

**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: Tuesday, April 4, 2023

Re: Meeting Announcement

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Please remember that the Council will be using a hybrid format at all meetings in 2023. 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.** In an effort to entice you to come in person, Robert Sliepka will generously provide pizza for our lunch. Members are also welcome to bring a brown bag lunch if pizza is “not your thing”. Please contact Rod ASAP to RSVP, even if you cannot attend:

**Ryan White Planning Council Meeting**

12 noon, Thursday, April 13, 2023

**Meeting Location: Online or via phone**

Click on the following link to join the Zoom meeting:

<https://us02web.zoom.us/j/995831210?pwd=UnlNdExMVFFqeVgzQ0NjNkpieXlGQT09>

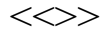
Meeting ID: 995 831 210      Passcode: 577264

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.

# 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, April 13, 2023

### Meeting Location: Online or via phone

Click on the following link to join the Zoom meeting:

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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. FY 2024 How To Best Meet the Need Process

Crystal R. Starr, Chair  
Ryan White Planning Council

Tana Pradia & Pete Rodriguez,  
Co-Chairs  
Quality Improvement Committee
  
- II. Public Comments and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)
  
- III. Reports from Committees
  - A. Affected Community Committee
    - Item:* Houston Ryan White Client Satisfaction Survey
    - Recommended Action:* FYI: Mauricia Chatman from Ryan White Grant Administration and John Sapero from Collaborative Research presented questions from the new Houston Ryan White Client Satisfaction Survey in order to get input from Committee members. Overall, Committee members agreed with the questions.

Diana Morgan and  
Rodney Mills, Co-Chairs

*Item: 2022-26 Integrated HIV Prevention and Care Plan*  
*Recommended Action: FYI: Williams walked Committee*

Members through the attached power point presentation that describes the suggested Leadership Team structure for implementing, monitoring and evaluating the 2022 Integrated Plan. The Affected Community Committee recommends the suggested Leadership Team structure described in the power point presentation.

B. Comprehensive HIV Planning Committee

*Item: 2022-26 Integrated HIV Prevention and Care Plan*  
*Recommended Action: **Motion:** Approve the suggested Leadership Team structure for implementing monitoring and evaluating the 2022-26 Integrated Plan.*

Steven Vargas and  
Allen Murray, Co-Chairs

*Item: Committee Vice Chair*

*Recommended Action: FYI: Kenia Gallardo was elected as the Vice Chair for the Committee.*

C. Quality Improvement Committee

*Item: Criteria for Justifying the FY 2024 Service Categories*  
*Recommended Action: **Motion:** Approve the attached criteria for justifying the FY 2024 Ryan White service categories during the 2023 How To Best Meet the Need process.*

Tana Pradia and  
Pete Rodriguez, Co-Chairs

*Item: Home and Community-Based Health Services*

*Recommended Action: **Motion:** Due to many years of being underutilized, do not RFP the Home and Community-based Health Services service category. See attached memo from The Resource Group.*

*Item: FY 2024 How To Best Meet the Need Process*

*Recommended Action: FYI: The FY 2024 How to Best Meet the Need process will begin on Monday, April 17<sup>th</sup> with Special Workgroup meetings on HIV and Aging in the morning and Case Management for individuals with a history of a sexual offense and for individuals who are aging. Please see the enclosed calendar with all meeting dates and services to be discussed. Although all meetings will be in hybrid format, please sign up with Rod or Diane to attend these meetings. The RSVP list will tell us how large a room we will need to rent at the church.*

*Item: Committee Vice Chair*

*Recommended Action: FYI: Caleb Brown was elected as the Vice Chair for the Committee.*

D. Priority and Allocations Committee

Peta-gay Ledbetter and  
Bobby Cruz, Co-Chairs

*Item:* Home and Community-Based Health Services

*Recommended Action:* **Motion:** Accept The Resource Group staff recommendations as outlined in the attached memo by de-funding Home and Community-Based Health Services and reallocating the \$113,315 in Ryan White Part B funds to Oral Health-General and Prosthodontics.

*Item:* Reports from the Ryan White Part B/SS\* Administrative Agency

*Recommended Action:* **FYI:** See three attached reports.

E. Operations Committee

Ronnie Galley and  
Cecilia Ligons, Co-Chairs

*Item:* HRSA Letter Regarding Consumer Incentives, dated 12/06/22

*Recommended Action:* **Motion:** Adopt Option #2, as outlined in the 12/06/22 HRSA letter regarding consumer incentives. Option #2 provides consumers with a meal (when medically necessary) and reimburses consumers for transportation to and from a Ryan White-related meeting or event and childcare needed during a Ryan White-related meeting or event. Ask Planning Council, Affiliate Committee members and students if they are taking medication that requires it be taken with food. If “yes”, provide these individuals with a meal. Those who do not have a medical necessity for food are encouraged to bring a bag lunch or dinner to meetings that take place during a mealtime.

V. Report from the Office of Support

Tori Williams, Director

VI. Report from Ryan White Grant Administration

Glenn Urbach, Manager

VII. Report from The Resource Group

Sha’Terra Johnson  
Health Planner

VIII. Medical Updates

Shital Patel, MD  
Baylor College of Medicine

IX. New Business (**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)

Sha’Terra Johnson

• African American

Steven Vargas

• Latino

• 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
- G. Texas HIV Medication Advisory Committee
- H. Positive Women's Network
- I. Texas Black Women's Initiative
- J. Texas HIV Syndicate
- K. END HIV Houston
- L. Texans Living with HIV Network

Skeet Boyle  
Bruce Turner  
Tana Pradia or Diana M.  
Sha'Terra Johnson  
Steven Vargas  
  
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, March 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	Oscar Perez	Charles Henley, Consultant
Ardry “Skeet” Boyle, Vice Chair	Tana Pradia	Byancha Lawson, UTHealth
Josh Mica, Secretary	Paul Richards	Dr. Divya Bhamidipati, UTHealth
Kevin Aloysius	Faye Robinson	Dr. Roberto Arduino, UTHealth
Titan Capri	Pete Rodriguez	
Johanna Castillo	Ryan Rose	<b>STAFF PRESENT</b>
Tony Crawford	Megan Rowe	<i>Ryan White Grant Administration</i>
Robert “Bobby” Cruz	Evelio Salinas Escamilla	Glenn Urbach
Kathryn Fergus	Carol Suazo	Mauricia Chatman
Kenia Gallardo	Imran Shaikh	Jason Black
Ronnie Galley	C. Bruce Turner	
Dawn Jenkins	Steven Vargas	<i>The Resource Group</i>
Daphne L. Jones		Sha’Terra Johnson
Peta-gay Ledbetter	<b>MEMBERS ABSENT</b>	
Cecilia Ligons	Servando Arellano	<i>Office of Support</i>
Rodney Mills	Rosalind Belcher, excused	Tori Williams
Diana Morgan	Caleb Brown, excused	Mackenzie Hudson
Allen Murray	Roxanne May, excused	Diane Beck
Shital Patel	Robert Sliepka, excused	Rod Avila

**Call to Order:** Crystal Starr, Chair, called the meeting to order at 12:10 p.m.

During the opening remarks, Starr thanked everyone who generously signed up to provide lunch at our Council meetings. Please reach out to Avila to pick a month when you would like to bring lunch. Today we can thank Williams for graciously providing pizza, and Rodriguez for bringing delicious cookies. Starr then called for a Moment of Reflection.

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

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Mica, Galley) to approve the February 9, 2022 minutes with one correction, Mills was present. Motion carried.* Abstentions: Castillo, Crawford, Escamilla, Morgan, Perez, Rodriguez, Shaikh, Turner.

