

CY 2017

Ryan White Planning Council of the Dallas Planning Area Year-End Report



Ryan White Planning Council of
the Dallas Area

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CY 2017



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Mission: *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: *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.*



Greetings Everyone!

I would like to thank all the leaders of 2017 for a successful year: RWPC Vice Chairs Sonny Muniz-Blake, also Vice Chair of Planning & Priorities with Stacie McNulty, as the Chair; RWPC Vice Chair Lionel Hillard, also Vice Chair of Allocations with Yolanda Jones, as the Chair; Gary Benecke, Evaluation Committee Chair; with Del Wilson, as the Vice Chair; and Auntjuan Wiley, Consumer Council Committee Chair (the committee I also Vice Chair). Additionally, I want to thank the RWPC Office of Support Staff, Andrew Wilson, RWPC Manager, Annie Sawyer-Williams, RWPC Coordinator, and Justin Henry, RWPC Planner as well as the Administrative Agency, Dallas County Health and Human Services Director Zachary Thompson, and Dallas County staff for their efforts in ensuring quality care for those in need in our service delivery area.

We are ALL collectively charged with unique tasks that by design should work together to support systems of care. These tasks, when enacted through open and honest communications coupled with true collaboration, can ensure that those most affected and in need of our services may access quality care. This is a serious charge to us all, and we must ensure that our work results in improving good systems, policies & procedures that support getting funds for services in the field for PLWHA as fast and as effectively as possible. Furthermore, we need to be willing to regroup and strategize if we miss that goal. I challenge us all to embrace our responsibility and the impact we can make together through not only celebrating our many achievements, also to being willing to acknowledge our opportunities for improvement as well as recognize and handle challenges when they arise to achieve the greatest benefit and the best possible care for people living with HIV and AIDS.

In 2017, multiple strides were made toward excellence: to include improved communications with the Administrative Agency (AA) and the RWPC; a structured simplified manner for review of Standards of Care; a commitment for increased training with the Administrative Agency (AA), Department of State Health Services (DSHS), as well as Health Resources and Services Administrative (HRSA); a series of collaborative meetings to construct the Early Identification of Individuals with HIV/AIDS (EIIHA) initiative; finalization of the five (5) year Integrated Prevention and Care Plan; and formal support of the Texas HIV Syndicate including the Ending the Epidemic (EtE) Plans for Texas.

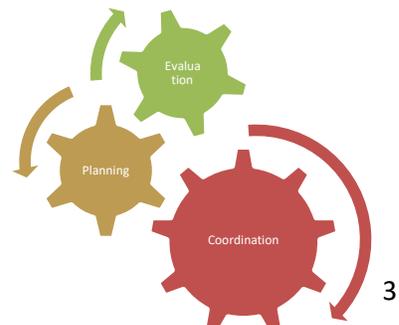
I encourage everyone in our HIV community to read this report and distribute it through your agencies. As always, if you have any questions or concerns regarding the Ryan White Planning Council, please do not hesitate to contact me at helenetwg@gmail.com.

Cheers!

Helen E. Turner, Chairperson
Ryan White Planning Council



Helen E. Turner,
RWPC Chair



Epidemiological Data:

All PLWHA in DPA

The number of PLWHA residing in the Dallas Planning Area (DPA) is steadily increasing. Prevalence has increased by 3,857 cases since 2010 up to a total of 19,793¹ PLWHA (Figure 1). That is close to a 24.20% growth of population in the past 5 years. The number of new HIV/AIDS cases has fluctuated, but has been declining as an overall trend since 2010.

Figure 1: PLWHA Prevalence

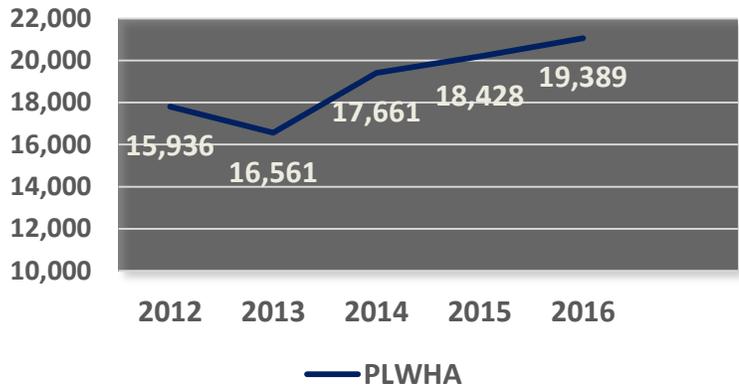
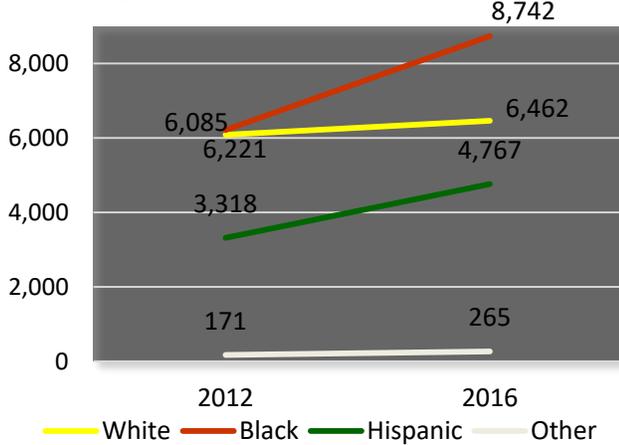


