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2012

HHS Federal Poverty Guidelines

Poverty Level	Size of Family Unit							
	1	2	3	4	5	6	7	8
100%	\$11,170	\$15,130	\$19,090	\$23,050	\$27,010	\$30,970	\$34,930	\$38,890
150%	\$16,755	\$22,695	\$28,635	\$34,575	\$40,515	\$46,455	\$52,395	\$58,335
200%	\$22,340	\$30,260	\$38,180	\$46,100	\$54,020	\$61,940	\$69,860	\$77,780
250%	\$27,925	\$37,825	\$47,725	\$57,625	\$67,525	\$77,425	\$87,325	\$97,225
300%	\$33,510	\$45,390	\$57,270	\$69,150	\$81,030	\$92,910	\$104,790	\$116,670
350%	\$39,095	\$52,955	\$66,815	\$80,675	\$94,535	\$108,395	\$122,255	\$136,115
400%	\$44,680	\$60,520	\$76,360	\$92,200	\$108,040	\$123,880	\$139,720	\$155,560
450%	\$50,265	\$68,085	\$85,905	\$103,725	\$121,545	\$139,365	\$157,185	\$175,005
500%	\$55,850	\$75,650	\$95,450	\$115,250	\$135,050	\$154,850	\$174,650	\$194,450

For family units with more than 8 members, add \$3,960 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

1) D. Assessment of Emerging Populations with Special Needs

• African Americans

Unique Challenges – African Americans are currently 17% of the EMA, yet they represent almost half of all PLWHA in the EMA, according to current census and surveillance data. Among youth PLWHA, 70% are African American and of female PLWHA, 71% are African American. In fact, African American women comprise the largest percentage of newly-diagnosed *and* living HIV/AIDS cases in the EMA today. Moreover, the rate of death among PLWHA is highest for African Americans. Socio-economic conditions experienced by this population can greatly impact their access to HIV care. For example, a larger proportion of African-Americans in the EMA are living in poverty than the rest of the state. African Americans have the highest unemployment rate in the area, and they account for 19% of all of Houston’s uninsured.²¹ African Americans also face high rates of chronic health conditions and have the highest mortality rates for asthma, cardiovascular disease, diabetes, and several cancers.²²

Service Gaps – Over half of all respondents (55%) in the 2011 NA identified as African American. Overall, African Americans in the study reported no significant difficulties accessing core HIV services compared to other racial/ethnic groups. However, they were more likely to report transportation and housing-related services as important for their care, more likely to report being told they were ineligible for services and incarceration as barriers to care. In fact, 23% of African Americans in the study were recently incarcerated, and they were more likely than other groups to report unstable housing. In an analysis of 2009 CPCDMS RW service utilization data, African Americans may be under-utilizing dental and mental health services.

Estimated Costs – In FY 2010, 47% of RW/A-funded services was spent on service delivery to African American PLWHA. This amounts to an estimated total of over \$7.6M, of which 56% (\$4.2M) was spent on primary medical care. African American PLWHA also accounted for the majority of expenditures under transportation (78%), legal services (60%), and hospice (53%).

• Hispanics

Unique Challenges – Hispanics currently account for 23% of all PLWHA in the Houston EMA. Of that total, Hispanic men appear to be most greatly affected. While 74% of PLWHA overall in the EMA are men, 82% of Hispanic PLWHA are men. Data also suggest a potential increase in HIV among Hispanic youth. The Hispanic population presents some of the most unique challenges to service delivery in the EMA. For example, over half of Spanish speakers in the EMA are considered “linguistically isolated,” meaning they speak English less than “very well.” Hispanics also have the highest rate of poverty in the EMA, and they represent the majority of people who are uninsured.²¹ Like African Americans, Hispanics are at higher risk for chronic health conditions, namely diabetes, and they have the highest rate of obesity in the state.²²

²¹ U.S. Census 2010 American Community Survey, Houston Texas.

²² Texas DSHS, Texas Chronic Disease Burden Report. April 2010.

Service Gaps – 22% of respondents in the 2011 NA identified as Hispanic. Compared to all respondents in the study, Hispanic PLWHA reported more difficulty accessing primary medical care, HIV medications, case management, and mental health services. They were the most likely to report “unfriendly” staff, language, and cost of services as barriers to care. They were also more likely to cite support groups, legal services, and translation services as important for their care. Of all racial/ethnic groups in the study, Hispanic PLWHA were the most likely to report not having a case manager and to not seek health care because of inability to pay.

Estimated Costs – In FY 2010, 28% of RW/A-funded services was spent on service delivery to Hispanic PLWHA. This amounts to an estimated total of \$4.9M, of which 66% (\$3.2M) was spent on primary medical care. Hispanic PLWHA also accounted for 34% of all expenditures in primary medical care and 30% of expenditures in nutritional therapy.

- **Men Who Have Sex with Men (MSM)**

Unique Challenges – MSM continue to account for the largest proportion of new and living HIV/AIDS cases in the Houston EMA, according to surveillance data. Over half of all PLWHA in the EMA are MSM, and about 59% of all newly-diagnosed HIV/AIDS cases are MSM. Of MSM PLWHA, 61% are also men of color. In addition to HIV, infectious syphilis continues to be a concern for this group, and has been at epidemic proportions since 2005. For a focused discussion on syphilis, please refer to page 16. In 2010, there were 131 confirmed cases of early syphilis among MSM co-infected with HIV. MSM also face unique community and cultural challenges to HIV services, which are described in the EIIHA section of this narrative.

Service Gaps – 42% of respondents in the 2011 NA identified as MSM, and their responses were analyzed by race/ethnicity. Compared to all respondents, MSM reported more difficulty accessing primary medical care and case management. They also reported greater difficulty accessing EFA, food bank, and housing-related services. Like Hispanic PLWHA, Hispanic MSM reported specific needs in the area of language translation; and, like African American PLWHA, African American MSM reported incarceration as a barrier to care. Almost two-thirds of White MSM reported having a mental health condition at the time of the study; they also reported more difficulty accessing mental health services than other MSM. Also noteworthy is that White males account for the largest proportion of mental health clients in the RW system (CPCDMS 2009).

Estimated Costs – In FY 2010, 22% of RW-funded services was spent on service delivery to MSM. This amounts to an estimated total of over \$3.8M, of which 53% (\$2M) was spent on primary medical care. MSM also accounted for the following expenditures: 56% of substance abuse services, 38% of health insurance assistance, 38% of rehabilitation services and 37% of nutritional therapy services.

- **Women of Childbearing Age**

Unique Challenges – Women account for 26% of all PLWHA in the Houston EMA; of those, 71% are African American women. Unique biological, cultural, and socio-economic conditions

for female PLWHA can directly impact their access to services. For example, about a quarter of all women in Houston live below poverty, and this increases to 45% of those who are single parents.¹⁸ About the same percentage of women as men are unemployed (~9%), but this, too, increases (to 11%) for women with young children. In addition, several health indicators for women in the Houston area (e.g., rate of pap test, mammogram, premature birth, infant mortality, teen birth, etc.) fall below national standards, indicating less than optimal health for this population overall.^{23,24} As primary caregivers, the impact of HIV on women extends beyond their own status. As described below, youth aged 13 to 24 make up a growing proportion of PLWHA in the EMA, which has a direct impact on women as caregivers. Additional cultural challenges for this population are described in the EIIHA section of this narrative.