**The Importance of Clinical Trials and How to Get Involved:** Dr. Divya Bhamidipati, UTHealth, presented information on getting involved in clinical trials and CABs. For more information go to: <https://med.uth.edu/internalmedicine/infectious-diseases/research/houston-aids-medical-research-team/cab/>

**Public Comment and Announcements:** None.

### **Reports from Committees**

**Comprehensive HIV Planning Committee:** Steven Vargas, Co-Chair, reported on the following:  
Committee Orientation: Because the appointment of the Affiliate members was delayed this year, most committees tabled the first portion of their February meeting, which is dedicated to general orientation. All Committees did review their 2023 work products. The committee will be meeting at 2:00 p.m. this afternoon.

**Affected Community Committee:** Rodney Mills, Co-Chair, reported on the following:  
Committee Orientation: The Committee reviewed the purpose of the Council, public hearings and committee participation in health fairs.

Committee Vice Chair: FYI: Skeet Boyle was elected as the Committee Vice Chair.

**Quality Improvement Committee:** Pete Rodriguez, Co-Chair, reported on the following:  
Committee Orientation: The Quality Improvement Committee reviewed its 2023 work products.

**Operations Committee:** Cecilia Ligons, Co-Chair, reported on the following:  
2023 Ryan White Meeting Format: **Motion #3:** *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. Motion Carried.*

Letter from HRSA re: Consumer Incentives, dated 12/06/22: Verbal update on the Houston Planning Council's Response to the HRSA letter. Williams said that she submitted questions to our project officer. The Operations Committee will meet on Tuesday to determine how the Planning Council will proceed. If you have any comments for the committee please send them to her.

Committee Vice Chair: FYI: Allen Murray was elected as the Committee Vice Chair.

**Priority and Allocations Committee:** Bobby Cruz, Co-Chair, reported on the following:  
2023 Policy for Addressing Unobligated & Carryover Funds: **Motion #4:** *Approve the attached 2023 Policy for Addressing Unobligated and Carryover Funds. Motion Carried.* Abstentions: Jenkins, Patel, Shaikh

FY24 Guiding Principles and Criteria: Vargas asked about the guiding principles and criteria regarding racial and social justice lens. Williams said that Venita Ray is supposed to develop a tool for the Council to use. The workgroup will start meeting again soon. ***Motion #5:*** *Approve the attached FY 2024 Guiding Principles and Decision Making Criteria.* **Motion Carried.** Abstentions: Crawford, Mills, Robinson, Rowe.

FY 2024 Priority Setting Process: Vargas said he agrees with the policy and how it's worked in the past but recommends reviewing all current documents used for decision making (Guiding Principles, etc.) through the lens of our EHE efforts. Principally, he is thinking about whether these tools aid or support the Houston Council's efforts effectively and if not, to adjust these tools to more effectively reflect our focus. ***Motion #6:*** *Approve the attached FY 2024 Priority Setting Process.* **Motion Carried.** Abstentions: Crawford, Robinson, Rowe.

Committee Vice Chair: FYI: Brue Turner was elected as the vice chair for the 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. Vargas asked that they make sure all case management staff is aware of the availability of the Local Pharmacy Assistance Program.

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

**Medical Updates:** Shital Patel, MD, Baylor College of Medicine presented information about a PEP study to prevent STIs. She will email a copy 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:** Starr reminded everyone to complete their forms and return them to Avila as soon as possible. The AIDS Foundation Houston Walk to End HIV was held last weekend and the Council was well represented. Aloysius is featured on the Legacy website, be sure to check it out. Ledbetter is being honored by Women of the World later this month. Pradia said that registration is closed for Advocacy Day in Austin on March 27<sup>th</sup> but please contact her if you are interested in attending. PWN Greater Houston Chapter was honored with a Proclamation for National Women's Day by Council Member Plummer at City Hall and signed by Mayor Turner.

Rowe said that the HOPWA Notice of Funding Opportunity (NOFO) closed and contract negotiations are active and we are working to increase capacity. Fergus said that the CPG will be meeting on March 16th with HHD for feedback and discussion on what the CPG HHD relationship will look like moving forward, and what CPG wants and needs from the HHD. If you would like to be added to the invitation or provide feedback, please email [Kathryn.fergus@bcm.edu](mailto:Kathryn.fergus@bcm.edu).

**Adjournment:** ***Motion:*** *it was moved and seconded (Boyle, Vargas) to adjourn the meeting at 1:51 p.m.* **Motion Carried.**



Respectfully submitted,

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

### Council Voting Records for March 9, 2023

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 2023 Meeting Format Carried				MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 2023 Meeting Format Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS																									
Crystal Starr, Chair				C				C				C	Oscar Perez		X						X		X		
Ardry “Skeet” Boyle, Vice Chair	X				X					X			Tana Pradia		X				X				X		
Josh Mica, Secretary		X				X				X			Faye Robinson	X				X					X		
Kevin Aloysius	X				X					X			Pete Rodriguez		X						X		X		
Titan Capri		X				X				X			Ryan Rose		X				X				X		
Johanna Castillo		X						X		X			Megan Rowe		X				X				X		
Tony Crawford		X						X		X			Evelio Salinas Escamilla		X						X		X		
Robert “Bobby” Cruz		X				X				X			Carol Suazo		X				X				X		
Kathryn Fergus		X				X				X			Imran Shaikh		X						X		X		
Kenia Gallardo		X				X				X			C. Bruce Turner		X						X		X		
Ronnie Galley		X				X				X			Steven Vargas	X				X					X		
Dawn Jenkins		X				X				X															
Daphne L. Jones		X				X				X															
Peta-gay Ledbetter	X				X					X			<b>MEMBERS ABSENT</b>												
Cecilia Ligons		X				X				X			Servando Arellano												
Rodney Mills	X				X					X			Rosalind Belcher												
Diana Morgan		X						X		X			Caleb Brown												
Allen Murray	X				X					X			Roxanne May												
Shital Patel		X				X				X			Robert Sliepka												
Paul Richards		X				X				X															

C = Chaired the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #4 Unobligated & Carryover Funds Carried				Motion #5 FY23 Principles & Criteria Carried				Motion #6 FY24 Priority Setting Process Carried					Motion #4 Unobligated & Carryover Funds Carried				Motion #5 FY23 Principles & Criteria Carried				Motion #6 FY24 Priority Setting Process 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	Oscar Perez		X				X				X		
Ardry "Skeet" Boyle, Vice Chair		X				X				X			Tana Pradia		X				X				X		
Josh Mica, Secretary		X				X				X			Faye Robinson		X						X				X
Kevin Aloysius		X				X				X			Pete Rodriguez		X				X				X		
Titan Capri		X				X				X			Ryan Rose		X				X				X		
Johanna Castillo		X				X				X			Megan Rowe		X						X				X
Tony Crawford		X						X				X	Evelio Salinas Escamilla		X				X				X		
Robert "Bobby" Cruz		X				X				X			Carol Suazo		X				X				X		
Kathryn Fergus		X				X				X			Imran Shaikh				X		X				X		
Kenia Gallardo		X				X				X			C. Bruce Turner		X				X				X		
Ronnie Galley		X				X				X			Steven Vargas		X				X				X		
Dawn Jenkins				X		X				X															
Daphne L. Jones		X				X				X															
Peta-gay Ledbetter		X				X				X			<b>MEMBERS ABSENT</b>												
Cecilia Ligons		X				X				X			Servando Arellano												
Rodney Mills		X						X		X			Rosalind Belcher												
Diana Morgan		X				X				X			Caleb Brown												
Allen Murray		X				X				X			Roxanne May												
Shital Patel				X		X				X			Robert Sliepka												
Paul Richards		X				X				X															

# FY 2024 *HOW TO BEST MEET THE NEED* WORKGROUP SCHEDULE

(Revised 04/05/23)

**Participate in person:** St. Philip Presbyterian Church, 4807 San Felipe St, Houston, 77056  
 or **Participate by Zoom:** see meetings listed below for Zoom info

