

CY 2018

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



Ryan White Planning Council of
the Dallas Area

2377 N. Stemmons Freeway,
Suite 200
Dallas, Texas 75214

Office of Support (214)-819-1840

CY 2018



| | |
|--|--------------|
| Table of Contents | 1 |
| MISSION & VISION: | 2 |
| LETTER FROM THE CHAIR: | 3 |
| EPIDEMIOLOGICAL DATA: | 4 |
| All PLWHA in DPA | 4 |
| Ryan White Clients: | 5 |
| ARIES Data | 6-8 |
| RWPC PLANNING COUNCIL: | 9 |
| RYAN WHITE PLANNING COUNCIL REPORT | 10 |
| EXECUTIVE COMMITTEE REPORT: | 11 |
| ALLOCATIONS COMMITTEE REPORT: | 12-14 |
| CONSUMER COUNCIL COMMITTEE REPORT: | 14-16 |
| EVALUATION COMMITTEE REPORT: | 17-18 |
| PLANNING & PRIORITIES COMMITTEE REPORT: | 19-20 |
| NEEDS ASSESSMENT COMMITTEE REPORT: | 21-22 |





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.*





Lionel Hillard,
RWPC Chair

Greetings Everyone!

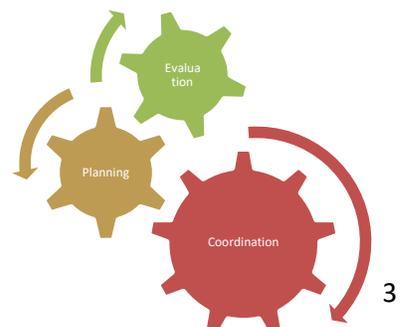
I would like to thank all the leaders of 2018 for a successful year. The RWPC Vice Chairs: Auntjuan Wiley and Evany Turk. Also I would like thank the standing committee Chairs and Vice-Chairs, Del Wilson, Gray Benecke, Donna Wilson, Auntjuan Wiley, Stacy McNulty, Yolanda Jones and John Dornheim. Through their dedication and hard work, we enjoyed an exciting and very productive year.

As were tasked in 2018 to ensure our HIV community received the best possible care. We are to make sure their voices are heard when it comes to decisions concerning their well-being. We are always looking for others to join the Planning Council and standing committee. This is to make sure the Planning Council body is representing the community we serve. As people are living longer with this disease it is imperative to bring on new young leaders in the community so we can fully represent the demographic.

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 HillardLionel@gmail.com.

Cheers!

Lionel Hillard, Chairman



Epidemiological Data:

All PLWHA in DPA

The number of PLWHA residing in the Dallas Planning Area (DPA) is steadily increasing. Prevalence has increased by 2,641 cases since 2014 up to a total of 20,044¹ PLWHA (Figure 1). That is close to 26.41% growth in population over the past 4 years. With new cases occurring each year, HIV prevalence is gradually increasing.

Figure 1: PLWHA Prevalence

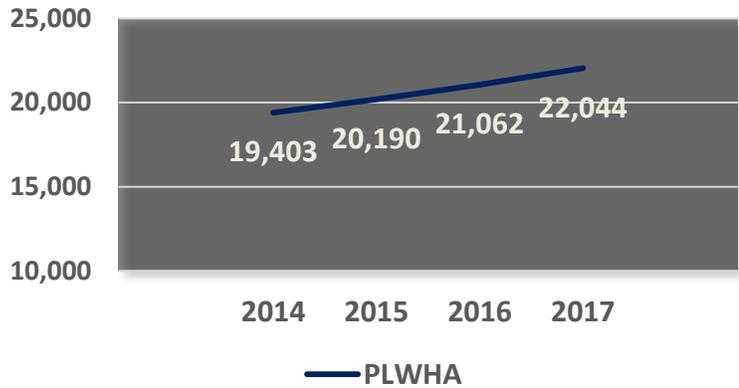
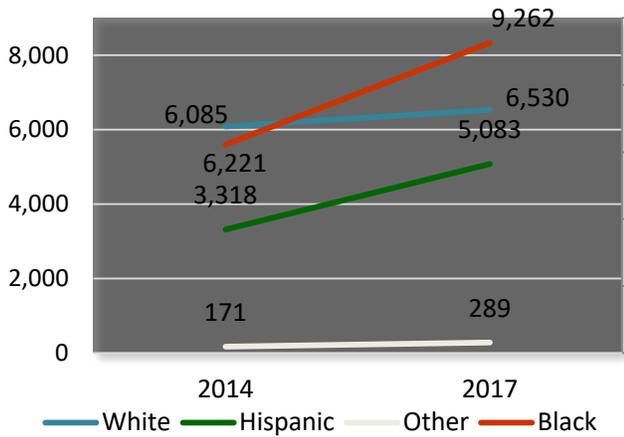


