

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

**MEMORANDUM**

To: Members, Houston Ryan White Planning Council

Copy: Carin Martin, Ryan White Grant Administration  
Heather Keizman, Ryan White Grant Administration  
Mauricia Chatman, Ryan White Grant Administration  
Yvette Garvin, The Resource Group  
Sha'Terra Johnson, The Resource Group  
Diane Beck, Ryan White Office of Support

**Email Copy Only:**

Lt. Commander Lawrence Momodu, HRSA  
Commander Luz Rivera, PACE  
Lt. Commander Rodrigo Chavez, PACE  
Ann Robison, the Montrose Center  
Marlene McNeese, Houston Health Department  
Charles Henley, Consultant

From: Tori Williams, Director, Ryan White Office of Support  
Date: Wednesday, September 1, 2022  
Re: Meeting Announcement

**IMPORTANT:**

The Proyecto VIDA students will be attending the Council meeting in person so they can introduce themselves to you. Please join us in person if you can. And, please remember that the Ryan White Planning Council will be using the hybrid format at least until the end of December so you can participate by phone or in person. **We need 11 people to meet at the church in order to make quorum.** This number also determines the size of the room we rent. Hence, it is imperative that you contact Rod to RSVP, even if you cannot attend:

**Ryan White Planning Council Meeting**  
12 noon, Thursday, September 8, 2022

**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

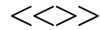
Or, use the following telephone number: 346 248-7799

**In Person:** St. Philip Presbyterian Church, 4807 San Felipe St, Houston, Texas 77056

Please RSVP to Rod at 832 927-7926 or by responding to her email reminders. Thank you.

**DRAFT**

**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, Thursday, September 8, 2022

**Meeting Location (quorum requires 11 members to meet in person):**

**St. Philip Presbyterian Church – Fellowship Hall  
4807 San Felipe, Houston, Texas 77056**

**Online or via phone (remaining members can meet virtually)**

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 and Moment of Reflection  
B. Adoption of the Agenda  
C. Approval of the Minutes  
D. Introductions and Public Comments
  - 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. Affected Community Committee  
There was no meeting in August so that Committee members could attend one or more of the Community meetings.
- Crystal R. Starr, Chair  
Ryan White Planning Council
- The 2022 Graduates  
Proyecto VIDA
- Tony Crawford and  
Rodney Mills, Co-Chairs

B. Comprehensive HIV Planning Committee

*Item:* 2022 Integrated HIV Prevention and Care Services Plan  
*Recommended Action:* FYI: All are encouraged to sign up for the three upcoming Community Planning meetings that will be held virtually from 4 – 6 pm Sept. 8<sup>th</sup>, 12<sup>th</sup> and 15<sup>th</sup>. You must register to attend so be on the look out for Diane’s emails with flyers and rsvp links. These next three meetings will take what we learned in the Community Educational meetings and create strategies for our 2022 Integrated HIV Prevention and Care Services Plan.

Steven Vargas and  
Josh Mica, Co-Chairs

Over 250 people have been interviewed or participated in focus groups to tell the Planning Council and CPG what they believe will strengthen HIV Prevention and Care services and end the HIV epidemic. Please attend the meetings and hear what these individuals are telling us.

C. Operations Committee

*Item:* Letter of Agreement Among RW Part B Stakeholders  
*Recommended Action:* FYI: The Operations Committee has reviewed the attached Letter of Agreement among RW Part B Stakeholders. Please review the attached draft document so that it can be voted on at the October or November 2022 Steering and Council meeting.

Ronnie Galley and  
Matilda Padilla, Co-Chairs

*Item:* 2022 Proyecto VIDA

*Recommended Action:* FYI: Verbal updates on Proyecto VIDA.

Steven Vargas, Co-Facilitator  
Proyecto VIDA

D. Quality Improvement Committee

*Item:* Assessment of the Administrative Mechanism – Part A  
*Recommended Action:* **Motion:** Approve the attached 2022 Assessment of the Administrative Mechanism for Ryan White Part A. No corrective action is required and Ryan White Grant Administration is to be commended for their outstanding job.

Denis Kelly and  
Daphne Jones

E. Priority and Allocations Committee

No report since the Committee does not meet in August or September.

Peta-gay Ledbetter and  
Bobby Cruz, Co-Chairs

IV. Report from the Office of Support

Tori Williams, Director

V. Report from Ryan White Grant Administration

Carin Martin, Manager

VI. Report from The Resource Group

Sha’Terra Johnson  
Health Planner

- |       |   |  |
|-------|---|--|
| VII.  | Medical Updates   | Shital Patel, MD<br>Baylor College of Medicine |
| VIII. | New Business ( <b><u>During Virtual Meetings, Reports Will Be Limited to Written Reports Only</u></b> ) |  |
|       | 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 Houston Public Health Task Forces:   |  |
|       | • Sexually Transmitted Infections (STI)   |  |
|       | • African American  | Sha'Terra Johnson                              |
|       | • Latino  | Matilda Padilla                                |
|       | • Youth   | Veronica Ardoin                                |
|       | • MSM   |  |
|       | • Hepatitis C   | Steven Vargas                                  |
|       | • Project PATHH (Protecting our Angels Through Healing Hearts)<br>formerly Urban AIDS Ministry          | Johnny Deal                                    |
|       | F. HIV and Aging Coalition  | Skeet Boyle                                    |
|       | G. Texas HIV Medication Advisory Committee  | Steven Vargas                                  |
|       | H. Positive Women's Network   | T. Pradia or D. Morgan                         |
|       | I. Texas Black Women's Initiative   | Sha'Terra Johnson                              |
|       | J. Texas HIV Syndicate  | Sha'Terra Johnson                              |
|       | K. END HIV Houston  | Steven Vargas                                  |
|       | L. Texans Living with HIV Network   | Steven Vargas                                  |
| IX.   | Announcements   |  |
| X.    | Adjournment   |  |

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



*We envision an educated community where the needs of all persons living with HIV and/or affected individuals 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.*

## MINUTES

12 noon, Thursday, August 11, 2022

Meeting Location: St. Philip Presbyterian Church 4807 San Felipe, Houston, Texas 77056  
and Zoom teleconference

