Houston Area HIV Services RW Planning Council
Office of Support
1310 Prairie Street, Suite 800, Houston, Texas 77002
832 927-7926 telephone; http://rwpchouston.org

MEMORANDUM

To: Members, Houston RW Planning Council

Copy: Glenn Urbach, RW Grant Admin
Eric James, RW Grant Admin
Mauricia Chatman, RW Grant Admin
Francisco Ruiz, RW Grant Admin
Tiffany Shepherd, TRG
Sha'Terra Johnson, TRG
Jeff Benavides, TRG
Tionna Cobb, TRG
Diane Beck, RW Office of Support

Email Copy Only:
Mark Peppler, HRSA
Commander Rodrigo Chavez, PACE
Jason Black, RW Grant Administration
Marlene McNeese, Houston Health Department
Charles Henley, Consultant

From: Tori Williams, Director, RW Office of Support
Date: Tuesday, July 2, 2024
Re: Meeting Announcement

We look forward to seeing everyone at the Council meeting next week. *Don't forget to come 10 minutes early if you would like to participate in Titan's wonderful exercises to release stress. (Thank you, Titan!)* Also, sandwiches will be available to those with a medical need. Others are welcome to bring a brown bag lunch.

To make quorum, **we need 14 people to meet in-person at Bering Church in the Montrose area.** Please contact Rod ASAP to RSVP, even if you cannot attend so we will know if we can make quorum. Rod can be reached at: 832 927-7926 or by responding to her email reminders.

RW Planning Council Meeting

11:50 a.m., Titan's breathing exercises
12 noon, Thursday, July 11, 2024

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: Bering Church, 1440 Harold St, Houston, Texas 77006. Use the parking lot behind the church on Hawthorne Street and **use the code that was given to Council members only to enter the building.**

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, July 11, 2024

Please note that the use of artificial intelligence (AI) is prohibited at Ryan White sponsored meetings.

Meeting Location:

Online or via Telephone:

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: Bering Church, 1440 Harold St, Houston, Texas 77006.

I.	Call to Order	Josh Mica, he/him/él, Chair
	A. Welcome, Moment of Reflection	Ryan White Planning Council
	B. Adoption of the Agenda	
	C. Approval of the Minutes	
	D. Expungement of Criminal Records	John Nechman, Esq. Katine Nechman McLaurin, LLP
	E. Training: Priority Setting and Allocations Processes	Peta-gay Ledbetter and Rodney Mills, Co-Chairs Priority & Allocations Committee

II. Public Comments and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)

III.	Reports from Committees	
	A. Comprehensive HIV Planning Committee *Item:* 2024 Houston Area HIV Epidemiological Profile *Recommended Action:* FYI: Beth Allen, the Interim Health Planner continues to work with City Health Department staff and Nithya Lakshmi Mohem Dass from Ryan White Grant	Kenia Gallardo, she/her/hers & Robert Sliepka, he/him/they, Co-Chairs

Administration to produce the 2024 Epidemiological Supplement.

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

B. Affected Community Committee — Johnny Deal, he/him/his & Carol Suazo, she/her/ella,
Item: EHE/Integrated Planning Body
Recommended Action: FYI: Members of the Affected Community Committee in conjunction with the Consumer and Community Engagement Workgroup are creating an inventory of HIV resources on Houston area colleges and universities. See attached form.

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

C. Quality Improvement Committee — Tana Pradia, she/her/hers & Pete Rodriguez, he/him/él, Co-Chairs
Motion from the Steering Committee):
Item: Other Professional Services
Recommended Action: **Motion:** Bring back and fund the appropriate service definition that will allow the Houston Ryan White Program to support HRSA's efforts to remove barriers to HIV care services through the expungement of criminal records. See the attached letter from HRSA dated June 6, 2024.

D. Priority and Allocations Committee — Peta-gay Ledbetter, she/her/hers and Rodney Mills, he/him/his, Co-Chairs
Item: Reports from the Administrative Agent – Part A/MAI**
Recommended Action: FYI: See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:

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

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

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

(continued on next page)

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

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

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

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

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

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

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

V. Report from the Office of Support — Tori Williams, she/her/hers, Director

VI. Report from Ryan White Grant Administration — Glenn Urbach, he/him/his Manager

VII. Report from The Resource Group — Sha'Terra Johnson, she/her/hers Health Planner

VIII. Medical Updates — Shital Patel, MD, she/her/hers 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, she/her/hers
B. Ryan White Part C Urban and Part D
C. HOPWA — Megan Rowe, she/her/hers
D. Community Prevention Group (CPG) — Kathryn Fergus, she/her/hers
E. Update from Task Forces:

- Sexually Transmitted Infections (STI)

- African American — Sha'Terra Johnson, she/her/hers
- Latino
- Youth
- MSM
- Hepatitis C — Steven Vargas, he/him/él
- Project PATHH (Protecting our Angels Through Healing Hearts) formerly Urban AIDS Ministry

F. HIV and Aging Coalition — Skeet Boyle, he/him/his
G. Texas HIV Medication Advisory Committee
H. Positive Women's Network
I. Texas Black Women's Initiative — Sha'Terra Johnson, she/her/hers
J. Texas HIV Syndicate — Steven Vargas, he/him/él
K. END HIV Houston

IX. Announcements

X. Adjournment

* *RW = Ryan White*
***MAI = Minority AIDS Initiative funding*
**** SS = State Services funding*

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 HIV and/or affected individuals are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system. The community will continue to intervene responsibly until the end of the epidemic.

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

MINUTES

12 noon, Thursday, June 13, 2024

Meeting Location: Bering Church 1440 Harold Street; Houston, TX and Zoom teleconference

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Josh Mica, he/him/él, Chair	Imran Shaikh	Ronnie Galley, Greeter
Ardry "Skeet" Boyle	Robert Sliepka	Kakeshia Locks, Greeter
Ryan Rose, Secretary	Crystal Renee Starr	Tyronika Tates, Greeter
Yvonne Arizpe	Steven Vargas	Josue Rodriguez, Co Judge's Ofc
Titan Capri		Cdr Rodrigo Chavez
Johnny Deal		Rodrigo Arias
Kathryn Fergus	**MEMBERS ABSENT**	Destiny Davies
Kenia Gallardo	Kevin Aloysius, excused	
Glen Hollis	Laura Alvarez	**STAFF PRESENT**
Kenneth Jones	Servando Arellano	*Ryan White Grant Administration*
Denis Kelly	Jay Bhowmick, excused	Glenn Urbach
Peta-gay Ledbetter	Caleb Brown, excused	Mauricia Chatman
Cecilia Ligons	Johanna Castillo	Eric James
Roxane May	Tony Crawford	Frank Ruiz
Rodney Mills	Michael Elizabeth	
Bill Patterson	Norman Mitchell	*The Resource Group*
Tana Pradia	Diane Morgan	Sha'Terra Johnson
Beatriz Rivera	Shital M. Patel, excused	
Megan Rowe	Oscar Perez	*Office of Support*
Yolanda Ross	Pete Rodriguez, excused	Tori Williams
Evelio Salinas Escamilla	Carol Suazo	Diane Beck
Jose Serpa-Alvarez	Priscilla Willridge	

Call to Order: Josh Mica, he/him/él, Chair, called the meeting to order at 12:06 p.m.

