	0	0	0	0	0	0.00%	-	0		0	0%	
	Total MAI Funds	2,427,918	-45,802	17,780	0	0	0	2,399,896	100.00%	2,399,896	0		2,352,436	98%	100%
	MALO	0.000.440	0	47 700			T- (-1 844)	0.000.000							
<u> </u>	MAI Grant Award	2,382,116	Carry Over:	17,780			Total MAI:	2,399,896		I I a a la l'anata al					4000/
-	Combined Part A and MAI Orginial Allocation Total	25,680,192							Unallocated	Unobligated					100%
L									0	0		MAI Award	2,399,896		<u> </u>
Footn							Total Part A & MAI	28,030,709							
All	When reviewing bundled categories expenditures must be evaluated both by individual ser							gory offsets this	overage.						
(a)	Single local service definition is multiple HRSA service categories. (1) does not include LI	PAP. Expenditure	s must be evaluated	both by individual s	ervice category and	by combined servi	ce 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 (3	/1/2023-2/2	29/2024)										
Priority	Service Category	Goal	Unduplicated	Male	Female		AA	White	Other	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65 plus
			Clients Served YTD			gender	(non- Hispanic)	(non-Hispanic)	(non- Hispanic)									
1	Outpatient/Ambulatory Primary Care (excluding Vision)	8,643	8,916	75%		2%	42%	11%		45%	0%		4%		27%	22%	15%	3%
1.a	Primary Care - Public Clinic (a)	2,959	3,055	70%	28%	1%	43%	9%	2%	47%	0%	1%	3%	18%	26%	26%	22%	5%
1.b	Primary Care - CBO Targeted to AA (a)	2,417	2,311	70%	26%	4%	99%	0%	1%	0%	0%	0%	6%	37%	28%	18%	9%	2%
1.c	Primary Care - CBO Targeted to Hispanic (a)	1,916	2,397	83%		3%	0%	0%	0%	100%	0%	1%	6%	33%	28%	21%	10%	2%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	774	732	86%		1%	0%	84%	15%	0%	0%	0%	3%		26%	23%	18%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	683	1,030	70%		1%	44%	15%	2%	40%	0%	0%	4%	27%	28%	24%	13%	3%
1.f	Primary Care - Women at Public Clinic (a)	793	870	0%	99%	1%	53%	6%	1%	40%	0%	1%	2%	14%	26%	31%	21%	6%
1.g	Primary Care - Pediatric (a)	5	0															
1.h	Vision	2,815	2,186	74%	25%	2%	44%	12%	3%	41%	0%	0%	3%	20%	25%	26%	21%	6%
2	Medical Case Management (f)	5,429	3,722	740/	070/	201	=00/	150/	00/	070/	00/	201	00/	200/	070/	2001	100/	70/
2.a	Clinical Case Management	936	728	71%		2%	56%	15%	2%	27%	0%	0%	3%	22%	27%	22%	18%	7%
2.b	Med CM - Targeted to Public Clinic (a)	569	558	92%		2%	50%	12%	1%	37%	0%	1%	2%	26%	22%	22%	23%	4%
2.c	Med CM - Targeted to AA (a)	1,625	885	70%		4%	99%	0%	1%	0%	0%	0%	6%	28%	28%	18%	15%	6%
2.d	Med CM - Targeted to H/L(a)	813	558	83%		4%	0%	0%	0%	100%	0%	1%	5%	31%	27%	21%	13%	3%
2.e	Med CM - Targeted to White and/or MSM (a)	504	267	87%		1%	0% 51%	91%	9%	0%	0% 0%	0%	2%	23%	20%	23%	23%	9% 9%
2.f	Med CM - Targeted to Rural (a)  Med CM - Targeted to Women at Public Clinic (a)	548 246	409 273	64% 0%		1% 0%	68%	26% 6%	2% 1%	21% 25%	0%	0% 0%	4% 2%	19% 26%	22% 30%	25% 23%	22% 15%	9% 4%
2.g 2.h	Med CM - Targeted to Women at Public Clinic (a)	246	2/3	0%	100%	0%	68%	6%	1%	25%	0%	0%	2%	26%	30%	23%	15%	4%
2.ii	Med CM - Targeted to Pedi (a)	172	31	94%	6%	0%	74%	19%	0%	6%	0%	0%	0%	0%	0%	26%	23%	52%
