

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



We envision an educated community where the needs of all HIV/AIDS infected 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 infected and/or affected with HIV/AIDS by taking a leadership role in the planning and assessment of HIV resources

MINUTES

11:30 a.m., Thursday, June 10, 2004

2223 W. Loop South, Room 416

Houston, Texas 77027

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Ken Malone, Vice-Chair	Joe Fuentes, Jr., excused	Debra Goodie
Gary Ainsworth	Daniel Garza, excused	Mark Aguilar, AFH
Skeet Boyle	Kimberly Griffin, excused	Ann Robison, MCC
Lester Byrd	Johnny Harris, Jr.	Katy Caldwell, MC
Paula Downes	Priscilla Jenkins-Roberts, excused	Vera Johnson, AFH
Johnetta Evans-Thomas	Leonard Kincaid, excused	Jerry Morales, AFH
Felicia Farrar	Lynn King, Jr., excused	Glenn Taggart, BOCS
Tonya Fisher	Marlene McNeese-Ward, excused	Bob Taylor, AFH
David Garner	Sylvia Mazique, excused	Bill , AFH
Veronica Garza	John Sahn, excused	Matt Locklin, AHCH, Inc.
Hector Guajardo	Kimbrae Sanders, excused	Laura Valentine, BOCS
Gretchen Hollingsworth	Thomas Urban, excused	Gail Cote, Housing Corp.
Kevin Jackson	Fred Walters, Jr., excused	Pam Necessary, Housing Corp.
Lesley Lopez-Williams	Tracy Wilson, excused	Judyth Miller
Albert McKinney		Kim Tarleton
Nancy Miertschin		Jerry Deweese
Michael Miller		Patton Slade Moody
Joseph Osei-Frimpong		Kenneth Hurt
Yvette Proctor		Arthur Martin
Marvin Pruitt		J. Keever
Bruce Turner		William Tate
Cathy Wiley		John Ondrusek
Steven Walker		Catherine Troisi, HDHHS
Torelen Winbush		Gary Grier
		Carolyn Baker
JUDGE ECKELS LIAISON		Rylentha Mitchell
Modelle Brudner		Tom McDevitt, Coalition for the Homeless
		Kimala McGee Evans
HIV SERVICES		Roland Humprey
Charles Henley		Trent Lavalais
		Robert Peaks
OFFICE OF SUPPORT STAFF		Valencia Lewis
Tori Williams		Marcelin Lewis
Jennifer Kim		Teresa Presley
Diane Clark		Patricia Hernandez
Georgette L. Monaghan		Robin Porter, The Love Covers All Project
		Natalie Smith
		Danekin Jefferson
		Tammy Stansel
		Sharon Atrla
		Maurice Peterson

Call to Order: Ken Malone, Vice Chair, called the meeting to order at 11:45 a.m. by asking for a moment of reflection.

Adoption of the Agenda: *Motion: it was moved and seconded (Guajardo, Downes) to adopt the agenda with the following: under III. G. Operations, add "Item: Election of Chair". Motion carried.*

Adoption of the Minutes: *Motion: it was moved and seconded (Walker, Turner) to adopt the May 13, 2004 minutes. Motion carried.*

Since McNeese-Ward was unable to attend the meeting, Malone read the attached announcement regarding McNeese-Ward's resignation as Chair of the Ryan White Planning Council.

Public Comment (See attached written comments): Malone read the policy regarding public comment (see meeting agenda) The following comments were against the elimination of services, unless otherwise noted:

John Huckaby: See attached.

Ken Hurt: The meeting location was extremely difficult for him to get to. Why not have this meeting at the West Gray Multipurpose Center next time?

Art Martin: Please continue nutrition and housing services.

Patten M: He supports the comments of the person before him. Please continue nutrition and housing services.

Gary Brown: Please continue the food pantry services as they are currently organized.

Carolyn B: Please continue emergency financial assistance, housing and food bank programs.

William T: Please continue the utility and rental assistance program.

Cathy Wiley: See attached letter entitled: "Harris County Inter-Local Agreement Program with the City of Houston".

Ann Robison: Please support the directives from the How to Best Meet the Needs processes. Use Title I funds to meet the medical needs of people with HIV/AIDS.

Katy Caldwell: Please honor the recommendations of the How to Best Meet the Needs process. The Council has to make funding cuts in FY 2005.

Anisa Hill: Do not cut the direct emergency assistance program.

Vera Johnson: See attached comments.

Kathy Taylor: See attached comments.

Bob T: As stated before, do not eliminate the emergency financial assistance, in-home support or housing assistance programs.

Matt: Clients need emergency funding. The services need more publicity and staff needs to be more aggressive about getting the word out. The client complaint system is not working. Clients get no response after presenting their comments.

Adrian Harris: Please do not cut services.

Karen Covington: Please do not cut food or shelter services.

Judyth Miller: Please do not eliminate emergency financial assistance.

Jerry Deweese: Please do not eliminate housing services.

Felicia Farrar, representing HOPWA and a member of the Quality Assurance Committee, stated that her committee worked very hard in making their recommendations. Council member Walker asked Farrar if CBO's can for HOPWA funds to build long-term housing? Farrar responded "yes". HOPWA wants to see clients in long term housing programs so that they are not bounced from one housing to unit to another. Walker asked if there were agency representatives in the room who would be eligible to apply for such funds. Farrar said "yes, there are". Staff person Tori Williams read the two attached, written comments.

Teresa Presley: Please provide clients with housing, childcare, food pantry and drug assistance.

Danekin read the attached public comments from a group of women who could not be in attendance at today's meeting. They urged the Council to continue funding food and emergency financial assistance programs.

Tom representing the Coalition for the Homeless, stated that the Coalition is opposed to the recommendation to eliminate the rental assistance program.

Reports from the Committees: Malone stated that discussion on all agenda items would be limited to three minutes so that the Council can complete its business at today's meeting.

Priority & Allocations Committee: Turner presented the following motion:

FY 2005 Service Priorities: *Motion: To accept the attached recommendations regarding the FY 2005 service priorities.* Discussion: The Quality Assurance Committee has now eliminated some of the services. These will be removed from the chart. The priority process is not tied to the How to Best Meet the Needs process and the rank order is not tied to allocations. **Motion carried.** Votes: Yes: 17, No: 0, Abstentions: Boyle, Garza, V., Osei-Frimpong, Malone.

Quality Assurance Committee: Veronica Garza, Chair, reported on the following:

FY 2003 Primary Care Chart Reviews: See the attached report.

CPCDMS Work Group: See the attached report. The next meeting will be at 10:30 a.m. on Thursday, August 5, 2004

Primary Care/Medication Work Group: See the attached, final recommendations from the work group.

Joint Committee: See the attached, final recommendations from the committee.

FY 2005 How To Best Meet the Need : *Motion: To accept the attached recommendations from the Quality Assurance Committee regarding the FY 2005 Service Definitions.* Garza, V. presented the service definitions one by one, except the ones for which she has a conflict of interest. Therefore, Malone presented the motions regarding: Case Management, Mental Health, and Outreach. See attached voting chart for motions and voting record. The only recommendation that was not approved was Motion #1 regarding food pantry services. This motion failed and was sent back to committee.