## TRAINING FOR ALL PARTICIPANTS

### **How to Use the Data for HTBMN – 1:30 p.m., Thursday, April 13, 2023**

Participate in person or Participate by Zoom: [bit.ly/HTBMN-training](https://bit.ly/HTBMN-training) (Meeting ID: 828 3781 9425 \* Passcode: 516705)

### **Special Workgroups Monday, April 17, 2023**

**HIV and Aging:** 10:30 a.m. –Discuss trends and data to find ways to improve services for this unique and growing population

Participate in person or by Zoom: [bit.ly/2023HTBMN-Specialwg1](https://bit.ly/2023HTBMN-Specialwg1) (Meeting ID: 881 4413 3557 \* Passcode: 578354)

**Various Topics:** 1:30 p.m. –Goals and activities identified in the 2023 Integrated HIV Prevention and Care Services Plan

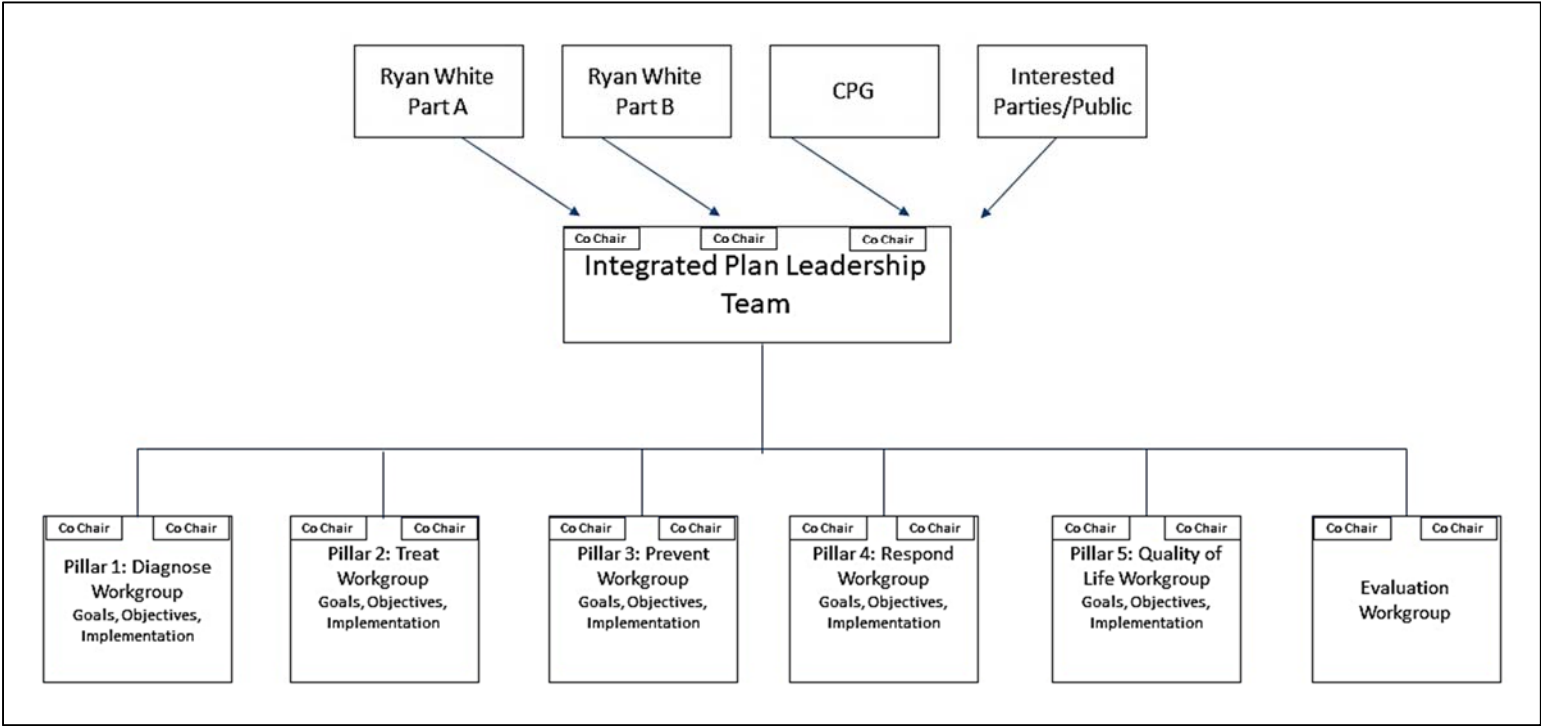
Participate in person or by Zoom: [bit.ly/2023HTBMN-Specialwg2](https://bit.ly/2023HTBMN-Specialwg2) (Meeting ID: 827 6401 2563 \* Passcode: 031016)

Workgroup packets are available at [rwphouston.org](http://rwphouston.org) on the [Calendar](#) for each date below (packets are in pdf format & posted as they become available).

<i>Workgroup 1</i>	<i>Workgroup 2</i>	<i>Workgroup 3</i>	<i>Workgroup 4</i>
<b>Wednesday, April 19 @ 10:30 a.m.</b>	<b>Wednesday, April 19 @ 1:30 p.m.</b>	<b>Thursday, April 20 @ 3:00 p.m.</b>	<b>Tuesday, May 16 @ 11:00 a.m.</b>
<b>Participate in person or by Zoom:</b> <a href="https://bit.ly/2023HTBMN-wg1">bit.ly/2023HTBMN-wg1</a> Meeting ID: 886 3345 6915 Passcode: 617200	<b>Participate in person or by Zoom:</b> <a href="https://bit.ly/2023HTBMN-wg2">bit.ly/2023HTBMN-wg2</a> Meeting ID: 896 9184 4309 Passcode: 136209	<b>Participate in person or by Zoom:</b> <a href="https://bit.ly/2023HTBMN-wg3">bit.ly/2023HTBMN-wg3</a> Meeting ID: 894 8551 7787 Passcode: 100811	<b>Participate by Zoom:</b> <a href="https://bit.ly/OpCommittee">bit.ly/OpCommittee</a> Meeting ID: 819 3877 1756 Passcode: 817550
<b><u>Group Leaders:</u></b> Cecilia Ligons & Gloria Sierra	<b><u>Group Leaders:</u></b> Crystal Starr & Caleb Brown	<b><u>Group Leaders:</u></b> Daphne Jones & Pete Rodriguez	<b><u>Group Leaders:</u></b> Cecilia Ligons & Ronnie Galley
<b><u>SERVICE CATEGORIES:</u></b> Ambulatory/Outpatient Medical Care (includes Emergency Financial Assistance-Pharmacy, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage) – Adult and Rural Case Management - Clinical Case Management - Non-Medical (Service Linkage at Test Sites) Referral for Health Care <sup>‡</sup> (ADAP eligibility workers) Vision Care	<b><u>SERVICE CATEGORIES:</u></b> Health Insurance Premium & Co-pay Assistance Medical Nutritional Therapy and Supplements Mental Health Services <sup>‡</sup> Oral Health – Rural & Untargeted <sup>‡</sup> Substance Abuse Treatment/ Counseling Case Management - Non-Medical <sup>‡</sup> (Targeting Substance Use Disorder)	<b><u>SERVICE CATEGORIES:</u></b> Emergency Financial Assistance - Other Hospice Linguistic Services <sup>‡</sup> Referral for Health Care <sup>‡</sup> (for the incarcerated) Transportation (Van-based -- untargeted and rural)	<b><u>SERVICE CATEGORIES:</u></b> Blue Book

<sup>‡</sup> Service Category for Part B/State Services (SS) only; Part B/SS categories are RFP'd every three to five years. To confirm info for Part B/SS, call 713 526-1016.

