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

MEMORANDUM

To: Steering Committee Members:
Crystal R. Starr, Chair
Skeet Boyle, Vice Chair
Josh Mica, Secretary
Rodney Mills, Co-Chair, Affected Community Committee
Diana Morgan, Co-Chair, Affected Community Committee
Allen Murray, Co-Chair, Comprehensive HIV Planning Committee
Steven Vargas, Co-Chair, Comprehensive HIV Planning Committee
Ronnie Galley, Co-Chair, Operations Committee
Cecilia Ligons, Co-Chair, Operations Committee
Bobby Cruz, Co-Chair, Priority and Allocations Committee
Peta-gay Ledbetter, Co-Chair, Priority and Allocations Committee
Tana Pradia, Co-Chair, Quality Improvement Committee
Pete Rodriguez, Co-Chair, Quality Improvement Committee

Copy: Glenn Urbach
Mauricia Chatman
Tiffany Shepherd
Patrick Martin
Mackenzie A. Hudson
Diane Beck
EMAIL ONLY:
Ann Robison
David Williams
Sha'Terra Johnson

From: Tori Williams

Date: Wednesday, March 29, 2023

Re: Meeting Announcement

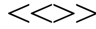
We look forward to seeing you for the following meeting:

Ryan White Steering Committee Meeting
12 noon, Thursday, April 6, 2023
Join the Zoom meeting by clicking on:
https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SlV2RE50ZzYraEErQT09
Meeting ID: 857 8218 9192 Passcode: 885832
Or, use your phone to dial in by calling 346 248-7799

Please contact Rod to RSVP, even if you cannot attend, and let her know if you prefer to meet at the Office of Support. There is room for up to 5 people who are socially distancing in our conference room. Rod can be reached by telephone at: 832 927-7926 or by email at: Rodriga.Avila@cjo.hctx.net. Thank you!

C:\Users\dbeck\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\0XPZWWZM\Meeting reminders.docx

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



STEERING COMMITTEE

AGENDA

12 noon, Thursday, April 6, 2023

Join Zoom Meeting by clicking onto:
https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SlV2RE50ZzYraEErQT09
Meeting ID: 857 8218 9192
Passcode: 885832
Or, dial in by calling 346 248-7799

I. Call to Order — Crystal R. Starr, Chair, RW Planning Council
   A. Welcoming Remarks
   B. Moment of Reflection
   C. Select the Committee Co-Chair who will be voting today
   D. Adoption of the Agenda
   E. Adoption 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. 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 yourself, 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.)

IV. Reports from Committees
   A. Affected Community Committee — Diana Morgan and Rodney Mills, Co-Chairs

   Item: Houston Ryan White Client Satisfaction Survey
   Recommended Action: FYI: Mauricia Chatman from Ryan White Grant Administration and John Sapero from Collaborative Research presented questions from the new Houston Ryan White Client Satisfaction Survey in order to get input from Committee members. Overall, Committee members agreed with the questions.

   Item: 2022-26 Integrated HIV Prevention and Care Plan
   Recommended Action: FYI: Williams walked Committee members through the attached power point presentation that describes the suggested Leadership Team structure for implementing monitoring and evaluating the 2022 Integrated Plan. The Affected Community Committee recommends the suggested Leadership Team structure described in the power point presentation.

B. Comprehensive HIV Planning Committee
Item: 2022-26 Integrated HIV Prevention and Care Plan
Recommended Action: **Motion:** Approve the suggested Leadership Team structure for implementing monitoring and evaluating the 2022-26 Integrated Plan.

Steven Vargas and Allen Murray, Co-Chairs

Item: Committee Vice Chair
Recommended Action: FYI: Kenia Gallardo was elected as the Vice Chair for the Committee.

C. Quality Improvement Committee
Item: Criteria for Justifying the FY 2024 Service Categories
Recommended Action: **Motion**: Approve the attached criteria for justifying the FY 2024 Ryan White service categories during the *2023 How To Best Meet the Need* process.

Tana Pradia and Pete Rodriguez, Co-Chairs

Item: Home and Community-Based Health Services
Recommended Action: **Motion:** Due to many years of being underutilized, do not RFP the Home and Community-based Health Services service category. See attached memo from The Resource Group.

Item: FY 2024 How To Best Meet the Need Process
Recommended Action: FYI: The FY 2024 How to Best Meet the Need process will begin on Monday, April 17th with Special Workgroup meetings on HIV and Aging in the morning and Case Management for individuals with a history of a sexual offense and for individuals who are aging. Please see the enclosed calendar with all meeting dates and services to be discussed. Although all meetings will be in hybrid format, please sign up with Rod or Diane to attend these meetings. The RSVP list will tell us how large a room we will need to rent at the church.

Item: Committee Vice Chair
Recommended Action: FYI: Caleb Brown was elected as the Vice Chair for the Committee.

D. Priority and Allocations Committee
Item: Home and Community-Based Health Services
Recommended Action: **Motion:** Accept The Resource Group staff recommendations as outlined in the attached memo by de-funding Home and Community-Based Health Services and reallocating the $113,315 in Ryan White Part B funds to Oral Health-General and Prosthodontics.

Peta-gay Ledbetter and Bobby Cruz, Co-Chairs

Item: Reports from the Ryan White Part B/SS* Administrative Agency
Recommended Action: FYI: See three attached reports.