Motion: it was moved and seconded (Farrar, Garner) to give the Steering Committee final approval of the Quality Assurance Committee's recommendation regarding the Food Pantry. **Motion carried.** Votes: Yes: 12, No: Ainsworth, Byrd, Boyle, Hollingsworth, Jackson, Lopez-Williams, McKinney, Pruitt, Abstentions: Malone, Guajardo, Proctor, Garza, V.

Comprehensive HIV Planning Committee: Paula Downes, Chair, gave the following reports:

2004 Epidemiology Report: See the attached draft of the report, dated 05-26-04.

2004 Epidemiology Report: Motion from Steering Committee: Allow the final draft of the report to go directly to the Council for approval, pending approval from the Needs Assessment Group (NAG) at their meeting on July 7, 2004. **Motion carried.** Votes: Yes: 20, No-0, Abstentions: Malone, Jackson.

Advances in Meds/Treatments: There was no report

Administrative Assessment Committee: Joe Fuentes, Chair, reported on the following:

Reports from the Administrative Agent: See the attached reports regarding: Service Utilization 3/1/03-12/29/04, FY 2003 Allocations and Expenditure Report 4th Quarter, FY 2004 Allocations and Expenditure Report, Administrative Cost Report 3/1/03-12/29/04, WICY Expenditures March 2003-February 2004, and FY 2003 Special WICY Report.

Subcategory Review Requests: The committee reviewed the requests and forwarded the committee recommendation along with the requests to the Priority and Allocations Committee.

Evaluation of the Administrative Mechanism: The committee reviewed the tool used to evaluate the administrative mechanism.

Affected Community Committee: Lesley Lopez-Williams, Chair, gave the following reports:
June 1, 2004 Public Hearing: It was well attended and many gave public comments, primarily about food services, housing and emergency financial assistance.

June 28, 2004 Public Hearing: See the attached flyer. All Council members are encouraged to attend.

Outreach: See the attached list of events at which the Council will have a presence.

PR Committee: Pride participants meet at 8:45 p.m. on June 26, 2004. See Evans-Thomas or Jackson for more information.

Operations Committee: Steven Walker, Chair, reported on the following:

FY 2004 Council Support Budget: *Motion: To approve the attached, revised budget. Motion carried.*

Votes: Yes: 21, No: 0, Abstention: Turner.

Health Planner Position: *Motion: To raise the Health Planner salary in IFAS to \$60,000 after the County approves the COLA raise. Motion carried.* Votes: Yes: 22, No: 0, Abstention: Jackson.

Council Quorum: The following information is presented as an FYI because a bylaws change, must be voted on after a 30-day notice. The proposed motion states the following: Change the Council quorum to state that: Quorum will be constituted when 40% of the membership is present to conduct business.

Committee Description: *Motion: To delete the following sentence from the description of the Administrative Assessment Committee: " This committee is also the place where service outcomes and cost effectiveness evaluations are initiated and managed." Motion carried.* Votes: Yes: 23, No: 0, Abstain: 0.

Office of Chair: Due to the resignation of the Council Chairperson, Walker asked for nominations for the new Chairperson. McKinney nominated Walker. Walker accepted the nomination.

Report from Office of Support: Tori Williams, Manager, thanked McNeese-Ward for her dedication to the Council and her personal support of the staff as the Council Chair. See the attached report. Next Monday the Priority and Allocations Committee will begin creating the preliminary draft of the FY 2005 Allocations.

Report from HIV Services: Charles Henley, Director, HIV Services, Harris County Health Department: See the attached report.

Old Business: None.

New Business:

Report from Titles II: See the attached report from Proctor.

Spokesperson for Title I to STAGE: Boyle announced that the next STAGE meeting will be on July 9, 2004.

Legislative Updates: Walker stated that the City Health Department was cut \$1 million. This means a \$2.7 million lost to Houston and the loose of 5 of the 8 prevention programs. The City of Houston will be meeting today to discuss the situation.

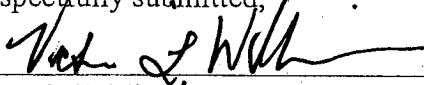
Mayor's Task Force on HIV/AIDS: Wiley announced that June 25, 2004 is National HIV Testing Day.

HOPWA: Farrar stated that a work group will be formed to discuss permanent housing.

Announcements: Hollingsworth will be presented with an award entitled, "Producer of the Year", this Saturday, June 19, 2004. Call Hollingsworth for details.

Adjournment: *Motion: it was moved and seconded (Walker, Boyle) to adjourn the meeting at 2:07 p.m.*
Motion carried.

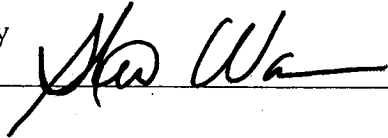
Respectfully submitted,



Victoria Williams, Manager

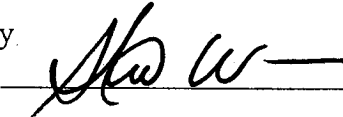
7/8/04
Date

Draft Certified by
Council Chair:



7/8/04
Date

Final Approval by
Council Chair:



7/8/04
Date

06-10-04 - UNLESS NOTED OTHERWISE, THE PLANNING COUNCIL ACCEPTED ALL RECOMMENDATIONS

DRAFT: How To Best Meet the Need FY 2005 Recommendations and Justification for Each Service Category (as of 05-21-04)

<p>Service Category</p>	<p>Recommendations QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04</p>	<p>A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.</p>	<p>Identify Alternative Funding Sources</p>	<p>Justify the use of Ryan White funds for this service</p>	<p>Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category. Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap</p>
<p>Adult Day or Respite Care</p> <p>Council Motion made by: (QA Committee)</p> <p><u>Votes:</u> Y = 21 members N = 0 Abstentions = Malone, Garza, V</p>	<p><u>QA: Accept WG recommendations:</u> 1. Continue the service. 2. Change text under target population to read: “Client’s medical need for service must be documented by a physician and maintained within the client’s record. 3. Keep fin elig at 300%.</p>	<p>A.) Can’t bundle this service with rehabilitation because different cost structure and licensing issues around delivering the service.</p>	<p>Title II provides complimentary funding only.</p>	<p>Saves Title I money by keeping people out of more expensive, possibly Title I funded, care facilities. In Texas, must be considered a medical service to get appropriate licenses but HRSA does not require this level of care.</p>	<p>FY 03 OM: Of 39 adult day care clients, 66% utilized Title I/III/IV primary care at least once from 3/1/03 through 2/29/04 after utilizing adult day care.</p> <p>FY 03 CUD: It appears as if African American males and Hispanics underutilize this service but the provider states that Title I is not billed for these clients so the CPCDMS data does not accurately reflect the whole client population using the service.</p> <p>'02 NA: U = 53 N= 52 B = 38 G = 52</p> <p>'03 CP: A1, A2, B2, B3, F1, F2</p>