Service Gaps – 31% of respondents in the 2011 NA were women living with HIV/AIDS. Compared to all respondents, female PLWHA reported more difficulty accessing dental services, mental health services, and home health care. Not surprisingly, female PLWHA were more likely to report needing assistance with household items and with child care. They were also more likely to report lack of child care as a barrier to services. Female PLWHA also reported difficulty accessing EFA, food bank, and transportation services.

Estimated Costs – In FY 2010, 25% of RW/A and MAI-funded services was spent on service delivery to female PLWHA, not including female youth. This accounts for an estimated total of over \$4.4M, of which 63% was spent on primary medical care. Female PLWHA also accounted for 22% of legal assistance expenditures and 40% of primary medical care expenditures.

- **Youth Aged 13 to 24**

Unique Challenges – HIV disease in youth has been an area of great concern for the Houston EMA. Currently, 5% of all PLWHA in the EMA are aged youth aged 13 to 24; however, 22% of newly-diagnosed HIV/AIDS cases are in this age group. This and other trends suggest that HIV may be on the rise in this younger age group. Of youth PLWHA, 70% are African American, and 60% are MSM. Youth in the EMA also face challenging socio-economic and other health conditions that impact access to services. For example, 35% of people under 18 live in poverty, and 18 – 24 year olds make up 16% of Houston’s uninsured.¹⁸ Moreover, about 20% of high school students in Texas use tobacco, and 30% are overweight or obese.¹⁹ Youth also face many unique cultural challenges, which are described in the EIIHA section of this narrative.

Service Gaps – Only 3% of respondents in the 2011 NA were aged 18 to 24, and none were under 18. Therefore, results from the 2005 NA will be used here. Results show that youth PLWHA had the greatest difficulty accessing dental services and primary medical care. For supportive services, access barriers were reported most often for EFA, housing, employment assistance, and food bank. Barriers experienced most often by youth PLWHA were long wait times, lack of transportation, and lack of information about services.

²³ CDC. SMART: BRFSS City and County Data, 2010 - Houston-Sugar Land-Baytown , Texas MSA.

²⁴ U.S. Department of Health & Human Services, Community Health Status Indicators, Harris County, Texas 2009.

Estimated Costs – In FY 2010, 10% of RW/A-funded services were spent on service delivery to youth PLWHA. This amounts to an estimated total of almost \$1.7M, of which 64% (\$1M) was spent on primary medical care. Youth PLWHA also accounted for 11% of all primary medical care expenditures and 13% of case management expenditures.

• **Rural Population**

Unique Challenges – Though only about 5% of PLWHA in the Houston EMA reside in its rural counties (Chambers, Fort Bend, Liberty, Montgomery, and Waller), rural residents face unique challenges to HIV services. In general, rural areas can sustain fewer services than more highly-populated urban areas. Coupled with low prevalence, this leaves many rural PLWHA isolated and lacking access. Low prevalence also contributes to stigma around HIV. In the EMA, recent data suggest that HIV may be increasing in the rural counties and that women are more affected in the rural areas than men. The EMA's rural counties also represent a range of socio-economic conditions that impact access to services. For example, Liberty County has the highest unemployment rate in the EMA, and Waller has the highest rate of poverty. At the same time, Fort Bend County has the highest household income in the EMA at \$80,548 (ACS 2009).

Service Gaps – Approximately 4% of respondents in the 2011 NA resided in a rural county. Compared to all respondents in the study, rural PLWHA reported more difficulty accessing HIV medications, case management, medical nutritional therapy, and outpatient drug and alcohol treatment. They were also more likely to report lack of services in their area and difficulty getting to services as barriers to care. Of all PLWHA in the study, rural residents were the most likely to report not seeking medical care because of inability to pay.

Estimated Costs – In FY 2010, 7% of RW-funded serves were spent on service delivery to rural PLWHA. This amounts to an estimated total of over \$1.2M, of which 52% (\$646K) was spent on primary care. Rural PLWHA also accounted for 23% of substance abuse and 11% of HIV medication expenditures.

Houston, TX
Grant Number H89HA00004
FY 2010
Minority AIDS Initiative (MAI) Annual Report Narrative

Submitted By:
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HOUSTON EMA FY 2010 MAI INITIATIVE ANNUAL REPORT NARRATIVE

The FY 2010 MAI Report was submitted via the EHB per HRSA/HAB instructions.

The \$1,525,669 in FY 2010 MAI funds awarded to the Houston EMA was distributed to a total of three (3) MAI-eligible community-based organizations (CBOs) through three (3) renewal contracts for Outpatient/Ambulatory Primary Medical Care and one (1) renewal contract for Medical Case Management. All FY 2010 MAI-funded service categories were continuations of FY 2009 MAI-funded services. Ryan White Grant Administration (RWGA) procured the following services in the Houston EMA with FY 2010 MAI funds:

<i>Service Category</i>	<i>MAI Expenditures</i>
Outpatient/Ambulatory Primary Medical Care targeted to Black	\$ 723,125
Outpatient/Ambulatory Primary Medical Care targeted to Hispanic	\$ 237,371
Medical (Clinical) Case Management targeted to Black	\$ 91,575
Medical (Clinical) Case Management targeted to Hispanic	\$ 57,875
Grantee Administration	\$ 0
Clinical Quality Management	\$ 0
Total MAI Expenditures:	\$1,109,946

Unobligated (unexpended) Funds as reported on FSR \$ 415,723

Background information needed to explain the data submitted in the *Plan Web forms*:

All categories: In the Houston EMA all MAI-funded services are also funded under RW Part A. Thus, for all MAI-funded services during the FY 2010 MAI reporting period the providing agencies also had substantial Part A funding for the same service.

Expenditures:

In the following category expenditures exceeded allocations:

Medical Case Management targeted to Hispanic: Allocated: \$55,000; Expended: \$57,875

The small variance in Medical Case Management targeted to Hispanic is related to the provider having both target populations (African American & Hispanic) in a single contract, and 2) providers also had Part A funds for the same service targeted to the same populations. Thus, funds were able to track to actual utilization versus planned utilization.

In the following categories allocations exceeded expenditures:

Medical Case Mgmt. targeted to Black: Allocated: \$110,125; Expended: \$191,575

Outpatient Primary Care targeted to Black: Allocated: \$1,036,376; Expended: \$723,125

Outpatient Primary Care targeted to Hispanic: Allocated: \$324,168; Expended: \$237,371

The reason for unspent MAI funding under Primary Medical Care (Black & Hispanic) and Medical Case Management (Black) is solely related to the overlap of FY 09 MAI (grant ended 7/31/10) and FY 10 MAI (grant year began 3/31/10) funding. This created a situation wherein grantees had 24 months worth of MAI funding to spend in a 19 month period. The Houston EMA elected not to expand its MAI programs to what would have been unsustainable levels due to this unforeseen one-time-only surge in funding. Guidance from HAB assured grantees that MAI funds were not subject to UOB penalties, thus the Houston EMA by design limited MAI expenditures to a sustainable level and planned for carryover funding to ensure adequate funding for critical services to African American and Hispanic PLWHA in subsequent years. One hundred percent (100%) of Houston's FY 11 MAI funds are allocated to Primary Medical Care, the EMA's top priority. This is consistent with the EMA's EIIHA strategy of ensuring there is adequate capacity for referrals of newly-diagnosed minority PLWHA expected as a result of the community's increased efforts to identify and link to care individuals who are unaware of their status. Maintaining these MAI carryover funds assists our community in sustaining access to care for newly-diagnosed and out-of-care minority PLWHA who otherwise would have had limited or no access to care.