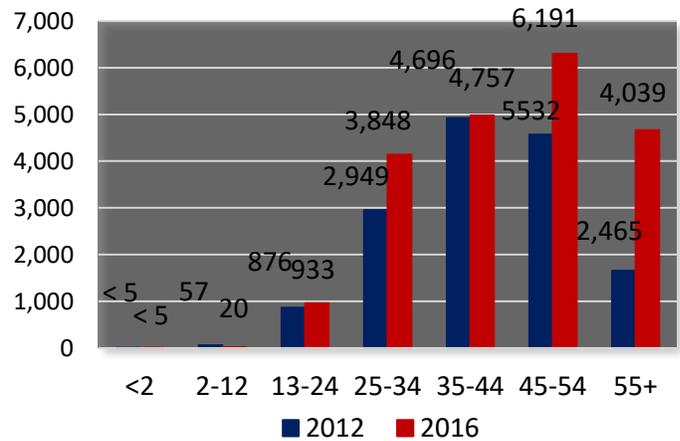
Figure 2: PLWHA Race/Ethnicity



It is clearly demonstrated that there is a disproportionate impact on Black PLWHA as compared to the entire PLWHA community (Figure 2). They made up of 41% of all PLWHA, with 31% White and 23% Hispanic. The African American population has surpassed Whites in the number of cases since 2012.

The PLWHA age distribution in the DPA is currently prominent in the 45-54 age range. According to this data, PLWHA are getting older with the number of PLWHA in the 45+ range significantly increasing since 2012 (Figure 3).

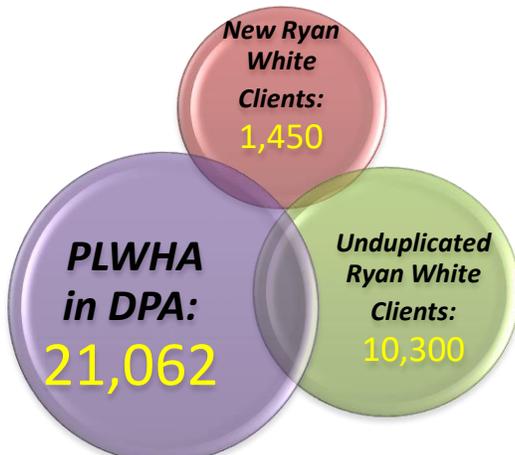
Figure 3: PLWHA Age



¹ Texas Department of State Health Services 2016 Epidemiological Data for the Dallas EMA

Ryan White Clients:

The number of unduplicated clients served in comparison to those served in CY 2017 has grown. 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). During January 1, 2017 – December 31, 2017, approximately **10,300** unduplicated clients were served in the DPA through Ryan White funding. As a payer last resort, the program serves people who have no other means to afford their care and would otherwise go without it.



Of the total DPA PLWHA population (21,062), approximately 48.90% are receiving one or more of the provided Medical and/or Support Services through Ryan White funding. Of these 10,300 unduplicated clients served in the Dallas Planning Area, 1,450 were new to receiving Ryan White services. These new clients make up 14.08% of Ryan White clients.

The African American population is clearly demonstrated to be more disproportionately infected with HIV/AIDS than any other populations in the Dallas Planning Area. African Americans also have the highest usage rate of Ryan White Services, with almost half (41%) of the clients who utilize Ryan White services being African American during CY 2016. During this calendar year, 31% of Ryan White clients were white and 23% of its clients were Hispanic. People are living with HIV/AIDS longer. People in the 45-54 age range represented the highest percentage of PLWHA (31%). The biggest gap in percentage of the population infected with HIV/AIDS (11%) and percentage of population utilizing Ryan White Clients (45.50%) appears to be among the 25-34 age group, indicating this age group is the most likely to receive Ryan White services.