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Crystal Starr, Chair	Tana Pradia	Ximena Martinez
Ardry "Skeet" Boyle, Vice Chair	Paul Richards	Skyler King, Change Happens!
Melody Barr	Faye Robinson	Logane Brazile, Dallas RWPC OS
Rosalind Belcher	Pete Rodriguez	
Titan Capri	Robert Sliepka	<b>STAFF PRESENT</b>
Johanna Castillo	C. Bruce Turner	<i>Ryan White Grant Administration</i>
Tony Crawford	Steven Vargas	Carin Martin
Robert "Bobby" Cruz		Mauricia Chatman
Johnny Deal		Sarah Ross
Evelio Escamilla	<b>MEMBERS ABSENT</b>	
Ronnie Galley	Kevin Aloysius, excused	<i>The Resource Group</i>
Dawn Jenkins	Veronica Ardoin, excused	Sha'Terra Johnson
Daphne L. Jones	Tom Lindstrom, excused	
Denis Kelly	Holly Renee McLean, excused	<i>Office of Support</i>
Peta-gay Ledbetter	Rodney Mills, excused	Tori Williams
Cecilia Ligons	Shital Patel	Mackenzie Hudson
Roxane May	Oscar Perez, excused	Diane Beck
Josh Mica	Imran Shaikh, excused	Rod Avila
Diana Morgan		

**Call to Order:** Crystal Starr, Chair, called the meeting to order at 12:14 p.m.

During the opening remarks, Starr thanked those who have been attending the Council meetings in person. According to the Open Meetings Act, we must have at least 11 in-person participants or we don't make quorum. Lunch will be provided to those who attend in person. Starr also encouraged all to attend the Monkey pox Town Hall meetings. Dr. Ericka Brown and her team at the Harris County Health Department have been working to provide important information and ask for input on ways to reach the LGBTQ community since Men Who Have Sex with Men are especially vulnerable to this very painful

disease. Starr said that each month we are going to recognize some of our unsung heroes on the Council. This month we are recognizing two Council members who have gone above and beyond in helping the Council: Ronnie Galley who has chaired the Operations Committee for four years and Johnny Deal who generously worked with Mackenzie to organize several focus groups for the Integrated Plan.

Starr then called for a Moment of Reflection.

**Adoption of the Agenda:** **Motion #1:** *it was moved and seconded (Mica, Ligons) to adopt the agenda with one change: move the Priority and Allocations Committee report to after Approval of the Minutes.*  
**Motion carried.**

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Mica, Galley) to approve the July 14, 2022 minutes.* **Motion carried.** Abstentions: Barr, Belcher, Ligons, May, Richards, Vargas.

**Priority and Allocations Committee:** Bobby Cruz, Co-Chair, reported on the following:

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

- FY21 Part A & MAI Procurement, dated 06/01/22
- FY22 Part A & MAI Procurement, dated 06/02/22

Reports from the Administrative Agent – Part B/SS\*\*:

- FY 21/22 Part B Procurement, dated 07/07/22
- FY 21/22 DSHS SS\*\* Procurement, dated 007/07/22
- FY 21/22 DSHS SS\*\* Service Utilization, dated 07/07/22
- FY 21/22 Health Insurance Service Utilization, dated 07/01/22

FY2021 MAI\* Carryover Funds: **Motion #3:** *Wait until the Fall 2022 Priority and Allocations Committee meeting to decide on the \$273,335 in MAI funds.* **Motion Carried.** Abstentions: Boyle, Jenkins, Kelly, May, Padilla.

FY 2021 Ryan White Part A Carryover Funds: **Motion #4:** *Calculate the full amount of request Control Numbers: 1 - 3, then deduct one third of the shortfall from each request to indicate the recommended amount. See the attached chart for details.* **Motion Carried.** Abstentions: Barr, Jenkins, Kelly, May, Padilla.

**Training: Update on the Integrated Plan:** Mackenzie Hudson, Health Planner, and Tori Williams, Director, presented the attached PowerPoint on Stakeholder interviews and upcoming community meetings.

**Public Comment and Announcements:** None.

### Reports from Committees

**Comprehensive HIV Planning Committee:** Steven Vargas, Co-Chair, reported on the following:

2022 Integrated HIV Prevention and Care Services Plan: Members of the Comprehensive HIV Planning Committee attended a “dress rehearsal” for an educational community meeting. Only a small portion of the information gathered for the Integrated Plan was presented. There will be much more information presented at several community meetings. Hence, it will be important for all Council members to attend at least one of the upcoming educational community meetings.

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

2022-23 Committee Project: **Motion #3:** *The Affected Community Committee will be committing time in 2022 – 2023 to working with subject experts and community partners to design HIV education and*

care services for Youth, a Houston area priority population. **Motion Carried.** Williams clarified that a “Youth” is defined as someone between the ages of 18-24, but the person can be younger with parental consent. Barr said that if her staff works with individuals younger than 18 years of age, HUD requires additional background checks for the safety of everyone.

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

Ryan White Youth Council: **Motion #4:** *The Operations Committee will be dedicating 2022 – 2023 to working collaboratively with the Affected Community Committee to develop a Ryan White Youth Council.* **Motion Carried.** Vargas said he will send the Office of Support an NPR report on sex education for youth to distribute to the Council.

2022 Proyecto VIDA: Steven Vargas, Proyecto VIDA Co-Facilitator said that they just had their ninth class so they are at the halfway mark. Graduation will take place on September 22<sup>nd</sup> which is also *A Day with HIV* so be sure to take a photo of yourself and upload it to social media.

**Quality Improvement Committee:** There was no meeting in July, hence no report. Please note that the committee meeting scheduled for August 16<sup>th</sup> has been moved to August 30<sup>th</sup> at 1:00 p.m.

**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, summarized the attached report.

**Task Force Reports:** Starr reminded Council members that, per their agreement, they prefer not to have verbal Task Force Reports while meeting on Zoom. The Office of Support is happy to receive and distribute written reports in advance of all Council meetings.

**Announcements:** None.

**Adjournment:** The meeting was adjourned at 1:49 p.m.

Respectfully submitted,

\_\_\_\_\_  
Victoria Williams, Director

Date \_\_\_\_\_

Draft Certified by  
Council Chair: \_\_\_\_\_

Date \_\_\_\_\_

Final Approval by  
Council Chair: \_\_\_\_\_

Date \_\_\_\_\_

## Council Voting Records for August 11, 2022

C = Chaired 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 #3 FY21 MAI Carryover funds Carried								Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 FY21 MAI Carryover funds Carried				
MEMBERS	ABSENT	YES	NO	ABSTAIN	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
Crystal Starr, Chair				C				C				C					Tana Pradia		X				X				X		
Ardry "Skeet" Boyle, Vice Chair		X				X				X				X			Paul Richards		X						X				
Melody Barr		X						X		X				X			Faye Robinson		X				X				X		
Rosalind Belcher		X						X		X				X			Pete Rodriguez		X				X				X		
Titan Capri		X				X				X				X			Robert Sliepka		X				X				X		
Johanna Castillo		X				X				X				X			C. Bruce Turner		X				X				X		
Tony Crawford		X				X				X				X			Steven Vargas		X					X			X		
Robert "Bobby" Cruz		X				X				X				X															
Johnny Deal		X				X				X				X															
Evelio Escamilla		X				X				X				X															
Ronnie Galley		X				X				X				X			<b>MEMBERS ABSENT</b>												
Dawn Jenkins		X				X				X				X			Kevin Aloysius												
Daphne L. Jones		X				X				X				X			Veronica Ardoin												
Denis Kelly		X				X				X				X			Tom Lindstrom												
Peta-gay Ledbetter		X				X				X				X			Holly Renee McLean												
Cecilia Ligons		X						X		X				X			Rodney Mills												
Roxane May		X						X		X				X			Shital Patel												
Josh Mica		X				X				X				X			Oscar Perez												
Diana Morgan		X				X				X				X			Imran Shaikh												
Matilda Padilla ja 12:24 pm		X				X				X				X			Andrew Wilson												