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<p>Ambulatory Outpatient Medical Care</p> <p>Council Motion made by: (QA Committee) <u>Votes:</u> Y = 19 members N = 0 Abstentions = Malone, Garza, V., Downes, Miertschin</p>	<p><u>QA: Accept WG recommendations with two changes to text (see tracked changes below):</u> 1.) Keep current service definition and incorporate recommendation 1, 2,4, 5 and 6 from the Primary Care and Medication Work Group. <u>2-)* (move the text to bottom of recommendations and refer it to Standards of Care work groups).</u> When doing the FY05 Standards of Care, make sure that all primary care sites can do <u>passive walk-in HIV</u> testing on site. 3.) After sufficient needs assessment data and other relevant information is collected to perform an adequate analysis on unmet need, consider a primary care pilot demonstration project that will include the recommendation from the EIS How To Best Meet the Need work group. 4.) Keep the financial eligibility the same – 300%.</p>	<p>A.) Many services have been bundled within this service. A.) B recommendations of the Primary Care and Medication Work Group, as well as the Physician Work Group. C.) This service is primary medical care. D.) See the recommendations of the Primary Care and Medication Work Group, as well as the Physician Work Group.</p>	<p>Title I fills in gaps left by Medicaid, Medicare, private insurance and other funding sources.</p>	<p>Providing primary medical care is the purpose of Title I funds.</p>	<p>FY 03 OM: <u>Primary Medical Care:</u> It is desirable to increase or maintain CD4 counts – 71% increased or maintained their CD4 count. It is desirable to decrease or maintain viral loads – 81% decreased or maintained their viral load. <u>Vision Care:</u> Of 36 diagnoses with follow-ups through 2/29/04, 100% had improved at most recent follow-up.</p> <p>FY 03 CUD: <u>Overall:</u> # of clients served 5,139. Alloc/client: \$1,586. Units/client: 5.8. Diagnostics/client: n/a. <u>Public Clinic:</u> # of clients served 2,655. Alloc/client: \$1,688. Units/client: 7.1. Diagnostics/client: n/a. <u>CBO targeting AA:</u> # of clients served 910. Alloc/client: \$1,312. Units/client: 4.0. Diagnostics/client: \$30. <u>CBO targeting Hispanics:</u> # of clients served 196. Alloc/client: \$1,638. Units/client: 5.4. Diagnostics/client: \$57. <u>CBO targeting White/MSM:</u> # of clients served 759. Alloc/client: \$1,390. Units/client: 5.0. Diagnostics/client: \$41. <u>CBO targeting Rural:</u> # of clients served 163. Alloc/client: \$1,963. Units/client: 4.8. Diagnostics/client: \$28. <u>Targeting Women at the Public Clinic:</u> # of clients served 736. Alloc/client: \$576* (*also receive services under Public Clinic. Units/client: 2.3*. Diagnostics/client: n/a. <u>Targeting Pediatrics:</u> # of clients served 49. Alloc/client: \$1,631. Units/client: 0.1**(**bulk of service is medical care coordination). Diagnostics/client: n/a. <u>Vision Care:</u> # of clients served 1,203. Alloc/client: \$134. Units/client: 1.9. Diagnostics/client: \$37 (for eye glasses).</p> <p>See '02 NA for lengthy data on primary care.</p> <p>'03 CP: A1, A2, B1,B2 , B3, C1, E2, F1, F2</p>

Service Category	<p>Recommendations</p> <p>QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04</p>	<p>A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.</p>	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	<p>Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category.</p> <p>Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap</p>
<p>Case Management</p> <p>Council Motion made by: (QA Committee) <u>Votes:</u> Y = 18 members N = 0 Abstentions = Malone, Garza, V., McKinney, Miller</p>	<p><u>Staff Suggestion: Add: 6.) Subcategory 5b will not be continued after FY04 (per the WG recommendation).</u> <u>QA: Accept WG recommendations with two changes indicated below:</u> 1.) Leave the Medical Case Management targeted to AA women and children service category as is but tie it specifically to a pediatric health care delivery system. <u>2.) During the allocation process, ask the P&A Committee to consider moving Medical Case Management into Medical Care Coordination.</u> 3.) Keep the four targeted teams as is (AA, Hispanic, VA and rural). 4.) Continue with no fin elig for this service. <u>5.) Keep untargeted case management team as is.</u></p>	<p>A.) Components of this service are already being bundled. B.) Duplication will be eliminated if Medical Case Management is moved to Medical Care Coordination. C.) This service links clients with primary medical care and helps with treatment adherence.</p>	<p>Title II, TDH, SAMHS and TCADA, but these funds are complimentary and selectively targeted.</p>	<p>Gets and keeps clients in primary medical care. Also supports treatment adherence.</p>	<p>FY 03 OM: According to CPCDMS records, 1,407 of these clients (49.4%) accessed Title I/III/IV primary care at least once during this time period after utilizing case management. 274 clients (9.6%) accessed Title I/III/IV primary care for the first time. 30.5% of these 2,846 clients accessed Title I drug reimbursement at least once during this time period after utilizing case management, 28.5% accessed Title I dental care and 9.7% accessed Title I/State Services mental health therapy.</p> <p>FY 03 CUD: <u>CM targeted to AA women and children:</u> # of clients served 200. Alloc/client: \$1,229. Units/client: 88. Disb/client: n/a. <u>Medical CM - untargeted:</u> # of clients served 461. Alloc/client: \$636. Units/client: 45. Disb/client: n/a. <u>CM targeted to AA:</u> # of clients served 345. Alloc/client: \$767. Units/client: 55. Disb/client: n/a. <u>CM targeted to Hispanic:</u> # of clients served 230. Alloc/client: \$880. Units/client: 63. Disb/client: n/a. <u>CM targeted to Rural:</u> # of clients served 278. Alloc/client: \$784. Units/client: 54. Disb/client: n/a. <u>CM Untargeted:</u> # of clients served 1,338. Alloc/client: \$418. Units/client: 30. Disb/client: n/a. <u>CM targeted to Veterans:</u> # of clients served 166. Alloc/client: \$321. Units/client: 23. Disb/client: n/a.</p> <p>'02 NA: <u>Psyco-social CM:</u> U = 6 N= 9 B = 62 G = 32</p> <p>'03 CP: A1, A2, B1, B2 , B3, C1, E2, F1, F2</p>

Service Category	<p>Recommendations</p> <p>QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04</p>	<p>A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.</p>	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	<p>Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category.</p> <p>Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap</p>
<p>Child Care</p> <p>Council Motion made by: (QA Committee)</p> <p><u>Votes:</u> Y = 19 members N = Boyle Abstentions = Malone, Garza, V., Osei-Frimpong</p>	<p><u>QA: Accept WG recommendations:</u></p> <p>1. Eliminate childcare at primary care sites & in-home reimbursement program. 2. Continue childcare at licensed facilities as is. 3. Keep fin elig at 300%</p>		<p>Primary care sites have alternative funding to provide this service so clients will still receive this service.</p>	<p>Childcare at licensed facility addresses access issues.</p>	<p>The provision of this service will not change since primary care sites have resources to provide. FY 03 OM: 69 HIV+ parents/caregivers placed their children in Title I child day care. According to CPCDMS records, 40 of these parents/caregivers (58%) accessed Title I/III/IV primary care at least once during this time period after utilizing day care. Small number but important that these clients did access medical care (31 clients in FY03).</p> <p>'02 NA: U = 56 N = 53 B = 39 G = 30 '03 CP: A1, A2, B2, B3, F1, F2</p>
<p>Early Intervention Services (EIS)</p> <p>Council Motion made by: (QA Committee)</p> <p><u>Votes:</u> Y = 19 members N = Turner Abstentions = Malone, Garza, V., Miller</p>	<p><u>QA: Change WG recommendation to read: Eliminate the service category.</u></p> <p>WG: Eliminate the service category but incorporate an EIS component (not related to youth) into primary care using the HRSA medical service definition. The Primary Care How To Best Meet the Need Work Group feels that Primary Care is already providing this service, but the FY05 Standards of Care should be updated so that primary care sites can do passive testing at all sites.</p>	<p>A.) Don't bundle but rather absorb this service into primary care.</p>	<p>The EMA is meeting WICY requirements without EIS. Title IV provides for youth, City of Houston and State Services provide this service in conjunction w/ the Next Step Program.</p>	<p>No compelling justification for using RW funds outside of a component of primary care.</p>	<p>Poor outcomes: only 33% going to medical care. Did not prove to be cost effective. FY 03 OM: 8 newly diagnosed or not-in-care clients utilized EIS services. According to CPCDMS records, 3 (37.5%) of these clients has subsequently accessed Title I/III/IV primary care services. 2 of these clients (25%) subsequently accessed Title I/II/TCADA/TDH case management services during this time period – 1 client (12.5%) accessed case management services for the first time. FY 03 CUD: # of clients served is low: 8. Alloc/client: \$4,721. Units/client: 262. Disb/client: n/a.</p> <p>'02 NA: new program, no numbers available. '03 CP: A1, A2, B1, B2, B3, C1, E2, F1, F2, F3, F4</p>