**Figure 1: Leadership Structure for Implementing, Monitoring and Evaluating the 2022 Integrated Plan**



<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals not in care* to access primary care?</b> <i>*EIIHA: Early Identification of Individuals with HIV/AIDS seeks to identify the status-unaware and link them into care</i> <i>*Unmet Need: Individuals diagnosed with HIV but with no evidence of care for 12 months</i> <i>*Continuum of Care: The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</i> <i>*Ending the HIV Epidemic: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.</i></p>	<p><b>Documentation of Need</b> (Sources of Data include: 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.</b>  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> <b>Can we make this service more efficient? For:</b> a) Clients b) Providers  <b>Can we bundle this service?</b>  <b>Has a recent capacity issue been identified?</b>  <b>Does this service assist special populations to access primary care?</b> <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations</p>	<p><b>Recommendation(s)</b>  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. <i>(Motion approved by QI 03/15/22)</i></p>
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**Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-14-23**

**Ambulatory/Outpatient Primary Medical Care (incl. Vision):**

<p><b>CBO, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach &amp; Service Linkage</b> (Includes OB/GYN) <i>See below for Public Clinic, Rural, and Vision.</i></p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>					
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‡ Service Category for Part B/State Services only.

<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals not in care* to access primary care?</b>   <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care  <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months  <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.  <i>*Ending the HIV Epidemic:</i> The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.</p>	<p><b>Documentation of Need</b>  (Sources of Data include: 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.</b>  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> <b>Can we make this service more efficient? For:</b> a) Clients b) Providers  <b>Can we bundle this service?</b>  <b>Has a recent capacity issue been identified?</b>  <b>Does this service assist special populations to access primary care?</b> <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations</p>	<p><b>Recommendation(s)</b>  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. <i>(Motion approved by QI 03/15/22)</i></p>
<p><b>Public Clinic, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach &amp; Service Linkage</b> (Includes OB/GYN) <i>See below for Rural and Vision</i></p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>					
<p><b>Rural, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach &amp; Service Linkage</b> (Includes OB/GYN) <i>See below for Vision</i></p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>					

‡ Service Category for Part B/State Services only.

<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals not in care* to access primary care?</b> <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. <i>*Ending the HIV Epidemic:</i> The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.</p>	<p><b>Documentation of Need</b> (Sources of Data include: 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.</b>  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> <b>Can we make this service more efficient? For:</b> a) Clients b) Providers  <b>Can we bundle this service?</b>  <b>Has a recent capacity issue been identified?</b>  <b>Does this service assist special populations to access primary care?</b> <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations</p>	<p><b>Recommendation(s)</b>  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. <i>(Motion approved by QI 03/15/22)</i></p>
<p><b>Vision - Part A</b></p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input type="checkbox"/> EIIHA <input type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>					
<p><b>Clinical Case Management - Part A</b></p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>			<p>-</p>		

‡ Service Category for Part B/State Services only.



<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals not in care* to access primary care?</b>   <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care  <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months  <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.  <i>*Ending the HIV Epidemic:</i> The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.</p>	<p><b>Documentation of Need</b>  (Sources of Data include: 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.</b>  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> <b>Can we make this service more efficient? For:</b> a) Clients b) Providers  <b>Can we bundle this service?</b>  <b>Has a recent capacity issue been identified?</b>  <b>Does this service assist special populations to access primary care?</b> <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations</p>	<p><b>Recommendation(s)</b>  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. <i>(Motion approved by QI 03/15/22)</i></p>
<p><b>Case Management – Non-Medical - Part A</b> (Service Linkage at testing sites)</p>	<p>___Yes <input checked="" type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>					
<p><b>Emergency Financial Assistance – Other - Part A</b></p>	<p>___Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> EIIHA <input type="checkbox"/> Unmet Need <input type="checkbox"/> Continuum of Care  This is a new service that started 03/01/21.</p>					

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<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals not in care* to access primary care?</b> <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. <i>*Ending the HIV Epidemic:</i> The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.</p>	<p><b>Documentation of Need</b> (Sources of Data include: 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.</b>  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> <b>Can we make this service more efficient? For:</b> a) Clients b) Providers  <b>Can we bundle this service?</b>  <b>Has a recent capacity issue been identified?</b>  <b>Does this service assist special populations to access primary care?</b> <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations</p>	<p><b>Recommendation(s)</b>  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. <i>(Motion approved by QI 03/15/22)</i></p>
<p><b>Health Insurance Premium and Co-Pay Assistance - Part A, Part B, and State Services</b></p>	<p><input checked="" type="checkbox"/> Yes ___No</p>	<p><input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>			-		
<p><b>Hospice ‡</b></p>	<p><input checked="" type="checkbox"/> Yes ___No</p>	<p><input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>			-		

‡ Service Category for Part B/State Services only.

<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals not in care* to access primary care?</b> <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. <i>*Ending the HIV Epidemic:</i> The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.</p>	<p><b>Documentation of Need</b> (Sources of Data include: 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.</b>  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> <b>Can we make this service more efficient? For:</b> a) Clients b) Providers  <b>Can we bundle this service?</b>  <b>Has a recent capacity issue been identified?</b>  <b>Does this service assist special populations to access primary care?</b> <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations</p>	<p><b>Recommendation(s)</b>  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. <i>(Motion approved by QI 03/15/22)</i></p>
<p><b>Linguistic Services<sup>‡</sup></b></p>	<p>___Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>			-		
<p><b>Medical Nutritional Supplements and Therapy - Part A</b></p>	<p><input checked="" type="checkbox"/> Yes ___No</p>	<p><input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>			-		

<sup>‡</sup> Service Category for Part B/State Services only.

<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals not in care* to access primary care?</b> <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. <i>*Ending the HIV Epidemic:</i> The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.</p>	<p><b>Documentation of Need</b> (Sources of Data include: 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.</b>  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> <b>Can we make this service more efficient? For:</b> a) Clients b) Providers  <b>Can we bundle this service?</b>  <b>Has a recent capacity issue been identified?</b>  <b>Does this service assist special populations to access primary care?</b> <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations</p>	<p><b>Recommendation(s)</b>  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. <i>(Motion approved by QI 03/15/22)</i></p>
<p><b>Mental Health Services<sup>‡</sup></b> (Professional Counseling)</p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>			-		
<p><b>Oral Health</b> Untargeted – Part B Rural (North) – Part A</p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input type="checkbox"/> EIIHA <input type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>			-		

**Program Support: (WITHIN THE ADMINISTRATIVE BUDGET)**

<sup>‡</sup> Service Category for Part B/State Services only.

<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals not in care* to access primary care?</b> <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. <i>*Ending the HIV Epidemic:</i> The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.</p>	<p><b>Documentation of Need</b> (Sources of Data include: 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.</b>  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> <b>Can we make this service more efficient? For:</b> a) Clients b) Providers  <b>Can we bundle this service?</b>  <b>Has a recent capacity issue been identified?</b>  <b>Does this service assist special populations to access primary care?</b> <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations</p>	<p><b>Recommendation(s)</b>  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. <i>(Motion approved by QI 03/15/22)</i></p>
Council Support	___ Yes <input checked="" type="checkbox"/> No						
Project LEAP	___ Yes <input checked="" type="checkbox"/> No						
Blue Book	___ Yes <input checked="" type="checkbox"/> No						
<p><b>Referral for Health Care – ADAP Enrollment Workers (AEW)‡</b></p>	___ Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care					

‡ Service Category for Part B/State Services only.