C = Chaired the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #4 FY21 Part A Carryover funds Carried				Motion #5 2022-23 Committee Project Carried				Motion #6 Ryan White Youth Council Carried					Motion #4 FY21 Part A Carryover funds Carried				Motion #5 2022-23 Committee Project Carried				Motion #6 Ryan White Youth Council Carried			
	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
MEMBERS													MEMBERS												
Crystal Starr, Chair				C				C				C	Tana Pradia		X				X				X		
Ardry "Skeet" Boyle, Vice Chair		X				X				X			Paul Richards		X					X			X		
Melody Barr		X				X				X			Faye Robinson		X				X				X		
Rosalind Belcher		X				X				X			Pete Rodriguez		X				X				X		
Titan Capri		X				X				X			Robert Sliepka		X				X				X		
Johanna Castillo		X				X				X			C. Bruce Turner		X				X				X		
Tony Crawford		X				X				X			Steven Vargas		X					X			X		
Robert "Bobby" Cruz		X				X				X															
Johnny Deal		X				X				X															
Evelio Escamilla		X				X				X															
Ronnie Galley		X				X				X			MEMBERS ABSENT												
Dawn Jenkins		X				X				X			Kevin Aloysius												
Daphne L. Jones		X				X				X			Veronica Ardoin												
Denis Kelly		X				X				X			Tom Lindstrom												
Peta-gay Ledbetter		X				X				X			Holly Renee McLean												
Cecilia Ligons		X				X				X			Rodney Mills												
Roxane May		X				X				X			Shital Patel												
Josh Mica		X				X				X			Oscar Perez												
Diana Morgan		X				X				X			Imran Shaikh												

## **DRAFT – 08-17-22**

**Houston Area HIV Services Ryan White Planning Council  
2223 West Loop South, Suite 240, Houston, Texas 77027  
713 572-3724 telephone; 713 572-3740 fax  
<http://rwpchouston.org>**

### **LETTER OF AGREEMENT**

Parties to the Letter of Agreement:

1. Harris County Judge – The “Chief Elected Official” (CEO)
2. Houston Eligible Metropolitan Area (EMA) Ryan White Part A Planning Council – The “Planning Council” (RWPC)
3. Houston EMA Office of Support for the Ryan White Part A Planning Council
4. Texas Department of State Health Services (TDSHS) - Part B Grantee
5. Houston Regional HIV/AIDS Resource Group, Inc. - Houston HIV Service Delivery Area (HSDA) Part B Administrative Agency
6. Harris County Public Health, Ryan White Grant Administration Section (HCPH/RWGA) - Houston EMA Part A Administrative Agency

### **PURPOSE**

This Letter of Agreement is created to facilitate cooperative and collaborative working relationships between and among the Ryan White Part B Administrative Agency (AA) and the Ryan White Part A Planning Council. The Health Resources and Services Administration (HRSA), a division of the United States Department of Health and Human Services, encourages stakeholders to document via a Letter of Agreement (LOA) to better define responsibilities for the Houston Eligible Metropolitan Area (EMA) and the Houston Health Services Delivery Area (HSDA) designated by the Texas Department of State Health Services (TDSHS). The Houston EMA is designated by HRSA to receive Ryan White Program Part A funds to provide services to People Living with HIV/AIDS (PLWH/A). The Houston EMA is a six-county area in southeast Texas that consists of Chambers, Fort Bend, Harris, Liberty, Montgomery and Waller counties. The Houston HSDA consists of these same six counties and four others – Austin, Colorado, Walker and Wharton.

This document is not intended to restate all HRSA and TDSHS rules, but rather to clarify entity roles and outline procedures that will foster productive interaction and efficient communication between and among the six stakeholders.

This LOA is a dynamic tool to help the principal stakeholders avert conflict and foster collaborative relationships and decision-making processes. The underlying foundation of the agreement is the principle of mutual respect. Mutual respect is created through open communication, active listening, seeking understanding, and acknowledging our mutual goals. This document is built upon the understanding that the six entities, parties to the LOA, are equal stakeholders in the Ryan White process with the shared goal of helping individuals and families living with HIV/AIDS obtain the highest quality and most appropriate Ryan White Program eligible services.

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### **HRSA DEFINED ROLES AND DUTIES**

The following is taken from the 2002 HRSA Title I (Part A) manual and the Title I (Part A) Planning Council Primer and describes the role and duties of the:

#### **Chief Elected Official (CEO):**

The CEO is the person who officially receives the Part A Ryan White Program funds, also referred to as the Grantee for Part A. In the Houston EMA, the CEO is the County Judge., The County Judge is ultimately responsible for administering all aspects of the Part A funds. Duties include: ensuring that all legal requirements are met; appointing all members of the Planning Council; and selecting the HCPH to be the AA (or recipient) for the Part A funding.

#### **Houston Ryan White Part A Planning Council (Planning Council)**

This entity is a group of volunteers appointed by the CEO whose purpose is to plan for and oversee the delivery of services to persons with HIV in the defined EMA/HSDA. Duties include: setting up planning body operations; setting priorities; allocating resources to those priorities; assessing the administrative mechanism which means reviewing how long the grantee takes to pay providers, reviewing whether the funds are used to pay only for services that were identified as priorities by the planning council; and whether all the funds are spent. The Council also works with the AAs to assess need, develop a comprehensive plan, coordinate with other Ryan White programs and services, and reallocate funds as necessary. The Planning Council reports to the CEO.

#### **Planning Council Office of Support:**

This entity provides administrative support to the Council. Duties include, but not limited to: coordinating and staffing all Council processes; interfacing with HRSA, the CEO's Office and other County Offices regarding Council business; and assisting Council members stay in compliance with federal and county rules and regulations, as well as Council bylaws, policies and procedures. The Manager of the Office of Support reports to the Planning Council and the CEO.