2.i	Med CM - Targeted to Veterans  Med CM - Targeted to Youth	172	13	77%		0%	46%	15%	0%	38%	0%	31%	69%	0%	0%	26%	23%	52% 0%
3	Local Drug Reimbursement Program (a)	5.775	6.512	76%		3%	40%	11%	2%	43%	0%	0%	4%		28%	23%	14%	3%
4	Oral Health	356	349	70%		1%	40%	25%		34%	0%	0%	2%		24%	27%	17%	9%
4.a	Oral Health - Untargeted (d)	NA	NA	7070	30 /6	1 /0	40 /0	25 /0	1 /0	34 /0	0 78	0 70	2 /0	20 /0	Z4 /0	21 /0	17 /0	3 /0
4.a 4.b	Oral Health - Chiargeted (d)  Oral Health - Rural Target	356	349	70%	30%	1%	40%	25%	1%	34%	0%	0%	2%	20%	24%	27%	17%	9%
5	Mental Health Services (d)	330	NA	7 0 70	30 /6	1 /0	40 /6	2370	1 70	3476	0 70	0 70	2.70	20 /0	24 /0	21 /0	17 /0	3 /0
6	Health Insurance	1,918	2,268	79%	19%	2%	44%	23%	3%	30%	0%	0%	2%	14%	19%	22%	27%	15%
7	Home and Community Based Services (d)	NA		1 3 /0	13/0	∠ /0	44 /0	23 /0	3 /0	30 /6	0 /0	0 70	Z /0	14/0	13/0	ZZ /0	21 /0	1370
8	Substance Abuse Treatment - Outpatient	17		91%	5%	5%	27%	41%	5%	27%	0%	0%	0%	36%	36%	23%	5%	0%
9	Early Medical Intervention Services (d)	NA NA		J170	370	3 70	21 /0	7170	370	21 /0	0 70	0 70	0 70	30 /0	30 /0	23 /0	3 /0	0 70
10	Medical Nutritional Therapy/Nutritional Supplements	546		77%	22%	2%	45%	18%	3%	33%	0%	0%	1%	8%	14%	25%	34%	19%
11	Hospice Services (d)	NA NA		11/0	ZZ /0	∠ /0	43 /0	10 /0	3 /6	33 /6	U /0	0 70	1 /0	0 /0	14/0	23 /0	34 /0	13/0
12	Outreach	1.042		72%	25%	3%	60%	9%	3%	27%	0%	0%	5%	31%	27%	18%	14%	4%
13	Non-Medical Case Management	8,657	8,727	12/0	2070	070	0070	370	070	21 70	0 70	0 70	0 70	0170	21 70	1070	1470	470
13.a	Service Linkage Targeted to Youth	175	170	73%	25%	2%	51%	7%	2%	41%	0%	16%	84%	0%	0%	0%	0%	0%
13.a	Service Linkage rangeled to routh Service Linkage at Testing Sites	100	80	73 % 79%	20%	1%	51%	4%	4%	41%	0%	0%	0%	48%	30%	15%	3%	5%
13.c	Service Linkage at Pesting Sites  Service Linkage at Public Clinic Primary Care Program (a)	3,546	3,495	67%		1%	51%	9%	2%	39%	0%	0%	0%	18%	25%	25%	23%	8%
13.d	Service Linkage at CBO Primary Care Programs (a)	4,537	4,982	75%		2%	50%	11%		37%	0%	0%	4%		27%	21%	15%	4%
14	Transportation	2,366	1,773	. 5 70	2570	_ /0	3370	1170	270	5.70	J 70	0 70	170	2070	2.70	2.70	1070	.,,
14.a	Transportation Services - Urban	796	430	65%	33%	2%	57%	7%	3%	33%	0%	0%	3%	23%	24%	25%	16%	9%
14.b	Transportation Services - Rural	237	134	66%	33%	1%	31%	31%	1%	38%	0%	0%	3%	17%	19%	31%	21%	8%
14.c	Transportation vouchering	1,333	1,209	72%		2%	67%	9%		22%	0%	0%	2%	13%	19%	25%	33%	8%
15	Linguistic Services (d)	NA NA	NA	. = 70	== //	=,0	2.70	370	= 70		2.0		=.0	1270			, , , ,	2.0
16	Emergency Financial Assistance (e)	1,830	2,125	76%	22%	2%	45%	8%	2%	45%	0%	0%	4%	27%	27%	23%	16%	2%
17	Referral for Health Care - Non Core Service (d)	NA NA	NA	/ 0		= , 0		370	= 70	1270	2.0		1,0					= . 5
	uplicated clients served - all categories*	12,941	14,991	74%	23%	2%	48%	13%	2%	37%	0%	0%	4%	25%	25%	21%	18%	7%
	OS cases + estimated Living HIV non-AIDS (from FY19 App) (b)	NA NA		75%		_ / 0	48%	17%			0%			21%	23%	25%	20%	7%
	- 1 FE7 (**)																	