E. Operations Committee — Ronnie Galley and Cecilia Ligons, Co-Chairs
Item: HRSA Letter Regarding Consumer Incentives, dated 12/06/22
Recommended Action: **Motion:** Adopt Option #2, as outlined in the 12/06/22 HRSA letter regarding consumer incentives. Option #2 provides consumers with a meal (when medically necessary) and reimburses consumers for transportation to and from a Ryan White-related meeting or event and childcare needed during a Ryan White-related meeting or event. Ask Planning Council, Affiliate Committee members and students if they are taking medication that requires it be taken with food. If "yes", provide these individuals with a meal. Those who do not have a medical necessity for food are encouraged to bring a bag lunch or dinner to meetings that take place during a mealtime.

III. Report from the Office of Support — Tori Williams, Director

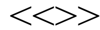
IV. Report from Ryan White Grant Administration — Glenn Urbach, Manager

V. Report from The Resource Group — Sha'Terra Johnson, Health Planner

VI. Announcements

VII. Adjournment

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



STEERING COMMITTEE

MINUTES

12 noon, Thursday, March 2, 2023
Meeting Location: Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Crystal Starr, Chair	Josh Mica, excused	*Ryan White Grant Administration*
Skeet Boyle, Vice Chair	Rodney Mills, excused	Glenn Urbach
Diana Morgan		Mauricia Chatman
Allen Murray		Jason Black
Steven Vargas	**OTHERS PRESENT**	
Ronnie Galley	Charles Henley	*The Resource Group*
Cecilia Ligons		Sha'Terra Johnson
Bobby Cruz		
Peta-gay Ledbetter		*Office of Support*
Tana Pradia		Tori Williams
Pete Rodriguez		Mackenzie Hudson

Call to Order: Crystal Starr, Chair, called the meeting to order at 12:09 p.m. She then called for a Moment of Reflection.

Those selected to represent their committee at today's meeting are: Morgan for Affected Community, Murray for Comprehensive HIV Planning, Galley for Operations, Ledbetter for Priority and Allocations and Pradia for Quality Improvement.

Adoption of the Agenda: ***Motion #1:*** *it was moved and seconded (Boyle, Ligons) to adopt the agenda.* **Motion carried.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Boyle, Pradia) to approve the February 2, 2023 minutes.* **Motion carried.** Abstention: Morgan.

Public Comment and Announcements: See attached.

Reports from Committees
Comprehensive HIV Planning Committee: Allen Murray, Co-Chair, reported on the following:
Committee Orientation: Because the appointment of the Affiliate members was delayed this year, most committees tabled the first portion of their February meeting, which is dedicated to general orientation. All Committees did review their 2023 work products.

Affected Community Committee: Diana Morgan, Co-Chair, reported on the following:
Committee Orientation: The Committee reviewed the purpose of the Council, public hearings and committee participation in health fairs.

Quality Improvement Committee: Pete Rodriguez, Co-Chair, reported on the following:
Committee Orientation: The Quality Improvement Committee reviewed its 2023 work products.

Operations Committee: Cecilia Ligons, Co-Chair, reported on the following:
2023 Ryan White Meeting Format: ***Motion #3:*** *Unless it is contrary to the Texas Open Meetings Act, all Ryan White Planning Council, Committee and Workgroup meetings will be in hybrid format. It is also recommended that Committee Co-Chairs and Officers attend meetings in person as much as possible.* **Motion Carried**.

Letter from HRSA re: Consumer Incentives, dated 12/06/22: Starr stated that she and Williams gathered questions from Council members in response to the 12/06/22 HRSA letter. At the end of February, Starr turned the questions into Houston's HRSA Project Officer. She is waiting for his response. In the meantime, HRSA has stated that they plan to host a Technical Assistance training for Planning Councils nationwide to discuss ways in which individual Councils can implement one of the two options outlined in the letter.

Priority and Allocations Committee: Bobby Cruz, Co-Chair, reported on the following:
2023 Policy for Addressing Unobligated & Carryover Funds: ***Motion #4:*** *Approve the attached 2023 Policy for Addressing Unobligated and Carryover Funds.* **Motion Carried**.

FY24 Guiding Principles and Criteria: ***Motion #5:*** *Approve the attached FY 2024 Guiding Principles and Decision Making Criteria.* **Motion Carried**.

FY 2024 Priority Setting Process: Vargas said he agrees with the policy and how it's worked in the past but recommends reviewing all current documents used for decision making (Guiding Principles, etc.) through the lens of our EHE efforts. Principally, he is thinking about whether these tools aid or support the Houston Council's efforts effectively and if not, to adjust these tools to more effectively reflect our focus. ***Motion #6:*** *Approve the attached FY 2024 Priority Setting Process.* **Motion Carried**.

Committee Vice Chair: FYI: Brue Turner was elected as the vice chair for the Committee.

Report from Office of Support: Tori Williams, Director, summarized the attached report.

Report from Ryan White Grant Administration: Glenn Urbach, Manager, summarized the attached report.

Report from The Resource Group: Sha'Terra Johnson, Health Planner, submitted the attached report.