#### **Ryan White Part A Administrative Agency (CEO's Agent, also called the Part A recipient):**

This entity carries out the day-to-day administrative activities required to implement and administer services in the defined EMA according to the plan set forth by the Planning Council. Duties include: procuring services for PLWH/A consistent with Planning Council priorities and allocations, including all aspects of the Request for Proposals (RFP), review, award and contracting process with service providers: establishing intergovernmental agreements; ensuring services to women, infants, children, and youth with HIV/AIDS; ensuring that Ryan White Program Part A funds address funding gaps; ensuring delivery of quality services; preparing and submitting Part A applications; assuring all services are in compliance with HRSA rules and regulations; limiting recipient administrative costs; limiting contractor administrative costs; monitoring contracts; advising the Council on HRSA mandates; and working with the Council to assess need, develop a comprehensive plan, coordinate with other Ryan White Program recipients and service providers programs, and reallocate funds.

### **Texas Department of State Health Services (TDSHS)**

This entity is the Ryan White Program Part B and State Services (SS) Recipient for the state of Texas. The Part B recipient is the entity that officially receives the Part B funds. Locally,

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TDSHS is ultimately responsible for administering all aspects of Part B and SS funds. Duties include: ensuring that all legal requirements are met; selecting and contracting with Part B/SS AAs; and providing oversight, monitoring and technical assistance to AAs in the planning and implementation of Part B/SS funds.

### **Houston Regional HIV/AIDS Resource Group, Inc.**

This entity is contracted by TDSHS to carry out the day-to-day administrative activities required to implement and administer services in the Part B and SS HIV/AIDS Administrative Service Area (HASA) according to the comprehensive plan. Duties include: procuring services for PLWH/A consistent with the local priorities and allocation as approved by TDSHS; including all aspects of the RFP, review, award and contracting process with service providers; establishing intergovernmental agreements; ensuring services to women, infants, children, and youth living with HIV/AIDS; **(ADD): ensuring service deliver to rural residents living with HIV/AIDS residing in the HSDA**; ensuring that Ryan White Program funds are used to address gaps; ensuring delivery of quality services; preparing and submitting Part B applications to the State; assuring all services are in compliance with HRSA rules and regulations; limiting recipient administrative costs; limiting contractor administrative costs; monitoring contracts; and assessing need, developing a comprehensive plan, coordinating with other Ryan White Program recipients and services; and reallocating funds.

### **DEFINED RESPONSIBILITIES IN THE HOUSTON EMA/HSDA**

In areas where there is shared responsibility between the Part A Planning Council, Part A & B/SS AAs, and the Office of Support, it is agreed that, in the Houston EMA/HSDA, the entities named above will have primary responsibility for initiating and completing the following:

Houston Ryan White Planning Council and Part A and B/SS Administrative Agents agree to:

- Collaborate in developing the Part A and B/SS Standards of Care;
- Collaborate in determining the Part A/Part B/SS Outcome Measures; and
- The Part B/SS AA, TDSHS, and Part A AA will develop procedures to ensure that Part A, Part B & State Services client level data is entered into the ARIES system whether through direct input or import.

**Houston Ryan White Planning Council and Part B/SS Administrative Agency (The Resource Group) agree to:**

- Collaborate to provide guidance and leadership in the development and implementation of a timeline for all required Part B/SS AA and Council work products that is consistent with published deadlines;
- Collaborate on planning and completion of multi-year and/or recurring processes, such as needs assessment and comprehensive planning in order that the Council is appropriately informed of its deadlines and expected work products;
- Collaborate on a Needs Assessment process to determine the size and demographics of the population of individuals living with or affected by HIV/AIDS in the Houston EMA/HSDA, and through this process jointly determine the needs of such populations in the defined geographic area;
- Collaborate on the production of, and updates to, the Comprehensive Needs Assessment for the defined EMA/HSDA; and
- The Part B/SS AA and the Planning Council will collaborate to develop a single list of service priorities for the Houston HSDA.

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### **Houston Ryan White Planning Council agrees to:**

- Indicate to the Part A and Part B/SS AAs, through the service definitions and the standards of care, how the services are to be configured;
- Develop recommendations for Part B and State Services allocations for the EMA/HSDA; (Recommended priorities and allocations and reallocations for the EMA/HSDA may not be changed by the Part B/SS Administrative Agency and must be presented to TDSHS for approval.)
- Develop recommendations for the reallocation of Part B and SS funds;
- Assess the Part B/SS AA administrative mechanism, which could include reviewing how long the AA takes to pay providers, reviewing whether the funds are used to pay only for services that were identified as priorities by the planning council and whether all the funds are spent. (Per the County Judge’s Office: Distribute copies of the final assessment to DSHS, the Part B/SS AA and the Chair of the Board of Directors for the Houston AA for RW Part B and State Services.) This will be done annually in January; and
- Solicit input from the Part B/SS AA in the development of the Houston EMA/HSDA HIV/AIDS Resource Guide, commonly known as The Blue Book.

### **Part B/State Services Administrative Agency agrees to:**

- Provide accurate, timely, aggregate service category and other information needed or requested for the different Council processes such as the *How to Best Meet the Need*, priority setting, annual allocations, reallocations and other processes;
- Coordinate and staff the Part B/SS Standard of Care and Outcome Measures Work Groups to ensure appropriate interface with the Quality Management Program and because Standards of Care must also reflect all HRSA Ryan White and TDSHS programmatic and fiscal guidelines and more;
- Within thirty-days of receiving a notice of grant award for Part B or State Services funding, inform the Office of Support in writing of the award amount and date of notice;
- Inform the Office of Support after the initial grant awards are distributed and within 45-days after the end of the second quarter of any unobligated funds available for reallocation;
- Notify all Part B/SS agencies when the Planning Council’s Priority and Allocations Committee is preparing to allocate or reallocate funds;
- Within 30-days of announcing the availability of funds, provide the Council with de-identified service category funding requests increase so that the Council can review and make recommendations for reallocating these funds;
- Inform the Office of Support within thirty-days of any allocation changes made under the Houston RWPC-approved “10% rule”. The 10% rule allows the AA to shift funds between Service Categories without prior Council recommendation as long as funds shift no more than 10% of the current approved TDSHS allocation for either service category affected by the change;
- In the final quarter of the Ryan White Part B and SS grant years, after implementing the year end Planning Council-approved reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, the Part B/SS AA may reallocate any remaining unspent funds as necessary to ensure no funds are returned to the TDSHS. If funds are to be moved from the Houston HSDA, the Part B/SS AA will notify the Office of Support when the information is submitted to the TDSHS. The Office of Support will

## DRAFT – 08-17-22

notify the members of the Priority and Allocations Committee upon receipt and the Steering Committee and Council at their next scheduled meetings; and

- Annually in November of each year, contact the principal Stakeholders, listed at the beginning of this document, to determine if any wish to review and/or revise the LOA. This annual process will provide an opportunity for Stakeholders to ensure the LOA will continue to be responsive to the needs and responsibilities of all concerned.

