

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



We envision an educated community where the needs of all persons living with and/or affected by HIV are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system.

The community will continue to intervene responsibly until the end of the epidemic.

The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those living with and/or affected by HIV by taking a leadership role in the planning and assessment of HIV resources.

AGENDA

12 noon, July 8, 2021

Meeting Location: Online or via phone

Click on the following link to join the Zoom meeting:

<https://us02web.zoom.us/j/995831210?pwd=UnlNdExMVFFqeVgzQ0NJNkpieXlGQT09>

Meeting ID: 995 831 210

Passcode: 577264

Or, use the following telephone number: 346 248-7799

- I. Call to Order
- A. Welcome, Moment of Reflection and Introductions
- B. Adoption of the Agenda
- C. Approval of the Minutes
- D. Training: In-Home HIV Testing
- E. Training: FY22 Priority Setting and Allocations Processes
- Allen Murray, Chair
Ryan White Planning Council
- Nkechi Onyewuenyi
Patient Educator
Legacy Community Health
- Bobby Cruz and
Peta-gay Ledbetter, Co-Chairs
Priorities and Allocations
Committee
- II. Public Comments 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 the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Reports from Committees
- A. Comprehensive HIV Planning Committee
- Item:* Joint Trainings with CPG
- Recommended Action:* FYI: Verbal updates from Josh Mica and Crystal Starr, Planning Council representatives on the Joint Planning Committee.
- Daphne L. Jones and
Rodney Mills, Co-Chairs

- B. Affected Community Committee
 Item: Public Hearing
 Recommended Action: FYI: On Monday, June 21, 2021 the Affected Community Committee recorded the public hearing to announce proposed changes to the FY 2022 allocations for Ryan White Part A and B, Minority AIDS Initiative and State Services. The video will be played repeatedly on the Houston Access channel and is available to watch on YouTube, see the Council website at www.rwpchouston.org for the link.
- Rosalind Belcher and
 Tony Crawford, Co-Chairs
- C. Quality Improvement Committee
 No report
- Kevin Aloysius and
 Steven Vargas, Co-Chairs
- D. Operations Committee
 Item: FY 2021 Revised Council Support Budget
 Recommended Action: **Motion:** Depending upon the availability of funds, give the Director of the Ryan White Office of Support permission to implement parts or all of the reallocations listed on the attached chart.
- Veronica Ardoin and
 Ronnie Galley, Co-Chairs
- Item: People First Language*
*Recommended Action: **Motion:** Ask the Office of Support staff to update Council documents to include the term “coercive control” when using the term “intimate partner violence” and explain the difference in a footnote. (Example: Coercive control/intimate partner violence*. A footnote will explain the difference between the two terms.)*
- Item: 2021 Ryan White Member Attendance Records*
Recommended Action: FYI: See the attached.
- Item: Proposed Change to Quorum until August 31, 2021*
Recommended Action: FYI: Verbal update.
- E. Priority and Allocations Committee
 Item: Reports from the Administrative Agent – Part A/MAI*
 Recommended Action: FYI: See the following reports:
 FY20 Part A & MAI Procurement, dated 06/16/21
 FY21 Part A & MAI Procurement, dated 05/26/21
- Peta-gay Ledbetter and
 Bobby Cruz, Co-Chairs
- Item: Reports from the Administrative Agent – Part B/SS**
 Recommended Action: FYI: See the attached reports from the Part B/ State Services Administrative Agent:
- FY 2021 Part B Procurement, dated 06/15/21
 - FY 19/20 Part B Procurement, dated 05/21/20
 - FY 19/20 DSHS* Procurement, dated 06/15/21

Item: FY 2022 Ryan White Service Priorities
Recommended Action: **Motion**: Approve the attached FY 2022 Service Priorities for Ryan White Parts A and B, MAI* and State Services.

Item: FY 2022 Allocations: Level Funding Scenario – All Funding Streams
Recommended Action: **Motion A**: Approve the attached FY 2022 Level Funding Scenario for Ryan White Parts A and B, MAI and State Services funds. See attached chart for details.

Item: FY 2022 Allocations: MAI* Increase/Decrease Funding Scenarios
Recommended Action: **Motion B**: Approve the attached FY 2022 Increase & Decrease Funding Scenarios for Ryan White MAI* funds.

Item: FY 2022 Allocations: Part A Increase/Decrease Funding Scenarios
Recommended Action: **Motion C**: Approve the attached FY 2022 Increase & Decrease Funding Scenarios for Ryan White Part A funds.

Item: FY 2022 Allocations: Part B & SS** Increase/Decrease Funding Scenarios
Recommended Action: **Motion D**: Approve the attached FY 2022 Increase & Decrease Funding Scenarios for Ryan White Part B and State Services funding.

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|-------|--|--|
| V. | Report from the Office of Support | Tori Williams, Director |
| VI. | Report from Ryan White Grant Administration | Carin Martin, Manager |
| VII. | Report from The Resource Group | Sha'Terra Johnson
Health Planner |
| VIII. | Medical Updates | Shital Patel, MD
Baylor College of Medicine |
| IX. | New Business (Written reports only when stay-at-home orders are in effect) | |
| | A. AIDS Educational Training Centers (AETC) | Shital Patel |
| | B. Ryan White Part C Urban and Part D | Dawn Jenkins |
| | C. HOPWA | Kimberley Collins |
| | D. Community Prevention Group (CPG) | Matilda Padilla |
| | E. Update from Task Forces: | |
| | • Sexually Transmitted Infections (STI) | |
| | • African American | Sha'Terra Johnson |
| | • Latino | Gloria Sierra |
| | • Youth | Gloria Sierra |
| | • MSM | |
| | • Hepatitis C | Steven Vargas |

- Project PATHH (Protecting our Angels Through Healing Hearts) formerly Urban AIDS Ministry

F. HIV and Aging Coalition

G. Texas HIV Medication Advisory Committee

H. Positive Women's Network

I. Texas Black Women's Initiative

J. Texas HIV Syndicate

K. END HIV Houston

L. Texans Living with HIV Network

Johnny Deal

Skeet Boyle

Nancy Miertschin

D. Morgan or A. Murray

Sha'Terra Johnson

Ricardo Mora

Crystal Townsend

Steven Vargas

IX. Announcements

X. Adjournment

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



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The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those living with and/or affected by HIV by taking a leadership role in the planning and assessment of HIV resources.

MINUTES

12 noon, Thursday, June 10, 2021
Meeting Location: Zoom teleconference

MEMBERS PRESENT	MEMBERS PRESENT	STAFF PRESENT
Allen Murray, Chair	Nkechi Onyewuenyi	<i>Ryan White Grant Administration</i>
Denis Kelly, Vice Chair	Faye Robinson	Carin Martin
Crystal Starr, Secretary	Gloria Sierra	
Kevin Aloysius	Robert Sliepka	Heather Keizman
Veronica Ardoin	C. Bruce Turner	Rebecca Edwards
Rosalind Belcher	Steven Vargas	
Johanna Castillo		<i>The Resource Group</i>
Enrique Chavez		Crystal Townsend
Kimberley Collins	MEMBERS ABSENT	
Tony Crawford	Ardry “Skeet” Boyle	<i>Office of Support</i>
Robert “Bobby” Cruz	Mauricia E. Chatman, excused	Tori Williams
Johnny Deal	Ahmier Gibson	Ricardo Mora
Dawn Jenkins	Peta-gay Ledbetter	Diane Beck
Daphne L. Jones	Deondre Moore	
Tom Lindstrom	Matilda Padilla, excused	
Roxane May	Shital Patel, excused	
Holly Renee McLean	Oscar Perez, excused	
Josh Mica	Pete Rodriguez, excused	
Rodney Mills	Imran Shaikh, excused	
Diana Morgan	Andrew Wilson	

Call to Order: Allen Murray, Chair, called the meeting to order at 12:13 p.m.

During the opening remarks, Murray said thanks to the Quality Improvement Committee for their hard work on the How To Best Meet the Need process and to the Council members that attended workgroup meetings. Participation was robust and a lot was accomplished. The HTBMN recommendations were presented at the Public Hearing, which was pre-recorded and aired on the local access channel on May 25, 2021. The video is also available on the Planning Council’s website and tells viewers how to submit public comments to the Office of Support. Murray then called for a Moment of Reflection.

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

Approval of the Minutes: Motion #2: *it was moved and seconded (Starr, Mica) to approve the April 8, 2021 minutes. Motion carried.* Abstentions: Crawford, Lindstrom, May, McLean, Morgan, Robinson, Turner.

