#### 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: Glenn Urbach, Ryan White Grant Administration Mauricia Chatman, Ryan White Grant Administration Tiffany Shepherd, 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 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: Thursday, March 2, 2023

Re: Meeting Announcement

Please remember that the Council will be using a hybrid format at our meeting on Thursday. That means members can participate by phone, computer or in person. **But, we need 11 people to meet in-person at the church in order to make quorum**. Tori has kindly volunteered to provide pizza for everyone who attends in person so it is very important that you contact Rod to RSVP, even if you cannot attend:

### **Ryan White Planning Council Meeting**

12 noon, Thursday, March 9, 2023

Meeting Location: Online or via phoneClick on the following link to join the Zoom meeting:https://us02web.zoom.us/j/995831210?pwd=UnlNdExMVFFqeVgzQ0NJNkpieXIGQT09Meeting ID: 995 831 210Passcode: 577264Or, 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.

## HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL

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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, March 9, 2023

Meeting Location: Online or	<u>via phone</u>					
Click on the following link to join the Zoom meeting:						
https://us02web.zoom.us/j/9958	831210?pwd=UnlNdExMVFFqeVgzQ0NJNkpieXlGQT09					
Meeting ID: 995 831 210	Passcode: 577264					
Or, use the following telephone	e 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. To Be Announced

#### 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*: Committee Orientation *Recommended Action*: FYI: Because the appointment of the Affiliate members was delayed this year, most Committees tabled the first portion of their February meeting, which is usually dedicated to general orientation. All Committees reviewed their 2023 work products.
- B. Affected Community Committee
   *Item:* Committee Orientation
   *Recommended Action:* FYI: The Committee reviewed the
   purpose of the Council, public hearings and committee
   participation in health fairs. See attached presentation.

Steven Vargas and Allen Murray, Co-Chairs

Diana Morgan and Rodney Mills, Co-Chairs

Crystal R. Starr, Chair Ryan White Planning Council *Item:* Committee Vice Chair *Recommended Action:* FYI: Skeet Boyle was elected as the Committee Vice Chair.

C. Quality Improvement Committee *Item*: Committee Orientation *Recommended Action*: No new information.

D. Operations Committee
 *Item:* 2023 Ryan White Meeting Format
 *Recommended Action:* <u>Motion</u>: Unless it is contrary to the
 Texas Open Meetings Act, all Ryan White Planning Council,
 Committee and Workgroup meetings will be in hybrid format.
 It is also recommended that Committee Co-Chairs and Officers
 attend meetings in person as much as possible.

*Item:* Letter from HRSA re: Consumer Incentives, dated 12/06/22 *Recommended Action*: Verbal update on the Houston Planning Council's response to the HRSA Letter dated 12/06/22.

*Item:* Committee Vice Chair *Recommended Action:* FYI: Josh Mica was elected as the Committee Vice Chair.

E. Priority and Allocations Committee
 *Item:* 2023 Policy for Addressing Unobligated & Carryover Funds
 *Recommended Action:* Motion: Approve the attached 2023
 Policy for Addressing Unobligated and Carryover Funds.

*Item:* FY24 Guiding Principles and Criteria *Recommended Action:* <u>Motion:</u> Approve the attached FY 2024 Guiding Principles and Decision Making Criteria.

*Item:* FY 2024 Priority Setting Process *Recommended Action:* Motion: Approve the attached FY 2024 Priority Setting Process.

*Item:* Committee Vice Chair *Recommended Action:* FYI: Bruce Turner was elected to be the Committee Vice Chair.

