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: Monday, June 24, 2024

Re: Meeting Announcement

We look forward to seeing you for the following meeting:

Ryan White Steering Committee Meeting

Note unusual day: 12 noon, **WEDNESDAY,** July 3, 2024

Join the Zoom meeting by clicking on:
https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SlV2RE50ZzYraEErQT09
Meeting ID: 857 8218 9192 Passcode: 885832
Or, use your phone to dial in by calling 346 248-7799
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@harriscountytx.gov. Thank you!

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
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STEERING COMMITTEE

AGENDA
12 noon, Wednesday, July 3, 2024

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

I. Call to Order — 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 Area HIV Epidemiological Profile
Recommended Action: FYI: Beth Allen, the Interim Health Planner continues to work with City Health Department staff and Nithya Lakshmi Mohem Dass from Ryan White Grant Administration to produce the 2024 Epidemiological Supplement.

Item: Ending the HIV Epidemic (EHE)/Integrated HIV Planning Body
Recommended Action: FYI: The Leadership Team of the Joint Planning body met on June 27, 2024. Eliot Davis gave an update on all activities in the Houston Ending the HIV Epidemic Plan.

B. Affected Community Committee — Johnny Deal, he/him/his & Carol Suazo, she/her/ella,

Item: EHE/Integrated Planning Body
Recommended Action: FYI: Members of the Affected Community Committee in conjunction with the Consumer and Community Engagement Workgroup are creating an inventory of HIV resources on Houston area colleges and universities. See attached form.

Item: 2024 Project LEAP and Proyecto VIDA
Recommended Action: FYI: Members of the Affected Community Committee have begun to recruit students for the 2024 Project LEAP and Proyecto VIDA classes, which will start in early August. Once again, Ronnie will coordinate recruitment tables at local Ryan White funded agencies. Please see Ronnie or Tori if you want to help at a table. And, please be sure to post materials on your social media pages that helps us spread the word about the program.

C. Quality Improvement Committee — Tana Pradia, she/her/hers & Pete Rodriguez, he/him/él, Co-Chairs

STAFF RECOMMENDATION (will need a 1st & 2nd):
Item: Ryan White Legal or Other Professional Services
Recommended Action: **Motion:** Bring back and fund the appropriate service definition that will allow the Houston Ryan White Program to support HRSA's efforts to remove barriers to HIV care services through the expungement of criminal records. See the attached letter from HRSA dated June 6, 2024.

D. Priority and Allocations Committee — Peta-gay Ledbetter, she/her/hers and Rodney Mills, he/him/his, Co-Chairs

Item: Reports from the Administrative Agent – Part A/MAI**
Recommended Action: FYI: See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:

- FY23 Procurement Report – Part A/MAI, dated 06/17/24
- FY23 Service Utilization – Part A/MAI, dated 04/15/24

Item: Reports from the Administrative Agent – Part B/SS***
Recommended Action: FYI: See the attached reports from the Part B/ State Services (SS or DSHS) Administrative Agent:

- FY 23/24 Procurement Report – Part B, dated 06/12/24
- FY 23/24 Service Utilization Report – Part B, dated 05/01/24
- FY 23/24 Procurement Report – State Services, dated 06/12/24
- FY 23/24 Health Insurance Assistance Program, dated 06/12/24

Item: Proposed New Services
Recommended Action: FYI: Please see the attached information on the 3 proposed new services:

- New Idea Form regarding Medically Tailored Meals, dated 04/26/24;
- New Orleans Service Definition for "Assisted Living Residential Services" (line 12); and
- Durable Medical Equipment – not eligible with RW funding

Item: FY 2025 Level Funding Scenario – All Funding Streams
Recommended Action: **Motion A**: Approve the attached FY 2025 Level Funding Scenario for Ryan White Parts A/MAI*, Part B and State Services funding. See attached chart for details.

(continued on next page)

Item: FY 2025 MAI* Increase/Decrease Funding Scenarios
Recommended Action: **Motion B:** Approve the attached FY 2025 Increase & Decrease Funding Scenarios for Ryan White MAI* funds.

Item: FY 2025 Part A Increase/Decrease Funding Scenarios
Recommended Action: **Motion C**: Approve the attached FY 2025 Increase & Decrease Funding Scenarios for Ryan White Part A funds.

Item: FY 2025 Part B & SS** Increase/Decrease Funding Scenarios
Recommended Action: **Motion D**: Approve the attached FY 2025 Increase & Decrease Funding Scenarios for Ryan White Part B and State Services funding.

E.	Operations Committee No report since the Committee did not meet	Cecilia Ligons, she/her/hers & Crystal R. Starr, she/her/hers,
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	

**MAI = Minority AIDS Initiative funding*
*** SS = State Services funding*

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
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STEERING COMMITTEE

MINUTES

12 noon, Thursday, June 6, 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	*Ryan White Grant Administration*
Skeet Boyle, Vice Chair	Carol Suazo	Glenn Urbach
Ryan Rose, Secretary	Kenia Gallardo	*Eric James*
Johnny Deal		Mauricia Chatman
Robert Sliepka		Frank Ruiz
Cecilia Ligons		
Crystal R. Starr		*The Resource Group*
Peta-gay Ledbetter		Sha'Terra Johnson
Rodney Mills		
Tana Pradia		*Office of Support*
		Tori Williams
		Diane Beck

Call to Order: Josh Mica, he/him/él, Chair, called the meeting to order at 12:01 p.m.

During the opening remarks, Mica everyone for participating on committees and workgroups for the EHE/Integrated HIV Prevention and Care Planning body also known as the Joint Planning body. Be sure to look at the Summary of Activity Report that was emailed this week. He encouraged those who are not participating, to sign up.

At the May Council meeting, Eric James, the Assistant Program Manager at Ryan White Grant Administration, gave important updates on things that have been problematic in the Houston area HIV Care System. Since then, Eric and Steven Vargas have had some additional email conversations. Please be sure to review these email questions and answers, which are included in your Council packet under "Public Comment". We appreciate these important conversations and thank Glenn and his staff - as well as all of you - for having these conversations. In the meantime, the Operations Committee is looking at ways where we can have regular conversations like this in addition to the How To Best Meet the Need workgroup meetings and within the confines of the Texas Open Meetings Act.

On Saturday, June 1st, he attended the Woodlands Pride Summit along with Dr. Patel and Tori. Dr. Patel and I were invited to be on a panel to address LGBTQ+ healthcare questions.
Mica then called for a Moment of Reflection.

Those selected to represent their committee at the meeting were: Deal 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, Ligons) to adopt the agenda.* **Motion carried.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Sliepka, Starr) to approve the May 2, 2024 minutes.* **Motion carried.** Abstentions: Boyle, Starr.

Public Comment and Announcements: See attached comments received yesterday and additional comments in the Quality Improvement section of the meeting packet.

Reports from Committees

Comprehensive HIV Planning Committee: Robert Sliepka, Co-Chair, reported on the following:
2024 Houston HIV Needs Assessment: Data collection has ended and the information is being entered into the software so that the Interim Health Planner can analyze and present it to the Priority and Allocations Committee in July.

2024 Houston Area HIV Epidemiological Profile: Beth Allen, the Interim Health Planner is working with City Health Department staff and Nithya Lakshmi Mohem Dass from Ryan White Grant Administration to produce the 2024 Epidemiological Supplement.

EHE/Integrated Planning Body: The summary of May Committee and Workgroup activities, as well as the July meeting schedule, will be distributed at the Steering Committee meeting.

EHE/Integrated Planning Body: Please be sure to attend the hybrid meeting of the Leadership Team on June 27th at 4:00 p.m. Eliot Davis will be giving an update on all activities in the Houston Ending the HIV Epidemic Plan.

Affected Community Committee: Johnny Deal, Co-Chair, reported on the following:
EHE/Integrated Planning Body: Members of the Affected Community Committee in conjunction with the Consumer and Community Engagement Workgroup have started to create an inventory of HIV resources on Houston area colleges and universities.

2024 Project LEAP and Proyecto VIDA: Members of the Affected Community Committee have begun to recruit students for the 2024 Project LEAP and Proyecto VIDA classes, which will start at the end of July or early August. Please see Tori if you can help with recruitment.

Quality Improvement Committee: Tana Pradia, Co-Chair, reported on the following:
See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:

- FY23 Procurement Report – Part A/MAI, dated 04/16/24
- FY23 Service Utilization – Part A/MAI, dated 04/15/24

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

- FY 23/24 Procurement Report – Part B, dated 05/01/24
- FY 23/24 Service Utilization Report – Part B, dated 04/26/24
- FY 23/24 Procurement Report – State Services, dated 05/01/24
- FY 23/24 Health Insurance Assistance Program, dated 04/22/24

Public Comment Regarding FY25 Ryan White Service Categories: Please see the four attached comments.

FY 2025 Service Definitions and Financial Eligibility: ***Motion #3:*** *Approve the attached FY 2025 Service Definitions and Financial Eligibility recommendations for Ryan White Part A/MAI, Part B and State Services funded services. See the attached Summary of How To Best Meet the Need*

recommendations (neon green paper) and financial eligibility (on the Table of Contents). **Motion Carried.**

Targeting Information for the FY 2025 Service Categories: ***Motion #4:*** *Approve the attached Targeting Chart for Ryan White Part A/MAI, Part B and State Services funded service categories (neon pink paper).* **Motion Carried.**

Priority and Allocations Committee: Rodney Mills, Co-Chair, reported on the following:
The Committee did not meet since they will be creating the list of FY 2025 service priorities in July instead of May.