Training: COVID-19 Vaccines and HIV: Williams said that in 2020 and 2021, during the How To Best Meet the Need process and at the December Council meeting, Ryan White volunteers wanted the Office of Support to spread the word about the Health Insurance Assistance Program and the importance of people living with HIV getting the COVID vaccine. Some of the unspent funds from FY 2020 were used to produce a video for that purpose. It is now available through social media and on the Ryan White website. Many thanks to Mauricia Chatman, Tiffany at Twice Media Productions, Josh, Jose, Titan, Jimmy and Dr. Patel for their hard work in developing the video. The Council viewed the video. Response was very positive, including applause after seeing it. To view it again, volunteers can go to: English: <https://youtu.be/Nb7VdvCj1YA>; Spanish: <https://youtu.be/8c9sXRZ5qi0>

Training: Intimate Partner Violence and HIV: Rebecca Edwards, Quality Management Coordinator, Ryan White Grant Administration, presented the attached PowerPoint.

Murray left the meeting: Kelly assumed the position of Chair for the remainder of the meeting.

Public Comment and Announcements: Williams read a public comment from Amy Leonard, EHE Coordinator, Houston Health Department. The comment provided information on the ongoing development of the Ending the HIV Epidemic Plan. Members were encouraged to get involved by signing up on at the following website: www.EHEHouston.org/survey.

Vargas recommended that someone on Council make a motion to adopt "coercive control" as the language used when talking or referencing what we have called intimate partner violence. The proposed language is more accurate. This suggestion will go to the Operations Committee for discussion.

Reports from Committees

Quality Improvement Committee: Kevin Vargas, Co-Chair, reported on the following: Reports from the Administrative Agent – Part A/MAI: 2020 Client Satisfaction.

FY 2022 How To Best Meet the Need Recommendations: **Motion #3:** *Approve the attached FY 2022 Service Definitions and Financial Eligibility for Ryan White Part A, Minority AIDS Initiative (MAI), Part B and State Services service categories. Motion carried.* Abstention: Aloysius.

Targeting for FY 2022 Service Categories: **Motion #4:** *Approve the attached FY 2022 targeting chart. Motion carried.*

2021 Assessment of the RW Program Administrative Mechanism: **Motion #5:** *Approve the attached checklist for the 2021 Assessment of the Ryan White Program Administrative Mechanism. Motion carried.* Abstention: Crawford.

2021 Quarterly Committee Report: See the attached Quarterly Committee Report.

Affected Community Committee: Tony Crawford, Co-Chair, reported on the following:

Public Hearing: On Thursday, May 13, 2021, the Affected Community Committee recorded the public hearing to announce proposed changes to the FY 2022 Ryan White service definitions and financial eligibility limits. The video was played repeatedly on the Houston Access channel and is available to watch on YouTube, see the Council website at <http://rwpchouston.org> for the link.

Project LEAP 2021: On Monday, May 17, 2021, the Affected Community Committee met jointly with the Project LEAP Advisory Committee to make recommendations to the Operations Committee regarding Project LEAP 2021. See the upcoming report from the Operations Committee for the results.

Team Building Meetings: ***Motion #6: Put Team Building meetings on hold and revisit the helpfulness of the activity in November 2021. Motion carried.*** Abstention: Aloysius, Sliepka.

Operations Committee: Ronnie Galley, Co-Chair, reported on the following:

Project LEAP 2020: See the attached 2020 Project LEAP Evaluation, which indicates that there were robust Project LEAP classes in 2020, in spite of the COVID-19 pandemic and having classes taught virtually.

Project LEAP 2021: ***Motion #7: Approve the attached 2021 Project LEAP service definition and student selection criteria. Note that there is a request to fund three out-of-office co-facilitators to assist with the English and Spanish versions of Project LEAP in 2022. The Operations Committee supports this request. Motion carried.*** Abstentions: Aloysius, Crawford, Turner.

FY 2022 Council Support Budget: ***Motion #8: Approve the attached FY 2022 Council Support Budget. Motion carried.***

Quorum Requirements: Williams explained that the Steering Committee recommended a change to the bylaws which, if approved, would be in effect until the end of August 2021. The justification for the motion is that the Council must vote on the FY 2022 service priorities and allocations so that the staff can prepare the FY 2022 grant application and the Council cannot vote on anything unless they make quorum. Meeting space is extremely limited in the building, which will make it challenging to have a typical meeting with everyone socially distanced. At this time, all Council members are allowed to participate in meetings virtually. If the Governor changes this, then 20 members will have to meet in person in order to meet quorum. By lowering the number of people required to meet in person to 30%, or 12 people, these individuals can meet and be socially distanced in our office if we cannot access a large enough room in which to be socially distanced. Everyone else can participate via Zoom. A bylaws change requires a 15 day notice and 2/3 of the membership, or 24 people, will have to be on the call in order to vote on the motion. Mica asked if the change should go through the end of the year. Williams said it is not necessary because in August the Council will have approved everything that is needed to write the grant application.

2021 Council Training Topics: See the attached 2021 schedule of Council training topics.

2021 Youth Group Presenters: See the attached 2021 schedule of Youth Group presenters.

Comprehensive HIV Planning Committee: Rodney Mills, Co-Chair, reported on the following:
Joint Trainings with CPG: Williams and Mora reported that the trainings have been productive and well attended. Josh Mica and Crystal Starr are the Planning Council representatives to the Joint Planning Committee.

EIIHA Workgroup Report: See the attached EIIHA Workgroup Report.

Criteria for Selecting the 2022 EIIHA Target Groups: **Motion #9:** *Use the same criteria in 2021 that was used in 2020 to select the 2022 EIIHA target populations.* **Motion carried.** Abstentions: Aloysius, Crawford, Turner.

2022 EIIHA Plan: **Motion #10:** *In order to meet HRSA grant application deadlines, the Planning Council allows the Comprehensive HIV Planning Committee to have final approval of the FY 2022 EIIHA Plan target populations, provided that:*

- *The FY 2022 EIIHA Plan is developed through a collaborative process that includes stakeholders from HIV prevention and care, community members and consumers; and*
- *The recommended FY 2022 EIIHA Plan target populations are distributed to the Planning Council members for input prior to final approval from the Comprehensive HIV Planning Committee.*

Motion carried. Abstentions: Aloysius, Crawford, Turner.

2021 Out of Care Study: **Motion #11:** *Approve a 2021 Special Study of the Out of HIV Care, which will include data from The Houston Medical Monitoring Project as much as possible. See the attached presentation.* **Motion carried.** Abstentions: Aloysius, Crawford.

Priority and Allocations Committee: Bobby Cruz, Co-Chair, reported on the following:
Response to Question re: ADAP Changes: See the attached email from Charles Henley dated February 27, 2021 which responses to a question about possible changes at ADAP. Vargas added that the Texas Legislature approved \$36 million to fill the ADAP budget gap and DSHS agreed to provide 60 days notice prior to any cost containment measures being implemented. However, a wait list may still be on the table.

Reports from the Administrative Agent – Part A/MAI: See the following reports:

- FY21 Part A & MAI Procurement, dated 05/26/21-reflects the FY21 decrease scenario applied after receipt of the final grant award.
- FY20 Part A & MAI Procurement, dated 05/26/21
- FY21 Part A & MAI Service Utilization 4th Qtr., dated 05/26/21
- FY21 Part A & MAI Service Utilization 3rd Qtr., dated 03/16/21

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

- FY 2021 Part B Procurement, dated 04/26/21
- FY 2021 Part B Service Utilization 4th Qtr., dated 04/26/21
- FY 2021 DSHS Procurement, dated 04/26/21
- FY 20/21 Health Insurance Program Report, dated 03/30/21

FY 2022 Service Priorities: The Committee made recommendations regarding the FY 2022 service priorities which will be presented after the public hearing.

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

Report from Ryan White Grant Administration: Carin Martin, Manager, summarized the attached report.

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

Task Force Reports: The Council agreed in March 2020 to skip verbal Task Force Reports while meeting on Zoom. See the Council Handouts packet for Task Force reports that were submitted in writing.

Announcements: Vargas said that the BLOC training in Spanish has been expanded to include all of Texas. The training will take place June 21-25 for 3 hours per day.