- V. Report from the Office of Support
- VI. Report from Ryan White Grant Administration

Tana Pradia and Pete Rodriguez, Co-Chairs

Ronnie Galley and Cecilia Ligons, Co-Chairs

Peta-gay Ledbetter and Bobby Cruz, Co-Chairs

Tori Williams, Director

Glenn Urbach, Manager

VIII. Medical Updates

Sha'Terra Johnson Health Planner

Shital Patel, MD Baylor College of Medicine

#### IX. New Business (During Virtual Meetings, Reports Will Be Limited to Written Reports Only) A. AIDS Educational Training Centers (AETC) Shital Patel B. Ryan White Part C Urban and Part D Dawn Jenkins C. HOPWA Megan Rowe D. Community Prevention Group (CPG) Kathryn Fergus E. Update from Task Forces: Sexually Transmitted Infections (STI) • African American • Sha'Terra Johnson • Latino Steven Vargas? • Youth • MSM • Hepatitis C Steven Vargas • Project PATHH (Protecting our Angels Through Healing Hearts) Skeet Boyle? formerly Urban AIDS Ministry F. HIV and Aging Coalition Skeet Boyle G. Texas HIV Medication Advisory Committee Bruce Turner H. Positive Women's Network Tana Pradia or Diana M. Sha'Terra Johnson I. Texas Black Women's Initiative J. Texas HIV Syndicate Steven Vargas K. END HIV Houston L. Texans Living with HIV Network Steven Vargas? IX. Announcements

X. Adjournment

- \* ADAP = Ryan White Part B AIDS Drug Assistance Program
- \*\* TDSHS = Texas Department of State Health Services

## 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, February 9, 2023

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

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT							
Crystal Starr, Chair	Paul Richards	Charles Henley							
Ardry "Skeet" Boyle, Vice Chair	Faye Robinson								
Josh Mica, Secretary	Ryan Rose								
Kevin Aloysius	Megan Rowe	STAFF PRESENT							
Servando Arellano	Evelio Salinas Escamilla	Ryan White Grant Administration							
Rosalind Belcher	Robert Sliepka	Glenn Urbach							
Caleb Brown	Carol Suazo	Mauricia Chatman							
Titan Capri		Jason Black							
Robert "Bobby" Cruz									
Kathryn Fergus	MEMBERS ABSENT	The Resource Group							
Kenia Gallardo	Tony Crawford								
Ronnie Galley	Johanna Castillo	Sha'Terra Johnson							
Dawn Jenkins	Roxanne May, excused	Tionna Cobb							
Daphne L. Jones	Diana Morgan, excused								
Peta-gay Ledbetter	Oscar Perez, excused	Office of Support							
Cecilia Ligons	Pete Rodriguez, excused	Tori Williams							
Allen Murray	Imran Shaikh, excused	Mackenzie Hudson							
Shital Patel	C. Bruce Turner	Diane Beck							
Tana Pradia									

Call to Order: Crystal Starr, Chair, called the meeting to order at 12:00 p.m.

During the opening remarks, Starr thanked Peta for generously providing lunch. HRSA has provided some recent guidance related to incentives for those with lived experience and reimbursements to Ryan White volunteers for things like transportation and childcare. For example, meals can only be provided to someone with a medical need. We will discuss this later in the meeting. If anyone else would like to provide meals at a Council meeting, please let Tori know. Williams noted that while the Operations Committee is collecting additional clarification from HRSA, people with lived experience will be reimbursed as usual for transportation and those with young children can submit their forms for reimbursement. Starr thanked the members of the 2022 Operations Committee and the Office of Support staff for organizing the new member orientation, the mentor/mentee meeting and the Planning Council Orientation. Almost all members of the Council participated in Orientation. Starr hoped the information was useful and that enjoyed enjoyed Diane's game. Starr then called for a Moment of Reflection.

Adoption of the Agenda: <u>Motion #1</u>: it was moved and seconded (Ligons, Mica) to adopt the agenda with one change: the Steering Committee made a motion that needs to be added to the Council agenda as the last item in the Operations Committee report. The motion reads as follows: Regarding the letter from HRSA dated December 6, 2022, Council members are encouraged to send their comments to the Office of Support so that questions can be forwarded to the HRSA Project Officer. Once more information has been gathered, the Council will send a letter to HRSA expressing the Council's collective concerns. Motion carried unanimously.

