

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
**1310 Prairie Street, Suite 800, Houston, Texas 77002**  
**832 927-7926 telephone; <http://rwpchouston.org>**

MEMORANDUM

To: Steering Committee Members:  
Josh Mica, he/him/él, Chair  
Skeet Boyle, Vice Chair  
Ryan Rose, Secretary  
Johnny Deal, Co-Chair, Affected Community Committee  
Carol Suazo, Co-Chair, Affected Community Committee  
Kenia Gallardo, Co-Chair, Comprehensive HIV Planning Committee  
Robert Sliepka, Co-Chair, Comprehensive HIV Planning Committee  
Cecilia Ligons, Co-Chair, Operations Committee  
Crystal R. Starr, Co-Chair, Operations Committee  
Peta-gay Ledbetter, Co-Chair, Priority and Allocations Committee  
Rodney Mills, 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  
Francisco Ruiz  
Tiffany Shepherd  
Patrick Martin

Diane Beck  
Jason Black  
**EMAIL ONLY:**  
Sha'Terra Johnson  
David Williams

From: Tori Williams

Date: Tuesday, February 27, 2024

Re: Meeting Announcement

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We look forward to seeing you for the following meeting:

**Ryan White Steering Committee Meeting**

12 noon, Thursday, March 7, 2024

**Join the Zoom meeting by clicking on:**

<https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SIV2RE50ZzYraEErQT09>

Meeting ID: 857 8218 9192      Passcode: 885832

Or, use your phone to dial in by calling 346 248-7799

**In-Person:** Please join us at Bering Church, 1440 Harold St., Houston, Texas 77006

Please park and enter from behind the building on Hawthorne Street.

Please contact Rod to RSVP, even if you cannot attend, and let her know if you prefer to participate virtually or in person. Rod can be reached by telephone at: 832 927-7926 or by email at: [Rodriga.Avila@harriscountytexas.gov](mailto:Rodriga.Avila@harriscountytexas.gov). Thank you!

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



## STEERING COMMITTEE

### AGENDA

12 noon, Thursday, March 7, 2024

Join Zoom Meeting by clicking onto:

<https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SIV2RE50ZzYraEErQT09>

Meeting ID: 857 8218 9192

Passcode: 885832

Or, dial in by calling 346 248-7799

- I. Call to Order Josh Mica, he/him/él, 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.)
  
- III. Reports from Committees
  - A. Comprehensive HIV Planning Committee Kenia Gallardo, she/her/hers &  
Robert Sliepka, he/him/they,  
Co-Chairs

*Item:* RW Standing Committee Orientation  
*Recommended Action:* FYI: All RW\* Committees dedicated the first portion of their February meeting to general orientation, which included a review of the purpose of the committee, as well as the definition of conflict of interest, requirements of the Open Meetings Act, Petty Cash restrictions, work products, meeting dates and more.

*Item:* 2022-26 EHE/Integrated HIV Prevention & Care Plan  
*Recommended Action:* FYI: See the attached, February 2024 Summary Report for the Leadership Team. For those who wish to join the EHE/Integrated Planning body, please fill out and submit the attached membership form to Tori, or go online to submit the form at: [www.rwpchouston.org](http://www.rwpchouston.org).

*Item:* 2022-26 EHE/Integrated HIV Prevention & Care Plan  
*Recommended Action:* FYI: In an effort to work more efficiently, the Comprehensive HIV Planning Committee agreed to combine their monthly meetings with two EHE/Integrated Planning groups: the Research, Data and Implementation, and the Monitoring, Quality Assurance and Evaluation Committees.

*Item:* Committee Vice Chair  
*Recommended Action:* FYI: Steven Vargas was elected as the Vice Chair for the Committee.

B. Affected Community Committee

*Item:* Committee Orientation  
*Recommended Action:* FYI: The Committee reviewed the purpose of the Council, public hearings and committee participation in health fairs. (Note: The committee changed its monthly meeting to **11:00 am** on the second Monday after Council meets.)

Johnny Deal, he/him/his &  
Carol Suazo, she/her/ella,  
Co-Chairs

*Item:* 2022-26 EHE/Integrated HIV Prevention & Care Plan  
*Recommended Action:* FYI: In an effort to work more efficiently, the Affected Community Committee agreed to combine their monthly meeting with the Consumer & Community Workgroup of the EHE/Integrated Planning body.

*Item:* Road 2 Success  
*Recommended Action:* FYI: The Committee will be hosting Road 2 Success events at San Jacinto Apartments and, thanks to Carol Suazo, at the March English and Spanish speaking meetings with Catholic Charities' HOPWA clients.

*Item:* Committee Vice Chair  
*Recommended Action:* FYI: Ryan Rose was elected as the Vice Chair for the Committee.

C. Quality Improvement Committee

*Item:* 2024 Assessment of the Administrative Mechanism  
*Recommended Action:* **Motion:** Approve the attached checklist for the 2024 Assessment of the Administrative Mechanism.

Tana Pradia, she/her/hers &  
Pete Rodriguez, he/him/él,  
Co-Chairs

*Item:* Reports from the Administrative Agents – Part A/MAI\*  
*Recommended Action:* FYI: Both the Quality Improvement and the Priority and Allocations Committee members participated in the attached training presentations from the Part A/MAI and the Part B/State Services Administrative Agents. Updated procurement and other reports are included in the report from the Priority and Allocations Committee.

*Item:* Committee Vice Chair  
*Recommended Action:* FYI: Denis Kelly was elected as the Vice Chair for the Committee.

- D. Priority and Allocations Committee Peta-gay Ledbetter, she/her/hers  
and Rodney Mills, he/him/his,  
Co-Chairs
- Item:* Reports from Administrative Agent – Part A/MAI\*\*
- Recommended Action:* FYI: See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:
- FY23 Procurement Part A & MAI\*\*, dated 02/20/24
  - FY23 Service Utilization Part A & MAI\*\*, dated 02/09/24
- Item:* Reports from Administrative Agent – Part B/SS\*\*\*
- Recommended Action:* FYI: See the attached reports from the Part B/State Services (SS) Administrative Agent:
- FY23-24 Procurement Part B, dated 02/02/24
  - FY23-24 Service Utilization Part B, dated 02/02/24
  - FY23-24 Procurement SS\*\*\*, dated 02/02/24
  - FY23-24 Service Utilization SS\*\*\*, dated 02/02/24
  - FY23 Health Insurance Program Report, dated 01/22/24
- Item:* Policy for Addressing Unobligated & Carryover Funds
- Recommended Action:* **Motion:** Approve the attached 2024 Policy for Addressing Unobligated and Carryover Funds.
- Item:* FY25 Guiding Principles and Criteria
- Recommended Action:* **Motion:** Approve the attached FY 2025 Guiding Principles and Decision Making Criteria.
- Item:* Committee Vice Chair
- Recommended Action:* FYI: Jay Bhowmick was elected as the vice chair for the Committee.
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- E. Operations Committee Cecilia Ligons, she/her/hers &  
Crystal R. Starr, she/her/hers,  
Co-Chairs
- Item:* Revised Sign-In Forms
- Recommended Action:* **Motion:** Add the attached confidentiality statement at the top of all Ryan White meeting sign-in forms.
- Item:* 2024 Council Training Schedule
- Recommended Action:* FYI: The first 20-30 minutes of most Council meetings are dedicated to providing members with training on important topics, trends and/or documents. See the attached 2024 Council Training Schedule, which includes HRSA required trainings and more. Please see Tori if you have additional suggestions for Council trainings. Keep the role of the Council in mind as the trainings should relate to planning and should not relate to specific agencies. Also, quorum must be met before trainings can start.
- Item:* Committee Vice Chair
- Recommended Action:* FYI: Bill Patterson was elected as the Vice Chair for the Committee.

- V. Report from the Office of Support  
Tori Williams, she/her/hers,  
Director
- VI. Report from Ryan White Grant Administration  
Glenn Urbach, he/him/his,  
Manager
- VII. Report from The Resource Group  
Sha'Terra Johnson, she/her/hers,  
Health Planner
- IX. Announcements
- X. Adjournment

\* *RW = Ryan White*

\*\**MAI = Minority AIDS Initiative funding*

\*\*\**SS = State Services funding*

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



## STEERING COMMITTEE

### MINUTES

12 noon, Thursday, February 1, 2024

Meeting Location: Bering Church 1440 Harold Street; Houston, TX and Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Josh Mica, he/him/él, Chair	Kenia Gallardo	<i>Ryan White Grant Administration</i>
Skeet Boyle, Vice Chair		Glenn Urbach
Ryan Rose, Secretary		Mauricia Chatman
Johnny Deal		Jason Black
Carol Suazo		Francisco Ruiz
Robert Sliepka		
Cecilia Ligons		<i>The Resource Group</i>
Crystal R. Starr		Sha'Terra Johnson
Peta-gay Ledbetter		Maylyne Gonzalez, TRG Intern
Rodney Mills		
Tana Pradia		<i>Office of Support</i>
Pete Rodriguez		Tori Williams
		Diane Beck

**Call to Order:** Josh Mica, he/him/él, Chair, called the meeting to order at 12:03 p.m.

During the opening remarks, Mica welcomed the new members of the Steering Committee and thanked them for agreeing to serve as leaders. He also thanked the Operations Committee and the Office of Support staff for organizing the new member orientation, the mentor/mentee meeting and the Planning Council Orientation. He reported that yesterday was the meeting with the CDC and the Southern AIDS Coalition. A lot of people showed up and there was great discussion. They said it was the largest city that they've had so far. A lot of people from the Planning Council showed up so we had good representation. They shared some next steps on how to end the epidemic, it was really great.

Mica then called for a Moment of Reflection.

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

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

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Pradia, Boyle) to approve the December 7, 2023 minutes.* **Motion carried.** Abstentions: Rodriguez, Rose, Sliepka, Suazo.



## 2024 Steering Committee Voting Record for Meeting Date 02/01/24

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

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
Josh Mica, Chair				C				C
Skeet Boyle, Vice Chair		X				X		
Ryan Rose, Secretary		X						X
Rodney Mills, Aff		X				X		
Robert Sliepka, Comp		X						X
Peta-gay Ledbetter, PA		X				X		
Tana Pradia, QI		X				X		
<b><i>Non-voting members at the meeting:</i></b>								
Johnny Deal, Aff    ja 12:11 pm								
Cecilia Ligons, Op    ja 12:44 pm								
Rodney Mills, PA								
Crystal Starr, Op    ja 12:39 pm								
Pete Rodriguez, QI								
<b><i>Absent members:</i></b>								
Kenia Gallardo, Comp								



**Comprehensive HIV  
Planning Committee  
Report**

# Ending the HIV Epidemic/Integrated HIV Prevention and Care Planning Body

## Summary Reports from Committees and Workgroups February 2024

The following EHE/Integrated Planning Body (EIPB) Committees and workgroups met for the first time in February 2024. Each group received general orientation, reviewed their committee/workgroup goals and determined activities for their committee/workgroup over the next couple of months.