Adjournment: Motion: *it was moved and seconded (Turner, Sliepka) to adjourn the meeting at 1:45 p.m.* **Motion Carried.**

Respectfully submitted,

Victoria Williams, Director	Date _____
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Draft Certified by Council Chair: _____	Date _____
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Final Approval by Council Chair: _____	Date _____
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Council Voting Records for June 10, 2021

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #1 Agenda Carried				Motion #2 Minutes Carried					Motion #1 Agenda Carried				Motion #2 Minutes Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS									MEMBERS								
Allen Murray, Chair				C				C	Nkechi Onyewuenyi		X				X		
Denis Kelly, Vice Chair		X				X			Faye Robinson		X				X		
Crystal Starr, Secretary		X				X			Gloria Sierra		X				X		
Kevin Aloysius		X				X			Robert Sliepka		X				X		
Veronica Ardoin		X				X			C. Bruce Turner		X				X		
Rosalind Belcher		X				X			Steven Vargas		X				X		
Johanna Castillo		X				X											
Enrique Chavez		X				X											
Kimberley Collins	X				X				MEMBERS ABSENT								
Tony Crawford		X				X			Ardry "Skeet" Boyle								
Robert "Bobby" Cruz		X				X			Mauricia E. Chatman								
Johnny Deal		X				X			Ahmier Gibson								
Dawn Jenkins		X				X			Peta-gay Ledbetter								
Daphne L. Jones	X				X				Deondre Moore								
Tom Lindstrom		X				X			Matilda Padilla								
Roxane May		X				X			Shital Patel								
Holly Renee McLean		X				X			Oscar Perez								
Josh Mica		X				X			Pete Rodriguez								
Rodney Mills		X				X			Imran Shaikh								
Diana Morgan		X				X			Andrew Wilson								

Council Voting Records for June 10, 2021 - continued

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #3 FY22 HTBMN recommendations Carried				Motion #4 FY 2022 Targeting Chart Carried				Motion #5 Criteria for Assessment of the Admin Mechanism Carried					Motion #3 FY22 HTBMN recommendations Carried				Motion #4 FY 2022 Targeting Chart Carried				Motion #5 Criteria for Assessment of the Admin Mechanism 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
MEMBERS													MEMBERS												
Allen Murray, Chair	X				X				X				Nkechi Onyewuenyi		X				X				X		
Denis Kelly, Vice Chair				C				C				C	Faye Robinson		X						X		X		
Crystal Starr, Secretary		X				X				X			Gloria Sierra		X				X				X		
Kevin Aloysius				X		X						X	Robert Sliepka		X				X						X
Veronica Ardoin		X				X				X			C. Bruce Turner			X				X			X		
Rosalind Belcher		X				X				X			Steven Vargas		X				X				X		
Johanna Castillo		X				X				X															
Enrique Chavez		X				X				X															
Kimberley Collins		X				X				X			MEMBERS ABSENT												
Tony Crawford		X				X						X	Ardry "Skeet" Boyle												
Robert "Bobby" Cruz		X				X				X			Mauricia E. Chatman												
Johnny Deal		X				X				X			Ahmier Gibson												
Dawn Jenkins		X				X				X			Peta-gay Ledbetter												
Daphne L. Jones ja 1:32 pm	X				X				X				Deondre Moore												
Tom Lindstrom		X						X		X			Matilda Padilla												
Roxane May		X						X		X			Shital Patel												
Holly Renee McLean		X						X		X			Oscar Perez												
Josh Mica		X				X				X			Pete Rodriguez												
Rodney Mills		X				X				X			Imran Shaikh												
Diana Morgan		X						X		X			Andrew Wilson												

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #6 Team Building Meetings Carried				Motion #7 Project LEAP service definition Carried				Motion #8 FY22 Council Support Budget Carried					Motion #6 Team Building Meetings Carried				Motion #7 Project LEAP service definition Carried				Motion #8 FY22 Council Support Budget Carried			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Allen Murray, Chair	X				X				X				Nkechi Onyewuenyi		X				X				X		
Denis Kelly, Vice Chair				C				C				C	Faye Robinson		X				X				X		
Crystal Starr, Secretary		X				X				X			Gloria Sierra lm 1:00 pm	X				X				X			
Kevin Aloysius				X				X		X			Robert Sliepka				X		X				X		
Veronica Ardoin		X				X				X			C. Bruce Turner		X						X		X		
Rosalind Belcher		X				X				X			Steven Vargas		X				X				X		
Johanna Castillo		X				X				X															
Enrique Chavez		X				X				X															
Kimberley Collins		X				X				X			MEMBERS ABSENT												
Tony Crawford		X						X		X			Ardry "Skeet" Boyle												
Robert "Bobby" Cruz		X				X				X			Mauricia E. Chatman												
Johnny Deal		X				X				X			Ahmier Gibson												
Dawn Jenkins		X				X				X			Peta-gay Ledbetter												
Daphne L. Jones ja 1:32 pm	X				X				X				Deondre Moore												
Tom Lindstrom		X				X				X			Matilda Padilla												
Roxane May		X				X				X			Shital Patel												
Holly Renee McLean		X				X				X			Oscar Perez												
Josh Mica		X				X				X			Pete Rodriguez												
Rodney Mills		X				X				X			Imran Shaikh												
Diana Morgan		X				X				X			Andrew Wilson												

Council Voting Records for June 10, 2021 - continued

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #9 FY22 EIIHA Criteria Carried				Motion #10 FY22 EIIHA Plan Process Carried				Motion #11 Out of Care Special Study Carried					Motion #9 FY22 EIIHA Criteria Carried				Motion #10 FY22 EIIHA Plan Process Carried				Motion #11 Out of Care Special Study Carried			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Allen Murray, Chair	X				X				X				Nkechi Onyewuenyi		X				X				X		
Denis Kelly, Vice Chair				C				C				C	Faye Robinson		X				X				X		
Crystal Starr, Secretary		X				X				X			Gloria Sierra lm 1:00 pm	X				X				X			
Kevin Aloysius				X				X				X	Robert Sliepka		X				X				X		
Veronica Ardoin		X				X				X			C. Bruce Turner				X				X			X	
Rosalind Belcher		X				X				X			Steven Vargas		X				X				X		
Johanna Castillo		X				X				X															
Enrique Chavez		X				X				X															
Kimberley Collins		X				X				X			MEMBERS ABSENT												
Tony Crawford				X				X				X	Ardry “Skeet” Boyle												
Robert “Bobby” Cruz		X				X				X			Mauricia E. Chatman												
Johnny Deal		X				X				X			Ahmier Gibson												
Dawn Jenkins		X				X				X			Peta-gay Ledbetter												
Daphne L. Jones ja 1:32 pm	X				X				X				Deondre Moore												
Tom Lindstrom		X				X				X			Matilda Padilla												
Roxane May		X				X				X			Shital Patel												
Holly Renee McLean		X				X				X			Oscar Perez												
Josh Mica		X				X				X			Pete Rodriguez												
Rodney Mills		X				X				X			Imran Shaikh												
Diana Morgan		X				X				X			Andrew Wilson												

Operations Committee Report

REVISED

Summary of Proposed Revisions to the FY 2021 Council Support Budget

(On 06/15/21 the Operations Committee approved giving the Director permission to implement parts or all of these reallocations as it gets closer to the end of the fiscal year.)

Select Budget Items from the FY 2021 Council Support Budget	FY 2021 Select Budget Item Totals as of 03/01/21	Proposed Changes 06/08/21	Proposed FY 2021 Select Budget Item Totals as of 06/08/21	Notes
Salaries	\$388,046	- \$8,037	\$380,009	Salary adjustments due to delayed merit increases & COL increase
Reimbursement for RW Volunteers	\$ 9,000	TBD	TBD	Contingent upon when in-person meetings start
Technical Assistance Costs	\$27,500	TBD	TBD	Cost of developing a Blue Book app vs. web based access
TOTAL		- \$8,037 +		
Consultant fees	0	+ \$10,000	\$10,000	Advancing Racial Justice through the HIV Response & other
Room rental fees		+ 2,000	2,000	Off-site meeting space when in-person meetings start
Update & Print Mini Blue Books	0	+ 5,000	5,000	For possible use at Harris Co. Jail, high risk homeless community and Outreach Workers
TOTAL		+ 17,000		

2021 RWPC Attendance Records
(as of 06-08-20)

a-absent, p-present, e-excused, re-resigned, shaded-do not include in count, Ssh-came but unable to stay, nm- no meeting												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Kevin Aloysius		p	p	p	nm							
Quality Improvement		nm	p	nm	p							
Steering		p	p	p	nm							
Veronica Ardoin		p	p	p	nm							
Affected Community		p	p	nm	p							
Operations		nm	p	nm	p							
Steering		p	p	p	nm							
Rosalind Belcher		p	p	p	nm							
Affected Community		nm	p	nm	p							
Steering		p	p	p	nm							
Ardry "Skeet" Boyle		p	p	a	nm							
Affected Community		nm	p	nm	p							
Priority & Allocations		p	e	p	p							
Johanna Castillo		e	p	p	nm							
Quality Improvement		nm	p	nm	p							
Mauricia E. Chatman		p	p	p	nm							
Priority & Allocations		p	p	p	p							
Enrique Chavez		p	p	p	nm							
Affected Community		nm	p	nm	p							
Kimberley Collins		p	p	e	nm							
Priority & Allocations		p	e	p	p							
Tony Crawford		a	p	a	nm							
Affected Community		nm	p	nm	a							
Steering		p	p	p	nm							
Bobby Cruz		p	p	p	nm							
Operations		nm	p	e	p							
Priority & Allocations		p	e	e	p							
Steering		p	p	p	nm							
Johnny Deal		p	a	p	nm							
Affected Community		nm	p	nm	a							
Operations		nm	p	nm	p							
Ronnie Galley		p	p	p	nm							
Affected Community		nm	p	nm	p							
Operations		nm	p	nm	p							
Steering		p	p	p	nm							
Ahmier Gibson		a	a	a	nm							
Quality Improvement		nm	a	nm	a							
Daphne L. Jones		p	p	p	nm							
Comp HIV Plan		p	p	nm	e							
Steering		p	p	p	nm							
Peta-Gay Ledbetter		a	p	p	nm							
Priority & Allocations		p	p	p	p							
Steering		p	a	p	nm							
Denis Kelly		p	p	p	nm							
Operations		nm	p	nm	p							
Steering		p	p	p	nm							
Tom Lindstrom		a	e	a	nm							
Comp HIV Plan		a	e	nm	e							
Roxane May		p	p	e	nm							
Priority & Allocations		p	p	e	p							
Holly McLean		p	p	a	nm							
Affected Community		nm	p	nm	p							
Josh Mica		p	p	p	nm							
Priority & Allocations		p	p	p	p							
Quality Improvement		nm	p	nm	e							