During the opening remarks, Mica thanked everyone for participating on a committee or workgroup for the EHE/Integrated HIV Prevention and Care Planning body, also known as the Joint Planning body. Members were encouraged to look at the May 2024 Summary of Activity Report that was emailed earlier in the week and to sign up for workgroups and committees, if they haven't already.

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

On Saturday, June 1st, Mica attended the Woodlands Pride Summit along with Dr. Patel and Tori. Dr. Patel and Mica were invited to be on a panel to address LGBTQ+ healthcare questions.

Mica then called for a Moment of Reflection.

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

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Starr, Kelly) to approve the May 9, 2024 minutes.* **Motion carried.** Abstentions: Boyle, Escamilla, Mills, Shaikh.

Training: HHSC Medicaid Benefits: Roxane May, Texas Health & Human Services Commission Community Partner Program, presented the attached PowerPoint.

Public Comment and Announcements: See attached public comment in the Quality Improvement section of the meeting packet. Josue Rodriguez, County Judge's Office, said that they really appreciate the work that the Council does and are still trying on finding a date when the County Judge can address the Council. He invited everyone to sign up as a volunteer for the Pride parade.

Escamilla introduced Judith Montenegro from the Latino Commission on AIDS.

Mica wished everyone Happy Pride and Juneteenth. He brought cake and invited everyone to help themselves.

Vargas said HRSA recommends one thing that we have not followed up on, to create a less formal space for discussion with no Robert's Rules of Order where people can come and talk any way they feel comfortable. It would be good for the Council and the public to have this type of interaction. The answers to his questions are in the meeting packet, it took him four tries and nearly three weeks to get a reply. We need to seriously look at setting up a regular discussion space.

Reports from Committees

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

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

EHE/Integrated Planning Body: The summary of May Committee and Workgroup activities, as well as the July meeting schedule, has been distributed to all Council members.

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

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

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

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

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

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

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

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

FY 2025 Service Definitions and Financial Eligibility: ***Motion #3:*** *Approve the attached FY 2025 Service Definitions and Financial Eligibility recommendations for Ryan White Part A/MAI, Part B and State Services funded services. See the attached Summary of How To Best Meet the Need recommendations (neon green paper) and financial eligibility (on the Table of Contents).* **Motion Carried**. Abstention: Kelly.

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

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

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

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

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

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

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

Task Force Reports: The Council agreed several years 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: Josue Rodriguez said on Juneteenth the Judge is hosting a tour of the Kinsey African American Art & History Collection at the Houston Holocaust Museum from 10:30 a.m. until 11:45 a.m. and invited those who are interested to attend.

Vargas said that the ADAP Advocacy Network will be meeting in Houston tomorrow.

Arizpe said they are having a picnic sign making party for the Pride Parade at Menil Park on Sunday. She will forward information to be shared with the Council.

Vargas said that Rivera's birthday is Sunday.

Adjournment: ***Motion:*** *it was moved and seconded (Starr, Deal) to adjourn the meeting at 2:01 p.m.* **Motion Carried.**

Respectfully submitted,

_____ Date _____
Victoria Williams, Director

Draft Certified by
Council Chair: _____ Date _____

Final Approval by
Council Chair: _____ Date _____

Council Voting Records for June 13, 2024

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** FY25 Svc Cat Definitions & Fin Eligibility **Carried**					**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** FY25 Svc Cat Definitions & Fin Eligibility **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Josh Mica, he/him/él, Chair				C				C				C	Imran Shaikh		X				X				X		
Ardry "Skeet" Boyle, Vice Chair		X				X				X			Robert Sliepka		X				X				X		
Ryan Rose, Secretary		X				X				X			Crystal Renee Starr		X				X				X		
Yvonne Arizpe		X				X				X			Steven Vargas		X				X				X		
Titan Capri		X				X				X															
Johnny Deal		X				X				X															
Kathryn Fergus		X				X				X			**MEMBERS ABSENT**												
Kenia Gallardo		X				X				X			Kevin Aloysius												
Glen Hollis		X				X				X			Laura Alvarez												
Kenneth Jones		X				X				X			Servando Arellano												
Denis Kelly		X				X						X	Jay Bhowmick												
Peta-gay Ledbetter		X				X				X			Caleb Brown												
Cecilia Ligons		X				X				X			Johanna Castillo												
Roxane May		X				X				X			Tony Crawford												
Rodney Mills		X				X				X			Michael Elizabeth												
Bill Patterson		X				X				X			Norman Mitchell												
Tana Pradia		X				X				X			Diane Morgan												
Beatriz Rivera		X				X				X			Shital M. Patel												
Megan Rowe		X				X				X			Oscar Perez												
Yolanda Ross ja 12:35	X				X					X			Pete Rodriguez												
Evelio Salinas Escamilla		X				X				X			Carol Suazo												
Jose Serpa-Alvarez		X				X				X			Priscilla Willridge												

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	**Motion #1** FY25 Targeting Chart **Carried**				**Motion #2** FY25 Council Support Budget **Carried**				**Motion #3** Read AI Policy **Carried**					**Motion #1** FY25 Targeting Chart **Carried**				**Motion #2** FY25 Council Support Budget **Carried**				**Motion #3** Read AI Policy **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Josh Mica, he/him/él, Chair				C				C				C	Imran Shaikh		X				X				X		
Ardry “Skeet” Boyle, Vice Chair		X				X				X			Robert Sliepka		X				X				X		
Ryan Rose, Secretary		X				X				X			Crystal Renee Starr		X				X				X		
Yvonne Arizpe		X				X				X			Steven Vargas		X				X				X		
Titan Capri		X				X				X															
Johnny Deal		X				X				X															
Kathryn Fergus		X				X				X			**MEMBERS ABSENT**												
Kenia Gallardo		X				X					X		Kevin Aloysius												
Glen Hollis		X				X				X			Laura Alvarez												
Kenneth Jones		X				X				X			Servando Arellano												
Denis Kelly				X		X				X			Jay Bhowmick												
Peta-gay Ledbetter		X				X				X			Caleb Brown												
Cecilia Ligons		X				X				X			Johanna Castillo												
Roxane May		X				X				X			Tony Crawford												
Rodney Mills		X				X				X			Michael Elizabeth												
Bill Patterson		X				X				X			Norman Mitchell												
Tana Pradia		X				X				X			Diane Morgan												
Beatriz Rivera		X				X				X			Shital M. Patel												
Megan Rowe		X				X				X			Oscar Perez												
Yolanda Ross ja 12:35		X				X				X			Pete Rodriguez												
Evelio Salinas Escamilla		X				X				X			Carol Suazo												

Public Comments

Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries

Seth A Berkowitz[1], Jean Terranova[2], Caterina Hill[3], Toyin Ajayi[4], Todd Linsky[5], Lori W Tishler[6], Darren A DeWalt[7]
Affiliations expand

- PMID: 29608345
- PMCID: PMC6324546
- DOI: 10.1377/hlthaff.2017.0999

Abstract

Delivering food to nutritionally vulnerable patients is important for addressing these patients' social determinants of health. However, it is not known whether food delivery programs can reduce the use of costly health services and decrease medical spending among these patients. We sought to determine whether home delivery of either medically tailored meals or nontailored food reduces the use of selected health care services and medical spending in a sample of adults dually eligible for Medicare and Medicaid. Compared with matched nonparticipants, participants had fewer emergency department visits in both the medically tailored meal program and the nontailored food program. Participants in the medically tailored meal program also had fewer inpatient admissions and lower medical spending. Participation in the nontailored food program was not associated with fewer inpatient admissions but was associated with lower medical spending. These findings suggest the potential for meal delivery programs to reduce the use of costly health care and decrease spending for vulnerable patients.