### **Name of Committee/Workgroup, Date of Meeting, Staff Person Submitting Report Items of Note - Next meeting (unless stated otherwise, all meetings will be virtual only)**

#### **Aging & HIV Workgroup, 02/07/24, Diane Beck, Ryan White Office of Support (RWOoS)**

Jules Levin, Founder, the National AIDS Advocacy Project, briefly provided some new data on Aging and HIV. Diane will distribute the information to all members, along with the Clinical Guidelines used in NYC. And, Jules will hopefully return in May to give a more robust presentation. In March, Dr. Patel the Medical Director for South Central AETC is being asked to provide information on the training program currently being developed for the 5 Ryan White Part A funded HIV case managers who will receive training in gerontology and placed in Ryan White funded primary care clinics. Tori will also provide some basic information she gathered about Legacy Senior Services. **Next meeting: 12 noon, Wed., March 20<sup>th</sup> (After March, meetings will be on the 3<sup>rd</sup> Wed.)**

#### **Consumer & Community Engagement Workgroup, 02/07/24, Richon Ohafia, Ryan White Grant Administration (RWGA)**

This workgroup agreed to merge with the Ryan White Affected Community Committee. They asked staff to add Jason Black to the membership list. **Next meeting: 11 am, Mon., March 25, 2024**

#### **Needing In-Person Engagement Workgroup, 02/14/24, Tori Williams, RWOoS**

A workgroup member shared that they had recently been at a meeting of staff who work with the homeless. They expressed concern about administering Narcan for fear of contracting HIV. Members of the workgroup talked about collaborating with AETC to provide education about HIV prevention and referral-to-care for this group of providers twice a year since there is significant staff turnover in the field. Perhaps HIV case managers could be part of the bi-annual meetings for cross trainings on HIV and Housing. Could EHE funds be used to underwrite the cost? The March meeting will be dedicated to fleshing out this idea, reviewing the list of priority populations and identifying more people with expertise and personal experience that could help the group meet its goals. **Next meeting: 10 am, Wed., March 13, 2024**

#### **Prevention and Policy Committee, 02/13/24, Eliot Davis, Houston Health Department (HHD)**

At the March meeting, Committee members are going to review and possibly edit some of their Committee goals. Staff and committee members will also focus on identifying people with expertise and personal experience that could help the group meet its goals. Of particular interest is locating Task Force membership lists. **Eliot receives the Staff Support Person of the month for his participation during the meeting and for submitting his notes per instructed and in a timely fashion. Hats off to Eliot! Next meeting: 12 noon, Tues., March 12, 2024**

**Racial and Social Justice Workgroup, 02/20/24, Richon Ohafia, RWGA**

Introductions were completed; 16 people attended. Roles and responsibilities were reviewed and the potential to invite and work with a number of other groups (Texas Black Women’s’ Health Initiative and others) was discussed. Workgroup members brought up the following: the importance of debunking myths of bathroom bills and transgender folks rights to use the bathroom of their choosing in peace. One member offered to share a document outlining how some cities are filling gaps with city funding budgeted for ending HIV. Another member asked for data on current STI and HIV prevalence at TDCJ. Members agreed to review goals more thoroughly at the next meeting and to adopt hybrid formats by meeting at Bering Church and on Zoom on the 3rd Tuesday of the month at 6 pm. **Next meeting: 6 pm, March 19, 2024 using hybrid formats. Participants are welcome to bring a brown bag dinner if they chose since there is no budget to provide food or beverages.**

**Treat Committee, 02/06/24, Tori Williams, RWOoS**

Activities for the next meeting include: meeting the assigned representative(s) from the Data and Evaluation Committees, a more careful review of each goal assigned to the committee and the workgroups under the Committee, and identifying names of individuals who should be invited to serve on the Committee. **Next meeting: 12 noon, Fri., March 8, 2024**

**Youth Workgroup, 02/06/24, Rod Avila, RWOoS**

Members of the workgroup feel as if *Goal 3Ac: Increase consumer input into developing educational materials about HIV...* should inform *Goal 3Ab: Develop and implement information programs that are tailored to priority populations and others....* At the March meeting, the workgroup members are going to hear about an active Youth Community Advisory Board (CAB) that focuses on clinical trials for youth. It started out being 100% on Zoom. Then, the group is going to hear about plans to create a Ryan White Youth Council. Members are also going to find friends who might have a copy of the contact list for the Youth Task Force. **Next meeting: 6 pm, Mon., March 4, 2024 (typically meets on Tuesdays)**

**Research/Data/Implement. & Monitor./Quality Assur/Eval. Committees, 02/08/24, Tori Williams, RWOoS**

These two committees agreed to merge with the Ryan White Comprehensive HIV Planning Committee since a coordinated effort among the 3 committees will be efficient and beneficial to all members. Members volunteered to be assigned to each committee or workgroup to develop evaluation activities related to goals. The assignments are as follows:

**Committee Name - Assigned Evaluator**

Status Neutral/Diagnose – Kathryn Fergus  
Treat – Kenneth Jones  
Education & Awareness - TBD  
Prevention & Policy – Beatriz Rivera  
Respond – Gina German  
Quality of Life/Social Determinants – TBD

**Workgroup Name – Assigned Evaluator**

Consumer/Community Engagement – Josh Mica  
College – Gina German  
Needing In-Person Education – Josh Mica  
Youth – Kenneth Jones  
Professional Healthcare – Johanna Castillo  
Aging & HIV– Evelio Salinas Escamilla & Glen Hollis  
Housing – Kenia Gallardo and Mary Guidry  
Racial & Social Justice – Titan Capri

**Next meeting: 2 pm, 2nd Thurs. of every month**

# Membership Form

## 2022-2026 End the HIV Epidemic/Integrated HIV Prevention and Care Planning Body

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

I wish to participate in the following Committees and/or Workgroups for the 2022-2026 EHE/HIV Integrated Planning Body:

Leadership Team:	_____	Member	
Status Neutral Systems & Diagnose Committee:	_____	Member	_____ Co-Chair
Treat Committee:	_____	Member	_____ Co-Chair
Education & Awareness Committee/Coalition:	_____	Member	_____ Co-Chair
Consumer & Community Engagement Workgroup:	_____	Member	_____ Co-Chair
College Workgroup:	_____	Member	_____ Co-Chair
Needing In-Person Workgroup:	_____	Member	_____ Co-Chair
Youth Workgroup:	_____	Member	_____ Co-Chair
Professional Healthcare Workgroup:	_____	Member	_____ Co-Chair
Prevention & Policy Committee:	_____	Member	_____ Co-Chair
Respond Committee:	_____	Member	_____ Co-Chair
Quality of Life & Social Determinants Committee:	_____	Member	_____ Co-Chair
HIV & Aging Workgroup:	_____	Member	_____ Co-Chair
Housing Workgroup:	_____	Member	_____ Co-Chair
Racial & Social Justice Workgroup:	_____	Member	_____ Co-Chair
Research, Data, & Implementation Committee:	_____	Member	_____ Co-Chair
Monitoring, Quality Assurance & Evaluation Committee:	_____	Member	_____ Co-Chair

Affected  
Community  
Committee

The slide features several decorative purple circles and outlines. One large solid purple circle is on the left. Another large solid purple circle is behind the word 'Community'. A third large solid purple circle is behind the word 'Training'. There are also two thin purple outlines: one around the word 'Affected' and another around the word 'Hearings'.

# Affected Community Committee Training

Purpose of the Planning Council  
Participation in Health Fairs  
Purpose of Public Hearings

February 20, 2023



# Purpose of the Planning Council

- What does the Planning Council do?
  - Conducts a Needs Assessment
  - Creates a plan to improve HIV services in Houston
  - Reviews data about existing Ryan White funded HIV services
  - Designs HIV services that will be provided using Ryan White funds in the Houston EMA/HSDA
  - Makes a list of the most important services
  - Decides the amount of Ryan White funding that will be allocated to each of the services



# Purpose of the Planning Council

- What does the Planning Council NOT do?
  - Review grant applications from agencies
  - Decide which agencies in Houston get money
  - Hire and fire staff at agencies
  - Respond to complaints from consumers about specific agencies
  - Write letters to politicians in Washington
  - March at protests
  - Conduct HIV prevention
- HRSA sets the rules for Planning Councils
  - HRSA says Planning Councils can only focus on services, not specific agencies.
  - The Administrative Agencies (Ryan White Grant Administration & The Resource Group) monitor grants and agencies.



# Participation in Health Fairs



- Tell the public about what the Ryan White Planning Council does
- Tell the public about services by giving out the Blue Book
- Tell the public how to volunteer with the Planning Council



- Give out condoms or HIV prevention materials
- Do HIV prevention
- Tell the public about specific agencies





# Purpose of Public Hearings

- Twice a year
- Inform the community about recommended changes that the Planning Council will decide upon.
- Get feedback from consumers of Ryan White services as to how the recommended changes will affect their ability to receive care and support services.
- Community input is vital to all of the Planning Councils processes and is encouraged at every level.
  - Public Hearings are televised to help all PLWH participate in the planning process – especially PLWH who cannot travel to Planning Council meetings

# Greeters for 2024 Council Meetings

(Revised: 02-12-24)

2024 Meeting Dates (Please arrive at <b>11:30 am</b> unless otherwise noted. Meetings are held at Bering Church, 1440 Harold St in Montrose)	Greeter #1	Greeter #2	Greeter #3
<b>2024</b>			
Thurs. February 8			
Thurs. March 14	Kakeshia Locks	Ty Tates	Ronnie Galley
Thurs. April 11 – HTBMN Training		Diondra English	
Thurs. May 9		Ty Tates	
Thurs. June 13			
Thurs. July 11			
Thurs. August 8			
Thurs. September 12			
Thurs. October 10			
Thurs. November 14			
Thurs. December 12			

Quality  
Improvement  
Committee

**DRAFT FOR 2024**

**Houston Area HIV Services Ryan White Planning Council  
Assessment of the Local Ryan White HIV/AIDS Program Administrative Mechanism  
Assessment Checklist**

(Council approved \_\_\_\_\_)

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**Background**

The Ryan White CARE Act requires local Planning Councils to “[a]ssess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area” (Ryan White Part A [formerly Title I] *Manual*, Section V, Chapter 1, Page 4). To meet this mandate, a time-specific documented observation of the local procurement, expenditure, and reimbursement process for Ryan White funds is conducted by the local Planning Councils (*Manual*, Section VI, Chapter 1, Page 7). The observation process is not intended to evaluate either the local administrative agencies for Ryan White funds or the individual service providers funded by Ryan White (*Manual*, Section VI, Chapter 1, Page 8). Instead, it produces information about the procurement, expenditure, and reimbursement process for the local *system* of Ryan White funding that can be used for overall quality improvement purposes.

