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Mission Statement

The mission of the Ryan White Planning Council of the Dallas Area is to optimize the health and well being of people living with HIV/AIDS through coordination, evaluation, and continuous planning to improve the North Texas Regional System of medical, supportive, and prevention services.

Vision Statement

The Dallas Planning Area will become a community that will provide the best integrated health care available to people currently living with HIV/AIDS in a community where new HIV infections are rare.



Congratulations to the new leaders of the Ryan White Planning Council of Dallas. I know that in FY 2023, council and committee members will do everything they can to lead us into a time where we no longer have underserved populations who don't receive the quality of service they deserve.

Healthcare for all should be the byword for us today as we move forward with HRSA's guidance, and inch towards the 90/90/90 plan to reduce HIV to a manageable disease and our major talking points are contact lenses versus glasses as we age into our geriatric years along with everyone else. The challenges of stigma, homelessness, and mental illness will supersede the limited cases of HIV.

Now is the time for community efforts – hospitals, ERs, companies, and nonprofits to come together to share information and help their patients-in-common stay healthy. Knowledge must be efficiently delivered to the Black/Hispanic/Asian communities so there is no difference in response – we will all be on equal footing so that the HIV Community – made up of people of all colors/ages/genders/walks of life will lead the way to HIV/AIDS being an illness not to fear.

Please reach out to community members and ask them to join the Council in fighting for a future without fear, without disease, and without stigma.

John Dornheim

Chair of the Ryan White Planning Council of Dallas

Epidemiological Data

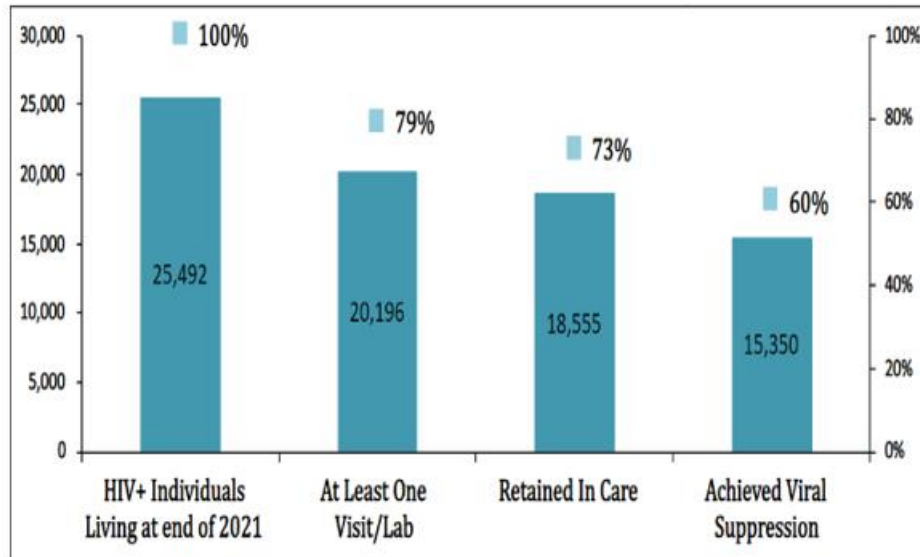
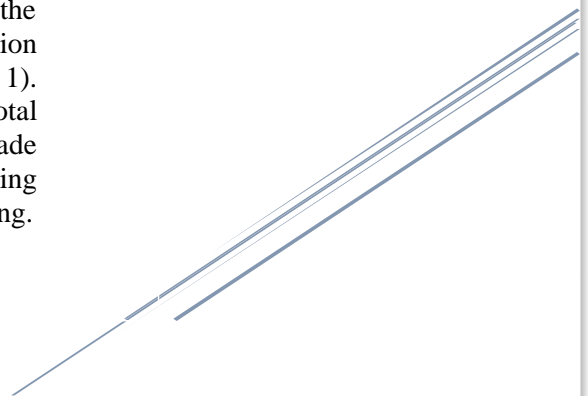


Figure 1: Dallas EMA Cascade, 2021

The number of PLWHA residing in the Dallas Planning Area (DPA) is steadily increasing. At the end of 2021, the total number of Dallas region residents living with HIV was 25,492 (Figure 1). The Dallas region represented 24.7% of the total number of residents within the Texas cascade system living with HIV. With new cases occurring each year, HIV prevalence is gradually increasing.



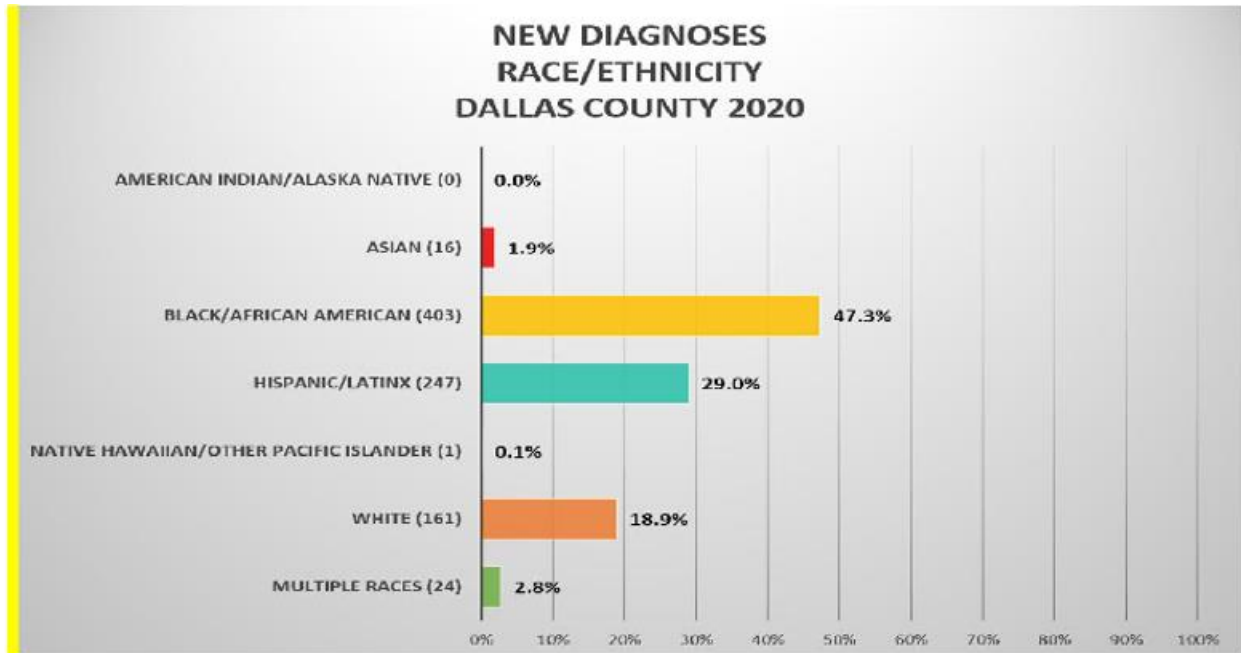
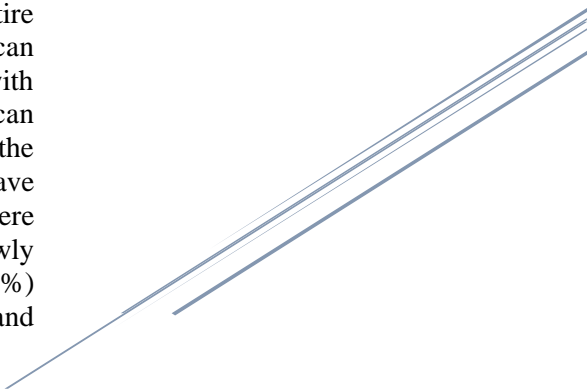