Announcements: Starr said that AIDS Walk Houston is this Sunday, she hopes to see many Council members there. Boyle said this is the first Saturday and Bread of Life will be giving out household items. Pradia PWN Strike Force is going to HIV Advocacy Day at the Capital in Austin on March 27th, breakfast and lunch will be provided. See Rod for the link to sign up. Ligons said that the Positive Living Conference will be September 15-17, 2023. Transportation will be provided; there are still a couple of seats available.

Adjournment: ***Motion:*** *it was moved and seconded (Boyle, Ligons) to adjourn the meeting at 12:51 p.m.* **Motion Carried.**

Submitted by: Approved by:

______________________________		______________________________	
Tori Williams, Director	Date	Committee Chair	Date

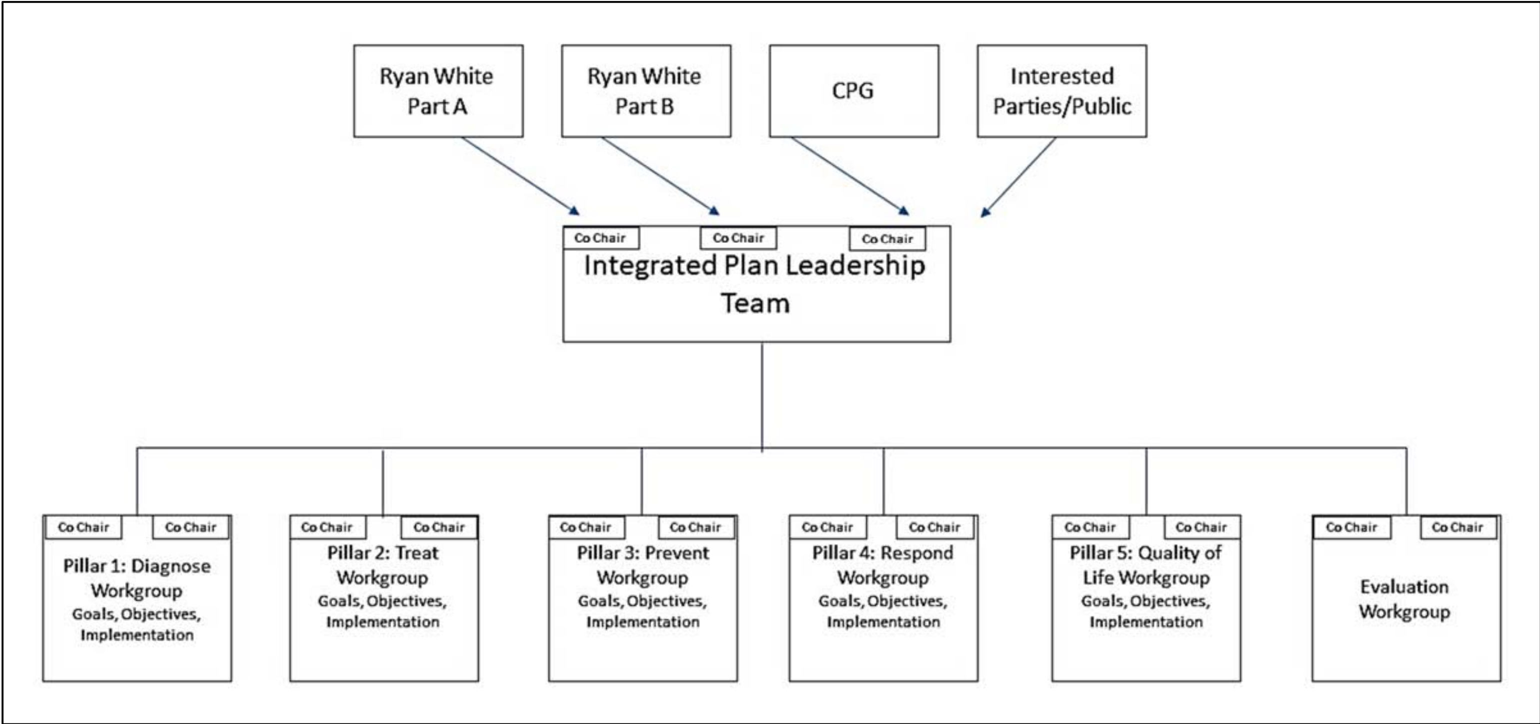
2023 Steering Committee Voting Record for Meeting Date 03/02/23

C = Chaired the meeting, ja = Just arrived, lm = Left the meeting

Aff-Affected Community Committee, Comp-Comprehensive HIV Planning Committee, Op-Operations Committee, PA-Priority and Allocations Committee, QI-Quality Improvement Committee

	Motion #1 Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** 2023 Ryan White Meeting format **Carried**				**Motion #4** 2023 Unobligated & carryover funds **Carried**				**Motion #5** FY24 Principles & Criteria **Carried**				**Motion #6** FY24 Priority Setting Process **Carried**			
MEMBERS	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**
Crystal Starr, Chair				**C**				**C**				**C**				**C**				**C**				**C**
Skeet Boyle, Vice Chair		**X**				**X**				**X**				**X**				**X**				**X**		
Diana Morgan, Aff		**X**						**X**		**X**				**X**				**X**				**X**		
Allen Murray, Comp		**X**				**X**				**X**				**X**				**X**				**X**		
Ronnie Galley, Op		**X**				**X**				**X**				**X**				**X**				**X**		
Peta-gay Ledbetter, PA		**X**				**X**				**X**				**X**				**X**				**X**		
Tana Pradia, QI		**X**				**X**				**X**				**X**				**X**				**X**		
Non-voting members at the meeting:																								
Steven Vargas, Comp																								
Bobby Cruz, PA																								
Cecilia Ligons, Op																								
Pete Rodriguez, QI																								
Absent members:																								
Josh Mica, Secretary																								
Rodney Mills, Aff																								