**Process**

In the Houston eligible area, an assessment of the local administrative mechanism is performed for each Fiscal Year of Ryan White funding using a written checklist of specific data points. Taken together, the information generated by the checklist is intended to measure the overall efficacy of the local procurement, reimbursement, and contract monitoring processes of the administrative agents for (1) Ryan White Part A and Minority AIDS Initiative (MAI) funds; and (2) Ryan White Part B and State Services (SS) funds. The checklist is reviewed and approved annually by the Quality Improvement Committee of the Houston Area HIV Services Ryan White Planning Council, and application of the checklist, including data collection, review, analysis and reporting, is performed by the Ryan White Planning Council Office of Support in collaboration with the administrative agents for the funds. All data and documents reviewed in the process are publicly available.

**Checklist**

The checklist for the assessment of the administrative mechanism for the Houston eligible area is attached below. The following acronyms are used in the checklist:

AA:	Administrative Agent
DSHS:	Texas Department of State Health Services
FY:	Fiscal Year (The FY to be assessed for Part A, B, and MAI will be the immediate prior FY, ending February 28 [Part A and MAI] and March 31 [Part B]; the FY to be assessed for SS will be the most recent completed FY.
MAI:	Minority AIDS Initiative
MOU:	Memorandum of Understanding (between the AAs and the Planning Council)
NGA:	Notice of Grant Award
PC:	Ryan White Planning Council
RFP:	Request for Proposals
SOC:	Standards of Care
SS:	State Services

**Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area**

(Council approved the checklist \_\_\_\_\_)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
<b>Section I: Procurement/Request for Proposals Process</b>			
<ul style="list-style-type: none"> <li>To assess the timeliness of the AA in authorizing contracted agencies to provide services</li> </ul>	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	a) How much time elapsed between receipt of the NGA or funding contract by the AA and contract execution with funded service providers (i.e., 30, 60, 90 days)?	Part A/MAI: (1) NGA; and (2) Commissioner’s Court Agendas  Part B/SS: (1) DSHS Contract Face Sheet; and (2) Contract Tracking Sheet
<ul style="list-style-type: none"> <li>To assess the timeliness of the AA in procuring funds to contracted agencies to provide services</li> </ul>	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	b) What percentage of the grant award was procured by the: <input type="checkbox"/> 1 <sup>st</sup> quarter? <input type="checkbox"/> 2 <sup>nd</sup> quarter? <input type="checkbox"/> 3 <sup>rd</sup> quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC
<ul style="list-style-type: none"> <li>To assess if the AA awarded funds to service categories as designed by the PC</li> </ul>	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	c) Did the awarding of funds in specific categories match the allocations established by the PC at the: <input type="checkbox"/> 1 <sup>st</sup> quarter? <input type="checkbox"/> 2 <sup>nd</sup> quarter? <input type="checkbox"/> 3 <sup>rd</sup> quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC  Final PC Allocations Worksheet
<ul style="list-style-type: none"> <li>To assess if the AAs make potential bidders aware of the grant award process</li> </ul>	Confirmation of communication by the AAs to potential bidders specific to the grant award process	d) Does the AA have a grant award process which: <input type="checkbox"/> Provides bidders with information on applying for grants? <input type="checkbox"/> Offers a bidder’s conference?	RFP  Courtesy Notices for Pre-Bid Conferences
<ul style="list-style-type: none"> <li>To assess if the AAs are requesting bids for service category definitions approved by the PC</li> </ul>	Confirmation of communication by the AAs to potential bidders specific to PC products	e) Does the RFP incorporate service category definitions that are consistent with those defined by the PC?	RFP
<ul style="list-style-type: none"> <li>To assess if the AAs are procuring funds in alignment with allocations</li> </ul>	Comparison of final amounts procured and total amounts allocated in each service category	f) At the end of the award process, were there still unobligated funds?	Year-end FY Procurement Reports provided by AA to PC
<ul style="list-style-type: none"> <li>To assess if the AAs are dispersing all available funds for services and, if not, are unspent funds within the limits allowed by the funder</li> </ul>	Review of final spending amounts for each service category	g) At the end of the year, were there unspent funds? If so, in which service categories?	Year-end FY Procurement Reports provided by AA to PC

**Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area** (Council approved the checklist \_\_\_\_\_ )

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
<b>Section I: Procurement/Request for Proposals Process (con't)</b>			
<ul style="list-style-type: none"> <li>To assess if the AAs are making the PC aware of the procurement process</li> </ul>	Confirmation of communication by the AAs to the PC specific to procurement results	h) Does the AA have a method of communicating back to the PC the results of the procurement process?	MOU  PC Agendas
<b>Section II: Reimbursement Process</b>			
<ul style="list-style-type: none"> <li>To assess the timeliness of the AA in reimbursing contracted agencies for services provided</li> </ul>	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	a) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA?  b) What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice: <input type="checkbox"/> Within 20 days? <input type="checkbox"/> Within 35 days? <input type="checkbox"/> Within 50 days?	Annual Contractor Reimbursement Report
<b>Section III: Contract Monitoring Process</b>			
<ul style="list-style-type: none"> <li>To assess if the AA is monitoring adherence by contracted agencies to PC quality standards</li> </ul>	Confirmation of use of adopted SOC in contract monitoring activities	a) Does the AA use the SOC as part of the contract monitoring process?	RFP  Policy and Procedure for Performing Site Visits  Quality Management Plan

# RYAN WHITE PART A & MAI PROCUREMENT & SERVICE UTILIZATION REPORTS

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HOW TO READ RWGA REPORTS

FEBRUARY 2024





# THESE REPORTS SUPPORT THE HIGHLIGHTED ACTIVITIES COMMON TO PART A RECIPIENTS & PART B AAS

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- Needs Assessment incl. special studies & Unmet Need Framework
- Integrated Prevention and Care Planning (Comp Plan)
- **Priority Setting**
- **Directives** – How to Best Meet the Need (HTBMTN)
- **Resource Allocation**
- Coordination of Services
- **Procurement** (RFP, Reviews, Contracting, Invoices)
- Contract Monitoring (fiscal and programmatic)
- Clinical Quality Management



# RESOURCE ALLOCATION

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- After setting priorities, the RWPC allocates resources, which means it decides how much RWA and MAI, RWB and TDSHS funding will be used for each of these priorities
- The RWGA **Procurement Report** documents
  - The Council's **planned allocations** for Part A and MAI and how these funds are adjusted during the grant year (March 1 – February 28)
  - **Changes in allocations** made during the year
  - These are usually done in April (final NoA), July (for carryover), October (mid-year), and fourth quarter (sweep up)
  - The associated YTD **monthly expenditures** by service category/subcategory



# PROCUREMENT

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- RWGA, the Administrative Agency or AA for RW Part A & MAI, contracts with eligible entities to provide services
- RWGA uses RFPs, Interlocal Agreements and contract renewals to **procure** these services
- During the grant year RWGA identifies funds that can be reallocated by the Council to other service priorities with unmet need (e.g., carryover, underspending contracts)
- These changes in Allocations are documented in the Procurement Report



# EXPENDITURES

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- The Procurement Report also documents the year-to-date (YTD) **expenditures** for each individual service category and subcategory the Council has allocated funds to
- Expenditures often lag behind reports because Agencies are required to submit their bills within 10 business days after the end of each month, but some take longer
- RWGA identifies service categories where expenditures are not on track and works with the Agency to resolve challenges
- RWGA will reduce contracts when spending has fallen behind
- Those funds are returned to the Council for reallocation



# RULES / CAVEATS

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- No less than 75% of RWA and MAI funds must be allocated to Core Services unless the Recipient has received a waiver
- RWA and MAI **carryover** funds are also subject to the 75% Core Services Requirement
- Due to the time needed to issue an RFP, select new vendors and for those vendors to begin service delivery, new Service Categories or contracting with new Agencies is not an option after the April reallocation opportunity
- After April, reallocations can only be made into existing Service Categories, with the sole exception of allocating funds to ADAP



# EXAMPLE

- Let's read the most recent Procurement Report together

Part A Reflects "Increase" Funding Scenario  
 MAJ Reflects "Increase" Funding Scenario

