

Houston Area HIV Services Ryan White Planning Council

Office of Support

2223 West Loop South, Suite 240, Houston, Texas 77027

713 572-3724 telephone; 713 572-3740 fax

www.rwpchouston.org

MEMORANDUM

To: Steering Committee Members:
Steven Vargas, Chair
Tracy Gorden, Vice Chair
Connie Harris, Secretary
Gene Ethridge, Co-Chair, Affected Community Committee
Herman Finley, Co-Chair, Affected Community Committee
David Benson, Co-Chair, Comprehensive HIV Planning Committee
Nancy Miertschin, Co-Chair, Comprehensive HIV Planning Committee
Ruth Atkinson, Co-Chair, Operations Committee
Curtis Bellard, Co-Chair, Operations Committee
Melody Barr, Co-Chair, Priority and Allocations Committee
Bruce Turner, Co-Chair, Priority and Allocations Committee
Roland Amboree, Co-Chair, Quality Assurance Committee
Cecilia Ross, Co-Chair, Quality Assurance Committee

Copy: Modelle Brudner Yvette Garvin
Carin Martin Sha'Terra Johnson-Fairley
Tasha Traylor Ann Robison
Amber Alvarez

From: Tori Williams

Date: Thursday, June 25, 2015

Re: Meeting Announcement

Please note that there will be a:

Steering Committee Meeting

12 noon, Thursday, July 2, 2015

Office of Support for the Ryan White Planning Council

2223 West Loop South, Room 240

Houston, Texas 77027

Lunch will be provided

Please contact Eric Moreno to RSVP, even if you cannot attend. Eric is our new Assistant Coordinator and can be reached by telephone at: 713 572-3724 or by email at: eric.moreno@cjo.hctx.net.

Thank you!

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



STEERING COMMITTEE

AGENDA

12 noon, Thursday, July 2, 2015
2223 W. Loop South, Suite 240
Houston, Texas 77027

- I. Call to Order Steven Vargas, Chair
- A. Welcoming Remarks
 - B. Moment of Reflection
 - C. Select the Committee Co-Chair who will be voting today
 - D. Adoption of the Agenda
 - E. Adoption of the Minutes
- II. Public Comment and Announcements
- (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV/AIDS status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV/AIDS status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person with HIV/AIDS", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)
- III. Reports from Committees
- A. Quality Assurance Committee Cecilia Ross and
Roland Amboree, Co-Chairs
 - Item:* FY 2016 Service Targeting Chart
 - Recommended Action:* Motion: Approve the attached Targeting Chart for FY 2016 Service Categories for Ryan White Part A, B, MAI and State Services Funding.
 - B. Priority and Allocations Committee Melody Barr and
Bruce Turner, Co-Chairs
 - Item:* FY 2016 Ryan White Service Priorities
 - Recommended Action:* Motion: Approve the attached FY 2016 Service Priorities for Ryan White Parts A and B, MAI** and State Services.

** *Minority AIDS Initiative (MAI)*

Item: FY 2016 Allocations – Level Funding Scenario
Recommended Action: Motion 1: Approve the attached FY 2016 Level Funding Scenario for Ryan White Parts A and B, MAI and State Services funding.

Item: FY 2016 Allocations – Decrease Funding Scenario – MAI
Recommended Action: Motion 2: Approve the attached FY 2016 Decrease Funding Scenario for Ryan White MAI funding.

Item: FY 2016 Allocations – Increase Funding Scenario – MAI
Recommended Action: Motion 3: Approve the attached FY 2016 Increase Funding Scenario for Ryan White MAI funding.

Item: FY 2016 Allocations – Decrease Funding Scenario – Part A
Recommended Action: Motion 4: Approve the attached FY 2016 Decrease Funding Scenario for Ryan White Part A.

Item: FY 2016 Allocations – Increase Funding Scenario – Part A
Recommended Action: Motion 5: Approve the attached FY 2016 Increase Funding Scenario for Ryan White Part A.

Item: FY 2016 Allocations – Increase Funding Scenario – Part B & State Services
Recommended Action: Motion 6: Approve the attached FY 2016 Increase Funding Scenario for Ryan White Part B and State Services.

Item: FY 2016 Allocations – Decrease Funding Scenarios – Part B & State Services
Recommended Action: Motion 7: Approve the attached FY 2016 Decrease Funding Scenario for Ryan White Part B and State Services.

C. Affected Community Committee

Item: Training: Ryan White Primary Care Services
Action: FYI: The Committee met at Legacy Community Health in June for a presentation on Ryan White funded primary care services. See attached presentation.

Gene Ethridge and
Herman Finley, Co-Chairs

Item: 2015 Client Survey Satisfaction Survey Update
Recommended Action: FYI: See the attached Survey Update.

Item: Committee Training Schedule
Recommended Action: FYI: See the attached Schedule of Topics For the 2015 Affected Community Committee meetings.

D. Comprehensive HIV Planning Committee
No report. The Committee did not meet in June.

David Benson and
Nancy Miertschin, Co-Chairs

- | | | |
|------|--|--|
| E. | Operations
No report. The Committee meeting was cancelled due to flooding throughout Houston. | Ruth Atkinson and
Curtis Bellard, Co-Chairs |
| V. | Report from Office of Support | Tori Williams, Manager |
| VI. | Report from Ryan White Grant Administration | Carin Martin, Manager |
| VII. | Report from The Resource Group | Sha'Terra Johnson-Fairley,
Health Planner |
| IX. | Announcements | |
| X. | Adjournment | |

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



STEERING COMMITTEE

MINUTES

12 noon, Thursday, June 4, 2015
2223 W. Loop South, Suite 416
Houston, Texas 77027

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Steven Vargas, Chair	Connie Harris, excused	<i>Ryan White Grant Administration</i>
Tracy Gorden, Vice-Chair	Ruth Atkinson, excused	Carin Martin
Curtis Bellard	Herman Finley	Tasha Traylor
Melody Barr	Nancy Miertschin, excused	<i>The Resource Group</i>
C. Bruce Turner	David Benson, excused	Sha'Terra Johnson-Fairley
Gene Ethridge		<i>Office of Support</i>
Cecilia Ross		Tori Williams
Roland Amboree		Amber Alvarez
		Diane Beck

Call to Order: Steven Vargas, Chair, called the meeting to order at 12:02 p.m.

After calling for a Moment of Reflection, Vargas invited committee co-chairs to select the co-chair who would be voting on behalf of their committee. Those selected to vote at today's meeting were: Ethridge for Affected Community, Turner for Priority and Allocations, Bellard for Operations and Amboree for Quality Assurance.

Adoption of the Agenda: *Motion #1:* *it was moved and seconded (Gorden, Amboree) to adopt the revised agenda with the motion from the Priority and Allocations committee regarding FY 2015 allocations and make one change: move the Report from the Ryan White Grant Administration to III B. Motion carried unanimously.*

Approval of the Minutes: *Motion #2:* *it was moved and seconded (Turner, Amboree) to approve the May 7, 2015 minutes with one correction – Turner was present by phone as noted on the voting record. Motion carried unanimously.*

Public Comment and Announcements: See attached public comments.

Reports from Committees:

Affected Community Committee: Gene Ethridge, Co-Chair, reported on the following:
The May Committee meeting was cancelled due to significant weather events throughout Houston.

Report from Ryan White Grant Administration: Carin Martin, Manager, summarized the attached report. Ethridge asked why the EMA received more funding in FY 2015. Martin said that HRSA doesn't tell us why, perhaps there was more money available. Ross asked if we were the only EMA to get an increase. Martin said no, other EMAs in Texas also got an increase; Dallas got a 3% increase.