Figure 1: Leadership Structure for Implementing, Monitoring and Evaluating the 2022 Integrated Plan



2022-2026 Integrated HIV Prevention and Care Plan

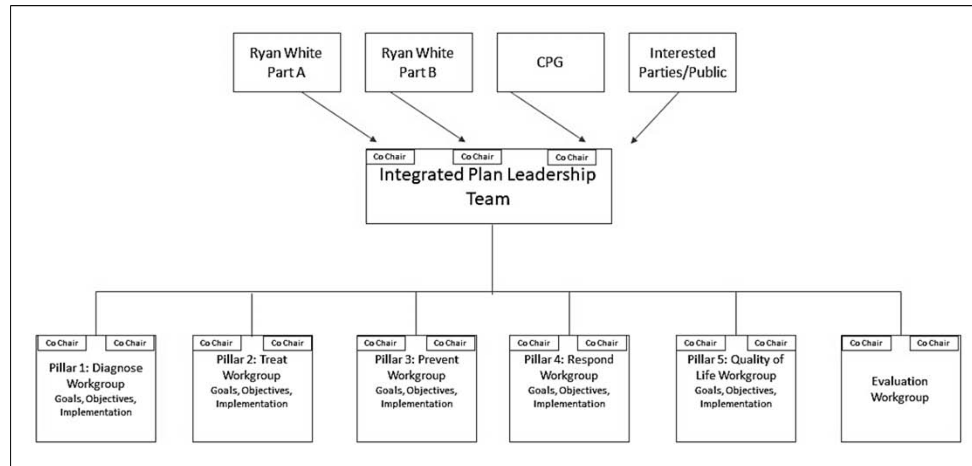
Tori Williams, Director, Ryan White Office of Support
Mackenzie Hudson, Health Planner, Ryan White Office of Support
March 9, 2023

Houston asked for One Plan

Now we have it

Doesn't it make sense to Implement, Monitor and Evaluate it as ONE Plan?

Suggested Leadership Structure for Implementing, Monitoring and Evaluating the 2022 Integrated HIV Plan



Ideally, each workgroup will…

- Adopt the Denver Principal: "Nothing About Us Without Us"
- Include 2 Co-Chairs – preferably 1 educator & 1 consumer
- The Co-Chairs of the Leadership Team will select the workgroup co-chairs
- Include 1-2 members from the Evaluation Workgroup
- Build upon the work of others (ex: Latino HIV Task Force)
- Be responsible for implementing and monitoring their goals & activities
- Identify and secure needed resources
- Organize how they wish to accomplish their work
- Build sustainability into each goal or activity
- Report monthly to the Leadership Team

Workgroup #3 is responsible for GOALS assigned to Pillar 3: Prevent

- *Prevent new HIV Infections by increasing knowledge of HIV among people, communities and the health workforce; with particular emphasis on priority populations and non-Ryan White funded agencies with expertise in areas that intersect with HIV.*
- Achieve 50% reduction in new HIV cases.
- Improve accessibility, information sharing, and monitoring of PrEP.
- Address social determinants through a multi-level approach that reduces new cases and sustains health equity.
- Advance policy gaps through increased education and outreach at all levels.
- *Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for:*
  - *Condom distribution in jails and prisons*
  - *Texas becoming a Medicaid Expansion state*

Benefits of this structure:

- Divide the work into 6 parts
- Assign staff to each workgroup
- Workgroup membership will come from CPG, PC, LEAP, VIDA and other community members
- Create competition between the Workgroups

Questions?

GOALS for Pillar 1: Diagnose

- *Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.*
- Advance legislative and non-legislative policy changes at the local, state, and federal levels to aid EHE.
- *Improve HIV-Related health outcomes of all people being tested for HIV [QoL]*
- *Increase knowledge and understanding of HIV*

GOALS for Pillar 2: Treat

- Goal 2A: Ensure 90% of clients are retained in care and virally suppressed.
- Goal 2A.1: Ensure rapid linkage to HIV medical care and rapid ART initiation for all persons with newly diagnosed or re-engaging in care.
- Goal 2A.2: Support re-engagement and retention in HIV medical care, treatment, and viral suppression through improved treatment related practices, increased collaboration, greater service accessibility, and a whole-health emphasis.
- Goal 2A.3: Establish organized methods to raise widespread awareness on the importance of treatment.
- Goal 2A.4: Advance internal and external policies related to treatment.
- Goal 2B: *Increase Access to Care and Medication.*
- Goal 2C: *Increase access to HIV education, prevention and care services among priority populations.*
- Goal 2D: *Increase access to care and medication by tying the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive).*

GOALS for Pillar 4: Respond

- Increase capacity to identify, investigate active HIV transmission clusters and respond to HIV outbreaks in 1 year.
- Actively involve members of local communities in naming, planning, implementation, and evaluation by leveraging social networks, planning bodies, and community stakeholders in developing partnerships, processes, and data systems that facilitate response activities.
- *Build a community-tailored program to investigate and intervene in active networks and ensure resources are delivered where need is the greatest.*
- Empower effective advocacy and policy changes at the local, state, and federal levels.