FY 2022 Ryan White Part A and MAJ  
 Procurement Report

Priority	Service Category	Original Allocation (Approved Line Funding Scenario)	Amend Reconstructions	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (A)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Inpatient Primary Care	10,063,385	-15,437	0	84,827	0	11,032,775	45.51%	10,235,308	206,000	3/1/2022	8,821,614	83%	83%
1.a	Primary Care - Public Clinic (a)	3,107,500	0	0	0	0	3,107,500	16.30%	3,027,500	0	3/1/2022	2,243,750	57%	72%
1.b	Primary Care - CBO Targeted to AA (a) (a) (b)	1,064,570	0	0	0	0	1,064,570	4.80%	1,155,750	0	3/1/2022	81,186,111	101%	53%
1.c	Primary Care - CBO Targeted to Hispanic (a) (a)	910,561	0	0	0	0	910,561	4.00%	988,325	0	3/1/2022	1,076,622	100%	53%
1.d	Primary Care - CBO Targeted to White/Hispanic (a) (a)	1,147,604	0	0	0	0	1,147,604	4.83%	1,194,224	0	3/1/2022	860,777	53%	53%
1.e	Primary Care - CBO Targeted to Rural (a) (a)	1,100,000	0	0	0	0	1,100,000	4.10%	1,002,010	0	3/1/2022	675,065	73%	53%
1.f	Primary Care - Woman at Public Clinic (a)	2,100,000	0	0	0	0	2,100,000	8.72%	2,100,000	0	3/1/2022	800,100	30%	75%
1.g	Primary Care - Pediatric (a) (a)	15,437	-15,437	0	0	0	0	0.00%	0	0	3/1/2022	0	0%	0%
1.h	Vision	500,000	0	0	0	0	500,000	2.00%	500,000	0	3/1/2022	334,480	67%	53%
1.i	Primary Care Health Outcome Pilot	200,000	0	0	0	0	200,000	0.89%	0	200,000	3/1/2022	0	0%	0%
2	Medical Case Management	1,750,000	-80,000	0	-15,000	0	1,655,000	6.79%	1,636,348	-13,000	3/1/2022	1,452,875	88%	85%
2.a	Clinical Case Management	465,536	0	0	0	0	465,536	2.33%	468,858	-13,000	3/1/2022	300,000	102%	53%
2.b	Med CM - Public Clinic (a)	277,103	0	0	0	0	277,103	1.15%	277,103	0	3/1/2022	2,267,022	104%	75%
2.c	Med CM - Targeted to AA (a) (a)	180,000	0	0	0	0	180,000	0.70%	186,500	0	3/1/2022	826,191	128%	53%
2.d	Med CM - Targeted to H/L (a) (a)	165,011	0	0	0	0	165,011	0.70%	165,011	0	3/1/2022	353,052	53%	53%
2.e	Med CM - Targeted to W/M/S (a) (a)	81,186	0	0	0	0	81,186	0.29%	81,186	0	3/1/2022	874,069	121%	53%
2.f	Med CM - Targeted to Rural (a)	273,780	0	0	0	0	273,780	1.18%	273,780	0	3/1/2022	1,107,886	39%	53%
2.g	Med CM - Women at Public Clinic (a)	75,311	0	0	0	0	75,311	0.31%	75,311	0	3/1/2022	881,487	82%	75%
2.h	Med CM - Targeted to Ped (a) (a)	80,051	-80,051	0	0	0	0	0.00%	0	0	3/1/2022	0	0%	0%
2.i	Med CM - Targeted to Veterans	80,025	0	-15,000	0	0	65,025	0.27%	66,025	-15,000	3/1/2022	827,288	47%	53%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.19%	45,888	0	3/1/2022	854,871	119%	75%
3	Local Pharmacy Assistance Program	1,870,380	200,000	0	0	0	2,070,380	8.33%	2,070,380	0	3/1/2022	1,388,033	67%	83%
3.a	Local Pharmacy Assistance Program - Public Clinic (a) (a)	310,380	0	0	0	0	310,380	1.20%	310,380	0	3/1/2022	334,303	111%	63%
3.b	Local Pharmacy Assistance Program - Untargeted (a) (a)	1,560,000	200,000	0	0	0	1,760,000	7.09%	1,760,000	0	3/1/2022	1,053,730	60%	83%
4	Oral Health	166,404	0	0	0	0	166,404	0.66%	166,404	0	3/1/2022	148,930	89%	83%
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0	0	0	166,404	0.66%	166,404	0	3/1/2022	148,930	89%	83%
5	Health Insurance (c)	1,363,137	431,399	536,263	0	0	1,982,737	8.11%	1,982,737	0	3/1/2022	1,368,943	100%	63%
6	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
7	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
8	Medical Rehabilitation Therapy (implantations)	341,389	0	0	0	0	341,389	1.42%	341,389	0	3/1/2022	328,178	96%	83%
9	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
9.a	In-Home	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
9.b	Outpatient	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
9.c	Respite	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
10	Substance Abuse Services - Outpatient (c)	45,877	0	-30,887	0	0	15,000	0.10%	45,877	-30,887	3/1/2022	33,039	13%	83%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
12	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
13	Non-Medical Case Management	1,287,002	0	0	43,000	0	1,330,002	5.40%	1,316,803	0	3/1/2022	1,116,888	85%	83%
13.a	Service Linkage Targeted to Youth	110,703	0	0	0	0	110,703	0.48%	110,703	0	3/1/2022	820,000	83%	53%
13.b	Service Linkage Targeted to Non-Youth/Disorder/Not-In-Care	100,000	0	-7,000	0	0	93,000	0.39%	95,000	0	3/1/2022	827,204	94%	53%
13.c	Service Linkage at Public Clinic (a)	370,000	0	0	0	0	370,000	1.49%	370,000	0	3/1/2022	316,879	100%	53%
13.d	Service Linkage Embedded in CBO Phase (a) (a)	686,299	0	50,000	0	0	736,299	3.08%	736,209	0	3/1/2022	544,058	74%	53%
13.e	SLW-Substance Use	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
14	Medical Transportation	424,811	0	0	0	0	424,811	1.75%	424,811	0	3/1/2022	384,222	72%	83%
14.a	Medical Transportation services Targeted to Urban	292,080	0	0	0	0	292,080	1.21%	292,080	0	3/1/2022	324,491	92%	83%
14.b	Medical Transportation services Targeted to Rural	67,185	0	0	0	0	67,185	0.28%	67,185	0	3/1/2022	170,882	72%	83%
14.c	Transportation vouchers for low income & gas cards	75,546	0	0	0	0	75,546	0.31%	75,546	0	3/1/2022	0	0%	75%
15	Emergency Financial Assistance	1,343,436	186,188	750,000	-530,000	0	2,349,624	9.83%	2,344,807	0	3/1/2022	2,486,980	106%	83%
15.a	EFA - Pharmacy Assistance	1,305,439	186,188	750,000	-530,000	0	2,311,627	9.52%	2,344,807	0	3/1/2022	2,410,074	107%	83%
15.b	EFA - Other	240,000	0	0	-120,000	0	120,000	0.50%	120,000	0	3/1/2022	170,786	54%	83%
16	Language Services (c)	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
17	Outreach	400,000	0	0	30,250	0	430,250	1.77%	430,250	0	3/1/2022	206,010	48%	83%
18	Unlabeled Services (c)	0	0	0	0	0	0	0.00%	0	0	N/A	0	0%	0%
19	Total Service Dollars	20,106,113	714,879	884,383	2,020	0	21,707,395	88.11%	21,541,984	164,333	3/1/2022	15,537,931	72%	83%

# MEDICAL NUTRITIONAL THERAPY

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Priority	Planned Allocation	Award Reconciliation	Total Allocation	Amount Procured	Expended YTD	Percent Expended YTD	Percent Expected YTD
8	\$341,395	\$0	\$341,395	\$341,395	\$281,716	83%	83%



# OTHER CONSIDERATIONS

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- Reading the Procurement Report when the Category has multiple subcategories (e.g., OAHS, LPAP, MCM, and SLW)
  - Each subcategory has its own row
  - The **bolded** row is the sum of all the subcategories
  - Otherwise, it is the same information
- **Procurement Date** is the date the contract begins
- The RWGA Procurement Report reflects Part A and MAI procurement and expenditures only





# SERVICE UTILIZATION REPORT SUR

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- The **SUR** mimics the Procurement Report and documents service utilization – how many clients have gotten the service
- **Goal** is the number of unduplicated clients (UDC) intended to be served for each service category during the grant year
- **UDC served YTD** is the unduplicated number of clients who have accessed the service so far in the grant year
- **Demographic** data for the UDC served YTD is listed for each category and subcategory
- **Bolded** rows are the unduplicated sum of all clients served per the HRSA Category



# EXAMPLE

- Let's read the most recent SUR together

Prepared by: Ryan White Grant Administration

FY 2022 Ryan White Part A and MAI Service Utilization Report  
RW PART A SUR- 3rd Quarter (3/1-11/30)

Priority	Service Category	Goal	Unduplicated Clients Served	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-64	65 plus	
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,489	7,344	75%	22%	2%	41%	13%	2%	41%	0%	0%	5%	28%	28%	12%	26%	
1.a	Primary Care - Public Clinic (a)	2,350	2,385	72%	27%	1%	41%	9%	2%	49%	0%	0%	3%	16%	21%	14%	31%	
1.b	Primary Care - CBO Targeted to AA (a)	1,050	2,090	70%	27%	3%	98%	0%	1%	0%	0%	0%	7%	36%	27%	10%	26%	
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,749	82%	14%	4%	0%	0%	100%	0%	0%	0%	6%	32%	30%	11%	19%	
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	650	925	87%	11%	2%	0%	85%	15%	0%	0%	2%	29%	26%	9%	32%	2%	
1.e	Primary Care - CBO Targeted to Rural (a)	400	550	71%	28%	1%	42%	23%	2%	33%	0%	0%	2%	29%	30%	11%	26%	
1.f	Primary Care - Women at Public Clinic (a)	1,000	637	0%	99%	1%	51%	8%	1%	43%	0%	0%	2%	9%	27%	17%	40%	
1.g	Primary Care - Pediatric (a)	NA	NA															
1.h	Vision	1,600	1,597	72%	24%	2%	45%	13%	2%	39%	0%	0%	3%	23%	24%	12%	32%	
2	Medical Case Management (f)	2,950	4,345															
2.a	Critical Case Management	600	710	72%	26%	2%	52%	13%	1%	34%	0%	0%	3%	22%	25%	12%	30%	
2.b	Med CM - Targeted to Public Clinic (a)	280	431	91%	7%	2%	20%	12%	1%	36%	0%	0%	1%	24%	68%	10%	39%	
2.c	Med CM - Targeted to AA (a)	520	1,282	68%	29%	3%	99%	0%	1%	0%	0%	4%	30%	25%	11%	26%	4%	
2.d	Med CM - Targeted to HI (a)	650	643	79%	15%	6%	0%	0%	0%	100%	0%	0%	6%	29%	30%	11%	21%	
2.e	Med CM - Targeted to White and/or MSM (a)	260	422	66%	12%	2%	0%	85%	12%	0%	0%	2%	30%	25%	10%	35%	8%	
2.f	Med CM - Targeted to Rural (a)	150	430	67%	36%	1%	43%	31%	2%	24%	0%	0%	3%	23%	26%	11%	31%	
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	179	0%	99%	1%	66%	8%	3%	22%	0%	0%	3%	21%	34%	11%	29%	
2.h	Med CM - Targeted to Peds (a)	NA	NA															
2.i	Med CM - Targeted to Veterans	200	131	87%	3%	0%	70%	20%	1%	9%	0%	0%	0%	3%	5%	44%	49%	
2.j	Med CM - Targeted to Youth	120	7	85%	14%	0%	29%	29%	0%	43%	0%	14%	8%	0%	0%	0%	0%	
3	Local Drug Reimbursement Program (a)	2,645	4,319	75%	21%	3%	45%	12%	2%	46%	0%	0%	4%	27%	28%	12%	27%	
4	Oral Health	200	276	68%	31%	1%	38%	29%	1%	31%	0%	0%	3%	26%	24%	15%	32%	
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	276	68%	31%	1%	38%	29%	1%	31%	0%	0%	3%	20%	24%	15%	32%	
5	Mental Health Services (d)	NA	NA															
6	Health Insurance	1,700	1,517	79%	19%	2%	42%	26%	3%	36%	0%	0%	1%	14%	17%	10%	42%	
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	8	100%	0%	0%	13%	50%	13%	25%	0%	13%	0%	38%	25%	0%	25%	
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	439	75%	24%	1%	43%	19%	3%	34%	0%	0%	8%	17%	8%	51%	15%	
11	Hospital Services (d)	NA	NA															
12	Outreach	700	674	77%	20%	3%	57%	15%	1%	26%	0%	0%	5%	32%	27%	8%	23%	
13	Non-Medical Case Management	7,045	5,869															
13.a	Service Linkage Targeted to Youth	320	152	76%	24%	0%	53%	5%	1%	41%	0%	15%	85%	0%	0%	0%	0%	
13.b	Service Linkage at Testing Sites	260	75	72%	25%	3%	54%	6%	4%	36%	0%	0%	0%	44%	33%	10%	13%	
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	2,734	66%	31%	1%	90%	9%	1%	39%	0%	0%	0%	16%	25%	13%	36%	
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	3,995	75%	22%	3%	53%	12%	2%	32%	0%	0%	4%	29%	24%	10%	27%	
14	Transportation	2,650	1,853															
14.a	Transportation Services - Urban	170	620	68%	30%	2%	89%	7%	3%	31%	0%	0%	5%	26%	24%	10%	6%	
14.b	Transportation Services - Rural	130	150	65%	34%	1%	80%	31%	1%	38%	0%	0%	3%	17%	19%	12%	10%	
14.c	Transportation Vouchering	2,550	1,093															
15	Ungulate Services (d)	NA	NA															
16	Emergency Financial Assistance (a)	NA	1,574	76%	22%	2%	47%	9%	2%	42%	0%	0%	4%	26%	25%	12%	27%	
17	Referral for Health Care - Non Core Service (d)	NA	NA															
Net unduplicated clients served - all categories*			12,941	19,152	74%	23%	2%	49%	14%	2%	35%	0%	0%	4%	25%	25%	11%	29%
Living AIDS cases + estimated Living HIV non-AIDS (from FY18 App) (b)			NA	26,225	60%	21%		39%	18%	3%	20%	0%	2%	15%	22%	25%	15%	

