

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
Eric James
Mauricia Chatman
Francisco Ruiz
Tiffany Shepherd
Patrick Martin

Diane Beck
Jason Black

EMAIL ONLY:
Sha'Terra Johnson
David Williams

From: Tori Williams
Date: Tuesday, April 23, 2024
Re: Meeting Announcement

We look forward to seeing you for the following meeting:

Ryan White Steering Committee Meeting

12 noon, Thursday, May 2, 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. Thank you!

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



STEERING COMMITTEE

AGENDA

12 noon, Thursday, May 2, 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,

Item: 2024 Houston HIV Needs Assessment
Recommended Action: FYI: Staff continues to collect surveys from people with lived experience and HIV case managers. Data collection will end in late May so that the Interim Health Planner can analyze and present it to the Priority and Allocations Committee in July.

Item: 2024 Houston Area HIV Epidemiological Profile
Recommended Action: FYI: Since they are only required to submit A complete HIV Epidemiological Profile every 3-5 years, they have determined that they will not be able to dedicate resources to the project until at least January 2025. But, they can work with Office of Support staff on an Epidemiological Supplement. The Director has asked the HRSA Project Officer if this is acceptable to them since the Ryan White Program is required to submit a full Epidemiological Profile every three years.

Item: EHE/Integrated Planning Body

Recommended Action: FYI: Verbal update on the Leadership Team meeting that took place on Tuesday, April 30th. Committee and workgroups will meet again in May. See the attached meeting schedule and summary of March 2024 activities and look see if there is something that interests you.

B. Affected Community Committee

Item: Road 2 Success

Recommended Action: FYI: Thanks to an invitation from the Resource Group, Committee members provided educational information to youth who are transitioning to adult care. Many thanks to Skeet and Ronnie for covering this event and providing information on the Blue Book, the Client Complaint process, Project LEAP and Proyecto VIDA

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

C. Quality Improvement Committee

Because of the How To Best Meet the Need process, most Ryan White Committees did not meet in April so that Council and Affiliate Committee members could participate in the workgroups. Many thanks to those who participated and provided input into the FY 2025 Ryan White service categories. The results of your work will be presented to the Council next month.

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

D. Priority and Allocations Committee

Item: Reports from the Administrative Agent – Part A/MAI**

Recommended Action: FYI: See attached reports from the Part A/ MAI* Administrative Agent:

- FY23 Procurement Part A & MAI**, dated 04/16/24
- FY23 Service Utilization Part A & MAI**, dated 04/15/24

Item: Reports from Administrative Agent – Part B/SS***

Recommended Action: FYI: See the attached reports from the Part B/ SS*** Administrative Agent:

- FY23-24 Procurement Part B, dated 04/04/24
- FY23-24 Procurement SS***, dated 04/04/24

Item: FY 2025 Priority Setting Process

Recommended Action: **Motion:** Approve the attached *FY 2025 Priority Setting Process* which assures that the Council will set priorities for all HRSA allowable services.

Item: Reallocation of FY 23-24 State Services Funding

Recommended Action: **Motion:** Recommend the reallocate of \$175,000 in FY 23-24 State Services funding from Referral for Healthcare – Incarcerated to Health Insurance Assistance (HIA) to avoid duplication of services and because of an increased need for the HIA service category. See attached memo from The Resource Group dated 04/15/24.

Peta-gay Ledbetter, she/her/hers
and Rodney Mills, he/him/his,
Co-Chairs

Item: Request for Service Category Increase Form

*Recommended Action: **Motion:** Approve the form entitled: Request for Service Category Increase to include a definition for “Disbursements”. The definition is: reimbursement for actual costs (vs. unit costs). Examples are: medication, diagnostic procedures, food and utilities. The RW Part A/MAI* and RW Part B/SS* administrative agencies are asked to use this form to notify agencies when unobligated or unspent funds are available. The RW Part B/SS* administrative agency is asked to adjust the form to identify their organization and to start using it in the next funding cycle.*

E. Operations Committee

Cecilia Ligons, she/her/hers &
Crystal R. Starr, she/her/hers,

Item: Personnel Subcommittee of the Operations Committee

Recommended Action: FYI: Many thanks to those who submitted surveys regarding their managerial skills. The Council will be notified as soon as the Judge’s Office releases the Manager of the Office of Support job opening. Hopefully, it will be soon.

Item: Read AI Information

Recommended Action: FYI: In view of some of the newer forms of technology, Council member Glen Hollis will be providing the Operations Committee with information about Read AI at 11:00 am on May 14, 2024. All are welcome to sit in on the session. Along with this the Committee will hopefully be reviewing DSHS’ policy regarding the use of this type of technology and the possible need for the Council to develop a policy.