GOALS for Pillar 5: Quality of Life

- *Improve Quality of Life for Persons Living with HIV.*
- *Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%.*
- *Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.*
- *Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%.*
- *Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%.*
- *Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%.*
- *Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data.*

FY 2024 *How To Best Meet The Need* Workgroup Schedule

(Revised 03/30/23)

Participate in person: St. Philip Presbyterian Church, 4807 San Felipe St, Houston, 77056
or *Participate by Zoom: see meetings listed below for Zoom info*

TRAINING FOR ALL PARTICIPANTS

How to Use the Data for HTBMN – 1:30 p.m., Thursday, April 13, 2023

Participate in person or Participate by Zoom: bit.ly/HTBMN-training (Meeting ID: 828 3781 9425 * Passcode: 516705)

Special Workgroups Monday, April 17, 2023

HIV and Aging: **10:30 a.m. –Discuss trends and data to find ways to improve services for this unique and growing population**
Participate in person or by Zoom: bit.ly/2023HTBMN-Specialwg1 (Meeting ID: 881 4413 3557 * Passcode: 578354)

Various Topics: **1:30 p.m. –Goals and activities identified in the 2023 Integrated HIV Prevention and Care Services Plan**
Participate in person or by Zoom: bit.ly/2023HTBMN-Specialwg2 (Meeting ID: 827 6401 2563 * Passcode: 031016)

Workgroup packets are available at rwpchouston.org on the Calendar for each date below (packets are in pdf format & posted as they become available).

Workgroup 1 **Wednesday, April 19 @ 10:30 a.m.**	***Workgroup 2*** **Wednesday, April 19 @ 1:30 p.m.**	***Workgroup 3*** **Thursday, April 20 @ 3:00 p.m.**	***Workgroup 4*** **Tuesday, May 16 @ 11:00 a.m.**
Participate in person or by Zoom: **bit.ly/2023HTBMN-wg1** **Meeting ID: 886 3345 6915** **Passcode: 617200**	**Participate in person or by Zoom:** **bit.ly/2023HTBMN-wg2** **Meeting ID: 896 9184 4309** **Passcode: 136209**	**Participate in person or by Zoom:** **bit.ly/2023HTBMN-wg3** **Meeting ID: 894 8551 7787** **Passcode: 100811**	**Participate by Zoom:** **bit.ly/OpCommittee** **Meeting ID: 819 3877 1756** **Passcode: 817550**
Group Leaders:	**Group Leaders:**	**Group Leaders:**	**Group Leaders:** Cecilia Ligons & Ronnie Galley
SERVICE CATEGORIES: Ambulatory/Outpatient Medical Care (includes Emergency Financial Assistance-Pharmacy, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage) – Adult and Rural Case Management - Clinical Case Management - Non-Medical (Service Linkage at Test Sites) Referral for Health Care‡ (ADAP eligibility workers) Vision Care	***SERVICE CATEGORIES:*** Health Insurance Premium & Co-pay Assistance Medical Nutritional Therapy and Supplements Mental Health Services‡ Oral Health – Rural & Untargeted‡ Substance Abuse Treatment/ Counseling Case Management - Non-Medical‡ (Targeting Substance Use Disorder)	***SERVICE CATEGORIES:*** Emergency Financial Assistance - Other Hospice Linguistic Services‡ Referral for Health Care‡ (for the incarcerated) Transportation (Van-based -- untargeted and rural)	***SERVICE CATEGORIES:*** Blue Book

‡ Service Category for Part B/State Services (SS) only; Part B/SS categories are RFP'd every three to five years. **To confirm info for Part B/SS, call 713 526-1016.**

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals *not in care** to access primary care? **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. **Ending the HIV Epidemic*: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	Documentation of Need (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap. Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?	Service Efficiency **Can we make this service more efficient? For:** a) Clients b) Providers **Can we bundle this service?** **Has a recent capacity issue been identified?** **Does this service assist special populations to access primary care?** *Examples:* a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	Recommendation(s) As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. (*Motion approved by QI 03/15/22)*
Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-14-23							
Ambulatory/Outpatient Primary Medical Care (incl. Vision):							
CBO, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach & Service Linkage (Includes OB/GYN) *See below for Public Clinic, Rural, and Vision.*	✔ Yes ___No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care					

‡ Service Category for Part B/State Services only.

Service Category	**Is this a core service?** If no, how does the service support access to core services & support clients achieving improved outcomes?	**How does this service assist individuals *not in care** to access primary care?** **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. **Ending the HIV Epidemic*: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	**Documentation of Need** (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?	**Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.** Is this service typically covered under a Qualified Health Plan (QHP)?	**Justify the use of Ryan White Part A, Part B and State Services funds for this service.** **Is this a duplicative service or activity?**	**Service Efficiency** **Can we make this service more efficient? For:** a) Clients b) Providers **Can we bundle this service?** **Has a recent capacity issue been identified?** **Does this service assist special populations to access primary care?** *Examples:* a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	**Recommendation(s)** As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. (*Motion approved by QI 03/15/22)*
Public Clinic, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach & Service Linkage (Includes OB/GYN) *See below for Rural and Vision*	✔ Yes ___No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care					
Rural, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach & Service Linkage (Includes OB/GYN) *See below for Vision*	✔ Yes ___No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care					

‡ Service Category for Part B/State Services only.