# OTHER CONSIDERATIONS

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- Reading the SUR when the Category has multiple subcategories (e.g., OAHS, LPAP, MCM, and SLW)
  - Each subcategory has its own row
  - The **bolded** row is the sum of all the subcategories
  - Otherwise, it is the same information
- The RWGA SUR reflects Part A and MAI service utilization only
- At the request of the RWPC or Ryan White Committee, RWGA can run reports that include all clients served under all funding streams the Council allocates money for (e.g., Part B and State Services) when needed such as for annual PSRA activities



# QUESTIONS/DISCUSSION

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THE HOUSTON REGIONAL HIV/AIDS  
RESOURCE GROUP, INC.

HOW TO READ  
TRG REPORTS  
FEBRUARY 13<sup>TH</sup>, 2024

## 2024 TRG RWPC REPORT DUE

STATE SERVICES CONTRACT YEARS	RYAN WHITE PART B CONTRACT YEARS
Year 1: 9/1/23 - 8/31/24	Year 1: 4/1/23 - 3/31/24
Year 2: 9/1/24 - 8/31/25	Year 2: 4/1/24 - 3/31/25

ANNUAL REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>	
2023 MEANINGFUL ENGAGEMENT REPORT NA**	2023 CHART REVIEW REPORTS NA**

*\*\*No Monitoring Activities were conducted in 2023 per DSHS two Year Monitoring Cycle.*

**All Monthly & Quarterly Reports delivered on a one-month delay to allow the finalization of data.**

QUARTERLY REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>			
STATE SERVICES SERVICE UTILIZATION REPORTS		RYAN WHITE PART B SERVICE UTILIZATION REPORTS	
MONTHS COVERED	REPORT DUE	MONTHS COVERED	MONTH DUE
September – November	January	April – June	August
September – February	April	April – September	November
September – May	July	April – December	February
September – August	October	April – March	May

MONTHLY REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>	
PROCUREMENT REPORTS	HEALTH INSURANCE ASSISTANCE REPORTS

Quarterly Service Utilization Reports

Purpose:

Provide quarterly updates on the number of people living with HIV (PLWH) who are access services by service category.

**2018-2019 Ryan White Part B Service Utilization Report**  
**4/1/2018 - 3/31/2019 Houston HSDA (4816)**  
**3rd Quarter - 4/1/2018 to 12/31/2018**

Revised: 2/21/2019

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	1,250	3	100.00%	0.00%	0.00%	0.00%	75.00%	25.00%	0.00%	0.00%	0.00%	0.00%	8.82%	8.82%	23.53%	11.76%	44.12%	2.94%
Home & Community Based Health Services	30	34	70.59%	26.47%	0.00%	2.94%	58.82%	8.82%	32.35%	0.00%	0.00%	0.00%	0.00%	66.67%	0.00%	33.33%	0.00%	0.00%
Oral Health Care	3,100	856	72.90%	25.93%	0.00%	1.17%	49.65%	17.06%	31.43%	1.87%	0.00%	0.12%	1.75%	14.84%	18.69%	13.79%	43.46%	7.36%
Unduplicated Clients Served By RW Part B Funds	NA	893	81.16%	17.47%	0.00%	1.37%	61.16%	16.96%	21.26%	0.62%	0.00%	0.11%	2.02%	14.78%	18.81%	13.77%	43.34%	7.17%

**E.** COMMENT: The delay in Data Upload from CPCDMS into ARIES is the reason for the discrepancy in the HIP/HIA YTD Total. Please see HINS Report for review on HIP/HIA totals.

Items of Note:

- A. Header – this tells you three things:
  1. Which grant is being reported (either Ryan White Part B or State Services),
  2. What grant year is being reported, and
  3. What timeframe is being reported (the quarter and the dates of the quarter).
- B. Revision Date – this tells you the last time that the report has updated.
- C. Service Categories being reported
- D. The Unduplicated Clients (UDC)
  1. Goal shows the number of PLWH that have been targeted to be served in the contract year by all funded agencies.
  2. Year-To-Date (YTD) number of PLWH who have been served and the progress toward achieving the goal based on the contract year.
- E. Comments – This is where TRG will provide any notes that will help explain the information in the report.

Monthly Procurement Reports

Purpose:

Provide monthly updates on spending by service category.

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1819 Ryan White Part B**  
**Procurement Report**  
**April 1, 2018 - March 31, 2019**

A.



C.

B.

Reflects spending through December 2018

E.

F.

G.

Spending Target: 75%

Revised 2/19/2019

Priority	D. Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	\$2,085,565	62%	\$0	\$2,085,565	62%	4/1/2018	\$1,333,620	64%
7	Health Insurance Premiums and Cost Sharing (1)	\$726,885	22%	\$0	\$726,885	22%	4/1/2018	\$393,976	54%
9	Home and Community Based Health Services (2)	\$202,315	6%	\$325,806	\$528,121	16%	4/1/2018	\$103,920	51%
	Unallocated funds approved by RWPC for Health Insurance	\$325,806	10%	-\$325,806	\$0	0%	4/1/2018	\$0	0%
<b>Total Houston HSDA</b>		3,340,571	100%	\$0	\$3,340,571	100%		1,831,516	55%

J.

Note: Spending variances of 10% 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. Agency usually expends all funds.

H.

I.

Items of Note:

A. Header – this tells you three things:

1. Which grant is being reported (either Ryan White Part B or State Services),
2. What grant year is being reported, and

B. What timeframe is being reported (the quarter and the dates of the quarter).

C. Revision Date – this tells you the last time that the report has updated.

D. Service Categories being reported

E. Original Allocation from the P&A Process

F. Amendment – Tracks any change in the allocation.



- G. Contractual Amount – the amount of money that has been contracted to service providers.
- H. Expended YTD – the amount of money that has been spend year-to-date based on the contract year.
- I. Percentage YTD – the percentage of money that has been spent based on the contract year. (TRG considers +/- 10% to be on target for spending.)
- J. Comments – This is where TRG will provide any notes that will help explain the information in the report.

Quarterly Service Utilization Reports

Purpose:

Provide quarterly updates on the number of people living with HIV (PLWH) who are access services by service category.

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



**A** Period Reported: 09/01/2018-12/31/2018  
**B.** Revised: 2/4/2019

<b>C.</b>	Request by Type	Assisted		NOT Assisted		
		Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests
	Medical Co-Payment	785	\$72,937.77	509		0
	Medical Deductible	70	\$23,424.75	50		0
	Medical Premium	2447	\$984,144.70	686		0
	Pharmacy Co-Payment	1345	\$135,910.80	651		0
	APTC Tax Liability	0	\$0.00	0		0
	Out of Network Out of Pocket	0	\$0.00	0		0
	ACA Premium Subsidy Repayment	9	\$1,042.00	8	NA	NA
<b>G</b>	Totals:	4656	\$1,215,376.02	1904	0	\$0.00

Comments: This report represents services **D.** under all gr **E.** **F.**

Items of Note:

- A. Period Reported – What timeframe is being reported.
- B. Revision Date – this tells you the last time that the report has updated.
- C. Type of Request – tells you the sub-services that was provided
- D. The number of the request that received service.
- E. The amount spent to provide the service.
- F. The number of unduplicated people living with HIV that have received service.
- G. Comments – This is where TRG will provide any notes that will help explain the information in the report.