<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals not in care* to access primary care?</b> <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. <i>*Ending the HIV Epidemic:</i> The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.</p>	<p><b>Documentation of Need</b> (Sources of Data include: 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.</b>  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> <b>Can we make this service more efficient? For:</b> a) Clients b) Providers  <b>Can we bundle this service?</b>  <b>Has a recent capacity issue been identified?</b>  <b>Does this service assist special populations to access primary care?</b> <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations</p>	<p><b>Recommendation(s)</b>  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. <i>(Motion approved by QI 03/15/22)</i></p>
<p><b>Referral for Health Care – Incarcerated<sup>‡</sup></b></p>	<p>___Yes <input checked="" type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>					
<p><b>Substance Abuse Treatment – Part A</b></p>	<p><input checked="" type="checkbox"/> Yes ___No</p>	<p><input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>			-		

<sup>‡</sup> Service Category for Part B/State Services only.

<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals not in care* to access primary care?</b> <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. <i>*Ending the HIV Epidemic:</i> The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.</p>	<p><b>Documentation of Need</b> (Sources of Data include: 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.</b>  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> <b>Can we make this service more efficient? For:</b> a) Clients b) Providers  <b>Can we bundle this service?</b>  <b>Has a recent capacity issue been identified?</b>  <b>Does this service assist special populations to access primary care?</b> <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations</p>	<p><b>Recommendation(s)</b>  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. <i>(Motion approved by QI 03/15/22)</i></p>
<p><b>Case Management – Non-Medical - State Services<sup>‡</sup></b> (Targeting Substance Use Disorders)</p>	<p>___ Yes <input checked="" type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>			-		
<p><b>Transportation – Pt A</b> (Van-based, bus passes &amp; gas vouchers)</p>	<p>___ Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>			-		

<sup>‡</sup> Service Category for Part B/State Services only.

Service Category	Justification for Discontinuing the Service
<p><b>Part 2: Services allowed by HRSA but not offered by Part A, Part B or State Services funding in the Houston EMA/HSDA as of 03-01-23</b>  <i>In order for any of the services listed below to be considered for funding, a New Idea Form must be submitted to the Office of Support for the Ryan White Planning Council no later than 5:00 p.m. on May 1, 2023. This form is available by calling the Office of Support: 832 927-7926</i></p>	
<p><b>Ambulatory/Outpatient Primary Medical Care – Pediatric</b> (incl. Medical Case Management and Service Linkage)</p>	<p>Service available from alternative sources.</p>
<p><b>Buddy Companion/Volunteerism</b></p>	<p>Low use, need and gap according to the 2002 Needs Assessment (NA).</p>
<p><b>Childcare Services</b> (In Home Reimbursement; at Primary Care sites)</p>	<p>Primary care sites have alternative funding to provide this service so clients will continue to receive the service through alternative sources.</p>
<p><b>Food Pantry</b> (Urban)</p>	<p>Service available from alternative sources.</p>
<p><b>HE/RR</b></p>	<p>In order to eliminate duplication, eliminate this service but strengthen the patient education component of primary care.</p>
<p><b>Home and Community-based Health Services</b> (In-home services)</p>	<p>Category unfunded due to difficulty securing vendor.</p>
<p><b>Home and Community-based Health Services</b> (facility-based)</p>	<p>Category unfunded due to many years of underutilization.</p>
<p><b>Housing Assistance</b> (Emergency rental assistance)   <b>Housing Related Services</b> (Housing Coordination)</p>	<p>According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.)                      But, HOPWA does not give emergency shelter vouchers because they feel there are shelters for this purpose and because it is more prudent to use limited resources to provide long-term housing.</p>
<p><b>Minority Capacity Building Program</b></p>	<p>The Capacity Building program targeted to minority substance abuse providers was a one-year program in FY2004.</p>
<p><b>Outreach Services</b></p>	<p>Significant alternative funding.</p>
<p><b>Psychosocial Support Services</b> (Counseling/Peer)</p>	<p>Duplicates patient education program in primary care and case management. The boundary between peer and client gets confusing and difficult to supervise. Not cost effective, costs almost as much per client as medical services.</p>
<p><b>Rehabilitation</b></p>	<p>Service available from alternative sources.</p>

‡ Service Category for Part B/State Services only.



# 2022-2026 Integrated HIV Prevention and Care Plan

Tori Williams, Director, Ryan White Office of Support  
Mackenzie Hudson, Health Planner, Ryan White Office of Support  
March 9, 2023

Houston asked for  
One Plan

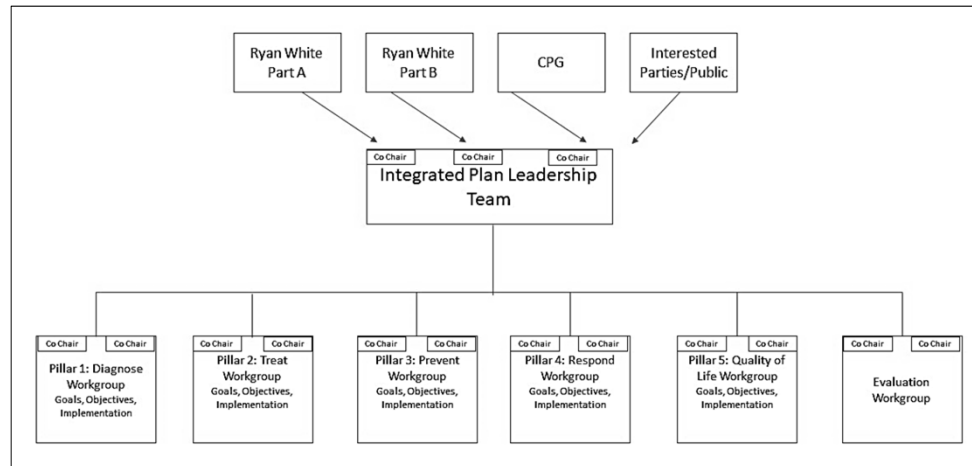


**Now we have it**



**Doesn't it make sense to  
Implement, Monitor and Evaluate it  
as ONE Plan?**

## Suggested Leadership Structure for Implementing, Monitoring and Evaluating the 2022 Integrated HIV Plan



## Ideally, each workgroup will...

- Adopt the Denver Principal: “Nothing About Us Without Us”
- Include 2 Co-Chairs – preferably 1 educator & 1 consumer
- The Co-Chairs of the Leadership Team will select the workgroup co-chairs
- Include 1-2 members from the Evaluation Workgroup
- Build upon the work of others (ex: Latino HIV Task Force)
- Be responsible for implementing and monitoring their goals & activities
- Identify and secure needed resources
- Organize how they wish to accomplish their work
- Build sustainability into each goal or activity
- Report monthly to the Leadership Team

## Workgroup #3 is responsible for GOALS assigned to Pillar 3: Prevent

- *Prevent new HIV Infections by increasing knowledge of HIV among people, communities and the health workforce; with particular emphasis on priority populations and non-Ryan White funded agencies with expertise in areas that intersect with HIV.*
- Achieve 50% reduction in new HIV cases.
- Improve accessibility, information sharing, and monitoring of PrEP.
- Address social determinants through a multi-level approach that reduces new cases and sustains health equity.
- Advance policy gaps through increased education and outreach at all levels.
- *Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for:*
  - *Condom distribution in jails and prisons*
  - *Texas becoming a Medicaid Expansion state*

### Benefits of this structure:

- Divide the work into 6 parts
- Assign staff to each workgroup
- Workgroup membership will come from CPG, PC, LEAP, VIDA and other community members
- Create competition between the Workgroups

Questions?