Priority and Allocations Committee: Bruce Turner, Co-Chair, reported on the following:
FY 2015 Allocations: ***Motion #3:*** *Approve the attached FY 2015 allocations for Ryan White Part A and MAI funding. Motion carried unanimously.*

FY 2016 Service Priorities: On Thursday, May 28, 2015 the Committee created the recommended FY 2016 Service Priorities for Ryan White Parts A and B and State Services. These recommendations, along with the FY 2016 allocations, will be presented at the June 29, 2015 Public Hearing and move forward to the Steering Committee and Council for final approval in July 2015.

Quality Assurance Committee: Cecilia Ross, Co-Chair, gave the following report:
Public Comment: Please see two enclosed public comments.

Reports from the Part A Administrative Agency. See the attached reports:

- FY14 RW Part A & MAI Service Utilization, dated 05/21/15

Reports from the Part B/State Services Administrative Agency. See the attached reports:

- FY14/15 RW Part B and State Services Procurement, dated 05/21/15
- FY14/15 RW Part B Service Utilization, dated 04/20/15
- FY14/15 State Services Service Utilization, dated 04/16/15
- RW Health Insurance Service Utilization, dated 04/06/15 and 05/05/15

Oral Health Care Resources for Children: See the attached report on Oral Health Resources for Children (per a request from a How To Best Meet the Need Workgroup).

Ryan White Health Insurance Assistance Program: See the attached information from the Texas Department of State Health Services which was used during the How To Best Meet the Need process.

FY 2016 Ryan White Service Definitions – Parts A & B & State Services: ***Motion #4:*** *Approve the attached FY 2016 Ryan White service definitions for Parts A and B and State Services funding, pending significant comments received at the June 2015 Public Hearing. (Note: the May 26, 2015 Public Hearing had to be postponed until June 22, 2015 due to significant flooding throughout Houston on May 26th.) Motion carried unanimously.*

Checklist for the Assessment of the Administrative Mechanisms: ***Motion #5:*** *Approve the attached checklist for the 2015 Assessment of the Administrative Mechanisms. Motion carried unanimously.*

Committee Name Change: ***Motion #6:*** *Change the committee name from the Quality Assurance Committee to the Quality Improvement Committee, see attached HRSA definitions. Motion carried unanimously.*

Quarterly Committee Report: See the attached Quarterly Committee Report.

Tracy Gorden, Vice-Chair, assumed the position of Chair for this portion of the meeting.

Comprehensive HIV Planning Committee: Steven Vargas, reported on the following:

Speakers Bureau Update: In April, Nike Blue gave a presentation and female condom demonstration at a National Women of Achievement Health and Wellness Breakfast. Approximately 120 women were in attendance, with 5 attendees under the age of 24. As many Chambers of Commerce go on hiatus over the summer months, local rotary clubs, Kiwanis clubs, and senior centers will be targeted for Speakers Bureau engagements.

Enrollment Special Study – Phase II: As of May 14, staff had conducted two Phase II enrollment surveys. One respondent reported obtaining employer-based insurance since the Phase I survey, and the other did not enroll as she obtained Medicaid coverage. Surveying is slated for completion by June 11, 2015. Alvarez added that five additional surveys have been completed and seven are on the slate for follow-up.

2015 Public Hearing Topics: The Committee supported staff recommendations for Phase I of the Health Insurance Enrollment Special Study as the topic for the May 26 public hearing (**Note:** postponed until June 22, 2015), and the Project LEAP Mini-Needs Assessment Survey as the topic for the June 29 public hearing.

Timeline Update: Activities for the next Comprehensive Plan and Needs Assessment will begin this fall. While these independent processes are not typically conducted simultaneously, delay in the development of the next Comprehensive Plan was necessary pending the release of joint plan guidance from HRSA and CDC.

Early Identification of Individuals with HIV/AIDS (EIIHA): The first EIIHA Workgroup meeting took place on May 21, 2015. The purpose of the meeting was to review the FY 2015 EIIHA Plan and discuss potential special data requests for the FY 2016 EIIHA planning process to be conducted late summer 2015.

Motion #7: *In order to meet anticipated HRSA grant application deadlines, request that the Planning Council allow the Comprehensive HIV Planning Committee to have final approval of the FY 2016 EIIHA Plan as long as:*

- 1. The FY 2016 EIIHA Plan is developed through a collaborative process that includes stakeholders from prevention and care, community members, and consumers; and*
- 2. The recommended FY 2016 EIIHA Plan is distributed to Planning Council members for input prior to final approval from the Comprehensive HIV Planning Committee.*

Motion carried.

Quarterly Report: Please see attached Committee Quarterly Report.

Vargas resumed the position of Chair for the remainder of the meeting.

Operations Committee: Curtis Bellard, Co-Chair, gave the following reports:

2017 – 2018 Blue Book: ***Motion #8:*** *Approve the 2017 – 2018 Blue Book Project and budget.*

Motion carried unanimously.

2015 Steering Committee Voting Record for Meeting Date 06/04/15

C = Chaired the meeting, LM = Left the meeting, VP = Participated via telephone
 Aff-Affected Community Committee, Comp-Comprehensive HIV Planning Committee, Op-Operations Committee,
 PA-Priority and Allocations Committee, QA-Quality Assurance Committee

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 FY15 Allocations Carried				Motion #4 FY16 HTBMN Recommendations Carried				Motion #5 Admin Assessment Checklist Carried				Motion #6 Committee Name Change Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
Steven Vargas, Chair				C				C				C				C				C				C
Tracy Gorden, Vice-Chair		X				X				X				X				X				X		
Curtis Bellard, Op		X				X				X				X				X				X		
C. Bruce Turner, PA		X				X				X				X				X				X		
Gene Ethridge, Aff		X				X				X				X				X				X		
Roland Amboree, QA		X				X				X				X				X				X		
<i>Non-voting members at the meeting:</i>																								
Melody Barr, PA, 12:20 pm																								
Cecilia Ross, QA																								
<i>Absent from the meeting:</i>																								
Connie Harris, Secretary																								
Ruth Atkinson, Op																								
David Benson, Comp																								
Herman Finley, Aff																								
Nancy Miertschin, Comp																								

MEMBERS	Motion #7 FY2016 EIIHA Plan Carried				Motion #8 Minutes Carried				Motion #9 Blue Book Budget Carried				Motion #10 Council Support Budget Carried				Motion #11 Community Sign In Form Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
Steven Vargas, Chair		X						C				C				C				C
Tracy Gorden, Vice-Chair				C	X				X				X						X	
Curtis Bellard, Op		X			X				X				X						X	
C. Bruce Turner, PA			X		X				X				X						X	
Gene Ethridge, Aff		X			X				X				X						X	
Roland Amboree, QA		X			X				X				X						X	
<i>Non-voting members at the meeting:</i>																				
Melody Barr, PA, 12:20 pm																				
Cecilia Ross, QA																				
<i>Absent from the meeting:</i>																				
Connie Harris, Secretary																				
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David Benson, Comp																				
Herman Finley, Aff																				
Nancy Miertschin, Comp																				

Quality Assurance Committee Report

**TARGETING FOR FY 2016 SERVICE CATEGORIES FOR
RYAN WHITE PART A, B, MAI AND STATE SERVICES FUNDING**

(Quality Assurance Committee approved 05-21-15)

HIV Prevalence	AIDS Prevalence	HIV & AIDS Prevalence	Geographic Targeting	Other Targeting	N/A or No Targeting	Service Category
			X*	X**		Ambulatory/Outpatient Medical Care
				X		Case Management Services - Core
				X		Case Management Services – Non-Core
				X		Early Medical Intervention
					X	Health Insurance
					X	Home and Community Based Services
					X	Hospice Services
					X	Legal Assistance
					X	Linguistic Services
					X	Local Pharmacy Assistance Program
					X	Medical Nutritional Therapy
					X	Mental Health Treatment
			X***		X	Oral Health
					X	Substance Abuse Treatment
			X	X		Transportation Services
					X	Vision

* Geographic targeting in rural area only.