Progress towards achieving specific goals and objectives identified in the Grantee's approved FY 2010 MAI plan: Overall, the goal listed for the number of clients to be served was exceeded in all categories. The number of Women and Youth served met or exceeded goals. Overall, expected outcomes met or exceeded target percentages with the following exceptions.

Medical Case Management: Overall, program efforts met or exceeded expectations in terms of numbers served. In terms of CD-4 and Viral Load results, outcomes achieved met or exceeded goals. In terms of **retention in care**, both Black and Hispanic percentages achieved were less than the goal of 90% (actual Black achieved was 63%, actual Hispanic achieved was 83%).

Outpatient Primary Medical Care: Overall, program efforts met or exceeded expectations in terms of numbers served. Planned outcome measure goals were met with the narrow exception of Viral Load for Black clients (72% achieved compared to a goal of 75%).

Data collection method: For all outcomes services data was collected via the Centralized Patient Care Data Management System (CPCDMS), the Houston's EMA's real time client-level database that all providers must use to submit service utilization and health outcome data.

Progress in linking MAI services/activities to Part A and other Ryan White program Services: MAI services are fully integrated into the overall Ryan White continuum of care in the Houston EMA. All current MAI-funded providers are also funded for the same services under Part A funds. Local Ryan White Program planning efforts are coordinated by the Houston EMA Ryan White Planning Council which plans Part A, MAI, Part B and Texas *State Services* funding in a single, combined planning process.

Program Accomplishments: The MAI Summary Report submitted via the EHB documents that all MAI-funded services in FY 2010 met or exceeded their planned number of clients to be served with no exceptions. No provider specific TA was needed.

Program Challenges: There were no significant programmatic or fiscal challenges identified during FY 2010. No unscheduled or ad-hoc technical assistance was necessary with Subrecipient agencies regarding MAI-funded activities during the report period.

MAI Technical Assistance Needs: The EMA has no MAI-related technical assistance needs at this time.



2010 PART A MAI YEAREND

Houston, TX

H89HA00004

Grantee Name:	Houston, TX	MAI Award Amount:	\$1,525,669.00
Report Prepared by:	Charles Henley	Admin Amount:	\$0.00
Report Date:	1/3/2012 11:00:11 AM	CQM Amount:	\$0.00
		Carryover Amount:	\$0.00

Number of Report Sheets: 4



2010 PART A MAI YEAREND

Houston, TX

H89HA00004

1. MedCaseMgmt-Black or African American
2. MedCaseMgmt-Hispanic or Latino(a)
3. Medical-Black or African American
4. Medical-Hispanic or Latino(a)

**Report Sheet: MedCaseMgmt-Black or African American****Service Information**

1. Service or Activity: Medical Case Management (including Treatment Adherence)
2. Ethnic or Racial Community To Receive This Service: Black or African American
3. New, Continuing, or Expanded Effort: Continuing

Budget and Expenditure Information

- 4A. FY MAI Funds Budgeted for This Service to This Client Group:
- 4B. MAI Carryover Budgeted for This Service to This Client Group:
- 4C. Total MAI Funds Budgeted or Spent for This Service to This Client Group:

Plan	Annual
\$110,125.00	
\$0.00	
\$110,125.00	\$91,575.00

Service Units

5. Service Unit Name and Definition: 1 unit = 1 medical case management encounter

6. Record of Service Units Provided:

Plan	Annual
4405	3663

Record of Clients Served

- 7A. Total Unduplicated Number of Clients:
- 7B. Total Unduplicated Number of Women:
- 7C. Total Unduplicated Number of Infants:
- 7D. Total Unduplicated Number of Children:
- 7E. Total Unduplicated Number of Youth:

Plan	Annual
180	165
72	78
0	0
0	0
18	17

Planned Outcomes

8. Planned Client Level Outcomes	Target Percent
Increase in the percentage of clients with improved or stable CD4 counts	75%
Increase in the percentage of clients with improved or stable viral load test results	75%
Increase in the percentage of clients retained in care	90%



2010 PART A MAI YEAREND

Houston, TX

H89HA00004

Year-End Outcome Results

9A. Narrative Description of Outcomes Achieved	9B. No. of Clients Served in Target Population	9C. No. of Clients Achieving Outcome	9D. Percent
Reflects MAI clients served with two or more CD-4 lab results recorded during the reporting period. Not all clients served (165) had more than one CD-4 lab result during the period (e.g. first lab test was in final quarter of the reporting period).	105	99	94.29 %
Reflects MAI clients served with two or more Viral Load (VL) lab results recorded during the reporting period. Not all clients served (165) had more than one VL lab result during the period (e.g. first lab test was in final quarter of the reporting period).	106	82	77.36 %
Retention in care is defined as a client having 2 or more primary care practitioner visits at least 90 days apart during the review period. Clients whose 1st visit was in the final quarter of the reporting period (12/1/10 - 2/28/11) are excluded from the denominator.	94	59	62.77 %



2010 PART A MAI YEAREND

Houston, TX

H89HA00004

Report Sheet: MedCaseMgmt-Hispanic or Latino(a)

Service Information

- 1. Service or Activity: Medical Case Management (including Treatment Adherence)
- 2. Ethnic or Racial Community To Receive This Service: Hispanic or Latino(a)
- 3. New, Continuing, or Expanded Effort: Continuing

Budget and Expenditure Information

- 4A. FY MAI Funds Budgeted for This Service to This Client Group:
- 4B. MAI Carryover Budgeted for This Service to This Client Group:
- 4C. Total MAI Funds Budgeted or Spent for This Service to This Client Group:

Plan	Annual
\$55,000.00	
\$0.00	
\$55,000.00	\$57,875.00

Service Units

- 5. Service Unit Name and Definition: 1 unit = 1 medical case management encounter

- 6. Record of Service Units Provided:

Plan	Annual
2200	2355

Record of Clients Served

- 7A. Total Unduplicated Number of Clients:
- 7B. Total Unduplicated Number of Women:
- 7C. Total Unduplicated Number of Infants:
- 7D. Total Unduplicated Number of Children:
- 7E. Total Unduplicated Number of Youth:

Plan	Annual
90	192
27	61
0	0
0	0
9	8

Planned Outcomes

8. Planned Client Level Outcomes	Target Percent
Increase in the percentage of clients with improved or stable CD4 counts	75%
Increase in the percentage of clients with improved or stable viral load test results	75%
Increase in the percentage of clients retained in care	90%

**Year-End Outcome Results**

9A. Narrative Description of Outcomes Achieved	9B. No. of Clients Served in Target Population	9C. No. of Clients Achieving Outcome	9D. Percent
Reflects MAI clients served with two or more CD-4 lab results recorded during the reporting period. Not all clients served (192) had more than one CD-4 lab result during the period (e.g. first lab test was in final quarter of the reporting period).	126	122	96.83 %
Reflects MAI clients served with two or more Viral Load (VL) lab results recorded during the reporting period. Not all clients served (192) had more than one VL lab result during the period (e.g. final lab test was in first quarter of the reporting period).	125	101	80.80 %
Retention in care is defined as a client having 2 or more primary care practitioner visits at least 90 days apart during the review period. Clients whose 1st visit was in the final quarter of the reporting period (12/1/10 - 2/28/11) are excluded from the denominator.	120	100	83.33 %