Figure 2: Dallas County New Diagnosis by Race/Ethnicity, 2020

It is demonstrated that there is a disproportionate impact on Black PLWHA as compared to the entire PLWHA community 25,492 (Figure 2). African Americans made up of (47.3%) of all PLWHA, with (18.9%) White and (29.0%) Hispanic. The African American population has surpassed Whites in the number of cases since 2014. African Americans have the highest usage rate of Ryan White Services. There was (47.3%) of African Americans who were newly diagnosed in 2020. During this calendar year, (18.9%) of New Diagnosis in Dallas County were white and (29.0%) were Hispanic.



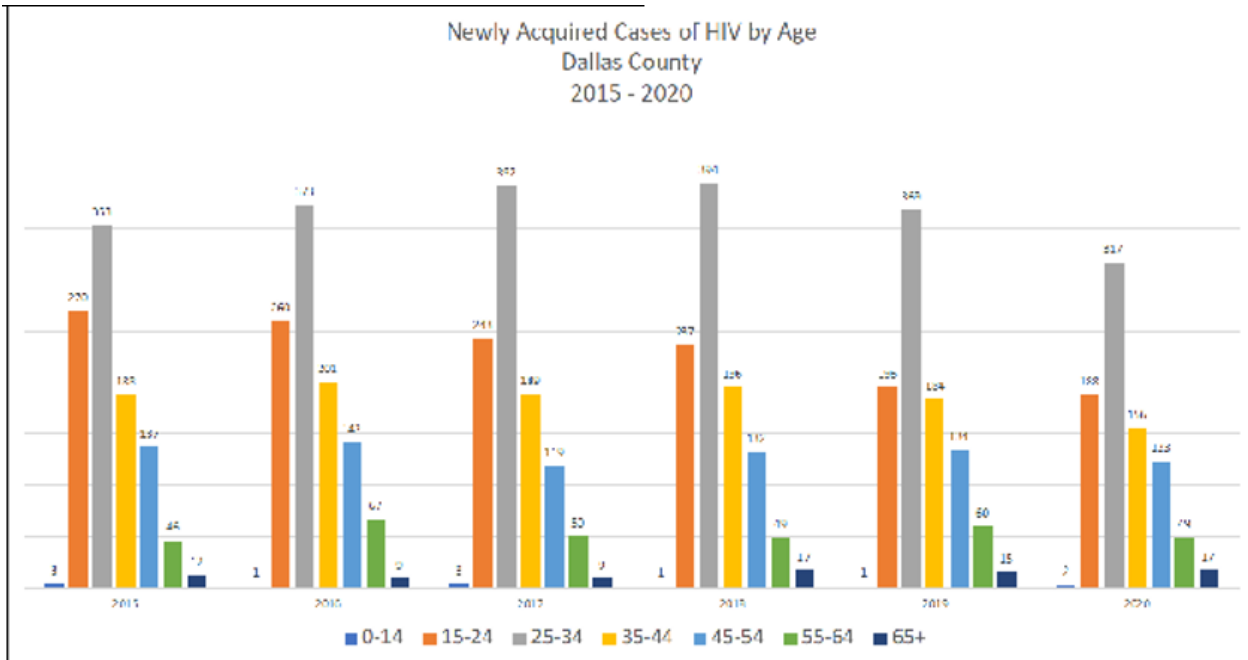
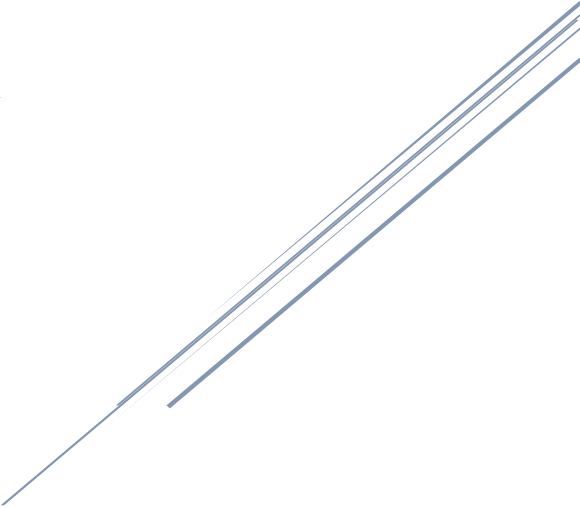


Figure 3: Dallas County New Cases by Age, 2015-2020

People are living with HIV/AIDS longer. People in the 25-34 age range represented the highest percentage (37.2%) of PLWHA, indicating this age group is the most likely to receive Ryan White services. The PLWHA age distribution in the DPA is currently prominent in the 24-34 age range. Consistent with national trends, Dallas County residents between ages 25–34 represented the majority of newly acquired HIV cases for 2020, followed by residents aged 15–34. The age group with the highest number of cases over the past 5 years (2015 – 2020), has consistently been age group 25-34 (Figure 3).