Operations Committee: Cecilia Ligons, Co-Chair, reported on the following:
FY 2025 Council Support Budget: ***Motion #5:*** *Approve the attached FY 2025 Council Support Budget.* **Motion Carried.**

Read AI Policy: ***Motion #6:*** *Artificial Intelligence (AI) will not be allowed at any Ryan White sponsored meetings and a written statement regarding this policy will be included on all meeting agendas, programs and other appropriate materials.* **Motion Carried.**

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, said their report would be available at the Council meeting next week.

Announcements: The Steering Committee will meet on Wednesday July 3rd since Thursday is a holiday.
Ligons said that Living Without Limits Living Large support group will have a training on racial and social justice tomorrow at 6:30 p.m. at Corder Place Apartments 7210 Peerless St. You must RSVP in order to gain access to the property. This training will be repeated at the Integrated Planning Workgroup.

Adjournment: ***Motion:*** *it was moved and seconded (Boyle, Ligons) to adjourn the meeting at 1:12 p.m.* **Motion Carried.**

Submitted by: Approved by:

_____ _____

Tori Williams, Director Date Committee Chair Date

2024 Steering Committee Voting Record for Meeting Date 06/06/24

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**				**Motion #3** FY 2025 Svc Cat Definitions & Financial Eligibility **Carried**				**Motion #4** FY 2025 Targeting Chart **Carried**				**Motion #5** FY 2025 Council Support Budget **Carried**				**Motion #6** Read AI Policy **Carried**			
	Absent	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**
Josh Mica, Chair				**C**				**C**				**C**				**C**				**C**				**C**
Skeet Boyle, Vice Chair		**X**						**X**		**X**				**X**				**X**				**X**		
Ryan Rose, Secretary		**X**				**X**				**X**				**X**				**X**				**X**		
Johnny Deal, Aff		**X**				**X**				**X**				**X**				**X**				**X**		
Robert Sliepka, Comp		**X**				**X**				**X**				**X**				**X**				**X**		
Crystal Starr, Op		**X**						**X**		**X**				**X**				**X**				**X**		
Peta-gay Ledbetter, PA		**X**				**X**				**X**				**X**				**X**				**X**		
Tana Pradia, QI		**X**				**X**				**X**				**X**				**X**				**X**		
Non-voting members at the meeting:																								
Cecilia Ligons, Op																								
Rodney Mills, PA																								
Absent members:																								
Carol Suazo, Aff																								
Kenia Gallardo, Comp																								
Pete Rodriguez, QI																								

Comprehensive HIV Planning Committee Report

HOUSTON HEALTH DEPARTMENT

HOUSTONHEALTH.ORG

EHE Activities

Eliot Davis, LMSW – Policy Analyst

June 27, 2024

HOUSTON HEALTH DEPARTMENT

EHE Committees

Outreach & Community Engagement-

Co-Chairs: Cecilia Ligons, Ivan Prater, Miguel Jacquez

Education and Awareness-

Co-Chairs: Dr. Dominique Guinn, Ian Haddock, Steven Vargas

Status Neutral Systems-

Co-Chairs: Kevin Anderson, Amy Leonard, Oscar Perez

Research, Data, and Evaluation-

Co-Chairs: Kevin Aloysius, Chelsea Frand, Kendrick Clack

Policy and Social Determinants-

Co-Chairs: Januari Fox, Crystal Townsend, Michael Webb

Planning Partners

Harris County Public Health
Building a Healthy Community

Houston HIV Prevention Community Planning Group

THE RESOURCE GROUP

achieving TOGETHER
A COMMUNITY PLAN TO END THE HIV EPIDEMIC IN TEXAS

END HIV HOUSTON

TxHIV Syndicate

Pillars

DIAGNOSE
GOAL: Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.

PREVENT
GOAL: Achieve 50% reduction in new HIV cases.

TREAT
GOAL: Ensure 90% of clients are retained in care and virally suppressed.

RESPOND
GOAL: Increase capacity to identify, investigate active HIV transmission clusters and respond to HIV outbreaks in 1 year.

Pillar 1 Activities

Encourage status awareness through increased screening, diverse non-stigmatizing campaigns, improved hiring practices, and updated accessibility in historically marginalized communities in Houston and Harris County.

HOUSTON HEALTH DEPARTMENT

Activities	Status	Responsible Party(ies)	External Partners
Extend health center hours and/or partner with healthcare systems to demonstrate consideration for persons seeking services outside traditional hours.	Ongoing/In progress	External Partners	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation
Explore a collaborative routine opt out initiative with hospital emergency room providers outside a policy requirement.	Ongoing/In progress	External Partners	Harris Health
Add five nurse operated mobile units offering extended hours and bundled services (e.g., sexually transmitted infection [STI], hepatitis C, pre exposure prophylaxis [PrEP], non occupational post exposure prophylaxis [nPEP], body mass index assessment, glucose testing, immunizations, service linkage, partner services, etc.) to dispatch across Houston and Harris County.	Done	Internal & External Partners	AIDS Healthcare Foundation (2); Allies In Hope (2); Bee Busy Wellness (1); St. Hope (1)
Implement at minimum a yearly multilingual health education and promotion campaign empowering ALL sexually active Houstonians and Harris Countians to insist on initial and routine rescreening for HIV.	Ongoing/In progress	Internal & External Partners	Allies in Hope; Gilbreath contract in the works (MPP active)
Prioritize hiring a diverse and representative staff whom people can trust to administer status neutral services.	Ongoing/In progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Pilot HIV and STI home testing kits and develop a protocol for timely, status neutral follow up, and quarterly evaluation to improve the service delivery.	Ongoing/In progress	External Partners (Slated under new RFP for subrecipients)	AIDS Healthcare Foundation; Allies In Hope; Legacy; Normaly Anomaly*
Re establish an annual testing for tickets (e.g., "Hip Hop for HIV") event.	Ongoing/In progress	External Partners	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS (?)
Conduct outreach efforts in screening locations near identified areas (e.g., college campuses, barber and beauty shops, shopping centers, and recreational centers) through ongoing partnerships with community leaders and gatekeepers	Ongoing/In progress	Internal & External (DIS case related screenings and MVU collaborations)	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center

Pillar 1 Activities

Advance legislative and non-legislative policy changes at the local, state, and federal levels to aid the End the HIV Epidemic initiative.

Activities	Status	Responsible Party(ies)	External Partners
Educate policymakers on the need for a statewide mandatory offering of routine opt out testing.	Ongoing/In progress	Internal & External	Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health
Revise policies that institute county wide age appropriate comprehensive sexual education that empowers youth to make informed decisions about their health.	Ongoing/In progress	Internal & External	Bee Busy Learning (Allies In Hope; Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center)
Advance county wide policy modifications that require HIV testing and access to care for all arriving persons involved with the justice system and retest prior to facility release with enough medication and linkage to care if need determined.	Ongoing/In progress	Internal & External	Harris Health
Update local policies and procedures to implement an electronic automated reminder system and/or modify existing options to send annual screening reminders.	Ongoing/In progress	Internal & External	Allies in Hope; Harris Health; St. Hope
Conduct provider detailing (e.g., obstetrician/gynecologist, general practitioner, gerontologist) to promote internal policy changes to incorporate universal screening as a standard practice	Ongoing/In progress	Internal & External	Allies in Hope; FLAS; Harris Health; Montrose Center; AETC

Pillar 2 Activities

Ensure rapid linkage to HIV medical care and rapid ART initiation for all persons with newly diagnosed or re-engaging in care.

HOUSTON HEALTH DEPARTMENT

Activities	Status	Responsible Party(ies)	External Partners
2A.1 1 *Not from HHD EHE*			Ave 360, AHF, St Hope; Harris Health; Legacy
Offer a 24 hour emotional support and resources line available with trauma informed staff considerate to the fact individuals are likely still processing a new diagnosis.	Ongoing/In progress	Internal & External	Harris Health; Legacy (FLAS & Allies?)
Health literacy campaign to educate those diagnosed on benefits of rapid start and TasP.	Ongoing/In-progress	Internal & External	BeeBusy; Montrose Center; St Hope; Harris Health; Legacy; Gilbreath
Support rapid antiretroviral therapy by providing ART "starter packs" for newly diagnosed clients and returning patients who have self identified as being out of care for greater than 12 months.	Ongoing/In-progress	Internal & External	St Hope; Harris Health; Legacy; AIDS Healtcare Foundation; (Allies?)
Expand community partnerships (e.g., churches and universities) to increase rapid linkage and ART availability at community preferred gathering venues.	Ongoing/In-progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation
Promote after hour medical care to increase accessibility by partnering with providers currently offering expanded hours, like urgent care facilities.	Ongoing/In-progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation
Develop a provider outreach program focused on best HIV treatment related practices and emphasizing resources options for clients (Ryan White care system) as well as peer to peer support resources for providers (e.g., Project ECHO, AETC, UCSF).	Ongoing/In-progress	Internal (Provider & PMDFU)	AETC

Pillar 2 Activities

Support re-engagement and retention in HIV medical care, treatment, and viral suppression through improved treatment related practices, increased collaboration, greater service accessibility, and a whole-health emphasis.