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals *not in care** to access primary care? *EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care. *Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months. **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. **Ending the HIV Epidemic*: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	Documentation of Need (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap. Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?	Service Efficiency. Can we make this service more efficient? For: a) Clients b) Providers. Can we bundle this service? Has a recent capacity issue been identified? Does this service assist special populations to access primary care? *Examples:* a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	Recommendation(s) As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. (*Motion approved by QI 03/15/22*)
Vision - Part A	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☒ Continuum of Care					
Clinical Case Management - Part A	✔ Yes ___No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care			-		

‡ Service Category for Part B/State Services only.

Service Category	**Is this a core service?** If no, how does the service support access to core services & support clients achieving improved outcomes?	**How does this service assist individuals *not in care** to access primary care?** **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. **Ending the HIV Epidemic*: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	**Documentation of Need** (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?	**Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.** Is this service typically covered under a Qualified Health Plan (QHP)?	**Justify the use of Ryan White Part A, Part B and State Services funds for this service.** **Is this a duplicative service or activity?**	**Service Efficiency** **Can we make this service more efficient? For:** a) Clients b) Providers **Can we bundle this service?** **Has a recent capacity issue been identified?** **Does this service assist special populations to access primary care?** *Examples:* a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	**Recommendation(s)** As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. (*Motion approved by QI 03/15/22*)
Case Management – Non-Medical - Part A (Service Linkage at testing sites)	___Yes _✔_No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care					
Emergency Financial Assistance – Other - Part A	___Yes _✔_No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care This is a new service that started 03/01/21.					

‡ Service Category for Part B/State Services only.

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals *not in care** to access primary care? **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. **Ending the HIV Epidemic*: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	Documentation of Need (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap. Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?	Service Efficiency **Can we make this service more efficient? For:** a) Clients b) Providers **Can we bundle this service?** **Has a recent capacity issue been identified?** **Does this service assist special populations to access primary care?** *Examples:* a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	Recommendation(s) As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. (*Motion approved by QI 03/15/22)*
Health Insurance Premium and Co-Pay Assistance - Part A, Part B, and State Services	✔ Yes __No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care			-		
Hospice ‡	✔ Yes __No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care			-		

‡ Service Category for Part B/State Services only.

Service Category	**Is this a core service?** If no, how does the service support access to core services & support clients achieving improved outcomes?	**How does this service assist individuals *not in care** to access primary care?** **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. **Ending the HIV Epidemic*: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	**Documentation of Need** (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?	**Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.** Is this service typically covered under a Qualified Health Plan (QHP)?	**Justify the use of Ryan White Part A, Part B and State Services funds for this service.** **Is this a duplicative service or activity?**	**Service Efficiency** **Can we make this service more efficient? For:** a) Clients b) Providers **Can we bundle this service?** **Has a recent capacity issue been identified?** **Does this service assist special populations to access primary care?** *Examples:* a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	**Recommendation(s)** As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. (*Motion approved by QI 03/15/22)*
Linguistic Services‡	___Yes _✔__No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care			-		
Medical Nutritional Supplements and Therapy - Part A	_✔__Yes ___No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care			-		

‡ Service Category for Part B/State Services only.

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals *not in care** to access primary care? **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. **Ending the HIV Epidemic*: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	Documentation of Need (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap. Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?	Service Efficiency Can we make this service more efficient? For: a) Clients b) Providers Can we bundle this service? Has a recent capacity issue been identified? Does this service assist special populations to access primary care? *Examples:* a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	Recommendation(s) As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. (*Motion approved by QI 03/15/22)*
Mental Health Services‡ (Professional Counseling)	✔ Yes ___No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care			-		
Oral Health Untargeted – Part B Rural (North) – Part A	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☒ Continuum of Care			-		
Program Support: (WITHIN THE ADMINISTRATIVE BUDGET)							

‡ Service Category for Part B/State Services only.

Service Category	**Is this a core service?** If no, how does the service support access to core services & support clients achieving improved outcomes?	**How does this service assist individuals *not in care** to access primary care?** **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. **Ending the HIV Epidemic*: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	**Documentation of Need** (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?	**Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.** Is this service typically covered under a Qualified Health Plan (QHP)?	**Justify the use of Ryan White Part A, Part B and State Services funds for this service.** **Is this a duplicative service or activity?**	**Service Efficiency** **Can we make this service more efficient? For:** a) Clients b) Providers **Can we bundle this service?** **Has a recent capacity issue been identified?** **Does this service assist special populations to access primary care?** *Examples:* a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	**Recommendation(s)** As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. (*Motion approved by QI 03/15/22)*
Council Support	___Yes _✔_No						
Project LEAP	___Yes _✔_No						
Blue Book	___Yes _✔_No						
Referral for Health Care – ADAP Enrollment Workers (AEW)‡	___Yes _✔_No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care					

‡ Service Category for Part B/State Services only.