Figure 4

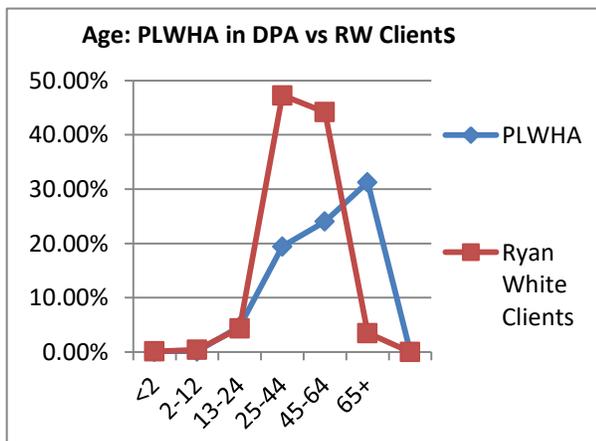
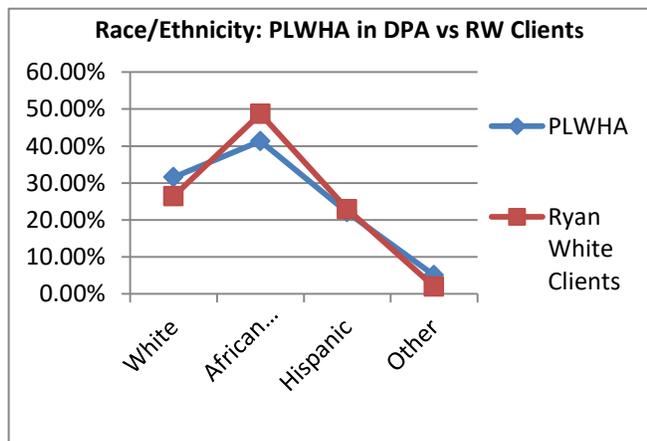


Figure 5



ARIES Data

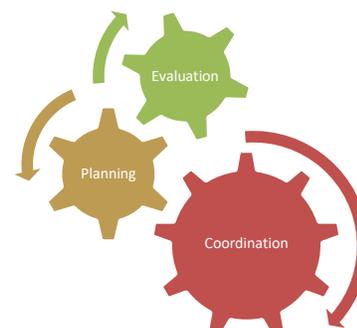
<u>FY17 Priority Rank</u>	<u>Service Category</u>	<u>Units Served</u>	<u>Clients Served</u>
	<u>Core Services</u>		
1	Oral Health Care	11,602	1,809
2	Ambulatory/Outpatient Medical Care	2,547	1,185
3	Medical Case Management	27,692	4,176
4(t)	AIDS Pharmaceutical Assistance	21,607	1,707
4(t)	Mental Health	2,453	524
6	Early Intervention Services	1,802	136
7	Substance Abuse	2,601	139
8	Health Insurance & Cost Sharing Assistance	3,413	464
9	Home & Community Based Health Care	-	-
10	Home Health Care	-	-
	<u>Support Services</u>		
1	Food Bank	110,084	1,967
2	Non-Medical Case Management	58,486	4,933
3	Outreach – Lost to Care	6,161	1,901
4	Medical Transportation	30,287	2,155
5	Housing-Based Case Management	7,929	172
6	Home Delivered Meals	104,850	2,556
7	Transportation – State Services	928	64
8	Congregate Housing	-	-
9	Emergency Financial Assistance	94	71
10(t)	Other Professional Services (Legal Services)	2,955	190
10(t)	Respite Care for Adults	11,625	188
12	Day Respite Care for Children/Youth/Adults	-	-
13	Health Education/Risk Reduction	295	41
14	Child Care Services	14,808	24
15	Child Care – State Services	-	-
16	Linguistic Services	2,507	139

This ARIES data was pulled for service dates 1/1/17 - 12/31/17 to reflect the impact of the Ryan White Planning Council's (RWPC) prioritization and allocations decisions. 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 that eliminates gaps in the system, improve delivery of HIV medical care, and promote services that support access and retention in care.

The RWPC places the highest priority on the core medical services by funding eight of the 10 possible services. These core services comprise approximately 75.01% of 2017 Ryan White Part A and MAI allocations, while Supportive Services utilized approximately 24.99% of funds. The majority of Ryan White funded services are located in Dallas County where the majority (82%) of PLWHA reside.