Keywords: Cost of Health Care; Determinants Of Health; Disparities; Financing Health Care; Medicaid.

Comment in

- Social Determinants Of Health Include Nutrition.
  Nowroozi L.Health Aff (Millwood). 2018 Aug;37(8):1341. doi: 10.1377/hlthaff.2018.0555.PMID: 30080468 No abstract available.

Similar articles

- Supplemental Nutrition Assistance Program Participation and Health Care Use in Older Adults : A Cohort Study.

Berkowitz SA, Palakshappa D, Rigdon J, Seligman HK, Basu S.Ann Intern Med. 2021 Dec;174(12):1674-1682. doi: 10.7326/M21-1588. Epub 2021 Oct 19.PMID: 34662150 **Free PMC article.**

- Patient-Centered Medical Home Activities Associated With Low Medicare Spending and Utilization.
  Burton RA, Zuckerman S, Haber SG, Keyes V.Ann Fam Med. 2020 Nov;18(6):503-510. doi: 10.1370/afm.2589.PMID: 33168678 **Free PMC article.**
- Impact of Financial Incentives on Service Use, Spending, and Health in Medicaid.
  Romaire MA, Alva ML, Witman AE, Acquah JK, Hoerger TJ.Am J Prev Med. 2018 Dec;55(6):875-886. doi: 10.1016/j.amepre.2018.07.025.PMID: 30454639
- Going Beyond Clinical Care to Reduce Health Care Spending: Findings From the J-CHiP Community-based Population Health Management Program Evaluation.
  Murphy SME, Hough DE, Sylvia ML, Sherry M, Dunbar LJ, Zollinger R, Richardson R, Berkowitz SA, Frick KD; J-CHiP Program.Med Care. 2018 Jul;56(7):603-609. doi: 10.1097/MLR.0000000000000934.PMID: 29781923
- The Impact of a Health Information Technology-Focused Patient-centered Medical Neighborhood Program Among Medicare Beneficiaries in Primary Care Practices: The Effect on Patient Outcomes and Spending.
  Orzol S, Keith R, Hossain M, Barna M, Peterson GG, Day T, Gilman B, Blue L, Kranker K, Stewart KA, Hoag S, Moreno L.Med Care. 2018 Apr;56(4):299-307. doi: 10.1097/MLR.0000000000000880.PMID: 29462078

See all similar articles

Cited by

- U.S. food policy to address diet-related chronic disease.
  Matthews ED, Kurnat-Thoma EL.Front Public Health. 2024 May 16;12:1339859. doi: 10.3389/fpubh.2024.1339859. eCollection 2024.PMID: 38827626 **Free PMC article.**
- Association of Patient-Reported Social Needs with Emergency Department Visits and Hospitalizations Among Federally Qualified Health Center Patients.
  Drake C, Alfaro JM, Rader A, Maciejewski ML, Lee MS, Xu H, Wilson LE, Berkowitz SA, Eisenson H.J Gen Intern Med. 2024 May 8. doi: 10.1007/s11606-024-08774-y. Online ahead of print.PMID: 38717665
- Food as medicine: a quasi-randomized control trial of two healthy food interventions for chronic disease management among ambulatory patients at an urban academic center.
  Kibera PW, Ofei-Tenkorang NA, Mullen C, Lear AM, Davidson EB.Prim Health Care Res Dev. 2023 Dec 21;24:e72. doi: 10.1017/S1463423623000579.PMID: 38126528 **Free PMC article.**
- Home-Delivered Meals and Nursing Home Placement Among People With Self-Reported Dementia: A Pilot Pragmatic Clinical Trial.

Thomas KS, Bunker J, Gadbois E, Hilgeman M, McCreedy E, Mills W, Ornstein KA, Reckrey J, Gutman R.JAMA Netw Open. 2023 Dec 1;6(12):e2347195. doi: 10.1001/jamanetworkopen.2023.47195.PMID: 38117500 **Free PMC article.** Clinical Trial.

- Learning in real world practice: Identifying implementation strategies to integrate health-related social needs screening within a large health system.
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See all "Cited by" articles

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PUBLIC COMMENT & SUPPORTING DOCUMENT

EMAIL

From: Eloise Westlake, RD, LD – Registered Dietitian-Nutritionist
Houston Food Bank
Date: Wednesday, June 26, 2024

EMAIL REPEATED for Wednesday, July 3rd, 2024 Steering Committee Meeting

From: Jasmynn Lahner MS, RD, LD, RYT-200 – Nutrition & Partnerships Sr Manager
Houston Food Bank
Date: Wednesday, July 1, 2024

Ryan White Public Comment

Intended for Thursday, June 27th, 2024 Priority and Allocations Committee Meeting

Since their origins in the HIV epidemic Medically Tailored Meals (MTMs) have been shown to positively influence the health and wellbeing of patients living with chronic conditions. This has recently been demonstrated in a research study in PLWH which found after 6 months the participants had substantial reductions in hospitalizations, improvements in depressive symptoms and improvements in anti-retroviral therapy adherence. This is only one example of research in how MTMs have not only improved the health of its participants, but MTMs have also been shown to have 16%[1] net reduction in overall healthcare costs.

Medically Tailored Meals are not just meals that are delivered to clients. MTMs are an intervention, just like physical therapy, mental health counseling, or prescribing a medication would be. MTMs not only provide clients with delicious, freshly made, nutritionally tailored meals, it also provides them with personalized nutrition education and counseling to help the client understand why the nutritious foods they are eating are important for their chronic condition(s) and how food plays an important part in their health. Ryan White has been providing funding for MTMs in other states for many years and I believe it is time that MTMs become part of healthcare for PLWH here in Texas.

[1]Seth A. Berkowitz et al, Meal Delivery Programs Reduce the Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries, HEALTH AFFAIRS, (2018).

Eloise Westlake, Houston Food Bank Registered Dietitian-Nutritionist

Public Comment for Health Insurance Assistance Service Category – 06-25-24

We are writing to express some challenges that are impacting the Health Insurance Assistance Program in Houston. Health insurance premiums along with the cost of copays and deductibles have increased approximately 15-20% since 2018. Significant inflation in the cost of goods and services in all sectors of the economy has also impacted the ability of individuals to cover the cost of copays, deductibles, and co-insurance.

For the last couple years, HIA has only been able to cover increased cost for the program through the reallocation of unspent funds. Those additional funds are not guaranteed but instead reliant on underspending by other providers.