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, April 4, 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	Pete Rodriguez, excused	<i>Ryan White Grant Administration</i>
Skeet Boyle, Vice Chair		Glenn Urbach
Ryan Rose, Secretary		Mauricia Chatman
Johnny Deal		Jason Black
Carol Suazo		Frank Ruiz
Kenia Gallardo		
Robert Sliepka		<i>The Resource Group</i>
Cecilia Ligons		Sha'Terra Johnson
Crystal R. Starr		Maylyne Gonzalez, TRG Intern
Peta-gay Ledbetter		
Rodney Mills		<i>Office of Support</i>
Tana Pradia		Tori Williams
		Diane Beck

Call to Order: Josh Mica, he/him/él, Chair, called the meeting to order at 12:04 p.m.

During the opening remarks, Mica said that the greeters for 2024 Council meetings will be: Ronnie Galley, Ty Tate, Diondra English and Kakeshia Locks. Titan will lead a ten minute breathing session to ease stress before each Council meeting. It is a great way to get grounded before the meeting. He thanked Titan for his valuable time and expertise.

Most committees do not meet in April so that members can all participate in the How To Best Meet the Need workgroups to review each of the Ryan White funded services, justify the need for Ryan White funding and look for ways to strengthen or improve each service. Every workgroup has a packet which contains service definitions, national, state and local data, studies that relate to each service category and more. Please be sure to sign up for one or more workgroups and pick up the appropriate packet of materials. Or, go to our website and review the packets electronically.

Mica continued by reminding members that after the Council adjourns next week, there will be a training on all of the documents that are used to justify decisions made during the 2024 How to Best Meet the Need process. All members, especially new Council members, are encouraged to attend.

Mica then called for a Moment of Reflection.

Those selected to represent their committee at the meeting were: Deal for Affected Community, Gallardo for Comprehensive HIV Planning, Starr for Operations, Mills for Priority and Allocations and Pradia for Quality Improvement.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Starr, Pradia) to approve the March 7, 2024 minutes. Motion carried.*

Public Comment and Announcements: None.

Reports from Committees

Comprehensive HIV Planning Committee: Robert Sliepka, Co-Chair, reported on the following:
2024 Houston HIV Needs Assessment: Staff has collected over 400 surveys from people with lived experience. Data collection will end when approximately 585 surveys have been completed. Please encourage friends to take the survey online by distributing the email that Diane sent last month.

2024 Houston Area HIV Epidemiological Profile: Work began on the 2024 Houston Area HIV Epidemiological Profile last week.

EHE/Integrated Planning Body: Soon, the March 2024 Summary of Activities from the EHE/Integrated Planning Body Committees and Workgroups will be distributed to all Council and CPG members and others. The Leadership Team for the Planning Body will meet at a date to be determined in April.

Affected Community Committee: Johnny Deal, Co-Chair, reported on the following:

Road 2 Success: The Committee has hosted Road 2 Success events at three locations in English and one location in Spanish. Participants total 103 and there are at least two more presentations scheduled. Members of the Committee host the event where participants win small prizes playing Blue Book Jeopardy and learning about the Ryan White consumer complaint process, Project LEAP, Proyecto VIDA and the Planning Council.

Quality Improvement Committee: Tana Pradia, Co-Chair, reported on the following:

Criteria for Justifying the FY 2025 Service Categories: **Motion#3:** *Approve the attached criteria for justifying the FY 2025 Ryan White service categories during the FY 2025 How To Best Meet the Need process. Motion Carried.* Abstention: Boyle.

FY 2025 How To Best Meet the Need Process: The FY 2025 How to Best Meet the Need process will begin on Monday, April 15th with a Special Workgroup meeting related to Respite Care and Medical Meals. Currently funded services will be reviewed on Tuesday and Wednesday, April 16th and 17th. Please see the enclosed calendar with meeting dates and services to be discussed. Although all meetings will be in hybrid format, please sign up with Rod or Diane so that staff can determine the room set up for those who come in person.

Reports from the Administrative Agent: See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:

- FY23 Procurement Part A & MAI, dated 03/14/24
- FY23 Service Utilization Part A & MAI, dated 03/14/24
- FY23 Clinical Quality Management - A, last quarter, dated 03/06/24
- FY23 Clinical Quality Management - B, last quarter, dated 03/06/24

See the attached reports from the Part B/State Services Administrative Agent:

- FY23-24 Procurement Part B, dated 03/14/24
- FY23-24 Procurement State Services, dated 03/13/24
- FY23 Health Insurance Program Report, dated 03/01/24

Priority and Allocations Committee: Rodney Mills, Co-Chair, reported on the following:
The Committee did not meet in March so no report.

Operations Committee: Crystal Starr, Co-Chair, reported on the following:
Ryan White Bylaws and Policies: The Committee will dedicate this year to reviewing all Ryan White policies, as well as the bylaws. All are welcome to submit suggested corrections and revisions.

Personnel Subcommittee of the Operations Committee: All Council and Affiliate Committee members should have received a survey asking about previous management experience. Please respond to the survey as soon as possible. The Operations Committee is trying to select members who have management experience, as well as those with lived experience and others, to serve on the Personnel Subcommittee that is tasked with screening and recommending the new Manager of the Office of Support.