** In an effort to provide a base line that reflects actual client utilization, for community based organizations base this percentage on the FY 2014 final expenditures that targeted African Americans, Whites and Hispanics.

*** Geographic targeting in the north only.

**Priority and
Allocations
Committee
Report**

Worksheet for Determining FY 2016 Service Priorities – includes Committee changes made on 05/28/15

Core Services	HL Scores	HL Rank	Proposed FY 2016 Priority	FY 2015 Priority	Justification
Ambulatory/Outpatient Medical Care	HHH	2	1	1	Service Priorities are the same in FY 2015 and FY 2016 because there is no new needs assessment data or significant additional data.
Medical Case Management	HHH	2	2	3	
Local Pharmacy Assistance Program	HHH	2	3	2	
Oral Health Services	HHH	2	4	4	
Mental Health Services	HLH	4	5	6	
Health Insurance	LHH	6	6	7	
Day Treatment	LLH	7	7	10	
Substance Abuse Treatment	LLH	7	8	8	
Early Intervention Services (jail)	LLL	8	9	11	
Medical Nutritional Therapy	LLL	8	10	5	
Hospice			11	9	

Support Services	HL Scores	HL Rank	Proposed FY 2016 Priority	FY 2015 Priority	Justification
Non-medical case management	HHH	2	12	12	
Medical Transportation	LHH	6	13	14	
Linguistics Services	LLH	7	14	16	
Legal Services	LLL	8	15	15	
Food Bank	LLL	8	16	13	

HOUSTON EMA/HSDA Needs Assessment Rankings

Chart for Determining FY2016 Service Priorities

Core Service	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes	Ranking
Primary Care	87	7,570	85	H	H	H	HHH	2	1		HHL 1
Medical Case Management	78	4,366	79	H	H	H	HHH	2	2		HHH 2
Local Medication Assistance	69	3,811	84	H	H	H	HHH	2	3		HLL 3
Oral Health Services	77	3,298	70	H	L	L	HLL	3	4		HLH 4
Mental Health Services	52	314	79	H	L	H	HLH	4	5		LHL 5
Health Insurance	47	975	75	L	L	H	LLH	7	6		LHH 6
Day Treatment	34	60	85	L	L	H	LLH	7	7		LLH 7
Substance Abuse Treatment	19	16	83	L	L	H	LLH	7	8		LLL 8
Early Intervention Services (jail)	11	930	63	L	L	L	LLL	8	8		
Medical Nutritional Therapy	48	546	64	L	L	L	LLL	8	10		
Hospice		49			L				11		
Proposed MIDPOINTS	49	970	69								

Support Service	Need	Use	Access Ease	Need	Use	Access Ease	High-Low Scores	FY15 Priority Rankin	Tie Breaker	Changes
Non-medical case management	96	6,209	93	H	H	H	HHH	2	12	
Medical Transportation	55	3,106	80	L	L	H	LLH	7	13	
Linguistics Services	16	46	89	L	L	H	LLH	7	14	
Legal Services	32	310	67	L	L	L	LLL	8	15	
Food Bank	52	60	65	L	L	L	LLL	8	16	
Proposed MIDPOINTS	56	3,100	79							

Midpoint=Highest Use+Lowest Use/2
 High (H)=Use above the midpoint
 Low (L)=Use below the midpoint

Criteria for Determining FY 2015 Service Priorities
(DRAFT June 26, 2015)

Type	Definition	Data Source	Example
1. Need*	<p>Proportion of PLWHA reporting a need for the service in the past 12 months.</p> <p><u>Calculation:</u> Total number of needs assessment participants reporting a need for the service in the past 12 months, including both ease (a) and difficulty (b) to access, divided by the total number of respondents (N) to the service category: $(a+b)/N=\%$ (rounded)</p>	Needs Assessment	<i>Primary care:</i> 491 needs assessment participants reported they needed primary care and it was easy to access; 87 reported they needed primary care and it was difficult to access, for a total of 578 participants who needed primary care. A total of 664 participants responded to the primary care survey question. Therefore, the percent needing primary care is 87% (or 578/664).
2. Use	<p>Number of PLWHA who received the service in the past 12 months.</p> <p><u>Calculation:</u> Total number of unduplicated clients served in each service category for the designated calendar year (January 1 to December 31)</p>	CPCDMS	<i>Primary care:</i> 7,000 persons were served in primary care in calendar year 2013. Therefore, the value for use is 7,000.
3. Accessibility*	<p>Proportion of PLWHA reporting a need for the service in the past 12 months who also reported the service was easy to access.</p> <p><u>Calculation:</u> Total number of needs assessment participants reporting they needed the service and it was easy to access (a) divided by the total number of participants reporting a need for the service in the past 12 months regardless of ease (a) or difficulty (b): $a/(a+b)=\%$ (rounded)</p>	Needs Assessment	<i>Primary care:</i> A total of 578 participants reported a need for primary care (regardless of ease or difficulty to access). Of this total, 491 reported that primary care was easy to access. Therefore, the accessibility rating for primary care is 85% (or 491/578).

*This methodology will be used for all Service Categories measured explicitly in the 2014 Houston Area HIV/AIDS Needs Assessment. This excludes Non-Medical Case Management, which was not surveyed explicitly. For Non-Medical Case Management, an alternate methodology based on data availability will be used as follows:

- Need: Proportion of needs assessment participants diagnosed in the past 12 months (newly-diagnosed) who reported receipt of service linkage
- Accessibility: Proportion of participants diagnosed in the past 12 months (newly-diagnosed) who reported being linked to HIV medical care within 90 days

FY 2016 Priority Setting Process

Council approved 03-12-15

1. Agree on the principles to be used in the decision making process.
2. Agree on the criteria to be used in the decision making process.
3. Agree on the priority-setting process.
4. Agree on the process to be used to determine service categories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Assurance, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
6. Committee members attend a training session to review the documents contained in the information binder and hear presentations from representatives of other funding sources such as HOPWA, Prevention, Medicaid and others.
7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these five items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
8. The committee meets to do the following. This step occurs at a single meeting:
 - Review documentation not included in the binder described above.
 - Review and adjust the midpoint scores.
 - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
 - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
 - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or ARIES.
 - By matching the rankings to the template, a numerical listing of services is established.
 - Justification for ranking categories is denoted by listing principles and criteria.
 - Categories that are not justified are removed from ranking.
 - If a committee member suggests moving a priority more than five places from the previous year's ranking, this automatically prompts discussion and is challenged; any other category that has changed by three places may be challenged; any category that moves less than three places cannot be challenged unless documentation can be shown (not cited) why it should change.
 - The Committee votes upon all challenged categorical rankings.
 - At the end of challenges the entire ranking is approved or rejected by the committee.

(Continued on next page)

9. At a subsequent meeting, the Priority and Allocations Committee goes through the allocations process.
10. Staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
11. The single list of recommended priorities is presented at a Public Hearing.
12. The committee meets to review public comment and possibly revise the recommended priorities.
13. Once the committee has made its final decision, the recommended single list of priorities is forwarded as the priority list of services for the following year.