2021 RWPC Attendance Records
(as of 06-08-20)

a-absent, p-present, e-excused, re-resigned, shaded-do not include in count, Ssh-came but unable to stay, nm- no meeting												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Rodney Mills		a	p	p	nm							
Affected Community		nm	p	nm	p							
Comp HIV Plan		p	p	nm	p							
Steering		p	p	p	nm							
Deondre Moore		a	a	a	nm							
Comp HIV Plan		a	a	nm	a							
Diana Morgan		p	p	e	nm							
Affected Community		nm	p	nm	p							
Allen Murray		p	p	p	nm							
Steering		p	p	p	nm							
Nkechi Onyewuenyi		p	p	p	nm							
Quality Improvement		nm	e	nm	p							
Matilda Padilla		p	p	a	nm							
Operations		nm	a	nm	p							
Shital Patel		p	e	e	nm							
Comp HIV Plan		p	e	nm	p							
Oscar Perez		p	e	p	nm							
Quality Improvement		nm	a	nm	p							
Faye Robinson		p	p	e	nm							
Comp HIV Plan		p	p	nm	a							
Pete Rodriguez		e	p	e	nm							
Quality Improvement		nm	p	nm	p							
Imran Shaikh		p	p	p	nm							
Comp HIV Plan		p	p	nm	e							
Gloria Sierra		p	p	p	nm							
Quality Improvement		nm	p	nm	p							
Robert Sliepk		p	p	p	nm							
Comp HIV Plan		e	p	nm	p							
Priority & Allocations		e	p	e	p							
Crystal Starr		p	p	p	nm							
Operations		nm	p	nm	e							
Quality Improvement		nm	p	nm	a							
Steering		p	p	p	nm							
C. Bruce Turner		p	p	a	nm							
Priority & Allocations		p	p	p	p							
Steven Vargas		p	p	p	nm							
Comp HIV Plan		p	p	nm	p							
Quality Improvement		nm	p	nm	p							
Steering		p	p	p	nm							
Andrew Wilson		p	a	a	nm							
Quality Improvement		nm	a	nm	a							
EXTERNAL MEMBERS	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Ashley Barnes												
Affected Community		nm	p	nm	a							
Dominique Brewster												
Comp HIV Plan		p	p	nm	p							
Lisa Felix												
Comp HIV Plan		p	p	nm	p							
Herman Finley												
Comp HIV Plan		a	a	nm	a							
Marcelly Macias												
Quality Improvement		nm	e	nm	a							
Karla Mills												

2021 RWPC Attendance Records
(as of 06-08-20)

a-absent, p-present, e-excused, re-resigned, shaded-do not include in count, Ssh-came but unable to stay, nm- no meeting												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Quality Improvement		nm	p	nm	p							
Esther T. Ogungimi												
Comp HIV Plan		p	p	nm	p							
Cecilia Ligons												
Quality Improvement		nm	p	nm	p							
Tana Pradia												
Quality Improvement		nm	p	nm	p							
Alberto Ramirez												
Affected Community		nm	a	nm	a							
Josie Rodriguez Jimenez												
Affected Community		nm	p	nm	p							
Debra Reagans												
Comp HIV Plan		p	a	nm	a							
Deborah O Somoye												
Quality Improvement		nm	p	nm	p							
Trina Wright												
Affected Community		nm	p	nm	a							
Anthony Williams												
Affected Community				nm	a							
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Priority and Allocations Committee Report

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2020 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,869,619	201,116	413,485	238,935	179,500	10,902,655	47.60%	10,902,655	0		7,465,199	68%	100%
1.a	Primary Care - Public Clinic (a)	3,591,064				-99,982	3,491,082	15.24%	3,491,082	0	3/1/2020	\$1,175,419	34%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	952,498		121,162	142,532	113,356	1,329,548	5.80%	1,329,548	0	3/1/2020	\$1,829,713	138%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	798,473		121,162	142,532	113,356	1,175,523	5.13%	1,175,523	0	3/1/2020	\$1,339,275	114%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,035,846		121,162	142,531	113,356	1,412,895	6.17%	1,412,895	0	3/1/2020	\$562,075	40%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761		25,000	-76,000	-60,586	1,038,175	4.53%	1,038,175	0	3/1/2020	\$1,040,831	100%	100%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540					1,874,540	8.18%	1,874,540	0	3/1/2020	\$1,007,831	54%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	1,116				16,553	0.07%	16,553	0	3/1/2020	\$7,500	45%	100%
1.h	Vision	452,000		25,000	36,000		513,000	2.24%	513,000	0	3/1/2020	\$502,555	98%	100%
1.x	Primary Care Health Outcome Pilot	0	200,000		-148,660		51,340	0.22%	51,340	0	7/14/2020	\$0	0%	100%
2	Medical Case Management	2,185,802	-160,051	25,000	-5,000	-81,836	1,963,915	8.57%	1,963,915	0		1,646,935	84%	100%
2.a	Clinical Case Management	488,656		25,000			513,656	2.24%	513,656	0	3/1/2020	\$427,857	83%	100%
2.b	Med CM - Public Clinic (a)	427,722					427,722	1.87%	427,722	0	3/1/2020	\$216,746	51%	100%
2.c	Med CM - Targeted to AA (a) (e)	266,070				-5,926	260,144	1.14%	260,144	0	3/1/2020	\$311,358	120%	100%
2.d	Med CM - Targeted to H/L (a) (e)	266,072				-5,926	260,146	1.14%	260,146	0	3/1/2020	\$159,440	61%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	52,247				-5,926	46,321	0.20%	46,321	0	3/1/2020	\$100,516	217%	100%
2.f	Med CM - Targeted to Rural (a)	273,760				-64,058	209,702	0.92%	209,702	0	3/1/2020	\$168,444	80%	100%
2.g	Med CM - Women at Public Clinic (a)	125,311					125,311	0.55%	125,311	0	3/1/2020	\$157,738	126%	100%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	-160,051				0	0.00%	0	0	3/1/2020	\$0	#DIV/0!	100%
2.i	Med CM - Targeted to Veterans	80,025			-5,000		75,025	0.33%	75,025	0	3/1/2020	\$63,551	85%	100%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.20%	45,888	0	3/1/2020	\$41,285	90%	100%
3	Local Pharmacy Assistance Program	3,157,166	0	0	0	-790,219	2,366,947	10.33%	2,366,947	0	3/1/2020	\$1,725,024	73%	100%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	610,360				-231,873	378,487	1.65%	378,487	0	3/1/2020	\$223,559	59%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	2,546,806				-558,346	1,988,460	8.68%	1,988,460	0	3/1/2020	\$1,501,465	76%	100%
4	Oral Health	166,404	0	0	-20,000	0	146,404	0.64%	146,404	0	3/1/2020	\$146,350	100%	100%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404			-20,000		146,404	0.64%	146,404	0	3/1/2020	\$146,350	100%	100%
5	Health Insurance (c)	1,339,239	43,898	0	0	0	1,383,137	6.04%	1,383,137	0	3/1/2020	\$1,382,419	100%	100%
6	Mental Health Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
7	Early Intervention Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
8	Home and Community-Based Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
9	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.20%	45,677	0	3/1/2020	\$1,850	0%	100%
10	Medical Nutritional Therapy (supplements)	341,395	0	40,000	0	0	381,395	1.67%	381,395	0	3/1/2020	\$378,983	99%	100%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Outreach Services	420,000	0			13,996	433,996	1.89%	433,996	0	3/1/2020	\$312,555	72%	100%
13	Emergency Financial Assistance	525,000	0	0	0	745,288	1,270,288	5.55%	1,270,288	0	3/1/2020	\$1,213,789	96%	100%
14	Referral for Health Care and Support Services (c)	0	0	0			0	0.00%	0	0	NA	\$0	0%	0%
15	Non-Medical Case Management	1,381,002	0	117,000	-45,000	-66,731	1,386,271	6.05%	1,386,271	0		1,317,009	95%	100%
15.a	Service Linkage targeted to Youth	110,793					110,793	0.48%	110,793	0	3/1/2020	\$79,929	72%	100%
15.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			-45,000		55,000	0.24%	55,000	0	3/1/2020	\$36,902	67%	100%
15.c	Service Linkage at Public Clinic (a)	427,000				561	427,561	1.87%	427,561	0	3/1/2020	\$415,430	97%	100%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	743,209		117,000		-67,292	792,917	3.46%	792,917	0	3/1/2020	\$784,749	99%	100%
16	Medical Transportation	424,911	0	0	0	0	424,911	1.86%	424,911	0		424,910	100%	100%
16.a	Medical Transportation services targeted to Urban	252,680					252,680	1.10%	252,680	0	3/1/2020	\$248,606	98%	100%
16.b	Medical Transportation services targeted to Rural	97,185					97,185	0.42%	97,185	0	3/1/2020	\$101,258	104%	100%
16.c	Transportation vouchers (bus passes & gas cards)	75,046					75,046	0.33%	75,046	0	3/1/2020	\$75,046	100%	0%
17	Linguistic Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
	Total Service Dollars	19,856,215	84,963	595,485	168,935	-2	20,705,596	88.50%	20,705,596	0		16,015,024	77%	100%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	7.84%	1,795,958	0	N/A	1,457,975	81%	100%