Page 1 of 2 Pages Available Data As Of: 4/15/2024

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

Out 1.b Prim	Service Category MAI unduplicated served includes clients also served under Part A utpatient/Ambulatory Primary Care (excluding Vision)	Goal	Unduplicated MAI Clients		•		• `	2023-02/29/202							1	.=		
Out 1.b Prim	MAI unduplicated served includes clients also served under Part A	Goal	MAI Clients															
Out 1.b Prim	under Part A						AA	wnite	Other	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1.b Prim			0 11/70			gender	(non-	(non-	(non-									
1.b Prim	utpatient/Ambulatory Primary Care (excluding Vision)		Served YTD				Hispanic)	Hispanic)	Hispanic)									
1.c Prim	imary Care - MAI CBO Targeted to AA (g)	1,664	2,201	72%	25%	3%	99%	0%	1%	0%	0%	0%	6%	36%	27%	18%	10%	2%
	imary Care - MAI CBO Targeted to Hispanic (g)	1,380	1,770	83%	14%	3%	0%	0%	0%	100%	0%	1%	6%	34%	27%	21%	10%	2%
2 Med	edical Case Management (f)	0																
2.c Med	ed CM - Targeted to AA (a)	967	575	78%	18%	3%	46%	10%	2%	42%	0%	1%	8%	37%	25%	17%	9%	2%
2.d Med	ed CM - Targeted to H/L(a)	80%	20%	0%	60%	16%	2%	22%	0%	0%	11%	22%	25%	18%	18%	6%		
			DW Part /	A Now Cl	iont Sorv	ico Hiliza	tion Poport	(02/04/2022 02/	20/2024)									
RW Part A New Client Service Utilization Report (03/01/2023-02/29/2024)  Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/22- 2/28/23)																		
- · · ·  -	<u>-</u>		·			<del></del>						<u> </u>			0.7.44	15 10 5		0.5
Priority Serv	ervice Category		Unduplicated	Male	Female					Hispanic	0-12	13-19	20-24	25-34	35-44	45-49 5	0-64	65 plus
			New Clients			gender	<b>V</b>	(non-	(non-									
1 Drir	imary Medical Care	1.871	Served YTD 2.101	77%	21%	2%	Hispanic) 48%	Hispanic) 10%	Hispanic) 2%	40%	0%	1%	9%	37%	25%	16%	2%	10%
2 LPA		954	1048	78%	18%			10%	2%		0%	1%		37%	25%	17%	2%	9%
	inical Case Management	95	95	80%	20%		60%	16%	2%		0%	0%	11%	22%	25%	18%	6%	18%
	edical Case Management	1,097	854	73%	25%		50%	12%	1%		0%	2%	7%	34%	24%	18%	4%	11%
	edical Case Management - Targeted to Veterans	33	3	67%	33%		100%	0%	0%		0%	0%	0%	0%	0%	33%	67%	0%
	ral Health	50	46	80%	20%		43%	26%	2%		0%	0%	7%		26%	17%	4%	22%
12.a.	ai ricaitii	30	1,989	70%	28%		54%	11%			0%	1%	7%	29%	25%	18%	14%	6%
	on-Medical Case Management (Service Linkage)		1,303	1070	2070	2/0	3470	1170	1 70	33 /0	0 70	1 /0	1 /0	23/0	23 /0	10 /0	1 7 70	0 /0
12.d.	on modical odeo management (corrido Emitago)	1,870																
	ervice Linkage at Testing Sites	92	83	72%	23%	5%	49%	4%	5%	42%	0%	7%	11%	35%	27%	13%	2%	5%
Footnotes:	,															1070		
(a) Bun	ındled Category																	
(b) Age	ge groups 13-19 and 20-24 combined together; Age groups	55-64 and 65-	+ combined toge	ether.														
	inded by Part B and/or State Services																	
	otal MCM served does not include Clinical Case Managemer	nt																
	O Pcare targeted to AA (1.b) and HL (1.c) goals represent c		A and MAI clien	nts served														