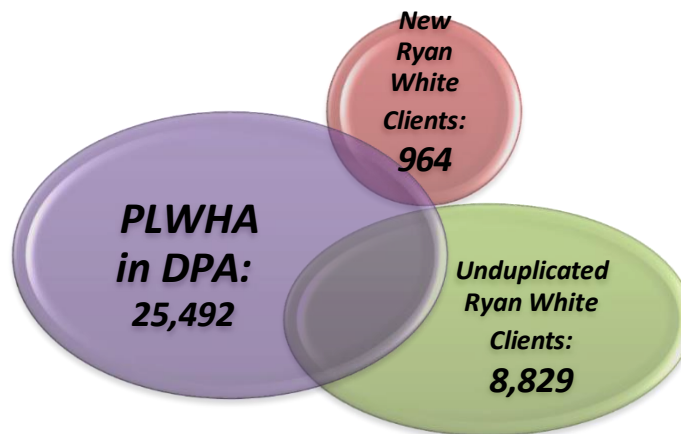


Ryan White Clients

Below is the most complete data for Ryan White Clients in 2021. The AIDS Regional Information and Evaluation System has been discontinued and historical ARIES Data has been added to show historical trends among Ryan White client. The Ryan White Planning Council of the Dallas Area is introducing a new system called E2 Dallas and are working tirelessly to bring forth the most accurate and up to date data to better serve PLWHA in the Dallas Planning Area.

The numbers reflect the unwavering efforts within the Dallas Planning Area (DPA) to provide care. Service providers within the DPA are committed to providing the best-integrated health care available to people currently living with HIV/AIDS. Through planning, coordination, and evaluation, the Ryan White Planning Council strives to improve the quality of life for people living with HIV/AIDS (PLWHA).

Of the total DPA PLWHA population (**25,492**), approximately 79% are receiving one or more of the provided Medical and/or Support Services through Ryan White funding according to the Treatment Cascade for the Dallas EMA for 2021. Of these, **964** were new to receiving Ryan White services. These new clients make up 3.78% of Ryan White clients served in the Dallas Planning Area.



The Statistical Analysis Report (STAR) Dallas/Sherman: During January 1, 2022 – December 31, 2022, there were **8,829** unduplicated clients that were served in the DPA through Ryan White funding. As a payer of last resort, the program serves people who have no other means to afford their care and would otherwise go without it. (Figure 4)

Figure 4: The Statistical Analysis Report (Star) Dallas/Sherman

	Number Of Clients	% of Total
Unduplicated client count	8829	
New clients served	1005	11.38%
Deceased clients	3	0.03%

RSR Categories (v)	UDC	% of Total	UOS
Number of clients served (UDC) and total number of units (UOS) grouped by Service			
Food Bank/Home Delivered Meals	865	9.80%	13902.01
Referral for Health Care and Support Services	1574	17.83%	4292.76
Medical Case Management, including Treatment Adherence Services	1149	13.01%	10411.00
Housing	21	0.24%	242.00
Health Education/Risk Reduction	67	0.76%	355.00
Mental Health Services	582	6.59%	3007.00
Medical Nutrition Therapy	1	0.01%	2.00
Substance Abuse Outpatient Care	90	1.02%	2238.00
Linguistic Services	6	0.07%	10.00
Non-Medical Case Management Services	2597	29.41%	33420.00
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	421	4.77%	2309.00
Oral Health Care	358	4.05%	2108.00
Rehabilitation Services	1	0.01%	1.00
Medical Transportation	378	4.28%	2466.00
AIDS Pharmaceutical Assistance (LPAP, CPAP)	1532	17.35%	7502.00
Other Professional Services	115	1.30%	1738.01
Outreach Services	1165	13.20%	2298.00
Early Intervention Services (EIS)	9	0.10%	15.00
Emergency Financial Assistance	37	0.42%	66.00
Outpatient/Ambulatory Health Services	5498	62.27%	25363.00

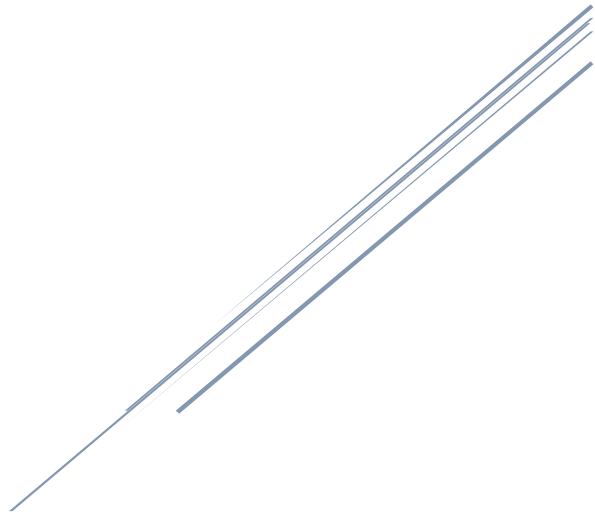
Rank 1 - 13	Support Services - Parts A, B, State Services
FY 2022 Rank	Service Category
1	Food Bank
3(t)	Non-Medical Case Management*
7	Outreach – Lost to Care
3(t)	Medical Transportation
6	Home Delivered Meals
2	Housing
5	Emergency Financial Assistance
11(t)	Other Professional Services (Legal Services)
13	Respite Care+
9(t)	Health Education/Risk Reduction
11(t)	Child Care Services
9(t)	Linguistic Services
8	Referral for Health Care and Support Services

Rank 1 - 13	Core Medical Services - Parts A, B, State Services
FY 2022 Rank	Service Category
1	Outpatient/Ambulatory Health Services
4	Oral Health Care
3	Medical Case Management
2	AIDS Pharmaceutical Assistance
5	Mental Health
9	Early Intervention Services
8	Substance Abuse
6(t)	Health Insurance and Cost Sharing Assistance
11	Home and Community Based Health Care
10	Home Health Care
12	Medical Nutrition Therapy
13	Hospice Care
6(t)	AIDS Drug Assistance Program

Rank 1 - 5	MAI
FY 2022 Rank	Core Medical Services
	1 Outpatient/Ambulatory Health Services
	3 Oral Health Care
	2 AIDS Pharmaceutical Assistance
	4 Medical Case Management
	5 Substance Abuse
Rank 1-3	MAI
FY 2022 Rank	Support Services
	1 Food Bank
	2 Medical Transportation
	3 2 Non-Medical Case Management

The RWPC, Administrative Agency (AA), and Ryan White funded providers are closely connected to the entire continuum of services available to address the HIV/AIDS epidemic through strong, collaborative efforts with primary and secondary prevention, public health awareness, and treatment programs. Dallas uses Ryan White funds to create a continuum designed to eliminate gaps in the system, improve the delivery of HIV medical care, and to promote services that support access and retention in care.

The RWPC places the highest priority on the core medical services by funding 8 of the 13 possible services. These core services comprise approximately 75.00% of Ryan White Part A and MAI allocations, while Supportive Services comprised approximately 25.00% of funds. The majority of Ryan White funded services are located in Dallas County where the majority of PLWHA reside.