**Priority and  
Allocations  
Committee  
Report**

Part A Reflects "TBD" Funding Scenario  
MAI Reflects "TBD" Funding Scenario

FY 2023 Ryan White Part A and MAI  
Procurement Report

Priority	Service Category	Original Allocation <small>RWPC Approved Level Funding Scenario</small>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	<b>Outpatient/Ambulatory Primary Care</b>	10,965,788	460,625	535,679	0	-283,680	0	11,678,412	45.56%	11,678,412	0		7,847,791	67%	83%
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397					4,109,697	16.03%	4,109,697	0	3/1/2023	\$2,884,707	70%	83%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443	182,131				1,296,150	5.06%	1,296,150	0	3/1/2023	\$1,084,307	84%	83%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289	155,347				1,108,187	4.32%	1,108,187	0	3/1/2023	\$1,378,403	124%	83%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314	198,201				1,399,439	5.46%	1,399,439	0	3/1/2023	\$450,536	32%	83%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088			-228,730		922,358	3.60%	922,358	0	3/1/2023	\$676,070	73%	83%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531					2,197,531	8.57%	2,197,531	0	3/1/2023	\$1,064,053	48%	83%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437					0	0.00%	0	0	3/1/2023	\$0	0%	0%
1.h	Vision	500,000	0			-54,950		445,050	1.74%	445,050	0	3/1/2023	\$309,715	70%	83%
1.x	Primary Care Health Outcome Pilot	200,000	0			0		200,000	0.78%	200,000	0	3/1/2023	\$0	0%	83%
2	<b>Medical Case Management</b>	1,880,000	-97,859	63,063	0	-96,974	0	1,748,230	6.82%	1,748,230	0		1,231,014	70%	83%
2.a	Clinical Case Management	531,025	0	63,063		35,176		629,264	2.46%	629,264	0	3/1/2023	\$512,868	82%	83%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.17%	301,129	0	3/1/2023	\$219,596	73%	83%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.72%	183,663	0	3/1/2023	\$122,329	67%	83%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.72%	183,665	0	3/1/2023	\$46,688	25%	83%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2023	\$45,308	68%	83%
2.f	Med CM - Targeted to Rural (a)	297,496	0			-62,150		235,346	0.92%	235,346	0	3/1/2023	\$107,226	46%	83%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2023	\$130,967	160%	83%
2.h	Med CM - Targeted to Pedi (a.1)	97,859	-97,859					0	0.00%	0	0	3/1/2023	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0			-70,000		16,964	0.07%	16,964	0	3/1/2023	\$4,204	25%	83%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.19%	49,867	0	3/1/2023	\$41,828	84%	83%
3	<b>Local Pharmacy Assistance Program</b>	2,067,104	0	0	-37,920	12,178	0	2,041,362	7.96%	2,041,362	0	3/1/2023	\$1,434,919	70%	83%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.43%	367,104	0	3/1/2023	\$183,131	50%	83%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0		-37,920	12,178		1,674,258	6.53%	1,674,258	0	3/1/2023	\$1,251,788	75%	83%
4	<b>Oral Health</b>	166,404	0	30,429	0	0	0	196,833	0.77%	196,833	0	3/1/2023	177,200	90%	83%
4.b	Oral Health - Targeted to Rural	166,404	0	30,429				196,833	0.77%	196,833	0	3/1/2023	\$177,200	90%	83%
5	<b>Health Insurance (c)</b>	1,383,137	223,222	479,154	0	94,004	0	2,179,517	8.50%	2,179,517	0	3/1/2023	\$1,539,315	71%	83%
7	<b>Medical Nutritional Therapy (supplements)</b>	341,395	0					341,395	1.33%	341,395	0	3/1/2023	\$195,908	57%	83%
10	<b>Substance Abuse Services - Outpatient (c)</b>	45,677	0	0	0	-20,677	0	25,000	0.10%	25,000	0	3/1/2023	\$23,513	94%	83%
13	<b>Non-Medical Case Management</b>	1,267,002	0	0	0	-72,790	0	1,194,212	4.66%	1,194,212	0	3/1/2023	\$1,206,545	101%	83%
13.a	Service Linkage targeted to Youth	110,793	0			-15,500		95,293	0.37%	95,293	0	3/1/2023	\$70,872	74%	83%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0			-46,500		53,500	0.21%	53,500	0	3/1/2023	\$40,732	76%	83%
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.44%	370,000	0	3/1/2023	\$351,952	95%	83%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0			-10,790		675,419	2.64%	675,419	0	3/1/2023	\$742,989	110%	83%
14	<b>Medical Transportation</b>	424,911	0	0	0	-70,024	0	354,887	1.38%	354,887	0		317,742	90%	83%
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	0.99%	252,680	0	3/1/2023	\$222,128	88%	83%
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.38%	97,185	0	3/1/2023	\$95,614	98%	83%
14.c	Transportation vouchers (bus passes & gas cards)	75,046	0			-70,024		5,022	0.02%	5,022	0	3/1/2023	\$0	0%	83%
15	<b>Emergency Financial Assistance</b>	1,653,247	485,889	180,337	37,920	665,735	0	3,023,128	11.79%	3,023,128	0		2,953,087	98%	83%
15.a	EFA - Pharmacy Assistance	1,553,247	485,889	180,337	37,920	690,735		2,948,128	11.50%	2,948,128	0	3/1/2023	\$2,895,813	98%	83%
15.b	EFA - Other	100,000	0			-25,000		75,000	0.29%	75,000	0	3/1/2023	\$57,274	76%	83%
17	<b>Outreach</b>	420,000	0					420,000	1.64%	420,000	0	3/1/2023	\$159,425	38%	83%
FY23_RW_OH	<b>Total Service Dollars</b>	20,614,665	1,071,877	1,288,662	0	227,772	0	23,202,976	90.53%	23,202,976	0		17,086,460	74%	83%
	<b>Grant Administration</b>	2,208,914	18,000	0	0	-171,947	0	2,054,967	8.02%	2,054,967	0	N/A	1,526,939	74%	83%
FY23_RW_AD08N	HCPH/RWGA Section (including indirect \$169,915)	1,686,659	0	0	0	-171,947	0	1,514,712	5.91%	1,514,712	0	N/A	\$1,070,092	71%	83%
FY23_RW_AD08N	RWPC Support	522,255	18,000	0	0	0	0	540,255	2.11%	540,255	0	N/A	456,847	85%	83%
FY23_RW_OH	<b>Quality Management</b>	428,695	0	0	0	(55,825)	0	372,870	1.45%	372,870	0	N/A	\$280,500	75%	83%
		23,252,274	1,089,877	1,288,662	0	0	0	25,630,813	100.00%	25,630,813	0		18,893,899	74%	83%
	<b>Part A Grant Award (without Carryover):</b>	<b>24,342,151</b>	<b>Carryover:</b>	<b>1,288,662</b>	<b>0</b>	<b>0</b>	<b>Total Part A:</b>	<b>25,630,813</b>							
										Unallocated	Unobligated				83%

Part A Reflects "TBD" Funding Scenario  
MAI Reflects "TBD" Funding Scenario

FY 2023 Ryan White Part A and MAI  
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
		Original Allocation	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent	Award Category	Award Amount	Amount Spent	Balance
	Core (must not be less than 75% of total service dollars)	16,849,505	585,988	1,108,325	-37,920	-295,149	0	18,210,749	78.48%	12,449,660	72.86%	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	3,765,160	485,889	180,337	37,920	522,921	0	4,992,227	21.52%	4,636,800	27.14%	Supplemen			0
	<b>Total Service Dollars</b> (does not include Admin and QM)	<b>20,614,665</b>	<b>1,071,877</b>	<b>1,288,662</b>	<b>0</b>	<b>227,772</b>	<b>0</b>	<b>23,202,976</b>		<b>17,086,460</b>		Carry Over	0		0
												Totals	0	0	0
	Total Admin (must be ≤ 10% of total Part A + MAI)	2,208,914	18,000	0	0	-171,947	0	2,054,967	7.33%						
	Total QM (must be ≤ 5% of total Part A + MAI)	428,695	0	0	0	-55,825	0	372,870	1.33%						
<b>MAI Procurement Report</b>															
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	<b>Outpatient/Ambulatory Primary Care</b>	<b>2,107,819</b>	<b>-39,764</b>	<b>17,664</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,085,719</b>	<b>86.91%</b>	<b>2,085,719</b>	<b>0</b>		<b>1,719,185</b>	<b>82%</b>	<b>83%</b>
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106	8,832	0	0	0	1,054,501	43.94%	1,054,501	0	3/1/2023	\$929,215	88%	83%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658	8,832	0	0	0	1,031,218	42.97%	1,031,218	0	3/1/2023	\$789,970	77%	83%
2	<b>Medical Case Management</b>	<b>320,099</b>	<b>-6,038</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>314,177</b>	<b>13.09%</b>	<b>314,177</b>	<b>0</b>		<b>\$146,522</b>	<b>47%</b>	<b>83%</b>
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019	58	0	0	0	157,089	6.55%	157,089	0	3/1/2023	\$104,577	67%	83%
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019	58	0	0	0	157,088	6.55%	157,088	0	3/1/2023	\$41,946	27%	83%
	<b>Total MAI Service Funds</b>	<b>2,427,918</b>	<b>-45,802</b>	<b>17,780</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,399,896</b>	<b>100.00%</b>	<b>2,399,896</b>	<b>0</b>		<b>1,865,707</b>	<b>78%</b>	<b>83%</b>
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	<b>Total MAI Non-service Funds</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0%</b>	<b>0%</b>
	<b>Total MAI Funds</b>	<b>2,427,918</b>	<b>-45,802</b>	<b>17,780</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,399,896</b>	<b>100.00%</b>	<b>2,399,896</b>	<b>0</b>		<b>1,865,707</b>	<b>78%</b>	<b>83%</b>
	<b>MAI Grant Award</b>	<b>2,382,116</b>	<b>Carry Over:</b>	<b>17,780</b>				<b>Total MAI:</b> 2,399,896							
	<b>Combined Part A and MAI Original Allocation Total</b>	<b>25,680,192</b>								Unallocated 0	Unobligated 0				83%
								<b>Total Part A &amp; MAI 28,030,709</b>				<b>MAI Award</b>	<b>2,399,896</b>		
<b>Footnotes:</b>															
All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.														
(a)	Single local service definition is multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.														
(c)	Funded under Part B and/or SS														
(e)	10% rule reallocations														