**Report Sheet: Medical-Black or African American****Service Information**

1. Service or Activity: Outpatient /Ambulatory Health Services
 2. Ethnic or Racial Community To Receive This Service: Black or African American
 3. New, Continuing, or Expanded Effort: Continuing

Budget and Expenditure Information

- 4A. FY MAI Funds Budgeted for This Service to This Client Group:
 4B. MAI Carryover Budgeted for This Service to This Client Group:
 4C. Total MAI Funds Budgeted or Spent for This Service to This Client Group:

Plan	Annual
\$1,036,376.00	
\$0.00	
\$1,036,376.00	\$723,125.00

Service Units

5. Service Unit Name and Definition: 1 unit = 1 visit
 6. Record of Service Units Provided:

Plan	Annual
3170	2630

Record of Clients Served

- 7A. Total Unduplicated Number of Clients:
 7B. Total Unduplicated Number of Women:
 7C. Total Unduplicated Number of Infants:
 7D. Total Unduplicated Number of Children:
 7E. Total Unduplicated Number of Youth:

Plan	Annual
964	1068
290	379
0	0
0	0
48	101

Planned Outcomes

8. Planned Client Level Outcomes	Target Percent
Increase in the percentage of clients with improved or stable CD4 counts	75%
Increase in the percentage of clients with improved or stable viral load test results	75%



2010 PART A MAI YEAREND

Houston, TX

H89HA00004

Year-End Outcome Results

9A. Narrative Description of Outcomes Achieved	9B. No. of Clients Served in Target Population	9C. No. of Clients Achieving Outcome	9D. Percent
Reflects MAI clients served with two or more CD-4 lab results recorded during the reporting period. Not all clients served (1068) had more than one CD-4 lab result during the period (e.g. first lab test was in final quarter of the reporting period).	904	823	91.04 %
MAI Clients served with two or more Viral Load (VL) lab results recorded during the reporting period. Not all clients served (1068) had more than one VL lab result during the period (e.g. final lab test was in first quarter of the reporting period).	907	655	72.22 %

**Report Sheet: Medical-Hispanic or Latino(a)****Service Information**

1. Service or Activity: Outpatient /Ambulatory Health Services
 2. Ethnic or Racial Community To Receive This Service: Hispanic or Latino(a)
 3. New, Continuing, or Expanded Effort: Continuing

Budget and Expenditure Information

- 4A. FY MAI Funds Budgeted for This Service to This Client Group:
 4B. MAI Carryover Budgeted for This Service to This Client Group:
 4C. Total MAI Funds Budgeted or Spent for This Service to This Client Group:

Plan	Annual
\$324,168.00	
\$0.00	
\$324,168.00	\$237,371.00

Service Units

5. Service Unit Name and Definition: 1 unit = 1 visit
 6. Record of Service Units Provided:

Plan	Annual
1000	863

Record of Clients Served

- 7A. Total Unduplicated Number of Clients:
 7B. Total Unduplicated Number of Women:
 7C. Total Unduplicated Number of Infants:
 7D. Total Unduplicated Number of Children:
 7E. Total Unduplicated Number of Youth:

Plan	Annual
218	572
44	110
0	0
0	0
10	32

Planned Outcomes

8. Planned Client Level Outcomes	Target Percent
Increase in the percentage of clients with improved or stable CD4 counts	75%
Increase in the percentage of clients with improved or stable viral load test results	75%



Year-End Outcome Results

9A. Narrative Description of Outcomes Achieved	9B. No. of Clients Served in Target Population	9C. No. of Clients Achieving Outcome	9D. Percent
MAI Clients served with two or more CD-4 lab results recorded during the reporting period. Not all clients served (572) had more than one CD-4 lab result during the period (e.g. first lab test was in final quarter of the reporting period).	500	470	94.00 %
MAI Clients served with two or more Viral Load (VL) lab results recorded during the reporting period. Not all clients served (572) had more than one VL lab result during the period (e.g. first lab test was in final quarter of the reporting period).	501	390	77.84 %

FY 2011 Part A and MAI Procurement Summary
(3/1/11 - 2/29/12)

FY 2011 Part A								
Priority	Service Category	Original Allocation	Total Allocation	% Grant Award	Amount Procured	Expended YTD	% Spent YTD	Comment
1	Outpatient/Ambulatory Primary Medical Care	7,903,664	9,518,840	52.34%	9,518,800	7,387,175	78%	
2	Local Pharmacy Assistance Program	3,582,046	2,332,313	12.82%	2,332,313	2,114,059	91%	
3	Oral Health	111,958	115,000	0.63%	115,000	97,600	85%	
4	Medical Case Management	1,723,177	1,741,899	9.58%	1,741,899	1,249,591	72%	
5	Mental Health Services	0	0	0.00%	0	0	0%	Funded under SS
6	Health Insurance	0	0	0.00%	0	0	0%	Funded under RW/B & SS
7	Medical Nutritional Therapy	341,994	198,191	1.09%	198,191	198,191	100%	Service ended 10/15/11
8	Home & Community Based Services	0	0	0.00%	0	0	0%	Funded under RW/B
9	Early Intervention Services	0	0	0.00%	0	0	0%	Funded under SS
10	Hospice Services	132,112	135,740	0.75%	135,740	125,400	92%	Funded under SS
11	Substance Abuse Treatment	45,757	35,000	0.19%	35,000	32,050	92%	
12	Non-medical CM (Service Linkage)	1,132,764	1,123,854	6.18%	1,123,856	968,980	86%	
13	Food Bank	0	0	0.00%	0	0	0%	Funded under SS
14	Medical Transportation	608,825	598,227	3.29%	598,266	553,056	92%	
15	Rehabilitation	0	0	0.00%	0	0	0%	Not funded in FY 11
16	Legal Services	241,441	248,250	1.36%	248,249	214,901	87%	
17	Linguistic Services	0	0	0.00%	0	0	0%	Funded under SS
NA	Grantee Administration	1,688,164	1,634,731	8.99%	1,634,731	1,358,155	83%	
NA	Grantee Quality Management	520,796	505,049	2.78%	505,049	367,700	73%	
Total		18,032,698	18,187,094	100.00%	18,187,094	14,666,859	81%	YTD Expected = 92%
FY 2011 Part A Award		18,032,698						
Part A Carryover		154,396						
Total		18,187,094						

FY 2011 MAI								
Priority	Service Category	Original Allocation	Total Allocation	% Grant Award	Amount Procured	Expended YTD	% Spent YTD	Comment
1	Outpatient/Ambulatory Primary Medical Care	1,717,806	2,133,528	100.00%	2,133,528	1,190,405	56%	
NA	Grantee Administration	0	0	0.00%	0	0	0%	
NA	Grantee Quality Management	0	0	0.00%	0	0	0%	
Total		1,717,806	2,133,528	100.00%	2,133,528	1,190,405	56%	YTD Expected = 92%
FY 2011 MAI Award		1,717,806						
MAI Carry Over		415,722						
Total		2,133,528						

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1112 Ryan White Part B
Procurement Report
April 1, 2011 - February 29, 2012



Spending Target: 92%

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
1	Outpatient Ambulatory Medical Care - Rural	\$320,000	11%	\$294,500	10%	4/1/2011	\$243,345	83%
2	AIDS Pharmaceutical Assistance*	\$0	0%	\$48,000	2%	4/1/2011	\$19,834	41%
3	Medical Case Management - Rural**	\$170,000	6%	\$155,500	5%	4/1/2011	\$114,450	74%
4	Oral Health Care - General	\$1,300,021	45%	\$1,394,308	45%	4/1/2011	\$1,125,500	81%
4	Oral Health Care - Prosthodontics	\$420,325	14%	\$420,325	14%	4/1/2011	\$378,708	90%
7	Health Insurance Premiums and Cost Sharing	\$474,382	16%	\$524,382	17%	4/1/2011	\$512,385	98%
10	Home and Community Based Health	\$232,000	8%	\$242,000	8%	4/1/2011	\$220,080	91%
Total Houston HSDA		2,916,728	100%	3,079,015	100%		2,614,302	85%

