

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

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 30, 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, August 8, 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



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, August 8, 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
A. Welcome, Moment of Reflection
B. Adoption of the Agenda
C. Approval of the Minutes
D. Expungement of Criminal Records | Josh Mica, he/him/él, Chair
Ryan White Planning Council

John Nechman, Esq.
Katine Nechman McLaurin, LLP |
| II. | Public Comments and Announcements
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.) | |
| III. | Reports from Committees
A. Affected Community Committee
<i>Item:</i> General Check In with Committee Members
<i>Recommended Action:</i> FYI: The Committee Chair invited members to talk about their experiences during Hurricane Beryl and share any needs they might have. | 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, continue working on an inventory of HIV Resources of Houston area colleges and universities.

Item: 2024 Project LEAP and Proyecto VIDA

Recommended Action: FYI: Members of the Affected Community Committee have been recruiting students for the 2024 Project LEAP and Proyecto VIDA classes, which will start on Wednesday, August 14th. Many thanks to all Council members for posting information on social media, sharing the applications with friends and more. We want to send special thanks to the Ryan White volunteers who staffed tables at agencies and to Ronnie Galley for working with volunteers and staff at the agencies. It was a big job!

B. Comprehensive HIV Planning Committee

Item: FY 2025 EIIHA Plan Populations

Recommended Action: **Motion:** Approve following populations for inclusion in the FY 2025 EIIHA Plan:

1. Black/African Americans
2. Hispanics/Latinx Individuals
3. Male-Male Sexual Contact/Men who have Sex with Men

Office of Support staff is to include a statement in the EIIHA section of The HRSA application recognizing that currently available epidemiologic data consistently fail to assess the need for testing, referral, and linkage in vulnerable populations such as among those who are transgender, intersex, unhoused, and those released from incarceration. Moving forward, the Houston Ryan White Planning Council will look to other sources, in addition to that provided by the Texas Department of Health Services, to document the needs of these vulnerable populations.

Kenia Gallardo, she/her/hers &
Robert Sliepka, he/him/they,
Co-Chairs

C. Quality Improvement Committee

Item: FY 2023 Assessment of the Administrative Mechanism

Recommended Action: **Motion:** Approve the FY 2025 Assessment of the Administrative Mechanism and commend the Ryan White Part A/MAI Administrative Agent for rapidly dispersing funds to meet the needs of people living with HIV in the Houston EMA and for efficiently managing the process so that fewer dollars were returned to the federal government. No corrective action required.

Tana Pradia, she/her/hers &
Pete Rodriguez, he/him/él,
Co-Chairs

Item: Other Professional Services

Recommended Action: FYI: Since John Nechman was tentatively scheduled to present information to the Council about the process of expunging criminal records, members of the Committee were encouraged to attend the August presentation.

D. Operations Committee

No report due to Hurricane Beryl

Cecilia Ligons, she/her/hers &
Crystal R. Starr, she/her/hers,
Co-Chairs

E. Priority and Allocations Committee

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 A/Minority AIDS Initiative (MAI) Administrative Agent:

- FY23-24 Procurement Report – Part B, dated 07/11/24
- FY23-24 Procurement Report – SS***, dated 07/11/24
- FY23-24 HIAP SUR Report, dated 05/29/24

Item: FY 2025 Ryan White Service Priorities

Recommended Action: **Motion:** Based upon need, use, and a special concern for making medication easy to access, the Priority and Allocations Committee recommends approval of the attached FY 2025 service priorities for Ryan White Part A, MAI**, Part B and SS*** funded service categories.

Item: 2024 Ryan White Part A & MAI** Allocation Increases

Recommended Action: **Motion:** Approve the 2024 Ryan White Part A and MAI** Allocation Increases. See the attached chart for details and justification.

Peta-gay Ledbetter, she/her/hers
and Rodney Mills, he/him/his,
Co-Chairs

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
- Latinx

Sha'Terra Johnson, she/her/hers

- Youth
- MSM
- Hepatitis C
- Project PATHH (Protecting our Angels Through Healing Hearts)
formerly Urban AIDS Ministry

Steven Vargas, he/him/él

F. HIV and Aging Coalition

Skeet Boyle, he/him/his

G. Texas HIV Medication Advisory Committee

H. Positive Women's Network

Tana Pradia, she/her/hers

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



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, July 11, 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	Evelio Salinas Escamilla	Rodrigo Arias
Ardry “Skeet” Boyle	Jose Serpa-Alvarez	Neema Davies
Ryan Rose, Secretary	Robert Sliepka	Shabaura Perryman
Kevin Aloysius	Crystal Renee Starr	
Yvonne Arizpe	Pete Rodriguez	
Caleb Brown	Steven Vargas	STAFF PRESENT
Titan Capri		<i>Ryan White Grant Administration</i>
Johnny Deal		Glenn Urbach
Kathryn Fergus	MEMBERS ABSENT	Mauricia Chatman
Kenia Gallardo	Laura Alvarez, excused	Eric James
Glen Hollis	Servando Arellano	Frank Ruiz
Kenneth Jones	Jay Bhowmick, excused	
Denis Kelly	Johanna Castillo, excused	<i>The Resource Group</i>
Peta-gay Ledbetter	Tony Crawford, excused	Sha’Terra Johnson
Cecilia Ligons	Michael Elizabeth	
Bill Patterson	Roxane May, excused	<i>Office of Support</i>
Shital M. Patel	Rodney Mills, excused	Tori Williams
Oscar Perez	Norman Mitchell, excused	Diane Beck
Tana Pradia	Diane Morgan, excused	
Beatriz Rivera	Imran Shaikh, excused	
Megan Rowe	Carol Suazo	
Yolanda Ross	Priscilla Willridge, excused	

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 the Council members who are out recruiting for Project LEAP and Proyecto VIDA. The Council and staff appreciate your valuable time and effort. All Ryan White volunteers are eligible to win the \$50 gift certificate if they send the highest number of applicants

who are interviewed. See Tori or Diane if you need application forms and please post the information on your Facebook pages.

HRSA has made recent announcements about allowing Ryan White Programs to pay for security deposits and the cost of expunging criminal records for people who are eligible for Ryan White services but their criminal record is a barrier to care. John Nechman was scheduled to present information today about how a program like this would have to be set up but, due to damage to his office and home from hurricane Beryl, he had to cancel. In the meantime, the Priority and Allocations Committee has added this service to the FY25 allocations and put a small amount of money into the service so that they can prioritize it and add more money later if needed. The Priority and Allocations Committee had to manage a number of last minute surprises during their process. Mica thanked the committee for their thoughtful deliberations and flexibility in accommodating the surprises. Later in July, they will set service priorities and reallocate carryover funds from FY23.

Mica then called for a Moment of Reflection.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Rivera, Rose) to approve the June 13, 2024 minutes.* **Motion carried.** Abstentions: Aloysius, Brown, Rodriguez.

Training: Priority Setting and Allocations Processes: Williams presented the attached PowerPoint.

Public Comment and Announcements: See attached public comments included in the meeting packet. Mica said that the comments about single pill regiments have been brought up before because it is an ongoing issue. Apparently, there is a waiver that would allow clients to get the single pill regimen but pharmacy staff tell patients that they are not eligible so no one seems to know about the waiver. Why is Ryan White funding health insurance companies that don't cover the needs of all patients?

Reports from Committees

Comprehensive HIV Planning Committee: Robert Sliepka, Co-Chair, reported on the following:
2024 Houston Area HIV Epidemiological Profile: Beth Allen, the Interim Health Planner continues to work 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 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.

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, are creating an inventory of HIV resources on Houston area colleges and universities. See attached form.