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2020 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
BEU2507 PC BEU2752	HCPH/RWGA Section	1,271,050		0		0	1,271,050	5.55%	1,271,050	0	N/A	\$1,048,070	82%	100%
	RWPC Support*	524,908			0	0	524,908	2.29%	524,908	0	N/A	409,904	78%	100%
	Quality Management	412,940		0	0	0	412,940	1.80%	412,940	0	N/A	\$264,399	64%	100%
		22,065,113	84,963	595,485	168,935	-2	22,914,494	98.15%	22,914,494	0		17,737,398	77%	100%
								Unallocated	Unobligated					
	Part A Grant Award:	22,309,011	Carry Over:	595,485		Total Part A:	22,904,496	-9,998	0					
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	17,105,302	84,963	478,485	213,935	-692,555	17,882,685	86.37%	11,362,492	77.66%				
	Non-Core (may not exceed 25% of total service dollars)	2,750,913	0	117,000	-45,000	678,557	2,822,913	13.63%	3,268,263	22.34%				
	Total Service Dollars (does not include Admin and QM)	19,856,215	84,963	595,485	168,935	0	20,705,598		14,630,755					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	0	0	0	0	1,795,958	7.06%						
	Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.62%						

MAI Procurement Report														
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	1,887,283	115,502	106,554	0	68,472	2,109,339	86.82%	2,109,339	0		1,314,775	62%	100%
b (MAI)	Primary Care - CBO Targeted to African American	954,912	58,441	53,277			1,066,630	43.90%	1,066,630	0	3/1/2020	\$760,375	71%	100%
c (MAI)	Primary Care - CBO Targeted to Hispanic	932,371	57,061	53,277			1,042,709	42.92%	1,042,709	0	3/1/2020	\$554,400	53%	100%
2	Medical Case Management	320,100	0	0	0	-68,472	320,100	13.18%	320,100	0		\$209,219	65%	100%
c (MAI)	MCM - Targeted to African American	160,050					160,050	6.59%	160,050	0	3/1/2020	\$114,990	72%	100%
d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	6.59%	160,050	0	3/1/2020	\$94,229	59%	100%
	Total MAI Service Funds	2,207,383	115,502	106,554	0	0	2,429,439	100.00%	2,429,439	0		1,523,994	63%	100%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEU 27519	Total MAI Funds	2,207,383	115,502	106,554	0	0	2,429,439	100.00%	2,429,439	0		1,523,994	63%	100%
	MAI Grant Award	2,429,513	Carry Over:	106,554		Total MAI:	2,536,067							
	Combined Part A and MAI Original Allocation Total	24,272,496												

Footnotes:														
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 four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.													
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.													
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.													
(c)	Funded under Part B and/or SS													
(d)	Not used at this time													
(e)	10% rule reallocations													

Part A Reflects "Decrease" Funding Scenario
MAI Reflects "Decrease" Funding Scenario

FY 2021 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	-75,776	0	0	0	10,890,012	49.12%	10,691,396	198,616				8%
1.a	Primary Care - Public Clinic (a)	3,927,300	-27,177				3,900,123	17.59%	3,900,123	0	3/1/2020			8%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	-7,367				1,057,209	4.77%	1,057,209	0	3/1/2020			8%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	-6,301				904,250	4.08%	904,250	0	3/1/2020			8%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	-7,944				1,139,980	5.14%	1,139,980	0	3/1/2020			8%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	-7,612				1,092,388	4.93%	1,092,388	0	3/1/2020			8%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	-14,532				2,085,468	9.41%	2,085,468	0	3/1/2020			8%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.07%	15,437	0	3/1/2020			8%
1.h	Vision	500,000	-3,460				496,540	2.24%	496,540	0	3/1/2020			8%
1.x	Primary Care Health Outcome Pilot	200,000	-1,384				198,616	0.90%	0	198,616				8%
2	Medical Case Management	1,730,000	-10,477	0	0	0	1,719,523	7.76%	1,719,523	0				8%
2.a	Clinical Case Management	488,656	-3,381				485,275	2.19%	485,275	0	3/1/2020			8%
2.b	Med CM - Public Clinic (a)	303,920	-2,103				301,817	1.36%	301,817	0	3/1/2020			8%
2.c	Med CM - Targeted to AA (a) (e)	160,070	-1,108				158,962	0.72%	158,962	0	3/1/2020			8%
2.d	Med CM - Targeted to H/L (a) (e)	160,072	-1,108				158,964	0.72%	158,964	0	3/1/2020			8%
2.e	Med CM - Targeted to W/MSM (a) (e)	52,247	-362				51,885	0.23%	51,885	0	3/1/2020			8%
2.f	Med CM - Targeted to Rural (a)	273,760	-1,894				271,866	1.23%	271,866	0	3/1/2020			8%
2.g	Med CM - Women at Public Clinic (a)	75,311	-521				74,790	0.34%	74,790	0	3/1/2020			8%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	0				90,051	0.41%	90,051	0	3/1/2020			8%
2.i	Med CM - Targeted to Veterans	80,025	0				80,025	0.36%	80,025	0	3/1/2020			8%
2.j	Med CM - Targeted to Youth	45,888	0				45,888	0.21%	45,888	0	3/1/2020			8%
3	Local Pharmacy Assistance Program	1,810,360	-12,528	0	0	0	1,797,832	8.11%	1,797,832	0	3/1/2020			8%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360	-2,148				308,212	1.39%	308,212	0	3/1/2020			8%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	-10,380				1,489,620	6.72%	1,489,620	0	3/1/2020			8%
4	Oral Health	166,404	-1,152	0	0	0	165,252	0.75%	165,252	0	3/1/2020			8%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A			0%
4.b	Oral Health - Targeted to Rural	166,404	-1,152		0		165,252	0.75%	165,252	0	3/1/2020			8%
5	Health Insurance (c)	1,383,137	-9,571	0	0	0	1,373,566	6.20%	1,373,566	0	3/1/2020			8%
6	Mental Health Services (c)	0					0	0.00%	0	0	NA			0%
7	Early Intervention Services (c)	0					0	0.00%	0	0	NA			0%
8	Medical Nutritional Therapy (supplements)	341,395	-2,362				339,033	1.53%	339,033	0	NA			0%
9	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	3/1/2020			8%
9.a	In-Home	0												
9.b	Facility Based	0												
10	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.21%	45,677	0	3/1/2020			8%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA			0%
12	Referral for Health Care and Support Services (c)	0	0				0	0.00%	0	0	3/1/2020			8%
13	Non-Medical Case Management	1,267,002	-8,768	0	0	0	1,258,234	5.67%	1,258,234	0	3/1/2020			8%
13.a	Service Linkage targeted to Youth	110,793	-767				110,026	0.50%	110,026	0	3/1/2020			8%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	-692				99,308	0.45%	99,308	0	3/1/2020			8%
13.c	Service Linkage at Public Clinic (a)	370,000	-2,560				367,440	1.66%	367,440	0	3/1/2020			8%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	-4,749				681,460	3.07%	681,460	0	3/1/2020			8%
13.e	SLW-Substance Use	0	0				0	0.00%	0	0	3/1/2020			8%
14	Medical Transportation	424,911	-2,940	0	0	0	421,971	1.90%	421,971	0				8%
14.a	Medical Transportation services targeted to Urban	252,680	-1,749				250,931	1.13%	250,931	0	3/1/2020			8%
14.b	Medical Transportation services targeted to Rural	97,185	-673				96,512	0.44%	96,512	0	3/1/2020			8%
14.c	Transportation vouchers (bus passes & gas cards)	75,046	-519				74,527	0.34%	74,527	0	3/1/2020			8%
15	Emergency Financial Assistance	1,545,439	-10,694	0	0	0	1,534,745	6.92%	1,534,745	0				8%
16.a	EFA - Pharmacy Assistance	1,305,439	-9,034				1,296,405	5.85%	1,296,405	0	3/1/2020			8%