* APA - Agency is behind on billing

** MCM - One agency is behind on billing

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1112 DSHS State Services
Procurement Report
September 1, 2011 - February 29, 2012



Spending Target: 86% (Based on the DSHS-mandated seven month contract)

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
3	Clinical Case Management	\$118,149	10%	\$118,149	10%	9/1/2011	\$104,858	89%
6	Mental Health Services	\$148,986	13%	\$148,986	13%	9/1/2011	\$128,979	87%
7	Health Insurance Premiums and Cost Sharing	\$555,350	47%	\$555,350	47%	9/1/2011	\$509,538	92%
9	Hospice	\$167,899	14%	\$167,889	14%	9/1/2011	\$142,560	85%
11	EIS - Incarcerated *	\$98,188	8%	\$98,188	8%	9/1/2011	\$70,147	71%
13	Food Bank**	\$47,260	4%	\$47,260	4%	9/1/2011	\$35,050	74%
15	Legal Assistance - Rural	\$31,002	3%	\$31,002	3%	9/1/2011	\$25,000	81%
16	Linguistic Services***	\$16,541	1%	\$16,541	1%	9/1/2011	\$17,500	106%
Total Houston HSDA		1,183,375	100%	1,183,365	100%		1,033,632	87%

* EIS - Incarcerated: Agency is one month behind on billing.

** Food Bank - Agency believes they will spend all of their allocation.

*** Linguistics - Demand is exceeding amount allocated; will be reallocated.

Houston-area homeless programs get \$2.8 million in federal funding

By Safiya Ravat

Updated 07:13 p.m., Tuesday, March 13, 2012

Houston-area homeless programs will receive nearly \$2.8 million in federal funding as part of an Obama administration plan to confront homelessness.

The U.S. Department of Housing and Urban Development on Tuesday announced that more than \$200 million will be allocated to some 700 new homeless programs nationwide.

"This is the single highest grant given in one year for homeless programs," said the department's secretary, [Shaun Donovan](#).

Texas was allocated the fifth-highest sum among other states, \$10.5 million, and the Houston area will receive more than a quarter of that.

Three Houston organizations were chosen to receive the funds; \$1.4 million will go to [Houston Area Community Services](#), \$1 million will go to the [Salvation Army](#) Greater Houston Area Command, and \$395,000 will go to Fort Bend Women's Center.

To receive funding, organizations had to apply through the Coalition for the Homeless of Houston/Harris County and needed to meet two requirements.

"The purpose of the program has to be in offering permanent housing," said [Pamela Wyatt](#), a director at the coalition.

Permanent supportive housing programs aim to give homeless people the opportunity to live as independently as possible. They offer services such as job training, mental health counseling and substance abuse treatment to get the homeless back into the workforce. Unlike transitional housing, they are intended for long-term and permanent stay.

The second requirement is to follow the government's "housing first" model, said Donovan. It ensures that homeless people are given stable housing without having to take drug or alcohol tests, a common pre-admittance practice for shelters.

"Whether it be people with substance abuse or mental illness, what we find is if they are stably housed, they have a much better chance of being able to kick their habit and get back on their feet," he said.

safiya.ravat@chron.com

**Fiscal Year 2011
Continuum of Care Competition
Homeless Assistance New Project Award Report**

State

CoC Name

Project Name	Program	Awarded Amount
TX		
TX-500 - San Antonio/Bexar County CoC		
2011 SAMM Woodhill Plus	SHP	\$583,218
2011 Alamo Area Resource Center Housing Works 2	SHP	\$222,062
TX-500 Total:		\$805,280

TX-503 - Austin/Travis County CoC

Terraza PSH	SHP	\$414,451
TX-503 Total:		\$414,451

TX-600 - Dallas City & County/Irving CoC

C.A.R.E.S	SHP	\$853,102
Green Haus on the Santa Fe Trail	SHP	\$530,239
TX-600 Total:		\$1,383,341

TX-601 - Fort Worth/Arlington/Tarrant County CoC

Housing SPC	S+C	\$340,320
SafeTomorrows	SHP	\$356,805
TX-601 Total:		\$697,125

TX-603 - El Paso City & County CoC

HMIS Expansion	SHP	\$26,250
TX-603 Total:		\$26,250

TX-604 - Waco/McLennan County CoC

The Salvation Army Transitional Extended Stay Program (S.T.E.P.)	SHP	\$390,671
TX-604 Total:		\$390,671

TX-607 - Texas Balance of State CoC

Doors of Empowerment II	SHP	\$480,924
FIC Housing Project	SHP	\$923,202
Salvation Army Galveston Transitional Housing	SHP	\$276,595

State

CoC Name

<u>Project Name</u>	<u>Program</u>	<u>Awarded Amount</u>
Project Open D. O. R. S.	SHP	\$153,962
Salvation Army Permanent Supportive Housing	SHP	\$457,676
Transitional Living Program	SHP	\$675,865
Wilco Opportunities for Housing Independence	SHP	\$284,382
TX-607 Total:		\$3,252,606

TX-624 - Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties CoC

My Walls Permanent Housing Bonus 2011	SHP	\$91,925
My Walls 2011	SHP	\$612,831
TX-624 Total:		\$704,756

TX-700 - Houston/Harris County CoC

FQHC and SHP Program Integration Pilot	SHP	\$1,400,076
Domestic Violence Trauma Housing	SHP	\$394,932
Salvation Army Social Services	SHP	\$1,000,000
TX-700 Total:		\$2,795,008

TX Total:		\$10,469,488
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PUBLIC COMMENT

From email to The Office of Support
Received 03-14-12

Dear Ryan White Planning Council Members:

The use of Ryan White Funds can be many; however, when consumers and agencies are asked “to do more with less” it’s imperative that we as a community keep these dollars targeted to core services – especially with the renewed focus on preventive health efforts (HIV Counseling, Testing, and Referral as well as Service Linkage). I also know the challenges that RWPC faces in terms of making difficult decisions as a former one year RWPC Vice-Chair and two year RWPC Chair.

Housing funds come from one main stream HUD. These funds can be broken down into two categories [not counting CDBG or ESG]:

- HUD Continuum of Care [under the direction of the Coalition for the Homeless] and;
- Housing Opportunities for People Living With HIV/AIDS (HOPWA) administered by the City of Houston’s Housing Department of Community Development.

HUD serves PLWHA who are homeless (via shelters, transitional housing, and/or permanent supportive housing). HOPWA does not serve homeless individuals.

HOPWA provides PLWHA the following services to find people housing and/or to maintain stable housing:

- Information and Referral
- Resource Development
- Short Term Rental, Utility, and Mortgage Assistance (STRUMA)
- Tenant Based Rental, Utility, and Mortgage Assistance (TBRA)

HOPWA clients cannot be homeless. HUD Continuum of Care must be homeless as defined by HUD. HACS receives over \$4MM annually for housing-related services.