YTD Expenditure Report for FY 2022-2023 Part A Formula/ MAI

*Prepared by Jocelyn Rodriguez 12.5.22 and Reviewed by Wanda Scott 12.5.22

FY 2022 - 2023 Part A Formula

GRANT 65502.5591

SERVICE CATEGORY TOTAL COST	BUDGET	Subrecipients' Monthly Billings			YTD EXPENDITURE	REMAINING BALANCE	YTD %	Unexpended %
		22-Aug	22-Sep	22-Oct				
Emergency Financial Assist	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Food/Congregate Meals	\$438,228.00	\$10,131.24	\$84,749.70	\$27,908.96	\$332,648.61	\$105,579.39	76%	24%
Health Ed/Risk Reduction	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Health Insurance Assistance	\$956,836.00	\$34,022.77	\$14,333.02	\$91,101.60	\$699,421.43	\$257,414.57	73%	27%
Housing	\$210,068.00	\$2,848.12	\$33,659.11	\$0.18	\$131,028.04	\$79,039.96	62%	38%
Linguistic Services	\$15,560.00	\$-	\$674.56	\$1,454.52	\$4,700.84	\$10,859.16	30%	70%
Local Pharm Assist (LPAP)	\$947,076.00	\$70,603.10	\$94,851.64	\$15,704.54	\$551,411.33	\$395,664.67	58%	42%
Medical Case Management	\$784,638.00	\$49,819.23	\$94,478.79	\$24,847.90	\$481,001.50	\$303,636.50	61%	39%
Medical Transportation	\$765,544.00	\$100,714.92	\$69,857.07	\$96,221.93	\$576,048.57	\$189,495.43	75%	25%
Mental Health	\$112,031.00	\$4,729.24	\$11,207.88	\$7,599.64	\$92,707.37	\$19,323.63	83%	17%
Non-Medical Case Mgmt.	\$893,135.00	\$54,336.33	\$80,936.10	\$25,632.73	\$605,729.85	\$287,405.15	68%	32%
Oral Health	\$1,192,921.00	\$127,731.45	\$33,764.12	\$87,366.14	\$689,807.85	\$503,113.15	58%	42%
Other Prof. Services/Legal	\$116,427.00	\$12,150.00	\$5,982.00	\$12,550.00	\$90,961.00	\$25,466.00	78%	22%
Outpatient/Ambulatory Health	\$3,828,756.00	\$234,996.57	\$290,711.47	\$203,434.13	\$2,715,648.17	\$1,113,107.83	71%	29%
Outreach	\$38,381.00	\$2,279.00	\$6,358.41	\$3,099.44	\$25,684.33	\$12,696.67	67%	33%
Referral	\$144,944.00	\$16,211.08	\$19,095.83	\$23,519.82	\$102,078.16	\$42,865.84	70%	30%
Respite care/Adults	\$9,336.00	\$-	\$546.84	\$770.28	\$2,210.88	\$7,125.12	24%	76%
Substance Abuse Treatment	\$72,613.00	\$2,970.12	\$7,761.52	\$7,855.30	\$51,125.20	\$21,487.80	70%	30%
TOTAL	\$10,526,494.00	\$723,543.17	\$848,968.06	\$629,067.11	\$7,152,213.13	\$3,374,280.87	68%	32%

SERVICE CATEGORY TOTAL COST	BUDGET	22-Aug	22-Sep	22-Oct	YTD EXPENDITURE	REMAINING BALANCE	YTD %	Unexpended %
Emergency Financial Assist	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Food/Congregate Meals	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Health Ed/Risk Reduction	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Health Insurance Assistance	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Housing	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Linguistic Services	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Local Pharm Assist (LPAP)	\$ 141,454.00	\$10,996.96	\$9,135.32	\$14,581.74	\$74,101.10	\$67,352.90	52%	48%
Medical Case Management	\$ 140,586.00	\$18,593.51	\$13,738.94	\$9,286.60	\$83,888.57	\$56,697.43	60%	40%
Medical Transportation	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Mental Health	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Non-Medical Case Mgmt.	\$ 275,532.00	\$56,956.46	\$15,573.18	\$4,772.44	\$211,373.11	\$64,158.89	77%	23%
Oral Health	\$ 210,880.00	\$37,288.00	\$38,079.74	\$15,570.92	\$104,627.00	\$106,253.00	50%	50%
Other Prof. Services/Legal	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Outpatient/Ambulatory Health	\$ 677,910.00	\$84,376.20	\$69,595.89	\$74,460.21	\$452,329.99	\$225,580.01	67%	33%
Outreach	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Referral	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Respite care/Adults	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
Substance Abuse Treatment	\$-	\$-	\$-	\$-	\$-	\$-	0%	100%
TOTAL	\$1,446,362.00	\$208,211.13	\$146,123.07	\$118,671.91	\$926,319.77	\$520,042.23	64%	36%

Ryan White Planning Council

The Ryan White HIV/AIDS Program (RWHAP) is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was passed by Congress in 1990 to address the crisis of the HIV epidemic in the United States. This legislation has been amended and reauthorized 4 times: in 1996, 2000, 2006, and most recently in 2009 as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

The Ryan White Planning Council of the Dallas EMA is dedicated to improving the quality of life for those infected and/or affected by HIV/AIDS and ensuring that members of its community play lead roles in assessing and planning for HIV resources. The Planning Council has served the DPA'S 12 counties for nearly 25 years, while focusing on the enhancement of primary medical care and the provision of widely needed support services. These programs are for those who do not have sufficient health care coverage or financial resources for treating HIV. Ryan White fills the gaps in care not covered by other resources. Over \$20.2 million annually is entrusted to the Planning Council's authority.

The Planning Council's membership is comprised of community volunteers appointed by the Chief Elected Official (CEO), Judge Clay Jenkins. Over the past year, the Planning Council has welcomed 5 new members.

There are officially 27 members serving on the Planning Council, of which 27% were non-aligned consumers (not employed at a funded agency). The RWPC & actively staff strive to recruit and fill those remaining seats. During the year, there were changes to the RWPC staff.



New Planning Council Members of FY 2022

<i>Name</i>	<i>Appointed Committee</i>
Dan Nguyen	<i>Planning Council Needs Assessment</i>
Nisa Ortiz	<i>Planning Council Consumer Council</i>
HK Yumo	<i>Planning Council Evaluation Planning & Priorities</i>
Courtney Thompson Pro Brewer	<i>Allocations Planning Council Allocations</i>
Grace Balaoing	<i>Planning Council Planning & Priorities</i>
Terra Ejike	<i>Planning Council</i>

Ryan White Planning Council Committee Report

Charge: The RWPC of the Dallas Area is a collaborative partnership of consumers, volunteers, and providers entrusted with the planning and coordination of healthcare services on behalf of PLWHA in North Texas.