Read AI Information: In view of some of the newer forms of technology, Council member Glen Hollis will be providing the Operations Committee with information about Read AI at 11:00 am on May 14, 2024. All are welcome to sit in on the session. The Committee will also be reviewing DSHS' policy regarding the use of this type of technology and the possible need for the Council to develop a policy.

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

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

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

Announcements: Pradia attended the PACHA meeting, along with a number of other Council members. The Positive Women's Network Texas Strikeforce was highlighted for the work they do. Houston gave a great tour of our facilities and they enjoyed being here.

Adjournment: Motion: *it was moved and seconded (Boyle, Starr) to adjourn the meeting at 12:42 p.m.*
Motion Carried.

Submitted by:

Approved by:

Tori Williams, Director Date

Committee Chair Date

2024 Steering Committee Voting Record for Meeting Date 04/04/24

C = Chaired the meeting, ja = Just arrived, Im = 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				Motion #3 FY25 Justification Chart Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
Josh Mica, Chair				C				C				C
Skeet Boyle, Vice Chair		X				X						X
Ryan Rose, Secretary		X				X				X		
Johnny Deal, Aff		X				X				X		
Kenia Gallardo, Comp		X				X				X		
Crystal Starr, Op		X				X				X		
Rodney Mills, PA		X				X				X		
Tana Pradia, QI		X				X				X		
<i>Non-voting members at the meeting:</i>												
Carol Suazo, Aff ja 12:15 pm												
Robert Shiepk, Comp												
Cecilia Ligons, Op												
Peta-gay Ledbetter, PA ja 12:15 pm												
<i>Non-voting members at the meeting:</i>												
Pete Rodriguez, QI												

**Comprehensive HIV
Planning Committee
Report**

Ending the HIV Epidemic/Integrated HIV Prevention and Care Planning Body Summary Reports from Committees and Workgroups March 2024

The following EHE/Integrated Planning Body committees and workgroups met in March 2024. Each group discussed their committee/workgroup goals and determined activities for their group over the next couple of months.

Aging & HIV Workgroup, 03/20/2024, Diane Beck, Ryan White Office of Support (RWOoS)

Shital Patel, MD, medical director of the Houston AIDS Education and Training Center (AETC), presented information on the training program currently being developed for Ryan White Part A–funded HIV case managers who will receive training in gerontology. They are surveying and holding focus groups with case managers to determine topics to be included in the training. Her colleague, Vaishnavi Sankar, presented preliminary data from an HIV and aging needs assessment conducted with agency staff. Diane will distribute the presentations to all members. In May, there will be a presentation from Senior Research Associate Daniel Castellanos, DrPH, at the Latino Commission on AIDS. The workgroup would like to receive information about best practices for frailty screening for people living with HIV and how to educate doctors on which tests they should run.

Next Meeting: Noon, Wednesday, May 15, 2024.

Consumer & Community Engagement Workgroup, 03/25/2024, Cydney Clay, Houston Health

Department (HHD). Members discussed *Road 2 Success* classes hosted by members of the Ryan White Affected Community Committee and held at Ryan White–funded agencies, HOPWA-funded housing sites and more. The classes are designed to provide consumers with information about the HIV care system in the Houston 10-county area. The focus of the FY 2023–2024 classes is teaching consumers how to use the Houston Area Directory of HIV Prevention and Care Services, more commonly known as *The Blue Book*. Office of Support staff created a *Blue Book* Jeopardy game that makes the class fun and interactive. Since December 2023, over 103 non-Ryan White volunteers have participated in the training. **Next Meeting: 11 a.m., Monday, May 20, 2024.**

Housing Workgroup, 03/28/2024, Tori Williams, RWOoS

In reviewing the goals and seeking to build on existing data, members discussed contacting sources, including the University of Houston School of Social Work, which is believed to hold housing data that students collected and which may be useful in meeting current workgroup goals. City of Houston Director of Housing Opportunities for Persons with AIDS Megan Rowe, a workgroup co-chair, will assist in obtaining Consolidated Annual Performance and Evaluation Reports about housing program accomplishments locally. Other existing HIV-related agencies, housing enterprises serving the aging population (including short-term health recovery options), initiatives monitoring local health issues affecting housing, and others serving housing needs of the community at large were also identified as sources of retrievable information meaningful in meeting goals. **Next Meeting: 2 p.m., Thursday, May 23, 2024.**

Needing In-Person Engagement Workgroup, 03/13/2024, Tori Williams, RWOoS

Members identified a number of individuals who will be recruited to join the workgroup, including people who work in harm reduction, those who work with sex workers, and others. AETC is willing to work with the members to develop HIV training for case managers who work with the homeless. There are approximately 1,000 such case managers in Harris and surrounding counties. And, this summer, Project LEAP students will be asked to work with HPD officers who specialize in mental health to develop a pamphlet listing HIV, mental health and other resources for those living on the street. **Next meeting: 10 a.m., Wednesday, May 8, 2024.**