## GOALS for Pillar 1: Diagnose

- *Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.*
- *Advance legislative and non-legislative policy changes at the local, state, and federal levels to aid EHE.*
- *Improve HIV-Related health outcomes of all people being tested for HIV [QoL]*
- *Increase knowledge and understanding of HIV*

## GOALS for Pillar 2: Treat

- Goal 2A: Ensure 90% of clients are retained in care and virally suppressed.
- Goal 2A.1: Ensure rapid linkage to HIV medical care and rapid ART initiation for all persons with newly diagnosed or re-engaging in care.
- Goal 2A.2: Support re-engagement and retention in HIV medical care, treatment, and viral suppression through improved treatment related practices, increased collaboration, greater service accessibility, and a whole-health emphasis.
- Goal 2A.3: Establish organized methods to raise widespread awareness on the importance of treatment.
- Goal 2A.4: Advance internal and external policies related to treatment.
- Goal 2B: *Increase Access to Care and Medication.*
- Goal 2C: *Increase access to HIV education, prevention and care services among priority populations.*
- Goal 2D: *Increase access to care and medication by tying the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive).*

## GOALS for Pillar 4: Respond

- Increase capacity to identify, investigate active HIV transmission clusters and respond to HIV outbreaks in 1 year.
- Actively involve members of local communities in naming, planning, implementation, and evaluation by leveraging social networks, planning bodies, and community stakeholders in developing partnerships, processes, and data systems that facilitate response activities.
- *Build a community-tailored program to investigate and intervene in active networks and ensure resources are delivered where need is the greatest.*
- Empower effective advocacy and policy changes at the local, state, and federal levels.
-

## GOALS for Pillar 5: Quality of Life

- *Improve Quality of Life for Persons Living with HIV.*
- *Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%.*
- *Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.*
- *Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%.*
- *Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%.*
- *Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%.*
- *Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data.*

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

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## Memorandum

To: RWPC- Priorities and Allocations Committee

From: Tiffany Shepherd TS

CC: ShaTerra Johnson

TOPIC: Increase Funding Scenario

Effective January 17, 2023, the provider funded for Home and Community-Based Health Services decided to discontinue providing the service based on underutilization, thus leaving an unallocated amount in RW Part B in the amount of \$113,315. Currently the only services funded under RW Part B are Oral Healthcare Services and Health Insurance Assistance. The Resource Group would like to recommend applying the Part B/State Services increase funding scenario which states to allocate the “first \$200,000 to be divided evenly between Oral Health-General Oral Health and Oral Health -Prosthodontics”.

Available Funding Amount: \$113,315

Contract Effective Date: 04/01/2023

### **Recommendations:**

Agency 1: Total \$56,657.50/ Oral Health-General Oral Health \$28,328.75and Oral Health - Prosthodontics \$28,328.75

Agency 2: Total \$56,657.50/ Oral Health-General Oral Health \$28,328.75and Oral Health - Prosthodontics \$28,328.75



**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2122 Ryan White Part B**  
**Procurement Report**  
**April 1, 2022 - March 31, 2023**



Reflects spending through January 2023

Spending Target: 83%

Revised

3/6/23

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Service	\$1,658,878	48%	\$0	\$1,658,878	\$0	\$1,658,878	4/1/2022	\$1,280,346	77%
4	Oral Health Service -Prosthodontics	\$560,000	16%	\$0	\$560,000	\$0	\$560,000	4/1/2022	\$565,510	101%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,107,702	32%	\$0	\$1,107,702	\$0	\$1,107,702	4/1/2022	\$1,046,609	94%
9	Home and Community Based Health Services (2)	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2022	\$58,960	52%
		\$0	0%	\$0	\$0					
<b>Total Houston HSDA</b>		3,439,895	100%	0	3,439,895	\$0	\$3,439,895		2,951,425	86%

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

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31.
- (2) Service has ended and funds will be reallocated in HSDA 16

\*Note TRG reallocated funds to avoid lapse in funds including reallocated funds from rural HSDAs.

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2122 Ryan White Part B**  
**Procurement Report**  
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\*Note TRG reallocated funds to avoid lapse in funds including reallocated funds from rural HSDAs.

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2022-1/31/2023

Revised:

3/7/2023

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	281	\$26,305.18	148	0	\$0.00	0
Medical Deductible	110	\$115,101.40	101	0	\$0.00	0
Medical Premium	3033	\$1,026,674.82	804	0	\$0.00	0
Pharmacy Co-Payment	11522	\$715,787.17	1243	0	\$0.00	0
APTC Tax Liability	0	\$0.00	0	0	\$0.00	0
Out of Network Out of Pocket	0	\$0.00	0	0	\$0.00	0
ACA Premium Subsidy Repayment	10	\$995.87	9	NA	NA	NA
Totals:	14956	\$1,882,872.70	2305	0	\$0.00	

Comments: This report represents services provided under all grants.

# Worksheet for Determining 2023 Consumer Incentives

(as of 03-07-23)

The Operations Committee needs to make recommendations regarding consumer incentives in 2023. Per the attached letter from HRSA dated December 6, 2022, the Council has two options:

**Option #1:** Provide a gift card to consumers who attend Ryan White meetings (in person?).

**Option #2:** Reimburse consumers for meals (only if needed for health reasons), transportation and childcare services

## Possible

**Considerations:** Fair to all consumers? Fair to all RW volunteers?  
Should reimbursement be of equal value for all consumers OR  
Should reimbursement cover cost equally?  
Note: Some RW events take place outside the City limits  
Do those who attend in person get a higher incentive than those who attend virtually?  
Should Committee Co-Chairs select a specific number of volunteers needed for each committee sponsored event? (Volunteers have a cap on the amount they can receive per year.)  
Pilot project in 2023?

## Possible

**Mechanism:** Annually, each Council and Affiliate member is invited to answer the following question: Do you take medication that requires it be taken with food: \_\_\_ yes \_\_\_ no

## Different

**Groups:** Ryan White volunteers (Council and Affiliate members)  
Proyecto VIDA and Project LEAP students  
Workgroup members attending a RW function



December 6, 2022

Dear Ryan White HIV/AIDS Program Part A Colleagues:

The community input process is a requirement in the Ryan White HIV/AIDS Program legislation and is implemented in the Ryan White HIV/AIDS Program (RWHAP) Part A as Planning Councils (PC) or Planning Bodies (PB). The Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) recognizes and understands the value of clients who receive RWHAP Part A services actively participating and being involved in the planning process for HIV service delivery, as this drives services that are tailored to the needs of clients in the jurisdiction.

Nonetheless, the RWHAP statute prohibits RWHAP Part A recipients from making cash payments to intended recipients (i.e., clients) of RWHAP Part A services. See Public Health Service Act (PHS Act) § 2604(i); see also [HAB Policy Clarification Notice \(PCN\) 16-02](#). This prohibition is not limited to service-related costs, and thus applies to administrative costs like PC and PB expenses as well. Therefore, RWHAP Part A recipients may not reimburse PC or PB members who are clients via a cash payment with RWHAP funds.

However, per HAB PCN 16-02, RWHAP Part A recipients can support the participation and meaningful engagement of people with lived experience in PC or PB meetings by providing gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity. RWHAP recipients are advised to administer voucher and store gift card programs in a manner that assures vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

Alternatively, RWHAP Part A PCs or PBs may provide clients with meals during in-person meetings scheduled around meal times (only if needed for health reasons), transportation to and from meetings, and/or child care services for the children of clients who participate in meetings.

Additional considerations can include adjusting PC or PB meeting times to occur after business hours or on weekends to reduce conflict with client work schedules. Lastly, non-RWHAP funding sources (e.g., general revenue funds) are not similarly restricted, and thus can be utilized for a variety of purposes, including to compensate clients for attending PC or PB meetings.

Thank you for your commitment to ensuring that clients are meaningfully involved in the planning process for service delivery in RWHAP Part A jurisdictions.

Sincerely,  
/s/ Chrissy Abrahms Woodland, MBA

Chrissy Abrahms Woodland, MBA  
Director  
Division of Metropolitan HIV/AIDS Programs



# HIV in the United States

INFORMATION FROM THE CDC'S DIVISION OF HIV PREVENTION

You are subscribed to HIV in the United States: What's New from the CDC [Division of HIV Prevention](#).