Part A Reflects "Decrease" Funding Scenario
MAI Reflects "Decrease" Funding Scenario

FY 2021 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
16.b	EFA - Other	240,000	-1,661				238,339	1.07%	238,339	0	3/1/2020			8%
16	Linguistic Services (c)	0	0				0	0.00%	0	0				
17	Outreach	420,000	-2,906				417,094	1.88%	417,094	0	NA			0%
	Total Service Dollars	20,100,113	-137,175	0	0	0	19,962,938	90.04%	19,764,322	198,615				8%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	8.10%	1,795,958	0	N/A			8%
	HCPH/RWGA Section	1,271,050		0		0	1,271,050	5.73%	1,271,050	0	N/A			8%
	RWPC Support*	524,908			0	0	524,908	2.37%	524,908	0	N/A			8%
	Quality Management	412,940		0	0	0	412,940	1.86%	412,940	0	N/A			8%
		22,309,011	-137,175	0	0	0	22,171,836	100.00%	21,973,220	198,615				8%
								Unallocated	Unobligated					
	Part A Grant Award:	22,171,816	Carry Over:	0		Total Part A:	22,171,816	-20	198,615					
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	16,442,761	-111,867	0	0	0	16,330,894	81.81%						
	Non-Core (may not exceed 25% of total service dollars)	3,657,352	-25,309	0	0	0	3,632,043	18.19%						
	Total Service Dollars (does not include Admin and QM)	20,100,113	-137,175	0	0	0	19,962,938							
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	0	0	0	0	1,795,958	7.35%						
	Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.69%						
MAI Procurement Report														
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,002,860	-52,609	0	0	0	1,950,251	85.90%	1,950,251	0				8%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,012,700	-26,601				986,099	43.43%	986,099	0	3/1/2020			8%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	990,160	-26,009				964,151	42.47%	964,151	0	3/1/2020			8%
2	Medical Case Management	320,100	0	0	0	0	320,100	14.10%	320,100	0				8%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.05%	160,050	0	3/1/2020			8%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.05%	160,050	0	3/1/2020			8%
	Total MAI Service Funds	2,322,960	-52,609	0	0	0	2,270,351	100.00%	2,270,351	0				8%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0				0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0				0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0				0%
	Total MAI Funds	2,322,960	-52,609	0	0	0	2,270,351	100.00%	2,270,351	0				8%
	MAI Grant Award	2,270,349	Carry Over:	0		Total MAI:	2,270,349							
	Combined Part A and MAI Original Allocation Total	24,631,971												
Footnotes:														
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 four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.													
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.													

Part A Reflects "Decrease" Funding Scenario
MAI Reflects "Decrease" Funding Scenario

FY 2021 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.													
(c)	Funded under Part B and/or SS													
(d)	Not used at this time													
(e)	10% rule reallocations													

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2021 Ryan White Part B
Procurement Report
April 1, 2020 - March 31, 2021



Reflects spending through March 2021

Spending Target: 100%

Revised 6/15/21

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care (1)	\$1,758,878	52%	\$0	\$1,758,878	\$0	\$1,758,878	4/1/2020	\$1,069,700	61%
	Oral Health Care -Prosthodontics	\$460,000	14%	\$0	\$460,000	\$0	\$460,000	4/1/2020	\$458,889	100%
5	Health Insurance Premiums and Cost Sharing	\$1,028,433	31%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2020	\$1,031,163	100%
8	Home and Community Based Health Services (2)	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2020	\$57,360	51%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	\$0	\$0					
Total Houston HSDA		3,360,626	100%	0	3,360,626	\$0	\$2,900,626		2,617,112	90%

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

- (1) OHC- Service utilization has decreased due to the interruption of COVID-19. Expected increase in billing for final two months.
- (2) HCB- Service utilization has decreased due to the interruption of COVID-19.

*Note TRG may reallocated funds to avoid lapse in funds

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1920 Ryan White Part B
Procurement Report
April 1, 2019 - March 31, 2020



Reflects spending through March 2020 Final

Spending Target: 100.0

Revised 5/21/20

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care	\$2,186,905	65%	\$31,973	\$2,218,878	-\$184,119	\$2,034,759	4/1/2019	\$1,913,401	94%
5	Health Insurance Premiums and Cost Sharing	\$1,040,351	31%	\$0	\$1,040,351	\$24,474	\$1,064,825	4/1/2019	\$1,064,825	100%
8	Home and Community Based Health Services	\$113,315	3%	\$0	\$113,315	\$25,645	\$138,960	4/1/2019	\$138,960	100%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	-\$31,973	\$0					
Total Houston HSDA		3,340,571	100%	0	3,372,544	-\$134,000	\$3,238,544		3,117,186	96%

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

* Result of Increased Scenario for RWB award

** TRG reallocated funds in final quarter to meet its required spending threshold of 95% and to avoid returning funds to DSHS. Thus, HCBHS was increased by \$ 25,645, HIP was increased by \$ 24,474 and \$134,000 was reallocated to another HSDA

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1920 DSHS State Services
Procurement Report
September 1, 2019- August 31, 2020



Chart reflects spending through August 2020

Spending Target: 100%

Revised 6/15/2021

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing	\$864,506	43%	\$0	\$864,506	\$230,000	\$1,094,506	9/1/2019	\$1,155,819	106%
6	Mental Health Services	\$300,000	15%	\$0	\$300,000	-\$139,000	\$161,000	9/1/2019	\$144,296	90%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	-\$49,787	\$125,213	9/1/2019	\$154,987	124%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$55,000	\$314,832	9/1/2019	\$309,540	98%
	Non Medical Case Management	\$350,000	17%	\$0	\$350,000	-\$91,000	\$259,000	9/1/2019	\$238,472	92%
15	Linguistic Services (1)	\$68,000	3%	\$0	\$68,000	\$15,000	\$83,000	9/1/2019	\$47,663	57%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	-\$142,285						
Total Houston HSDA		2,017,338	100%	-\$142,285	\$2,017,338	\$20,213	\$2,037,551		2,050,776	101%

Note

(1) Linguistic- Service utilization has decreased due to the interruption of COVID-19.

Worksheet for Determining FY 2022 Service Priorities

Core Services	HL Scores	HL Rank	Approved FY 2020 Priorities	Approved FY 2021 Priorities	Proposed FY 2022 Priorities	Justification
Ambulatory/Outpatient Medical Care	HHH	2	1	1	1	FY22: Use the FY21 priorities in FY22 because no new needs assessment or other adequate data to justify changes.
Medical Case Management	HHH	2	2	2	2	
Local Pharmacy Assistance Program	HHH	2	3	3	3	
Oral Health Services	HLL	3	4	4	4	
Health Insurance	HLL	3	5	5	5	
Mental Health Services	HLH	4	6	6	6	
Early Intervention Services (jail)	LLL	8	7	7	7	
Medical Nutritional Therapy	LLH	7	10	8	8	
Day Treatment	LLH	7	8	9	9	
Substance Abuse Treatment	LLH	7	9	10	10	
Hospice*	-	-	11	11	11	

Support Services	HL Scores	HL Rank	Approved FY 2020 Priorities	Approved FY 2021 Priorities	Proposed FY 2022 Priorities	Justification
Referral for Health Care & Support Services	HHH	2	14	12	12	
Non-medical case management	HHH	2	15	13	13	
Medical Transportation	HLL	3	16	14	14	
Emergency Financial Assistance	HLH	4	13	15	15	
Linguistics Services	LLL	8	17	16	16	
Outreach	LLL	8	12	17	17	

*Hospice does not have HL Score or HL Rank.

FY 2022 Priority Setting Process

(Council approved 04-08-21)

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

(Continued on next page)

9. At a subsequent meeting, the Priority and Allocations Committee goes through the allocations process.
10. Staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
11. The single list of recommended priorities is presented at a Public Hearing.
12. The committee meets to review public comment and possibly revise the recommended priorities.
13. Once the committee has made its final decision, the recommended single list of priorities is forwarded as the priority list of services for the following year.