### **Distributing Information to the Council, its Committees and Work Groups**

Information will be delivered to the Office of Support for distribution to the Council, its Committees and workgroups. The Office of Support will determine the appropriate process to be used to disseminate the information. When providing information, please keep the following in mind:

- 1.) Requests requiring Council or committee approval must be submitted in writing eight-days prior to the date of the meeting;
- 2.) When information does not require approval, submission of the information eight-days before the date of the meeting is preferred; and
- 3.) Once a workgroup or committee has created a recommendation in response to the request, the chair of the Committee, workgroup or designee will be responsible for moving the request forward and speaking on behalf of the request.

Signed By:

\_\_\_\_\_  
Harris County Judge

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Houston Ryan White Planning Council

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Support for the Houston Ryan White Planning Council

\_\_\_\_\_  
Date

\_\_\_\_\_  
TDSHS, Texas Part B and State Services Grantee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Houston Regional HIV/AIDS Resource Group, Inc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Harris County Public Health, RWGA Section

\_\_\_\_\_  
Date

**Houston Area  
Ryan White HIV/AIDS Program  
Assessment of the Administrative Mechanism**

**Part A and Minority AIDS Initiative (MAI)**  
Fiscal Year 2021

Prepared by  
Houston Area Ryan White Planning Council  
Office of Support  
DRAFT: 09-01-22

**Houston Area  
Ryan White HIV/AIDS Program  
Assessment of the Administrative Mechanism  
Part A and Minority AIDS Initiative (MAI)  
Fiscal Year 2021**

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## **Background**

The Ryan White CARE Act requires local Planning Councils to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area.”<sup>1</sup> To meet this mandate, a time-specific document review of local procurement, expenditure, and reimbursement processes for Ryan White HIV/AIDS Program funds is conducted annually by local Planning Councils.<sup>2</sup> The observation process is not intended to evaluate either the local administrative agencies for Ryan White funds or the individual service providers funded by Ryan White.<sup>3</sup> Instead, it produces information about procurement, expenditure, and reimbursement processes for the local *system* of Ryan White funding that can be used for overall quality assurance purposes.

In the Houston eligible area, the Ryan White Planning Council has conducted an assessment of the administrative mechanism for Ryan White Part A and Minority AIDS Initiative (MAI) funds each fiscal year beginning in 2006. In 2012, the Planning Council began assessing the administrative mechanism for Part B and Texas State General Funds (State Services) as well. Consequently, the assessment tool used to conduct the assessment was amended to accommodate Part B and State Services processes. The new tool was developed and approved by the Quality Assurance Committee of the Planning Council on March 21, 2013 and approved by the Full Council on April 11, 2013.

## **Methodology**

In August 2022, the approved assessment tool was applied to the administrative mechanism for Part A and MAI funds. The contract periods designated in the tool are:

- Part A and MAI: March 1, 2021 – February 28, 2022 (FY21)

The tool evaluated three areas of each administrative mechanism: (1) the procurement and Request for Proposals (RFP) process, (2) the reimbursement process, and (3) the contract monitoring process. As outlined in the tool, 10 data points and their respective data sources were assessed for each administrative mechanism for the specified time frames. Application of the checklist, including data collection, analysis, and reporting, was performed by the Ryan White Planning Council Office of Support staff. All data and documents reviewed in the process were publicly available. Findings from the assessment process have been reported for each administration mechanism independently and are accompanied by the respective completed assessment tool.

<sup>1</sup>Ryan White Program Manual, Section V, Chapter 1, Page 4

<sup>2</sup>Ibid, Page 7

<sup>3</sup>Ibid, Page 8

**Part A and Minority AIDS Initiative (MAI)**  
Contract Period: March 1, 2021 – February 28, 2022 (FY21)

**Summary of Findings**

**I. Procurement/Request for Proposals Process**

- a) Because the AA rapid processed contract and position extensions, extension of positions for FY21 occurred prior to issuance of the FY21 NGA. Thirty (30) business days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers. Sixty-four (64) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. Sixteen (16) business days elapsed between receipt of the Carryover Award by the AA and contract execution.
- b) Because of contract and position extensions processed by the AA in anticipation of the grant award, 100% of the Part A and MAI grant award was procured by the 1st quarter of the contract period.
- c) The AA procured funds in FY21 only to Planning Council-approved Service Categories, and the amounts of funds per Service Category procured at the beginning of the contract period were a match to final allocations approved by the Planning Council for decrease funding. The AA applied Planning Council-approved policies for the shifting of funds within Service Categories during the contract period, including increased funding scenarios, billing reconciliations, and receipt of carryover funds.
- d) Because there was an RFP in FY21, the AA provided bidders with information on applying for the grants and offered a bidders conference.
- e) The Requests for Proposals incorporated service category definitions for the five (5) FY22 contracts that were consistent with services defined by the Planning Council.
- f) On March 1, 2022, there were unobligated funds in the amount of \$133,588. When there was no application submitted during the second RFP process, the Council reallocated the funds.
- g) There was \$1,718,511 in unspent funds in Part A and MAI. The substantial percentage of unspent Part A service dollars was due to the impact of COVID-19 on health care delivery systems throughout the US in 2021. The Houston EMA may choose to reallocate a significant portion of these unspent funds to the State ADAP Program, which is currently experiencing a significant deficit.

**II. Reimbursement Process**

- h) The AA was required to and maintained a method of communicating back to the Planning Council the results of the procurement process, including agendized procurement reports to Committees and Full Council.
- i) The average number of days elapsing between receipt of an accurate contractor reimbursement request for Part A and/or MAI funds and the issuance of payment by the AA was 36 days. The AA paid all contracted Part A and/or MAI agencies within an average of 36 days following receipt of an accurate invoice.

**III. Monitoring Process**

- j) The AA used the Standards of Care as part of the contract monitoring process and clearly indicated this in its quality management policies, procedures, and plans.