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals *not in care** to access primary care? **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. **Ending the HIV Epidemic*: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	Documentation of Need (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap. Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?	Service Efficiency Can we make this service more efficient? For: a) Clients b) Providers Can we bundle this service? Has a recent capacity issue been identified? Does this service assist special populations to access primary care? *Examples:* a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	Recommendation(s) As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. (*Motion approved by QI 03/15/22)*
Referral for Health Care – Incarcerated‡	___Yes _✔_No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care					
Substance Abuse Treatment – Part A	_✔_Yes ___No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care			-		

‡ Service Category for Part B/State Services only.

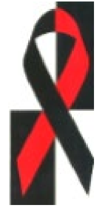
Service Category	**Is this a core service?** If no, how does the service support access to core services & support clients achieving improved outcomes?	**How does this service assist individuals *not in care** to access primary care?** **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. **Ending the HIV Epidemic*: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	**Documentation of Need** (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?	**Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.** Is this service typically covered under a Qualified Health Plan (QHP)?	**Justify the use of Ryan White Part A, Part B and State Services funds for this service.** **Is this a duplicative service or activity?**	**Service Efficiency** **Can we make this service more efficient? For:** a) Clients b) Providers **Can we bundle this service?** **Has a recent capacity issue been identified?** **Does this service assist special populations to access primary care?** *Examples:* a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	**Recommendation(s)** As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. (*Motion approved by QI 03/15/22)*
Case Management – Non-Medical - State Services‡ (Targeting Substance Use Disorders)	___Yes _✔_No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care			-		
Transportation – Pt A (Van-based, bus passes & gas vouchers)	___Yes _✔_No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care			-		

‡ Service Category for Part B/State Services only.

Service Category	Justification for Discontinuing the Service
Part 2: Services *allowed* by HRSA but not offered by Part A, Part B or State Services funding in the Houston EMA/HSDA as of 03-01-23 *In order for any of the services listed below to be considered for funding, a New Idea Form must be submitted to the Office of Support for the Ryan White Planning Council no later than 5:00 p.m. on May 1, 2023. This form is available by calling the Office of Support: 832 927-7926*	
Ambulatory/Outpatient Primary Medical Care – Pediatric (incl. Medical Case Management and Service Linkage)	Service available from alternative sources.
Buddy Companion/Volunteerism	Low use, need and gap according to the 2002 Needs Assessment (NA).
Childcare Services (In Home Reimbursement; at Primary Care sites)	Primary care sites have alternative funding to provide this service so clients will continue to receive the service through alternative sources.
Food Pantry (Urban)	Service available from alternative sources.
HE/RR	In order to eliminate duplication, eliminate this service but strengthen the patient education component of primary care.
Home and Community-based Health Services (In-home services)	Category unfunded due to difficulty securing vendor.
Home and Community-based Health Services (facility-based)	Category unfunded due to many years of underutilization.
Housing Assistance (Emergency rental assistance) **Housing Related Services** (Housing Coordination)	According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.) But, HOPWA does not give emergency shelter vouchers because they feel there are shelters for this purpose and because it is more prudent to use limited resources to provide long-term housing.
Minority Capacity Building Program	The Capacity Building program targeted to minority substance abuse providers was a one-year program in FY2004.
Outreach Services	Significant alternative funding.
Psychosocial Support Services (Counseling/Peer)	Duplicates patient education program in primary care and case management. The boundary between peer and client gets confusing and difficult to supervise. Not cost effective, costs almost as much per client as medical services.
Rehabilitation	Service available from alternative sources.

‡ Service Category for Part B/State Services only.

The Houston Regional HIV/AIDS Resource Group, Inc.



Memorandum

To: RWPC- Priorities and Allocations Committee
From: Tiffany Shepherd TS
CC: ShaTerra Johnson

TOPIC: Increase Funding Scenario

Effective January 17, 2023, the provider funded for Home and Community-Based Health Services decided to discontinue providing the service based on underutilization, thus leaving an unallocated amount in RW Part B in the amount of $113,315. Currently the only services funded under RW Part B are Oral Healthcare Services and Health Insurance Assistance. The Resource Group would like to recommend applying the Part B/State Services increase funding scenario which states to allocate the "first $200,000 to be divided evenly between Oral Health-General Oral Health and Oral Health -Prosthodontics".

Available Funding Amount: $113,315

Contract Effective Date: 04/01/2023

<u>Recommendations</u>:

Agency 1: Total $56,657.50/ Oral Health-General Oral Health $28,328.75and Oral Health - Prosthodontics $28,328.75

Agency 2: Total $56,657.50/ Oral Health-General Oral Health $28,328.75and Oral Health - Prosthodontics $28,328.75

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2122 Ryan White Part B
Procurement Report
April 1, 2022 - March 31, 2023

Reflects spending through January 2023

Spending Target: 83%

Revised 3/6/23

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Service	$1,658,878	48%	$0	$1,658,878	$0	$1,658,878	4/1/2022	$1,280,346	77%
4	Oral Health Service -Prosthodontics	$560,000	16%	$0	$560,000	$0	$560,000	4/1/2022	$565,510	101%
5	Health Insurance Premiums and Cost Sharing (1)	$1,107,702	32%	$0	$1,107,702	$0	$1,107,702	4/1/2022	$1,046,609	94%
9	Home and Community Based Health Services (2)	$113,315	3%	$0	$113,315	$0	$113,315	4/1/2022	$58,960	52%
		$0	0%	$0	$0					
	Total Houston HSDA	3,439,895	100%	0	3,439,895	$0	$3,439,895		2,951,425	86%

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.