HOUSTON HEALTH DEPARTMENT

Activities	Status	Responsible Party(ies)	External Partners
Develop informative treatment navigation, viral suppression, and whole health care support program including regularly held community forums designed to maximize accessibility.	Ongoing/In progress	Internal (CPG. Town Halls, Symposiums, HVHTF, Sub contractor Mtgs) & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Partner with providers to expand hours and service location options based on community preferences (after hours, mobile units, non traditional settings).	Ongoing/In progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Assess feasibility of expanded telehealth check in options to enhance accessibility and promote bundling mobile care services (including ancillary services).	Ongoing/In progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Harris Health System; Legacy Community Health; St. Hope Foundation
Increase the number of referrals and linkage to RW.	Ongoing/In progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Increase integration, promotion, and the number of referrals to ancillary services (e.g., mental health, substance use, RW, and payment assistance) through expanded partnerships during service linkage.	Ongoing/In progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Increase case management support capacity.	Ongoing/In progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Develop system to monitor referrals to integrated health services.	Done	Internal (EPIC/HEDSS)	
Hire representative navigators, promote job openings in places where community members with relevant lived experience gather, and invest in programs such as the Community Health Worker Certification.	Ongoing/In progress	Internal	
Survey users of services to evaluate additional service based training needs.	Done	Internal (CPG & Training Unit)	
Conduct provider outreach (100 initial/100 follow up visits) to improve multidisciplinary holistic health practices including importance of trauma informed approach, motivational interview based techniques, preferred language, culturally sensitive staff/setting, behavior based risk vs demographic/race, and routine risk assessment screenings (mental health, gender based or domestic violence, need for other ancillary services related to SDOH).	Ongoing/In progress	Internal (Provider & PMDFU) & External	Allies in Hope; FLAS; Harris Health; Montrose Center
Build and implement a mental health model for HIV treatment and care that includes routinizing screenings/opt out integration into electronic health records.	Ongoing/In progress	External	AIDS Healthcare Foundation; Allies In Hope; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Source resources for referral/free initial mental health counseling sessions.	Ongoing/In progress	Internal & External	St Hope

Pillar 2 Activities

Support re-engagement and retention in HIV medical care, treatment, and viral suppression through improved treatment related practices, increased collaboration, greater service accessibility, and a whole-health emphasis.

HOUSTON HEALTH DEPARTMENT

Activities	Status	Responsible Party(ies)	External Partners
Maintain at least one crisis intervention specialist on service linkage staff.	Ongoing/In-progress	External	BeeBusy; FLAS; Harris Health; Legacy (Allies?)
Partner community health workers with local community gathering places (e.g., churches) to recognize and reach individuals who may benefit from support and linkage to resources.	Ongoing/In-progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Improve value of data to community by promoting inclusive, representative data collection on community selected platforms.	Ongoing/In-progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Widely share analyses of collected data with emphasis on complete context and value to community, including annual science symposium; Allow opportunities for community to share their stories to illustrate the personal connection.	Ongoing/In-progress	Internal (CPG. Town Halls, Symposiums, HVHTF, Sub contractor Mtgs) & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Utilize a reporting system to endorse programs or environments that show training application and effort to end the epidemic. Conduct quarterly quality assurance checks after the secret shopper project established by END. PILLAR	Ongoing/In-progress	Internal (CPG)	
Use the HIV system to fill gaps in healthcare by creating a grassroots initiative focused on social determinants of health.	Ongoing/In-progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Increase access to quality health care through promoting FQHCs to reduce the number of uninsured to under 10% in the next 10 years.	Ongoing/In-progress	Internal & External	Harris Health; Legacy; Healthcare for the Homeless; St Hope; Ave 360*
Revamp data to care to achieve full functionality.	Ongoing/In-progress	Internal	

Pillar 2 Activities

Establish organized methods to raise widespread awareness on the importance of treatment.

Activities	Status	Responsible Party(ies)	External Partners
Collaborate with CPG to gain real time public input during meetings on preferred language and promotion of critical messages of Undetectable=Untransmittable (U=U) and Treatment as Prevention (TasP).	Ongoing/In-progress	Internal	
Collaborate with CPG to regularly promote diversifying clinical trials.	Ongoing/In-progress	Internal	
Increase education and awareness around the concept of U=U and TasP to reduce stigma, fear, and discrimination among PLWH.	Ongoing/In-progress	Internal (Town Halls, Symposiums, CPG) & External	All Community Partners
Implement community preferred social marketing strategies over multiple platforms to establish messaging on the benefits of rapid and sustained HIV treatment (include basic terminology, updates on treatment/progress advances, and consideration for generational understanding of information).	Ongoing/In-progress	Internal	Gilbreath

Pillar 2 Activities

Advance internal and external policies related to treatment.

Activities	Status	Responsible Party(ies)	External Partners
Implement and monitor immediate ART with a standard of 72 hours of HIV diagnosis for Test and Treat protocols.	Ongoing/In-progress	Interal & External	AIDS Healthcare Foundation; Allies in Health; Montrose Center; St Hope; Harris Health; Legacy; Ave 360*
Revise policies to simplify linkage through use of an encrypted universal technology such as patient portal and/or apps to easily share information across health systems, remove administrative (e.g., paperwork and registration) barriers, incorporate geo fencing alerts and anonymous partner elicitation.	Ongoing/In-progress	Interal & External	AETC
Refresh policies to establish a retention/rewards program that empowers community to optimize health maintenance and encourages collaboration with health department services and resources.	Ongoing/In-progress	Internal (RFP) & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Focus on necessary requirements and reduce turnaround time from diagnosis to care (e.g., Change the 90 day window for Linkage Workers).	Ongoing/In-progress	Internal	
Update prevention standards of care to reflect a person centered approach.	Ongoing/In-progress	Internal	
Develop standard of treatment and advocate for implementation for those incarcerated upon intake.	Done	Internal & External	Harris Health
Institute policies that require recurring trainings for staff/providers based on community feedback and focused on current preferred practices (emphasis on status neutral approach, trauma informed care, people first language, cultural sensitivity, privacy/confidentiality, follow up/follow through).	Ongoing/In-progress	Internal (Training Unit, CPG, HVHTF, Symposiums) & External	AETC & Denver Prevention Training Center; All funded partners
Revise funding processes and incentivize extended hours of operation to improve CBO workflow.	Ongoing/In-progress	Internal (RFP)	

Pillar 3 Activities

Integrate a status neutral approach in HIV prevention services by utilizing proven interventions to reduce new cases.

Activities	Status	Responsible Party(ies)	External Partners
Develop a continuum of care for those utilizing prevention care services.	Done	Internal	
Establish prevention navigators with lived experience of the priority populations to assist engagement and “re”engagement in prevention services.	Ongoing/In-progress	Internal	
Offer and advocate for ongoing ancillary support options routinely offered during initial engagement.	Ongoing/In-progress	Internal	
Tailor proven behavioral, biomedical, and structural interventions, public health strategies, and social marketing campaigns from the Compendium of Evidence-based Interventions and Best Practices for HIV Prevention to the needs of Houston/Harris County.	Ongoing/In-progress	Internal & External	Gilbreath

Pillar 3 Activities

Improve accessibility, information sharing, and monitoring of PrEP.

HOUSTON HEALTH DEPARTMENT

Activities	Status	Responsible Party(ies)	External Partners
Increase access to PrEP clinical services by integrating PrEP/nPEP into routine services at HHD Health Centers.	Done (Integration) & Ongoing/In progress	Internal	
Collaborate with medical providers in other specialties to integrate PrEP into routine preventative healthcare.	Ongoing/In-progress	Internal & External	AETC & Denver Prevention Training Center
Expand PrEP services and hours to increase access including mobile, telehealth (e.g., Mistr, Sistr and Q Care Plus), and non traditional settings.	Ongoing/In-progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Harris Health System; Legacy Community Health; St. Hope Foundation
Expand access to same day PrEP for persons HIV negative by providing a 30 day starter pack; utilize non traditional settings (e.g., faith based organizations)	Ongoing/In-progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Harris Health System; Legacy Community Health
Develop purposeful non stigmatizing awareness messaging that normalizes PrEP and nPEP conversations with care teams.	Ongoing/In-progress	Internal & External	Gilbreath
Create a PrEP Network information hub to help understand community practices and address challenges.	Ongoing/In-progress	Internal (Website)	
Collaborate with local CBOs to develop a 24 hour nPEP hotline and Center of Excellence.	Not started	Internal & External	
Develop method of monitoring and reporting PrEP and a Continuum of Care.	Done (Development)/On going (Monitoring & Reporting)	Internal	

Pillar 3 Activities

Address social determinants through a multi-level approach that reduces new cases and sustains health equity.