Service Category	<p>Recommendations</p> <p>QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04</p>	<p>A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.</p>	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	<p>Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category.</p> <p>Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap</p>
<p>Emergency Financial Assistance</p> <p>CLARIFICATION: Locally, this category includes 6a. Emergency Rental Assistance and 9a. Emergency Utility & In-home Assistance Vouchers from the Procurement Reports.</p> <p>Council Motion made by: (QA Committee) <u>Votes:</u> Y = 13 members N = Boyle, Downes, Evans-Thomas, Hollingsworth, Jackson, Lopez-Williams, Pruitt Abstentions = Malone, Garza, V., Osei-Frimpong</p>	<p><u>QA: Accept the WG recommendations. This was a close vote (5 to 5 with the chair breaking the tie. The Chair also asked that case mgmt. staff be trained re: the different sources of revenue for this service.</u></p> <p>WG: Eliminate this service that includes emergency rental assistance, emergency utility assistance and in-home assistance vouchers. This was a close vote (8 to 7 with work group chair breaking the tie) so see opposing view.</p>		<p><u>QA Justification: According to the HOPWA rep., they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.)</u></p> <p><u>View #1:</u> RW is for medical needs, not a poverty mitigation program. HOPWA should be paying for all housing related services. Alternative funding sources include: HOPWA (see Houston Chronicle article 4-16-04 regarding an increase in housing funds); HUD; Title II; MHMRA and other City funds. The Council has been telling HOPWA since Dec. 2002 that it will not continue to use Title I funds for housing related programs so the City should be prepared for this change. <u>View #2:</u> HRSA does allow this service. Residency must be established to be eligible for HOPWA programs. There is not enough housing in Houston area. What if HOPWA does not step up to the plate and fill in when Title I steps back? Housing is needed to keep people in medical care. What about the rural areas? Please note that there was no HOPWA rep. at the meeting to provide additional information.</p>	<p>No compelling justification for using RW funds.</p>	<p>FY 03 OM: 427 of these clients (54.3%) accessed Title I/III/IV primary care services during this time period after receiving financial assistance.</p> <p>FY 03 CUD: # of clients served 804. Alloc/client: \$190. Units/client: 3. Disb/client: \$479.</p> <p>'02 NA: U = 27 N = 8 B = 3 G = 1</p> <p>'03 CP: A1, A2, B1, B2, B3, C1</p>

Service Category	<p>Recommendations</p> <p>QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04</p>	<p>A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.</p>	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	<p>Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category.</p> <p>Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap</p>
<p>Food Bank Home Delivered Meals Nutritional Supplements</p> <p>Council Motion #1 made by: (QA Committee) Votes: MOTION FAILED & WAS SENT BACK TO COMMITTEE: Y = 6 members N = Ainsworth, Byrd, Johnetta Evans-Thomas, Fisher, Guajardo, Hollingsworth, Jackson, Lopez-Williams, McKinney, Osei-Frimpong, Pruitt, Wiley, Winbush. Abstentions = Garza, V., Boyle, Proctor, Malone.</p> <p>Council Motion #2 made by: (QA Committee) Votes: Y = 14 members N = Johnetta Evans-Thomas, Guajardo, Jackson, Pruitt, Winbush. Abstentions = Garza, V., Boyle, Proctor, Malone.</p>	<p><u>QA: Motion #1: Change recommendation #1 to read: Revise the food service according to the following criteria:</u></p> <ul style="list-style-type: none"> Use vouchers for food – possibly like “WIC” HIV/CMS case manager sees a critical need for food, identifies this in the assessment and addresses it in the service plan Financial eligibility should be changed to 100% of FPL. <p><u>Motion #2: Accept WG recommendations #2 & #3.</u></p> <p>WG: 1.) Eliminate urban & rural food pantry services 2.) In the next funding cycle, after primary care has adjusted to possible changes, consider bundling nutritional supplements in with primary care and make efforts to increase AA utilization of this service. 3.) Leave fin elig at 300% for Nutritional Supplements.</p>	<p>A.) See recommendation #2 regarding bundling nutritional supplements into primary care in the next funding cycle.</p>	<p><u>QA Justification: Revamp the food program so that it meets critical, emergency food needs, requires the case manager to create a long-term plan to address the need, is a more effective use of limited funding and ties the program to HRSA’s guidelines for using support services to access primary medical care.</u></p> <p><u>Public Comment on 05-19-04 challenged the following statement:</u> 187 alternative food pantries in the United Way directory. This does not include many church pantries.</p> <p>Nutritional Supplements has few to no alternative resources and it is directly tied to treatment adherence.</p>	<p>There were two opposing views on this and the vote for eliminating the food bank was very close (3 to 2). View #1: The End Hunger data for Houston shows that over 1/3 of Houston area residents need food and that most of the food pantries listed are in rural areas. This group would like to try the new food pantry criteria to make sure that at least the sickest clients have access to food since there is national documentation that ties food to health care. Also, certain groups, such as the recently released are no longer eligible for food stamps. View #2: The Ryan White CARE Act is not a food program. Do food pantries get or keep people in primary care? There is no documentation to establish this link.</p>	<p><u>FOOD PANTRY:</u> FY 03 OM: The outcome measures do not reflect the recent change tying food bank availability to medical eligibility. 34% of first-time food pantry users reported having had to put off paying for things like rent, utilities, child care, clothing or gasoline in the past two weeks because they could not afford to pay for food. 35% of repeat food pantry users reported having had to put off paying for these things in the past two weeks because they could not afford to pay for food. FY CUD: <u>RURAL</u>: # of clients served 206. Alloc/client: \$496. Units/client: 20. Disb/client: ns. <u>URBAN</u>: # of clients served 1,588. Alloc/client: \$215. Units/client: 9. Disb/client: na. '02 NA: U = 8 N = 2 B = 10 G = 6 '03 CP: A1, A2, B1, B2, B3, C1</p> <p><u>NUTRITIONAL SUPPLEMENTS:</u> FY 03 OM: Of those who were prescribed supplements to help manage symptoms/side effects related to HIV or HIV medications, 13% rated the severity of their symptoms/side effects as very severe or extremely severe at baseline. Of clients who completed follow-up surveys, 5% rated the severity of their symptoms/side effects as very severe. FY 03 CUD: # of clients served 714. Alloc/client: \$214. Units/client: 2. Disb/client: \$145. '02 NA: U = 19 N = 22 B = 66 G = 46 '03 CP: A1, A2, B1, B2, B3, C1</p>