Core Medical Services							
17 Rank		FY2014 #	FY2014 %	FY2015 #	FY2015 %	FY2016 %	FY 2017 PLAN (%)
1	Oral Health Care	\$ 1,323,177.91	10.79%	\$ 1,238,100.64	9.81%	11.00%	10.50%
2	Outpatient/Ambulatory Medical Care	\$ 3,852,131.71	31.41%	\$ 3,899,045.64	30.88%	31.21%	31.00%
3	Medical Case Management	\$ 1,352,501.62	11.03%	\$ 1,635,861.80	12.96%	11.00%	11.21%
4(t)	AIDS Pharmaceutical Assistance	\$ 1,381,017.98	11.26%	\$ 1,317,152.97	10.43%	10.76%	10.43%
4(t)	Mental Health Services	\$ 142,459.75	1.16%	\$ 86,868.80	0.69%	1.25%	1.25%
6(t)	Early Intervention Services	\$ 210,446.42	1.72%	\$ 129,998.00	1.03%	1.67%	1.42%
6(t)	Substance Abuse Services	\$ 74,138.42	0.60%	\$ 59,237.32	0.47%	0.60%	0.60%
8	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	\$ 1,042,095.89	8.50%	\$ 1,113,966.12	8.82%	9.10%	8.60%
9	Home and Community-Based Health Services	\$ 10,403.00	0.08%	\$ -	0.00%	0.00%	0.00%
10	Home Health Care	\$ 22,346.00	0.18%	\$ -	0.00%	0.00%	0.00%
11	Medical Nutrition Therapy						
12	Hospice Services						
	Total Core Medical	\$ 9,410,718.70	76.73%	\$ 9,480,231.29	75.09%	76.59%	75.01%
Support Services							
17 Rank							
1	Food Bank	\$ 293,786.00	2.40%	\$ 369,102.00	2.92%	2.45%	2.45%
2	Non-medical Case Management Services	\$ 1,144,791.13	9.34%	\$ 1,271,561.87	10.07%	9.39%	9.39%
3	Outreach Services	\$ 32,477.10	0.26%	\$ 35,977.00	0.28%	0.28%	0.28%
4	Medical Transportation	\$ 788,689.13	6.43%	\$ 738,174.00	5.85%	6.43%	6.43%
5	Housing-Based Case Management	\$ 129,270.00	1.05%	\$ 196,250.00	1.55%	1.10%	1.10%
6	Home Delivered Meals	\$ 276,885.14	2.26%	\$ 317,812.98	2.52%	2.25%	2.25%
7	Transportation-State Services						
8	Housing						
9	Emergency Financial Assistance						1.58%
10(t)	Other Professional Services (Legal Services)	\$ 70,910.00	0.58%	\$ 90,159.00	0.71%	0.60%	0.60%
10(t)	Respite Care for Adults	\$ 26,223.60	0.21%	\$ 50,633.00	0.40%	0.20%	0.20%
12	Day Respite Care for Children/Youth/Adolescents	\$ 20,891.65	0.17%	\$ -	0.00%	0.18%	0.18%
13	Health Education/Risk Reduction						
14	Child Care Services	\$ 1,435.41	0.01%	\$ 2,665.00	0.02%	0.01%	0.01%
15	Child Care - State Services						
16	Linguistic Services	\$ 67,047.00	0.55%	\$ 71,952.00	0.57%	0.52%	0.52%
	Total Support Services	\$ 2,852,406.16	23.26%	\$ 3,144,286.85	24.91%	23.41%	24.99%
	Total Services	\$ 12,263,124.86	100.00%	\$ 12,624,518.14	100.00%	100.00%	100.00%

Recommendation Justification: Emergency Financial Assistance as a service category will be used for a bridge to get clients medication while they wait for eligibility to ADAP services. This plan has a contingency that more money can be moved from AIDS Pharmaceutical Assistance to Emergency Financial Assistance if a higher percentage of funds from AIDS Pharmaceutical Assistance was used to bridge consumers during the eligibility process to ADAP medications based on FY15 LPAP expenditure percentages.



Core Medical Services							
16' Rank		FY2014 #	FY2014 %	FY2015 #	FY2015 %	FY2016 %	FY2017 PLAN (%)
1	Outpatient/Ambulatory Medical Care	\$ 516,229.00	43.99%	\$ 469,350.00	48.41%	45.80%	48.41%
2(t)	AIDS Pharmaceutical Assistance	\$ 213,788.00	18.22%	\$ 97,952.00	10.10%	17.50%	10.10%
2(t)	Oral Health Care	\$ 110,234.50	9.39%	\$ 113,779.17	11.74%	9.20%	11.74%
4	Medical Case Management	\$ 33,369.00	2.84%	\$ 97,684.00	10.08%	3.20%	10.08%
5	Substance Abuse Services						
	Total Core Medical	\$ 873,620.50	74.44%	\$ 778,765.17	80.33%	75.70%	80.33%
Support Services							
16' Rank							
1	Food Bank						
2	Medical Transportation						
3	Non-medical Case Management Services	\$ 299,907.99	25.56%	\$ 190,706.00	19.67%	24.30%	19.67%
	Total Support Services	\$ 299,907.99	25.56%	\$ 190,706.00	19.67%	24.30%	19.67%
	Total Services	\$ 1,173,528.49	100.00%	\$ 969,471.17	100.00%	100.00%	100.00%

Recommendation Justification: The FY2017 Plan is based on the most recent complete fiscal year expenditures for Minority AIDS Initiative.



RWPC Planning Council:

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 are 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.

New Member Name	Committee's Appointed to
Christopher Burke	RWPC & Evaluation
Debbe Velasquez	RPWC & Allocations
Evany Turk	RWPC & P&P
James Wright	RWPC & Allocations



There were officially 27 members serving on the Planning Council, of which 62% were non-aligned consumers (not employed at a funded agency). Also, 13 out of the 17 HRSA mandated seats were occupied. The RWPC & staff are striving to actively recruit and fill those remaining seats. During the course of the year, there were changes to the RWPC staff. Andrew Wilson resigned from our team as the as the RWPC Program Manager.