Activities	Status	Responsible Party(ies)	External Partners
Increase service provider knowledge and capability to assess those in need of ancillary services.	Ongoing/In-progress	Internal (Provider Outreach) & External	AETC & Denver Prevention Training Center
Provide funded organizations with payment points for linking people to PrEP, keeping appointments, and then linking people on PrEP to housing, transportation, food assistance, and other supportive services.	Ongoing/In-progress	Internal (RFP) & External	
Develop mental health and substance use campaigns to support self efficacy/resiliency.	Ongoing/In-progress	Internal & External	Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; St. Hope Foundation; Montrose Center; Gilbreath (Legacy ?)
Health departments partner more with colleges and school districts, Bureau of Adolescent Health to create a tailored strategic plan that better engages adolescent Houstonians/ Harris Countians.	Ongoing/In-progress	Internal & External	BeeBusy
Revitalize the Youth Task Force and seek funding for adolescent focused initiatives.	?		
Engage healthcare programs regarding inclusion of all HIV prevention strategies in their curriculums to educate future practitioners (e.g., medical, nurse practitioner, nursing, and other healthcare programs).	Ongoing/In-progress	Internal (Provider Outreach) & External	TEPHI; University Grand Rounds
Reduce stigma and increase knowledge and awareness of PrEP and TasP through a biannual inclusive public health campaign focused on all populations.	Ongoing/In-progress	Internal & External	Gilbreath (All Funded Subrecipients*)
Train the workforce on a patient centered (i.e., status neutral and trauma informed) prevention approaches to build a quality care system.	Ongoing/In-progress	Internal & External	AETC & Denver Prevention Training Center (All Funded Subrecipients)

Pillar 4 Activities

Actively involve members of local communities in naming, planning, implementation, and evaluation by leveraging social networks, planning bodies, and community stakeholders in developing partnerships, processes, and data systems that facilitate response activities.

Activities	Status	Responsible Party(ies)	External Partners
Invest in technological solutions that further our partnerships, processes, and mass communication dissemination.	Ongoing/In progress	Internal (Website, CDR/Surveillance Systems, Data Reporting & Dashboard) & External	Gilbreath
Host regularly scheduled community forums, presentations, and webinars with a variety of audiences such as residents, business owners, churches, bars, schools, and politicians. Increase transparency and buy in by providing accurate information on important topics (e.g., privacy, protection, anonymity, gaps, recommended changes, and best practices).	Ongoing/In progress	Internal (CPG. Town Halls, Symposiums, HVHTF, Sub contractor Mtgs) & External	AETC & Denver Prevention Training Center
Expand the response Community Advisory Board (CAB) by incorporating interested participants from various taskforces, internal (e.g., Tuberculosis and HCV) and external stakeholders.	Ongoing/In progress	Internal	
Conduct a feasibility study on outsourcing response activities to community partners.	Ongoing/In progress	Internal	
Provide engaging non stigmatizing safe spaces that promote information sharing on what is going on in neighborhoods and tailor recommendations. Normalize inclusive discussions and team building activities among residents and community leaders by broadly advertising meetings in multiple locations (e.g., Southwest, Montrose, Third Ward, Fifth Ward) to reduce stigma. Utilize these platforms to spotlight the great work communities are accomplishing to constantly reenergize buy in.	Ongoing/In progress	Internal (Town Halls, Symposiums, CPG, HVHTF, Sub contractor Mtgs)	
Conduct public health detailing to inform and educate providers about required disease reporting and how to effectively inform their patients.	Ongoing/In progress	Internal (Provider Outreach, PMDFU) & External	AETC & Denver Prevention Training Center; Allies; FLAS; Harris Health; Montrose Center

Pillar 4 Activities

Build a community-tailored program to investigate and intervene in active networks and ensure resources are delivered where need is the greatest.

Activities	Status	Responsible Party(ies)	External Partners
Build contingency/surge capacity such as venue-based screenings cluster response efforts with existing contracted CBOs (when needed).	Ongoing/In-progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center
Utilize case data and case studies to train both community partners and the HHD staff on better approaches to effectively respond to clusters, including the role partner services can play.	Ongoing/In-progress	Internal (Town Halls, FIMR, CPG, HVHTF, Sub contractor Mtgs)	
Integrate both CDR and time-space analysis to identify clusters.	Ongoing/In-progress	Internal	
Conduct rapid response, ART linkage, and same-day PrEP in cluster investigations through close collaboration with contractors, care providers and other stakeholders.	Ongoing/In-progress	Internal & External	AIDS Healthcare Foundation; Allies In Hope; Bee Busy Learning/Bee Busy Wellness; FLAS; Harris Health System; Legacy Community Health; St. Hope Foundation; Montrose Center

Pillar 4 Activities

Empower effective advocacy and policy changes at the local, state, and federal levels.

Activities	Status	Responsible Party(ies)	External Partners
Reestablish the CPG mandate to ensure community engagement and voice is consistently being heard.	Done	Internal	
Explore requirements necessary to change laws in the state by assessing current laws and implement annual assessment.	Ongoing/In-progress	Internal (Town Halls, CPG, HVHTF)	
Examine the effects of HIV criminalization cases in the state to address policy barriers.	Ongoing/In-progress	Internal (Town Halls, CPG)	
Reevaluate and revise the partner index requirement within the State of Texas.	Ongoing/In-progress*	Internal	
Annually assess and provide report on data protection policies and procedures that ensure safeguards and firewalls protecting public health research and surveillance data from access by law enforcement, immigration, and protective services systems.	Ongoing/In-progress	Internal (S&C)	
Quarterly update the CDR plan in partnership with the community CAB.	Ongoing/In-progress	Internal (CPG)	

HOUSTON HEALTH DEPARTMENT

Questions?

HOUSTON HEALTH DEPARTMENT

THANK YOU!

Eliot.Davis@houstontx.gov

Affected Community Committee

Date: _____

HIV Services Available at Houston Area Colleges

Your name: _____ Your email address & phone #: _____

Name of College: _____

Information collected by: ____ Telephone ____ Website ____ Other: _____

QUESTIONS:

Where can a student get information about HIV? ____ On campus ___ Off campus

Name and phone number of place or program where educational information is provided:

_____

_____

_____

Where can a student at the college get an HIV test? ____ On campus___ Off campus

Name and phone number of place or program where HIV test is administered:

_____

_____

_____

Is there a charge for the test? ___ No ___ Yes Cost of the Test: $_____

Where can a student at the college get information about HIV prevention & care services?

_____

_____

_____

If a student thinks they may have been exposed to HIV, where can they go for help?

_____

_____

_____

If there is a place on campus where students can get HIV services, what services are offered?

___ HIV Testing? ___ PrEP? ___ HIV Medicine? ___ Referrals for Services? ____ Counseling?

___ Other? Describe: _____

Quality Improvement Committee

HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857

June 6, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Experiences with the legal system can pose a significant barrier for people with HIV in many critical areas, including housing, employment, and access to public benefits. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to ensuring that people with HIV who have had legal system involvement (defined as any person who is engaged at any point along the continuum of the legal system as a defendant, including arrest, incarceration, and community supervision) have access to core medical and support services to improve their HIV-related health outcomes.

As described in *HRSA HAB Policy Clarification Notice (PCN) #18-02 The Use of Ryan White HIV/AIDS Program (RWHAP) Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved*, RWHAP funds may be used to support people with HIV who are incarcerated and are expected to be eligible for HRSA RWHAP services upon their release.[1] HRSA HAB funded two specific RWHAP Part F Special Projects of National Significance (SPNS) Program initiatives which included a focus on people who have been involved with the legal system: Supporting Replication of Housing Interventions in the RWHAP (SURE) and Using Innovative Intervention Strategies to Improve Health Outcomes among People with HIV (2iS), and HRSA HAB continues to learn best practices for supporting people with legal system involvement.

The expungement[2] of criminal records is an effective way to remove barriers to care and services, protect privacy, mitigate stigma, and support successful reentry into community.[3] RWHAP funds may be used to aid in the expungement of criminal records.

The scope of allowable legal services as outlined under the "Other Professional Services" service category in *HRSA HAB PCN #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds* includes matters "related to or arising from [an individual's] HIV." To the extent that expunging a client's record is done to assist in obtaining access to services and benefits that will improve HIV-related health outcomes, RWHAP funds can be used to pay for the expungement of criminal records and associated costs. As policy and legal landscapes vary by geographic area, it is advisable that RWHAP recipients and subrecipients partner with legal service professionals and consult their own state and local laws to determine eligibility for expungement assistance.

[1] A case study of RWHAP funds being used for expungement: https://publications.partbadap-2019.nastad.org/
[2] Expungement is the process by which a defendant's criminal record is destroyed or sealed and thus treated as if it had never occurred. See https://www.americanbar.org/groups/public_education/publications/teaching-legal-docs/what-is-_expungement-/
[3] https://www.americanbar.org/groups/criminal_justice/publications/criminal-justice-magazine/2024/winter/evolving-landscape-sealing-expungement-statutes/

RWHAP recipients and subrecipients providing expungement services should develop policies and procedures to determine how RWHAP clients will receive expungement services. In doing so, RWHAP recipients and subrecipients must ensure that:

- Such services are available and accessible to all eligible clients who seek them.
- The payor of last resort requirement[4] is met.