Service Category	Recommendations QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04	A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category. Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap
					
HE/RR Council Motion made by: (QA Committee) <u>Votes:</u> Y = 14 members N = Boyle, Evans-Thomas, Fisher, Guajardo Abstentions = Malone, Byrd, Garza, V	<u>QA: Accept WG recommendations:</u> Eliminate this service but strengthen the patient education component of primary care.	A & B.) Absorb (as opposed to bundling) in with primary care. This will eliminate duplication.	Prevention funds are available for this service. W/ CDC's new guidelines re: prevention for positives, much of the CDC money is available specifically to service infected individuals.	Duplication with Primary Care and Case Management will be eliminated by deleting this service and strengthening patient education within primary care.	FY 03 OM: 346 clients utilized Title I HE/RR. According to CPCDMS records, 306 of these clients (88.4%) accessed Title I/III/IV primary care at least once during this time period after utilizing HE/RR. FY 03 CUD: # of AA served: 201. Alloc/client: \$64. Units/client: 2. Disb/client: n/a. # of Hispanics served: 152. Alloc/client: \$496. Units/client: 17. Disb/client: n/a. '02 NA: U: 41, N: 31, B: 28, G: 35 '03 CP: A1, A2, B1, B2, B3, C1, E2, F1, F2, F3

Service Category	Recommendations QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04	A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category. Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap
Health Insurance Council Motion made by: (QA Committee) <u>Votes:</u> Y = 19 members N = 0 Abstentions = Malone, Garza, V	<u>QA: Accept WG recommendations:</u> 1.) Continue service as is. 2.) Agency should increase utilization by AA and other underserved populations. Next year, re-check this data against the 2005 Needs Assessment. 3.) Keep financial eligibility at 300%.	A.) Being used more by non-Title I funded primary care sites so can't bundle. Does not need to be bundled with drug reimbursement. C.) This service is directly related to assuring access to primary medical care. D.) Next funding cycle, explore bundling this service with other vouchering programs.	Title II funds premium payments.	This service is directly related to primary medical care and saves Title I money because it keeps clients out of Title I funded medical care.	Serves slightly more men than women but probably not a disparity because tied to third party insurance eligibility. FY 03 OM: It is desirable to have as few clients as possible utilize Title I/III/IV primary care after having their health insurance co-pays and deductibles paid. From 3/1/03 through 2/29/04 197 clients received Title I health insurance co-pays and deductibles. According to CPCDMS records, 52 of these clients (26.3%) accessed Title I/III/IV primary care services during this time after having their co-pays and deductibles paid. FY 03 CUD: # served: 197. Alloc/client: \$773. Units/client: 6. Disb/client: \$724. '02 NA: U: 45, N: 26, B: 4, G: 4 '03 CP: A1, A2, B2, B3, F2, F3, F4
Home Health Care Council Motion made by: (QA Committee) <u>Votes:</u> Y = 21 members N = 0 Abstentions = Malone, Garza, V	<u>QA: Accept WG recommendations:</u> Continue as is. Keep fin elig at 300%.	A.) This service is integrated with primary care. Because of licensing, cannot bundle. B.) Not a duplicative service. C.) This service is primary care.	Title II provides some funding. But, Title I and II fill the gap that Medicaid and Medicare do not fill.	Some ethnic groups may have less access to this service if they don't have insurance. Therefore, this service is gets significant use by AA, who are likely to have more health challenges. Until you need this service, you are not likely to identify it as a high need in a needs assessment.	FY 03 OM: Comparing the earliest to most recent viral loads recorded in the CPCDMS of 44 FY03 home health clients with more than one viral load recorded in the CPCDMS through 2/29/04, 89% decreased or maintained their viral load and 11% increased their viral load. FY 03 CUD: : <u>IV Therapy</u> : # served: 4. Alloc/client: \$270. Units/client: 4. Disb/client: n/a. <u>Skilled Nursing</u> : # served: 34. Alloc/client: \$1,007. Units/client: 13. Disb/client: n/a. <u>Health Aide</u> : # served: 37. Alloc/client: \$4,916. Units/client: 378. Disb/client: n/a. '02 NA: U: 16, N: 14, B: 7, G: 17 '03 CP: A1, A2, B2, B3, C1

Service Category	Recommendations QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04	A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category. Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap
Hospice Services Council Motion made by: (QA Committee) <u>Votes:</u> Y = 19 members N = Lopez-Williams, Walker Abstentions = Malone, Garza, V	<u>QA: Accept WG recommendations:</u> Continue as is. Keep fin elig at 300%.	A.) Due to licensing, HRSA service definition and current single-site location, not practical to bundle. B.) Other not-for-profit agencies are limited in the number of indigent clients they can accept.	Very limited.	Other providers cannot take homeless and are limited by the number of indigent clients they can take. This is an important last track in the continuum of care.	Epi data closely reflects client utilization. FY 03 OM: The cost savings due to utilization of Title I hospice care compared to continued hospitalization at HCHD is estimated to be \$10,920 per FY03 client '03 CP: Continuum of care committed to addressing the need for death with dignity. FY 03 CUD: # served: 33. Alloc/client: \$7,241. Units/client: 36. Disb/client: n/a. '02 NA: Very difficult to survey this population in a needs assessment. U: 17, N: 17, B: 14, G: 17 '03 CP: A1, A2, C1

Service Category	<p>Recommendations</p> <p>QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04</p>	<p>A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.</p>	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	<p>Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category.</p> <p>Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap</p>
<p>Housing Assistance</p> <p>Council Motion #1 made by: (QA Committee) <u>Votes:</u> Y = 19 members N = Turner Abstentions = Malone, Proctor, Garza, V</p> <p>Council Motion #2 made by: (QA Committee) <u>Votes:</u> Y = 10 members N = Boyle, Byrd, Evans-Thomas, Fisher, Guajardo, Hollingsworth, Jackson, Lopez-Williams, McKinney, Pruitt Abstentions = Osei-Frimpong, Garza, V Malone, Chair, broke the tie with a Yes vote.</p>	<p><u>QA: Motion #1: Retain the local housing coordination service category.</u> <u>Motion #2: Eliminate emergency rental assistance.</u></p> <p>WG: Eliminate both Housing Assistance and Housing Related Services that includes emergency shelter vouchers and housing coordination. This was a close vote (8 to 7) so see opposing views.</p>		<p><u>QA Justification: HOPWA does not give emergency shelter vouchers because they feel there are shelters for this purpose and because it is more prudent to use limited resources to provide long-term housing. HOPWA also provides significant funds for emergency rent and utility assistance.</u></p> <p><u>View #1:</u> RW is for medical needs, not a poverty mitigation program. HOPWA should be paying for all housing related services. Case Managers and Medical Care Coordinators can provide housing coordination to alternative housing resources which include: HOPWA; MHMRA, City homeless shelters. Title II and State Services do provide some emergency shelter vouchers. The Council has been telling HOPWA since Dec. 2002 that it will not continue to use Title I funds for housing related programs so the City should be prepared for this change. Please note that there was no HOPWA rep. at the meeting to provide additional information. <u>View #2:</u> The Title I emergency vouchers have been important for keeping the newly released from becoming homeless or spreading the infection in an effort to “earn” money needed for housing.</p>		<p>FY 03 OM: 216 of these clients (63.3%) accessed Title I/III/IV primary care at least once during this time period after utilizing housing coordination. 40% of clients who completed a baseline survey reported spending one or more nights outside in the past two weeks. 28% of clients who completed a follow-up survey reported spending one or more nights outside in the past two weeks.</p> <p>FY 03 CUD: <u>Emergency Shelter Vouchers</u>: # served: 279. Alloc/client: \$702. Units/client: n/a. Disb/client: \$702. <u>Housing Related Services (Coor.)</u>: # served: 342. Alloc/client: \$463. Units/client: 33. Disb/client: n/a.</p> <p>'02 NA: U: 31, N: 12, B: 2, G: 4</p> <p>'03 CP: A1, A2, B1, B2, B3, C1</p>