Meets the second Wednesday of each month at 9 a.m. CDT

FY 2022 PLANNING COUNCIL MEMBERS

Helen Zimba, Chair	Jonathan Thorne	Laticcia M, Riggins
John Dornheim	*Grace Balaoing	Lionel Hillard
Lori Davidson	Donna Wilson	Kevin Davis
Kelly Salinas	James Wright	Corey Strickland
*Pro Brewer	Christopher Walker	Naomi Green
Donna Wilson	Korey Willis	Derick Felton
James Wright	Alexander Deets	James Kleitches
Sattie Nyachawaya	Norma Piel- Brown	*Terra Ejike
La’Paul Fulsom	*Nisa Ortiz	
Jonathan Ford	*Dan Nguyen	
	*HK Yumo	

*New Member *Member resigned or reached the term limit*

The 2022 Ryan White Planning Council of the Dallas Area started with 20 members and ended the year with 27. The mission of the Planning Council is to optimize the health and well-being of people living with HIV/AIDS in the 12-county area. The council coordinates, evaluates, allocates government funds, and continuous plans to improve the North Texas region by monitoring and improving medical and supportive services. The Planning Council held 10 meetings during the CY 2022. An invitation was extended at the beginning of each meeting, allowing the RWPC members and the audience members to announce any upcoming events about their agency or concerning the local HIV/AIDS community. This general meeting allowed interaction between council members and representatives from the local AIDS Service Organizations (ASO's).

At each RWPC meeting, the Grant's Management Officer, or an Administrative Agency representative provided a report of ongoing activities. The report included information on HRSA awards, allocations, renewal, and request for proposal (RFP) activities. At each council meeting, chairs or vice-chairs reported the monthly activities conducted by their respective standing committee. Official recommendations from standing committees, was passed through the Executive Committee, to the Planning Council for the final vote for approvals during the general meetings. At the end of the Planning Council meetings, the chair or a representative of the HIV Provider's Council reported on the activities and opened the floor for discussion

Executive Committee Report

Charge: Ensures the orderly and integrated and progression of work of the committees of the Ryan White Planning Council. The Executive & Nominations Committee plan future activities.

Meets the 1st Wednesday of each month at 2:00 p.m. CDT

FY 2022 EXECUTIVE COMMITTEE

	Helen Zimba RWPC Chair Evaluation Chair P&P Chair Needs Assessment Chair	
	Donna Wilson, CCC Chair	
	James Kleitches, Allocations Chair	
	Naomi Green, Allocations Vice Chair	
	Sonya Hughes	

*New
Member
Member

resigned or reached the term limit

The Executive Committee met 8 times in CY 2022. This committee's comprised of chairs and vice-chairs of each standing committee and provides oversight for the work of each of the standing committees. The work of each committee's charge is written in the Bylaws. The committee reviewed the monthly attendance of all members per committee. When a member approached the danger of forfeiting their seat, the Planning Council chair asked the respective standing committee chair to attempt to contact that member with a letter and phone call. If that member's seat was forfeited, the member was notified via a certified letter/email.

At each Executive Committee meeting, the Planning Council Office of Support gave a membership and reflectiveness report. Assistant Director, Sonya Hughes gave Administrative Agency reports throughout the program year. This report detailed any ongoing business of the AA and the Planning Council. When any committee had an official recommendation, this was presented to the Executive Committee for discussion,

voted on, and then sent to the Planning Council body for approval. This included the allocation of funds, updates to the Service Delivery Guidelines, and any other business and documents as necessary.

Needs Assessment Committee Report

Charge: To oversee the development and implementation of the needs assessment process to identify the needs, barriers, to care, and gaps in service in the HIV community and develop a comprehensive plan in line with the priority goals of the Ryan White Planning Council.

Meets the 3rd Tuesday of each month at 2:00 p.m. CDT

FY 2022 NEEDS ASSESSMENT COMMITTEE

Helen Zimba, Chair	Amanda S. Evans M.D.	Sattie Nyachwaya
Donna Wilson	Lionel Hillard	Dan Nguyen
Helen E. Turner	Miranda Grant	Nisa Ortiz
John Dornheim	La’Paul Fulsom	Christopher Walker
Hosea Crowell	Jonathan Ford	

*New Member *Member Resigned or reached the term limit*

Ryan White Planning Council Needs Assessment Committee spent much of the year looking at questions that were related to our target populations: Transgender; Youth; Hispanic; Black; and MSM, and how we were going to interview people from each of these groups and also how we were going to provide a small stipend to them for taking the Needs Assessment Survey.

The committee also discussed the timeline and target goals for the Needs Assessment Survey by utilizing the experience of Michael Hager. We created timelines which we used to select questions/wording to be used on the survey – also we needed to make sure we had the time to have the survey translated into conversational Spanish.

The first part of 2022, began with Needs Assessment Strategic planning and a timeline review as well as survey question review. We utilized the expertise of Michael Hager to set up focus groups and make initial forays into the community through letters and phone calls. Focus groups ran throughout FY 2022 led by Michael Hager, and his team, utilizing key informant interviews.

The committee collaborated with community providers to gain access to their clients for the survey distribution (non-Ryan White clients) and used qualitative data for focus groups and interviews.

Many thanks to the committee members and the amazing support staff for spending long meetings working on these important documents.

Planning & Priorities Committee Report

Charge: To oversee the development and implementation of a process to identify needs and barriers, keep the assessment of needs current and develop a comprehensive plan to implement the priority goals of the Planning Council.

Meets the 3rd Wednesday of each month at 9:00 a.m. CDT

FY 2022 NEEDS ASSESSMENT COMMITTEE

Helen Zimba, Chair	Christopher Walker	HK Yumo
Lori Davidson	Korey Willis	Donna Wilson
Grace Balaoing	Laticcia Riggins	

*New Member *Member Resigned or reached the term limit*

FY 2022 was an important year for gathering information and for starting new and exciting projects that will help make the 2020s the decade of change for HIV+ prevention and treatment. We will be utilizing all our energy in that direction with many different projects. But this is where we finished in 2022.