Letter from the Chair:



Ryan White Planning Council 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 second Wednesday of each month at 9AM.

PLANNING COUNCIL MEMBERS		
Auntjuan Wiley	Phillip Scheldt	<i>Cipriano Gomez III</i>
Del Wilson	Robert McGee	<i>Kirk Myers</i>
Gary Benecke	Stacie McNulty	<i>Sonny Muniz-Blake</i>
Helen E. Turner, Chair	Tom Emanuele	
John Dornheim	Yolanda Jones	
Leonardo Zea	Julie Jackson	
Lionel Hillard Vice-Chair	Robert Lynn	
Lori Davidson	* James Wright	
Louvenia Freeman	* Christopher Burke	
Kelly Richter	* Debbe Velasquez	
Donna Wilson	* Evany Turk	

*New Member *Member Resigned or reached term limit*

The 2017 Ryan White Planning Council of the Dallas Area started with 20 members and ended the year with 25. 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 coordinate, evaluate, allocate government funds, and continuously planning to improve the North Texas region by monitoring and improving medical and supportive services. The Planning Council held 16 meetings during the CY2017, which include having 3 emergency meetings. An announcement period was held at the beginning of each meeting, allowing the RWPC members and the audience members to announce any upcoming events pertaining to their agency or concerning the local HIV/AIDS community. This general meeting allowed for 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, and request for proposal (RFP) activities. At each council meeting, chairs or vice-chairs reported the monthly activities of their respective standing committee. Official recommendations from a standing committee, was passed through the Executive Committee, and voted on during the general Planning Council 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.

Typically meets 1st Wednesday of each month at 2:00PM

COMMITTEE MEMBERS		
Helen E. Turner, CHAIR, CCC VC Lionel Hillard, Allocations VICE CHAIR Gary Benecke, Eval Chair Yolanda Jones, Allocations CHAIR	Del Wilson, Eval VICE CHAIR Auntjuan Wiley, CCC CHAIR Stacie McNulty, P&P CHAIR	<i>Sonny Muniz-Blake, P&P VICE CHAIR</i>

*New Member *Member resigned or reached term limit*

The Executive Committee met 16 times in CY 2017, which included having 3 emergency meetings. This committee comprised of chairs and vice-chairs of each standing committee, provided oversight for the work of the standing committees. The work of each committee's charge is taken written in the Bylaws. The committee reviewed the monthly attendance of all members per committee. When a member became in danger of forfeiting their seat, The Planning Council chair would ask 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 Manager gave the RWPC Administrative report. 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 Continuum of Care, and any other business and documents as necessary.



Nominations Committee Report:

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

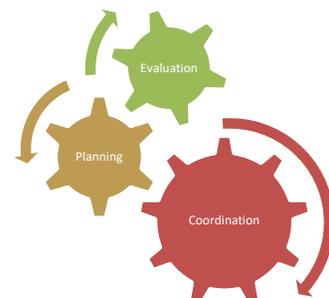
Typically meets 1st Wednesday of each month at 3:00PM

COMMITTEE MEMBERS		
Helen E. Turner, RWPC Chair, CCC VICE CHAIR Lionel Hillard, RWPC VICE CHAIR, Allocations VICE CHAIR Auntjuan Wiley, CCC VC Stacie McNulty, P&P VC	Del Wilson, Eval VC Kyle Talkington, Judges Rep Lynette Smith-Clay, AA Rep Gary Benecke, Eval CHAIR	<i>Sonny Muniz-Blake, P&P CHAIR</i>

*New Member *Member resigned or reached term limit*

The 2017 Ryan White Planning Council Nominations Committee met 9 times in CY 2017. The following 2017 RWPC Leadership and Standing Committee applications for appointment were sent to approve by Judge Clay Jenkins:

Darius Ahmadi	Ryan White Planning Council and Evaluation Committee
Karin Petties	Ryan White Planning Council and Consumer Council Committee
Jonathan Thorne	Ryan White Planning Council and Evaluation Committee
Reymundo Anthony	Ryan White Planning Council and Allocation Committee
Robert Lynn	Ryan White Planning Council and Planning & Priorities
Nikita Carlene Toppin Dera	Ryan White Planning Council and Planning & Priorities
Helen E. Turner	Ryan White Planning Council Chair and Consumer Council Committee Vice Chair
Lionel Hillard	Ryan White Planning Council Vice Chair and Allocations Committee Vice Chair
Sonny Muniz-Blake	Ryan White Planning Council Vice Chair and Planning & Priorities Committee Vice Chair
Gary Benecke	Ryan White Planning Council and Evaluation Committee Chair
Stacie McNulty	Ryan White Planning Council and Planning Priorities Chair
Auntjuan Wiley	Ryan White Planning Council and Consumer Council Committee Chair
Del Wilson	Ryan White Planning Council and Evaluation Committee Vice Chair



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.