HACS’ recent HUD award [\$1.4MM] FQHC and SHP Program Integration Pilot (FSPIP) demonstrates how housing and primary care can be blended through various and complimentary funding streams. Individuals and families with co-occurring issues are addressed both from a clinical and housing perspective.

For example, PLWHA in HACS’ housing-related program receive all the services that HACS offers. HACS staff also coordinates services on behalf of the PLWHA with other Ryan White Core Service Providers as well as other providers including home health and in-home hospice. HACS can leverage its housing dollars and use Ryan White Part A PCARE funds to perform a medical “home visit” thus allowing the medical care provider to screen, assess, and/or treat the patient if home bound. Patients requiring such services may be eligible for Medicaid/Medicare.

HACS can bill its accelerated rate as an FQHC thus preventing the use of Ryan White funds all together.

This email simply demonstrates the point that other housing funding streams and related services should be considered first before using Ryan White dollars to “fit” a possibly past model due to advances in medical treatment and healthcare reform.

I included the link that shows the newly funded HUD projects.

<http://www.chron.com/default/article/Houston-area-homeless-programs-get-2-8-million-3404104.php>

Thanks so much.

Joe

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Comparison of 2010-2012 HOPWA Formula Allocations

March 16, 2012

Comparison of HOPWA Formula Allocations

HUD's website lists the amounts of competitive and formula allocations for the FY2012 HOPWA program. This spreadsheet lists the HOPWA formula comparisons for 2010-2012 by eligible area, including percent change.

Grantee Name	Funding			Change in Award		% Change	
	2010	2011	2012	2010-2011	2011-2012	2010-2011	2011-2012
AUSTIN	\$ 1,029,086	\$ 1,103,927	\$1,096,976	\$74,841	-\$6,951	7.27%	-0.63%
DALLAS	\$ 4,363,608	\$ 3,722,637	\$3,969,841	-\$640,971	\$247,204	-14.69%	6.64%
FORT WORTH	\$ 892,529	\$ 950,848	\$936,172	\$58,319	-\$14,676	6.53%	-1.54%
HOUSTON	\$ 7,315,504	\$ 7,793,944	\$7,127,183	\$478,440	-\$666,761	6.54%	-8.55%
SAN ANTONIO	\$ 1,064,378	\$ 1,151,125	\$1,168,601	\$86,747	\$17,476	8.15%	1.52%
TEXAS STATE PROGRAM	\$ 2,625,853	\$ 2,818,502	\$2,807,104	\$192,649	-\$11,398	7.34%	-0.40%
TOTAL	\$ 17,290,958	\$ 17,540,983	\$ 17,105,877	\$250,025	-\$435,106	1.45%	-2.48%

SAMHSA Grant Awards By State FY 2011

Discretionary Funds in Detail

(Houston HSDA)

Center for Mental Health Services (CMHS):

Grantee: **SERVICE OF EMERGENCY AID RESOURCE CENTER** Houston, TX
Program: Supportive Housing SM059193
FY 2010 Funding: \$399,812
Project Period: 09/30/2009 - 09/30/2014

Partners at Independence Heights will provide supportive services including intensive case management, mental health services, substance abuse treatment and life skills to 117 residents annually. Evidence-based practices to be used are the Transtheoretical Model, Motivational Interviewing, and SOAR. The population will be persons who are chronically homeless and have mental illness and/or substance use disorder. Residents are currently living in two subsidized permanent housing programs with limited or no supportive services for this sub-population. As units turn over referrals will come from Healthcare for the Homeless - Houston's Jail Inreach Project. Over the five year grant period the project will serve 185 unduplicated persons.

Grantee: **CENTER FOR SUCCESS AND INDEPENDENCE, INC** Houston, TX
Program: National Child Traumatic Stress Initiative SM059528
FY 2010 Funding: \$380,000
Project Period: 09/30/2010 - 09/29/2012

The Center for Success and Independence, Inc., through the Safety Acceptance Freedom Empowerment (SAFE) Project, will provide trauma informed screening, assessment, and treatment services for adolescents, ages 12-17, involved in the juvenile justice system in Harris County, TX. The SAFE project will implement new trauma focused practices in its residential program and foster systems change in the Harris County juvenile justice system through consensus building, training, and technical assistance. SAFE will: provide screening for PTSD in 220 adolescents at Harris County Juvenile Probation (HCJP), provide trauma informed assessment and residential treatment featuring Dialectical Behavior Therapy to 64 adolescents, provide treatment in at least one new trauma-focused intervention to 42 adolescents in the Center's residential program, and provide training to HCJP providers.

Grantee: **MONTROSE COUNSELING CENTER, INC.** Houston, TX
Program: TCE-Meeting the Mental Health Needs of Older Adults SM060695
FY 2011 Funding: \$356,344
Project Period: 09/30/2011 - 03/29/2013

Montrose Counseling Center will implement evidenced-based practices QPR, CAGE and Healthy IDEAS and adapt curriculum from Get Connected and Adult Meducation to seek to prevent suicides and prescription drug misuse with vulnerable and disenfranchised adults age 60 and older using Volunteer Peer Outreach Workers, health educators, gatekeepers and clinical case managers in Houston, Harris County, TX. Abstract: Montrose Counseling Center, Inc. (MCC) is an outpatient mental health and substance abuse treatment center founded in 1978 and licensed by Texas Department of State Health Services as an outpatient treatment site since 1986

and accredited as a Behavioral Health facility by the Joint Commission on Accreditation of HealthCare Organizations (Joint Commission) since 2003. The senior program entitled Seniors Preparing for Rainbow Years (SPRY) have been in service since 2005. MCC will recruit, train and supervise volunteer peer outreach workers to engage at least 200 consumers with Question Persuade Refer (QPR) and Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) and CAGE screening questions.

Grantee: **MONTROSE COUNSELING CENTER, INC.**

Houston, TX

Program: Primary Care & Behavioral Health Integration

SM059742

FY 2010 Funding: \$700,000

Project Period: 09/30/2010 - 09/29/2014

Montrose Counseling Center (MCC) will improve the health status of at least 203 medically indigent adult consumers receiving treatment for serious mental illness and/or co-occurring substance abuse by integrating screening, comprehensive assessment, psychotherapy and substance abuse treatment with primary care services, clinical case management, and health/wellness education in Montrose and 5th Ward, Houston, TX. Primary care services will be co-located through an MOU with Legacy Community Health Services, a Federally Qualified Health Center. A Clinical Case Manager will strategize care with consumers beyond the initial treatment, providing referrals for specialized care, psychiatric needs, and securing additional benefits.

Grantee: **MONTROSE COUNSELING CENTER, INC.**

Houston, TX

Program: Minority HIV Prevention

SP015106

FY 2010 Funding: \$335,333

Project Period: 09/30/2008 - 09/29/2013

Montrose Counseling Center (MCC) will utilize the Community PROMISE intervention to reduce substance abuse and other HIV risk behaviors among at least 75 adult African American MSMs per year for a total of 375 participants for the total five-year period targeting zip codes 77002, 77003, 77004, 77006, 77007, 77016, 77019, 77022, 77026, 77028, 77034, 77035, 77036, 77057, 77088, 77091, 77092 but serving all of Houston, Harris County, TX.