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 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 to help spread the word about the program.

Quality Improvement Committee: Pete Rodriguez, Co-Chair, reported on the following:

Other Professional Services: Williams said that we received the attached letter from HRSA dated June 6, 2024 after the critical Priority and Allocations meeting on June 10th. Since the Council will need time to vet this service, the committee allocated a small amount of funding and will prioritize the appropriate service category, which will be re-opened for expungement services only. ***Motion #3:*** *it was moved and seconded (Starr, Rodriguez) to 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.* **Motion Carried.** Abstentions: Brown, Hollis, Rivera.

Priority and Allocations Committee: Peta-gay Ledbetter, 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 06/17/24
- 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 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

Proposed New Services: 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

FY 2025 Level Funding Scenario – All Funding Streams: ***Motion 4:*** *Approve the attached FY 2025 Level Funding Scenario for Ryan White Part A/Minority AIDS Initiative (MAI), Part B and State Services funding. See attached chart for details.* **Motion Carried.** Abstentions: Aloysius, Arizpe, Patel, Rivera.

FY 2025 Minority AIDS Initiative Increase/Decrease Funding Scenarios: ***Motion 5:*** *Approve the attached FY 2025 Increase and Decrease Funding Scenarios for Ryan White MAI funds.* **Motion Carried.** Abstentions: Aloysius, Arizpe, Patel, Rivera.

FY 2025 Part A Increase/Decrease Funding Scenarios: ***Motion 6:*** *Approve the attached FY 2025 Increase and Decrease Funding Scenarios for Ryan White Part A funds.* **Motion Carried.** Abstentions: Aloysius, Arizpe, Patel, Rivera.

FY 2025 Part B & State Services Increase/Decrease Funding Scenarios: ***Motion 7:*** *Approve the attached FY 2025 Increase and Decrease Funding Scenarios for Ryan White Part B and State Services funding.* **Motion Carried.** Abstentions: Aloysius, Arizpe, Patel, Rivera.

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

No report since the Committee did not meet in June.

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: Vargas said that the Texas HIV Medication Advisory Committee will be meeting in Austin tomorrow; we will find out if they will be adding Cabenuva to the ADAP formulary. Aloysius said that ADAP distributed hurricane kits to pharmacies which includes a waterproof bag to put medications in. Rivera said she would like to have more time to discuss unusual items on the agenda, such as the expungement service which was presented in an irregular order.

Adjournment: **Motion:** *it was moved and seconded (Starr, Deal) to adjourn the meeting at 1:43 p.m.*
Motion Carried.

Respectfully submitted,

	Date _____
Victoria Williams, Director	

	Date _____
Draft Certified by Council Chair:	

	Date _____
Final Approval by Council Chair:	

Council Voting Records for July 11, 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 Expungement service Carried					Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Expungement service Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS													MEMBERS												
Josh Mica, he/him/él, Chair				C				C				C	Evelio Salinas Escamilla		X				X					X	
Ardry “Skeet” Boyle		X				X				X			Jose Serpa-Alvarez		X				X				X		
Ryan Rose, Secretary		X				X				X			Robert Sliepka		X				X				X		
Kevin Aloysius		X					X			X			Crystal Renee Starr		X				X				X		
Yvonne Arizpe		X				X				X			Pete Rodriguez		X					X			X		
Caleb Brown		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			Laura Alvarez												
Glen Hollis		X				X						X	Servando Arellano												
Kenneth Jones		X				X				X			Jay Bhowmick												
Denis Kelly		X				X				X			Johanna Castillo												
Peta-gay Ledbetter		X				X				X			Tony Crawford												
Cecilia Ligons		X				X				X			Michael Elizabeth												
Bill Patterson		X				X				X			Roxane May												
Shital M. Patel ja 12:12 pm	X				X					X			Rodney Mills												
Oscar Perez		X				X				X			Norman Mitchell												
Tana Pradia		X				X				X			Diane Morgan												
Beatriz Rivera		X				X						X	Imran Shaikh												
Megan Rowe		X				X				X			Carol Suazo												
Yolanda Ross		X				X				X			Priscilla Willridge												

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	Motion #4 FY25 Level funding scenario Carried				Motion #5 FY25 MAI incr/decr scenario Carried					Motion #4 FY25 Level funding scenario Carried				Motion #5 FY25 MAI incr/decr scenario Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS									MEMBERS								
Josh Mica, he/him/él, Chair				C				C	Evelio Salinas Escamilla		X				X		
Ardry “Skeet” Boyle		X				X			Jose Serpa-Alvarez		X				X		
Ryan Rose, Secretary		X				X			Robert Sliepka		X				X		
Kevin Aloysius				X				X	Crystal Renee Starr		X				X		
Yvonne Arizpe				X				X	Pete Rodriguez		X				X		
Caleb Brown		X				X			Steven Vargas		X				X		
Titan Capri		X				X											
Johnny Deal		X				X											
Kathryn Fergus		X				X			MEMBERS ABSENT								
Kenia Gallardo		X				X			Laura Alvarez								
Glen Hollis		X				X			Servando Arellano								
Kenneth Jones		X				X			Jay Bhowmick								
Denis Kelly		X				X			Johanna Castillo								
Peta-gay Ledbetter		X				X			Tony Crawford								
Cecilia Ligons		X				X			Michael Elizabeth								
Bill Patterson		X				X			Roxane May								
Shital M. Patel				X				X	Rodney Mills								
Oscar Perez		X				X			Norman Mitchell								
Tana Pradia		X				X			Diane Morgan								
Beatriz Rivera				X				X	Imran Shaikh								
Megan Rowe		X				X			Carol Suazo								
Yolanda Ross		X				X			Priscilla Willridge								

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	Motion #6 FY25 Pt A incr/decr scenario Carried				Motion #7 FY25 Pt B/SS incr/decr scenario Carried					Motion #6 FY25 Pt A incr/decr scenario Carried				Motion #7 FY25 Pt B/SS incr/decr scenario Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS									MEMBERS								
Josh Mica, he/him/él, Chair				C				C	Evelio Salinas Escamilla		X				X		
Ardry “Skeet” Boyle		X				X			Jose Serpa-Alvarez		X				X		
Ryan Rose, Secretary		X				X			Robert Sliepka		X				X		
Kevin Aloysius				X				X	Crystal Renee Starr		X				X		
Yvonne Arizpe				X				X	Pete Rodriguez		X				X		
Caleb Brown		X				X			Steven Vargas		X				X		
Titan Capri		X				X											
Johnny Deal		X				X											
Kathryn Fergus		X				X			MEMBERS ABSENT								
Kenia Gallardo		X				X			Laura Alvarez								
Glen Hollis		X				X			Servando Arellano								
Kenneth Jones		X				X			Jay Bhowmick								
Denis Kelly		X				X			Johanna Castillo								
Peta-gay Ledbetter		X				X			Tony Crawford								
Cecilia Ligons		X				X			Michael Elizabeth								
Bill Patterson		X				X			Roxane May								
Shital M. Patel				X				X	Rodney Mills								
Oscar Perez		X				X			Norman Mitchell								
Tana Pradia		X				X			Diane Morgan								
Beatriz Rivera				X				X	Imran Shaikh								
Megan Rowe		X				X			Carol Suazo								
Yolanda Ross		X				X			Priscilla Willridge								

PROPOSED

Ryan White Comprehensive HIV Planning Committee FY 2025 EIIHA Populations

The EIIHA Workgroup met on July 11, 2024 and selected the FY 2025 populations. Participants included representatives from prevention and care, community members, and consumers.