(2) Service has ended and funds will be reallocated in HSDA 16

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

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2122 Ryan White Part B

Procurement Report

April 1, 2022 - March 31, 2023

Reflects spending through January 2023

Spending Target: 83%

Revised 3/6/23

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Service	$1,658,878	48%	$0	$1,658,878	$0	$1,658,878	4/1/2022	$1,280,346	77%
4	Oral Health Service -Prosthodontics	$560,000	16%	$0	$560,000	$0	$560,000	4/1/2022	$565,510	101%
5	Health Insurance Premiums and Cost Sharing (1)	$1,107,702	32%	$0	$1,107,702	$0	$1,107,702	4/1/2022	$1,046,609	94%
9	Home and Community Based Health Services (2)	$113,315	3%	$0	$113,315	$0	$113,315	4/1/2022	$58,960	52%
		$0	0%	$0	$0					
Total Houston HSDA		3,439,895	100%	0	3,439,895	$0	$3,439,895		2,951,425	86%

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.

(2) Service has ended and funds will be reallocated in HSDA 16

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

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2022-1/31/2023

Revised: 3/7/2023

	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	281	$26,305.18	148	*0*	*$0.00*	*0*
Medical Deductible	110	$115,101.40	101	*0*	*$0.00*	*0*
Medical Premium	3033	$1,026,674.82	804	*0*	*$0.00*	*0*
Pharmacy Co-Payment	11522	$715,787.17	1243	*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	10	$995.87	9	*NA*	*NA*	*NA*
Totals:	14956	$1,882,872.70	2305	0	$0.00	

Comments: This report represents services provided under all grants.

Worksheet for Determining 2023 Consumer Incentives

(as of 03-07-23)

The Operations Committee needs to make recommendations regarding consumer incentives in 2023. Per the attached letter from HRSA dated December 6, 2022, the Council has two options:

Option #1: Provide a gift card to consumers who attend Ryan White meetings (in person?).

Option #2: Reimburse consumers for meals (only if needed for health reasons), transportation and childcare services

Possible Considerations:
Fair to all consumers? Fair to all RW volunteers?
Should reimbursement be of equal value for all consumers OR
Should reimbursement cover cost equally?
Note: Some RW events take place outside the City limits
Do those who attend in person get a higher incentive than those who attend virtually?
Should Committee Co-Chairs select a specific number of volunteers needed for each committee sponsored event? (Volunteers have a cap on the amount they can receive per year.)
Pilot project in 2023?

Possible Mechanism: Annually, each Council and Affiliate member is invited to answer the following question: Do you take medication that requires it be taken with food: ___ yes ___ no

Different Groups:
Ryan White volunteers (Council and Affiliate members)
Proyecto VIDA and Project LEAP students
Workgroup members attending a RW function

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville, MD 20857
HIV/AIDS Bureau

December 6, 2022

Dear Ryan White HIV/AIDS Program Part A Colleagues:

The community input process is a requirement in the Ryan White HIV/AIDS Program legislation and is implemented in the Ryan White HIV/AIDS Program (RWHAP) Part A as Planning Councils (PC) or Planning Bodies (PB). The Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) recognizes and understands the value of clients who receive RWHAP Part A services actively participating and being involved in the planning process for HIV service delivery, as this drives services that are tailored to the needs of clients in the jurisdiction.

Nonetheless, the RWHAP statute prohibits RWHAP Part A recipients from making cash payments to intended recipients (i.e., clients) of RWHAP Part A services. See Public Health Service Act (PHS Act) § 2604(i); see also HAB Policy Clarification Notice (PCN) 16-02. This prohibition is not limited to service-related costs, and thus applies to administrative costs like PC and PB expenses as well. Therefore, RWHAP Part A recipients may not reimburse PC or PB members who are clients via a cash payment with RWHAP funds.

However, per HAB PCN 16-02, RWHAP Part A recipients can support the participation and meaningful engagement of people with lived experience in PC or PB meetings by providing gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity. RWHAP recipients are advised to administer voucher and store gift card programs in a manner that assures vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

Alternatively, RWHAP Part A PCs or PBs may provide clients with meals during in-person meetings scheduled around meal times (only if needed for health reasons), transportation to and from meetings, and/or child care services for the children of clients who participate in meetings.

Additional considerations can include adjusting PC or PB meeting times to occur after business hours or on weekends to reduce conflict with client work schedules. Lastly, non-RWHAP funding sources (e.g., general revenue funds) are not similarly restricted, and thus can be utilized for a variety of purposes, including to compensate clients for attending PC or PB meetings.

Thank you for your commitment to ensuring that clients are meaningfully involved in the planning process for service delivery in RWHAP Part A jurisdictions.

Sincerely,
/s/ Chrissy Abrahms Woodland, MBA

Chrissy Abrahms Woodland, MBA
Director
Division of Metropolitan HIV/AIDS Programs