Prevention and Policy Committee, 03/12/24, Eliot Davis, HHD

Members reviewed goals and discussed identifying an HHD representative to address the committee on HHD

strategy and plans for implementation of EHE-related activities. Advocates/experts supporting and opposing condom distribution to persons who are incarcerated are needed to inform the committee. These tasks were assigned. Members discussed a hybrid model for meeting and endorsed exploring a strategy, such as a resource hub, to minimize duplication of efforts. **Next meeting: Noon, Tuesday, May 14, 2024.**

Racial and Social Justice Workgroup, 03/19/2024, Richon Ohafia, Ryan White Grant Administration
Members discussed existing work completed by the University of Houston School of Social Work and morbidity and mortality data for Harris County. They discussed goals for the workgroup and needing a better understanding of the purpose of the group and the meaning of racial/social justice and root causes members are looking to address. Tori is trying to locate a speaker to share tools developed by the Ft. Worth Planning Council, which relate to addressing and supporting racial and social justice issues. **Next meeting: 6 p.m., Tuesday, May 21, 2024.**

Research, Data, and Implementation Committee and Monitoring, Quality Assurance, and Evaluation Committee, 03/14/2024, Tori Williams, RWOoS Many of those assigned to develop evaluation plans for specific committees and workgroups met with their groups and learned more about their planned activities. **Next Meeting: 2 p.m., Thursday, May 9, 2024.**

Respond Committee postponed meeting until 1 p.m., Wednesday, May 22, 2024.

Status-Neutral Systems and Diagnose Committee, 03/13/2024, Chelsea Frand, HHD
The committee reviewed its goals and activities and described the current status of each. The team discussed keeping track of activities that take place in the community by using an online tracker accessible to multiple representatives of local organizations and perhaps distribute a survey or host a quarterly call or online forum with them. Such links could help identify specific services, such as those currently offering nontraditional hours. The committee will identify additional members as well as resources that can assist with carrying out the activities assigned to the Status-Neutral Systems and Diagnose Committee. Co-chair Kathryn Fergus will create a survey form that will go to community partners to capture activities conducted by local agencies. Tori will see if other committees/workgroups have survey questions they want to add. **Next meeting: 3 p.m., Wednesday, May 8, 2024.**

Treat Committee, 03/08/2024, Tori Williams, RWOoS
Members of the Treat Committee reviewed Integrated Planning goals more thoroughly, identified community leaders they wish to recruit for membership and identified groups that may be already engaged in efforts that relate to the committee's assigned goals. To meet goals, the co-chairs expressed interest in surveying case managers who work with people living with HIV and those who are homeless to find out what barriers individuals face in securing and maintaining identification documents and how the committee can help them replace documents needed to access care; determine if Harris County Centralized Patient Care Data Management System (CPCDMS) can be used to provide proof of residency, income and other essential data to make it easier for clients to go through eligibility screenings. Other actions included seeking clarification of Goal 2D by sending it back to the SMART Committee that wrote it; creating a list of agencies providing after-hours care; learning more about the Ryan White-funded position of retention nurse at Cambridge Health Alliance (Cambridge, MA), which helps ensure care, treatment adherence and more. **Next Meeting: Noon, Friday, May 10, 2024.**

Youth Workgroup, 03/04/2024, Rod Avila, RWOoS
Members discussed how best to set up a Youth Council. Three organizations that work with homeless youth, or those with a history of homelessness, were identified. Staff and workgroup members will reach out to the three organizations and see if there is an interest in partnering to develop a monthly, in-person (possibly hybrid) educational program for their clients. **Next Meeting: 6 p.m., Tuesday, May 7, 2024.**

<p>UPDATED: 04/02/24</p> <p>INTEGRATED PLANNING BODY (IP)</p> <p>Unless otherwise noted, ALL meetings will be held via Zoom or hybrid</p>	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
				1	2 12 noon RW Steering Committee	3	4
	5	6	7 6:00 p.m. <i>IP Youth Workgroup</i>	8 10:00 a.m. <i>IP Needing In Person Engagement Workgroup</i> 3:00 p.m. <i>IP Status Neutral Systems and Diagnose Committee</i>	9 12 noon RW Planning Council 2:00 pm RW Comp HIV Planning with the <i>IP Research, Data & Implementation and Monitoring, QA & Evaluation committees</i>	10 <i>12 noon IP Treat Committee</i>	11
	12	13 11:00 a.m. RW Operations	14 12 noon <i>IP Prevention & Policy Committee</i> 2:00 p.m. RW Quality Improvement	15 12 noon <i>IP Aging & HIV Workgroup</i>	16	17	18 National HIV Vaccine Awareness Day
	19 National API HIV Awareness Day	20 11:00 a.m. RW Affected Community with the <i>IP Consumer & Community Engagement Workgroup</i>	21 12 noon <i>IP Education & Awareness Committee</i> 6:00 p.m. <i>IP Racial & Social Justice Workgroup</i>	22 1:00 p.m. <i>IP Respond Committee</i>	23 12 noon RW Priority & Allocations 2:00 pm <i>Housing Workgroup</i> 4:00 CPG	24	25
	26	27 Memorial Day Holiday	28 7:00 p.m. RW Public Hearing	29 TENTATIVE 2:00 p.m. RW Quality Improvement	30	31	