In the past, the RW Planning Council created a prioritization of cost sharing assistance (see below). Without additional funding, we anticipate that if requests continue at current levels the prioritization will need to be implemented within the current contract year.

Priority Ranking of Cost Sharing Assistance (in descending order):

- HIV medication co-pays and deductibles (medications on the Texas ADAP formulary)
- Non-HIV medication co-pays and deductibles
- Co-payments for provider visits (e.g. physician visit and/or lab copayments)
- Medicare Part D (Rx) premiums
- APTC Tax Liability
- Out of Network out-of-pocket expenses

Please consider this when making decisions on the funding allocations.

Emailed from a Legacy Community Foundation employee

Comprehensive HIV Planning Committee Report


HOUSTON HEALTH
DEPARTMENT
HOUSTONHEALTH.ORG

EHE Activities

Eliot Davis, LMSW – Policy Analyst
June 27, 2024

HOUSTON HEALTH DEPARTMENT

EHE Committees

Outreach & Community Engagement-

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

Education and Awareness-

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

Status Neutral Systems-

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

Research, Data, and Evaluation-

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

Policy and Social Determinants-

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

Planning Partners

Harris County Public Health
Building a Healthy Community

Houston HIV Prevention Community Planning Group

THE RESOURCE GROUP

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

END HIV HOUSTON

Tx HIV Syndicate

Pillars

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

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

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

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

Pillar 1 Activities

HOUSTON HEALTH DEPARTMENT

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

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

Pillar 1 Activities

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

HOUSTON HEALTH DEPARTMENT

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

Pillar 2 Activities

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

HOUSTON HEALTH DEPARTMENT

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

Pillar 2 Activities

HOUSTON HEALTH DEPARTMENT

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.

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

Pillar 2 Activities

HOUSTON HEALTH DEPARTMENT

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.

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

Pillar 2 Activities

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

HOUSTON HEALTH DEPARTMENT

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

Pillar 2 Activities

Advance internal and external policies related to treatment.

HOUSTON HEALTH DEPARTMENT

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

Pillar 3 Activities

HOUSTON HEALTH DEPARTMENT

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

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

Pillar 3 Activities

Improve accessibility, information sharing, and monitoring of PrEP.

HOUSTON HEALTH DEPARTMENT

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

Pillar 3 Activities

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

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

Pillar 4 Activities

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

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

Pillar 4 Activities

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

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

Pillar 4 Activities

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

HOUSTON HEALTH DEPARTMENT

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

HOUSTON HEALTH DEPARTMENT

Questions?

HOUSTON HEALTH DEPARTMENT

THANK YOU!

Eliot.Davis@houstontx.gov

Affected Community Committee

Date: _____

HIV Services Available at Houston Area Colleges

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

Name of College: _____

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

QUESTIONS:

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

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

_____

_____

_____

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

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

_____

_____

_____

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

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

_____

_____

_____

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

_____

_____

_____

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

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

___ Other? Describe: _____

Quality Improvement Committee

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

June 6, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

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

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

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

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

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

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

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

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

Sincerely,

/Laura W. Cheever/

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

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

Priority and Allocations Committee Report

Part A Reflects "TBD" Funding Scenario
MAI Reflects "TBD" Funding Scenario

FY 2023 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**10,965,788**	**460,625**	**535,679**	**0**	**-283,680**	**-1,008,494**	**10,669,918**	**41.63%**	**10,669,918**	**0**		**10,438,095**	**98%**	**100%**
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397				-300,691	3,809,006	14.86%	3,809,006	0	3/1/2023	$3,769,988	99%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443	182,131			34,283	1,330,433	5.19%	1,330,433	0	3/1/2023	$1,335,561	100%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289	155,347			29,323	1,137,510	4.44%	1,137,510	0	3/1/2023	$1,799,191	158%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314	198,201			-92,969	1,306,470	5.10%	1,306,470	0	3/1/2023	$596,155	46%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088			-228,730	-16,713	905,645	3.53%	905,645	0	3/1/2023	$1,041,307	115%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531				-508,137	1,689,394	6.59%	1,689,394	0	3/1/2023	$1,442,442	85%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437					0	0.00%	0	0	3/1/2023	$0	0%	0%
1.h	Vision	500,000	0			-54,950	-9,200	435,850	1.70%	435,850	0	3/1/2023	$397,840	91%	100%
1.x	Primary Care Health Outcome Pilot	200,000	0			0	-144,390	55,610	0.22%	55,610	0	3/1/2023	$55,610	100%	100%
2	**Medical Case Management**	**1,880,000**	**-97,859**	**63,063**	**0**	**-96,974**	**-216,412**	**1,531,818**	**5.98%**	**1,531,818**	**0**		**1,509,374**	**99%**	**100%**
2.a	Clinical Case Management	531,025	0	63,063		35,176	-60,806	568,458	2.22%	568,458	0	3/1/2023	$568,458	100%	100%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.17%	301,129	0	3/1/2023	$289,596	96%	100%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.72%	183,663	0	3/1/2023	$152,594	83%	100%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0				-117,995	65,670	0.26%	65,670	0	3/1/2023	$65,670	100%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2023	$63,450	95%	100%
2.f	Med CM - Targeted to Rural (a)	297,496	0			-62,150	-24,851	210,495	0.82%	210,495	0	3/1/2023	$131,538	62%	100%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2023	$178,704	218%	100%
2.h	Med CM - Targeted to Pedi (a.1)	97,859	-97,859					0	0.00%	0	0	3/1/2023	$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0			-70,000	-12,760	4,204	0.02%	4,204	0	3/1/2023	$4,204	100%	100%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.19%	49,867	0	3/1/2023	$55,161	111%	100%
3	**Local Pharmacy Assistance Program**	**2,067,104**	**0**	**0**	**-37,920**	**12,178**	**286,140**	**2,327,502**	**9.08%**	**2,327,502**	**0**	**3/1/2023**	**$2,327,502**	**100%**	**100%**
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.43%	367,104	0	3/1/2023	$247,873	68%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0		-37,920	12,178	286,140	1,960,398	7.65%	1,960,398	0	3/1/2023	$2,079,629	106%	100%
4	**Oral Health**	**166,404**	**0**	**30,429**	**0**	**0**	**0**	**196,833**	**0.77%**	**196,833**	**0**		**196,800**	**100%**	**100%**
4.b	Oral Health - Targeted to Rural	166,404	0	30,429				196,833	0.77%	196,833	0	3/1/2023	$196,800	100%	100%
5	**Health Insurance (c)**	**1,383,137**	**223,222**	**479,154**	**0**	**94,004**	**0**	**2,179,517**	**8.50%**	**2,179,517**	**0**	**3/1/2023**	**$2,179,276**	**100%**	**100%**
7	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**					**341,395**	**1.33%**	**341,395**	**0**	**3/1/2023**	**$338,531**	**99%**	**100%**
10	**Substance Abuse Services - Outpatient (c)**	**45,677**	**0**	**0**	**0**	**-20,677**	**0**	**25,000**	**0.10%**	**25,000**	**0**	**3/1/2023**	**$25,000**	**100%**	**100%**
13	**Non-Medical Case Management**	**1,267,002**	**0**	**0**	**0**	**-72,790**	**329,938**	**1,524,150**	**5.95%**	**1,524,150**	**0**		**$1,524,148**	**100%**	**100%**
13.a	Service Linkage targeted to Youth	110,793	0			-15,500		95,293	**0.37%**	95,293	0	3/1/2023	$93,766	98%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0			-46,500		53,500	**0.21%**	53,500	0	3/1/2023	$46,838	88%	100%
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	**1.44%**	370,000	0	3/1/2023	$480,088	130%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0			-10,790	329,938	1,005,357	**3.92%**	1,005,357	0	3/1/2023	$903,455	90%	100%
14	**Medical Transportation**	**424,911**	**0**	**0**	**0**	**-70,024**	**0**	**354,887**	**1.38%**	**354,887**	**0**		**354,885**	**100%**	**100%**
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	0.99%	252,680	0	3/1/2023	$247,270	98%	100%
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.38%	97,185	0	3/1/2023	$102,594	106%	100%
14.c	Transportation vouchering (bus passes & gas cards)	75,046	0			-70,024		5,022	0.02%	5,022	0	3/1/2023	$5,021	100%	100%
15	**Emergency Financial Assistance**	**1,653,247**	**485,889**	**180,337**	**37,920**	**665,735**	**800,691**	**3,823,819**	**14.92%**	**3,823,819**	**0**		**3,823,819**	**100%**	**100%**
15.a	EFA - Pharmacy Assistance	1,553,247	485,889	180,337	37,920	690,735	800,691	3,748,819	14.63%	3,748,819	0	3/1/2023	$3,758,841	100%	100%
15.b	EFA - Other	100,000	0			-25,000		75,000	0.29%	75,000	0	3/1/2023	$64,979	87%	100%
17	**Outreach**	**420,000**	0				**-191,863**	**228,137**	**0.89%**	**228,137**	**0**	**3/1/2023**	**$222,472**	**98%**	**100%**
FY23_RW_DIR	**Total Service Dollars**	**20,614,665**	**1,071,877**	**1,288,662**	**0**	**227,772**	**0**	**23,202,976**	**90.53%**	**23,202,976**	**0**		**22,939,902**	**99%**	**100%**