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>a) How much time elapsed between receipt of the NGA or funding contract by the AA and contract execution with funded service providers (i.e., 30, 60, 90 days)?</p>	<ul style="list-style-type: none"> <li>• The Administrative Agent (AA) for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with Commissioners Court prior to receipt of the Notice of Grant Award (NGA) in order to prevent lapses in services to consumers.</li> <li>• For the FY21 contract period, extensions of positions and contract renewals for Part A and MAI service providers were approved at Commissioners Court meeting 02/09/21.</li> <li>• The Part A and MAI initial NGA was received on 01/15/21 (partial) and executed at the Commissioner's Court meeting on 02/26/21. Thirty (30) business days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers.</li> <li>• The Part A and MAI final NGA was received on 04/01/21 and amended at the Commissioner's Court meeting on 06/29/21. Sixty-four business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers.</li> <li>• The Part A and MAI Carryover Award was received on 09/22/21 and authorized for an amendment to accept the carryover funds at the Commissioner's Court meeting on 10/12/21. Seventeen (17) business days elapsed between receipt of the Carryover Award by the AA and contract execution.</li> </ul> <p><u>Conclusion:</u> Because the AA rapid processed contract and position extensions, extension of positions for FY21 occurred prior to issuance of the FY21 NGA. Thirty (30) business days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers. Sixty-four (64) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. Sixteen (16) business days elapsed between receipt of the Carryover Award by the AA and contract execution.</p>	<p>Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers</p>	<p>FY21 Part A and MAI NGA (issued 01/15/21, 03/25/21, 09/20/21)</p> <p>Commissioner's Court Agendas (02/09/21, 02/26/21, 06/29/21, 10/12/21)</p>

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>b) What percentage of the grant award was procured by the:</p> <p><input checked="" type="checkbox"/> 1st quarter?</p> <p><input type="checkbox"/> 2nd quarter?</p> <p><input type="checkbox"/> 3rd quarter?</p>	<ul style="list-style-type: none"> <li>FY21 procurement reports from the AA indicate that all allocated funds in each Service Category were procured by 03/01/2021, the first day of the contract period. This is due to the contract and position extensions processed by the AA prior to receipt of the NGA, as described in (a) above.</li> </ul> <p><i>Conclusion:</i> Because of contract and position extensions processed by the AA in anticipation of the grant award, 100% of the Part A and MAI grant award was procured by the 1st quarter of the contract period.</p>	<p>Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers</p>	<p>FY21 Part A and MAI Procurement Report provided by the AA to the PC (05/26/2021)</p>

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>c) Did the awarding of funds in specific categories match the allocations established by the Planning Council?</p>	<ul style="list-style-type: none"> <li>The Planning Council makes allocations per Service Category for each upcoming contract period based on the assumption of level funding. It then designs scenarios to be applied in the event of an increase or decrease in funding per the actual NGA. The Planning Council further permits the AA to re-allocate funds within Service Categories (up to 10%) without pre-approval throughout the contract period for standard business practice reasons, such as billing reconciliations, and to apply carry-over funds as directed. In addition, the Planning Council allows the AA to shift funds in the final quarter of the contract period in order to prevent the grantee from leaving more than 5% of its formula funds unspent.</li> <li>The most recent FY21 procurement report from the AA (dated 03/08/22) shows that the Service Categories and amounts of funds per Service Category procured at the beginning of the contract period matched the final Planning Council-approved allocations for decrease funding for FY21. Upon receipt of the NGA, the Decrease Scenario was applied for the \$137,175 decrease in Part A Formula and Supplemental service dollars. As a result, total allocations for FY21 matched the allocations established by the Planning Council with application of the Decrease Funding Scenario.</li> </ul> <p><u>Conclusion:</u> The AA procured funds in FY21 only to Planning Council-approved Service Categories, and the amounts of funds per Service Category procured at the beginning of the contract period were a match to final allocations approved by the Planning Council for decrease funding. The AA applied Planning Council-approved policies for the shifting of funds within Service Categories during the contract period, including increased funding scenarios, billing reconciliations, and receipt of carryover funds.</p>	<p>Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC</p>	<p>FY21 Part A and MAI Procurement Report provided by the AA to the PC (05/26/2021)</p> <p>PC FY21 Allocations Decrease Funding Scenario (05/26/21)</p> <p>PC FY21 Allocations Decrease Scenario (03/08/22)</p>

Section I: Procurement/Request for Proposals Process			
Method of Measurement	Summary of Findings	Data Point	Data Source(s)
d) Does the AA have a grant award process which: <ul style="list-style-type: none"> <li>✓ Provides bidders with information on applying for grants?</li> <li>✓ Offers a bidder's conference?</li> </ul>	<p>Beginning in FY12, Part A and MAI services could be contracted for up to five years, with Service Categories rotated for bidding every four years. According to this schedule, the following RFP's were issued in FY21:</p> <p><u>Service Category, Estimated Amount Available:</u>  Clinical Case Management, \$ 488,656  Medical Care &amp; Other Service targeted to Pediatrics, \$133,588  Vision Care, \$500,000  Oral Health targeted to Rural, \$166,404  Medical Nutritional Therapy, \$341,395</p> <p><i>Conclusion:</i> Because there was an RFP in FY21, the AA provided bidders with information on applying for the grants and offered a bidders conference.</p>	Confirmation of communication by the AAs to potential bidders specific to the grant award process	<p>Five Part A RFPs in FY21 for FY22 contracts</p> <p>Courtesy Notice for Pre-Proposal Conference in FY21 for FY22 contracts</p>
e) Does the REQUEST FOR PROPOSALS incorporate service category definitions that are consistent with those defined by the Planning Council?	<ul style="list-style-type: none"> <li>• The REQUEST FOR PROPOSALS incorporated service category definitions for the five (5) FY22 contracts that were consistent with services defined by the Planning Council.</li> <li>• Conclusion: The Requests for Proposals incorporated service category definitions for the five (5) FY22 contracts that were consistent with services defined by the Planning Council.</li> </ul>	Confirmation of communication by the AAs to potential bidders specific to PC products	Five Part A RFP's were issued in FY21 for FY22 contracts.
f) At the end of the award process, were there still unobligated funds?	<ul style="list-style-type: none"> <li>• During the 2021 request for proposal period, the AA did not receive a proposal for the Pediatric Primary care bundle of services. Challenges managing expenditures under the fee for service model, recruitment of medial case management staff under required licensure and education standards, and the availability of more flexible funding were cited as primary reasons. Per a request from the Council, a 2nd RFP was issued, again with no response. Hence, there were unobligated funds at the beginning of FY22 in the amount of \$133,588, which the Council reallocated.</li> </ul> <p><i>Conclusion:</i> On March 1, 2022, there were unobligated funds in the amount of \$133,588. When there was no application submitted during the second RFP process, the Council reallocated the funds.</p>	Comparison of final amounts procured and total amounts allocated in each service category	March and April 2022 monthly AA's report to the Council and FY22 procurement reports.