Grantee: **HOUSTON INDEPENDENT SCHOOL DISTRICT**

Houston, TX

Program: Prevention Practices in Schools

SM060290

FY 2010 Funding: \$99,848

Project Period: 09/30/2010 - 09/29/2015

The overall purpose of the project is to bring Good Behavior Game (GBG), a classroom-based behavior management strategy, into general practice in HISD while maintaining high quality fidelity of implementation. By providing first and second grade teachers a tested strategy, we aim to reduce aggressive, disruptive behavior in the early grades and to create productive learning environments. There are three goals for this project: (1) provide 1st and 2nd grade teachers a tested strategy for classroom-based behavior management; (2) decrease aggressive, disruptive behavior in 1st and 2nd grade classrooms; and (3) develop district capacity to maintain and support GBG with fidelity over time. Measurable objectives for goal (1) will be: (a) by the end of the project period, at least 85% of the classroom teachers will report the use of GBG strategies greatly increased time on task for students as measured by self report and surveys; and (b) by the end of the project period at least 20% of the teachers surveyed will state they chose to remain at the school because of better student behavior.

Grantee: **COUNTY OF HARRIS**

Houston, TX

Program: Child Mental Health Initiative
FY 2010 Funding: \$1,000,000
Project Period: 09/30/2005 - 09/29/2011

SM057024

Harris County Protective Services for Children and Adults (HCPS), in collaboration with Harris County Juvenile Probation (HCJPD), Mental Health and Mental Retardation Authority (MHMRA) of Harris County, family groups, and various community and state health department partners, proposes to create a single, integrated family driven and culturally/linguistically competent system of care for Harris County, Texas, youth with serious emotional disturbances (SED) and their families. To achieve that goal, these partners will collaborate with other local family groups and numerous public and nonprofit organizations that develop and expand a family driven and youth guided SOC using wraparound processes. HCPS TRIAD Prevention Program will provide administrative and fiscal management of the Harris County Alliance for Children and Families, our local system of care. Building upon the multi-agency Harris County Alliance for Children and Families collaborative successes and lessons learned since 2000, we will continue to promote major systems transformations.

Grantee: **DEPELCHIN CHILDREN'S CENTER**

Houston, TX

Program: Post Traumatic Stress Disorder-Treatment Centers (2007)
FY 2010 Funding: \$400,000
Project Period: 09/30/2008 - 09/29/2012

SM058759

DePelchin Children's Center has designed the DePelchin Child Trauma Program (DCTP) to mobilize Houston/Gulf Coast communities to comprehensively and cohesively help children and families address and overcome the unwanted effects of trauma. The DCTP has three target populations for which appropriate trauma informed services will be provided: (1) Children and families impacted by the effects of natural disasters, including Hurricanes Katrina and Rita; (2) Children affected by trauma and in need of trauma informed and trauma focused treatment including referral to culturally adapted services; (3) Children and families of military personnel deployed to Iraq or Afghanistan. The DCTP will bring community leaders serving the target populations together to expand access to and expertise in child trauma. Children will be served through DCC's outpatient, school, and community based services.

Grantee: **CHANGE HAPPENS!**

Houston, TX

Program: Supportive Housing
FY 2010 Funding: \$309,447
Project Period: 09/30/2009 - 09/29/2014

SM059091

The Services To Aid In Retaining Housing (STAIRS) Program will provide services to chronically homeless, unaccompanied women, 18 and older, with a serious mental illness or a co-occurring mental and substance abuse disorder who has either been continuously homeless for at least one year or has had at least four episodes of homelessness in the past three years. The purpose of the RESCUE In Motion-Permanent Housing Program is to retain chronically homeless women with a disabling condition in stable, permanent housing, as well as, reduce psychiatric symptoms. The STAIRS Program will serve 20 unduplicated women on an annual basis and 100 over the lifetime of the project.

Grantee: **HIGHER DIMENSION CHURCH**

Houston, TX

Program: Drug Free Communities
FY 2010 Funding: \$125,000
Project Period: 09/30/2008 - 09/29/2013

SP014900

The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Grantee: **HIGHER DIMENSION CHURCH**

Houston, TX

Program: Minority HIV Prevention

SP015091

Congressional District: TX-09

FY 2010 Funding: \$335,333

Project Period: 09/30/2008 - 09/29/2013

Higher Dimension Youth Empowerment Program (HDYEP) serves the Harris County (Westwood) Community which is 42% African-American and 41% Hispanic. Although African-Americans make up 20% of the greater Houston population, they account for more than half (51%) of reported AIDS cases and 65% of all HIV diagnoses. Seventy-five percent (75%) of adolescents ages 13-19 who were diagnosed with HIV since 1999 were African-American.

Through a process of cultural immersion, the goal of HDYEP is to collaborate with credentialed service providers, area HIV planning and anti-drug commissions, and youth-serving organizations to reconfigure the way 150 African-American adolescents age 12-17 think about health and well-being and enhance the development of protective factors that would help adolescents to engage in and/or sustain behavior that will reduce or prevent the onset of substance abuse or transmission of HIV/AIDS. The objective of the HDYEP Project is to utilize cost-effective, evidence-based practices that will help adolescents adopt/internalize values and attitudes that are antithetical to risk-taking, life threatening conduct and that will: 1) Increase abstinence from drug use/alcohol abuse and unsafe sex practices; 2) Provide African-American adolescents age 12-17 with culturally competent HIV/AIDS and substance abuse prevention information, resources and materials in naturalistic settings that increase retention in treatment; 3) Decrease criminal justice involvement; 4) Increase access to SA/HIV prevention/intervention services; 5) Increase employability and decrease school-related misconduct (unexcused absences, suspensions, expulsions); and 6) Enhance social connectedness and parent communication.

Grantee: **FUNDACION LATINO AMERICANA CONTRA EL SIDA**

Houston, TX

Program: Minority HIV Prevention

SP015082

FY 2010 Funding: \$335,333

Project Period: 09/30/2008 - 09/29/2013

Fundación Latino American EL SIDA (FLAS) proposes to implement Sueños, Esperanzas, y Retos Latinos ("Latino Dreams, Hopes and Goals") or SER Latinos, targets low-acculturated Latino young adults (ages 18-24) in the Greater Gulfton area of southwest Houston, Texas. SER Latino will use the Popular Opinion Leader HIV prevention intervention, the Project Towards No Drug Abuse substance abuse prevention intervention, and peer support groups to lower HIV rates and substance use in this area.

Grantee: **FUNDACION LATINO AMERICANA CONTRA SIDA**

Houston, TX

Program: HIV-Ready-to-Respond Initiative SP016399
FY 2010 Funding: \$300,000
Project Period: 09/30/2010 - 09/29/2015
Fundación Latino Contra El Sida proposes Project Colores Latinos (PCL), one of the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Minority AIDS Initiative programs. Project Colores Latinos (PCL) will serve young (18-30) Latino men who have sex with men (YLMSM) residing in the greater Gulfton neighborhood of SW Houston, Texas.

Grantee: **CLEAR CREEK INDEPENDENT SCHOOL DISTRICT** League City, TX
Program: Drug Free Communities SP011356
FY 2010 Funding: \$125,000
Project Period: 09/30/2004 - 09/29/2014
The grantee will: (1) Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse and; (2) Establish and strengthen community anti-drug coalitions.