FY 2023 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR (3/1/2023-1/31/2024)																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65 plus
1	<b>Outpatient/Ambulatory Primary Care (excluding Vision)</b>	8,643	8,165	75%	22%	2%	42%	11%	2%	45%	0%	0%	4%	28%	27%	23%	15%	3%
1.a	Primary Care - Public Clinic (a)	2,959	2,820	71%	28%	1%	42%	9%	2%	48%	0%	0%	3%	18%	26%	27%	22%	4%
1.b	Primary Care - CBO Targeted to AA (a)	2,417	2,109	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	2,180	83%	14%	4%	0%	0%	0%	100%	0%	1%	6%	33%	29%	21%	10%	2%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	774	639	87%	12%	1%	0%	85%	15%	0%	0%	3%	28%	26%	23%	18%	3%	
1.e	Primary Care - CBO Targeted to Rural (a)	683	613	71%	28%	1%	40%	20%	2%	38%	0%	0%	5%	27%	25%	24%	15%	3%
1.f	Primary Care - Women at Public Clinic (a)	793	785	0%	99%	1%	51%	6%	1%	42%	0%	0%	2%	13%	25%	32%	22%	6%
1.g	Primary Care - Pediatric (a)	5	0															
1.h	Vision	2,815	1,833	73%	25%	2%	45%	12%	3%	41%	0%	0%	3%	20%	24%	26%	21%	6%
2	<b>Medical Case Management (f)</b>	5,429	3,521															
2.a	Clinical Case Management	936	647	72%	27%	2%	57%	15%	2%	27%	0%	0%	3%	23%	25%	23%	19%	7%
2.b	Med CM - Targeted to Public Clinic (a)	569	535	92%	7%	2%	50%	13%	1%	36%	0%	1%	2%	25%	22%	23%	23%	4%
2.c	Med CM - Targeted to AA (a)	1,625	868	70%	27%	4%	98%	0%	1%	0%	0%	1%	6%	28%	28%	18%	15%	6%
2.d	Med CM - Targeted to HL(a)	813	532	83%	13%	4%	0%	0%	0%	99%	0%	1%	5%	31%	27%	21%	13%	3%
2.e	Med CM - Targeted to White and/or MSM (a)	504	255	87%	11%	2%	0%	89%	9%	1%	0%	0%	2%	23%	21%	22%	22%	9%
2.f	Med CM - Targeted to Rural (a)	548	381	65%	34%	1%	51%	26%	2%	21%	0%	0%	4%	19%	22%	24%	22%	9%
2.g	Med CM - Targeted to Women at Public Clinic (a)	246	259	0%	100%	0%	68%	6%	1%	25%	0%	0%	2%	25%	30%	24%	15%	4%
2.h	Med CM - Targeted to PEDI (a)	0	0															
2.i	Med CM - Targeted to Veterans	172	31	94%	6%	0%	74%	19%	0%	6%	0%	0%	0%	0%	0%	26%	23%	52%
2.j	Med CM - Targeted to Youth	15	13	77%	23%	0%	46%	15%	0%	38%	0%	31%	69%	0%	0%	0%	0%	0%
3	<b>Local Drug Reimbursement Program (a)</b>	5,775	5,491	76%	20%	4%	42%	12%	2%	44%	0%	0%	4%	26%	28%	24%	15%	3%
4	<b>Oral Health</b>	356	335	70%	30%	1%	40%	25%	1%	33%	0%	0%	2%	20%	25%	27%	18%	8%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	356	335	70%	30%	1%	40%	25%	1%	33%	0%	0%	2%	20%	25%	27%	18%	8%
5	<b>Mental Health Services (d)</b>	0	NA															
6	<b>Health Insurance</b>	1,918	1,750	79%	20%	2%	43%	24%	3%	30%	0%	0%	2%	14%	19%	23%	26%	16%
7	<b>Home and Community Based Services (d)</b>	NA	NA															
8	<b>Substance Abuse Treatment - Outpatient</b>	17	21	90%	5%	5%	29%	43%	5%	24%	0%	0%	0%	33%	38%	24%	5%	0%
9	<b>Early Medical Intervention Services (d)</b>	NA	NA															
10	<b>Medical Nutritional Therapy/Nutritional Supplements</b>	546	413	76%	23%	2%	44%	18%	3%	35%	0%	0%	1%	7%	13%	24%	36%	20%
11	<b>Hospice Services (d)</b>	NA	NA															
12	<b>Outreach</b>	1,042	650	72%	25%	2%	62%	9%	2%	26%	0%	0%	5%	30%	27%	19%	13%	5%
13	<b>Non-Medical Case Management</b>	8,657	8,127															
13.a	Service Linkage Targeted to Youth	175	162	75%	23%	2%	51%	7%	2%	40%	0%	17%	83%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	100	73	78%	21%	1%	51%	4%	4%	41%	0%	0%	0%	45%	30%	16%	3%	5%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,546	3,301	67%	31%	1%	51%	9%	1%	39%	0%	0%	0%	18%	25%	26%	24%	8%
13.d	Service Linkage at CBO Primary Care Programs (a)	4,537	4,591	75%	23%	2%	51%	11%	2%	36%	0%	0%	4%	28%	27%	21%	15%	5%
14	<b>Transportation</b>	2,366	1,619															
14.a	Transportation Services - Urban	796	401	65%	33%	2%	56%	7%	3%	34%	0%	0%	3%	24%	24%	25%	15%	8%
14.b	Transportation Services - Rural	237	128	66%	33%	1%	32%	30%	1%	38%	0%	0%	3%	18%	19%	32%	20%	8%
14.c	Transportation vouchersing	1,333	1,090	72%	25%	2%	67%	8%	1%	23%	0%	0%	2%	13%	19%	26%	33%	7%
15	<b>Linguistic Services (d)</b>	NA	NA															
16	<b>Emergency Financial Assistance (e)</b>	1,830	1,865	75%	23%	2%	44%	8%	2%	46%	0%	0%	4%	26%	27%	25%	16%	2%
17	<b>Referral for Health Care - Non Core Service (d)</b>	NA	NA															
<b>Net unduplicated clients served - all categories*</b>		12,941	14,098	74%	24%	2%	48%	13%	2%	37%	0%	0%	4%	24%	25%	22%	18%	7%
<b>Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)</b>		NA	30,198	75%	25%		48%	17%	5%	30%	0%	4%	21%	23%	25%	20%	7%	

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

RW MAI Service Utilization Report (03/01/2023-01/31/2024)																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	<b>Outpatient/Ambulatory Primary Care (excluding Vision)</b>																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,664	1,867	71%	26%	3%	99%	0%	1%	0%	0%	0%	7%	35%	28%	18%	10%	2%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	1,380	1,537	82%	14%	3%	0%	0%	0%	100%	0%	1%	5%	34%	27%	21%	10%	2%
<b>2</b>	<b>Medical Case Management (f)</b>	<b>0</b>	<b>0</b>															
2.c	Med CM - Targeted to AA (a)	967	507	79%	18%	3%	46%	10%	2%	42%	0%	1%	9%	37%	26%	17%	9%	1%
2.d	Med CM - Targeted to H/L(a)	735	320	81%	19%	0%	59%	13%	1%	27%	0%	0%	9%	24%	25%	18%	19%	5%
RW Part A New Client Service Utilization Report (03/01/2023-01/31/2024)																		
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)																		
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
<b>1</b>	<b>Primary Medical Care</b>	<b>1,871</b>	<b>1,721</b>	<b>77%</b>	<b>21%</b>	<b>2%</b>	<b>48%</b>	<b>10%</b>	<b>2%</b>	<b>41%</b>	<b>0%</b>	<b>1%</b>	<b>9%</b>	<b>37%</b>	<b>25%</b>	<b>16%</b>	<b>3%</b>	<b>10%</b>
<b>2</b>	<b>LPAP</b>	<b>954</b>	<b>794</b>	<b>79%</b>	<b>18%</b>	<b>3%</b>	<b>46%</b>	<b>10%</b>	<b>2%</b>	<b>42%</b>	<b>0%</b>	<b>1%</b>	<b>9%</b>	<b>37%</b>	<b>26%</b>	<b>17%</b>	<b>1%</b>	<b>9%</b>
3.a	Clinical Case Management	95	79	81%	19%	0%	59%	13%	1%	27%	0%	0%	9%	24%	25%	18%	5%	19%
3.b-3.h	Medical Case Management	1,097	802	73%	25%	2%	50%	12%	1%	37%	0%	2%	8%	33%	24%	18%	4%	11%
3.i	Medical Case Management - Targeted to Veterans	33	3	67%	33%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	33%	67%	0%
<b>4</b>	<b>Oral Health</b>	<b>50</b>	<b>41</b>	<b>78%</b>	<b>22%</b>	<b>0%</b>	<b>46%</b>	<b>29%</b>	<b>2%</b>	<b>22%</b>	<b>0%</b>	<b>0%</b>	<b>5%</b>	<b>22%</b>	<b>27%</b>	<b>20%</b>	<b>5%</b>	<b>22%</b>
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	1,870	1,816	70%	28%	2%	55%	11%	1%	33%	0%	1%	6%	29%	25%	19%	14%	6%
12.b	Service Linkage at Testing Sites	92	74	73%	23%	4%	47%	4%	5%	43%	0%	7%	11%	32%	27%	15%	3%	5%
<i>Footnotes:</i>																		
(a)	Bundled Category																	
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																	
(d)	Funded by Part B and/or State Services																	
(e)	Total MCM served does not include Clinical Case Management																	
(f)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	

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



Reflects spending through November 2023

Spending Target: 66.7%

Revised

2/2/24

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	\$1,122,081	61%
4	Oral Health Service -Prosthodontics	\$576,750	17%	\$0	\$576,750		\$576,750	4/1/2023	\$446,855	77%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,028,433	30%	\$0	\$1,028,433		\$1,028,433	4/1/2023	\$505,615	49%
			3%	\$0	\$0		\$0			
		\$0	0%	\$0	\$0					
<b>Total Houston HSDA</b>		3,438,501	103%	0	3,438,501	\$0	\$3,438,501		2,074,552	60%

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

(1)



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

Revised 2/2/2024

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums	1,150	688	81.44%	12.56%	2.00%	4.00%	27.30%	26.30%	32.15%	3.05%	0.00%	0.00%	0.89%	16.56%	19.91%	26.16%	29.36%	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%
Oral Health Care	4,224	2,363	73.43%	24.67%	0.00%	1.90%	51.41%	12.71%	33.43%	2.45%	0.00%	0.24%	1.69%	17.47%	22.64%	23.61%	23.82%	10.53%
Unduplicated Clients Served By State Services Funds:	NA	2,769	75.80%	18.62%	1.00%	1.30%	42.23%	19.51%	35.66%	2.60%	0.00%	0.12%	1.29%	17.02%	22.98%	24.03%	25.73%	8.83%

Completed By: L.Ledezma

**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 November 2023

Spending Target: 16.67%

Revised 2/2/2024

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$892,101	29%	\$0	\$892,101	\$0	\$892,101	9/1/2023	\$429,801	48%
6	Mental Health Services (2)	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2023	\$26,439	9%
11	Hospice (3)	\$293,832	10%	\$0	\$293,832	\$0	\$293,832	9/1/2023	\$71,500	24%
13	Non Medical Case Management (4)	\$350,000	12%	\$0	\$350,000	\$0	\$350,000	9/1/2023	\$30,078	9%
16	Linguistic Services (5)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2023	\$5,860	9%
	<b>ADAP/Referral for Healthcare</b>	\$666,000		\$0	\$666,000	\$0	\$666,000	9/1/2023	\$28,411	4%
	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	\$18,463	22%
	Emergency Financial Assistance (Compassionate Care)	\$368,123		\$0	\$368,123	\$0	\$368,123	9/1/2023	\$61,106	17%
		<b>3,028,056</b>	<b>63%</b>	<b>\$0</b>	<b>\$1,903,933</b>	<b>\$0</b>	<b>\$1,903,933</b>		<b>674,034</b>	<b>35%</b>

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) Delayed billing
- (3) Delayed billing
- (4) Increased need; spending will be monitored

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

Revised 1/10/2024

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
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%	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%
Linguistic 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:

09/01/2023-12/31/2023

Revised:

1/22/2024

Request by Type	Assisted			NOT Assisted		
	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	529	\$76,999.67	294	0	\$0.00	0
Medical Deductible	6	\$8,326.12	6	0	\$0.00	0
Medical Premium	2312	\$771,420.01	712	0	\$0.00	0
Pharmacy Co-Payment	9089	\$410,532.78	1010	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:	11936	\$1,267,278.58	2022	0	\$0.00	

Comments: This report represents services provided under all grants.