May
2024

**Priority and
Allocations
Committee
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
1	Outpatient/Ambulatory Primary Care	10,965,788	460,625	535,679	0	-283,680	0	11,678,412	45.56%	11,678,412	0		10,349,078	89%	100%
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397					4,109,697	16.03%	4,109,697	0	3/1/2023	\$3,995,687	97%	100%
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	\$1,303,807	101%	100%
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	\$1,716,309	155%	100%
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	\$557,823	40%	100%
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	\$1,041,519	113%	100%
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	\$1,336,092	61%	100%
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	\$397,840	89%	100%
1.x	Primary Care Health Outcome Pilot	200,000	0			0		200,000	0.78%	200,000	0	3/1/2023	\$0	0%	100%
2	Medical Case Management	1,880,000	-97,859	63,063	0	-96,974	0	1,748,230	6.82%	1,748,230	0		1,470,657	84%	100%
2.a	Clinical Case Management	531,025	0	63,063		35,176		629,264	2.46%	629,264	0	3/1/2023	\$568,458	90%	100%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.17%	301,129	0	3/1/2023	\$305,477	101%	100%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.72%	183,663	0	3/1/2023	\$133,506	73%	100%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.72%	183,665	0	3/1/2023	\$56,208	31%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2023	\$53,283	80%	100%
2.f	Med CM - Targeted to Rural (a)	297,496	0			-62,150		235,346	0.92%	235,346	0	3/1/2023	\$131,538	56%	100%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2023	\$159,798	195%	100%
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%	100%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.19%	49,867	0	3/1/2023	\$58,186	117%	100%
3	Local Pharmacy Assistance Program	2,067,104	0	0	-37,920	12,178	0	2,041,362	7.96%	2,041,362	0		\$2,326,099	114%	100%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.43%	367,104	0	3/1/2023	\$247,873	68%	100%
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	\$2,078,226	124%	100%
4	Oral Health	166,404	0	30,429	0	0	0	196,833	0.77%	196,833	0		\$196,800	100%	100%
4.b	Oral Health - Targeted to Rural	166,404	0	30,429				196,833	0.77%	196,833	0	3/1/2023	\$196,800	100%	100%
5	Health Insurance (c)	1,383,137	223,222	479,154	0	94,004	0	2,179,517	8.50%	2,179,517	0		\$2,179,486	100%	100%
7	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	0	341,395	1.33%	341,395	0		\$338,531	99%	100%
10	Substance Abuse Services - Outpatient (c)	45,677	0	0	0	-20,677	0	25,000	0.10%	25,000	0		\$25,000	100%	100%
13	Non-Medical Case Management	1,267,002	0	0	0	-72,790	0	1,194,212	4.66%	1,194,212	0		\$1,524,712	128%	100%
13.a	Service Linkage targeted to Youth	110,793	0			-15,500		95,293	0.37%	95,293	0	3/1/2023	\$93,766	98%	100%
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	\$46,838	88%	100%
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.44%	370,000	0	3/1/2023	\$480,088	130%	100%
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	\$904,019	134%	100%
14	Medical Transportation	424,911	0	0	0	-70,024	0	354,887	1.38%	354,887	0		\$349,864	99%	100%
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	0.99%	252,680	0	3/1/2023	\$247,270	98%	100%
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.38%	97,185	0	3/1/2023	\$102,594	106%	100%
14.c	Transportation vouchering (bus passes & gas cards)	75,046	0			-70,024		5,022	0.02%	5,022	0	3/1/2023	\$0	0%	100%
15	Emergency Financial Assistance	1,653,247	485,889	180,337	37,920	665,735	0	3,023,128	11.79%	3,023,128	0		\$3,869,032	128%	100%
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	\$3,804,050	129%	100%
15.b	EFA - Other	100,000	0			-25,000		75,000	0.29%	75,000	0	3/1/2023	\$64,982	87%	100%
17	Outreach	420,000	0	0	0	0	0	420,000	1.64%	420,000	0		\$223,631	53%	100%
FY23_RW_DIR	Total Service Dollars	20,614,665	1,071,877	1,288,662	0	227,772	0	23,202,976	90.53%	23,202,976	0		22,852,889	98%	100%
									Unallocated	Unobligated					100%
	Part A Grant Award (without Carryover):	24,342,151	Carryover:	1,288,662	0	0	Total Part A:	25,630,813	0	0					
		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%	16,885,650	73.89%	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%	5,967,239	26.11%	Supplemen			0
	Total Service Dollars (does not include Admin and QM)	20,614,665	1,071,877	1,288,662	0	227,772	0	23,202,976		22,852,889		Carry Over	0		0