Item: FY 2025 EIIHA Plan Populations

Recommended Action: **MOTION:** Approve the following populations for inclusion in the FY 2025 EIIHA Plan:

1. Black/African Americans
2. Hispanics/Latinx Individuals
3. Male-Male Sexual Contact/Men who have Sex with Men

Office of Support staff is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data consistently fail to assess the need for testing, referral, and linkage in vulnerable populations such as among those who are transgender, intersex, homeless, and those released from incarceration. Moving forward, the Houston Ryan White Planning Council will look to other sources, in addition to that provided by the Texas Department of Health Services, to document the needs of these vulnerable populations.

All are welcome to provide public comment before the populations listed above are finalized at the Thursday, August 8, 2024 Council meeting. Those unable to attend are encouraged to provide input via phone or email **no later than Friday, July 26, 2024 at 10 a.m.** Those submitting input via email are encouraged to text Diane to confirm receipt.

Input can be submitted via:

Phone: 832 927-7926
Email: Diane.Beck@harriscountytexas.gov
Confirm: 936 933-8523

Thank you very much. We look forward to receiving your input!

Quality Improvement Committee

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

**Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2023**

Prepared by
Houston Area Ryan White Planning Council
Office of Support
Approval Pending

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

Fiscal Year 2023
Contract Period: March 1, 2023 – February 29, 2024

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Background

The Ryan White CARE Act requires local planning councils to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area.”¹ To meet this mandate, local planning councils conduct a time-specific documented observation of the local procurement, expenditure, and reimbursement process for Ryan White funds by evaluating “how efficiently providers are selected and paid (assessment of the efficiency of the administrative mechanism)”.² The observation process is not intended to evaluate either the local administrative agencies for Ryan White funds or the individual service providers funded by Ryan White. Instead, it produces information about the procurement, expenditure, and reimbursement process for the local system of Ryan White funding that can be used for overall quality improvement purposes.

In the six-county Houston Eligible Metropolitan Area (EMA), an assessment of the local administrative mechanism is performed for each fiscal year (FY) of Ryan White funding. The present assessment reviews FY 2023, March 1, 2023, through February 29, 2024, and was approved by the Ryan White Planning Council on March 14, 2024. Taken together, the information generated by the checklist is intended to measure the overall efficacy of local procurement, reimbursement, and the contract monitoring processes of the administrative agent (AA) for Ryan White Part A and Minority AIDS Initiative (MAI) funds. The checklist is reviewed and approved annually by the Quality Improvement Committee of the Houston Area Ryan White Planning Council, and application of the checklist, including data collection, review, analysis and reporting, is performed by the Ryan White Planning Council Office of Support staff. All data and documents reviewed in the process are publicly available. Later in the year, the approved assessment tool will be applied to the administrative mechanism for Part B and State Services funds. Findings from the two assessments are reported independently and are named in the narrative and checklist.

Methodology

In July 2024, the approved assessment tool was applied to the administrative mechanism for Part A and MAI funds. The designated contract period in this report is March 1, 2023 – February 29, 2024.

The tool evaluates three areas of the administrative mechanism: (1) the procurement and Request for Proposals (RFP) process, (2) the reimbursement process, and (3) the contract monitoring process. As outlined in the tool, 10 data points and their respective data sources are assessed for the administrative mechanism for the specified time frame. Application of the checklist, including data collection, analysis, and reporting, is performed by the Ryan White Planning Council Office of Support staff.

¹ Public Health Service Act, Title XXVI—HIV Health Care Services Program, Part A, 42 U. S. C. § 2604 (2015). <https://ryanwhite.hrsa.gov/about/legislation>.

² U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, *Part A Manual: Ryan White HIV/AIDS Program* (Rockville, Maryland: HRSA, 2023), p. 31.

Part A and Minority AIDS Initiative (MAI)
Contract Period: March 1, 2023–February 29, 2024 (FY23)

Summary of Findings

I. Procurement/Request for Proposals Process

- a) Because the AA processed contract and position extensions prior to initiation of FY23, only twenty-four (24) business days elapsed between receipt of the first partial NGA and acceptance by the Commissioners Court and contract execution with funded service providers. Thirty-four (34) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. Twenty (20) business days elapsed between receipt of the carryover funds approval notice and approval by the Commissioners Court and contract execution.
- b) Because of position extensions and contract awards being processed by the AA in anticipation of the grant award, 100% of the Part A and MAI partial grant award was procured by the first day of the first quarter of FY23.
- c) The AA supplied funds in FY23 only to Planning Council–approved Service Categories, and the amounts of funds per Service Category are shown in the monthly procurement reports presented to the Planning Council. The AA applied Planning Council–approved policies for the shifting of funds within Service Categories. Minutes of Planning Council meetings show that the AA appeared monthly on the agenda to present up-to-date procurement reports.
- d) Because the AA initiated the RFP process early, bidders were able to access the RFP before the conference, and they had time before and after the conference to secure answers to questions. The conference for bidders was held online on Microsoft Teams, and bidders could access the meeting by video or audio.
- e) The RFP incorporates Service Category definitions that are consistent with those defined by the Planning Council.
- f) There were no unobligated funds for the contract period.
- g) There were \$310,534 in unspent funds in Part A and MAI. The Service Categories listed above had expended more than 95% of the amount procured expended in FY23. Unspent funds represented 1.34% of the total FY23 Part A and MAI allocation for service dollars, according to the 6/17/2024 procurement report. Overall, 99% of FY23 Part A service dollars and 98% of MAI service dollars were expended. The Houston EMA was able to reallocate all unspent dollars to current RW-funded agencies.
- h). The AA was required to and did maintain a method of communicating with the Planning Council the results of the procurement process, which included regularly presenting procurement reports to the Quality Improvement Committee and the Priority and Allocations Committee as well as the Planning Council.

II. Reimbursement Process

- a) The AA's *FY23 Ryan White Part A and MAI Contractor Reimbursement Tracking Summary* indicated that 27 days was the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA.
- b) After submission of an accurate contractor reimbursement request or invoice, the percentage of contractors paid within 20 days or less was 22%, the percentage paid within 35 days was 45%, and the percentage paid within 50 days was 33% (range, 9–39 days). According to the

report, no contractor was issued payment more than 39 days after submission of an accurate reimbursement request or invoice.

III. Monitoring Process

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

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Sources
a) How much time elapsed between receipt of the Notice of Grant Award or funding contract by the AA and contract execution with funded service providers?	<ul style="list-style-type: none"> The AA for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with the Commissioners Court prior to receipt of the Notice of Grant Award (NGA) in order to prevent lapses in services to consumers. For the FY23 contract period, extensions of positions and contract renewals for Part A and MAI service providers were approved at the Commissioners Court meeting on 01/31/2023. The Part A and MAI initial NGA was received on 01/11/2023 (partial) and executed at the Commissioner's Court meeting on 02/14/23. Twenty-four (24) business days elapsed between receipt of the initial NGA and acceptance by the Commissioners Court and contract execution with funded service providers. The Part A and MAI final NGA was received on 03/29/23, and the Commissioners Court took final action on the award on 05/16/23. Thirty-four (34) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. The Part A and MAI carryover approval for FY23 was received on 10/17/23, and the Commissioners Court approved the request to accept the carryover award from FY 2022 Ryan White Part A and MAI funds on 11/14/23, which is 20 business days. <p><u>Conclusion:</u> Because the AA processed contract and position extensions prior to initiation of FY23, only twenty four (24) business days elapsed between receipt of the first partial NGA and acceptance by the Commissioners Court and contract execution with funded service providers. Thirty-four (34) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. Twenty (20) business days elapsed between receipt of the carryover funds approval notice and approval by the Commissioners Court and contract execution.</p>	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	<p>Notices of Grant Awards (issued 01/11/2023 and 03/29/23)</p> <p>Commissioners Court Agendas (01/31/2023, 02/14/23, 05/16/23, 11/14/2023)</p> <p><i>FY 2023 Ryan White Part A and MAI Procurement Report (dated May 21, 2023)</i></p> <p>Carryover (issued 10/17/2023)</p>