FY 2022 Priority Setting

The Ryan White Planning Council of the Dallas Area (RWPC) is responsible for HIV service planning for the:

1. Dallas Eligible Metropolitan Area (EMA)
2. Dallas HIV Services Delivery Area (HSDA)
3. Sherman-Denison HSDA

In total, the EMA and two HSDAs comprise 12 counties. The Dallas EMA and the Dallas HSDA both include Collin, Dallas, Denton, Ellis, Hunt, Kaufman, and Rockwall counties. The EMA also includes Henderson County, and the Dallas HSDA includes Navarro County. The Sherman-Denison HSDA includes Cooke, Fannie, and Grayson counties. The 12 countries comprise the Dallas Planning area. (DPA).

Each year the Planning & Priorities Committee is charged with establishing priorities for the following fiscal year. This process gives an idea of what was done in the past and what can be done in the future. The decision-making process will consist of committee members individually assigning each service category a number for Part A, Part B, State Services, and Minority AIDS Initiative (MAI). The RWPC of the Dallas area is responsible for HIV service planning for the Dallas Eligible Metropolitan Area (EMA), Dallas HIV Services Delivery Area (HSDA), and the Sherman-Denison HSDA.

Epidemiological Data for the Dallas EMA: Provides projected population data by sex, race, and age. Utilization Data for the Dallas EMA: Represents one of the three criteria used in the Dallas area priority- setting process. The patterns can be affected by a number of things including decreased number of unduplicated clients served, a decrease or increase in funding for a particular service, an increase in the cost per unit, or a

change in the service category definition. The data is trended for three calendar years.
(Aries) Expenditure Data: The expenditures section rounds out the three data sources that will be used in the Dallas area priority-setting process.

Needs Assessment Data: The Comprehensive Needs Assessment surveyed clients in the Dallas area regarding service needs and barriers to care. Clients were given a list of services and asked if they need the service. This data was compiled and presented as the percentage of people responding that they needed the service. The following questions were asked about 27 core and support services outlined:

- Do you use this service now or over the past year?
- If a service is being used, it is assumed the service is needed.
- If the service is not being used, the next question asked about the need for the service. Unfulfilled need or a service
- If someone is not using the service but states a need for it, he/she is considered to have an unfulfilled need for the service.

Priority populations:

- Black/African American men and women,
- Hispanic/Latinos
- MSM
- Transgender
- Youth 13-24

Needs, Use, and Accessibility Prioritization table: the table used to help in the prioritization process by comparing and contrasting the service categories from three different angles.

Need: The percentage of PLWHA, both in-and out-of-care, in the FY 2021 Mini Needs Assessment sample reporting a need for the service.

Accessibility: The percentage of PLWHA, both in-and out-of-care, in the FY 2021 Mini Needs Assessment sample reporting their needs for this service were easily met.

Minority AIDS Initiative (MAI): The committee was presented with utilization data by race for African Americans and Hispanics.

Priority Setting and Resource Allocation Guide: Establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant.

PSRA Trainings:

- HIV Data Training
- PSRA Overview
- Priority Setting Training
- Resource Allocation Training
- 2022 PSRA Ballot/Voting

Core Medical Services: Parts A, B, State Services 2022 Ranking

Ambulatory/Outpatient Medical Care 1

Oral Health Care 4

Medical Case

Management 3

Mental Health 5

AIDS Pharmaceutical Assistance 2

Early Intervention Services 9

Health Insurance and Cost-Sharing Assistance 6(t)
Substance Abuse Outpatient Care 8
Home Community Based
Health Care 11
Home Health Care 10
Medical Nutrition Therapy 12
Hospice Services 13
AIDS Drug Assistance Program 6(t)

Support Services: Parts A, B, State Services

Food Bank 1
Non-Medical Case Management Services 3(t)
Medical Transportation 3(t)
Outreach Services 7
Housing-Based Case Management -
Emergency Financial Assistance Outreach-Lost to Care 5
Congregate Housing 2
Home Delivered Meals 6
Other Professional Services 11(t)
Health Education/Risk Reduction 9(t)
Day Respite Care- Children/Youths/Adults - Respite Care for Adults 13
Child Care- Services 11(t)
Linguistic Services 9(t)
Referral for Healthcare 8

Core Services Minority AIDS Initiative (MAI)

Ambulatory/Outpatient Medical Care 1
Oral Health Care 4
AIDS Pharmaceutical Assistance 2
Medical Case Management 3
Substance Abuse 5

Supportive Services

Food Bank 1
Medical Transportation 2(t)
Non-Medical Case Management 2(t)

Allocations Committee Report

Charge: Develop recommendations for distribution of funds among priority goals using all available information regarding community and agency needs, current funding for HIV services, and trend data; develop recommendations for service category allocations. Recommendations for service category allocations will include how best to meet each established priority.

Meets on the 4th Monday of each month at 5:15 p.m. CDT

FY 2022 ALLOCATIONS COMMITTEE MEMBERS

James Kleitches, Chair	Corey Strickland	James Wright
Naomi Green, Vice Chair	Buffie Bouge	<i>*Pro Brewer</i>
Kelly Salinas	<i>*Courtney Thompson</i>	

**New Member Member resigned or reached the term limit*

COMMITTEE MEMBERSHIP CHANGES:

Active recruitment for new membership will always be a priority for the Allocations Committee. The committee closed out the year with seven members.

TRAINING:

On April 25, 2022, the committee received training on the “Priority Setting and Resource Allocations Process” presentation training. The purpose of the presentation was to train committee members on how to allocate and reallocate Ryan White federal and state funds to service categories during the fiscal year. Jasmine Sanders, RWPC Planner for the Ryan White HIV/AIDS Program, gave the presentation, which consisted of an overview of the following subjects:

- A. Explain the importance of developing Directives
- B. HRSA/HIV/AIDS Bureau expectations for Resources Allocations
- C. Suggested Steps in the Resource Allocation process
- D. Expenditure Data (Funding Streams- RWHAP: Part A, MAI, Part B, and State Services.
- E. Preparation Material

Committee members as well as stakeholder participants were allowed to present questions and concerns throughout the presentation.

REALLOCATIONS: The development recommendations for distribution of funds among priority goals using all available information regarding community and agency needs, current funding for HIV services, and data trend. The recommendations for service

category allocations included how best to meet each established priority.