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Source(s)														
<p>g) At the end of the year, were there unspent funds? If so, in which service categories?</p>	<ul style="list-style-type: none"> <li>End of year reporting shows the following 4<sup>th</sup> quarterly adjustments, which were final as of 08/31/22.</li> </ul> <p><b>Final Quarterly Adjustments:</b></p> <table border="1" data-bbox="531 443 1346 781"> <thead> <tr> <th>Service Category</th> <th>Final Quarter Adjustments</th> </tr> </thead> <tbody> <tr> <td>Outpatient/Ambulatory Primary Care</td> <td>-1,440,801</td> </tr> <tr> <td>Medical Case Management</td> <td>30,433</td> </tr> <tr> <td>Local Pharmacy Assistance Program</td> <td>74,016</td> </tr> <tr> <td>Non-Medical Case Management</td> <td>95,685</td> </tr> <tr> <td>Emergency Financial Assistance</td> <td>1,326,272</td> </tr> <tr> <td>Outreach</td> <td>-85605</td> </tr> </tbody> </table> <p><u>Conclusion:</u> There were unspent funds in Part A and MAI. The substantial percentage of unspent Part A service dollars was due to the impact of COVID-19 on health care delivery systems throughout the US in both 2020 and 2021.</p>	Service Category	Final Quarter Adjustments	Outpatient/Ambulatory Primary Care	-1,440,801	Medical Case Management	30,433	Local Pharmacy Assistance Program	74,016	Non-Medical Case Management	95,685	Emergency Financial Assistance	1,326,272	Outreach	-85605	<p>Review of final spending amounts for each service category</p>	<p>FY20 Part A and MAI Procurement Report provided by the AA to the PC (08/31/22)</p>
Service Category	Final Quarter Adjustments																
Outpatient/Ambulatory Primary Care	-1,440,801																
Medical Case Management	30,433																
Local Pharmacy Assistance Program	74,016																
Non-Medical Case Management	95,685																
Emergency Financial Assistance	1,326,272																
Outreach	-85605																

**Section II: Reimbursement Process**

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>h) Does the ADMINISTRATIVE AGENT have a method of communicating back to the Planning Council the results of the procurement process?</p>	<ul style="list-style-type: none"> <li>The Memorandum of Understanding (MOU) (signed 3/1/12) between the CEO, Planning Council, AA, and Office of Support requires the AA to "inform the Council no later than the next scheduled [...] Steering Committee meeting of any allocation changes" (page 4).</li> <li>In addition, FY20 Part A and MAI procurement reports from the AA were agendized for Planning Council meetings occurring on 05/27/21, 10/28/21, 05/26/22, 06/06/22. Results from the procurement process were also provided during the AA report.</li> </ul> <p><u>Conclusion:</u> The AA was required to and maintained a method of communicating back to the Planning Council the results of the procurement process, including agendized procurement reports to Committees and Full Council.</p>	<p>Confirmation of communication by the AAs to the PC specific to procurement results</p>	<p>Houston EMA MOU (signed 3/1/12)</p> <p>PC Agendas 05/27/21 10/28/21 05/26/22 06/06/22</p>
<p>i) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA?</p> <p>What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice:</p> <p><input type="checkbox"/> Within 20 days?</p> <p><input checked="" type="checkbox"/> Within 36 days?</p> <p><input type="checkbox"/> Within 50 days?</p>	<ul style="list-style-type: none"> <li>The Annual Contractor Reimbursement Report (CER) Tracking Summary for FY21 produced by the AA on 08/30/22 showed an average of 36 days elapsing between receipt of an accurate CER from contracted agencies and the issuance of payment by the AA, compared to 21 days on average in FY20.</li> <li>100% of contracted agencies were paid within an average of 36 days following the receipt of an accurate CER. In comparison, the AA paid 100% of contracted agencies within an average of 21 days in FY20.</li> </ul> <p><u>Conclusion:</u> The average number of days elapsing between receipt of an accurate contractor reimbursement request for Part A and/or MAI funds and the issuance of payment by the AA was 36 days. The AA paid all contracted Part A and/or MAI agencies within an average of 36 days following receipt of an accurate invoice.</p>	<p>Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA</p>	<p>FY21 Part A and MAI Contractor Reimbursement Report (CER) Tracking Summary (08/30/22)</p>



**Section III: Contract Monitoring Process**

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>j) Does the ADMINISTRATIVE AGENT use the Standards of Care as part of the contract monitoring process?</p>	<ul style="list-style-type: none"> <li>• Typical RFP language states that the AA will monitor for compliance with the Standards of Care during site monitoring visits of contracted agencies. Directions to current Standards of Care document are also provided.</li> <li>• In addition, the AA's Site Visit Guidelines used during the FY21 contract period includes the process for reviewing compliance with Standards of Care.</li> <li>• The AA's Quality Management Plan (dated 12/21) states that the RWGA Clinical Quality Improvement Project Coordinator and Quality Management Development Project Coordinator both "[conduct] onsite QM program monitoring of funded services to ensure compliance with RWGA Standards of Care and QM plan" (Page 6). The Plan also states that "Annual site visits are conducted by RWGA at all agencies to ensure compliance with the standards of care" (Page 9).</li> </ul> <p><u>Conclusion:</u> The AA used the Standards of Care as part of the contract monitoring process and clearly indicated this in its quality management policies, procedures, and plans.</p>	<p>Confirmation of use of adopted SOC in contract monitoring activities</p>	<p>Part A RFPs issued in FY21 for FY22 contracts</p> <p>HCPH/RWGA Policy and Procedures for Performing Ryan White Part A Site Visits (Revised 03/17)</p> <p>HCPH/RWGA Quality Management Plan (12/21)</p>



EDUCATION

# What does age-appropriate, comprehensive sex ed actually look like?

July 30, 2022 · 9:16 AM ET

Heard on Weekend Edition Saturday

LEE GAINES    ELIZABETH MILLER

**7-Minute Listen**

PLAYLIST    Download  
Transcript

With abortion access changing in many states, advocates for sex education say it's more important than ever.

*Lee Gaines is from member station WFYI, and Elizabeth Miller is from member station OPB.*

SCOTT SIMON, HOST:

Advocates for comprehensive sex education say it's more important than ever now that Roe v. Wade has been overturned. But like so many things related to education, sex ed is highly politicized. Only three states require schools to teach age-appropriate, comprehensive sex education. In other states, it's up to the schools to decide. Last spring, we sent reporters into an elementary school and a high school to get a sense of how those lessons are taught. Lee Gaines from member station WFYI starts us off in Indianapolis.