HOUSTON EMA/HSDA Needs Assessment Rankings

Chart for Determining FY2021 Service Priorities

Core Service	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes	Ranking
Primary Care	89	9,384	90	H	H	H	HHH	2			HHL 1
Medical/Clinical Case Management	73	6,712	92	H	H	H	HHH	2			HHH 2
Local Medication Assistance	79	5,119	94	H	H	H	HHH	2			HLL 3
Oral Health Services	72	3,830	80	H	L	L	HLL	3			HLH 4
Health Insurance	57	2,374	84	H	L	L	HLL	3			LHL 5
Mental Health Services	51	288	90	H	L	H	HLH	4			LHH 6
Day Treatment	32	27	90	L	L	H	LLH	7			LLH 7
Substance Abuse Treatment	24	27	86	L	L	H	LLH	7			LLL 8
Medical Nutritional Therapy	36	491	86	L	L	H	LLH	7			
Early Intervention Services (jail)	9	677	78	L	L	L	LLL	8			
Hospice		28			L						
Proposed MIDPOINTS	49	4,706	86								

Support Service	Need	Use	Access Ease	Need	Use	Access Ease	High-Low Scores	HL Rank	Tie Breaker	Changes
Non-medical Case Management*	73	9,132	92	H	H	H	HHH	2		
Referral for Health Care & Support Services	68	6,286	97	H	H	H	HHH	2		
Medical Transportation	48	3,126	86	H	L	L	HLL	3		
Emergency Financial Assistance	79	1,527	94	H	L	H	HLH	4		
Linguistics Services	5	54	89	L	L	L	LLL	8		
Outreach Services	5	779	89	L	L	L	LLL	8		
Proposed MIDPOINTS	42	4,593	92							

Midpoint=Highest Use+Lowest Use/2

High (H)=Use above the midpoint

Low (L)=Use below the midpoint

DRAFT Key to Priority Setting Using 2016 Needs Assessment Data

(May 16, 2019)

Criteria	Definition	Data Source	Formula
1. Need	Proportion of consumers reporting a need for the service in the past 12 months	Needs Assessment	$(a + b)/N = x*100 \text{ (rounded)}$ <p>a = total # of NA respondents selecting “I needed this service, and it was easy to get” per service category</p> <p>b = total # of NA respondents selecting “I needed this service, and it was difficult to get” per service category</p> <p>N = total # of NA respondents</p> <p>x = percent indicating a need for the service per service category</p>
2. Use	Number of clients who used the service in the past 12 months	CPCDMS	# of unduplicated clients per service category for a designated calendar year (1/1 – 12/31)
3. Availability	Proportion of consumers reporting the service was easy to access in the past 12 months	Needs Assessment	$n/N = x*100 \text{ (rounded)}$ <p>n = total # of NA respondents selecting “I needed this service, and it was easy to get” per service category</p> <p>N = total # of NA respondents indicating need for the service per service category (see $a + b$ above)</p> <p>x = percent indicating service accessibility per service category</p>

Other Possible Criteria*

- **Access (revised):** Number of reported barriers per service compared to mean for all services (quantified as % above/below or as a simple High/Low for Above/Below mean)
- **Quality:** Proportion of clients achieving desired health outcome of the service in the past 12 months (quantified as % or as simple High/Low for Above/Below benchmark)
- **Out-of-Care:** Proportion of out-of-care consumers reporting a need for the service in the past 12 months
- **Newly-Diagnosed/EIHA:** Proportion of newly-diagnosed consumers reporting a need for the service in the past 12 months

*Source document: Ryan White HIV/AIDS Program Part A Manual – Revised 2013, pg. 2013-204.

Williams, Victoria (County Judge's Office)

From: Harbolt, Amber (County Judge's Office)
Sent: Monday, April 27, 2020 5:21 PM
To: Williams, Victoria (County Judge's Office)
Subject: Changes in Service Priority Worksheet Between 2016 and 2020
Attachments: Rankings - DRAFT 1 - 04-27-20.xls

Hi Tori,

Here are the changes in the service priority rankings between the 2016 and 2020 Needs Assessments. The rankings and data used are also saved in the J drive.

Core Medical Services:

- Health Insurance Assistance increased from Rank #4 (HLH) to Rank #3 (HLL). This is because service accessibility fell below the midpoint.
- Early Intervention Services decreased from Rank #7 (LLH) to Rank #8 (LLL). This is because service accessibility fell below the midpoint. As you may recall from the priority setting guide, there is less priority for addressing low service accessibility when there is low need and low utilization for the service, as opposed to higher priority for keeping high accessibility for services with low need and low utilization.
- Similarly, Medical Nutritional Therapy increased from Rank #8 (LLL) to Rank #7 (LLH). This is because service accessibility was at or above the midpoint.

Support Services:

- Rank #8 (LLL) was established for Outreach Services. This service was previously unranked as it was not assessed in the 2016 Needs Assessment.
- Medical Transportation increased from Rank #7 (LLH) to Rank #3 (HLL). This is because service need was at or above the midpoint, while service accessibility fell below the midpoint.
- Linguistics decreased from Rank #7 (LLH) to Rank #8 (LLL). This is because service accessibility fell below the midpoint.
- Rank #4 (HLH) was established for Emergency Financial Assistance. This service was previously unranked as it was not assessed in the 2016 Needs Assessment. Please note that this is Emergency Financial Assistance as currently designed in the Houston EMA for medication assistance only.
- Rank #2 (HHH) was established for Referral for Health Care and Support Services (ADAP Enrollment Workers). This service was previously unranked as it was not assessed in the 2016 Needs Assessment.

Thank you,

Amber L. Harbolt, MA
Health Planner
Ryan White Planning Council
Office of Support
2223 West Loop South, Ste 240
Houston, TX 77027
832 927-7929 ofc
713 572-3740 fax
www.rwpchouston.org

Needs Assessment Data for FY 2021 Priorities

04-27-20

Need		Accessibility	
<u>Service Category</u>	<u>Proportion</u>	<u>Service Category</u>	<u>Proportion</u>
<i>Medical</i>		<i>Medical</i>	
Case management	73	Case management	92
Day treatment	32	Day treatment	90
Early intervention (jail only)	9	Early intervention (jail only)	78
Health insurance assistance	57	Health insurance assistance	84
Local medication assistance	79	Local medication assistance	94
Medical nutrition therapy	36	Medical nutrition therapy	86
Mental health services	51	Mental health services	90
Oral health care	72	Oral health care	80
Primary care	89	Primary care	90
Substance abuse services	24	Substance abuse services	86
Mean	52	Mean	87
<i>Non-Medical</i>		<i>Non-Medical</i>	
Emergency Financial Assistance	79	Emergency Financial Assistance	94
Linguistic Services	5	Linguistic Services	89
Non-Medical Case Management	73	Non-Medical Case Management	92
Outreach Services	5	Outreach Services	89
Referral for Health Care & Support Services	68	Referral for Health Care & Support Services	97
Transportation	48	Transportation	86
Mean	46	Mean	91

Setting Priorities

Table 1 below serves as an initial guide for the prioritization process. Services have been ranked based upon needs assessment survey information collected in 2020

Table 1: Prioritizing Needs								
Possible Scenarios	1	2	3	4	5	6	7	8
<i>Need</i>	High	High	High	High	Low	Low	Low	Low
<i>Use</i>	High	High	Low	Low	High	High	Low	Low
<i>Ease in Accessing</i>	Low	High	Low	High	Low	High	High	Low
<ol style="list-style-type: none"> 1. HHL – Clients indicate this as a high need and that it is readily used in the area. However, clients indicate that the service is difficult to access. 2. HHH - Clients indicate this as a highly needed service in the area. Clients also indicate that the service is readily used in their area and high access to service. Thus, ranking it second highest to ensure that this service continues to be accessible. 3. HLL – Clients indicate this as a high need, but the service is not readily used in the area. In addition, clients indicate that the service is not very accessible. 4. HLH – Clients indicate this as a high need and that the service is not readily used. However, clients indicate a high access to this service. 5. LHL – Clients indicate this as a low service need, but that it is readily used. However, clients indicate the service is difficult to access. 6. LHH – Clients indicate this as a low need, and that it is readily used in the area. In addition, clients indicate a high access to this service. 7. LLH – Clients indicate this as a low need and that the service is not readily used. In addition, clients indicate a high access to this service. It is there if needed. 8. LLL – Clients indicate this as a low need and the service is not readily used in the area. In addition, clients indicate difficulty to accessing this service. Not readily needed nor used thus low priority of having it accessible. 								

Houston Ryan White Planning Council
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding
FY 2022 Allocations**

(Priority and Allocations Committee approved 06-24-21)

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, MAI, Part B, and State Services Funding FY 2021 Level Funding Scenario for FY 2022.