Typically meets 1st Wednesday of each month at 5:15PM

COMMITTEE MEMBERS		
Lionel Hillard, CHAIR Cipriano Gomez III Buffie Bogue Phillip Scheldt	James Kleitches Yolanda Jones *Reymundo Anthony *Kirk Myers	<i>Emily Marks Barbara Neal VC Odus Ogleby</i>

*New Member *Member resigned or reached term limit*

COMMITTEE MEMBERSHIP CHANGES:

There were three members that resigned from the committee over the course of the year and there were two new recruits. Active recruitment for new membership will always be a priority for the Allocations Committee. An eight person committee closed out the year.

TRAINING:

On July 25th, 2016 the committee received training on the “Allocations Process” during a special meeting. 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. Andrew Wilson, RWPC Manager, gave the presentation, which consisted of the following subjects:

- A. Roles of Health Resource and Services Administration (HRSA), Chief Elected Official (CEO), Grantee, and Planning Council
- B. Fiscal Year Timeline
- C. The three Segments of the Allocation Process: Planning, Allocation, & Reallocation
- D. Review of the Planning Council’s Role in the Allocations Process
- E. Bidding for Funds
- F. Roles of the Internal and External Review Committees
- G. Causes for Reallocating Funds
- H. Bidding for Increase in Funds
- I. Request for Proposal (RFP) vs. Request for Increase(RFI)

Committee members as well as audience participants presented questions to concerns throughout the presentation. Andrew Wilson gave an overview of the Allocations Dashboards.

Although this year-end report is a reflection of calendar year 2016, this specific committee report will encompass some financial data from calendar year 2015-2016 in that the 2017 fiscal year for the Part A grant is February 2017-March 2018.

REALLOCATIONS: The develop 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 November 27th, 2017. There was \$850,144 in **FY 2017 Part A** funds available to be reallocated for services. After careful discussion and review of the documentation, as well as stakeholder input, the committee recommendation was as followed:

- **Part A (\$850,144);** A total of **\$435,991** was returned to the AA from several service categories for reallocation and a total allocation of **\$414,153** from Administrative Agency. The committee decided to allocate the amounts requested for the following Categories: Medical Case Management, Outpatient/Ambulatory Medical Care, AIDS Pharmaceutical Assistance, Mental Health, Substance Abuse, Health Insurance & Cost Sharing Assistance, Case Management (non-medical), Medical Transportation, Home Delivered Meals, Respite Care for Adults, Legal Service, and Respite Care for Children/Youth totaling \$850,144. The remainder of the available funds was distributed at the discretion of the Administrative Agency in the amount of \$19,578 for the FY 2016 Part A and MAI funds.

NOTABLE EVENTS AND CHANGES:

During the December 16th, 2017 meeting, the committee voted to accept a motion that recommended the Administrative Agency have discretion to utilize future unexpended FY 2017 Part A funds up to the amount of \$ 400,000 among any of the core medical services, and under non-core services, non-medical case management only. The recommendation would primarily allow the AA to move unspent funds into the state AIDS Drug Assistance Program (ADAP) program.

This helped the Dallas EMA to move funds to service categories instead of sending the unspent funds to ADAP. Please note that this happens only when there is not enough time for the AA to send out Request for Increase (RFI's) and have the Allocations Committee make recommendations for reallocations.

FISCAL YEAR (FY) 2017 ALLOCATIONS PLANNING GUIDE: (Develop recommendations to distribute funds among priority goals using all available information regarding community, consumer, agency needs, current funding for HIV services from all identifiable sources, priority rankings, and data trend for resource allocations)

In August 2017 the support staff provided the Allocations Committee with the FY 2017 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 utilized the Service Category Dashboards. The purpose of these dashboards is to extrapolate financial, demographic, and utilization data from the AIDS Regional Information and Evaluation System (ARIES), & The Department of State Health Services (DSHS) epidemiological data, into a more simple presentation that will be displayed onto one page. This will result in better organization and a better overall understanding for each funded category.

The Allocations Committee recommended resource to the Emergency Financial Assistance (EFA), for the service category to be used to assist clients to get medication while they waited for eligibility approval for ADAP services. This plan had a contingency that more fund can be moved from Core Medical Service AIDS Pharmaceutical Assistance to Support Services Emergency Financial Assistance which allowed a higher percentage of funds from to be used to bridge consumers during the eligibility approval process for ADAP medications. This detail is shown by the FY 2017 LPAP expenditure percentages.

CONCLUSION: (Develop recommendations for service category prioritization 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 12 meetings, including two emergency meetings. Emergency meetings occurred when unspent funds were returned and needed to be reallocated as quickly as possible. Each month during 2017, the committee monitored all expenditures and unspent funds in all categories. The committee received input from stakeholders' explanations as to why funds were unspent and made recommendations using all information available. In all, the Allocations Committee made recommendations for approximately \$1,421,001 to be reallocated to categories to meet the needs of the community.