		Part A	MAI	Part B	State Services	Total	FY 2016 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	Total	FY 2016 Allocations & Justification
1	Ambulatory/Outpatient Primary Care	\$9,746,355	\$2,011,206	\$0	\$0	\$11,757,561	FY16: Increase \$190,000 in Part A distributed proportionally across 1.a-1.g due to increased enrollment.
1.a	PC-Public Clinic	\$3,570,049				\$3,570,049	
1.b	PC-AA	\$1,066,552	\$1,016,618			\$2,083,170	Part A: Allocate total (RW/A+MAI) CBO funds as follows: Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%.
1.c	PC-Hisp - see 1.b above	\$929,215	\$994,588			\$1,923,804	Part A: Allocate total (RW/A+MAI) CBO funds as follows: Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%.
1.d	PC-White - see 1.b above	\$926,294				\$926,294	Part A: Allocate total (RW/A+MAI) CBO funds as follows: Update for FY 15: AA = 42.5%; HL = 37.0%; WHT = 20.5%.
1.e	PC-Rural	\$1,143,032				\$1,143,032	
1.f	PC-Women	\$1,863,570				\$1,863,570	
1.g	PC-Pedi	\$15,124				\$15,124	
1.h	Vision Care	\$232,518				\$232,518	
2	Medical Case Management	\$2,215,702	\$0	\$0	\$0	\$2,215,702	
2.a	CCM-Mental/Substance	\$488,656	\$0		\$0	\$488,656	
2.b	MCM-Public Clinic	\$162,622				\$162,622	
2.c	MCM-AA	\$321,070				\$321,070	
2.d	MCM-Hisp	\$321,072				\$321,072	
2.e	MCM-White	\$107,247				\$107,247	
2.f	MCM-Rural	\$348,760				\$348,760	
2.g	MCM-Women	\$180,311				\$180,311	
2.h	MCM-Pedi	\$160,051				\$160,051	
2.i	MCM-Veterans	\$80,025				\$80,025	
2.j	MCM-Youth	\$45,888				\$45,888	
3	Local Pharmacy Assistance Program	\$2,581,440	\$0	\$0	\$0	\$2,581,440	
4	Oral Health	\$166,404	\$0	\$2,120,346	\$0	\$2,286,750	
	Untargeted	\$0		\$2,120,346	\$0	\$2,120,346	FY16: Increase \$200,000 (\$140,000 for dental services; \$60,000 for prosthodontics) in Part B due to provider plans to increase capacity and consistent reports of wait times as a barrier.
	Rural Dental	\$166,404				\$166,404	
5	Mental Health Services	\$0	\$0	\$0	\$300,000	\$300,000	
6	Health Insurance Co-Pays & Co-Ins	\$1,029,422	\$0	\$976,885	\$1,043,312	\$3,049,619	FY16: Decrease \$200,000 in Part B to accommodate increase in Oral Health - Untargeted; decrease \$13,000 in State Services to accommodate increase in Linguistics; Decrease \$190,000 in Part A to accommodate increase in Primary Care

		Part A	MAI	Part B	State Services	Total	FY 2016 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	
7	Home & Community Based Health Services	\$0	\$0	\$232,000	\$0	\$232,000	
7.a	In-Home (skilled nursing & health aide)	\$0				\$0	
7.b	Facility-based (adult day care)	\$0		\$232,000		\$232,000	
8	Substance Abuse Treatment - Outpatient	\$45,677	\$0	\$0	\$0	\$45,677	
9	Early Intervention Services	\$0	\$0	\$0	\$166,211	\$166,211	
10	Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$341,395	
11	Hospice	\$0	\$0	\$0	\$414,832	\$414,832	
12	Non-Medical Case Management	\$1,440,384	\$0	\$0	\$0	\$1,440,384	
12.a	SLW-Youth	\$110,793				\$110,793	
12.b	SLW-Testing	\$245,497				\$245,497	
12.c	SLW-Public	\$490,886				\$490,886	
12.d	SLW-CBO, includes some Rural	\$593,209				\$593,209	
13	Transportation	\$527,362	\$0	\$0	\$0	\$527,362	
13.a	Van Based - Urban	\$252,680				\$252,680	
13.b	Van Based - Rural	\$97,185		\$0		\$97,185	
13.c	Bus Passes & Gas Vouchers	\$177,497				\$177,497	
14	Linguistic Services	\$0	\$0	\$0	\$48,000	\$48,000	FY16: Increase \$13,000 - History of reallocations from other HSDAs to fully fund service
15	Legal Assistance	\$293,406	\$0	\$0	\$0	\$293,406	
Total Service Allocation		\$18,387,546	\$2,011,206	\$3,329,231	\$1,972,355	\$25,700,338	
NA	Quality Management	\$495,000	\$0			\$495,000	Part A: FY16: Increase \$10,000 - Increase in amount for client satisfaction survey gift cards (from \$5/card to \$10/card)
NA	Administration	\$1,612,704	\$0			\$1,612,704	Part A: No changes
Total Non-Service Allocation		\$2,107,704	\$0	\$0	\$0	\$2,107,704	
Total Grant Funds		\$20,495,250	\$2,011,206	\$3,329,231	\$1,972,355	\$27,808,042	

Remaining Funds to Allocate (exact same as the yellow row on top)	\$0	\$0	\$0	\$0	\$0
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	Part A	MAI	Part B	State Services	Total	FY 2016 Allocations & Justification
Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	

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

[For Staff Only]					
If needed, use this space to enter base amounts to be used for calculations					
	Actual RW/A Amount	Actual MAI Amount	Part B estimated	State Service est.	
Total Grant Funds	\$20,495,250	\$2,011,206	\$3,329,231	\$1,972,355	\$27,808,042

Houston Ryan White Planning Council
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding
FY 2016 Allocations**

(Priority and Allocations Committee approved 06-15-15)

All Funding Streams – Level Funding Scenario

Motion 1: Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding.

Approve the attached Ryan White Part A, MAI, Part B and State Services Funding FY 2016 Level Funding Scenario.

MAI Increase / Decrease Scenarios

Motion 2: Decrease Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

All service categories will be decreased by the same percent. This applies to the total amount of service dollars available. Every service category is treated equally under this scenario.

Motion 3: Increase Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

All service categories will be increased by the same percent. This applies to the total amount of service dollars available. Every service category is treated equally under this scenario.

Part A Increase / Decrease Scenarios

Motion 4: Decrease Funding Scenario for Ryan White Part A Funding.

All service categories will be decreased by the same percent. This applies to the total amount of service dollars available. Every service category is treated equally under this scenario.

Motion 5: Increase Funding Scenario for Ryan White Part A Funding.

Step	Instructions
Step 1	The first \$250,000 of the increase will be allocated proportionately across service priorities 1.a. -1.g. and 3.
Step 2	An increase in funds of \$250,001 or more will be allocated by the Ryan White Planning Council after the notice of grant award is received.

(Continued)

Part B and State Services Increase Scenario

Motion 6: Increase Funding Scenario for Ryan White Part B and State Services Funding.

Step	Instructions
Step 1	Determine the net increase scenario by combining Part B and State Services funding.
Step 2	Any increase will be reallocated by the Ryan White Planning Council.

Part B and State Services Decrease Scenario

Motion 7: Decrease Funding Scenario for Ryan White Part B and State Services Funding.