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# The Houston Regional HIV/AIDS Resource Group, Inc.



## Memorandum

To: RWPC- Priorities and Allocations Committee

From: Tiffany Shepherd CC: ShaTerra Johnson

#### TOPIC:

Effective January 23, 2024, the provider funded for Referral for Healthcare- Incarcerated decided to not pursue the funded positions. In the current system for individuals living with HIV and incarcerated are receiving care from Harris Health System (HHS). HHS currently has two funded positions working directly with individuals while incarcerated to develop a discharge plan and link them to care and support (including MAI). The Minority AIDS Initiative (MAI) is funded to provide post-release coordination and they have some ability to coordinate while individuals are incarcerated. In an effort to not duplicate existing services, it is the recommendation of The Resource Group to eliminate this targeted service category.

This change will leave an unallocated amount in State Services. Based on historical spending and increased need, the Resource Group would like to recommend applying the Part B/State Services increase funding scenario to move the funds to support Health Insurance Assistance (HIA).

Original Allocation: \$175,000

Justification: Incarceration/post-incarceration services are adequately funded for the current period.

**Recommendation**: Allocate the funding from Referral for Healthcare- Incarcerated to Health Insurance Assistance.

#### 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 February 2024

Spending Target: 85%

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	\$1,833,318	53%	\$0	\$1,833,318		\$1,833,318	4/1/2023	\$1,449,650	79%
4	Oral Health Service -Prosthodontics (1)	\$576,750	17%	\$0	\$576,750		\$576,750	4/1/2023	\$605,110	105%
5	Health Insurance Premiums and Cost Sharing	\$1,028,433	30%	\$0	\$1,028,433		\$1,028,433	4/1/2023	\$1,002,377	97%
			3%	\$0	\$0		\$0			
		\$0	0%	\$0	\$0					
	Total Houston HSDA	3,438,501	103%	0	3,438,501	\$0	\$3,438,501		3,057,137	89%

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

(1) TRG is in the process of reallocations.

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Revised

#### The Houston Regional HIV/AIDS Resource Group, Inc.

#### **FY 2324 DSHS State Services**

#### **Procurement Report**

September 1, 2023 - August 31, 2024



Chart reflects spending through February 2024

Spending Target: 50%

		_							Revised	4/4/2024
Priority	Service Category	Original	% of	Amendments	Contractual	Amendment	Contractual	Date of	Expended	Percent
11101111	Service Category	Allocation per	Grant	per RWPC	Amount	Amendment	Amount	Original	YTD	YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$892,101	29%	\$0	\$892,101	\$0	\$892,101	9/1/2023	\$891,011	100%
6	Mental Health Services	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2023	\$87,670	29%
11	Hospice	\$293,832	10%	\$0	\$293,832	\$0	\$293,832	9/1/2023	\$118,800	40%
13	Non Medical Case Management (2)	\$350,000	12%	\$0	\$350,000	\$0	\$350,000	9/1/2023	\$57,156	16%
16	Linguistic Services (3)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2023	\$6,300	9%
	ADAP/Referral for Healthcare (4)	\$666,000	22%	\$0	\$666,000	\$0	\$666,000	9/1/2023	\$294,449	44%
	Food Bank	\$5,400		\$0	\$5,400	\$0	\$5,400	9/1/2023	\$2,378	44%
	Medical Transportation	\$84,600		\$0	\$84,600	\$0	\$84,600	9/1/2023	\$30,339	36%
	Emergency Financial Assistance (Compassionate Care)	\$368,123		\$0	\$368,123	\$0	\$368,123	9/1/2023	\$111,805	30%
		3,028,056	85%	\$0	\$1,903,933	\$0	\$1,903,933		1,599,907	84%