**Approval of the Minutes:** <u>Motion #2</u>: it was moved and seconded (Boyle, Galley) to approve the December 8, 2022 minutes. Motion carried. Abstentions:

A History of Minority AIDS Initiative Funding in the Houston EMA: Charles Henley, HRSA Consultant, presented the attached information. Aloysius would like the Planning Council to survey the agencies as to why they do not apply for MAI carryover funds, maybe there is something we can do to make the funds more accessible. Henley said that there is no difference in administrative burden than Part A funds. The CPCDMS automatically bills to the agencies MAI when applicable. The Planning Council cannot survey contractors on why they do anything.

**Public Comment and Announcements**: Vargas asked everyone to consider signing onto the letter concerning the coverage of PrEP by Medicare. He will send an email with more information to the Office of Support for distribution to the Council.

**Reports from Committees Comprehensive HIV Planning Committee:** No report.

Affected Community Committee: No report.

Quality Improvement Committee: No report.

Priority and Allocations Committee: No report.

**Operations Committee:** Cecilia Ligons, Co-Chair, reported on the following:

2023 New Member Orientation & Mentor/Mentee Meeting: Ligons referred to Starr's comments about the new member Orientation in her opening comments.

2023 Council Orientation: Ligons referred to Starr's comments about the full-member Orientation in her opening comments.

HRSA Letter re: Consumer Incentives: See the attached letter from HRSA dated December 6, 2022. The letter relates to two options for reimbursing consumers for attending meetings: Option 1: provide a gift card to consumers who attend Ryan White meetings. Option 2: reimburse consumers for transportation, childcare services and meals (only if needed for health reasons). Please submit thoughts and comments to the Office of Support for consideration at the February 14, 2023 Operations Committee meeting.

<u>Motion</u>: from the Committee regarding the letter from HRSA dated December 6, 2022: Council members are encouraged to send their comments to the Office of Support so that questions can be

forwarded to the HRSA Project Officer. Once more information has been gathered, the Council will send a letter to HRSA expressing the Council's collective concerns. Aloysius said that this policy is asking us to disclose people with other health conditions besides HIV. Unanimously approved.

Survey on the Format for 2023 Ryan White Meetings: Regarding the preferred format for 2023 Council and Committee meetings, see the results of the survey of all 2022 Council members. Please submit thoughts and comments to the Office of Support for consideration at the February 14, 2023 Operations Committee meeting.

**2023 Council Activities:** See attached. Williams summarized the memorandum regarding Petty Cash procedures, Open Meetings Act Training and the 2023 Timeline of Critical Activities. These items will also be reviewed at the first meeting of each Ryan White committee.

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

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

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

Medical Updates: Shital Patel, MD, Baylor College of Medicine presented vaccine updates. She will email a copy of the presentation to the Office of Support for distribution.

Task Force Reports: Starr said that the Council agreed some time ago that they preferred 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: Pradia said that HIV Advocacy Day is March 27. PWN Strike Force will be taking a bus to Austin, Murray and Starr will be going and everyone is invited. Boyle said that St. Johns United Methodist Church/Bread of Life gives out household items and produce on the first and third Saturdays of the month from 8am-12pm. 2019 Crawford Street at Gray Street.

Adjournment: Motion: it was moved and seconded (Boyle, Vargas) to adjourn the meeting at 2:03 p.m. Motion Carried.

Respectfully submitted,

Victoria Williams, Director

Draft Certified by Council Chair:

Final Approval b	У
Council Chair:	