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
												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%						
MAI Procurement Report															
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,107,819	-39,764	17,664	0	0	0	2,085,719	86.91%	2,085,719	0		2,170,575	104%	100%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106	8,832	0			1,054,501	43.94%	1,054,501	0	3/1/2023	\$1,193,260	113%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658	8,832	0			1,031,218	42.97%	1,031,218	0	3/1/2023	\$977,315	95%	100%
2	Medical Case Management	320,099	-6,038	116	0	0	0	314,177	13.09%	314,177	0		\$181,861	58%	100%
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019	58				157,089	6.55%	157,089	0	3/1/2023	\$126,576	81%	100%
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019	58				157,088	6.55%	157,088	0	3/1/2023	\$55,285	35%	100%
	Total MAI Service Funds	2,427,918	-45,802	17,780	0	0	0	2,399,896	100.00%	2,399,896	0		2,352,436	98%	100%
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Funds	2,427,918	-45,802	17,780	0	0	0	2,399,896	100.00%	2,399,896	0		2,352,436	98%	100%
	MAI Grant Award	2,382,116	Carry Over:	17,780				Total MAI: 2,399,896							
	Combined Part A and MAI Original Allocation Total	25,680,192								Unallocated	Unobligated				100%
									0	0		MAI Award	2,399,896		
Footnotes:								Total Part A & MAI	28,030,709						
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 (3/1/2023-2/29/2024)																		
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	Outpatient/Ambulatory Primary Care (excluding Vision)	8,643	8,916	75%	22%	2%	42%	11%	2%	45%	0%	0%	4%	28%	27%	22%	15%	3%
1.a	Primary Care - Public Clinic (a)	2,959	3,055	70%	28%	1%	43%	9%	2%	47%	0%	1%	3%	18%	26%	26%	22%	5%
1.b	Primary Care - CBO Targeted to AA (a)	2,417	2,311	70%	26%	4%	99%	0%	1%	0%	0%	0%	6%	37%	28%	18%	9%	2%
1.c	Primary Care - CBO Targeted to Hispanic (a)	1,916	2,397	83%	14%	3%	0%	0%	0%	100%	0%	1%	6%	33%	28%	21%	10%	2%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	774	732	86%	12%	1%	0%	84%	15%	0%	0%	0%	3%	27%	26%	23%	18%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	683	1,030	70%	29%	1%	44%	15%	2%	40%	0%	0%	4%	27%	28%	24%	13%	3%
1.f	Primary Care - Women at Public Clinic (a)	793	870	0%	99%	1%	53%	6%	1%	40%	0%	1%	2%	14%	26%	31%	21%	6%
1.g	Primary Care - Pediatric (a)	5	0															
1.h	Vision	2,815	2,186	74%	25%	2%	44%	12%	3%	41%	0%	0%	3%	20%	25%	26%	21%	6%
2	Medical Case Management (f)	5,429	3,722															
2.a	Clinical Case Management	936	728	71%	27%	2%	56%	15%	2%	27%	0%	0%	3%	22%	27%	22%	18%	7%
2.b	Med CM - Targeted to Public Clinic (a)	569	558	92%	6%	2%	50%	12%	1%	37%	0%	1%	2%	26%	22%	22%	23%	4%
2.c	Med CM - Targeted to AA (a)	1,625	885	70%	26%	4%	99%	0%	1%	0%	0%	0%	6%	28%	28%	18%	15%	6%
2.d	Med CM - Targeted to H/L(a)	813	558	83%	13%	4%	0%	0%	0%	100%	0%	1%	5%	31%	27%	21%	13%	3%
2.e	Med CM - Targeted to White and/or MSM (a)	504	267	87%	12%	1%	0%	91%	9%	0%	0%	0%	2%	23%	20%	23%	23%	9%
2.f	Med CM - Targeted to Rural (a)	548	409	64%	35%	1%	51%	26%	2%	21%	0%	0%	4%	19%	22%	25%	22%	9%
2.g	Med CM - Targeted to Women at Public Clinic (a)	246	273	0%	100%	0%	68%	6%	1%	25%	0%	0%	2%	26%	30%	23%	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	Local Drug Reimbursement Program (a)	5,775	6,512	76%	21%	3%	43%	11%	2%	43%	0%	0%	4%	28%	28%	23%	14%	3%
4	Oral Health	356	349	70%	30%	1%	40%	25%	1%	34%	0%	0%	2%	20%	24%	27%	17%	9%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	356	349	70%	30%	1%	40%	25%	1%	34%	0%	0%	2%	20%	24%	27%	17%	9%
5	Mental Health Services (d)	0	NA															
6	Health Insurance	1,918	2,268	79%	19%	2%	44%	23%	3%	30%	0%	0%	2%	14%	19%	22%	27%	15%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	17	22	91%	5%	5%	27%	41%	5%	27%	0%	0%	0%	36%	36%	23%	5%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	546	461	77%	22%	2%	45%	18%	3%	33%	0%	0%	1%	8%	14%	25%	34%	19%
11	Hospice Services (d)	NA	NA															
12	Outreach	1,042	827	72%	25%	3%	60%	9%	3%	27%	0%	0%	5%	31%	27%	18%	14%	4%
13	Non-Medical Case Management	8,657	8,727															
13.a	Service Linkage Targeted to Youth	175	170	73%	25%	2%	51%	7%	2%	41%	0%	16%	84%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	100	80	79%	20%	1%	51%	4%	4%	41%	0%	0%	0%	48%	30%	15%	3%	5%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,546	3,495	67%	31%	1%	51%	9%	2%	39%	0%	0%	0%	18%	25%	25%	23%	8%
13.d	Service Linkage at CBO Primary Care Programs (a)	4,537	4,982	75%	23%	2%	50%	11%	2%	37%	0%	0%	4%	28%	27%	21%	15%	4%
14	Transportation	2,366	1,773															
14.a	Transportation Services - Urban	796	430	65%	33%	2%	57%	7%	3%	33%	0%	0%	3%	23%	24%	25%	16%	9%
14.b	Transportation Services - Rural	237	134	66%	33%	1%	31%	31%	1%	38%	0%	0%	3%	17%	19%	31%	21%	8%
14.c	Transportation vouchering	1,333	1,209	72%	25%	2%	67%	9%	2%	22%	0%	0%	2%	13%	19%	25%	33%	8%
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	1,830	2,125	76%	22%	2%	45%	8%	2%	45%	0%	0%	4%	27%	27%	23%	16%	2%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
Net unduplicated clients served - all categories*		12,941	14,991	74%	23%	2%	48%	13%	2%	37%	0%	0%	4%	25%	25%	21%	18%	7%
Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)		NA	30,198	75%	25%		48%	17%	5%	30%	0%	4%		21%	23%	25%	20%	7%