HRSA HAB remains committed to serving individuals involved with the legal system and strives to improve health outcomes and reduce disparities for people with HIV across the United States. We remain committed to addressing barriers to care and appreciate the community input we have received in this area. Thank you for your ongoing efforts and dedication to providing HIV care and treatment to more than half a million people with HIV across the country and continuing to provide a whole-person approach to improving the lives of people with HIV.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration

[4] The Payor of Last Resort Requirement is described in HRSA HAB PCN #21-02 Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program at https://ryanwhite hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf

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 *RWPC Approved Level Funding Scenario*	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment 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**	**-1,008,494**	**10,669,918**	**41.63%**	**10,669,918**	**0**		**10,438,095**	**98%**	**100%**
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397				-300,691	3,809,006	14.86%	3,809,006	0	3/1/2023	$3,769,988	99%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443	182,131			34,283	1,330,433	5.19%	1,330,433	0	3/1/2023	$1,335,561	100%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289	155,347			29,323	1,137,510	4.44%	1,137,510	0	3/1/2023	$1,799,191	158%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314	198,201			-92,969	1,306,470	5.10%	1,306,470	0	3/1/2023	$596,155	46%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088			-228,730	-16,713	905,645	3.53%	905,645	0	3/1/2023	$1,041,307	115%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531				-508,137	1,689,394	6.59%	1,689,394	0	3/1/2023	$1,442,442	85%	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	-9,200	435,850	1.70%	435,850	0	3/1/2023	$397,840	91%	100%
1.x	Primary Care Health Outcome Pilot	200,000	0			0	-144,390	55,610	0.22%	55,610	0	3/1/2023	$55,610	100%	100%
2	**Medical Case Management**	**1,880,000**	**-97,859**	**63,063**	**0**	**-96,974**	**-216,412**	**1,531,818**	**5.98%**	**1,531,818**	**0**		**1,509,374**	**99%**	**100%**
2.a	Clinical Case Management	531,025	0	63,063		35,176	-60,806	568,458	2.22%	568,458	0	3/1/2023	$568,458	100%	100%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.17%	301,129	0	3/1/2023	$289,596	96%	100%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.72%	183,663	0	3/1/2023	$152,594	83%	100%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0				-117,995	65,670	0.26%	65,670	0	3/1/2023	$65,670	100%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2023	$63,450	95%	100%
2.f	Med CM - Targeted to Rural (a)	297,496	0			-62,150	-24,851	210,495	0.82%	210,495	0	3/1/2023	$131,538	62%	100%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2023	$178,704	218%	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	-12,760	4,204	0.02%	4,204	0	3/1/2023	$4,204	100%	100%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.19%	49,867	0	3/1/2023	$55,161	111%	100%
3	**Local Pharmacy Assistance Program**	**2,067,104**	**0**	**0**	**-37,920**	**12,178**	**286,140**	**2,327,502**	**9.08%**	**2,327,502**	**0**	**3/1/2023**	**$2,327,502**	**100%**	**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	286,140	1,960,398	7.65%	1,960,398	0	3/1/2023	$2,079,629	106%	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**	**3/1/2023**	**$2,179,276**	**100%**	**100%**
7	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**					**341,395**	**1.33%**	**341,395**	**0**	**3/1/2023**	**$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**	**3/1/2023**	**$25,000**	**100%**	**100%**
13	**Non-Medical Case Management**	**1,267,002**	**0**	**0**	**0**	**-72,790**	**329,938**	**1,524,150**	**5.95%**	**1,524,150**	**0**		**$1,524,148**	**100%**	**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	329,938	1,005,357	**3.92%**	1,005,357	0	3/1/2023	$903,455	90%	100%
14	**Medical Transportation**	**424,911**	**0**	**0**	**0**	**-70,024**	**0**	**354,887**	**1.38%**	**354,887**	**0**		**354,885**	**100%**	**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	$5,021	100%	100%
15	**Emergency Financial Assistance**	**1,653,247**	**485,889**	**180,337**	**37,920**	**665,735**	**800,691**	**3,823,819**	**14.92%**	**3,823,819**	**0**		**3,823,819**	**100%**	**100%**
15.a	EFA - Pharmacy Assistance	1,553,247	485,889	180,337	37,920	690,735	800,691	3,748,819	14.63%	3,748,819	0	3/1/2023	$3,758,841	100%	100%
15 b	EFA - O her	100,000	0			-25,000		75,000	0 29%	75,000	0	3/1/2023	$64,979	87%	100%
17	**Outreach**	**420,000**	0				**-191,863**	**228,137**	**0.89%**	**228,137**	**0**	**3/1/2023**	**$222,472**	**98%**	**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**		**22,939,902**	**99%**	**100%**

		Original Allocation	Award Reconcilation	July Adjusments (carryover)	August 10% Rule Adjustments (f)	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**	**-938,766**	**18,210,749**	**78.48%**	**17,014,578**	**74.17%**	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	**3,765,160**	**485,889**	**180,337**	**37,920**	**522,921**	**938,766**	**4,992,227**	**21.52%**	**5,925,325**	**25.83%**	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**		**22,939,902**		Carry Over	0		0
												Totals	0	0	0

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 *RWPC Approved Level Funding Scenario*	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	Total Admin (must be ≤ 10% of total Part A + MAI)	**2,208,914**	**18,000**	**0**	**0**	**-171,947**	**-22,458**	**2,032,509**	**7.25%**						
	Total QM (must be ≤ 5% of total Part A + MAI)	**428,695**	**0**	**0**	**0**	**-55,825**	**23,088**	**395,958**	**1.41%**						
	MAI Procurement Report														
Priority	**Service Category**	**Original Allocation** *RWPC Approved Level Funding Scenario*	**Award Reconcilation**	**July Adjustments (carryover)**	**August 10% Rule Adjustments (f)**	**October Adjustments**	**Final Quarter Adjustments**	**Total Allocation**	**Percent of Grant Award**	**Amount Procured (a)**	**Procure-ment Balance**	**Date of Procure-ment**	**Expended YTD**	**Percent YTD**	**Percent Expected YTD**
1	**Outpatient/Ambulatory Primary Care**	**2,107,819**	**-39,764**	**17,664**	**0**	**0**	**0**	**2,085,719**	**86.91%**	**2,085,719**	**0**		**2,170,575**	**104%**	**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%**
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														

Prepared by: Ryan White Grant Administration

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%**

Available Data As Of: 4/15/2024

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 Manangement - 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. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	**1,870**	**1,989**	**70%**	**28%**	**2%**	**54%**	**11%**	**1%**	**33%**	**0%**	**1%**	**7%**	**29%**	**25%**	**18%**	**14%**	**6%**
12.b	**Service Linkage at Testing Sites**	**92**	**83**	**72%**	**23%**	**5%**	**49%**	**4%**	**5%**	**42%**	**0%**	**7%**	**11%**	**35%**	**27%**	**13%**	**2%**	**5%**
Footnotes:																		
(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																	

Available Data As Of: 4/15/2024

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 March 2024 (Final)

Spending Target: 100%

Revised 6/12/24

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-General	$1,833,318	53%	($92,271)	$1,741,047		$1,741,047	4/1/2023	$1,664,211	96%
4	Oral Health Service -Prosthodontics	$576,750	17%	$39,150	$615,900		$615,900	4/1/2023	$692,336	112%
5	Health Insurance Premiums and Cost Sharing	$1,028,433	30%	$1,588	$1,030,021		$1,030,021	4/1/2023	$1,030,021	100%
				$0	$0		$0			
		$0	0%	$0	$0					
	Total Houston HSDA	3,438,501	100%	(51,533)	3,386,968	$0	$3,386,968		3,386,568	100%

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

2023-2024 Ryan White Part B Service Utilization Report
04/01/2023 thru 03/31/2024 Houston HSDA (4816)
4th Quarter (04/01/23 - 03/31/2024)

Revised 4/26/2024

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***	759	83 73%	16 20%	2 00%	5 00%	37 94%	25 82%	33 08%	3 16%	0 00%	0 00%	0 65%	16 60%	20 68%	24 76%	29 94%	7 37%
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***	2,792	72 71%	25 22%	0 00%	2 07%	51 21%	11 21%	35 13%	2 45%	0 00%	0 25%	1 67%	18 12%	22 85%	23 31%	23 53%	10 27%
Unduplicated Clients Served By State Services Funds:	*NA*	3,551	76 49%	18 97%	1 00%	3 54%	44 58%	18 50%	34 11%	2 81%	0 00%	0 13%	1 16%	17 36%	21 77%	24 04%	26 72%	8 82%

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 March 2024

Spending Target: 58.33%

Revised 6/12/2024

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%	$141,000	$1,033,101	$0	$1,033,101	9/1/2023	$997,596	97%
6	**Mental Health Services (5)**	$300,000	10%	$0	$300,000	$0	$300,000	9/1/2023	$110,910	37%
11	**Hospice**	$293,832	10%	$57,388	$351,220	$0	$351,220	9/1/2023	$133,100	38%
13	**Non Medical Case Management (2)**	$350,000	12%	-$57,388	$292,612	$0	$292,612	9/1/2023	$84,679	29%
16	**Linguistic Services (3)**	$68,000	2%	$0	$68,000	$0	$68,000	9/1/2023	$6,300	9%
	Referral for Healthcare-Incarcerated (6)	$141,000	5%	-$141,000	$0	$0	$0	9/1/2023	$0	0%
	ADAP/Referral for Healthcare (4)	$525,000	17%	$0	$525,000	$0	$525,000	9/1/2023	$131,173	25%
	Food Bank	$5,400	0.2%	$0	$5,400	$0	$5,400	9/1/2023	$2,378	44%
	Medical Transportation	$84,600	3%	$0	$84,600	$0	$84,600	9/1/2023	$33,326	39%
	Emergency Financial Assistance (Compassionate Care)	$368,123	12%	$0	$368,123	$0	$368,123	9/1/2023	$134,282	36%
		3,028,056	**100%**	**$0**	$3,028,056	$0	$3,028,056		1,633,743	54%