Date

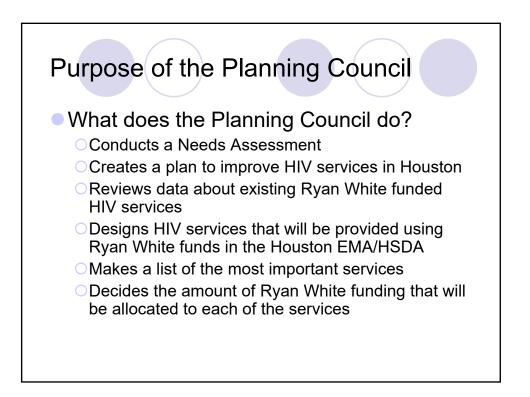
Date

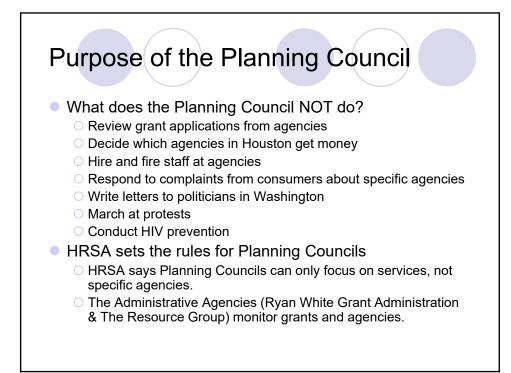
Date

## **Council Voting Records for February 9, 2023**

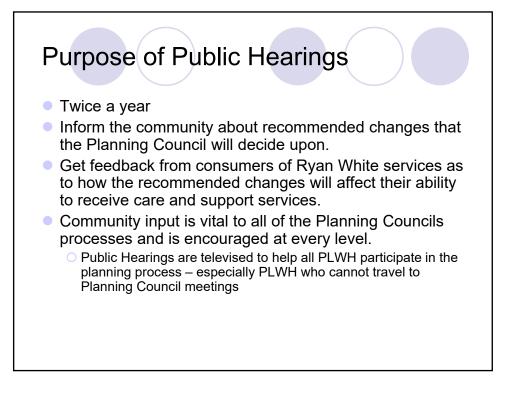
C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone		Age	on # enda ried		Motion #2 Minutes Carried						Motion #1 Agenda Carried			Motion #2 Minutes Carried			
MEMBERS	ABSENT	YES	ON	ABSTAIN	ABSENT	YES	ON	ABSTAIN	MEMBERS	ABSENT	YES	ON	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Crystal Starr, Chair				С				С	Tana Pradia		Х				Х		
Ardry "Skeet" Boyle, Vice Chair		Х				Х			Paul Richards		Х				Х		
Josh Mica, Secretary		Х				Х			Faye Robinson		Х				Х		
Kevin Aloysius		Х						Х	Ryan Rose		Х						Х
Servando Arellano		Х						Х	Megan Rowe		Х						Х
Rosalind Belcher		Х						Х	Evelio Salinas Escamilla		Х				Х		
Caleb Brown		Х						Х	Robert Sliepka		Х				Х		
Titan Capri		Х				Х			Carol Suazo		Х						Χ
Johanna Castillo		Х						Х									
Robert "Bobby" Cruz		Х				Х											
Kathryn Fergus		Х						Х									
Kenia Gallardo		Х						Х	MEMBERS ABSENT								
Ronnie Galley		Х				Х			Tony Crawford								
Dawn Jenkins		Х				Х			Roxanne May								
Daphne L. Jones		Х				Χ			Diana Morgan								
Peta-gay Ledbetter		Х				Х			Oscar Perez								
Cecilia Ligons		Х				Х			Pete Rodriguez								
Allen Murray		Х						Х	Imran Shaikh								
Shital Patel		Х				Χ			C. Bruce Turner								











## Houston Area HIV Services Ryan White Planning Council Standing Committee Structure

(Reviewed 02-23-23)

#### 1. Affected Community Committee

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV-related drug representatives are invited.

The committee will consist of individuals living with HIV, their caregivers (friends or family members) and others. All members of the PC who self-disclose as living with HIV are requested to be a member of the Affected Community Committee; however membership on a committee for individuals living with HIV will not be restricted to the Affected Community Committee.

#### 2. Comprehensive HIV Planning Committee

This committee is responsible for developing the Comprehensive Needs Assessment, Integrated/Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from affiliate membership and expertise.

#### 3. **Operations Committee**

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from affiliate member participation except where resolve of grievances are concerned.

#### 4. **Priority and Allocations Committee**

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include affiliate members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

#### 5. Quality Improvement Committee

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on "how to best meet the need" are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year and monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council's third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means 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. This Committee may benefit from the utilization of affiliate members.