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Sources
b) What percentage of the grant award was procured by the: <input checked="" type="checkbox"/> 1st quarter? <input type="checkbox"/> 2nd quarter? <input type="checkbox"/> 3rd quarter?	<ul style="list-style-type: none"> FY23 procurement reports from the AA indicate that all allocated funds in each Service Category were procured by 03/01/23, the first day of the grant award period. This is due to the position extensions and contract awards processed by the AA prior to receipt of the NCA, as described above in a). <p><u>Conclusion:</u> Because of position extensions and contract awards being processed by the AA in anticipation of the grant award, 100% of the Part A and MAI partial grant award was procured by the first day of the first quarter of FY23.</p>	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	<i>FY 2023 Ryan White Part A and MAI Procurement Reports (dated May 21, 23)</i>
c) Did the awarding of funds in specific categories match the allocations established by the Planning Council?	<ul style="list-style-type: none"> The Planning Council makes allocations per Service Category for each upcoming contract period based on the assumption of level funding. It then designs scenarios to be applied in the event of an increase or decrease in funding per the actual award. The Planning Council further permits the AA to reallocate funds within Service Categories (up to 10%) without preapproval throughout the contract period for standard business practice reasons, such as billing reconciliations and to apply carryover funds as directed. In addition, the Planning Council allows the AA to shift funds in the final quarter of the contract period in order to prevent the grantee from leaving more than 5% of its formula funds unspent. The AA maintains a column across procurement reports that includes all original allocations per Service Category by the Planning Council. The first FY23 procurement report (dated May 21, 2023) indicates that the AA applied Planning Council-approved policies for the shifting of funds within service categories during the contract period, including all funding scenarios, billing reconciliations, and carryover funds. Furthermore, Planning Council minutes show the AA presented an updated procurement report monthly at its meetings for scrutiny by the council. <p><u>Conclusion:</u> The AA supplied funds in FY23 only to Planning Council–approved Service Categories, and the amounts of funds per Service Category are shown in the monthly procurement reports presented to the Planning Council. The AA applied Planning Council-approved policies for the shifting of funds within Service Categories. Minutes of Planning Council meetings show that the AA appeared monthly on the agenda to present up-to-date procurement reports.</p>	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	<i>FY 2023 Ryan White Part A and MAI Procurement Reports (May 21, 2023 – June 17, 2024)</i> Minutes of Planning Council monthly meetings (May 2023 through June 2024)

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Sources
<p>d) Does the AA have a grant award process which:</p> <ul style="list-style-type: none"> ✓ Provides bidders with information on applying for grants? ✓ Offers a bidder's conference? 	<ul style="list-style-type: none"> • Multi-year contracts were introduced in Harris County starting in FY12. These contracts are for a maximum of four one-year renewals, renewable one year at a time. In FY23, Part A and MAI services could be contracted for up to five years, with Service Categories rotated for bidding every four years. According to this schedule, the following Service Categories were scheduled for FY23 contracts in the RFP issued October 28, 2022: <ul style="list-style-type: none"> ➢ Health Insurance Assistance ➢ Primary Care - Rural • As part of the process, an open pre-submission conference was held for bidders on November 10, 2022 and was advertised through Bonfire, the Harris County purchasing portal. Before and after the conference, bidders could pose questions to the RWGA. <p><u>Conclusion:</u> Because the AA initiated the RFP process early, bidders were able to access the RFP before the conference, and they had time before and after the conference to secure answers to questions. The conference for bidders was held online on Microsoft Teams, and bidders could access the meeting by video or audio.</p>	Confirmation of communication by the AA to potential bidders specific to the grant award process	<p>Part A RFP issued in 2022 for FY23 contracts</p> <p>Courtesy Notice for Pre-Proposal Conference in 2022 for FY23 contracts</p> <p>The Harris County purchasing department portal (Bonfire)— https://harriscountytexas.bonfirehub.com/opportunities/73144</p>
<p>e) Does the RFP incorporate service category definitions that are consistent with those defined by the Planning Council?</p>	<ul style="list-style-type: none"> • Yes, the RFP incorporates Service Category definitions that are consistent with those defined by the Planning Council. 	Confirmation of communication by the AAs to potential bidders specific to PC products	Part A RFP issued in 2022 for FY23 contracts

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
f) At the end of the award process, were there still unobligated funds?	<ul style="list-style-type: none"> From Day 1 of the grant period, all services were procured, and procurement reports from May 2023 to June 2024 have identified no unobligated funds. <p><u>Conclusion:</u> There were no unobligated funds for the contract period.</p>	Comparison of final amounts procured and total amounts allocated in each Service Category	FY23 Part A and MAI procurement reports provided by the AA to the PC from May 2023 to June 2024
g) At the end of the year, were there unspent funds? If so, in which service categories?	<ul style="list-style-type: none"> The most recent FY23 procurement report (dated June 17, 2024) shows unspent service dollars as follows: Part A: \$263,074 in unspent Part A service dollars with 99% of the amount procured expended and 100% forecast to be spent. The following Service Categories were YTD underspent by 2% or less: 98% expended—Primary Care and Outreach 99% expended—Medical Case Management and Medical Nutritional Therapy MAI: \$47,460 in unspent MAI service dollars with 98% of the amount procured and expended overall. Underspending occurred in the follow Service Category: 58% expended—Medical Case Management The total unspent service funds for both Part A and MAI in FY23 was \$310,534, or 1.34% <p><u>Conclusion:</u> There were \$310,534 in unspent funds in Part A and MAI. The Service Categories listed above had less than 95% of the amount procured expended in FY23. Unspent funds represented 1.34% of the total FY23 Part A and MAI allocation for service dollars, according to the 6/17/2024 procurement report. Overall, 99% of FY23 Part A service dollars and 98% of MAI service dollars were expended. The Houston EMA was able to reallocate all unspent dollars to current Ryan White-funded agencies.</p>	Review of final spending amounts for each service category	FY23 Part A and MAI Procurement Report provided by the AA to the PC (06/17/24)

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
h) Does the AA have a method of communicating back to the PC the results of the procurement process?	<ul style="list-style-type: none"> A Memorandum of Understanding was signed in 2012 that requires the AA to “inform the Council no later than the next scheduled . . . Steering Committee meeting of any allocation changes” (p. 4). Those who signed included the CEO, the AA, and representatives of the Planning Council and Office of Support. In addition, FY23 Part A and MAI procurement reports were presented at Planning Council Meetings monthly, according to meeting minutes (May 2023–June 2024). <p><u>Conclusion:</u> The AA was required to and did maintain a method of communicating with the Planning Council the results of the procurement process, which included regularly presenting procurement reports to the Quality Improvement Committee and the Priority and Allocations Committee as well as the Planning Council.</p>	Confirmation of communication by the AA to the PC specific to procurement results	Houston EMA MOU (signed 3/1/12) Planning Council meeting minutes (March 2023–June 2024)