		Original Allocation	Award Reconcilation	July Adjusments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent	Award Category	Award Amount	Amount Spent	Balance
	Core (must not be less than 75% of total service dollars)	**16,849,505**	**585,988**	**1,108,325**	**-37,920**	**-295,149**	**-938,766**	**18,210,749**	**78.48%**	**17,014,578**	**74.17%**	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	**3,765,160**	**485,889**	**180,337**	**37,920**	**522,921**	**938,766**	**4,992,227**	**21.52%**	**5,925,325**	**25.83%**	Supplemen			0
	Total Service Dollars (does not include Admin and QM)	**20,614,665**	**1,071,877**	**1,288,662**	**0**	**227,772**	**0**	**23,202,976**		**22,939,902**		Carry Over	0		0
												Totals	0	0	0

Part A Reflects "TBD" Funding Scenario
MAI Reflects "TBD" Funding Scenario

FY 2023 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	Total Admin (must be ≤ 10% of total Part A + MAI)	**2,208,914**	**18,000**	**0**	**0**	**-171,947**	**-22,458**	**2,032,509**	**7.25%**						
	Total QM (must be ≤ 5% of total Part A + MAI)	**428,695**	**0**	**0**	**0**	**-55,825**	**23,088**	**395,958**	**1.41%**						
	MAI Procurement Report														
Priority	**Service Category**	**Original Allocation** *RWPC Approved Level Funding Scenario*	**Award Reconcilation**	**July Adjustments (carryover)**	**August 10% Rule Adjustments (f)**	**October Adjustments**	**Final Quarter Adjustments**	**Total Allocation**	**Percent of Grant Award**	**Amount Procured (a)**	**Procure-ment Balance**	**Date of Procure-ment**	**Expended YTD**	**Percent YTD**	**Percent Expected YTD**
1	**Outpatient/Ambulatory Primary Care**	**2,107,819**	**-39,764**	**17,664**	**0**	**0**	**0**	**2,085,719**	**86.91%**	**2,085,719**	**0**		**2,170,575**	**104%**	**100%**
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106	8,832	0			1,054,501	43.94%	1,054,501	0	3/1/2023	$1,193,260	113%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658	8,832	0			1,031,218	42.97%	1,031,218	0	3/1/2023	$977,315	95%	100%
2	**Medical Case Management**	**320,099**	**-6,038**	**116**	**0**	**0**	**0**	**314,177**	**13.09%**	**314,177**	**0**		**$181,861**	**58%**	100%
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019	58				157,089	6.55%	157,089	0	3/1/2023	$126,576	81%	100%
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019	58				157,088	6.55%	157,088	0	3/1/2023	$55,285	35%	100%
	Total MAI Service Funds	**2,427,918**	**-45,802**	**17,780**	**0**	**0**	**0**	**2,399,896**	**100.00%**	**2,399,896**	**0**		**2,352,436**	**98%**	**100%**
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**		**0**	**0%**	**0%**
	Total MAI Funds	**2,427,918**	**-45,802**	**17,780**	**0**	**0**	**0**	**2,399,896**	**100.00%**	**2,399,896**	**0**		**2,352,436**	**98%**	**100%**
All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.														
(a)	Single local service definition is multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.														
(c)	Funded under Part B and/or SS														
(e)	10% rule reallocations														