FY 2023 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report (03/01/2023-02/29/2024)																		
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
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,664	2,201	72%	25%	3%	99%	0%	1%	0%	0%	0%	6%	36%	27%	18%	10%	2%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	1,380	1,770	83%	14%	3%	0%	0%	0%	100%	0%	1%	6%	34%	27%	21%	10%	2%
	2 Medical Case Management (f)	0																
2.c	Med CM - Targeted to AA (a)	967	575	78%	18%	3%	46%	10%	2%	42%	0%	1%	8%	37%	25%	17%	9%	2%
2.d	Med CM - Targeted to H/L(a)	735	370	80%	20%	0%	60%	16%	2%	22%	0%	0%	11%	22%	25%	18%	18%	6%
RW Part A New Client Service Utilization Report (03/01/2023-02/29/2024)																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/22- 2/28/23)																		
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	1,871	2,101	77%	21%	2%	48%	10%	2%	40%	0%	1%	9%	37%	25%	16%	2%	10%
2	LPAP	954	1048	78%	18%	3%	46%	10%	2%	42%	0%	1%	8%	37%	25%	17%	2%	9%
3.a	Clinical Case Management	95	95	80%	20%	0%	60%	16%	2%	22%	0%	0%	11%	22%	25%	18%	6%	18%
3.b-3.h	Medical Case Management	1,097	854	73%	25%	2%	50%	12%	1%	37%	0%	2%	7%	34%	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%
4	Oral Health	50	46	80%	20%	0%	43%	26%	2%	28%	0%	0%	7%	24%	26%	17%	4%	22%
12.a.	Non-Medical Case Management (Service Linkage)		1,989	70%	28%	2%	54%	11%	1%	33%	0%	1%	7%	29%	25%	18%	14%	6%
12.c.		1,870																
12.d.																		
12.b	Service Linkage at Testing Sites	92	83	72%	23%	5%	49%	4%	5%	42%	0%	7%	11%	35%	27%	13%	2%	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 February 2024

Spending Target: 85%

Revised

4/4/24

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

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

(1) TRG is in the process of reallocations.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2324 DSHS State Services
Procurement Report
September 1, 2023 - August 31, 2024



Chart reflects spending through February 2024

Spending Target: 50%

Revised 4/4/2024

Priority	Service Category	Original 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	\$891,011	100%
6	Mental Health Services	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2023	\$87,670	29%
11	Hospice	\$293,832	10%	\$0	\$293,832	\$0	\$293,832	9/1/2023	\$118,800	40%
13	Non Medical Case Management (2)	\$350,000	12%	\$0	\$350,000	\$0	\$350,000	9/1/2023	\$57,156	16%
16	Linguistic Services (3)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2023	\$6,300	9%
	ADAP/Referral for Healthcare (4)	\$666,000	22%	\$0	\$666,000	\$0	\$666,000	9/1/2023	\$294,449	44%
	Food Bank	\$5,400		\$0	\$5,400	\$0	\$5,400	9/1/2023	\$2,378	44%
	Medical Transportation	\$84,600		\$0	\$84,600	\$0	\$84,600	9/1/2023	\$30,339	36%
	Emergency Financial Assistance (Compassionate Care)	\$368,123		\$0	\$368,123	\$0	\$368,123	9/1/2023	\$111,805	30%
		3,028,056	85%	\$0	\$1,903,933	\$0	\$1,903,933		1,599,907	84%