Section II: Reimbursement Process

a) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA? b) What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice: Within 20 days? Within 35 days? Within 50 days?	<ul style="list-style-type: none"> For a): The AA's <i>FY23 Ryan White Part A and MAI Contractor Reimbursement Tracking Summary</i> indicated that 27 days was the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA. For b): After submission of an accurate contractor reimbursement request or invoice, the percentage of contractors paid within 20 days or less was 22%, the percentage paid within 35 days was 45%, and the percentage paid within 50 days was 33% (range, 9–39 days). According to the report, no contractor was issued payment more than 39 days after submission of an accurate reimbursement request or invoice. <p><u>Conclusion:</u> Payment was issued to contractors no more than 39 days and no less than 9 days after presentation of an accurate reimbursement request or invoice. The average number of days elapsing between receipt of an accurate contractor reimbursement request for Part A and/or MAI funds was 27 days: about two thirds were paid within 35 days, and the remaining third was paid within 39 days.</p>	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	<i>FY23 Ryan White Part A and MAI Contractor Reimbursement Tracking Summary</i>
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Section III: Contract Monitoring Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
a) Does the AA use the Standards of Care as part of the contract monitoring process?	<ul style="list-style-type: none"> The RFP guidelines distributed by the RWGA to potential bidders assert that those applying for service contracts must “assure that services provided to People Living With HIV/AIDS will be of the highest possible quality, consistent with all Harris County Public Health/Ryan White Grant Administration standards of care and quality management guidelines, Public Health Service guidelines and/or rules and regulations from all applicable licensing entities” (p.16). Included is mention of and link to the 72-page RWGA’s <i>Ryan White Care Act Part A Standards of Care for HIV Services</i>, which “applies to Part A funded HRSA defined core and support services” (p. 2). The RWGA’s <i>Quality Management Plan</i> (revised and made available in the last month of the grant year) describes the nexus of clinical quality improvement and standards of care. The RWGA’s guide to conducting site visits includes the process for reviewing compliance with Standards of Care. <p><u>Conclusion:</u> The AA used the Standards of Care as part of the contract monitoring process and clearly indicated this in its quality management policies, procedures, and plans.</p>	Confirmation of use of adopted SOC in contract monitoring activities	<p><i>General Requirements and Specifications for Invitation for Request for Proposals</i></p> <p>Ryan White Grant Administration, Harris County Public Health: >><i>Ryan White Care Act Part A Standards of Care for HIV Services</i> >><i>Ryan White Care Act Part A Quality Management Plan</i> >> <i>Policy and Procedures for Performing Ryan White Part A Site Visits</i></p>

Abbreviations: AA, administrative agent; EMA, Eligible Metropolitan Area; FY, fiscal year; MAI, Minority AIDS Initiative; NGA, notice of grant award; PC, Ryan White Planning Council; RFP, Request for Proposal; RWGA, Ryan White Grant Administration, Harris County Public Health; SOC, Standards of Care.

Priority and Allocations Committee

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	11,169,413	370,766	0	0	0	0	11,540,179	46.70%	11,540,179	0		\$2,091,530	18%	33%
1.a	Primary Care - Public Clinic (a)	4,109,697	144,599					4,254,296	17.21%	4,254,296	0	3/1/2024	\$743,451	17%	33%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,114,019	37,077					1,151,096	4.66%	1,151,096	0	3/1/2024	\$307,746	27%	33%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	952,840	33,369					986,209	3.99%	986,209	0	3/1/2024	\$312,180	32%	33%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,201,238	40,784					1,242,022	5.03%	1,242,022	0	3/1/2024	\$166,310	13%	33%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,151,088	40,784					1,191,872	4.82%	1,191,872	0	3/1/2024	\$126,890	11%	33%
1.f	Primary Care - Women at Public Clinic (a)	2,090,531	74,153					2,164,684	8.76%	2,164,684	0	3/1/2024	\$280,423	13%	33%
1.g	Primary Care - Pediatric (a.1)														
1.h	Vision	500,000						500,000	2.02%	500,000	0	3/1/2024	\$154,530	31%	33%
1.x	Primary Care Health Outcome Pilot	50,000	0					50,000	0.20%	50,000	0	3/1/2024	\$0	0%	33%
2	Medical Case Management	2,183,040	0	0	0	0	0	2,183,040	8.83%	2,183,040	0		297,115	14%	33%
2.a	Clinical Case Management	531,025	0					531,025	2.15%	531,025	0	3/1/2024	\$104,652	20%	33%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.22%	301,129	0	3/1/2024	\$68,017	23%	33%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.74%	183,663	0	3/1/2024	\$25,140	14%	33%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.74%	183,665	0	3/1/2024	\$13,029	7%	33%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.27%	66,491	0	3/1/2024	\$7,490	11%	33%
2.f	Med CM - Targeted to Rural (a)	297,496	0					297,496	1.20%	297,496	0	3/1/2024	\$22,513	8%	33%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.33%	81,841	0	3/1/2024	\$43,319	53%	33%
2.h	Med CM - Targeted Geriatrics	400,899	0					400,899	1.62%	400,899	0	3/1/2024	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0					86,964	0.35%	86,964	0	3/1/2024	\$0	0%	33%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.20%	49,867	0	3/1/2024	\$12,956	26%	33%
3	Local Pharmacy Assistance Program	2,067,104	0	0	0	0	0	2,067,104	8.36%	2,067,104	0	3/1/2024	\$462,988	22%	33%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.49%	367,104	0	3/1/2024	\$83,450	23%	33%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0					1,700,000	6.88%	1,700,000	0	3/1/2024	\$379,538	22%	33%
4	Oral Health	166,404	0	0	0	0	0	166,404	0.67%	166,404	0	3/1/2024	\$4,300	33%	33%
4.b	Oral Health - Targeted to Rural	166,404	0					166,404	0.67%	166,404	0	3/1/2024	\$54,300	33%	33%
5	Health Insurance (c)	1,583,137			0	0	0	1,583,137	6.41%	1,583,137	0	3/1/2024	\$276,706	17%	33%
7	Medical Nutritional Therapy (supplements)	341,395	0					341,395	1.38%	341,395	0	3/1/2024	\$78,673	23%	33%
8	Substance Abuse Services - Outpatient (c)	25,000	0	0	0	0	0	25,000	0.10%	25,000	0	3/1/2024	\$4,200	17%	33%
10	Emergency Financial Assistance	2,139,136	0	0	0	0	0	2,139,136	8.66%	2,139,136	0		\$335,789	16%	33%
10.a	EFA - Pharmacy Assistance	2,039,136	0					2,039,136	8.25%	2,039,136	0	3/1/2022	\$319,482	16%	33%
10.b	EFA - Other	100,000	0					100,000	0.40%	100,000	0	3/1/2024	\$16,306	16%	33%
12	Non-Medical Case Management	1,267,002	0	0	0	0	0	1,267,002	5.13%	1,267,002	0	3/1/2024	\$274,552	22%	33%
12.a	Service Linkage targeted to Youth	110,793	0					110,793	0.45%	110,793	0	3/1/2024	\$25,231	23%	33%
12.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0					100,000	0.40%	100,000	0	3/1/2024	\$19,158	19%	33%
12.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.50%	370,000	0	3/1/2024	\$115,761	31%	33%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0					686,209	2.78%	686,209	0	3/1/2024	\$114,403	17%	33%
13	Medical Transportation	424,911	0	0	0	0	0	424,911	1.72%	424,911	0		\$51,016	12%	33%
13.a	Medical Transportation services targeted to Urban	252,680	0					252,680	1.02%	252,680	0	3/1/2024	\$32,300	13%	33%
13.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.39%	97,185	0	3/1/2024	\$18,716	19%	33%
13.c	Transportation vouchersing (bus passes & gas cards)	75,046	0					75,046	0.30%	75,046	0	3/1/2024	\$0	0%	33%
15	Outreach	320,000	0					320,000	1.29%	320,000	0	3/1/2024	\$32,629	10%	33%
FY23_RW_DIR	Total Service Dollars	21,686,542	370,766	0	0	0	0	22,057,308	89.25%	22,057,308	0		\$3,959,498	18%	33%
	Grant Administration	2,125,040	0	0	0	0	0	2,125,040	8.60%	2,125,040	0		\$480,767	23%	33%
FY23_RW_ADMIN	HCPH/RWGA Section (including indirect \$169,915)	1,531,603	0	0			0	1,531,603	6.20%	1,531,603	0	N/A	\$359,837	23%	33%
FY23_RW_ADMIN	RWPC Support	593,437	0		0	0	0	593,437	2.40%	593,437	0	N/A	\$120,930	20%	33%
FY23_RW_QM	Quality Management	530,570	0	0	0	0	0	530,570	2.15%	530,570	0	N/A	\$94,517	18%	33%
		24,342,152	370,766	0	0	0	0	24,712,918	100.00%	24,712,918	0		\$4,534,782	18%	33%
									Unallocated	Unobligated					33%