Grantee: **COALITION OF BEHAVIORAL HEALTH SERVICES** Houston, TX
Program: Drug Free Communities SP014783
FY 2010 Funding: \$125,000
Project Period: 09/30/2008 - 09/29/2013
The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Grantee: **POSITIVE EFFORTS, INC.** Houston, TX
Program: Minority HIV Prevention SP014986
FY 2010 Funding: \$335,333
Project Period: 09/30/2008 - 09/29/2013
Positive Efforts Inc and Bee Busy Inc have partnered to create the SHADES Initiative which proposes to implement evidence-based interventions designed to effect behavior change & decrease the prevalence of HIV and substance abuse in African American women in Northwest (approximately 15 square miles to include Greater Inwood & Acres Homes) & Southwest (approximately 16 square miles to include Fondren Southwest and Bissonnet) Houston. The initiative will provide non-traditional outreach to identify and refer African American Women, ages 25 to 44, into SISTA or VOICES interventions, HIV testing, refer clients into substance-abuse treatment and follow-up to ensure client success.

Grantee: **BAY AREA COUNCIL ON DRUG & ALCOHOL, INC.** Houston, TX
Program: Drug Free Communities SP014644
FY 2010 Funding: \$125,000
Project Period: 09/30/2008 - 09/29/2013

The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Grantee: **COMMUNITY ACTION PARTNERSHIP/PREVENTION** Richmond, TX
Program: Drug Free Communities SP012362
FY 2010 Funding: \$125,000
Project Period: 09/30/2005 - 09/29/2013

The grantee will: (1) Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse and; (2) Establish and strengthen community anti-drug coalitions.

Center for Substance Abuse Treatment (CSAT):

Grantee: **BAYLOR COLLEGE OF MEDICINE** Houston, TX
Program: SBIRT-Medical Residency Program TI020247
FY 2010 Funding: \$374,976
Project Period: 09/30/2009 - 09/29/2014

The Baylor SBIRT InSight Training Program for Primary Care Residents will train medical residents at the Baylor College of Medicine in the use of screening, brief intervention and referral to treatment. They will teach methods that were developed in the InSight for Health Project funded by SAMHSA. The concept is to fund services in the Harris County Hospital District (HCHD) using evidence-based interventions based on motivational interviewing. The project will train all primary care residents in family medicine, general internal medicine, pediatrics and specialty residents in psychiatry and trauma surgery in SBIRT methods. Programs will also be created at the Michael E. DeBakey Veteran's Hospital and the Texas Children's Hospital. The program will use a 'train-the-trainer' approach with willing faculty and develop materials that can be adapted to web-based training.

Grantee: **CENTER FOR SUCCESS AND INDEPENDENCE** Houston, TX
Program: Targeted Capacity - HIV/AIDS TI018671
FY 2010 Funding: \$500,000
Project Period: 09/30/2007 - 09/29/2012

Rites of Emergence into Adult Living (REAL) targets African-Americans ages 12-17. Low self-concept is an important and unaddressed factor in sexual risk and substance use among African-American adolescents. Project REAL will deliver services to adolescents that provide positive reinforcement that counter self-concept deficiencies. Parental counter-messages of African-American pride and strong group identity can help adolescents shape a positive self concept in spite of these experiences, but many adolescents have lost access to the family and kinship networks that have traditionally provided these positive messages. The Project will provide interventions to 340 annually. The goals of Project RESPECT are to (1) expand treatment, HIV

prevention, and continuing care for African-American adolescents and sustain that expansion beyond the end of Project REAL; (2) enhance treatment and HIV prevention services for subpopulations of African-American adolescents who are at increased risk for acquiring and/or transmitting HIV; and (3) enhance medical and psychological continuity of care for African-American adolescents in substance abuse treatment.

Grantee: **COUNTY OF HARRIS**

Houston, TX

Program: Adult Treatment Drug Courts

TI021529

FY 2010 Funding: \$272,312

Project Period: 09/30/2009 - 09/29/2012

The Harris County STAR Drug Court in Houston, Texas proposes the Changing Women's Lives (CWL) Project to improve quality and address gaps in treatment services for female drug court participants, resulting in improved treatment outcomes and reduced costs to the criminal justice system. The aim is to enhance the outpatient component of the STAR Drug Court continuum of care with an evidence-based intensive outpatient drug treatment program for female offenders. The project objectives include: 1) improvement in the quality of the assessment of female STAR clients' treatment needs, 2) improvement in the quality of services provided to women in the Harris County STAR program by implementation of evidence-based treatment models, 3) improvement in treatment retention, 4) reduction in probation revocations and 5) reduction in recidivism. The program will serve between 40 to 50 clients per year for three years.

Grantee: **CENTER FOR SUCCESS AND INDEPENDENCE**

Houston, TX

Program: Effective Adolescent Treatment

TI023186

FY 2010 Funding: \$300,000

Project Period: 09/30/2010 - 09/29/2013

The Center for Success and Independence (TCSI) and Fundación Latino Americana Contra El SIDA, Inc. (FLAS) propose to implement the Un Nuevo Amanecer (UNA) Project, an outreach and expansion project to treat Latino adolescents suffering from substance abuse disorders in the Gulfton area of Houston, TX. UNA will provide services to 26 adolescents (ages 12-17) in the first year of the project, then 34 each of the next two years totaling 94 adolescents. Treatment will include the Adolescent Community Reinforcement Approach (ACRA) for substance use disorders (SUD); The Community Reinforcement Approach and Family Training (CRAFT) intervention for pretreatment, group and individual cognitive behavioral and family therapy for other substance use disorders; and assertive continuing care (ACC).

**Fiscal Year 2011
Continuum of Care Competition
Homeless Assistance New Project Award Report**

State

CoC Name

Project Name	Program	Awarded Amount
TX		
TX-500 - San Antonio/Bexar County CoC		
2011 SAMM Woodhill Plus	SHP	\$583,218
2011 Alamo Area Resource Center Housing Works 2	SHP	\$222,062
TX-500 Total:		\$805,280

TX-503 - Austin/Travis County CoC

Terraza PSH	SHP	\$414,451
TX-503 Total:		\$414,451

TX-600 - Dallas City & County/Irving CoC

C.A.R.E.S	SHP	\$853,102
Green Haus on the Santa Fe Trail	SHP	\$530,239
TX-600 Total:		\$1,383,341

TX-601 - Fort Worth/Arlington/Tarrant County CoC

Housing SPC	S+C	\$340,320
SafeTomorrows	SHP	\$356,805
TX-601 Total:		\$697,125

TX-603 - El Paso City & County CoC

HMIS Expansion	SHP	\$26,250
TX-603 Total:		\$26,250

TX-604 - Waco/McLennan County CoC

The Salvation Army Transitional Extended Stay Program (S.T.E.P.)	SHP	\$390,671
TX-604 Total:		\$390,671

TX-607 - Texas Balance of State CoC

Doors of Empowerment II	SHP	\$480,924
FIC Housing Project	SHP	\$923,202
Salvation Army Galveston Transitional Housing	SHP	\$276,595

State

CoC Name

<u>Project Name</u>	<u>Program</u>	<u>Awarded Amount</u>
Project Open D. O. R. S.	SHP	\$153,962
Salvation Army Permanent Supportive Housing	SHP	\$457,676
Transitional Living Program	SHP	\$675,865
Wilco Opportunities for Housing Independence	SHP	\$284,382
TX-607 Total:		\$3,252,606

TX-624 - Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties CoC

My Walls Permanent Housing Bonus 2011	SHP	\$91,925
My Walls 2011	SHP	\$612,831
TX-624 Total:		\$704,756

TX-700 - Houston/Harris County CoC

FQHC and SHP Program Integration Pilot	SHP	\$1,400,076
Domestic Violence Trauma Housing	SHP	\$394,932
Salvation Army Social Services	SHP	\$1,000,000
TX-700 Total:		\$2,795,008

TX Total:		\$10,469,488
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