The only reallocation of the year occurred on October 17, 2022. After careful discussion and review of the documentation, as well as stakeholder input, the committee recommendation was as followed:

- **Dallas- Part A Re-allocations:** Re-allocation recommendations for Part A Awards are as follows: Mental Health Services at \$28,660.25, AIDS Pharmaceutical Assistance at \$28,660.25, Substance Abuse Outpatient Care at \$28,660.25, Housing Services at \$16,800.00; and Referral for Health Care at \$16,800.00. Total Dallas Part B Reallocations= \$119,580.76
- **Dallas- Part A Supplemental Re-allocations:** Re-allocation recommendations for Dallas Part A Supplemental are as follows: Substance Abuse Outpatient Care at 7,304.32; Case Management (non- medical) at 14,434.87; Medical Transportation at \$14,434.87; and Referral for Healthcare at \$14,434.87. Total Dallas State Rebate Re-allocations= \$50,608.93
- **Part A Carryover Re-allocations:** Re-allocation recommendations for Part A Carryover Awards are as follows: Outpatient/Ambulatory Medical Care at \$163,783; Oral Healthcare at \$78,913.50; and Health Ins Cost Sharing Assistance at \$84,869.50. Total Part A Carryover re-allocation- \$327,566.00
- **MAI Carryover Reallocations:** Re-allocation recommendations for MAI Carryover Awards are as follows: Outpatient/Ambulatory Medical Care at \$10,756.00; Oral Health Care at \$10,756.00. Total MAI Carryover Re-allocations= \$21,512.00.
- **Dallas- Part B:** Re-allocation recommendations for Dallas Part B Awards are as follows: AIDS Pharmaceutical Assistance at \$6,681.00; Health Ins Cost Sharing Assistance at \$18,487.69; Food Bank/Home Delivered Meals at \$15,000.00; Medical Transportation at \$31,293.84; and Referral for Healthcare at \$31,293.83. Total Dallas Part B Re-allocations= \$102,756.36
- **Sherman- Part B:** Re-allocation recommendations for Sherman Part B are as follows: Case Management (non-medical) at \$25,827.00. Total Sherman Part B Re-allocations= \$25,827.00
- **Dallas State Rebate:** Re-allocation recommendations for Dallas State Rebate are as follows: Medical Transportation at \$9,796.50; and Referral for Healthcare at \$9,796.50. Total Dallas State Rebate Re- Allocations= \$19,593.00
- **Dallas Part A MAI:** No action required.

FISCAL YEAR (FY) 2022 ALLOCATIONS PLANNING GUIDE: (Develop recommendations to distribute funds among priority goals using all available information regarding the community, consumer, agency needs, current funding for HIV services from all identifiable sources, priority rankings, and data trend for resource allocations).

The support staff provided the Allocations Committee with the FY 2022 Allocations Planning Guide for Part A and Minority AIDS Initiative (MAI). This document is important in the decision-making process for the committee. The committee reviewed the document and were allowed to ask questions. Where current data from the Department of State Health Services (DSHS) epidemiological data was not found historical data was substituted. The same was done regarding client utilization data as AIDS Regional

Information and Evaluation System (ARIES) was discontinued.

The committee was tasked to establish Allocation Projections for FY 2023 Part A, State Services and MAI as well as the contingency for the 75/25% Medical Core Waiver and the +/-7% range for the FY 2023 Part A level funding.

CONCLUSION: (Develop recommendations for service category prioritization was approved by the Ryan White Planning Council of the Dallas Area. Consideration of the available community resources as well as their coordinating capacities will also be given.)

The Allocations Committee had a very busy year; the committee held 10 meetings. Each month during 2022, the committee monitored all expenditures and unspent funds in all service categories. The committee received input from stakeholders to include explanations as to why funds were unspent and made recommendations using all information available.

Evaluation Committee Report

Charge: Evaluates whether provider services coincide with set service priorities and evaluates the performance of the Administrative Agency and the Planning Council according to the goals of the Council.

Meets on the 4th Tuesday of each month at 3:00 p.m. CDT

FY 2022 EVALUATION COMMITTEE MEMBERS

Helen Zimba, Chair	Darius Ahmadi	John Dornheim
Jonathan Thorne	Helen E. Turner	Norma Piel-Brown
HA Yumo	LaShaun Shaw	Del Wilson

*New Member *Member Resigned or reached the term limit*

In 2022 the largest project by far this year was the revision of the Evaluation of the Administrative Mechanism.

The Purpose of the Evaluation - The C.A.R.E Act requires the RWPC to “*assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.*” This language was not changed in the revised Treatment Extension Act of 2009.

Methodology - In the Dallas Eligible Metropolitan Area, an assessment of the local administrative mechanism was performed by administering surveys to Ryan White sub-recipients, Planning Council members, and a representative of the Administrative Agency (AA) to gather perception on various aspects of the program such as the reimbursement process, program monitoring, quality management, technical assistance for sub-recipients, and fiscal compliance. While valuable information was obtained, the assessment did not allow for a completely objective picture of the efficacy of the existing mechanism for the grant year. Therefore, the Planning Council decided to adopt a method originating from the Houston EMA which employs a checklist of specific data points.

Background – The 2019 grant year's universal RFP was valid for one year and with a 3-year contract extension executed with a Contract Renewal for all Sup-Recipients for the FY 2021 program year. As a result, the information contained within this report reflects the 2nd year's contract extension process as opposed to the traditional RFP process. The FY 2021 contract renewal permitted the execution of the construction & perpetuation of the multi-year extensions as proposed in the FY 2019 Universal Request for Proposal (RFP) process; the conditions therein, all RW sub-recipients were legally bound. As a result, the information contained within this report reflects the multiple-year extensions as opposed to the traditional RFP process. In perpetuity, the 2nd year extension agreement for

the sub-recipients was signed on 02/19/2021.

Results of the Assessment (Questions are as follows): Jasmine Sanders, Office of Support, reviewed the assessment results and questions.

Section 1: Procurement/Request for Proposals Process

1. How much time elapsed between the receipt of the NGA or funding contract execution with funded service providers (e.g. 30, 60, 90 days)?
2. What percentage of the grant award was procured?
3. Did the awarding of funds in specific categories match the allocations established by the Planning Council?
4. Does the Administrative Agency (AA) have a grant award process?
5. Does the RFP incorporate service category definitions that are consistent with those defined by the PC?
6. At the end of the award process, were there still unobligated funds?
7. At the end of the year, were there unspent funds? If so, in which service categories?
8. Does the AA have a method of communicating back to the PC the results of the procurement process?

Section 2: Reimbursement Process

9. What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA?
10. What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice?

Section 3: Contract Monitoring Process

11. Does the AA use the Standard of Care as part of the contract monitoring process?

Conclusion:

The Ryan White Planning Council of the Dallas Area continually strives to effectively collaborate with the AA to meet the need of people living with HIV (PLWH) in the service area. A key component of this collaboration lies in how effective the administrative mechanism functions in readily allocating funds to the areas of greatest need within the eligible area, and the effectiveness of the services offered in meeting the identified needs.