Consumer Council Committee Report:

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

Typically meets 4th Wednesday of each month at 12:00PM

COMMITTEE MEMBERS		
Auntjuan Wiley, CHAIR Donna Wilson, VICE CHAIR Helen E. Turner John Dornheim Lionel Hillard Robert McGee	Linda Freeman Ricky Tyler Karin Petties *James Gipson *Julie Jackson *Christopher Grimes	<i>Cipriano Gomez III</i>

*New Member Member Resigned or reached term limit

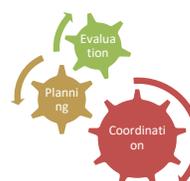


The Ryan White Consumer Council Committee (CCC) is a passionate, diverse and dedicated community consisting of people living with HIV/AIDS and advocates who lend their voice to help ensure optimum survival of consumers through education and empowerment in collaboration with sub recipients, providers and the entire community. The CCC began the 2017 year with great enthusiasm as we continued our collaborations with Community Organizations and Ryan White standing committees. It was very valuable to have a CCC Liaison on every standing committee providing with updates from each meeting and allowing for the consumer perspective and input to always be included.

We worked very hard in 2017 to diversify the CCC and we continued our recruitment efforts in hopes of inviting transgender, youth and Hispanics/Latinos individuals to the table.

The CCC's involvement in community events and building new partnerships in getting stronger and growing every year. Those opportunities did not just allow us to promote the CCC, but also the Planning Council, standing committees, membership opportunities and community forums. Some of those events included: AIDS Walk South Dallas, Afiya Center's Annual Get Tested Grab a Bite, Grace Project's HIV+ Women's National Conference, The National Strength Conference for Men Living with HIV and NAMI Dallas.

Our goal is to provide comprehensive and educational Consumer Forums at least once a month. The forums were open to the general public and advertised on social media, community organizations and at every Ryan White related meeting. We determine which forums would be conducted by tabulating suggested topics from the monthly evaluation tools distributed during the monthly forums. The CCC voted to choose the top 10-12 forums for the year. Our 2017 forum topics included: Transportation, HIV and Faith Based, HIV Medications, HIV and Mental Services, Mobilization in the HIV Community, Domestic Violence, HIV Substance Use and Youth, Black Women and HIV/Trans and Nutrition/Food.



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.

Typically meets 4th Tuesday of each month at 3:00PM

COMMITTEE MEMBERS		
Gary Benecke, CHAIR Del Wilson, VICE CHAIR LaShaun Shaw Louvenia Freeman Phillip Scheldt Tom Emanuele Louise Weston Ferrill	Leonardo Zea Robert Baxter Yolanda Jones Darius Ahmadi Jonathan Thorne <i>Helen E. Turner</i>	<i>Bryant Porter</i> <i>Elyse Malanowski</i> <i>Melania Marin</i>

*New Member *Member Resigned or reached term limit*

January: Department of State Health Services (DSHS) announced that they would review and revise the Part B Standards of Care based on a time line established to review several standards each month. Part of the Evaluation Committee's charge was to review those standards. Once the Evaluation Committee reviewed and made their comments, Andrew Wilson, of the Ryan White Planning Council support staff, would send those recommendations to DSHS. DSHS would review all comments and suggestions from our area as well as comments and suggestions from the other Texas state EMA's and HSDA's. DSHS posed the new standard to the DSHS website. It was noted that the whole process would not be completed until the end of the first quarter of 2018.

Standards reviewed for January were the **Universal Standards and Outpatient Ambulatory Health.**

The committee worked on preparations for the **FY2016 Evaluation on the Administrative Mechanism.** The committee worked on the Planning Council and Funded Sub-Recipient, made changes to the previous year's survey to obtain a better understanding of the outcomes of the survey.

February: The committee continued and finished work on the **FY2016 Evaluation of the Administrative Mechanism.** The FY2016 Evaluation of the Administrative Mechanism was approved by the overall committee and sent to the Executive Committee for approval.

Standard of Care reviewed for the month was **Medical Case Management.** The Committee provided comments that were submitted to DSHS.

March: Standard of Care reviewed for the month was **Non-Medical Case Management.** The committee spent all meeting on this very important standard. The committee provided comments that were submitted to DSHS.

April: Standards of Care reviewed for the month were **Mental Health and Legal Services.** The committee provided comments that were submitted to DSHS.

May: Standards of Care reviewed for the month were **Housing Services and Substance Abuse Outpatient Care.** The committee provided comments that were submitted to DSHS.

June: Standards of Care reviewed for the month were **Linguistic Services and Local AIDS Pharmaceutical Assistance (LPAP)**. The committee provided comments that were submitted to DSHS.

The committee also started reviewing the results of the **FY2016 Evaluation of the Administrative Mechanism**. The first positive result that we had was an extremely good increase in response rate. Sub-recipients responses were 10 of 13 and Ryan White Planning Council member responses were 23 of 26.

July: Standards of Care reviewed for the month were **Emergency Financial Assistance, Health Education/Risk Reductions, Home Health Care and Rehabilitation Services**. The committee provided comments that were submitted to DSHS.