# DRAFT

## 2024 Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-22-24)

### Background

The Ryan White Planning Council must address two different types of money: Unobligated and Carryover.

**Unobligated** funds are funds allocated by the Council but, for a variety of reasons, are not put into contracts. Or, the funds are put into a contract but the money is not spent. For example, the Council allocates \$700,000 for a particular service category. Three agencies bid for a total of \$400,000. The remaining \$300,000 becomes unobligated. Or, an agency is awarded a contract for a certain amount of money. Halfway through the grant year, the building where the agency is housed must undergo extensive remodeling prohibiting the agency from providing services for several months. As the agency is unable to deliver services for a portion of the year, it is unable to fully expend all of the funds in the contract. Therefore, these unspent funds become unobligated. The Council is informed of unobligated funds via Procurement Reports provided to the Quality Improvement (QI) and Priority and Allocations (P&A) Committees by the respective Administrative Agencies (AA), HCPH/Ryan White Grant Administration and The Resource Group.

**Carryover** funds are the RW Part A Formula and MAI funds that were unspent in the previous year. Annually, in October, the Part A Administrative Agency will provide the Committee with the estimated total allowable Part A and MAI carryover funds that could be carried over under the Unobligated Balances (UOB) provisions of the Ryan White Treatment Extension Act. The Committee will allocate the estimated amount of possible unspent prior year Part A and MAI funds so the Part A AA can submit a carryover waiver request to HRSA in December.

The Texas Department of State Health Services (TDSHS) does not allow carryover requests for unspent Ryan White Part B and State Services funds.

It is also important to understand the following applicable rules when discussing funds:

- 1.) **10% Rule:** The Administrative Agencies are allowed to move up to 10% of unobligated funds from one service category to another. The 10% rule applies to the amount being moved from one category and the amount being moved into the other category. For example, 10% of an \$800,000 service category is \$80,000. If a \$500,000 category needs the money, the Administrative Agent is only allowed to move 10%, or \$50,000 into the receiving category, leaving \$30,000 unobligated.
- 2.) **Procurement Rules**, it is difficult to RFP funds after the mid-point of any given fiscal year.

In the final quarter of the applicable grant year, after implementing the Council-approved October reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, the AA may reallocate any remaining unspent funds as necessary to ensure the Houston EMA/HSDA has less than 5% unspent Formula funds and no unspent Supplemental funds. The AA for Part B and *State Services* funding may do the same to ensure no funds are returned to the Texas Department of State Health Services (TDSHS). The applicable AA must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.

# DRAFT

## Recommendations for Addressing Unobligated and Carryover Funds:

- 1.) **Requests from Currently Funded Agencies Requesting an Increase in Funds in Service Categories where the Agency Currently Has a Contract:** These requests come at designated times during the year.

A.) In response, the AA will provide funded agencies a standard form to document the request (see attached). The AA will state the amount currently allocated to the service category, state the amount being requested, and state if there are eligible entities in the service category. This form is known as a *Request for Service Category Increase*. The AA will also provide a Summary Sheet listing all requests that are eligible for an increase (e.g. agency is in good standing).

The AA must submit this information to the Office of Support in an appropriate time for document distribution for the April, July and October P&A Committee meetings. The form must be submitted for all requests regardless of the completeness of the request. The AA for Part B and State Services Funding will do the same, but the calendar for the Part B AA to submit the Requests for Service Category Increases to the Office of Support is based upon the current Letter of Agreement. The P&A Committee has the authority to recommend increasing the service category funding allocation, or not. If not, the request "dies" in committee.

- 2.) **Requests for Proposed Ideas:** These requests can come from any individual or agency at any time of the year. Usually, they are also addressed using unobligated funds. The individual or agency submits the idea and supporting documentation to the Office of Support. The Office of Support will submit the form(s) as an agenda item at the next QI Committee meeting for informational purposes only, the Office of Support will inform the Committee of the number of incomplete or late requests submitted and the service categories referenced in these requests. The Office of Support will also notify the person submitting the Proposed Idea form of the date and time of the first committee meeting where the request will be reviewed. All committees will follow the RWPC bylaws, policies, and procedures in responding to an "emergency" request.

**Response to Requests:** Although requests will be accepted at any time of the year, the Priority and Allocations Committee will Review requests at least three times a year (in April, July, and October). The AA will notify all Part A or B agencies when the P&A Committee is preparing to allocate funds.

- 3.) **Committee Process:** The Committee will prioritize recommended requests so that the AA can distribute funds according to this prioritized list up until May 31, August 31 and the end of the grant year. After these dates, all requests (recommended or not) become null and void and must be resubmitted to the AA or the Office of Support to be considered in the next funding cycle.

After reviewing requests and studying new trends and needs the committee will review the allocations for the next fiscal year and, after filling identified gaps in the current year, and if appropriate and possible, attempt to make any increase in funding less dramatic by using an incremental allocation in the current fiscal year.

- 4.) **Projected Unspent Formula Funds:** Annually in October, the Committee will allocate the projected, current year, unspent, Formula funds so that the Administrative Agent for Part A can report this to HRSA in December.

**DRAFT**  
**Priority and Allocations**  
**FY 2025 Guiding Principles and Decision Making Criteria**  
(Priority and Allocations Committee approved 02-22-24)

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

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

**Principles**

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

**Allocations only**

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

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

(Continued)

# DRAFT

## DECISION MAKING CRITERIA STEP 1:

- A. Documented service need with consumer perspectives as a primary consideration
- B. Documented effectiveness of services with a high level of benefit to people and families living with HIV, including quality, cost, and outcome measures when applicable
- C. Documented response to the epidemiology of HIV in the EMA and HSDA
- D. Documented response to emerging needs reflecting the changing local epidemiology of HIV while maintaining services to those who have relied upon Ryan White funded services.
- E. When allocating unspent and carryover funds, services are of documented sustainability across fiscal years in order to avoid a disruption/discontinuation of services
- F. Documented consistency with the current Houston Area Integrated HIV Prevention and Care Services Plan, the Continuum of Care, the National HIV/AIDS Strategy, the Texas HIV Plan and their underlying principles to the extent allowable under the Ryan White Program to:
  - build public support for HIV services;
  - inform people of their serostatus and, if they test positive, get them into care;
  - help people living with HIV improve their health status and quality of life and prevent the progression of HIV;
  - help reduce the risk of transmission; and
  - help people with advanced HIV improve their health status and quality of life and, if necessary, support the conditions that will allow for death with dignity

## DECISION MAKING CRITERIA STEP 2:

- A. Services have a high level of benefit to people and families living with HIV, including cost and outcome measures when applicable
- B. Services are accessible to all people living with or affected by HIV, allowing for differences in need between urban, suburban, and rural consumers as applicable under Part A and B guidelines
- C. The Council will minimize duplication of both service provision and administration and services will be coordinated with other systems, including but not limited to HIV prevention, substance use, mental health, and Sexually Transmitted Infections (STIs).
- D. Services emphasize access to and use of primary medical and other essential HRSA defined core services
- E. Services are appropriate for different cultural and socioeconomic populations, as well as care needs
- F. Services are available to meet the needs of all people living with HIV and families, as applicable under Part A and B guidelines
- G. Services meet or exceed standards of care
- H. Services reflect latest medical advances, when appropriate
- I. Services meet a documented need that is not fully supported through other funding streams

**PRIORITY SETTING AND ALLOCATIONS ARE SEPARATE DECISIONS. All decisions are expected to address needs of the overall community affected by the epidemic.**



# Operations Committee Report

**If Council approves, the following text will be added at the top of all Ryan White sign in sheets.**

**PLEASE NOTE:** I understand that in the course of my attendance at this meeting, I may learn certain facts about individuals that are of a highly personal and confidential nature (i.e. information such as, but not limited to: HIV status, medical conditions, sexual orientation, or other personal matters). My signature below indicates that I agree to the best of my ability to protect such information during and after attending this meeting.

# Training Topics for 2024 Ryan White Planning Council Meetings (updated: 02/23/24)

**DRAFT**

Shading = may be room on agenda for a second speaker

Month 2024	Topic	Speaker
January 25	Council Orientation	See Orientation agenda
February 9	People First Language	Titan Capri
March 14	Barriers to HIV Care for Individuals with Transgender Experience	Lou Weaver, Consultant
April 1	How to Best Meet the Need Training 1:30 - 4 pm How To Best Meet the Need Training	Tana Pradia and Pete Rodriguez, Co-Chairs, Quality Improvement Committee Multiple trainers
May 9	TENT: The Opioid Epidemic OR <b>MEDICAID?</b> TENT: Updates on EHE Care Funding	Representative, The National Opioid Network Jason Black
June 13	TENT: HIV and Coercive Partner Violence	????
July 11	Priority Setting and Allocations Processes Updates on Integrated HIV Plan	Peta-gay Ledbetter & Rodney Mills, Co-Chairs, Priority & Allocations Committee Tori Williams and ???
August 8		
September 12	TENT: Trauma Informed Care	
October 10	TENT: Ryan White Stakeholder Roles & Responsibilities	Charles Henley, Consultant
November 14	We Appreciate Our Affiliate Committee Members Election Policy Project LEAP and Proyecto VIDA Presentations	Josh Mica, Chair, Ryan White Planning Council Cecilia Ligons & Crystal R. Starr, Co-Chairs, Operations Committee 2024 Project LEAP and Proyecto VIDA Students
December 12	Elections for the 2025 Officers	Cecilia Ligons & Crystal R. Starr, Co-Chairs, Operations Committee

Required: Opioid and Other Drug Use, Prevention of Domestic & Sexual Violence and Trauma Informed Care

Other: Transgender Health Issues by Dr. Lake – recommended by Dr. Patel

Updates from the Texas Department of State Health Services (TDSHS) - 2 x per year