HAILEIGH HUGGINS: As I talk about these body systems, I'm going to use, like, the scientific words for these body parts. And I am going to be talking about the private

parts, OK?

LEE GAINES, BYLINE: Haileigh Huggins is leading a sex ed class for fifth graders at Louis B. Russell Jr. Elementary School. Some students fidget. Some giggle. And a lot of them have questions - like, can boys have babies?

HUGGINS: No, they cannot get pregnant. Yes?

UNIDENTIFIED STUDENT #1: But even if they're, like - if they like boys?

HUGGINS: So if it's, like, two people of the same gender in a relationship...

UNIDENTIFIED STUDENT #2: Yeah.

HUGGINS: ...Then they still would not be able to have a pregnancy because they both would have sperm cells, right? There wouldn't be an egg cell.

GAINES: When you think of sex ed, you often think about lessons on puberty and reproduction. But comprehensive sex ed goes beyond that. It teaches students about healthy relationships, how to communicate consent, how to respect yourself and other people and how to identify dangerous situations.

NORA GELPERIN: Even though it may seem like sex education is controversial, it absolutely is not. And it's always in the best interest of young people.

GAINES: Nora Gelperin has designed sex ed curricula with the organization Advocates for Youth. She says these comprehensive sex ed lessons should start as early as kindergarten. And there are lots of ways to make them fun and age-appropriate. She loves using hula hoops to teach bodily autonomy.

GELPERIN: So if you give each student a hula hoop and then you use the hula hoop as an analogy for boundaries and talk about if someone is trying to come inside your hula hoop, that they should ask for your permission to tickle you, to hug you, to give you a kiss, all of those kinds of things. If someone is touching you inside your boundary in a way that makes you uncomfortable, it's OK to say no and talk to a trusted adult.

GAINES: Another good lesson for younger kids is how to identify those trusted adults and what healthy relationships with friends and family look like. When students reach fifth and sixth grade, Gelperin says the conversation should shift to puberty because that's something those students are starting to see and experience. It's also a good time to start talking about gender expression and stereotypes.

GELPERIN: And as it relates to gender - that may be that they're acting similar to other kids their gender, or they may be interested in things - hobbies, activities, sports - that aren't typically something associated with their gender, and all of it is fine and normal.

GAINES: Gelperin says normalizing the experiences of young people is a crucial component of comprehensive sex ed. And simple lessons, like the hula-hoop activity, set the foundation for more advanced conversations in middle and high school.

Eva Goldfarb researches sex ed at Montclair State University. She co-authored a study that found, if done well and introduced in early grades, comprehensive sex ed has a lot of benefits.

EVA GOLDFARB: Increase prevention of child sex abuse, increase prevention of dating and interpersonal violence, decrease homophobic bullying and harassment, promote healthy relationships, build life skills, such as empathy, respect for others.

GAINES: But few states require schools to teach comprehensive sex ed. That's according to SIECUS, a group that advocates for progressive sex education policies. Indiana is among the majority of states that don't require comprehensive sex ed. School leaders here can choose to invite educators, like Haileigh Huggins, into classrooms.

UNIDENTIFIED STUDENT #3: A boy gets pregnant.

HUGGINS: Well, they wouldn't...

GAINES: Still, Huggins doesn't get a lot of time with students - just one hour with each class. In the classroom I visited, kids were still asking her questions as she made her way out the door.

HUGGINS: I can't take the rest of your questions only because I have to, like, book it down the hall the sixth grade. So if you have other questions, I do encourage you - remember, talk to those trusted adults.

GAINES: For NPR News, I'm Lee Gaines at Louis B. Russell Jr. Elementary School in Indianapolis.

ELIZABETH MILLER, BYLINE: And I'm Elizabeth Miller at Mountainside High School in Beaverton, Ore., outside Portland.

(SOUNDBITE OF SCHOOL BELL TONE)

MILLER: Unlike Indiana, Oregon requires comprehensive sexual education from kindergarten through 12th grade. By the time students get to Jenn Hicks' high school health class, they've had years of conversation around consent and sexuality.

JENN HICKS: So that when they come to me as high schoolers, it's like, oh, yeah; we know this.

UNIDENTIFIED STUDENT #4: Yeah. I mean, I don't know...

UNIDENTIFIED STUDENT #5: It was, like, mold...

MILLER: This classroom feels pretty different from the one in Indiana. These high school students are on their cell phones and taking notes on their laptops. And the conversations they're having are also different.

HICKS: Honestly, sexual violence can happen to anyone, but it doesn't happen equally to everyone.

MILLER: Back in elementary school, lessons on healthy relationships focused on family and friends. By high school, Nora Gelperin says the focus should shift to romantic partners.

GELPERIN: What makes a relationship healthy? How do you know if a relationship is not healthy? - starting to explore intimate partner violence, sexual abuse, sexual assault, sexual harassment in particular, to really help students know that they deserve

to be in a healthy relationship and that there are a lot of resources and strategies if that's not what they're experiencing.

MILLER: Gelperin says sex ed in high school should also include lessons on contraception and how to use a condom - ways to reduce the risk of unplanned pregnancies and sexually transmitted infections. She says, without that knowledge, students don't have all the tools they need.

GELPERIN: I always think about a student that I once worked with who said, you know, how can you adults expect us teenagers to make healthy decisions if you're too scared to teach us what we need to know?

MILLER: Less than half of states require instruction on contraception. And then there are the lessons that don't have anything to do with sex, like how to find credible sources of information. Think about all the rumors about sex that can circulate in a high school. Those rumors are also all over the internet. As a kid looking for information, it can be hard to know what to believe.

LISA LIEBERMAN: We're allowing children to learn from what's out there, and they are.

MILLER: Lisa Lieberman co-authored that sex ed study for Montclair State. She studies adolescent and preteen health.

LIEBERMAN: They are accessing pornography. They are accessing the internet. They are learning in ways that are not the messages that most parents and schools want children to have.

MILLER: Lieberman says it's important to teach students how to find accurate information so they don't believe all the misinformation. Talking about healthy relationships and having open conversations around contraception and consent - it's all meant to give students a foundation - because, like it or not, parents, your kid is going to encounter sex. And as we heard earlier, teaching them about sex and relationships can help keep them safe from abuse.

HICKS: We are going to talk about gender and sexuality.

MILLER: Mountainside High School teacher Jenn Hicks says it all comes down to building a safer, more inclusive school community.

HICKS: It's recognizing everybody that's in the room and giving them the knowledge and skills to make the best possible decisions for themselves and to lead a happy, fulfilled life.

MILLER: She hopes that's something parents and policymakers can get behind.

For NPR News, I'm Elizabeth Miller in Beaverton.

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