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 approved due to a change in provider.
(3) Delayed billing
(4) Delayed billing
(5) Delayed billing
(6) Service was eliminated; reallocation approved by RWPC

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%	0 00%	20 00%	20 00%	30 00%	30 00%
Mental Health Services	***192***	103	92 00%	7 71%	0 00%	0 29%	34 80%	35 40%	29 10%	0 70%	0 00%	9 70%	9 70%	23 30%	20 38%	17 43%	33 17%	6 70%
Helath Insurance Premiums	***925***	653	75 00%	17 10%	3 40%	4 50%	36 20%	27 50%	33 30%	3 00%	0 00%	0 00%	6 12%	15 62%	21 20%	23 73%	30 62%	2 71%
Non-Medical Case Management	***315***	24	74 30%	25 00%	0 00%	0 70%	29 14%	8 36%	62 50%	0 00%	0 00%	0 00%	4 16%	33 33%	25 80%	12 50%	20 05%	4 16%
Linguistc services	***50***	18	44 44%	53 52%	0 00%	2 04%	50 02%	5 54%	0 00%	44 44%	0 00%	0 00%	5 54%	0 00%	27 77%	44 44%	16 71%	5 54%
Unduplicated Clients Served By State Services Funds:	*NA*	808	35 00%	22 46%	33 41%	9 13%	20 16%	14 94%	16 76%	48 14%	0 00%	9 70%	2 55%	7 22%	11 51%	11 81%	13 04%	44 17%

Completed By L.Ledezma

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%	0 00%	20 00%	20 00%	30 00%	30 00%
Mental Health Services	***192***	103	92 00%	7 71%	0 00%	0 29%	34 80%	35 40%	29 10%	0 70%	0 00%	9 70%	9 70%	23 30%	20 38%	17 43%	33 17%	6 70%
Helath Insurance Premiums	***925***	653	75 00%	17 10%	3 40%	4 50%	36 20%	27 50%	33 30%	3 00%	0 00%	0 00%	6 12%	15 62%	21 20%	23 73%	30 62%	2 71%
Non-Medical Case Management	***315***	24	74 30%	25 00%	0 00%	0 70%	29 14%	8 36%	62 50%	0 00%	0 00%	0 00%	4 16%	33 33%	25 80%	12 50%	20 05%	4 16%
Linguistc services	***50***	18	44 44%	53 52%	0 00%	2 04%	50 02%	5 54%	0 00%	44 44%	0 00%	0 00%	5 54%	0 00%	27 77%	44 44%	16 71%	5 54%
Unduplicated Clients Served By State Services Funds:	*NA*	808	35 00%	22 46%	33 41%	9 13%	20 16%	14 94%	16 76%	48 14%	0 00%	9 70%	2 55%	7 22%	11 51%	11 81%	13 04%	44 17%

Completed By L.Ledezma

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2023-4/30/2024

Revised: 5/29/2024

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	*Dollar Amount of Requests*	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	1052	$163,425.56	436	*0*	*$0.00*	*0*
Medical Deductible	6	$8,326.12	6	*0*	*$0.00*	*0*
Medical Premium	4973	$1,802,648.95	813	*0*	*$0.00*	*0*
Pharmacy Co-Payment	21316	$928,084.93	1980	*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:	27347	$2,902,485.56	3235	0	$0.00	

Comments: This report represents services provided under all grants.

DRAFT – 04-26-24
2024 Proposed Idea

(Applicant must complete this two-page form as it is. Agency identifying information must be removed or the application will not be reviewed. Please read the attached documents before completing this form: 1.) HRSA HIV-Related Glossary of Service Categories to understand federal restrictions regarding each service category, 2.) Criteria for Reviewing New Ideas, and 3.) Criteria & Principles to Guide Decision Making.)

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY
_____ Control Number Date Received_____
Proposal will be reviewed by the: Quality Improvement Committee on:_____ (date) Priority & Allocation Committee on: _____ (date)

THIS PAGE IS FOR THE QUALITY IMPROVEMENT COMMITTEE
(See Glossary of HIV-Related Service Categories & Criteria for Reviewing New Ideas)

1. SERVICE CATEGORY: **FOOD BANK/HOME DELIVERED MEALS**
(The service category must be one of the Ryan White Part A or B service categories as described in the HRSA Glossary of HIV-Related Service Categories.)

This will provide 350 clients with 6 months of 10 meals/weekly units of service.

2. ADDRESS THE FOLLOWING:

A. DESCRIPTION OF SERVICE:

Medically tailored meals are delivered to individuals living with severe and chronic illnesses who are unable to prepare their own meals. Menus are tailored to the medical needs of the recipients by a Registered Dietitian-Nutritionist (RDN). Meal recipients are referred to the meal program by a medical provider or their healthcare plan. The provider indicates the type of menu supporting health for people with HIV and a week's worth of lunches and dinners, are frozen or chilled, then delivered weekly to the recipients' homes. Meal plans are tailored by RDN and prepared by our chef-lead culinary department. Recipients receive regular nutrition education information and access to an RDN for consultation. In addition, will screen all clients for food insecurity and connect them with food and state-funded social and health services such as SNAP, Medicaid, as needed. Our organization has identified partnerships that could refer members that are already receiving care as PLWH.

B. TARGET POPULATION (Race or ethnic group and/or geographic area):

People living with HIV (PLWH), living in Harris County and minority marginalized communities such as African American, Hispanic, male and female.

C. SERVICES TO BE PROVIDED (including goals and objectives):

Meal recipients are referred to the meal program by a medical provider or their healthcare plan. The provider indicates the type of menu supporting health for people with HIV and a week's worth of lunches and dinners, are frozen or chilled, then delivered weekly to the recipients' homes. Meal plans are tailored by a RDN and prepared by our chef-lead culinary department. Recipients receive regular nutrition education information and access to an RDN for consultation. In addition, will screen all clients for food insecurity and connect them with food and state-funded social and health services such as SNAP, Medicaid, as needed.

Goals/objectives:

1. Fewer hospitalization admissions
2. Reduction in health care costs
3. Fewer skilled nursing facility admissions
4. Reduction in emergency department visits
5. Reduction in inpatient admissions

D. ANTICIPATED HEALTH OUTCOMES (Related to Knowledge, Attitudes, Practices, Health Data, Quality of Life, and Cost Effectiveness):

1. Better adherence to medication and address HIV associated nutritional deficiencies or dietary needs.
2. Improve lab results for PLWH with chronic and co-occurring conditions such as hypertension, cholesterol, or diabetes.
3. Improve quality of life.
4. Increase nutrition literacy, knowledge, and perception of nutritious food.

3. ATTACH DOCUMENTATION IN ORDER TO JUSTIFY THE NEED FOR THIS NEW IDEA. AND, DEMONSTRATE THE NEED IN AT LEAST ONE OF THE FOLLOWING PLANNING COUNCIL DOCUMENTS:

__X_ Current Needs Assessment (Year: 2020) Page(s): 24-25 Paragraph: 1-7

___ Current HIV Comprehensive Plan (Year:_____) Page(s): ___Paragraph: ___

___ Health Outcome Results: Date: _____ Page(s): ___Paragraph: ___

___ Other Ryan White Planning Document:
Name & Date of Document: _____ Page(s): ___Paragraph: ___

RECOMMENDATION OF QUALITY IMPROVEMENT COMMITTEE:
___ Recommended ___ Not Recommended ___ Sent to How To Best Meet Need

REASON FOR RECOMMENDATION:

(Continue on Page 2 of this application form)

Proposed Idea

THIS PAGE IS FOR THE PRIORITY AND ALLOCATIONS COMMITTEE
(See Criteria and Principles to Guide Decision Making)

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY AND INCLUDE A BRIEF HISTORY OF RELATED SERVICE CATEGORY, IF AVAILABLE.