Prepared by: Ryan White Grant Administration

FY 2023 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR (3/1/2023-2/29/2024)																		
Priority	**Service Category**	**Goal**	**Unduplicated Clients Served YTD**	**Male**	**Female**	**Trans gender**	**AA (non-Hispanic)**	**White (non-Hispanic)**	**Other (non-Hispanic)**	**Hispanic**	**0-12**	**13-19**	**20-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65 plus**
1	**Outpatient/Ambulatory Primary Care (excluding Vision)**	**8,643**	**8,916**	**75%**	**22%**	**2%**	**42%**	**11%**	**2%**	**45%**	**0%**	**0%**	**4%**	**28%**	**27%**	**22%**	**15%**	**3%**
1.a	Primary Care - Public Clinic (a)	2,959	3,055	70%	28%	1%	43%	9%	2%	47%	0%	1%	3%	18%	26%	26%	22%	5%
1.b	Primary Care - CBO Targeted to AA (a)	2,417	2,311	70%	26%	4%	99%	0%	1%	0%	0%	0%	6%	37%	28%	18%	9%	2%
1.c	Primary Care - CBO Targeted to Hispanic (a)	1,916	2,397	83%	14%	3%	0%	0%	0%	100%	0%	1%	6%	33%	28%	21%	10%	2%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	774	732	86%	12%	1%	0%	84%	15%	0%	0%	0%	3%	27%	26%	23%	18%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	683	1,030	70%	29%	1%	44%	15%	2%	40%	0%	0%	4%	27%	28%	24%	13%	3%
1.f	Primary Care - Women at Public Clinic (a)	793	870	0%	99%	1%	53%	6%	1%	40%	0%	1%	2%	14%	26%	31%	21%	6%
1.g	Primary Care - Pediatric (a)	5	0															
1.h	Vision	2,815	2,186	74%	25%	2%	44%	12%	3%	41%	0%	0%	3%	20%	25%	26%	21%	6%
2	**Medical Case Management (f)**	**5,429**	**3,722**															
2.a	Clinical Case Management	936	728	71%	27%	2%	56%	15%	2%	27%	0%	0%	3%	22%	27%	22%	18%	7%
2.b	Med CM - Targeted to Public Clinic (a)	569	558	92%	6%	2%	50%	12%	1%	37%	0%	1%	2%	26%	22%	22%	23%	4%
2.c	Med CM - Targeted to AA (a)	1,625	885	70%	26%	4%	99%	0%	1%	0%	0%	0%	6%	28%	28%	18%	15%	6%
2.d	Med CM - Targeted to H/L(a)	813	558	83%	13%	4%	0%	0%	0%	100%	0%	1%	5%	31%	27%	21%	13%	3%
2.e	Med CM - Targeted to White and/or MSM (a)	504	267	87%	12%	1%	0%	91%	9%	0%	0%	0%	2%	23%	20%	23%	23%	9%
2.f	Med CM - Targeted to Rural (a)	548	409	64%	35%	1%	51%	26%	2%	21%	0%	0%	4%	19%	22%	25%	22%	9%
2.g	Med CM - Targeted to Women at Public Clinic (a)	246	273	0%	100%	0%	68%	6%	1%	25%	0%	0%	2%	26%	30%	23%	15%	4%
2.h	Med CM - Targeted to Pedi (a)	0	0															
2.i	Med CM - Targeted to Veterans	172	31	94%	6%	0%	74%	19%	0%	6%	0%	0%	0%	0%	0%	26%	23%	52%
2.j	Med CM - Targeted to Youth	15	13	77%	23%	0%	46%	15%	0%	38%	0%	31%	69%	0%	0%	0%	0%	0%
3	**Local Drug Reimbursement Program (a)**	**5,775**	**6,512**	**76%**	**21%**	**3%**	**43%**	**11%**	**2%**	**43%**	**0%**	**0%**	**4%**	**28%**	**28%**	**23%**	**14%**	**3%**
4	**Oral Health**	**356**	**349**	**70%**	**30%**	**1%**	**40%**	**25%**	**1%**	**34%**	**0%**	**0%**	**2%**	**20%**	**24%**	**27%**	**17%**	**9%**
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	356	349	70%	30%	**1%**	40%	25%	1%	34%	0%	0%	2%	20%	24%	27%	17%	9%
5	**Mental Health Services (d)**	0	**NA**															
6	**Health Insurance**	**1,918**	**2,268**	**79%**	**19%**	**2%**	**44%**	**23%**	**3%**	**30%**	**0%**	**0%**	**2%**	**14%**	**19%**	**22%**	**27%**	**15%**
7	**Home and Community Based Services (d)**	**NA**	**NA**															
8	**Substance Abuse Treatment - Outpatient**	**17**	**22**	**91%**	**5%**	**5%**	**27%**	**41%**	**5%**	**27%**	**0%**	**0%**	**0%**	**36%**	**36%**	**23%**	**5%**	**0%**
9	**Early Medical Intervention Services (d)**	**NA**	**NA**															
10	**Medical Nutritional Therapy/Nutritional Supplements**	**546**	**461**	**77%**	**22%**	**2%**	**45%**	**18%**	**3%**	**33%**	**0%**	**0%**	**1%**	**8%**	**14%**	**25%**	**34%**	**19%**
11	**Hospice Services (d)**	**NA**	**NA**															
12	**Outreach**	**1,042**	**827**	**72%**	**25%**	**3%**	**60%**	**9%**	**3%**	**27%**	**0%**	**0%**	**5%**	**31%**	**27%**	**18%**	**14%**	**4%**
13	**Non-Medical Case Management**	**8,657**	**8,727**															
13.a	Service Linkage Targeted to Youth	175	170	73%	25%	2%	51%	7%	2%	41%	0%	16%	84%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	100	80	79%	20%	1%	51%	4%	4%	41%	0%	0%	0%	48%	30%	15%	3%	5%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,546	3,495	67%	31%	1%	51%	9%	2%	39%	0%	0%	0%	18%	25%	25%	23%	8%
13.d	Service Linkage at CBO Primary Care Programs (a)	4,537	4,982	75%	23%	2%	50%	11%	2%	37%	0%	0%	4%	28%	27%	21%	15%	4%
14	**Transportation**	**2,366**	**1,773**															
14.a	Transportation Services - Urban	796	430	65%	33%	2%	57%	7%	3%	33%	0%	0%	3%	23%	24%	25%	16%	9%
14.b	Transportation Services - Rural	237	134	66%	33%	1%	31%	31%	1%	38%	0%	0%	3%	17%	19%	31%	21%	8%
14.c	Transportation vouchering	1,333	1,209	72%	25%	2%	67%	9%	2%	22%	0%	0%	2%	13%	19%	25%	33%	8%
15	**Linguistic Services (d)**	**NA**	**NA**															
16	**Emergency Financial Assistance (e)**	**1,830**	**2,125**	**76%**	**22%**	**2%**	**45%**	**8%**	**2%**	**45%**	**0%**	**0%**	**4%**	**27%**	**27%**	**23%**	**16%**	**2%**
17	**Referral for Health Care - Non Core Service (d)**	**NA**	**NA**															
Net unduplicated clients served - all categories*		**12,941**	**14,991**	**74%**	**23%**	**2%**	**48%**	**13%**	**2%**	**37%**	**0%**	**0%**	**4%**	**25%**	**25%**	**21%**	**18%**	**7%**
Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)		**NA**	**30,198**	**75%**	**25%**		**48%**	**17%**	**5%**	**30%**	**0%**	**4%**		**21%**	**23%**	**25%**	**20%**	**7%**

Available Data As Of: 4/15/2024

Prepared by: Ryan White Grant Administration

FY 2023 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report (03/01/2023-02/29/2024)

Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,664	2,201	**72%**	**25%**	**3%**	**99%**	**0%**	**1%**	**0%**	**0%**	**0%**	**6%**	**36%**	**27%**	**18%**	**10%**	**2%**
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	1,380	1,770	**83%**	**14%**	**3%**	**0%**	**0%**	**0%**	**100%**	**0%**	**1%**	**6%**	**34%**	**27%**	**21%**	**10%**	**2%**
2	**Medical Case Management (f)**	0																
2.c	Med CM - Targeted to AA (a)	967	575	**78%**	**18%**	**3%**	**46%**	**10%**	**2%**	**42%**	**0%**	**1%**	**8%**	**37%**	**25%**	**17%**	**9%**	**2%**
2.d	Med CM - Targeted to H/L(a)	735	370	**80%**	**20%**	**0%**	**60%**	**16%**	**2%**	**22%**	**0%**	**0%**	**11%**	**22%**	**25%**	**18%**	**18%**	**6%**