Step	Instructions
Step 1	Determine the net decrease scenario by combining Part B and State Services funding.
Step 2	All service categories will be decreased by the same percent. This applies to the total amount of service dollars available. Every service category, except Health Insurance which will be held harmless at 95% of the overall expenditures between 09/01/13 and 08/31/14, will be treated equally under this scenario.
Step 3	The impact of the decrease in Part B and/or State Services will be implemented to minimize, to the extent feasible, the impact on all remaining Part B and State Services service categories (see step 1).

Affected Community Committee Report

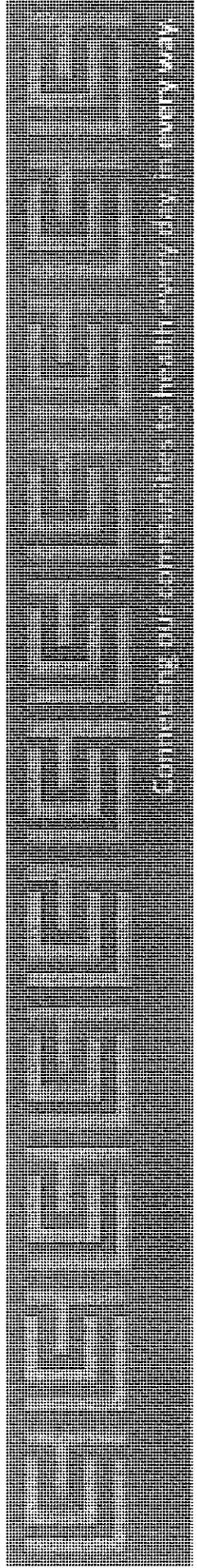


Doing More For More People

June 23, 2015

Amy Leonard

Vice President of Public Health Services

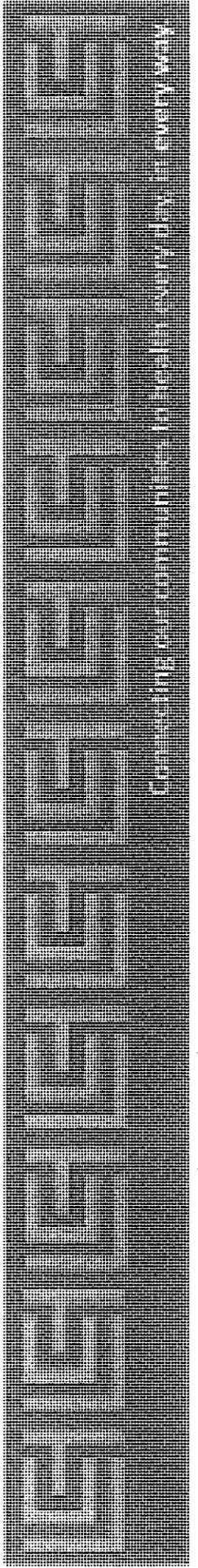


CONNECTING OUR COMMUNITIES TO HEALTH EVERY DAY IN EVERY WAY



Mission: Driving healthy change in our communities.

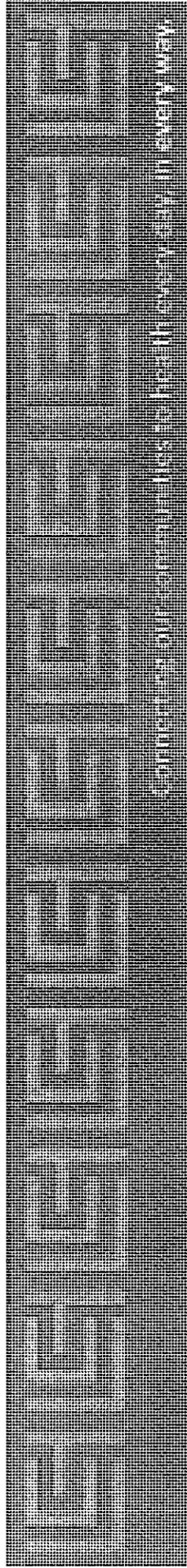
Vision: Connecting our communities to health every day, in every way.



Connecting our communities to health every day, in every way.

Historical Timeline

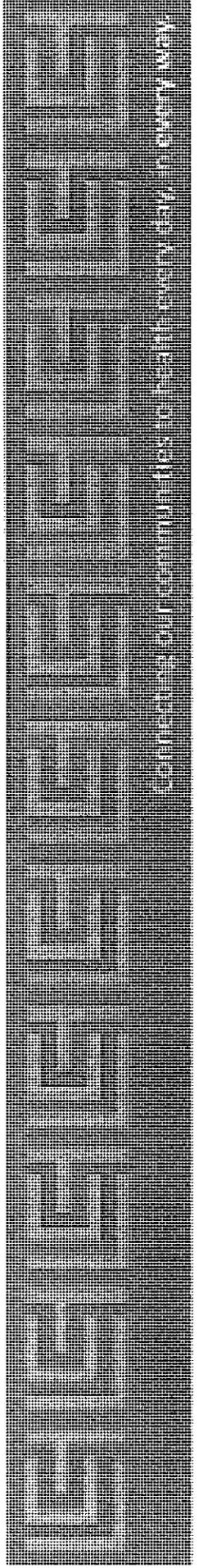
- 1978 - founded to provide screening, diagnosis, treatment and prevention of sexually transmitted diseases (STD) for gay men
- 1981 - non-profit 501(c)(3) status granted
- 1985 - Montrose Clinic became an HIV antibody testing site
- 1988 - The Assistance Fund was founded
- 1994 – 95 - Montrose Clinic moved into the new building at 215 Westheimer and included the Frost Eye Clinic in response to client-based needs.





Historical Timeline

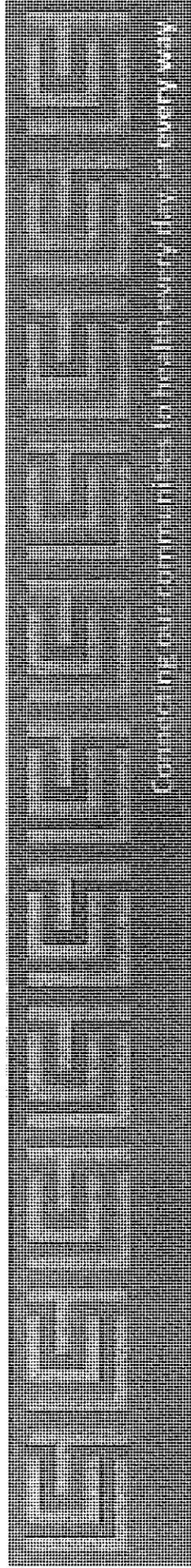
- 1996 - Montrose Clinic began the operation of women's health services, including pelvic exams, PAP smears, breast exams, and referrals for mammograms.
- 2005 - Following Hurricane Katrina - Montrose Clinic set up emergency healthcare services for evacuees displaced to Houston. Nearly 300 people, a third of which were HIV positive, were provided with medical care and life-saving medications that were lost in the hurricane's devastation. Also, merged with The Assistance Fund to become Legacy Community Health Services
- 2006 - A satellite clinic in Houston's Fifth Ward neighborhood opened -- Lyons Avenue Clinic





Historical Timeline

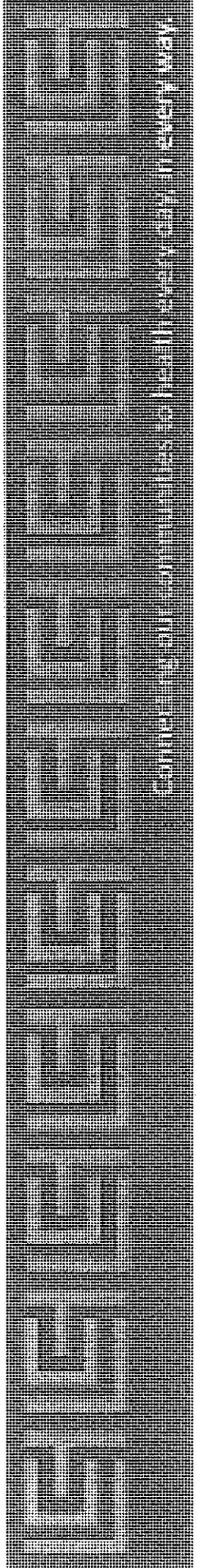
- 2007 - granted full status as a Federally Qualified Health Center
- 2010 - Legacy acquired and began operating the Southwest Clinic and then opens a clinic on the NCI Baker-Ripley campus. Expansion of services include, family practice/primary care, family planning, behavioral health, and the agency's first dental clinic.
- 2011 – Legacy Montrose Clinic opens in September and expands services in the community.