CURRENTLY APPROVED RELATED SERVICE CATEGORY ALLOCATION/UTILIZATION:
Allocation: $_____
Expenditure: $_____ Year-to-Date

Utilization: _____ Unduplicated Clients Served Year-to-Date
_____ Units of Service Provided Year-to-Date

AMOUNT OF FUNDING REQUESTED:

$1,554,000 This will provide funding for the following purposes which will further the objectives in this service category: (describe how): **Funding will cover food and delivery cost. Funding will also include operational cost associated with ongoing meal support for 350 clients over 6 months. Originally requesting funds for 700 clients, however, after regrouping, the 700 clients is connected to approximately how many patient(s) are referred to Medical Nutrition Therapy. If half of the participants, qualify for the service, would support 350 PLWH. See budget below for weekly MTM cost per client - $185 to cover food cost, delivery, packaging, and administrative cost including client intake for receiving referrals for 10 meals/week.**

PLEASE STATE HOW THIS IDEA WILL MEET THE PRIORITY AND ALLOCATIONS CRITERIA AND PRINCIPLES TO GUIDE DECISION MAKING. SITE SPECIFIC STEPS AND ITEMS WITHIN THE STEPS:

Food and home delivery services will be connected to an established workflow, Medical Nutrition Therapy (MNT), a core medical service under the HRSA RWHAP. As PLWH are referred by their PCP to an RDN for MNT services, clients will be screened by the RDN based on an established criteria, backed by 2020 Houston HIV Care Services Need Assessment, on page 43, identified that PLWH are also living with a physical health condition in addition to HIV, such as hypertension (high blood pressure) or diabetes. The eligibility criteria could be Diagnosis with HIV plus a co-occurring condition such as hypertension or diabetes, which could ultimately impact fewer hospitalization admissions, reduction in health care costs, fewer skilled nursing facility admissions, reduction in emergency department visits and reduction in inpatient admissions and positively counter-impact high utilization of primary care, the largest funded core medical service. Meals will be prepared based on conditions such as heart-healthy or diabetes friendly meals, with a Registered Dietitian-Nutritionist approval, chilled, frozen, and delivered weekly the PLWH enrolled in services for 6 months. Currently, New York is providing a similar service, however NY is a Medicaid expansion state, so fewer grant dollars are needed for primary care. Please see supported documents from God's Love We Deliver, Medically Tailored Meals for PLWH: Research, Policy, and Practice. From the study, "Research shows that access to food helps at each step of the Treatment Cascade. Access to food is often the reason PLWH get connected to care, because being active in care is a requirement of receipt of food and nutrition through RWHAP. Creating a closed-loop service to connect and maintain PLWH to primary care and food access, to increase medication adherence and maintain food security.

DRAFT – 04-26-24

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

___ Recommended for Funding in the Amount of: $_____
___ Not Recommended for Funding
___ Other:

REASON FOR RECOMMENDATION:

The Services:

Service work-flow

- 1.Referral from PCP to dietitian
- 1.1Education/Counseling – Clients Receiving New Food prescription for Medically Tailored Meals. All clients receiving a Food for the first time will receive appropriate education/counseling. This must include written information regarding food benefits in the client's primary language.
- 1.2 Education/Counseling – Follow-Up Clients receive education/counseling regarding medically tailored Meals (s) again at
    - Follow-up
    - When there is a change in diagnosis /disease process
    - At the discretion of the registered dietician if clinically indicated

Criteria

- PLWH
- PLUS
    - Co-occuring conditions:
        - Diabetes/A1c >7% (Per American Diabetes Association, defines uncontrolled diabetes as an A1c level of 7% or higher)
        - Hypertension: Uncontrolled blood pressure is **defined by SBP≥140 mm Hg or DBP≥90 mm Hg**.
        - Malnourished: losing more than 5% of your weight over 6 to 12 months

Addressing Questions:

- Capacity and infrastructures in place
    - 10,000 sq ft. kitchen
    - Adequate refrigeration and/or freezer storage capacity
    - Capable of producing 20K meals/daily
- How are the meals prepared
    - Meals are made in house with the Culinary team and RDN to assess nutritional needs, as these meals are made to address chronic conditions. Chilled, frozen, and delivered on a weekly basis.

From: New Orleans Planning Council

For: Houston Special HTBMN Workgroup Meeting

Date: April 23, 2024

Per: Glenn Urbach's request

HOUSING SERVICES

HRSA DESCRIPTION: Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.

Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

Eligible housing can include either housing that:

- Provides some type of core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or
- Does not provide direct core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.

Program Guidance: RWHAP recipients and subrecipients must have mechanisms in place to allow newly identified clients access to housing services. RWHAP recipients and subrecipients must assess every client's housing needs at least annually to determine the need for new or additional services. In addition, RWHAP recipients and subrecipients must develop an individualized housing plan for each client receiving housing services and update it annually. RWHAP recipients and subrecipients must provide HAB with a copy of the individualized written housing plan upon request.

RWHAP Part A, B, C, and D recipients, subrecipients, and local decision-making planning bodies are strongly encouraged to institute duration limits to housing services. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients and subrecipients consider using HUD's definition as their standard.

Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments. No use of funds for direct payments to consumers of services for rent.

These short-term payments must be carefully monitored to assure Housing assistance caps are not exceeded. The Ryan White Part A Housing assistance cap is limited up to $1,500 twice a year (effective FY 24-25), with MAI Housing assistance capped at $800 per month for up to 6 months.

Housing Standard	*Measure*
Provider will conduct initial housing assessment of the presenting problems/needs of the client.	Documentation in client file.
Providers will assess clients on an ongoing basis and update outcomes of the **housing plan** developed.	Documentation in client file.
Timeliness of housing assistance funds receipt.	Documentation in client/billing file.
Housing Advocacy -- assessment, search, placement and advocacy services to seek housing (application to funding sources, visits to court systems).	Documentation in client file.
Housing Assistance -- Emergency housing assistance (rental vouchers, eviction prevention, short-term rental assistance); emergency shelter stays; temporary/ transitional housing programs; residential treatment; temporary assisted living.	Documentation in client file.
Housing Status -- Percentage of patients with an HIV diagnosis who were homeless or unstably housed in the 12-month measure.	Documentation in client file.

The following table provides examples of money management skills that can be reviewed by the case manager to determine client's understanding of and increased compliance with self-sufficiency specific to their financial assessments:

Money management skill examples: Percent of clients who demonstrate improved money management skills	**Typical barriers to stable housing**
• Number of loan, mortgage, or rent defaults • Number of evictions • Number of referrals to credit counseling • Number of clients who declare bankruptcy • Number of bankruptcies resolved • Number of clients with payees • Number of clients with savings accounts and money saved • Number of clients who contribute to utility payments • Number of emergency loans • Number of clients who are employed • Number of clients who receive or are referred to employment services	• Unresolved legal issues • Involvement with the criminal justice system • Chronic alcohol and drug use • Poor psychosocial state • Lack of financial capacity • Untreated mental health issues • Weak support network • Unresolved credit issues

DURABLE MEDICAL EQUIPMENT: HRSA Guidance – 06-20-24

RE: Further guidance from the Houston HRSA Project Officer regarding whether DMEs as an allowable expense under EFA. He mentions the idea of subrecipients using their program income to purchase DMEs for their patients.

I don't think DMEs are an allowable EFA expense after reading his email below.

Harris County Public Health
Building a Healthy Community

Glenn Urbach, LMSW | Program Manager
Ryan White Grant Administration
Community Health & Wellness Division
Phone: (713) 274-5790
Email: glenn.urbach@phs.hctx.net
1111 Fannin Street
Houston, TX 77002

From: Peppler, Mark (HRSA) <MPeppler@hrsa.gov>
Sent: Thursday, June 20, 2024 4:53 PM
To: Urbach, Glenn (PHS) <Glenn.Urbach@phs.hctx.net>
Subject: RE: Durable Medical Equipment-Emergency Financial Assistance

Hi Glenn,

The issue is whether the need for DME is truly an emergency, short-term need versus an anticipated need for everyday or extended use, for lack of a better description. Also, do they have a specific list of DME items that are currently unavailable through other funding? I would appreciate seeing the list of items under consideration, which would help in determining allowability under the EFA service category vs. Home & Community-Based Services. For example, oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics would generally be needed for an extended period of time and costs would need to covered through funding allocated to Home & Community-Based Services. Finally, how much Part A funding is under consideration for use in purchasing DME? If it's a reasonably small amount, why couldn't subrecipients purchase DME with their program income funds or general funds?

And to your last question, DME would be considered "**another** HRSA RWHAP-allowable cost needed to improve health outcomes" under the EFA service category. The other thing to consider is that Home & Community-Based Services is a core medical service and EFA is a support service. That may or may not be relevant to any decision made.

Hope this is of some help.

Thanks,

Mark Peppler, MAHS
Chief, Southern Branch
(He/Him)
Division of Metropolitan HIV/AIDS Programs
HIV/AIDS Bureau

DRAFT

Houston Ryan White Planning Council
Priority and Allocations Committee

Proposed Ryan White Part A, MAI, Part B and State Services Funding FY 2025 Allocations

(Priority and Allocations Committee approved 06-10-24)

MOTION A: All Funding Streams – Level Funding Scenario

Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding.

Approve the attached Ryan White Part A, Minority AIDS Initiative (MAI), Part B, and State Services (SS) Level Funding Scenario for FY 2025.

MOTION B: MAI Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be increased by the same percent. This applies to the total amount of service dollars available.

MOTION C: Part A Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Part A Funding.

All service categories except subcategories Medical Case Management-Older adults (50+), Medical Case Management-Veterans, Medical Case Management-Youth, Substance Abuse Services-Outpatient, Service Linkage-Youth, and Service Linkage-Newly Diagnosed/Not in Care will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Part A Funding.

Step 1: Allocate the first $300,000 to Health Insurance Assistance Program.