March 21, 2023

Dear Colleagues,

We are pleased to announce the launch of *Together TakeMeHome* (TTMH), a project with the goal of distributing up to 1 million free HIV self-tests over the next 5 years. People in the United States, including Puerto Rico, can order up to 2 free HIV self-tests every 90 days via a new [online portal](#). Tests are available to anyone 17 years or older, regardless of health insurance or immigration status. TTMH is supported by CDC, in partnership with Emory University, Building Healthy Online Communities (BHOC), NASTAD, Signal Group, and OraSure Technologies.

HIV testing is a critical HIV prevention strategy and a key first step in the continuum of HIV care, yet too many people are unaware of their HIV status. By offering free HIV self-tests through mail delivery, TTMH addresses common barriers to HIV testing, such as stigma, privacy concerns, cost, and lack of access to HIV clinics, giving people who otherwise might not have tested an opportunity to know their status. Priority audiences for the program and the *Let's Stop HIV Together (Together)* campaign outreach include populations with disproportionately high HIV incidence, including gay, bisexual, and other men who have sex with men, particularly Black/African American and Hispanic/Latino gay and bisexual men, Black/African American cisgender women, and transgender women of all races and ethnicities. TTMH will be the largest HIV self-testing program in United States history and will bolster prevention and treatment efforts across the nation. Furthermore, TTMH will promote equity by expanding testing options for people facing social and structural barriers to accessing traditional testing venues.

This project is based on research that showed this type of HIV self-testing is effective and cost-saving. [Multiple studies](#) have demonstrated the value of self-testing for increasing the frequency of HIV testing, identifying new diagnoses, and reaching people who reported that they have never previously tested for HIV. The new TTMH program expands on a [prior program](#) where CDC, Emory, BHOC, and other partners distributed 100,000 free HIV self-tests in 8 months. The outreach was conducted as part of CDC's *Together* campaign and effectively reached priority populations, 26% of whom reported never having tested for HIV. As a result of this success, CDC expanded the model to work toward achieving the *Ending the HIV Epidemic in the U.S.* (EHE) initiative's goal of reducing new infections by 90% by 2030.

We invite our colleagues in HIV care and advocacy, health care, and public health to join us in sharing and promoting TTMH to our priority populations. Scaling up TTMH to one million tests can have a resounding impact on HIV prevention efforts in the United States, but its success will rely heavily on our collaborative efforts. Join us in raising awareness about HIV self-testing by downloading and sharing [resources](#) from CDC's *Together* campaign, the national campaign of both the [EHE](#) initiative and the [National HIV/AIDS Strategy](#). *Together* is an evidence-based campaign created in English and Spanish that aims to empower communities, partners, and health care providers to reduce HIV [stigma](#) and promote HIV

[testing](#), [prevention](#), and [treatment](#). You can also share social media content from CDC's [self-testing digital toolkit](#) using the #HIVTestMyWay, #AutoPruebasDeVIH, and #StopHIVTogether hashtags. Together, we can work to address HIV disparities and enhance HIV testing efforts among people most affected by HIV.

Sincerely,

/Robyn Fanfair/

Robyn Neblett Fanfair, MD, MPH  
Captain, USPHS  
Acting Division Director  
Division of HIV Prevention  
National Center for HIV, Viral Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention  
[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

/Jonathan Mermin/

Jonathan H. Mermin, MD, MPH  
Rear Admiral and Assistant Surgeon General, USPHS  
Director  
National Center for HIV, Viral Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention  
Stay connected: [@DrMerminCDC](#) & [Connections](#)

**Additional Resources:**

<a href="#">CDC HIV Web Site</a>	<a href="#">CDC's <i>Let's Stop HIV Together</i> Campaign</a>
<a href="#">CDC HIV Facebook</a>	<a href="#">Let's Stop HIV Together Instagram</a>
<a href="#">CDC HIV Twitter</a>	<a href="#">CDC National Prevention Information Network (NPIN)</a>
<a href="#">CDC HIV Service Locator</a>	<a href="#">HIV.gov</a>
<a href="#">CDC HIV Risk Reduction Tool</a>	

Please contact [CDC-INFO](#) with questions, comments or other feedback.



## Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

[Questions or Problems](#)

**April 13, 2023**

# **Council Handouts**

**ITEM**

**DOCUMENTS**

Director's Report: Ryan White Office of Support

1

Manager's Report: Ryan White Grant Administration

2

Manager's Report: The Resource Group

3



# **The Houston EMA Ryan White Planning Council Report**

**March 2023**

Submitted 03-06-23

## **The Ryan White Office of Support Staff**

- It has been confirmed that the current office location at 2223 W. Loop South is going to be put on the market.
- The Director of the Office of Support has been working with staff from the County's Facilities and Property Management Department to find a County building where there is available meeting and office space, easy access for the disabled and free parking. This is what the Council needs for the next 8-9 months, until permanent space becomes available in a County building which will meet all of our needs. So far, a number of downtown buildings have been identified as having vacant office space, but no meeting rooms and no free parking.
- The Director of the Ryan White Office of Support and the Chair of the Harris County Space Planning Committee met with the Property Management Committee for St. Philip Presbyterian Church to discuss renting office and meeting space from them. The members of the church were very warm and welcoming, but they have concerns because the Ryan White Program is part of Harris County government and not a 501(c)(3) organization, as specified in their church policies. The Committee will decide if they can rent space to the Council on April 16, 2023. In the meantime, the Director has reached out to a different organization and has gotten a very positive response from this organization. If either organization works out, the Director will have to ask the Council to increase its budget to accommodate the rent. Although the Council has \$6,000 earmarked for renting rooms in 2023, the cost of renting space at the Church or the second organization is much higher than projected.
- For the past three weeks, four wonderful volunteers have been working with staff to pack up the office. Many thanks to Allen Murray, Ryan Rose, Beth Allen and Anna Moore for their invaluable help and enthusiasm.
- Because we have learned that another group in the current office building has received an extension to stay until the end of May, we are assuming that the Office of Support can stay as well. This is important because it will take several weeks to get approval from Facilities and Property Management, the County Attorney's Office and Commissioners Court to sign a lease with an outside organization.

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

- In the meantime, the staff and workgroup co-chairs have been preparing for the April How To Best Meet the Need workgroup meetings, which will be held at St. Philip Presbyterian Church. Please sign up to attend the How To Best Meet the Need training and workgroup meetings. Special workgroup meetings will be dedicated to discussing items from the HIV Integrated Prevention and Care Plan, such as the distribution of condoms in jails and prisons; dedicated case managers for those who are aging and those with a history of a sexual offence; alternative clinic hours and more.
- Please note that mail related to the Ryan White Planning Council continues to be forwarded to Harris County Health Department at their new offices downtown. Therefore, please check with Rod before mailing anything to the Office of Support.

**Houston EMA Ryan White Part A, MAI & EHE  
Administrative Agency Report  
April 6, 2023**

**FY 2023 Contract Status**

- Several FY 2023 HIV services initial contracts have been approved by Commissioner's Court for services that began on March 1, with the remaining contracts to be placed on the April 25th agenda. RWGA does not anticipate a gap in services.
- On April 5<sup>th</sup>, RWGA received its FY23 RW/A Full Notice of Award
  - FY 23 RW/A = \$24,342,151 (FY22 = \$23,198,771) (4.99% increase)
  - FY 23 MAI = \$2,382,116 (FY22 = \$2,427,918) (1.9% decrease)
    - Represents an increase of \$1,097,578 (4.28% overall increase)
- Spring Technical Assistance Training for subrecipients was held on March 27<sup>th</sup>. The ongoing issue of unspent funds will be a significant focus in FY23 and was highlighted in the training. RWGA will vigorously monitor contracts and will shift funds from underspending contracts quickly.
- While it has not been decided by HRSA, waivers for Unobligated Balances exceeding 5% of the EMA's annual Formula Award may no longer be possible in FY23. RWGA did request a waiver for FY22, which was approved by HRSA.