RW Part A New Client Service Utilization Report (03/01/2023-02/29/2024)
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/22- 2/28/23)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Primary Medical Care**	**1,871**	**2,101**	**77%**	**21%**	**2%**	**48%**	**10%**	**2%**	**40%**	**0%**	**1%**	**9%**	**37%**	**25%**	**16%**	**2%**	**10%**
2	**LPAP**	**954**	**1048**	**78%**	**18%**	**3%**	**46%**	**10%**	**2%**	**42%**	**0%**	**1%**	**8%**	**37%**	**25%**	**17%**	**2%**	**9%**
3.a	Clinical Case Management	95	95	80%	20%	0%	60%	16%	2%	22%	0%	0%	11%	22%	**25%**	**18%**	6%	**18%**
3.b-3.h	Medical Case Management	1,097	854	73%	25%	2%	50%	12%	1%	37%	0%	2%	7%	34%	**24%**	**18%**	4%	**11%**
3.i	Medical Case Manangement - Targeted to Veterans	33	3	67%	33%	0%	100%	0%	0%	0%	0%	0%	0%	0%	**0%**	**33%**	67%	**0%**
4	**Oral Health**	**50**	**46**	**80%**	**20%**	0%	**43%**	**26%**	**2%**	**28%**	**0%**	**0%**	**7%**	**24%**	**26%**	**17%**	**4%**	**22%**
12.a. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	**1,870**	**1,989**	**70%**	**28%**	**2%**	**54%**	**11%**	**1%**	**33%**	**0%**	**1%**	**7%**	**29%**	**25%**	**18%**	**14%**	**6%**
12.b	**Service Linkage at Testing Sites**	**92**	**83**	**72%**	**23%**	**5%**	**49%**	**4%**	**5%**	**42%**	**0%**	**7%**	**11%**	**35%**	**27%**	**13%**	**2%**	**5%**

Footnotes:

(a) Bundled Category

(b) Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.

(d) Funded by Part B and/or State Services

(e) Total MCM served does not include Clinical Case Management

(f) CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served

Available Data As Of: 4/15/2024

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2324 Ryan White Part B

Procurement Report

April 1, 2023 - March 31, 2024

Reflects spending through March 2024 (Final)

Spending Target: 100%

Revised 6/12/24

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

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

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

Revised 4/26/2024

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums	***1,150***	759	83.73%	16.20%	2.00%	5.00%	37.94%	25.82%	33.08%	3.16%	0.00%	0.00%	0.65%	16.60%	20.68%	24.76%	29.94%	7.37%
Home and Communiy Based Health Services	***0***	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Oral Health Care	***4,224***	2,792	72.71%	25.22%	0.00%	2.07%	51.21%	11.21%	35.13%	2.45%	0.00%	0.25%	1.67%	18.12%	22.85%	23.31%	23.53%	10.27%
Unduplicated Clients Served By State Services Funds:	*NA*	3,551	76.49%	18.97%	1.00%	3.54%	44.58%	18.50%	34.11%	2.81%	0.00%	0.13%	1.16%	17.36%	21.77%	24.04%	26.72%	8.82%

Completed By: L.Ledezma

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2324 DSHS State Services

Procurement Report

September 1, 2023 - August 31, 2024

Chart reflects spending through March 2024

Spending Target: 58.33%

Revised 6/12/2024

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	**Health Insurance Premiums and Cost Sharing (1)**	$892,101	29%	$141,000	$1,033,101	$0	$1,033,101	9/1/2023	$997,596	97%
6	**Mental Health Services (5)**	$300,000	10%	$0	$300,000	$0	$300,000	9/1/2023	$110,910	37%
11	**Hospice**	$293,832	10%	$57,388	$351,220	$0	$351,220	9/1/2023	$133,100	38%
13	**Non Medical Case Management (2)**	$350,000	12%	-$57,388	$292,612	$0	$292,612	9/1/2023	$84,679	29%
16	**Linguistic Services (3)**	$68,000	2%	$0	$68,000	$0	$68,000	9/1/2023	$6,300	9%
	Referral for Healthcare-Incarcerated (6)	$141,000	5%	-$141,000	$0	$0	$0	9/1/2023	$0	0%
	ADAP/Referral for Healthcare (4)	$525,000	17%	$0	$525,000	$0	$525,000	9/1/2023	$131,173	25%
	Food Bank	$5,400	0.2%	$0	$5,400	$0	$5,400	9/1/2023	$2,378	44%
	Medical Transportation	$84,600	3%	$0	$84,600	$0	$84,600	9/1/2023	$33,326	39%
	Emergency Financial Assistance (Compassionate Care)	$368,123	12%	$0	$368,123	$0	$368,123	9/1/2023	$134,282	36%
		3,028,056	**100%**	**$0**	$3,028,056	$0	$3,028,056		1,633,743	54%

Note

(1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31.

(2) Reallocation approved due to a change in provider.

(3) Delayed billing

(4) Delayed billing

(5) Delayed billing

(6) Service was eliminated; reallocation approved by RWPC

Houston Ryan White Health Insurance Assistance Service Utilization Report

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

Revised: 5/29/2024

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

Comments: This report represents services provided under all grants.

DRAFT

2024 Proposed Idea

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

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

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

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

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

2. ADDRESS THE FOLLOWING:

A. DESCRIPTION OF SERVICE:

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

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

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

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

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

Goals/objectives:

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

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

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

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

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

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

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

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

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

REASON FOR RECOMMENDATION:

(Continue on Page 2 of this application form)

Proposed Idea

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

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

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

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

AMOUNT OF FUNDING REQUESTED:

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

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

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

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

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

REASON FOR RECOMMENDATION:

The Services:

Service work-flow

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

Criteria

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

Addressing Questions:

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

From: New Orleans Planning Council

For: Houston Special HTBMN Workgroup Meeting

Date: April 23, 2024

Per: Glenn Urbach's request

HOUSING SERVICES

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

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

Eligible housing can include either housing that:

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

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

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

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

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

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

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

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

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

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

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

Harris County Public Health
Building a Healthy Community

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

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

Hi Glenn,

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

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

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

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FY25 Level Funding Scenario Part A, MAI, Part B State Services on 06/28/24 **Priorities Allocations Committee approved: 06/27/24**