Priority	Service Category	Original Allocation <small>RWPC Approved Level Funding Scenario</small>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	Part A Grant Award:	24,712,918	Carryover:	0			Total Part A:	24,712,918	0	0					33%
		Original Allocation	Award Reconciliation	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)	17,535,493	370,766	0	0	0	0	17,906,259	81.18%	2,988,806	81.88%	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	4,151,049	0	0	0	0	0	4,151,049	18.82%	661,357	18.12%	Supplement			0
	Total Service Dollars (does not include Admin and QM)	21,686,542	370,766	0	0	0	0	22,057,308		3,650,163		Carry Over	0		0
												Totals	0	0	0
	Total Admin (must be ≤ 10% of total Part A + MAI)	2,125,040	0	0	0	0	0	2,125,040	7.83%						
	Total QM (must be ≤ 5% of total Part A + MAI)	530,570	0	0	0	0	0	530,570	1.96%						
MAI Procurement Report															
Priority	Service Category	Original Allocation <small>RWPC Approved Level Funding Scenario</small>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,068,055	30,356	0	0	0	0	2,098,411	86.82%	2,098,411	0		\$553,200	26%	33%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,045,669	15,482		0			1,061,151	43.90%	1,061,151	0	3/1/2024	\$311,115	29%	33%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,022,386	14,874		0			1,037,260	42.92%	1,037,260	0	3/1/2024	\$242,085	23%	33%
2	Medical Case Management	314,060	4,536	0	0	0	0	318,596	13.18%	318,596	0		\$43,221	14%	33%
2.c (MAI)	MCM - Targeted to African American	157,030	2,268					159,298	6.59%	159,298	0	3/1/2024	\$27,788	17%	33%
2.d (MAI)	MCM - Targeted to Hispanic	157,030	2,268					159,298	6.59%	159,298	0	3/1/2024	\$15,433	10%	33%
	Total MAI Service Funds	2,382,115	34,892	0	0	0	0	2,417,007	100.00%	2,417,007	0		\$596,421	25%	33%
	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	2,382,115	34,892	0	0	0	0	2,417,007	100.00%	2,417,007	0		\$596,421	25%	33%
	MAI Grant Award	2,417,007	Carry Over:	0			Total MAI:	2,417,007							33%
	Combined Part A and MAI Orginial Allocation Total	26,724,267							Unallocated	Unobligated					
									0	0		MAI Award	2,417,007		
Footnotes:															
All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.														
(a)	Single local service definition is 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														

FY 2024 Ryan White Part A and MAI Service Utilization Report
Date Range: 03/01/2024 - 6/30/2024 23:59:00

RW PART A Service Utilization Report																		
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+
1	Outpatient/Ambulatory Primary Care (excluding Vision)	9,780	4,580	74%	24%	2%	40%	12%	2%	46%	0%	0%	4%	25%	27%	23%	17%	3%
1.a	Primary Care - Public Clinic (A)	3,113	1,907	69%	29%	1%	38%	7%	2%	53%	0%	0%	3%	17%	26%	28%	22%	5%
1.b	Primary Care - CBO Targeted to AA (A)	2,335	1,004	70%	27%	3%	99%	0%	0%	0%	0%	0%	6%	36%	27%	16%	12%	2%
1.c	Primary Care - CBO Targeted to Hispanic (A)	1,934	984	81%	15%	4%	0%	0%	0%	100%	0%	1%	5%	31%	30%	21%	10%	2%
1.d	Primary Care - CBO Targeted to White and/or MSM (A)	774	421	86%	12%	2%	0%	85%	15%	0%	0%	0%	3%	25%	26%	23%	20%	3%
1.e	Primary Care - CBO Targeted to Rural (A)	752	294	68%	31%	0%	38%	21%	2%	39%	0%	0%	4%	23%	28%	26%	15%	3%
1.f	Primary Care - Women at Public Clinic (A)	872	559	1%	99%	1%	48%	4%	1%	46%	0%	0%	1%	13%	27%	30%	22%	6%
1.g	Primary Care - Pediatric (A)																	
1.h	Vision	2,663	936	70%	27%	3%	46%	11%	2%	41%	0%	0%	3%	23%	25%	26%	18%	4%
2	Medical Case Management	5,719	1,117	65%	32%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2.a	Clinical Case Management	967	218	72%	24%	4%	55%	18%	0%	27%	0%	0%	3%	18%	18%	22%	28%	11%
2.b	Med CM - Targeted to Public Clinic (A)	578	260	91%	6%	3%	51%	12%	1%	37%	0%	0%	1%	29%	23%	18%	24%	5%
2.c	Med CM - Targeted to AA (A)	1,479	190	62%	32%	7%	98%	2%	0%	0%	0%	1%	4%	34%	33%	14%	12%	3%
2.d	Med CM - Targeted to H/L (A)	728	105	81%	12%	7%	1%	0%	0%	99%	0%	0%	6%	35%	28%	20%	9%	3%
2.e	Med CM - Targeted to White and/or MSM (A)	460	41	83%	17%	0%	0%	95%	5%	0%	0%	0%	2%	24%	20%	27%	20%	7%
2.f	Med CM - Targeted to Rural (A)	554	153	57%	42%	1%	58%	24%	1%	16%	0%	0%	1%	14%	20%	26%	27%	11%
2.g	Med CM - Targeted to Women at Public Clinic (A)	259	148	1%	99%	0%	68%	5%	1%	26%	0%	0%	1%	26%	33%	22%	15%	3%
2.h	Med CM - Targeted to Geriatrics	532																
2.i	Med CM - Targeted to Veterans	148																
2.j	Med CM - Targeted to Youth	14	2	100%	0%	0%	100%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (A)	5,781	2,805	73%	23%	4%	40%	12%	2%	47%	0%	0%	3%	21%	27%	28%	18%	3%
4	Oral Health	348	197	64%	35%	1%	38%	30%	2%	29%	0%	0%	1%	16%	26%	30%	15%	12%
4.a	Oral Health - Untargeted (D)	NA	NA															
4.b	Oral Health - Rural Target	348	197	64%	35%	1%	38%	30%	2%	29%	0%	0%	1%	16%	26%	30%	15%	12%
5	Health Insurance (D)	2,034	1,123	78%	20%	2%	44%	22%	3%	31%	0%	0%	2%	12%	21%	23%	30%	12%