**FY 2022 Contract Status**

- FY 2022 closed on February 28th. RWGA is preparing for the receipt of final FY22 expenditure reports from sub-recipients. Final expenditure reports were due to RWGA on March 31st. Allocations within contract totals may continue to change before being finalized in late May.

**EHE Update**

- RWGA has received the EHE FY23 full-year award. The Ryan White Grant Administration staff are working to finalize its fiscal year budget and work plan for submission to HRSA for approval.

**Quality Management & Improvement Updates**

- Medical Advisory Subcommittee quarterly meeting was held on 3/2/2023 while the Clinical Quality Management Committee quarterly meeting was held on 3/7/2023
- Houston Part A & Part B coordination quarterly meetings to resume on April 12th

**RWGA Vacancies**

- RWGA is actively interviewing for three open positions to support grant activities-Financial Analyst, Project Coordinator-Clinical Quality Improvement, and Program Coordinator. Information on open Ryan White Grant Administration positions can be found on the Harris County employment website.

Glenn Urbach, Manager  
HCPH/Ryan White Grant Administration Section  
1111 Fannin, Houston, TX 77002  
(713) 274-5790 (V) / [glenn.urbach@phs.hctx.net](mailto:glenn.urbach@phs.hctx.net)

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## **Houston RWPC Steering Committee & Council Report**

**April 2023**

### **Administrative Agency Update**

#### **TRG Reports Submission:**

#### **Procurement Monthly Report**

- a. Ryan White B (April 1 – March 31)**
  - FY 22-23 spending through February 2023 **provided 4/6/2023**
  
- b. State Services (April – August 31):**
  - FY 22-23 SS spending through February 2023 **provided 4/6/2023**

#### **Service Utilization Quarterly Report**

- a. State Services (September 1-August 31):**
  - FY 22-23 1<sup>st</sup> Quarter (Sept-Nov) provided 2/9/2023
  - FY 22-23 2<sup>nd</sup> Quarter (Dec-Feb) **provided 4/6/2023**
  - FY 22-23 3<sup>rd</sup> Quarter (Mar-May)
  - FY 22-23 4<sup>th</sup> Quarter FINAL (Jun-Aug)
  
- b. Ryan White Part B (April 1-March 31):**
  - FY 22-23 1<sup>st</sup> Quarter (Apr-Jun)
  - FY 22-23 2<sup>nd</sup> Quarter (Jul-Sept)
  - FY 22-23 3<sup>rd</sup> Quarter (Oct-Dec) provided 2/9/2023
  - FY 22-23 4<sup>th</sup> Quarter FINAL (Jan-Mar)

#### **Health Insurance Assurances Service Utilization Monthly Report**

- FY 22-2023 February 2023 **provided 4/6/2023**

***\*All reports provided to RWPC OOS***

**Address:** 3700 Buffalo Speedway, Suite 250, Houston Texas 77098-3799

**Phone:** 713-526-1016

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## DSHS Funding Ryan White Part B, State-R, State Services & HOPWA Updates

### a. Grant Updates

- Ryan White B FY2324 grant cycle starts April 1<sup>st</sup>
- State-R FY2324 grant cycle starts April 1<sup>st</sup> through August 31<sup>st</sup> (5-Month Contract). State-R grant cycle with change to September 1<sup>st</sup> through August 31<sup>st</sup> this year with 12 month contracts being issued to subrecipients.

### b. Service Categories Updates

- **Referral for Healthcare Targeting the Incarcerated and Recently Released:** HHS will be receiving a 5-month contract (4/1-8/31/23). TRG will be establishing service start-up trainings for HHS.
- **Home and Community Based Health Services:** Houston RWPC QI committee approved to not RFP this service. The P&A committee approved the increased funding scenario to allocated this funding to other service categories.

### c. Houston ADAP Enrollment Workers:

- Regional ADAP/Eligibility Liaison Hailey Malcolm Contact email [hmalcolm@hivtrg.org](mailto:hmalcolm@hivtrg.org)
- THMP processing dates are current for: New Applications, Expedites, Faxes, and MCFs
- All Regions call will be hosted by THMP on 4/25/2023. AEWs are encouraged to attend.
- New staff AEWs have been trained by ADAP Liaison
- Weekly huddle updates will continue to be disseminated throughout the region.

### d. Rural HOPWA

- In Quarter 2 (Apr-Jun) the RFP process for FY23 to FY27 with annual renewals in Rural HSDAs; to include Texarkana, Tyler, Lufkin, Beaumont, and **Houston (only specific to Wharton, Colorado, and Matagorda counties)**. **FYI:** Galveston HSDA (Galveston and Brazoria counties) is included in the Houston Housing Authority HOPWA allocations.
- **HOPWA Bridge Re-Entry Initiative (BRI) Project:** This service will be part of the HOPWA RFP process.

## Ryan White Part D: The Positive VIBE Project (PVP) of Houston Galveston Update

- HRSA Site Visit: HRSA will be conducting a site review of the PVP in August.
- Youth Transition Summit: The Positive Vibe Project will be conducting a youth transition summit on 4/21/23 at 9:30 a.m. to 4 p.m. at The Montrose Center on the 2nd Floor. The morning session will be focused on training and TA for service linkage workers, non-medical and medical case managers to improve connection of youth into adult care. The afternoon session will be focused on providing skills building for youth who will be transitioning to adult in the next six months or less. Adult medical clinics will be present to allow the youth to meet with prospective providers. Please reach to Gloria Sierra ([GASierra@texaschildrens.org](mailto:GASierra@texaschildrens.org)) for further information.
- Youth Transitioning Initiative: TRG's Positive VIBE Network will be funding a new initiative to provide counselor facilitated support groups for youths transitioning from pediatric care to adult

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care providers. These support groups will be available for youth regardless of whether the pediatric provider is funded by TRG's Part D grant. The Montrose Center has created a referral process.

- **Parental Support Network:** As a QI initiative, TRG's Positive VIBE Network will be using the Postpartum Support International (PSI) model to create a (pre- and post-delivery) parental support network to assist parents in address the stress, anxiety, and needs of added another member to their household. The support groups will be developed in Houston and Galveston HSDAs as pilot projects. TRG has purchased the implementation guides for PVP partners.



## TRG Community Initiatives

### Trauma-Informed Care Initiative

- The Change Team participated and presented a one-and-a-half-day Train the Trainer (TOT) meeting on Trauma 101.
- The Change Team will collect data in April from TRG staff on "dealing with change at work".
- The Change Team welcomes two bilingual Change Advocates to the team and project.
- Please contact Reachelian Ellison [rellison@hivtrg.org](mailto:rellison@hivtrg.org), project lead, with questions.

### Serving the Recently Released and Incarcerated

- SIRR did not meet in March.
- SIRR continues to focus on any bills filed in the Legislature regarding issues that impact IRR. Gov. Abbott has identified "ending 'revolving-door' bail policies" as an emergency item for this session.
- SIRR will be partnering with the Office of Support and the Planning Council to host a community dialogue on the prohibition of condoms in Texas jails and prisons. The May SIRR Meeting will be devoted to the dialogue. A flier is being drafted for distribution.
- To be added to the distribution list for meeting announcements, contact Felicia Booker [fbooker@hivtrg.org](mailto:fbooker@hivtrg.org)

### Texas Black Women's Health Initiative (TxBWHI) Houston Team

- April meeting with AASOETF 4/14/2023 @ TRG. Contact Sha'Terra Johnson [tbwihouston@gmail.com](mailto:tbwihouston@gmail.com)

**Other:** TRG and staff participates in many EMA and HSDA community groups, initiatives and programs that impacts the HIV workforce in prevention, care and support on the national, state and local levels.

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