Note

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

DRAFT

FY 2025 Priority Setting Process

(Priority and Allocations Committee approved 04/25/24)

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

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

(Continued on next page)

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

The Houston Regional HIV/AIDS Resource Group, Inc.



Memorandum

To: RWPC- Priorities and Allocations Committee

Date: April 15, 2024

From: Tiffany Shepherd

CC: ShaTerra Johnson

TOPIC:

Effective January 23, 2024, the provider funded for Referral for Healthcare- Incarcerated decided to not pursue the funded positions. In addition, through the HTBMN process, this targeted service category has been removed.

Justification: Incarceration/post-incarceration services are adequately funded through other funding. In the current system individuals living with HIV and incarcerated are receiving care from Harris Health System-Correctional. There are currently two full-time funded positions working directly with individuals while incarcerated to develop a discharge plan and link them to care and support (including MAI). The Minority AIDS Initiative (MAI) is funded to provide post-release coordination and they have some ability to coordinate while individuals are incarcerated.

This change will leave an unallocated amount in State Services of \$175,000. Based on historical spending and increased need, the Resource Group would like to recommend applying the Part B/State Services increase funding scenario to move the funds to support Health Insurance Assistance (HIA).

Original Allocation: \$175,000

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

* Disbursements are the actual costs (vs. unit costs).
 Ex: medication, diagnostic procedures, food, utilities.

Request for Service Category Increase
 Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)					Control No.	
D.	Request for Increase under (check one):	Part A:	or	MAI:			
	Request Period (check one):	April:	August:	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:						
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.				\$0.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements* (list current amount in column a. and requested amount in column c.)	N/A			\$0.00		
	9. Total additional funding (must match E. above):					\$0.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"						
	2. Number of clients that have received this service under Part A (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18						

* Disbursements are the actual costs (vs. unit costs).
 Ex: medication, diagnostic procedures, food, utilities.

Request for Service Category Increase
 Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:				
	2. Length of waiting time (in weeks) for an appointment for a current client:				
	3. Number of clients on a "waiting list" for services (per Part A SOC):				
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):				
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

**Houston EMA Ryan White Part A, MAI & EHE
Administrative Agency Report
May 2, 2024**

Part A Updates

- **FY 2024 Notice of Award:** RWGA has not yet received its Full Notice of Award from HRSA yet. However, our HRSA Project Officer gave us guidance, stating that we can expect to receive it in mid-to-late May.
- **FY 2024 Contract Status:** The Commissioners approved most of the FY24 initial subrecipient contracts at their 4/23/24 meeting. RWGA will replace the remaining agreements on the May 7th agenda.
- **FY 2023 Contract Status:** We're in the process of closing out FY23 before submitting our Federal Financial Report to HRSA. While the final amount will be reduced, currently, we've spent 98% of our total FY23 award, including the FY22 carryover award of \$1.3M, with an estimated Unobligated Balance (UOB) of \$545,990. The FY23 UOB amount is significantly less than the past several fiscal years, mainly due to RWGA aggressively monitoring its unspent funds and underspending contracts and moving those funds to subrecipients requesting additional funds and who spent those funds. The Office of Support spent 100% of its allotted funds, 99% of Part A funds (includes FY22 carryover award), and 99% of MAI funds (includes FY22 carryover award).
- First agency site visit of FY24 began on April 24th. The site visit schedule runs through October.

EHE Updates

- **FY 2020-2022 Cumulative Carryover Funding:** RWGA received \$3,739,716 in carryover funding from HRSA. Like the Part A grant, we await our FY24 Full Notice of Award from HRSA.
- **FY 2023 Contract Status:** RWGA is on track to spend 90% of its awarded funding.
- **ECHO Sessions:** Baylor College of Medicine (BCM), the area's AETC provider, hosted ECHO training sessions for EHE subrecipients and other partners. The March session focused on patient journey mapping to improve linkage to care, and the April session focused on HIV and substance use.
- **Subrecipient TA Meeting:** RWGA will host an EHE subrecipient technical assistance training and an all-day retreat on May 31st in partnership with BCM.

Quality Management & Improvement Updates

- RWGA is hosting the Spring Joint Care and Prevention Conference in May 2024. We've invited the Affected Community Committee to participate as a vendor at this year's conference.

Glenn Urbach, Manager
HCPH/Ryan White Grant Administration Section
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HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

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