		Part A	MAI	Part B	State Services	Total	FY 2025 Allocations & Justification
	Remaining Funds to Allocate	**$0**	**$0**	**$0**	**$0**	**$0**	
		Part A	**MAI**	**Part B**	**State Services**	**Total**	**FY 2025 Allocations & Justification**
1	**Ambulatory/Outpatient Primary Care**	**$11,490,679**	**$2,098,411**	**$0**	**$0**	**$13,589,090**	**FY25: Level fund since EHE Rapid Start Program brings ~ 1,000 new clients into the system annually.**
1.a	PC - Public Clinic	$4,254,296				$4,254,296	
1.b	PC - AA	$1,151,096	$1,061,151			$2,212,247	
1.c	PC - Hisp - see 1.b above	$986,209	$1,037,260			$2,023,469	
1.d	PC - White - see 1.b above	$1,242,022				$1,242,022	
1.e	PC - Rural	$1,191,872				$1,191,872	
1.f	PC - Women at Public Clinic	$2,164,684				$2,164,684	
1.g	PC - Pedi						
1.h	Vision Care	$450,500				**$450,500**	**FY25: reduce by $49,500 due to underspending in FY23**
1.j	PC - Pay for Performance Pilot Project	$50,000				$50,000	
2	**Medical Case Management**	**$2,183,040**	**$318,597**	**$0**	**$0**	**$2,501,637**	
2.a	CCM - Mental/Substance	$531,025				$531,025	
2.b	MCM - Public Clinic	$301,129				$301,129	
2.c	MCM - AA	$183,663	$159,299			$342,962	
2.d	MCM - Hisp	$183,665	$159,298			$342,963	
2.e	MCM - White	$66,491				$66,491	
2.f	MCM - Rural	$297,496				$297,496	
2.g	MCM - Women	$81,841				$81,841	
2.h	**MCM - Older adults (50+)**	$400,899				$400,899	**New subcategory in FY24**
2.i	MCM - Veterans	$86,964				$86,964	
2.j	MCM - Youth	$49,867				$49,867	
3	**Local Pharmacy Assistance Program**	**$2,067,104**	**$0**	**$0**	**$0**	**$2,067,104**	
3.a	LPAP - Public Clinic	$367,104				$367,104	
3.b	LPAP - Untargeted	$1,700,000				$1,700,000	
4	**Oral Health**	**$166,404**	**$0**	**$2,732,193**	**$0**	**$2,898,597**	
4.a	Oral Health - General			$2,101,048		$2,101,048	FY23/24 Pt B: Grant Increase of $17,782; **Pt B: increase of $267,730**
4.b	Oral Health - Prosthodontics			$631,145		$631,145	FY23/24 SS: Grant Increase of $60,093; **Pt B: increase of $54,395**
4.c	Oral Health - Rural	$166,404				$166,404	
5	**Health Insurance Co-Pays & Co-Ins**	**$1,517,528**	**$0**	**$805,845**	**$1,228,716**	**$3,552,089**	FY23/24 SS: Grant Increase of $27,595 + $175,000 moved from Referral - Incarcer. **FY24/25 SS increase of $61,615 & Pt B: decrease of $222,588 since large increase built into FY24/25 increase funding scenario**
6	**Mental Health Services**	**$0**	**$0**	**$0**	**$300,000**	**$300,000**	
6.a	Mental Health - General				$200,000	$200,000	
1	Mental Health - Special Populations				$100,000	$100,000	
7	**Medical Nutritional Therapy**	**$341,395**	**$0**	**$0**	**$0**	**$341,395**	
8	**Substance Use Disorder Treatment - Outpatient**	**$25,000**	**$0**	**$0**	**$0**	**$25,000**	
9	**Hospice**	**$0**	**$0**	**$0**	**$259,832**	**$259,832**	FY23/24 SS: Grant Increase added $34,000; **SS: Moved $34,000 (added to HIA)**

FY25 Level Funding Scenario Part A, MAI, Part B State Services on 06/28/24 **Priorities Allocations Committee approved: 06/27/24**

		Part A	MAI	Part B	State Services	Total	FY 2025 Allocations & Justification
	Remaining Funds to Allocate	**$0**	**$0**	**$0**	**$0**	**$0**	
10	**Emergency Financial Assistance**	**$2,114,136**	**$0**	**$0**	**$0**	**$2,114,136**	
10.a	EFA - Pharmacy Assistance	$2,039,136				$2,039,136	**FY25 Pt. A: Keep as is due to former ADAP issues. Additional funds can be added later in year if needed**
10.b	EFA - Other	$75,000				$75,000	**FY25 Pt A: Reduce by $25,000 to fund Expungement services**
~~10.c~~	~~EFA - Durable Medical Equipment (urgent)~~	$0				~~$0~~	~~FY25 Pt A: New Service.~~ Cannot provide this service since not providing Community Based Day Treatment, see HRSA guidance dated 6/20/24
11	**Referral for Health Care & Support Services**	**$0**	**$0**	**$0**	**$0**	**$0**	FY23/24 SS: moved $175,000 to Health Inurance when alternative non-RW funding was found for RHCSS - Incarcerated
12	**Non-Medical Case Management**	**$1,267,002**	**$0**	**$0**	**$225,000**	**$1,492,002**	**See below**
12.a	SLW - Youth	$110,793				$110,793	
12.a	SLW - Testing	$100,000				$100,000	
12.b	SLW - Public clinc	$370,000				$370,000	
12.c	SLW - CBO, includes some Rural	$686,209				$686,209	
12.d	Substance Use Disorder				$225,000	$225,000	**FY25 SS: Reduce by $25,000 due to underspending**
13	**Transportation**	**$374,911**	**$0**	**$0**	**$0**	**$374,911**	
13.a	Van Based - Urban	$252,680				$252,680	
13.b	Van Based - Rural	$97,185				$97,185	
13.c	Bus Passes & Gas Vouchers	$25,046				$25,046	**FY25 Pt A: Reduce by $50,000 because bus passes will be purchased in FY24**
14	**Linguistic Services**	**$0**	**$0**	**$0**	**$68,000**	**$68,000**	
15	**Outreach Services**	**$220,000**	**$0**	**$0**	**$0**	**$220,000**	**FY25 Pt A: Reduce by $100,000 due to underspending in FY23**
16	**Food Bank/Home Delivered Meals**	**$100,000**	**$0**	**$0**	**$0**	**$100,000**	**FY25 Pt A: New Service: Mecially tailored meals**
17	**Housing - Temporary Assisted Living**	**$49,500**	**$0**	**$0**	**$0**	**$49,500**	**FY25 Pt A: New Service for temporary medical necessity**
18	**Other Professional Svcs or Legal Services**	**$25,000**	**$0**	**$0**	**$0**	**$25,000**	**FY25 Pt A: New Service for expungement of criminal records**
	Total Service Allocation	**$21,941,699**	**$2,417,008**	**$3,538,038**	**$2,081,548**	**$29,978,293**	
NA	FY25 Quality Management	$594,893				$594,893	**FY25 Pt A: increase by $286,542. 06/21/24 AA DECREASED BY $222,219**
NA	FY25 Administration - RWGA + PC + Indirect	$2,176,325				$2,176,325	**FY25 Pt A: increase by $346,210 (reduced by $49,500 to fund Housing). 06/21/24 AA DECREASED BY $245,424**
NA	**Total Non-Service Allocation**	**$2,771,218**	**$0**	**$0**	**$0**	**$2,771,218**	
	Total Grant Funds	**$24,712,917**	**$2,417,008**	**$3,538,038**	**$2,081,548**	**$32,749,511**	

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

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

Core medical	**$17,791,150**	**81%**	

[For Staff Only]
If needed, use this space to enter base amounts to be used for calculations

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

DRAFT

Houston Ryan White Planning Council
Priority and Allocations Committee

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

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

MOTION A: All Funding Streams – Level Funding Scenario

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

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

MOTION B: MAI Increase / Decrease Scenarios

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

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

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

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

MOTION C: Part A Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Part A Funding.

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

Increase Funding Scenario for Ryan White Part A Funding.

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

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

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

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

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

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

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

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

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

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