Service Category	<p>Recommendations</p> <p>QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04</p>	<p>A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.</p>	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	<p>Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category.</p> <p>Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap</p>
Housing Related Services	<p><u>QA:</u> SEE RECOMMENDATION REGARDING HOUSING ASSISTANCE ABOVE SINCE THESE TWO SERVICES ARE BUNDLED TOGETHER.</p>				
<p>Legal Services (Client Advocacy)</p> <p>Council Motion made by: (QA Committee) <u>Votes:</u> Y = 20 members N = 0 Abstentions = Malone, Garza, V</p>	<p><u>QA: Accept WG recommendations:</u> 1.) Continue service as is. 2.) Next year revisit the permanency planning issue to see if there are other sources of funds and clarify the “benefits-related cases” from service progress report. 3.) Keep fin elig at 300%.</p>	<p>Important service for serving the underrepresented population. A.) Difficult to bundle. B.) No duplication because can get help with disability, but not SSI disability that provides access to Medicaid. C.) Does allow access to primary care through disability cases that provide Medicaid.</p>	<p>Other legal aid services are available, like IULTA, but not HIV-specific. Example: Clients can get legal assistance with the disability process, but not SSI disability and this is what provides access to Medicaid. Title II provides funding but it takes funding from both Titles I and Title II to meet the need.</p>	<p>A gap would be created if Title I funds were to be withdrawn.</p>	<p>FY 03 OM: From 3/1/03 through 2/29/04, 70 permanency-planning cases were completed. From 3/1/03 through 2/29/04, 69 SSI Disability cases were completed – 78% resulted in access to benefits. 4 Insurance cases were completed – 100% resulted in access to benefits. 10 Public Benefits cases were completed – 80% resulted in access to benefits. 28 Income-Related cases were completed – 93% resulted in access to benefits. 130 other cases were completed – 44% resulted in access to benefits. In all, 241 benefits-related cases were completed – 62% resulted in access to benefits. FY 03 CUD: # served: 518. Alloc/client: \$634. Units/client: 8. Disb/client: n/a. '02 NA: U: 40, N: 33, B: 14, G: 27 '03 CP: A1, A2, B2, B3, C1</p>

Service Category	Recommendations QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04	A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category. Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap
<p style="text-align: center;">Local Drug Reimbursement Program</p> <p>Council Motion made by: (QA Committee) <u>Votes:</u> Y = 20 members N = 0 Abstentions = Malone</p>	<p><u>QA: Accept WG recommendations:</u></p> <p>1.) Keep this service category and move on recommendation #3 (regarding the establishment of a drug formulary) from the Primary Care and Medication Work Group.</p> <p>2.) Keep the financial eligibility as is.</p> <p>3.) The Primary Care and Medication Work Group recommend a cost analysis of having each primary care site be a 340 B eligible pharmacy program.</p>	<p>A.) The Primary Care and Medication Work Group recommend an analysis of the cost of having each primary care site be a 340 B eligible pharmacy program.</p>	<p>This program compliments the state ADAP program and the county hospital districts pharmacy program.</p>	<p>This service is essential to maintaining the positive outcomes of primary care.</p>	<p>This program cannot be accessed unless the client is receiving primary care.</p> <p>FY 03 OM: It is desirable to increase or maintain CD4 counts – 72% increased or maintained their CD4 count. It is desirable to decrease or maintain viral loads – 81% decreased or maintained their viral load.</p> <p>FY 03 CUD: # served: 2,006. Alloc/client: \$1,252. Units/client: 3. Disb/client: \$1,088.</p> <p>02 NA: U: 3 N: 3 B: 25 G: 39</p>

Service Category	Recommendations QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04	A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category. Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap
Mental Health Services Council Motion made by: (QA Committee) <u>Votes:</u> Y = 20 members N = 0 Abstentions = Malone, Pruitt, Garza, V	<u>QA: Accept WG recommendations:</u> 1.) Keep as is. 2.) Keep fin elig at 300%	A.) Not appropriate to bundle. B.) Not a duplication. C.) Compliments primary care.	Complimentary funding includes: TDH, Medicaid (requires a co-pay), SAMHSA, MHMRA pays for medication only.	Eliminates barriers to care and medication. Keeps clients in primary care and supports treatment adherence.	FY 03 CUD: <u>Prof Counseling Untargeted</u> : # served: 279. Alloc/client: \$361. Units/client: n/a. Disb/client: n/a. <u>Prof Counseling targeted to AA</u> : # served: 139. Alloc/client: \$391. Units/client: n/a. Disb/client: n/a. <u>Prof Counseling targeted to Hispanic</u> : # served: 57. Alloc/client: \$875. Units/client: n/a. Disb/client: n/a. '02 NA: U = 8 NEED = 7 B = 7 G = 6
Oral Health (Dental) Council Motion made by: (QA Committee) <u>Votes:</u> Y = 20 members N = Walker Abstentions = Malone, Garza, V	<u>QA: Accept WG recommendations:</u> 1. Continue as is. 2. Keep fin elig at 300%	A.) Because of the cost of equipment and licensure, cannot bundle. B.) More cost effective to have at one location. Could vouchers be made available to private clinics? Answer: Historically, HIV+ clients have had difficulty finding private dentists in the Houston area who would treat them.	Title II funds different procedures. Dental schools and the Bread of Life SPINS program provide some services. Medicaid does not provide this service for adults therefore, Title I & II are the only services available.	There would be a gap if Title I were to withdraw funding for this medical program. Oral health affects the client's ability to take medication, access primary care, and stay healthy.	Local epi data closely reflects client utilization. Possibly through educating the case managers, the demographics have come more into alignment with client utilization & epi data. FY03 OM: Of 52 diagnoses for HIV-related oral pathologies with follow-ups from 3/1/03 through 2/29/04, 83% were either resolved or improved at most recent follow-up. 15% were the same at follow-up and 2% had worsened at follow-up. Diagnosed oral pathologies included such conditions as Karposi's Sarcoma, oral ulcerations, HIV-related periodontal disease and papilloma. FY 03 CUD: # served: 1,980. Alloc/client: \$460. Units/client: 5. Disb/client: n/a. '02 NA: U: 4, N: 3, B: 9, G: 14