6	Mental Health Services (D)	NA	NA															
7	Medical Nutritional Therapy/Nutritional Supplements	515	276	77%	21%	2%	41%	17%	5%	37%	0%	0%	1%	7%	8%	26%	38%	20%
8	Substance Abuse Treatment - Outpatient	19	5	100%	0%	0%	0%	20%	0%	80%	0%	0%	0%	60%	20%	0%	20%	0%
9	Hospice Services	NA	NA															
10	Emergency Financial Assistance	3,218	440	74%	24%	2%	43%	9%	2%	46%	0%	0%	4%	20%	30%	25%	18%	2%
10.a	Emergency Financial Assistance-Pharmacy Assistance	3,105	394	75%	24%	2%	41%	8%	2%	48%	0%	0%	4%	20%	32%	25%	16%	2%
10.b	Emergency Financial Assistance - Other	113	46	72%	24%	4%	59%	15%	0%	26%	0%	0%	4%	17%	20%	17%	33%	9%
11	Referral for Health Care - Non Core Service (D)	NA	NA															
12	Non-Medical Case Management	8,568	2,692															
12.a	Service Linkage Targeted to Youth	179	110	64%	33%	4%	56%	3%	2%	39%	0%	10%	90%	0%	0%	0%	0%	0%
12.b	Service Linkage at Testing Sites	132	47	68%	28%	4%	49%	2%	4%	45%	0%	0%	0%	60%	26%	6%	6%	2%
12.c	Service Linkage at Public Clinic Primary Care Program (A)	3,621	1,577	63%	36%	1%	48%	8%	2%	43%	0%	0%	0%	19%	26%	25%	24%	6%
12.d	Service Linkage at CBO Primary Care Programs (A)	4,636	958	71%	25%	4%	45%	9%	1%	45%	0%	1%	4%	26%	29%	21%	15%	4%
13	Transportation	2,358	565	71%	27%	3%	59%	10%	2%	28%	0%	0%	1%	15%	21%	27%	27%	8%
13.a	Transportation Services - Urban	687	135	64%	33%	2%	50%	8%	6%	36%	0%	1%	1%	18%	25%	25%	20%	10%
13.b	Transportation Services - Rural	195	55	64%	35%	2%	31%	35%	2%	33%	0%	0%	0%	18%	16%	27%	24%	15%
13.c	Transportation vouchersing	1,476	433	73%	25%	3%	67%	6%	1%	25%	0%	0%	1%	14%	20%	27%	30%	7%
14	Linguistic Services (D)	NA	NA															
15	Outreach Services	955	196	65%	31%	4%	66%	8%	2%	25%	0%	0%	6%	38%	29%	14%	11%	3%
	Net unduplicated clients served - all categories	15,378	9,078	73%	25%	2%	45%	12%	2%	41%	0%	0%	4%	22%	26%	23%	19%	6%
	Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (B)	NA	30,198	75%	25%	0%	48%	17%	5%	30%	0%		4%	21%	23%	25%	20%	0%

RW MAI Service Utilization Report																		
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+
	Outpatient/Ambulatory Primary Care (excluding Vision)	3,129																
1.b	Primary Care - MAI CBO Targeted to AA (F)	1,676	870	71%	26%	3%	100%	0%	0%	0%	0%	0%	6%	36%	28%	15%	11%	3%
1.c	Primary Care - MAI CBO Targeted to HL (F)	1,453	716	81%	15%	3%	0%	0%	0%	100%	0%	0%	4%	33%	26%	23%	11%	3%
2	Medical Case Management (E)	1,535																
2.c	Med CM - MAI Targeted to AA (A)	907	150	63%	31%	6%	100%	0%	0%	0%	0%	1%	3%	40%	31%	13%	11%	2%
2.d	Med CM - MAI Targeted to H/L (A)	628	78	72%	21%	8%	0%	0%	0%	100%	0%	0%	6%	31%	29%	21%	10%	3%

RW Part A New Client Service Utilization Report																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months																		
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+
1	Primary Medical Care	1,929	604	75%	22%	3%	50%	13%	1%	36%	0%	1%	8%	35%	27%	15%	11%	3%
2	LPAP	969	189	78%	17%	5%	43%	13%	1%	42%	0%	0%	7%	31%	29%	17%	14%	3%
3.a	Clinical Case Management	110	7	86%	0%	14%	29%	29%	0%	43%	0%	0%	29%	29%	14%	0%	29%	0%
3.b-3.h	Medical Case Management (E)	1,050	177	69%	29%	2%	56%	11%	1%	32%	0%	1%	3%	34%	28%	16%	16%	2%
3.i	Medical Case Manangement - Targeted to Veterans	28																
4	Oral Health	49	5	80%	20%	0%	60%	40%	0%	0%	0%	0%	0%	0%	20%	40%	20%	20%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	1,981	461	66%	33%	2%	56%	8%	2%	34%	0%	1%	6%	23%	26%	18%	19%	7%
12.b	Service Linkage at Testing Sites	100	39	59%	36%	5%	54%	3%	5%	38%	0%	5%	10%	49%	21%	5%	8%	3%

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

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2324 Ryan White Part B
Procurement Report
April 1, 2024 - March 31, 2025



Reflects spending through May 2024

Spending Target: 16.7%

Revised

7/11/24

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	\$2,101,048	59%		\$2,101,048		\$2,101,048	4/1/2023	\$226,756	11%
4	Oral Health Service -Prosthodontics	\$631,145	18%		\$631,145		\$631,145	4/1/2023	\$102,030	16%
5	Health Insurance Premiums and Cost Sharing (1)	\$805,845	23%		\$805,845		\$805,845	4/1/2023	\$504,780	63%
				\$0	\$0		\$0			
		\$0	0%	\$0	\$0					
Total Houston HSDA		3,538,038	100%	0	3,538,038	\$0	\$3,538,038		833,566	24%

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

(1) Increase due to costs in spending

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 May 2024

Spending Target: 75%

Revised 7/11/2024

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	\$194,797	65%
11	Hospice	\$293,832	10%	\$57,388	\$351,220	\$0	\$351,220	9/1/2023	\$172,040	49%
13	Non Medical Case Management (2)	\$350,000	12%	-\$57,388	\$292,612	\$0	\$292,612	9/1/2023	\$109,312	37%
16	Linguistic Services (3)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2023	\$6,880	10%
	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	\$251,624	48%
	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	\$50,114	59%
	Emergency Financial Assistance (Compassionate Care)	\$368,123	12%	\$0	\$368,123	\$0	\$368,123	9/1/2023	\$168,379	46%
		3,028,056	100%	\$0	\$3,028,056	\$0	\$3,028,056		1,953,118	65%

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

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	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.

Worksheet for Determining FY 2025 Service Priorities – 07-16-24

MOTION: Based upon need, use, and a special concern for making medication easy to access, the Priority and Allocations Committee recommends approval of the following FY25 service priorities.

Core Services—FUNDED	FY2025		FY2023	FY2024	FY2025	Justification
	HL Scores	HL Rank	Approved Priorities	Approved Priorities	Proposed Priorities	
Ambulatory/Outpatient Medical Care*	HHH	2	1	1	1	
Medical Case Management	HHH	2	2	2	3	
Local Pharmacy Assistance Program	HHH	2	3	3	2	
Oral Health Services	HHH	2	4	4	4	
Health Insurance	HLH	4	5	5	5	
Mental Health Services	LLL	8	6	6	6	
Medical Nutritional Therapy	LLL	8	7	7	7	
Substance Use Disorder Treatment	LLL	8	9	8	8	
Hospice**	—	—	10	9	9	

Support Services—FUNDED	FY2025		FY2023	FY2024	FY2025	Justification
	HL Scores	HL Rank	Approved Priorities	Approved Priorities	Proposed Priorities	
Emergency Financial Assistance	HHH	2	14	10	10	
Non-medical case management	HHH	2	12	12	11	
Housing—Temporary Assisted Living	H–L	2			13	New service in FY25
Medical Transportation	HLH	4	13	13	12	
Outreach	L–H	6	16	15	14	
Food Bank/Home-Delivered Meals	L–L	7			15	New service in FY25
Linguistics Services	L–L	7	15	14	16	
Other Professional Services	—	—			17	New service in FY25

(Continued on next page)

Worksheet for Determining FY 2025 Service Priorities – 07-16-24

MOTION: Based upon need, use, and a special concern for making medication easy to access, the Priority and Allocations Committee recommends approval of the following FY25 service priorities.