#### Note

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31.
- (2) Reallocation will occur due to a change in provider.
- (3) Delayed billing
- (4) Staff turnover

## 2023-2024 Ryan White Part B Service Utilization Report 4/1/2023- 03/31/2024 Houston HSDA (4816) 3rd Quarter

Revised 2/2/2024 UDC Gender Race Age Group **Funded Service** Goal YTD Male Female MTF White Hisp Other 0-12 13-19 20-24 25-34 35-44 45-49 50-64 65+ FTM AA 81.44% 12.56% 27.30% 26.30% 32.15% 0.00% 16.56% 19.91% 26.16% 29.36% Health Insurance Premiums 1,150 688 2.00% 4.00%3.05% 0.00% 0.89% 7.12% Home and Communiy Based Health Services 0 0 0.00% 0.00%0.00% 0.00% 0.00% 0.00% 0.00% 0.00%0.00% 0.00%0.00% 0.00%0.00% 0.00% 0.00% 0.00% 17.47% 22.64% 23.61% 73.43% 51.41% 12.71% 33.43% 0.24% 23.82% 10.53% Oral Health Care 4,224 2,363 24.67% 0.00% 1.90% 2.45% 0.00% 1.69% 19.51% 35.66% 17.02% 22.98% 24.03% Unduplicated Clients Served By State Services Funds: 2,769 75.80% 18.62% 1.00% 1.30% 42.23% 2.60% 0.00% 0.12% 1.29% 8.83%

Completed By: L.Ledezma

#### 2023 - 2024 DSHS State Services Service Utilization Report 9/1/2023 thru 8/31/2024 Houston HSDA 1st Quarter

Revised 1/10/2024

	Ul	DC		Gend	ler			Ra	ce					Age G	roup			
Funded Service	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+
Hospice	35	10	70.00%	30.00%	30.00%	0.00%	50.00%	40.00%	10.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.00%	20.00%	30.00%	30.00%
Mental Health Services	192	103	92.00%	7.71%	0.00%	0.29%	34.80%	35.40%	29.10%	0.70%	0.00%	9.70%	9.70%	23.30%	20.38%	17.43%	33.17%	6.70%
Helath Insurance Premiums	925	653	75.00%	17.10%	3.40%	4.50%	36.20%	27.50%	33.30%	3.00%	0.00%	0.00%	6.12%	15.62%	21.20%	23.73%	30.62%	2.71%
Non-Medical Case Management	315	24	74.30%	25.00%	0.00%	0.70%	29.14%	8.36%	62.50%	0.00%	0.00%	0.00%	4.16%	33.33%	25.80%	12.50%	20.05%	4.16%
Linguistc services	50	18	44.44%	53.52%	0.00%	2.04%	50.02%	5.54%	0.00%	44.44%	0.00%	0.00%	5.54%	0.00%	27.77%	44.44%	16.71%	5.54%
Unduplicated Clients Served By State Services Funds:	NA	808	35.00%	22.46%	33.41%	9.13%	20.16%	14.94%	16.76%	48.14%	0.00%	9.70%	2.55%	7.22%	11.51%	11.81%	13.04%	44.17%

Completed By: L.Ledezma

## **Houston Ryan White Health Insurance Assistance Service Utilization Report**

**Period Reported:** 09/01/2023-1/31/2024

**Revised:** 2/21/2024



		Assisted			NOT Assisted	
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	669	\$96,510.40	342	0	\$0.00	0
Medical Deductible	6	\$8,326.12	6	0	\$0.00	0
Medical Premium	3022	\$1,057,094.58	764	0	\$0.00	0
Pharmacy Co-Payment	12470	\$604,570.85	1499	0	\$0.00	0
APTC Tax Liability	0	\$0.00	0	0	\$0.00	0
Out of Network Out of Pocket	0	\$0.00	0	0	\$0.00	0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	16167	\$1,766,501.95	2611	0	\$0.00	

Comments: This report represents services provided under all grants.