Discussion continued on the results of the **FY2016 Evaluation of the Administrative Mechanism**.

August: Standards of Care reviewed for the month were **Hospice Services, Outreach Services and Respite Care**. The committee agreed that there were no comments to be submitted to DSHS.

The committee also completed discussion and made recommendations and approved the results of the **FY2016 Evaluation of the Administrative Mechanism** and sent it to the Executive Committee for approval.

September: Standards of Care reviewed for the month were **Child Care, Food Bank and Medical Nutrition Therapy**. The committee provided comments that were submitted to DSHS.

The committee discussed preparations for the **FY2017 Evaluation of the Administrative Mechanism**. Discussion centered on a remake of the overall process and form of the Evaluation of the Administrative Mechanism and discussed obtaining copies from other EMA's of their Evaluation of the Administrative Mechanism. Recommendations from FY2016 were to be sent to the Administrative Agency (AA).

Support staff gave the first overview of the **Dallas Planning Area Integrated HIV Prevention and Care Plan**. Its overall goals were: 1. Reduce New HIV Infections; 2. Increase access to care and improve health outcomes for People Living with HIV (PLWH); 3. Reduce HIV-related disparities and health inequities. Objectives were reviewed and discussed.

October: Standards of Care Reviewed for the month were **Health Insurance Premium and Cost Sharing Assistance, Home and Community-Based Health Services**. The committee provided comments that were submitted to DSHS.

Information was presented to the committee by support staff from the **Integrated Plan** and plans for its evaluation.

November: The committee began work on the **FY2017 Evaluation of the Administrative Mechanism**. After the Ryan White Planning Council Training presented by Charles Henley was completed in September, it was decided that the FY2017 Evaluation would be entirely revamped and modeled after other successful evaluations by other eligible metropolitan areas (EMAs) and transitional grant areas (TGAs).

December: The committee agreed to use the Houston EMA's Evaluation of the Administrative Mechanism as a template for the Dallas **FY2017 Evaluation of the Administrative Mechanism**. It was

noted that there were several organizational differences between the two areas and that we would need to adjust for those differences.

It was noted that the committee had received communication from DSHS regarding the final Standards of Care to be reviewed and was given a choice of completing them in either a two month or three month time frame. Our response to DSHS was that we preferred the three month time frame.

CONCLUSIONS: It was a very busy year overall and the committee accomplished all goals that were assigned. We would also like to note that quorum was met for every scheduled meeting and that we did meet every month in 2017.

We would like to thank all the committee members for their dedication and for contributing their expertise to our committee and the time spent preparing for meetings in advance which made all the difference in accomplishing the goals.

We are looking forward to the challenges of 2018 and hoping that our contributions will continue to improve the lives of People Living with HIV (PLWH).



Planning & Priorities Committee Report:

Charge: To oversee 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

Typically meets 2nd Tuesday of each month at 9:00AM

COMMITTEE MEMBERS		
Stacie Greskowiak McNulty, CHAIR John Dornheim, VC Woldu Ameneshoa	Lori Davidson Robert Lynn Robert McGee III	<i>Sonny Muniz-Blake</i> <i>Nikita Carlene Toppin Dera</i>

*New Member *Member Resigned or reached term limit*

2017 was a very interesting year for the Planning & Priorities Committee.

The Planning and Priorities Committee started by reviewing the FY 2017 Goals for the year and Continuum of Care plan. The HIV Care Continuum of the Dallas EMA, Dallas HSDA and Sherman-Denison HSDA; the overview was broken down by Gender, Race/Ethnicity, Age, and Transmission Mode.

The committee also conducted overview FY 2018 Priority Setting Process of the process and its importance e.g. the planning areas, Priority goals, and responsibilities for carrying out the process. The committee addressed the Integrated Prevention and Care Plan with the top 3 goals of the National HIV/AIDS Strategy and the objective under those goals.

1. NHAS Goal: Reduce New HIV Infections
2. NHAS Goal: Increase access to care and improving health outcomes for PLWH
3. NHAS Goal: Reduce HIV-related disparities and health inequities

The Planning & Priorities committee looked at the document How Best to Meet the Need. The committee discussed ways to work on the document and to have input from the community.

The committee voted on the FY 2018 Priority Setting Plan. They also voted to rename the FY 2017 Dallas EMA Continuum of Care to FY 2017 Dallas EMA Service Delivery Guidelines and approved the FY 2017 HIV/AIDS Continuum of Care.

The Planning and Priorities committee agreed to revisit the How Best to Meet the Needs document in the New Year.



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.

In addition, both works 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 payer.

The RWPC set priorities for funding Resources and how funding should be allocated for each service category. The AA was responsible for 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. It is important that the PC and the AA work together and come to an agreement about their duties. This agreement details are found in PC bylaws and Memorandum of Understanding (MOU) between RWPC and the AA.