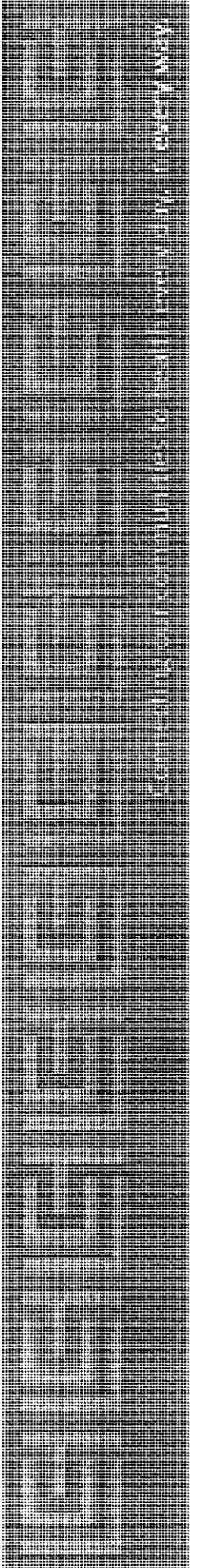
Historical Timeline

- 2012 - Legacy hosts Grand Opening events for both Lyons Avenue and Southwest Clinic & merges with The Center for AIDS. Legacy Mapleridge, Legacy Baytown & Legacy Beaumont open. Legacy partners with KIPP Academy to form KIPP Care.
- 2013 – Legacy opens a new clinic in Houston’s Alief neighborhood and a second clinic in Baytown



Locations

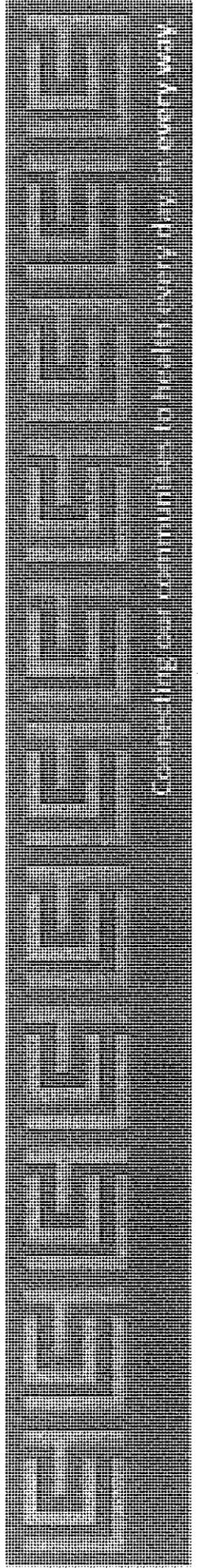
- **Montrose**
- **Southwest**
- **Baker-Ripley**
- **Mapleridge**
- **Bissonnet**
- **Lyons**
- **Santa Clara**
- **Baytown**
- **San Jacinto (Baytown)**
- **South Park (Beaumont)**
- **North Street**
- **Calder**
- **KIPP Care – 7 campus clinics**





Services and Programs

- Adult Primary Care
- Pediatrics
- OB/GYN & Maternity
- Behavioral Health Services
- Dental Care
- Vision Services
- Vaccination & Immunization
- HIV & STD Screening & Treatment
- Social Services
- Education & Outreach
 - mSociety, Rapid HIV & Syphilis Test, PrEP, Couples Counseling
- Teen Clinic
- Body Positive Wellness Center
- Medication & Financial Assistance
- Fee based services
- After hours pediatric services
- Literacy classes



Background

- The patient populations seeking care from Legacy are mostly uninsured, underinsured or indigent – 68% live below the federal poverty level while 58% are uninsured.
- Legacy's average testing population is between the ages of 19 and 35, with an average age of 30.
- In 2014, Legacy tested 5,232 people for HIV testing through the community outreach program with 4% positivity rate.
- In 2014, Legacy served over 3,500 HIV+ individuals in our HIV Primary Care program.
- Since March 2013 provided PrEP to over 150 individuals



Keep Up to Date



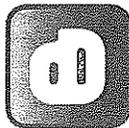
facebook.com/legacy.community.health



youtube.com/user/weblegacy



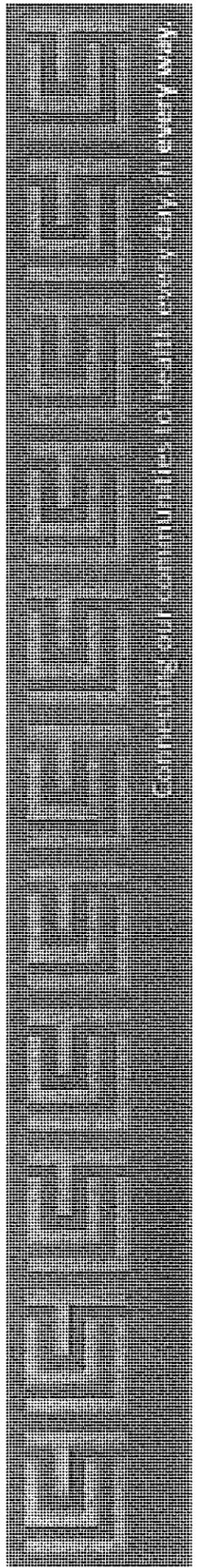
twitter.com/legacycommunity



eventsatlegacy.blogspot.com



LegacyCommunityHealth.org



Committing our communities to health every day, in every way.

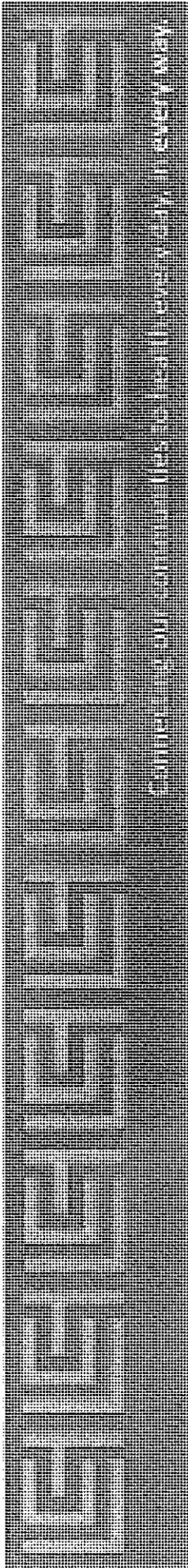


Questions?

Amy Leonard, MPH

aleonard@legacycommunityhealth.org

832-548-5086



CONNECT YOUR COMMUNITIES TO HEALTH EVERY DAY. EVERY WAY.