UPDATED:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
02/29/24  STAFF  Unless otherwise noted, all meetings will be held via Zoom or	2	3	4 COURT	National Long Term Survivors Awareness Day	6 12 noon Steering Committee	7	8 Nat'l Caribbean American HIV Awareness
hybrid	9	10	11 Timesheets due	12	13 BUSINESS COURT 12 noon Planning Council 2:00 pm Comp HIV Planning	14	15
June	16	17 11:00 a.m. Operations	18 2:00 p.m. Quality Improvement	19 Juneteenth Holiday	20	21	22
2024	30	24 11:00 a.m. Affected Community TENTATIVE: 7:00 p.m. Public Hearing	25 COURT Timesheets due TENTATIVE Priority & Allocations	26 9:30 a.m. SIRR Meeting	27 National HIV Testing Day 12 noon Priority & Allocations	28	29

## DRAFT – 04-24-24 FY 2025 Priority Setting Process

(Priority and Allocations Committee approved )

IMPORTANT: HRSA RW Part A Manual requires that "all RWHAB core medical and support services must be prioritized annually." RWHAP 2023 Part A Manual, page 33.

- 1. Agree on the priority-setting process.
- 2. Agree on the principles to be used in the decision making process.
- 3. Agree on the criteria to be used in the decision making process.
- 4. Agree on the process to be used to determine service cate gories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Improvement, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
- 5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
- 6. Committee members attend a training session to review the documents contained in the information binder and hear pre-sentations from representatives of other funding so urces such as H OPWA, Prevention, Medicaid and others.
- 7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
- 8. The committee meets to do the following. This step occurs at a single meeting:
  - Review documentation not included in the binder described above.
  - Review and adjust the midpoint scores.
  - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
  - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
  - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or TCT (Take Charge Texas).
  - By matching the rankings to the template, a numerical listing of services is established.
  - Justification for ranking categories is denoted by listing principles and criteria.
  - Categories that are not justified are removed from tier #1 (Ryan White justified core services) and tier #2 (Ryan White justified non-core service) rankings and moved to a third and fourth tier where they are ranked separately.
  - If a committee member suggests moving a priority more than five places from the previous year's ranking, this automatical ly prompts discussion and is challenged; any other cate gory that has changed by three places may be challenged; any category that moves less than three places cannot be challenged unless documentation can be shown (not cited) why it should change.
  - The Committee votes upon all challenged categorical rankings.

(Continued on next page)

- At the end of challenges, the entire ranking is approved or rejected by the committee.
- 9. At a <u>separate</u> subsequent meeting, the Priorit y and Allocations Committee g oes through the allocations process.
- 10. The **complete** single list of recommended priorities is presented at a Public Hearing.
- 11. The committee meets to review public comment and possibly revise the recommended priorities.
- 12. At the end of the How To Best Meet the Need, prioritization and allocations processes, staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
- 13. Once <u>this is done</u>, the <u>committee</u> has made its final decision, the <u>committee</u> recommended single list of priorities is forwarded as the priority list of services for the following year.