Service Category	<p>Recommendations</p> <p>QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04</p>	<p>A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.</p>	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	<p>Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category.</p> <p>Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap</p>
<p>Outreach Services</p> <p>Council Motion made by: (QA Committee) <u>Votes:</u> Y = 9 members N = Boyle, Evans-Thomas, Fisher, Guajardo, Hollingsworth, Jackson, McKinney, Pruitt, Winbush Abstentions = Byrd, Garza, V., Miller, Wiley. Malone, Chair, broke the tie with a Yes vote.</p> <p>STEERING COMMITTEE: Motion: Accept all QA recommendations except #3 and ask the Priority and allocations Committee to act on any new information related to the #3 recommendation.</p>	<p><u>QA: Accept WG recommendations:</u> <u>(this was a tie vote of 4 to 4 with the chair breaking the tie:</u></p> <ol style="list-style-type: none"> 1. Keep urban & rural components. 2. Eliminate targeting to homeless & incarcerated. 3. Eliminate outreach being provided through the local health dept and recommend that the P & A Committee move these funds into the urban and rural (community based) outreach components. 4. Leave financial eligibility as is with no financial eligibility. 	<p>B.) This change will eliminate duplication.</p>	<p>With the exception of the rural areas, there is substantial TCADA funding (\$1 million to Harris Co. alone) to target homeless, incarcerated and substance abusers. There is funding from CDC to the health dept. And, several years ago Title I discontinued targeting to Hispanics because there were significant funds available for this. Primary care sites must link those tested at their site with the health care system and vise versa with the City Health Dept. This service is difficult to provide on a fee for service basis, especially with the soon-to-be released.</p>	<p>Reaches clients who don't know what services are available, esp. in the rural areas where there is less information.</p>	<p>FY03 OM: Only 51.9% accessed primary care and only 27% accessed case management – although some may have been referred into the City case management system that is not included in CPCDMS. 447 clients were served, of which 223 new clients got into primary care. Less than 10% of the funding goes toward working with the incarcerated. Next year, use the 2005 Needs Assessment information to reassess this decision.</p> <p>FY 03 CUD: <u>Local Health Dept</u> : # of clients served: 257. Alloc/client: incomplete. Units/client: incomplete. Disb/client: n/a. <u>African American Program</u>: # of clients served: 85, Alloc/client: \$596. Units/client: 43, Disb/client: n/a. <u>Rural Program</u>: # of clients served: 70, Alloc/client: \$723. Units/client: 43. Disb/client: n/a. <u>Homeless/Recently Released Program</u>: # of clients served: 35. Alloc/client: 447. Units/client: 32. Disb/client: n/a. '02 NA: U = 79, N = 46, B = 34, G = 16</p>

Service Category	Recommendations QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04	A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category. Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap
Planning Council Support	Reviewed 05-18-04. This recommendation goes directly to the Priority & Allocations Committee before going to Steering Committee and Council				

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<p>Program Support: 1.) Project LEAP 2.) Case Mgt Train 3.) Blue Book</p> <p>Council Motion made by: (QA Committee) <u>Notes:</u> Y = 17 members N = Jackson Abstentions = Malone, Miller, Garza, V</p> <p>**And, have Office of Support provide information on the number of books printed, who receives, and plan for updating vs. printing complete book.</p>	<p><u>QA: Accept WG recommendations with 2 changes (see tracking below):</u> <u>Project LEAP:</u> Keep as is but change the contact hours of training from 96 to 68 and trim the curriculum to match. <u>Case Management Training:</u> Keep as is with the following change to the text of the service definition: Allow employees who have previously attended the Title I standardized training three times or more be eligible to apply to HIV Services for a waiver to substitute their 15 hours of annual training with 15 hours of non-standardized (non-Ryan White funded) training that is relevant to HIV and the specific targeted population the employee is serving- (HIV Services has to make the following decision) Allow the agency to bill Title I for the employee's time only (the agency is responsible for the cost of registration, training fees, etc. for non-standardized training if the waiver is approved by HIV Services). <u>Blue Book:</u> Update every other year instead of producing a full book every year, continue to print hard copies in order to make the information available to all types of people, but continue to look at ways to also make the data available electronically (example CD's). Instruct the Office of Support to explore the idea of underwriting some of the costs of the book from a drug company. (SEE ** ON LEFT FOR REST OF TEXT)</p>	<p><u>Project LEAP:</u> Impacts consumers. Creates a well-informed, well-educated group of consumers to participate in RW planning process, thereby increasing the efficiency of the Council. Impacts the Council by giving consumers a voice and helps the Council meet the HRSA requirement of 33% consumer membership. This program cannot be bundled because it must be independent of other service categories which could present a conflict of interest (examples of a conflict include case management and outreach) <u>Case Management Training:</u> The Ryan White system is unique and needs standardized training to create a level playing field for all service coordination workers and to ensure consistent quality of care in the delivery of these services. <u>Blue Book:</u> No duplication. Unique and important source of information for consumers and service linkage throughout the RW and non-RW system. Continue to have the Office of Support produce since they are neutral and an appropriate project of the Affected Community Committee.</p>	<p><u>Project LEAP:</u> No similar program in the country. Private funding might be available, but then curriculum might not be RW specific. <u>Case Management Training:</u> Other components of this training are offered (example: cultural sensitivity) but none targeted to case managers and none specifically for the RW system. <u>Blue Book:</u> United Way charges \$40 for their directory, as opposed to the Blue Book that is offered free of charge. Significant cost savings if the Blue Book is produced every other year with updates in between. Instruct the Office of Support to explore the idea of underwriting some of the costs of the Blue Book from a drug company. Title II has already committed to provide some funds to support this project.</p>	<p><u>Project LEAP:</u> Impacts consumers and benefits the Council. <u>Case Management Training:</u> The Ryan White system is unique and needs standardized training to create a level playing field for all service coordination workers and to ensure consistent quality of care in the delivery of these services. <u>Blue Book:</u> Unique and important source of information for consumers and service linkage throughout the RW and non-RW system.</p>	<p><u>Project LEAP:</u> Of the 38 members currently on the Planning Council, 11 are Project LEAP graduates. Of the 34 current external committee members, 14 are Project LEAP graduates. These numbers may be low as <u>Case Management Training:</u> The Ryan White system is unique and needs standardized training to create a level playing field for all service coordination workers and to ensure consistent quality of care in the delivery of these services. <u>Blue Book:</u> Unique and important source of information for consumers and service linkage throughout the RW and non-RW system. The Office of Support prints approximately 35,000 copies of the book each year. There are usually between zero and 300 copies left when the new book comes out.</p>

Service Category	Recommendations QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04	A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category. Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap
<p>Psychosocial Support Services (Counseling/Peer)</p> <p>Council Motion made by: (QA Committee)</p> <p><u>Votes:</u> Y = 17 members N = Fisher, Jackson, Pruitt, Winbush Abstentions = Malone, Miller, Garza, V (Garner arrived for motion.)</p>	<p><u>QA: Accept WG Recommendation:</u> Eliminate this service category.</p>	<p>B.) Duplicates with patient education in primary care and case management. Boundaries between the peers & clients gets confusing and diff to supervise. Must be more creative with the funds – maybe use volunteers for this services. Revamp as peer client advocacy program in primary care setting with appropriate supervision. Not cost effective. D.) Not cost effective. Costs almost as much/client as medical services.</p>	Use volunteers?	<p>Information is helpful to people who do better receiving this information from a peer, which helps clients access & stay in primary care. Peer Counseling can provide a more informal environment. Provides a safety net if client takes the time to get in to see the MD.</p>	<p>FY03 OM: According to CPCDMS records, 281 of these clients (65.8%) accessed Title I/III/IV primary care at least once during this time period after utilizing peer counseling. FY CUD: <u>Targeting AA:</u> # of clients served: 205. Alloc/client: \$944. Units/client: 73. Disb/client: n/a. <u>Targeting Hispanic:</u> # of clients served: 107. Alloc/client: \$639. Units/client: 49. Disb/client: n/a. '02 NA: U: 12, N: 13, B: 80, G: 30</p>