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 1.g. Primary Care-Pediatric, 2.h. Medical Case Management-Pediatric, 2.i. Medical Case Management-Veterans, 2.j. Medical Case Management-Youth, 10. Substance Abuse Services-Outpatient, 13.a. Service Linkage-Youth, and 13.b. 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 first \$200,000 to Local Pharmacy Assistance Program - Untargeted (category 3.b).

Step 2: Allocate the next \$200,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following 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 be divided evenly between Oral Health – General Oral Health (category 4.a.) and Oral Health – Prosthodontics (category 4.b.).

Step 2: Allocate the next \$200,000 to Health Insurance Assistance Program (category 5).

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.

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Priority and Allocations
FY 2022 Guiding Principles and Decision Making Criteria
(Council approved 04-08-21)

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

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

Principles

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

Allocations only

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

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

(Continued)

		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2021 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2021 Allocations & Justification
1	Ambulatory/Outpatient Primary Care	\$10,965,788	\$2,002,859	\$0	\$0	\$0	\$12,968,647	FY21 Part A: Increase Part A by \$879,962. Breakdown and justification across subcategories is shown below.
1.a	PC-Public Clinic	\$3,927,300					\$3,927,300	FY21 Part A: Increase Part A \$336,236 to accommodate projected increase due to COVID-19 related unemployment.
1.b	PC-AA	\$1,064,576	\$1,012,700				\$2,077,276	Added \$57,788 per FY20 Part A Increase Scenario FY21 Part A: Increase Part A \$112,078 to accommodate projected increase due to COVID-19 related unemployment.
1.c	PC-Hisp - see 1.b above	\$910,551	\$990,160				\$1,900,711	Added \$57,788 per FY20 Part A Increase Scenario FY21 Part A: Increase Part A \$112,078 to accommodate projected increase due to COVID-19 related unemployment.
1.d	PC-White - see 1.b above	\$1,147,924					\$1,147,924	FY21 Part A: Increase Part A \$112,078 to accommodate projected increase due to COVID-19 related unemployment.
1.e	PC-Rural	\$1,100,000					\$1,100,000	FY21 Part A: Decrease \$49,761 due to underspending.
1.f	PC-Women	\$2,100,000					\$2,100,000	FY21 Part A: Increase \$225,460 due to FY19 expenditures.
1.g	PC-Pedi	\$15,437					\$15,437	
1.h	Vision Care	\$500,000					\$500,000	FY21 Part A: Increase \$48,000 due to repeated requests for increase.
1.j	PC-Pay for Performance Pilot Project	\$200,000					\$200,000	Established at \$200,000 per FY20 Part A Increase Scenario
2	Medical Case Management	\$1,730,000	\$320,100	\$0	\$0	\$0	\$2,050,100	FY21 Part A: Decrease Part A by \$385,802 due to underspending in FY19. Subcategory to be determined by the AA, with consideration to MAI allocations under MCM and final quarter adjustments.
2.a	CCM-Mental/Substance	\$488,656					\$488,656	
2.b	MCM-Public Clinic	\$427,722					\$427,722	
2.c	MCM-AA	\$266,070	\$160,050				\$426,120	
2.d	MCM-Hisp	\$266,072	\$160,050				\$426,122	
2.e	MCM-White	\$52,247					\$52,247	
2.f	MCM-Rural	\$273,760					\$273,760	
2.g	MCM-Women	\$125,311					\$125,311	
2.h	MCM-Pedi	\$90,051					\$90,051	FY21 Part A: Decrease Part A by \$70,000 (1 FTE) which Part D will fund.

		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2021 Allocations & Justification
	Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
2.i	MCM-Veterans	\$80,025					\$80,025	
2.j	MCM-Youth	\$45,888					\$45,888	
3	Local Pharmacy Assistance Program	\$1,810,360	\$0	\$0	\$0	\$0	\$1,810,360	
3.a	LPAP-Public Clinic	\$310,360					\$310,360	FY21 Part A: Decrease Part A by \$300,000 due to underspending in FY19
3.b	LPAP-Untargeted	\$1,500,000					\$1,500,000	FY21 Part A: Decrease Part A by \$1,046,806 due to underspending in FY19
4	Oral Health	\$166,404	\$0	\$2,218,878	\$0		\$2,385,282	
4.a	General Oral Health			\$1,658,878				FY21 Part B: Divided Oral Health Untargeted subcategory into General Oral Health (4.a) and Prosthodontics (4.b); decreased \$100,000 in General Oral Health to provide increase in Prosthodontics.
4.b	Prosthodontics			\$560,000				FY21 Part B: Divided Oral Health Untargeted subcategory into General Oral Health (4.a) and Prosthodontics (4.b); increased \$100,000 for Prosthodontics.
4.c	Rural Dental	\$166,404					\$166,404	
5	Health Insurance Co-Pays & Co-Ins	\$1,383,137	\$0	\$1,028,433	\$853,137	\$136,918	\$3,401,625	Added \$43,898 per FY20 Part A Increase Scenario Note from TRG: Increased State Rebate by \$11,918 and decreased Part B by \$11,918 due to decrease in Part B FY20 award amount. FY21 SS: Decrease \$11,369 in SS due to decrease in SS FY20 award amount.
6	Mental Health Services	\$0	\$0	\$0	\$300,000	\$0	\$300,000	
7	Early Intervention Services	\$0	\$0	\$0	\$175,000	\$0	\$175,000	
8	Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$0	\$341,395	
9	Home & Community Based Health Services	\$0	\$0	\$113,315	\$0	\$0	\$113,315	
9.a	In-Home (skilled nursing & health aide)						\$0	
9.b	Facility-based (adult day care)			\$113,315			\$113,315	
10	Substance Abuse Treatment - Outpatient	\$45,677	\$0	\$0	\$0	\$0	\$45,677	
11	Hospice	\$0	\$0	\$0	\$259,832	\$0	\$259,832	
12	Referral for Health Care & Support Services	\$0	\$0	\$0	\$0	\$450,000	\$450,000	Note from TRG: Increased State Rebate by \$75,000 to support an AEW at each clinic (1 additional FTE).
13	Non-Medical Case Management	\$1,267,002	\$0	\$0	\$350,000	\$0	\$1,617,002	
13.a	SLW-Youth	\$110,793					\$110,793	
13.b	SLW-Testing	\$100,000					\$100,000	
13.c	SLW-Public	\$370,000					\$370,000	FY21 Part A: Decrease Part A by \$57,000 (1 FTE) due to budget shortfalls.

		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2021 Allocations & Justification
	Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
13.d	SLW-CBO, includes some Rural	\$686,209					\$686,209	FY21 Part A: Decrease Part A by \$57,000 (1 FTE) due to budget shortfalls.
13.e	SLW-Substance Use	\$0			\$350,000		\$350,000	
14	Transportation	\$424,911	\$0	\$0	\$0	\$0	\$424,911	
14.a	Van Based - Urban	\$252,680					\$252,680	
14.b	Van Based - Rural	\$97,185		\$0			\$97,185	
14.c	Bus Passes & Gas Vouchers	\$75,046					\$75,046	
15	Emergency Financial Assistance	\$1,545,439	\$0	\$0	\$0	\$0	\$1,545,439	
15.a	EFA - Pharmacy Assistance	\$1,305,439					\$1,305,439	FY21 Part A: Increase Part A by \$780,439 to fund at the amount expended in FY19, and in light of unemployment resulting from the COVID-19 pandemic.
15.b	EFA - Other	\$240,000					\$240,000	FY21 Part A: Fund at \$240,000 (new subcategory in FY21)
16	Linguistic Services	\$0	\$0	\$0	\$68,000	\$0	\$68,000	
17	Outreach Services	\$420,000	\$0	\$0	\$0	\$0	\$420,000	
Total Service Allocation		\$20,100,113	\$2,322,959	\$3,360,626	\$2,005,969	\$586,918	\$28,376,585	
NA	Quality Management	\$412,940					\$412,940	
NA	Administration	\$1,795,958					\$1,795,958	
NA	Compassionate Care Program					\$388,082	\$388,082	Note from TRG: Decrease State Rebate by \$11,918
Total Non-Service Allocation		\$2,208,898	\$0	\$0	\$0	\$388,082	\$2,596,980	
Total Grant Funds		\$22,309,011	\$2,322,959	\$3,360,626	\$2,005,969	\$975,000	\$30,973,565	

Remaining Funds to Allocate (exact same as the yellow row on top)	\$0	\$0	\$0	\$0	\$0	\$0
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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

Core medical \$16,442,761 82%

[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.	State Rebate est.	
Total Grant Funds	\$22,309,011	\$2,322,959	\$3,360,626	\$2,005,969	\$975,000	\$30,973,565

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DECISION MAKING CRITERIA STEP 1:

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

DECISION MAKING CRITERIA STEP 2:

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

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