Core Services—UNFUNDED	FY2025		FY2023	FY2024	FY2025	Justification
	HL Scores	HL Rank	Approved Priorities	Approved Priorities	Proposed Priorities	
Home and Community-Based Health Services***	H–H	3	9		19	
Home Health Care	H–H	3			18	
Early Intervention Services (Incarcerated)	L–L	7	7	7	20	

Support Services—UNFUNDED	FY2025		FY2023	FY2024	FY2024	Justification
	HL Scores	HL Rank	Approved Priorities	Approved Priorities	Proposed Priorities	
Rehabilitation Services	H–L	2			22	
Substance Use Disorder Treatment (Residential)	H–L	2			21	
Health Education/Risk Reduction	H–H	3			24	
Psychosocial Support Services	H–H	3			23	
Childcare Services	L–L	7			25	
Respite Care	—	—			26	

Note: When HL scores have a dash in the middle, the rank is calculated by adding together two scores, one substituting H for the middle letter and one substituting L. An average, calculated from the two values, is rounded up to the next whole number when necessary. Abbreviations: ADAP, AIDS Drug Assistance Program; HL, High and Low.

*Services include vision care.

**Hospice does not have HL score or rank.

***Characterized as “Day Treatment” in *2024 Needs Assessment*.

—, Unknown.

Worksheet— FY2025 Need, Use, and Accessibility Service Priorities- as of 07/16/24

MOTION: Based upon need, use, and a special concern for making medication easy to access, the Priority and Allocations Committee recommends approval of the following FY25 service priorities.

Core Services—FUNDED	Data			HL			HL		Proposed FY25 Priorities	Notes
	Need	Use	Ease of Access	Need	Use	Ease of Access	Score	Rank		
Ambulatory/Outpatient Medical Care*	95	10,282	88	H	H	H	HHH	2	1	
Medical Case Management	73	3,893	64	H	H	H	HHH	2	3	
Local Pharmacy Assistance Program	81	6,707	75	H	H	H	HHH	2	2	
Oral Health Services	69	3,062	52	H	H	H	HHH	2	4	
Health Insurance	66	2,660	58	H	L	H	HLH	4	5	
Mental Health Services	49	103	43	L	L	L	LLL	8	6	
Medical Nutritional Therapy	35	478	30	L	L	L	LLL	8	7	
Substance Use Disorder Treatment	23	21	19	L	L	L	LLL	8	8	
Hospice**	4		4		—	—	—	—	9	
Proposed MIDPOINTS	66	3,062	52							

Support Services—FUNDED	Data			HL			HL		Proposed FY25 Priorities	Notes
	Need	Use	Ease of Access	Need	Use	Ease of Access	Score	Rank		
Emergency Financial Assistance	81	3,642	75	H	H	H	HHH	2	10	
Non-medical case management	73	8,855	64	H	H	H	HHH	2	11	
Housing—Temporary Assisted Living	48	—	26	H	—	L	H–L	2	13	New
Medical Transportation	53	1,774	50	H	L	H	HLH	4	12	
Outreach	42	1,001	40	L	—	H	L–H	6	14	
Food Bank/Home-Delivered Meals	47	—	28	L	—	L	L–L	7	15	New
Linguistics Services	6		5	L	—	L	L–L	7	16	
Other Professional Services	—	—	—	—	—	—	—	—	17	New
Proposed MIDPOINTS	48	2,708	40							

(Continued on next page)

Worksheet— FY2025 Need, Use, and Accessibility Service Priorities- as of 07/16/24

Core Services—UNFUNDED	Data			HL			HL		Proposed FY25 Priorities	Notes
	Need	Use	Ease of Access	Need	Use	Ease of Access	Score	Rank		
Home and Community-Based Health Services***	16	—	13	H	—	H	H—H	3	19	
Home Health Care	17	—	13	H	—	H	H—H	3	18	
Early Intervention Services (Incarcerated)	12	—	8	L	—	L	L—L	7	20	
Proposed MIDPOINTS	16	—	13							

Support Services—UNFUNDED	Data			HL			HL		Proposed FY25 Priorities	Notes
	Need	Use	Ease of Access	Need	Use	Ease of Access	Score	Rank		
Rehabilitation Services	15	—	12	H	—	L	H—L	2	22	
Substance Use Disorder Treatment (Residential)	15	21	13	H	—	L	H—L	2	21	
Health Education/Risk Reduction	35	—	32	H	—	H	H—H	3	24	
Psychosocial Support Services	35	—	27	H	—	H	H—H	3	23	
Childcare Services	8	—	6	L	—	L	L—L	7	25	
Respite Care	—	—	—	—	—	—	—	—	26	
Proposed MIDPOINTS	15	—	13							

Note: When HL scores have a dash in the middle, the rank is calculated by adding together two scores, one substituting H for the middle letter and one substituting L. An average, calculated from the two values, is rounded up to the next whole number when necessary. Abbreviations: ADAP, AIDS Drug Assistance Program; HL, High and Low.

*Services include vision care.

** Hospice does not have HL scores or rank.

***Characterized as “Day Treatment” in 2024 Needs Assessment.

—, Unknown.

Ryan White Allocation Increases as of 07-17-24: Ryan White Part A Funding

A - Part A Funds Available for Reallocation: \$ 491,204

Control No. / Priority No.	Yes, No or Maybe	Service Category	Amount Requested	Recommended Reallocations	Justification
RYAN WHITE PART A FUNDS					
Control 1 Priorities 1.e, 2.f, 3.b, 10.b, 12.c	Yes	Community-based Primary Medical Care targeted to Rural; Medical Case Management, Emergency Financial Assistance – Pharmacy; LPAP, and Service Linkage Workers	\$ 47,460	\$0	Returned \$228,730 in unspent funds in FY23.
Control 2 Priority 5	Yes	Health Insurance Assistance	\$ 491,204	\$311,204	#5 service priority and public comment dated 06/25/24. Per funding request, fill back billing in the amount of \$255,102 as of 05/01/24 and provide an additional \$56,102. See addition motion to allocate \$150,000 in State Service funds.
Control 3 Priorities 1.b–1.d, 2.c- 2.e, 3.b, 10.a, 13.d, 17	Yes	Community-based Primary Medical Care for AA, H & W; Medical Case Management for the same populations, Emergency Financial Assistance – Pharmacy; LPAP, Outreach and Service Linkage Workers	\$ 491,204	\$120,000	#1 service priority and history of spending 100% their allocation annually.
Control 4 Priorities 1.b–1.d, 2.c- 2.e, 3.b, 10.a, 13.d, 17	Yes	Community-based Primary Medical Care for AA, H & W; Medical Case Management for the same populations, Emergency Financial Assistance – Pharmacy; LPAP, Outreach and Service Linkage Workers	3 228,934	\$60,000	#1 service priority and history of spending 100% of their allocation annually.
		TOTALS	\$1,258,802	\$ 491,204	

MAI - Funds Available for Reallocation: \$ 47,459

RYAN WHITE MAI FUNDS

Control 1 Priorities 1.b, 2.c		Community-based Primary Medical Care for African American and Hispanic; Medical Case Management for the same populations	\$ 47,459	\$ 47,459	#1 service priority and only request for MAI increase allocation.
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