### Request for Service Category Increase Ryan White Part A and MAI

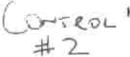
A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						-
C.	Service Category Title (per RFP)	Medical Case Management/Clinical Case Management			/lanagement	Control No.	2
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April:	July	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:			Χ			
F.	Unit of Service:	a. Number of	b. Cost/unit	c. Number of	d. Total:		
	(list only those units and disbursements where an	units in current		additional	(b x c)		
	increase is requested)	contract:		units	,		
	,			requested:			
	Clinical Case Management	8489	\$40.00	1925	\$77,000.00		
	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.		N/A		\$0.00		
	and requestedamount in column c.)		IN/A				
	9.Total additional funding (must match E. above):				\$77,000.00		
G.	Number of new/additional clients to be served with	70					
	requested increase.	70					
H.	Number of clients served under current contract -		b. Percent AA		d. Percent	e. Percent	f. Percent
	Agencies must use the CPCDMS to document	clients served	(non-Hispanic)	White (non-	Hispanic (all	Male	Female
	numbers served.	per CPCDMS		Hispanic)	races)		
	De-identified CPCDMS-generated reports will						
	be provided to the RWPC by RWGA.						
	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%
1	2. Number of clients that have received this						
1	service <u>under Part A</u> (or MAI) in FY 2023.						
	a. April Request Period = Not Applicable						
1	b. July Request Period = 03/01/23 - 06/30/23						
1	c. October Request Period = 03/01/23 - 09/30/23						
	d. 4th Qtr. Request Period = 03/01/23 - 11/30/23	182	58%	22%	18%	78%	22%

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## 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?	information):	do <b>not</b> include agency name or identifying				
	1. Length of waiting time (in weeks) for an appointment for a <b>new</b> client:	1	0	because we v current alloc current alloc	e will be a waitlist if we cannot get an increase will have to transfer staff to other projects. The cation is not suffient to support 3 CCMs. The ation only supports 12.6 hours of service per CCM per week				
	2. Length of waiting time (in weeks) for an appointment for a <b>current</b> client:	1	0	however, there will be a waitlist if we cannot get an incre- because we will have to transfer staff to other projects. I current allocation is not suffient to support 3 CCMs. Th current allocation only supports 12.6 hours of service p					
	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 suffient to support 3 CCMs. The current allocation only supports 12.6 hours of service per					
	4. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0						
J.	List all other sources and amounts of funding for <b>similar</b> 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):				
	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								

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**EXAMPLE** 

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

[Agency] [Grant] RW1 (Service); ALL (Service Performed) 0. betwice performed between 3.1.22 and 2.28-23.1 Type Encounter.

| Age Group| AgeGrp1 (expanded) [Include Exclude SubCats] INCLUDE | Contract 1 | 22GFN0503 [Sub Cats 1 | All [Contract 2 | max [Sub Cats 2 | All [Contract 2 | max [Sub Cats 2 | All [Contract 2 | Max [Sub Cats 2 | All [Sub Cats 2

[Contract 4: n/a [seb ] ats 4]. All \*Contract 5]. n \* [seo Cata 5]. All [MAI]. ALL [SnowDetr (): True [Registration Type]. ALL [SnowDetr (): True [Registration Type]. ALL [SnowDetr (): True [Registration Type].

		BIRTH GENDER									
			MALE			FFMALE		BO	TH GENDE	RS	
RACE	AGE		Hispanic	Non-Hisp		Назрание	Non-Hisp		Hispanic	Non-Hau	
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EXAMPLE		BIRTH GENDER									
		MALE			FEMALE			BOTH GENDER		RS	
RACE	AGE <sup>2</sup>		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	[	
	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		Methods of Exposure (not mutually exclusive)					
Unduplicated clients:	246	Perinatal Transmission	1				
Client visits: 3	3041	Hemophilia Coagulation	0				
Spanish speaking (primary language at home) elients served:	19	Transfusiou	1				
Deaf/hard of hearing elients served:	5	Heterosexual Contact	63				
Blind/sight impaired elients served:	5	MSM (not IDU)	112				
Homcless clients served:	33	IV Drug Use (not MSM)	7				
Transgender M to F clients served:	7	MSM/IDU	3				
Transgender F to M elients served:	0	Multiple Exposure Categories	10				
Clients served this period who live w/in Harris County:	242	Other risk	58				
Clients served this period who live outside Harris County:	4	Multi-Race Breakdown					
Active substance abuse clients scrved:	2	BLK,WHT	1				
Active psychiatric illness elients served:	8						

#### **FOOTNOTES**

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

<sup>&</sup>lt;sup>1</sup> Visit = time spent per elient per agency per service per day

<sup>&</sup>lt;sup>2</sup> Age as of client max service date

<sup>&</sup>lt;sup>3</sup> If New Client = Yes is selected then elients 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.