Consumer Council Committee Report

Charge: Empowering consumers through education by providing the tools and knowledge to interact with those individuals and committees that affect the categorical service delivery of the Ryan White Treatment Extension Act, including the Texas Department of State Health Services (DSHS).

Meets on the 4th Thursday of each month at 12:00 p.m. CDT

FY 2022 CONSUMER COUNCIL COMMITTEE MEMBERS

Donna Wilson, Chair	Alleah McWilson	Hosea Crowell
Vacant, Vice Chair	<i>Alexander Deets</i>	Lionel Hillard
Helen E. Turner	David C. Becker	Helen Zimba
John Dornheim	<i>*Nisa Ortiz</i>	John Skelton
Derick Felton	Virilinda Stanton	Ricky Tyler

**New Member Member Resigned or reached the term limit*

The Ryan White Consumer Council Committee (CCC) is a passionate, diverse, and dedicated community consisting of people living with HIV/AIDS, advocates, and allies who lend their voice to help ensure optimum survival through education and empowerment of consumers, providers, and the entire community. The CCC began the 2022 year with great enthusiasm as we continued our collaboration with community organizations and Ryan White standing committees. It was very valuable to have a CCC Liaison on every standing committee to provide a report with updates from each meeting and allowing for the consumer perspective and input to always be included.

We were very successful in 2022 in diversifying the CCC with the recruiting individuals of priority populations. We continue our recruitment efforts in hopes of inviting youth to the table.

The CCC's involvement in community events and building new partnerships is getting stronger and growing every year. These opportunities allow us to promote the CCC, and the Planning Council, standing committees, membership opportunities, and community forums. Some of those events include: AIDS Walk South Dallas, Afiya Center's Annual Get Tested Grab a Bite and Grace Project's HIV+ National Women's Conference.

Every year, our goal is to provide comprehensive and educational Consumer Forums at least once a month. These forums are open to the general public and advertised on social media, community organizations, and at every Ryan White related meeting. We determine which forums will be conducted by tabulating suggested topics from the monthly evaluation tools distributed during the monthly forums. The CCC votes and choose the top 10-12 forums for the year.

Below are forums completed in FY 2022:
 3.11.22 HIV & Women of Color/ Reproductive Justice
 4.8.22 The Cultural Impact on Health
 5.13.22 Stronger Together, HIV & the Faith-Based Community
 7.29.22 Know Your Rights: Legal 101
 8.12.22 HIV & Mental Health
 10.14.22 Let's Get PrEPared

Ranking *Topics for 2022 Forums*

#	Date	Topic	Forum Captains	Speakers
6	Friday, August 12, 2022	HIV & Mental Health	Donna Wilson Helen Turner	Melissa Grove, Legacy-Cares
	Friday, December 2, 2022	HIV & Stigma	Helen Turner Helen Zimba	
		Prevention & New Therapies		
		HIV & Youth		
3	Friday, May 13, 2022 @ 1p-2p	Latinx Community HIV & Faith-Based	Virlinda Stanton Helen Turner	Auntjuan Wiley—Moderator
	Friday, June 24, 2022 @ 11a-12p	Adherence & Viral Suppression	Alleah McWilson	Possible: Cindy Zoellner
7	Friday, September 16, 2022 @ 1p	Disclosure & Sero-different	Hosea Crowell Lionel Hillard	
1	Friday, March 11, 2022 @ 12p-1p	HIV & Women of Color/Reproductive Justice	Donna Wilson Helen Zimba	Michelle Rindon Anderson— Policy Associate, Afiya Center
		HIV & Comorbidities/Long-Term Survivors		
		HIV & Aging		
8	Friday, November 4, 2022 @ 1p-2p	U Equals U Undetectable equals Un-transmittable	Kevin Chadwin Davis Lionel Hillard	
		HIV Research		
		Young Black MSM and HIV		
10	Friday, October 14, 2022 @ 1p-2p	PrEP	Kevin Chadwin Davis Virlinda Stanton Lionel Hillard	
2	Friday, April 8, 2022	The Cultural Effect of HIV	Hosea Crowell John Dornheim	
		Working with Providers		
5	Friday, July 29, 2022 @ 1p	Know Your Rights: Legal 101	Nisa Ortiz	Legal Hospice of Dallas Staff
8		Financial & Rental Assistance/ Housing		Possible: Julia Chavarria— HOPWA Brooke Henderson – Legacy Counseling Darius Ahmadi
		Social Implications of Co-Infection		
		HIV & Latinos/Latinas		
		Understanding Medicare		
		Substance Use		

Separate Roles and Mutual Goals: Ryan White Planning Council and Administrative Agency

The Ryan White Planning Council (RWPC) and the Administrative Agency (AA) have separate roles. The RWPC and the AA work together identifying the needs of People Living with HIV/AIDS (PLWHA) by conducting a Needs Assessment and preparing a Comprehensive Plan. The Plan is a long-term guide designed to meet those needs.

Also, both work together to ensure other funding sources are identified and applicable as payers therefore, making certain Ryan White funding meets the legislative requirement as “payer of last resort.” This means that other available funding should be used for services before Ryan White funding is used as a payer of last resort.

The RWPC set priorities for funding Resources and how funding should be allocated for each service category. The AA was responsible for the management of Ryan White funds and awarded these funds to Sub Recipients to provide services. The process for awarded funds is through a Request for Proposal (RFP) process.

The RWPC cannot do its job without the help of the AA and the AA cannot do its job without the help of the PC. As applicable the responsibilities are identified clearly in the Ryan White legislation while others must be decided locally. The PC and the AA must work together and agree on their duties. This agreement details are found in PC bylaws and Memorandum of Understanding (MOU) between RWPC and the AA.

Latest RWHAP Updates

This issue of the HIV Surveillance Supplemental Report on data provided for RWHAP includes an update in terminology. The term “AIDS” has been updated to “stage 3 (AIDS) classification” throughout the report to align with terminology used in the HIV surveillance case definition and by CDC’s Division of HIV Prevention. This terminology will be used from this point forward. No changes were made in the calculation of “AIDS” and “non-AIDS” cases for RWHAP. Calculations align with methodology presented in previous reports.

In FY 2022, HRSA used total counts of persons living with diagnosed HIV infection non-stage 3 (AIDS) and persons living with infection ever classified as stage 3 (AIDS) to calculate funding allocation amounts for eligible jurisdictions.

*Source: Division of HIV Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention
HIV Surveillance Report (Supplemental Report) HIV and Stage 3 (AIDS) classifications Data through December 2020 provided for the Ryan White HIV/AIDS Program, for Fiscal Year 2022*