Service Category	<p>Recommendations</p> <p>QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04</p>	<p>A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.</p>	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	<p>Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category.</p> <p>Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap</p>
<p>Rehabilitation Services</p> <p>Council Motion made by: (QA Committee)</p> <p><u>Votes:</u> Y = 21 members N = 0 Abstentions = Malone, Garza, V</p>	<p><u>QA: Accept WG Recommendations:</u></p> <p>1.) Keep as is but have the vendor demonstrate to the Admin Agent that they have done due diligence in getting AA into the service. (Follow-up info: The Public Clinic reported that 46% of the clients using this service at Thomas Street alone are AA. This may explain why fewer AA using the Title I provider.)</p> <p>2.) Training case managers to be more aware and encourage use of this service by AA who need it.</p> <p>3.) Keep fin elig at 300%</p>	<p>A.) Not appropriate to bundle. B.) Does not duplicate. C.) Directly related to accessing primary medical care.</p>	<p>See article (provided by Sahm) indicating that African Americans are less likely to be effected by lypo & than other groups and therefore may have less of a need for this service.</p> <p>None. Harris County Hospital District provides this services but the client must be enrolled with the Hospital District to quality.</p>	<p>Strong outcomes, compliments primary care. NA showed high use and gap.</p>	<p>FY 03 OM: It is desirable to increase or maintain Global Assessment of Functioning scores over time. Of 132 clients whose providers have assessed their Global Assessment of Functioning score at baseline and follow-up through 2/29/04, 54% increased their score, 25% maintained their score and 21% decreased their score.</p> <p>FY 03 CUD: # served: 195. Alloc/client: \$437. Units/client: 6. Disb/client: n/a.</p> <p>'02 NA: U = 42 N = 30 B = 16 G = 23</p>

Service Category	<p>Recommendations</p> <p>QA = Quality Assurance Recommendation from 5-19-04 WG = Work Group Recommendation from 4-04</p>	<p>A.) Bundle Services? B.) Eliminate duplicative services/activities. C.) Reduce services not directly related to assuring access to primary medical care. D.) Make service method. more efficient.</p>	Identify Alternative Funding Sources	Justify the use of Ryan White funds for this service	<p>Justification from 2002 Needs Assessment ('02 NA), Comp Plan ('03 CP), FY 2003 Client Utilization Data (FY 03 CUD); FY 2003 Outcome Measures (FY 03 OM) and/or State of Emergency (SE). See original document for complete info. on each service category.</p> <p>Alloc/client – allocation per client Units/client – average units of service per client Disb/client – average disbursement per client From 2002 Needs Assessment: U = use; N = need; B = barrier; G = gap</p>
<p>Substance Abuse Services</p> <p>Council Motion made by: (QA Committee)</p> <p><u>Votes:</u> Y = 21 members N = 0 Abstentions = Malone, Boyle, Garza, V</p>	<p><u>QA: Accept WG Recommendations:</u></p> <p>1.) Continue the program as is with two changes to the text. Under Services to be provided, change the text to read: “Specifically, regarding service provision, services must comply with #148”. Delete the next sentence and substitute “adult outpatient treatment” instead of Level III and IV throughout the service definition.</p> <p>2.) Keep fin elig at 300%.</p> <p>3.) For P & A Committee: In light of the minority cap building program & expansive activities to get clients into this service, current funding level may be inadequate. There is no residential or de-tox care for HIV+ individuals, especially transgender clients. Hopefully, the min cap blding program will help.</p> <p>4.) Minority Capacity Blding Program should be continued as is. No information so difficult to assess its impact.</p>	<p>A.) The economics of scale and licensing prohibit bundling. In future, might bundle case managers at substance abuse sites. Periodically must evaluate SAMHSA info. On best practices.</p> <p>B.) TCADA & SAMHSA funds services to minorities only. Still sever problem for HIV+ individuals to access mainstream sites. Looking forward to results of Min. Cap. Building program.</p>	<p>Locally, the Houston area is receiving a \$500,000 SAMHSA grant that will be funded for 5 years. This grant provides 50 slots for minority individuals needing care. TCADA provides \$500,000 for alcohol and drug abuse programs plus \$500,000 for case management but the treatment funds always run out. The Hospital District just got funds to identify HIV+ and non-HIV+ individuals in need of treatment, but this grant does not include funding for treatment. There is additional funding that only the county can apply for. It is recommended that the county apply for this additional SAMHSA money.</p>	<p>Helps eliminate barriers to primary care and improves treatment adherence. Active substance abuse makes HIV medication ineffective.</p>	<p>FY OM: According to CPCDMS records, 25 of the clients (58.1%) accessed Title I/III/IV primary care at least once during this time period after utilizing substance abuse treatment.</p> <p>FY03 CUD: # served: 43 Alloc/client: \$1,097 (take with a grain of salt). Units/client: ind: 7, group: 34. Disb/client: n/a.</p> <p>Because of the nature of the service, consumers are unlikely to identify this as an important service until it is needed.</p> <p>'02 NA: Counseling: U: 25, N: 33, B: 76, G: 77.</p> <p>Treatment: U: 33, N: 37, B: 77, G: 78.</p>

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Transportation Council Motion made by: (QA Committee) <u>Votes:</u> Y = 22 members N = 0 Abstentions = Malone, Garza, V	<u>QA: Accept WG Recommendations:</u> 1.) Continue this service as is with one change: define urban as being inside of Harris County and rural as being outside of Harris County. 2.) Keep the fin elig at 300%.	A.) Doesn't make sense to bundle. B.) Already making sure Medicaid & Medicare eligible clients don't supplant Title I services. C.) Directly links clients with primary medical care. D.) Cost effective with 2,000 clients using bus passes at \$52/client/year.	Harris County has funds for Medicaid and Medicare eligible clients. The Title I provider is required to check for alternative funding sources unless a client has an emergency need to see a physician with/in 24 hours prohibiting the vendor from checking on Medicaid/Medicare status.	Cost effective. Links clients with primary and other medical care.	FY 03 OM: According to CPCDMS records, 425 of the clients (72.8%) accessed Title I/III/IV primary care at least once during this time period after utilizing transportation. FY03 CUD: Rural: # served: 240 Alloc/client: \$741 Units/client: 593 (1 unit = 1 mile). Disb/client: n/a. Urban: # served: 511 Alloc/client: \$877 Units/client: 701 (1 unit = 1 mile). Disb/client: n/a. Bus Passes: # served: 2,065 Alloc/client: \$52. Units/client: 1. Disb/client: n/a. Gas Vouchers: # served: 151 Alloc/client: \$66. Units/client: 6.6. Disb/client: \$66. '02 NA: U: 18 N: 11 B: 6 G: 8