2015 Client Satisfaction Survey Update

A. CLIENT SATISFACTION SURVEY PROCESS OVERVIEW

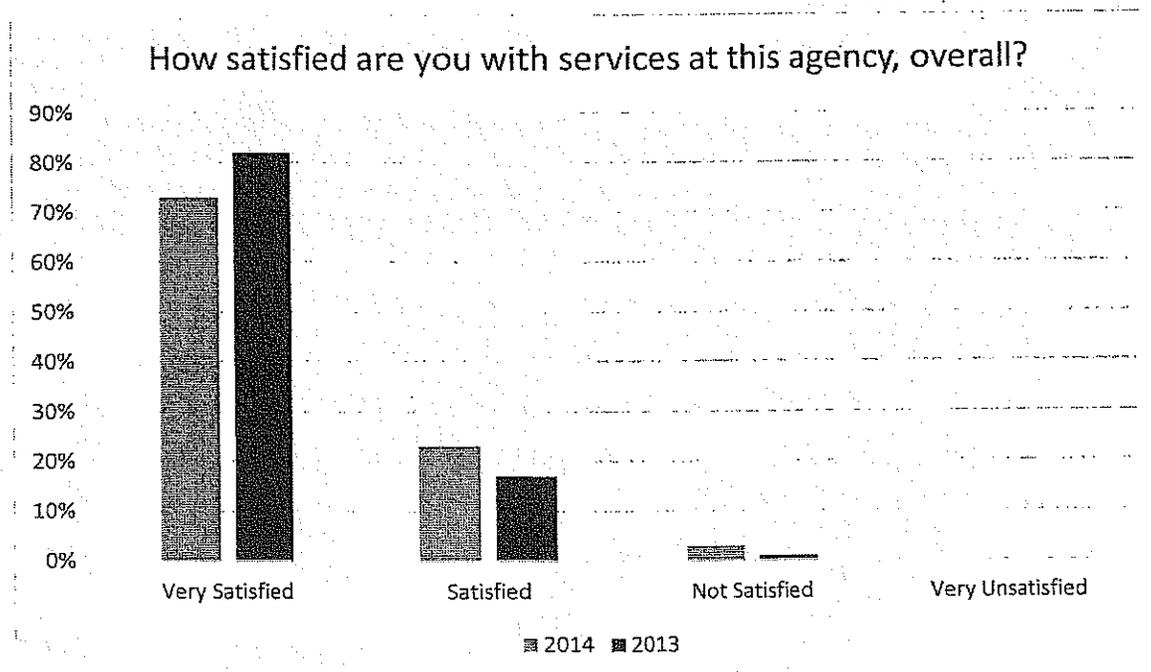
Ryan White Grant Administration has collected client satisfaction data since 2002. Client satisfaction is one method Ryan White Grant Administration uses to measure the quality of Part A funded HIV care delivery in the Houston EMA. Client satisfaction measurement activities in the Houston EMA are designed to assess satisfaction with Part A services, to highlight agency strengths, and to identify areas where clients may have problems with service delivery.

Data are collected using standardized client satisfaction surveys for each service provided through Part A of the Ryan White Program. The survey tools were developed to gather information on both service-specific and agency-focused topics. Each Part A service category utilizes a unique survey tool, with certain agency-focused questions being common to all surveys. This methodology allows for analysis of satisfaction with care using a standardized approach which ensures "apples to apples" comparisons across provider agencies and service areas. This also allows for examination of general trends in satisfaction each year.

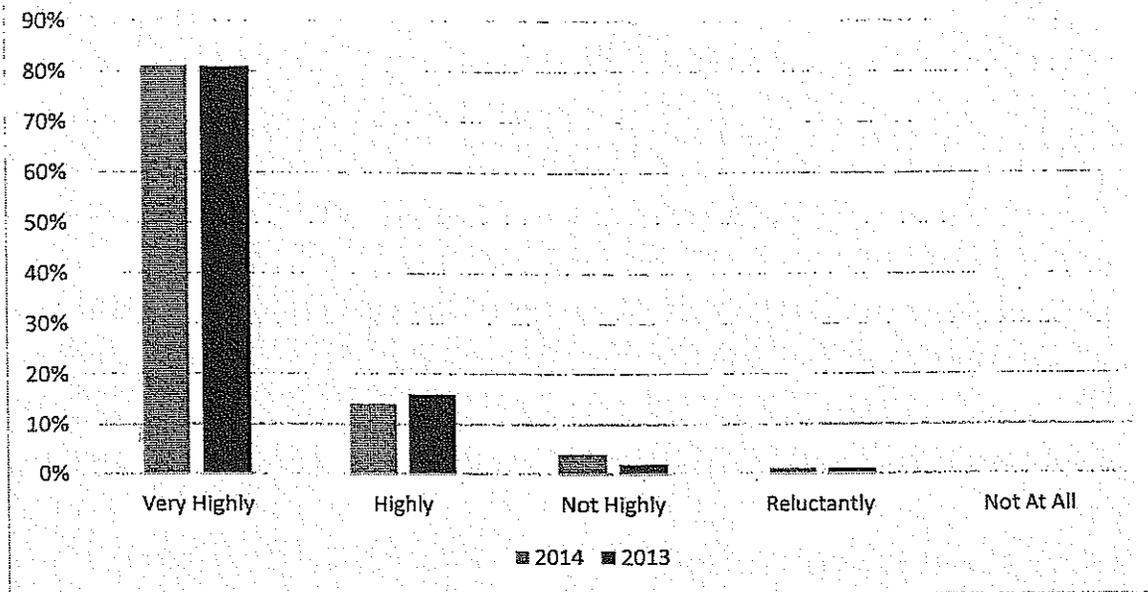
In 2008 RWGA introduced the capability to complete online standardized client satisfaction surveys through the CPCDMS by using their unique CPCDMS client code. This addition to the client satisfaction survey process improved accessibility for consumers & was less burdensome for service providers. To encourage consumers to more routinely use this collection method, in 2012 RWGA introduced client incentives in the form of \$5 gift cards as a component of our online client satisfaction process.

B. 2014 CLIENT SATISFACTION SURVEY RESULTS

Due to the transition of both Ryan White Grant Administration and HRSA Project Officer Staff, RWGA was unable to procure additional incentives during FY 2014 to support the client satisfaction survey collection process. As a result only 80 surveys were collected across all service categories. This is a significant reduction in client participation compared to the nearly 500 surveys collected during FY 2013. However, despite the reduced numbers, overall satisfaction has remained comparable to previous years findings (see charts below).



How highly would you recommend this agency to others?



C. 2015 CLIENT SATISFACTION SURVEY REBOOT

Beginning May 4th, clients who receive Ryan White (RW) funded services will again be able to access the online version of the survey *and* receive an incentive from their record owning agency. To jumpstart consumer interest, we have increased incentive value from \$5 to \$10.

Upon completion of the online survey, CPCDMS is updated to indicate the client is eligible for an incentive. Participants will go to the agency's designated staff person to obtain the gift card incentive (Wal-Mart). RW funded agency staff will use the CPCDMS verification/registration screen to document the gift card given to the consumer. Clients will be eligible for an incentive for every completed survey. However, consumers are limited to one incentive in a three (3) month period.

Services which will be surveyed during the 2015 data collection period include outpatient/ambulatory care, case management, dental care (rural clients only), transportation, legal, local pharmacy assistance, health insurance assistance, nutritional supplements, substance abuse, and vision care.

Please note that consumers may still complete a paper survey if they choose. However, paper surveys are not eligible for incentives and will eventually be phased out.