#### **2023** Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-23-23)

#### Background

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

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

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

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

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

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

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

#### **Recommendations for Addressing Unobligated and Carryover Funds:**

- 1.) <u>Requests from Currently Funded Agencies Requesting an Increase in Funds in Service</u> <u>Categories where The Agency Currently Has a Contract</u>: These requests come at designated times during the year.
  - A.) In response, the AA will provide funded agencies a standard form to document the request (see attached). The AA will state the amount currently allocated to the service category, state the amount being requested, and state if there are eligible entities in the service category. This form is known as a *Request for Service Category Increase*. The AA will also provide a Summary Sheet listing all requests that are eligible for an increase (e.g. agency is in good standing).

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

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

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

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

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

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

### Priority and Allocations FY 2024 Guiding Principles and Decision Making Criteria

(Priority and Allocations Committee approved 02-23-23)

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

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

#### **Principles**

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

#### Allocations only

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

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

#### (Continued)

#### **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.

## FY 2024 Priority Setting Process

(Priority and Allocations Committee approved 02-23-23)

- 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 TCT (Take Charge Texas).
  - By matching the rankings to the template, a numerical listing of services is established.
  - Justification for ranking categories is denoted by listing principles and criteria.
  - Categories that are not justified are removed from 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.

## The Houston EMA Ryan White Planning Council Report February 2023

Submitted 03-02-23

#### **Ryan White Planning Council - Updates**

- Mail related to the Ryan White Planning Council continues to be forwarded to Harris County Health Department at their new offices downtown. Many thanks to Ryan White Grant Administration staff for forwarding mail to Rod using Harris County Inter-Office mail.
- On Wednesday, February 22, 2023 the Operations Committee Co-Chairs provided Orientation to 5 of the 6 new Affiliate Committee members.
- The Director continues to pro-actively seek new office space with the understanding that all County personnel must be out of the current office location before the end of March.
- Due to a significant medical issue, the Director of the Ryan White Office of Support will be working from home during the next 4 8 weeks. If she needs to be reached, do not hesitate to call her cell phone number or send an email.

Barbie Robinson, MPP, JD, CHC Executive Director 1111 Fannin Houston, Texas 77002



#### Houston EMA Ryan White Part A, MAI & EHE Administrative Agency Report

#### March 2, 2023

- **FY 2023 Contract Status:** There are two new FY23 contracts-one for rural primary care and one for MAI. This will bring the total number of rural primary care providers to three and the number of MAI providers to four. Both contracts were awarded to a current RW/A provider.
- RWGA anticipates all FY 23 contracts to be placed on Harris County Commissioner's Court Agenda at its April 4<sup>th</sup> meeting. The contract term is 3/1/23-2/29/24.
- Spring Technical Assistance Training for subrecipients has been scheduled for March 27<sup>th</sup>
- **RWGA EHE Updates:** 
  - **Rapid Start:** The EHE eligibility requirements and eligible populations will be adjusted within the new grant year to improve client-level access to the Rapid Start intervention.
  - New Activities for FY 2023-2024
    - Status Neutral Care Model: the goal for the year is to implement a status-neutral care model in at least three Harris County Public Health Clinics. The status-neutral framework provides care for the whole person by offering a "one-door" approach: people with HIV and people seeking HIV prevention services can access treatment, prevention, and other critical assistance in the same place.
    - Quality of Life Pillar: RWGA will partner with stakeholders and RWPC council members who have already been working on the quality-of-life work group alongside our partners at the City of Houston HIV Bureau to officially establish Quality of Life as a 5th Pillar of EHE.
- Quality Management & Improvement Updates: QM staff is in phase one of a collaborative partnership with consultants to improve client satisfaction survey processes and outcomes, incorporating CQII PROMS & PREMS measures, frontline staff, and consumer feedback into the current survey design.

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HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

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- RWGA is working to secure partnerships to improve content for 2023-2024 case management trainings to include gender-affirming care, status-neutral approaches, and mental health first aid.
- Medical Advisory Subcommittee quarterly meeting scheduled for 3/2/2023
- Clinical Quality Management Committee quarterly meeting scheduled for 3/7/2023

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