Step 2: Allocate the next $500,000 to Primary Ambulatory/Outpatient Medical Care to be allocated proportionately to all Primary Care subcategories by the Administrative Agent except Vision Care and Pay for Performance Pilot Project.

Step 3: Any remaining funds following the application of Steps 1 and 2 will be allocated by the Ryan White Planning Council.

MOTION D: Part B and State Services Increase/Decrease Scenario

Decrease Funding Scenario for Ryan White Part B and State Services Funding.

A decrease in funds of any amount will be allocated by the Ryan White Planning Council after the notice of grant award is received.

Increase Funding Scenario for Ryan White Part B and State Services Funding.

Step 1: Allocate the first $200,000 to Health Insurance Assistance Program.

Step 2: Allocate the next $200,000 to be divided evenly between Oral Health – General Oral Health and Oral Health – Prosthodontics.

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council after the notice of grant award is received.

BASELINE DIANE DRAFT 2 - FY25 Level Funding Scenario Part A, MAI, Part B State Services for 06/27/24

Priorities Allocations Committee approved: _____

		Part A	MAI	Part B	State Services	Total	FY 2025 Allocations & Justification
	Remaining Funds to Allocate	**$467,643**	**$0**	**$0**	**$0**	**$467,643**	
		Part A	**MAI**	**Part B**	**State Services**	**Total**	**FY 2025 Allocations & Justification**
1	**Ambulatory/Outpatient Primary Care**	**$11,107,927**	**$2,098,411**	**$0**	**$0**	**$13,206,338**	**FY25: Level fund since EHE Rapid Start Program brings ~ 1,000 new clients into the system annually.**
1.a	PC - Public Clinic	$4,254,296				$4,254,296	
1.b	PC - AA	$1,151,096	$1,061,151			$2,212,247	
1.c	PC - Hisp - see 1.b above	$986,209	$1,037,260			$2,023,469	
1.d	PC - White - see 1.b above	$1,242,022				$1,242,022	
1.e	PC - Rural	$1,191,872				$1,191,872	
1.f	PC - Women at Public Clinic	$1,781,932				$1,781,932	**FY25: Reduce by $382,752 due to underspending in FY23**
1.g	PC - Pedi						
1.h	Vision Care	$450,500				**$450,500**	**FY25: reduce by $49,500 due to underspending in FY23**
1.j	PC - Pay for Performance Pilot Project	$50,000				$50,000	
2	**Medical Case Management**	**$2,183,040**	**$318,597**	**$0**	**$0**	**$2,501,637**	
2.a	CCM - Mental/Substance	$531,025				$531,025	
2.b	MCM - Public Clinic	$301,129				$301,129	
2.c	MCM - AA	$183,663	$159,299			$342,962	
2.d	MCM - Hisp	$183,665	$159,298			$342,963	
2.e	MCM - White	$66,491				$66,491	
2.f	MCM - Rural	$297,496				$297,496	
2.g	MCM - Women	$81,841				$81,841	
2.h	**MCM - Older adults (50+)**	$400,899				$400,899	**New subcategory in FY24**
2.i	MCM - Veterans	$86,964				$86,964	
2.j	MCM - Youth	$49,867				$49,867	
3	**Local Pharmacy Assistance Program**	**$2,067,104**	**$0**	**$0**	**$0**	**$2,067,104**	
3.a	LPAP - Public Clinic	$367,104				$367,104	
3.b	LPAP - Untargeted	$1,700,000				$1,700,000	
4	**Oral Health**	**$166,404**	**$0**	**$2,732,193**	**$0**	**$2,898,597**	
4.a	Oral Health - General			$2,101,048		$2,101,048	FY23/24 Pt B: Grant Increase of $17,782; **Pt B: increase of $267,730**
4.b	Oral Health - Prosthodontics			$631,145		$631,145	FY23/24 SS: Grant Increase of $60,093; **Pt B: increase of $54,395**
4.c	Oral Health - Rural	$166,404				$166,404	
5	**Health Insurance Co-Pays & Co-Ins**	**$1,483,137**	**$0**	**$805,845**	**$1,228,716**	**$3,517,698**	FY23/24 SS: Grant Increase of $27,595 + $175,000 moved from Referral - Incarcer; **Pt B: decrease of $222,588; SS increase of $61,615**
6	**Mental Health Services**	**$0**	**$0**	**$0**	**$300,000**	**$300,000**	
6.a.	Mental Health - General				$200,000	$200,000	
6.b.	Mental Health - Special Populations				$100,000	$100,000	
7	**Medical Nutritional Therapy**	**$341,395**	**$0**	**$0**	**$0**	**$341,395**	
8	**Substance Use Disorder Treatment - Outpatient**	**$25,000**	**$0**	**$0**	**$0**	**$25,000**	
9	**Hospice**	**$0**	**$0**	**$0**	**$259,832**	**$259,832**	FY23/24 SS: Grant Increase added $34,000; **SS: Moved $34,000 (added to HIA)**

BASELINE DIANE DRAFT 2 - FY25 Level Funding Scenario Part A, MAI, Part B State Services for 06/27/24

Priorities Allocations Committee approved: _____

		Part A	MAI	Part B	State Services	Total	FY 2025 Allocations & Justification
	Remaining Funds to Allocate	**$467,643**	**$0**	**$0**	**$0**	**$467,643**	
10	**Emergency Financial Assistance**	**$2,139,136**	**$0**	**$0**	**$0**	**$2,139,136**	
10.a.	EFA - Pharmacy Assistance	$2,039,136				$2,039,136	**FY25 Pt. A: Keep as is due to former ADAP issues. Additional funds can be added later in year if needed**
10.b	EFA - Other	$75,000				$75,000	**FY25 Pt A: Reduce by $25,000 to fund Durable Med Equip**
10.c	EFA - Durable Medical Equipment (urgent)	$25,000				$25,000	**FY25 Pt A: New Service**
11	**Referral for Health Care & Support Services**	**$0**	**$0**	**$0**	**$0**	**$0**	FY23/24 SS: moved $175,000 to Health Inurance when alternative funding was found for RHCSS - Incarcerated
12	**Non-Medical Case Management**	**$1,267,002**	**$0**	**$0**	**$225,000**	**$1,492,002**	**See below**
12.a	SLW - Youth	$110,793				$110,793	
12.a	SLW - Testing	$100,000				$100,000	
12.b	SLW - Public clinc	$370,000				$370,000	
12.c	SLW - CBO, includes some Rural	$686,209				$686,209	
12.d	Substance Use Disorder				$225,000	$225,000	**FY25 SS: Reduce by $25,000 due to underspending**
13	**Transportation**	**$374,911**	**$0**	**$0**	**$0**	**$374,911**	
13.a	Van Based - Urban	$252,680				$252,680	
13.b	Van Based - Rural	$97,185				$97,185	
13.c	Bus Passes & Gas Vouchers	$25,046				$25,046	**FY25 Pt A: Reduce by $50,000 because bus passes will be purchased in FY24**
14	**Linguistic Services**	**$0**	**$0**	**$0**	**$68,000**	**$68,000**	
15	**Outreach Services**	**$220,000**	**$0**	**$0**	**$0**	**$220,000**	**FY25 Pt A: Reduce by $100,000 due to underspending in FY23**
16	**Food Bank/Home Delivered Meals**	**$49,500**	**$0**	**$0**	**$0**	**$49,500**	**FY25 Pt A: New Service: Mecially tailored meals**
17	**Housing - Temporary Assisted Living**	**$49,500**	**$0**	**$0**	**$0**	**$49,500**	**FY25 Pt A: New Service for temporary medical necessity**
	Total Service Allocation	**$21,474,056**	**$2,417,008**	**$3,538,038**	**$2,081,548**	**$29,510,650**	
NA	FY25 Quality Management	$594,893				$594,893	**FY25 Pt A: increase by $286,542. 06/21/24 AA DECREASED BY $222,219**
NA	FY25 Administration - RWGA + PC + Indirect	$2,176,325				$2,176,325	**FY25 Pt A: increase by $346,210 (reduced by $49,500 to fund Housing). 06/21/24 AA DECREASED BY $245,424**
NA	**Total Non-Service Allocation**	**$2,771,218**	**$0**	**$0**	**$0**	**$2,771,218**	
	Total Grant Funds	**$24,245,274**	**$2,417,008**	**$3,538,038**	**$2,081,548**	**$32,281,868**	

Remaining Funds to Allocate (exact same as the yellow row on top)	**$467,643**	**$0**	**$0**	**$0**	**$467,643**

Tips:
* Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet will become "broken" and the totals will be incorrect.
* It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from $42,000 to $40,000, don't just delete the cell contents and type in a new number. Instead, type in "=42000-2000". This shows that you subtracted $2,000 from a service, so you recall later how you reached a certain amount. If you want to make another change, just add it to the end of the formula. For example, if you want to add back in $1,500, then the cell should look like "=42000-2000+1500" Make sure you put the "=" in front so Excel reads it as a formula.

Core medical **$17,374,007** **81%**

[For Staff Only]

If needed, use this space to enter base amounts to be used for calculations

	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	
Total Grant Funds	**$24,712,917**	**$2,417,008**	**$3,538,038**	**$2,081,548**	**$32,749,511**