Schedule of Topics for 2015 Affected Community Committee Meetings

(revised 06-25-15)

Shaded areas indicate an off-site meeting location; black areas = meeting rooms not available

Confirmed	Month 2015	Topic	Speaker/Facilitator	Meeting Location
✓	12 noon, Tues. February 24	<ul style="list-style-type: none"> • Purpose of the Council and Public Hearings • Participation in Health Fairs • Why meetings are held off-site 	Tori Williams	Office of Support
✓	10 am – noon, Sat. March 14	Committee hosts meeting for those enrolled in the Marketplace & Free Tax Filing	Tori Williams Carin Martin Out2Enroll	Ripley House – Room 208 4410 Navigation Blvd. Houston, Texas 77011
✓	11:30 am, Thurs. March 19	Joint meeting of the Affected Community, Priority and Allocations & Quality Assurance Committees	Committee Co-Chairs	Office of Support
✓	12 noon, Tues. March 24	<u>Training for Consumers:</u> The RW How To Best Meet the Need Process - Part 1	Tori Williams	Office of Support
✓	1:30 - 4 p.m., Thurs. April 9	How To Best Meet the Need Training – Part 2	Planning Council Chairs	Office of Support
✓	10:30 a.m. – 4 p.m. Tues. April 14 &/or Wed. April 15	How To Best Meet the Need Workgroups	Quality Assurance Committee	Office of Support
✓	12 noon, Tues. May 26	HIV and Hepatitis C	Dr. Stanly Lewis	Saint Hope Foundation – 13020 Dairy Ashford Road, Suite 100, Sugar Land, Texas 77478
✓	12 noon, Tues. June 23	Services at a Ryan White Primary Care Site	Amy Leonard	Legacy– Montrose Campus, 1415 California Street, Houston, Texas 7706, Board Room
✓	12 noon, Tues. July 21	Legislative Update	Venita Ray and/or Januari Leo	Office of Support
✓	12 noon, Tues. August 25	<u>Training for Consumers:</u> Standards of Care, Why Should I Care?	Amber Alvarez, Health Planner, Office of Support	Thomas Street Health Center, 2015 Thomas Street, Houston, Texas 77009, 3 rd Floor Conference Room
✓	12 noon, Tues. Sept. 22	Standards of Care and Performance Measures <u>Consumer Only</u> Workgroup	Carin Martin, Manager Ryan White Grant Administration	
	12 noon, Tues. October 20	Tentative: Podiatry or HIV and Hepatitis C	TBA	Saint Hope Foundation – 13020 Dairy Ashford Road, Suite 100, Sugar Land, Texas 77478
	12 noon, Tues. Nov. 24			

Possible Topics:

Community Involvement in HIV Clinical Research Trials - Morénike Giwa

Medication Updates – Shital Patel, MD or Ben Barnett, MD OR invite all drug reps. Include info on getting Rx's FDA approved, change to generic status – how does this impact ADAP pricing?

Possible Locations:

Hope Clinic/Asian American Coalition

FYI

Thursday, June 25, 2015 12:15 PM
Health care subsidies stand!



The Texas HIV/AIDS Coalition is pleased with the Supreme Court's 6-3 decision in King v. Burwell to uphold the authority of the federal government to grant tax subsidies to individuals purchasing qualified health plans in states with Federally-Facilitated Marketplaces.

Today's ruling will ensure access to affordable health care by allowing individuals to continue to sign up for subsidized health plans in the Marketplace. The 1.2 million Texans who have already purchased Marketplace plans, and the over 800,000 individuals who receive subsidies will continue to be able to access quality, affordable health care that is a right, not a privilege.

"Congress passed the Affordable Care Act to improve health insurance markets, not to destroy them." - Chief Justice John Roberts

If you have any questions, please contact Januari Leo at 713-569-3624. Read the decision [HERE](#).

Januari Leo

Director of Public Affairs
Legacy Community Health
Montrose Clinic

From: Januari Leo [mailto:jleo@legacycommunityhealth.org]
Sent: Tuesday, June 23, 2015 11:35 AM
To: Januari Leo
Subject: HIV legislative wrap-up

Greetings-

The 84th Texas legislative session ended on June 1st, and while we played more defense than offense on HIV/AIDS issues, everything ended on a positive note. We will be hosting a legislative recap on **Monday, June 29th from 6:30-8PM at Legacy Community Health (1415 California St), in the 4th floor board room.** If you are unable to attend in person, we have a conference call line available (**888-450-5996, 531785#**). Below is a summary of bills that saw significant movement:

- **General Appropriations Act:** \$3 million in HIV prevention funding was restored in the final budget after being cut in favor of abstinence education in the House budget.
- **HB 65 by Representative Ruth McClendon (D-San Antonio)** -would allow for the establishment of Syringe Exchange Programs (SEPs). No fiscal note was attached. Was voted out of the House, but a Senate amendment was rejected. Similar bills have made it out of the Senate twice, but never the House. We consider this excellent progress.
- **SB 779 by Senator Joan Huffman (R-Houston)** - Would allow for HIV test results to be used in court proceedings. This bill supports the antiquated notion that a person living with HIV/AIDS is a “deadly weapon”, and would allow for their positive status to potentially increase charges against them. There was considerable statewide community interest and involvement in this legislation. This bill made it through the Senate, and out of the House Criminal Jurisprudence committee, but was never heard on the House floor.
- **HB 467 by Representative Donna Howard (D-Austin)** – Would remove language from abstinence only education materials that teaches that “sexual activity before marriage is likely to have harmful psychological and physical consequences”. This bill made it out of committee, but was never heard on the House floor.

Method of Financing	August 31, 2016	August 31, 2017	Increase/Decrease since 2014-15(+/-)
GR for HIV Services	\$53,050,334	\$53,050,334	+\$12,950,492
HIV/STD Prevention	\$191,678,663	\$191,678,661	+\$2,805,772
Infectious Disease PREV/EPI/SURV	\$26,558,848	\$24,778,847	-\$38,692,572
Abstinence Education	\$5,244,547	\$5,244,547	-\$1,538,553

THANK YOU to everyone who attended advocacy day, made a phone call, sent an email, or took action in any way. We're developing an outstanding group of advocates who are going to #get2zero!

Januari Leo

Director of Public Affairs
Legacy Community Health
Montrose Clinic
1415 California Street
Houston, TX 77006



Positive Organizing Project (POP+)

What is POP+?

POP+ is an advocacy training program designed by and for HIV+ individuals. Participants will learn how to;

- **Advocate** for issues affecting people living with HIV
- Get **educated** about issues that impact people living with HIV
- Get **empowered** to use your voice to make a difference
- Have **meaningful involvement** with HIV organizations

What does POP+ provide?

A FREE 6 week training course for HIV+ individuals that teaches advocacy and leadership skills to promote greater involvement by HIV+ individuals in issues that impact the HIV/AIDS community.

Who can Apply:

Only persons living with HIV/AIDS may apply

When Does it Meet?

Tuesdays from September 29 – November 3, 2015; 6-9pm
Dinner will be provided. Financial assistance with transportation and child care is also available.

Where will POP+ Meet?

Legacy Community Health, 1415 California Street, 4th Floor Boardroom, Houston, TX 77006

How To Apply?

A brief written application and in-person interview is required. To receive an application please contact Venita Ray at (713) 299-6123 or you can obtain an application online @ legacycommunityhealth.org

Deadline:

Applications must be received by 5:00 pm on Friday, August 14, 2015.

If you have questions about the Positive Organizing Project or the application process, please contact:

Venita Ray, 713-299-6123 or vray@legacycommunityhealth.org