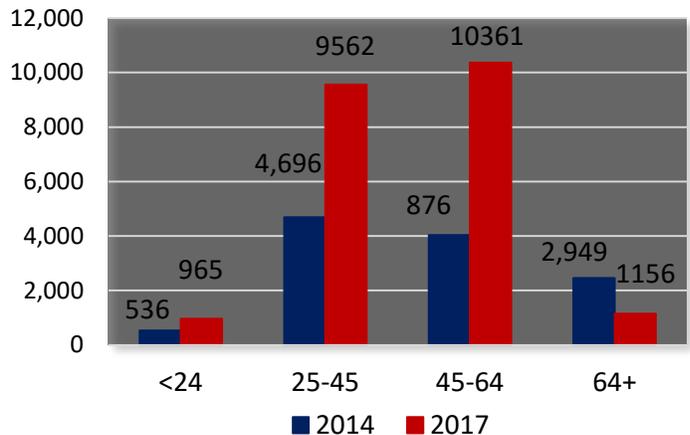
Figure 2: PLWHA Race/Ethnicity



It is clearly demonstrated that there is a disproportionate impact on Black PLWHA as compared to the entire PLWHA community 22,044 (Figure 2). They made up of 9,262 (43.8%) of all PLWHA, with 6,530 (30.9%) White and 5,083 (24%) Hispanic. The African American population has surpassed Whites in the number of cases since 2014.

The PLWHA age distribution in the DPA is currently prominent in the 45-64 age range. According to this data, PLWHA are getting older with the number of PLWHA in the 45+ range significantly increasing since 2017 (Figure 3).

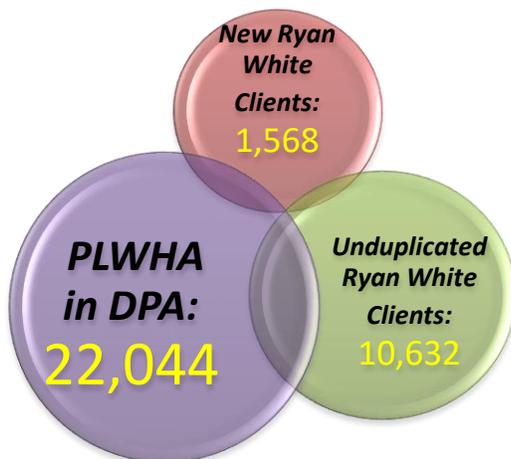
Figure 3: PLWHA Age



¹ Texas Department of State Health Services 2018 Epidemiological Data for the Dallas EMA

Ryan White Clients:

The number of unduplicated clients served in comparison to those served in CY 2018 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). The AIDS Regional Information and Evaluation System (ARIES) Statistical Analysis Report: During January 1, 2018 – December 31, 2018, approximately **10,632** 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 (22,044), approximately 79% are receiving one or more of the provided Medical and/or Support Services through Ryan White funding. Of these 10,632 unduplicated clients, 1,568 were new to receiving Ryan White services. These new clients make up 14.75% of Ryan White clients served in the Dallas Planning Area.

The African American population is clearly demonstrated to be more disproportionately infected with HIV/AIDS than any other population in the Dallas Planning Area. African Americans have the highest usage rate of Ryan White Services. Over half (50.13%) of the clients who utilize Ryan White services in CY 2018 were African American during. During this calendar year, 22.77% of Ryan White clients were white and 25.11% of the clients were Hispanic. People are living with HIV/AIDS longer. People in the 45-64 age range represented the highest percentage of PLWHA (42.63%). The percentage of Ryan White Clients (48.1%) appears to be among the 25-44 age group, indicating this age group is the most likely to receive Ryan White services.

Figure 4

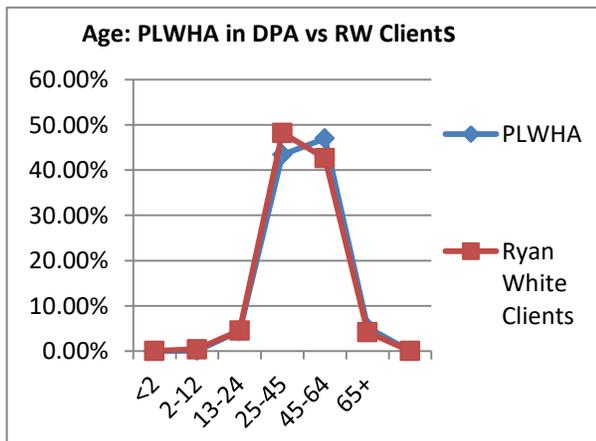
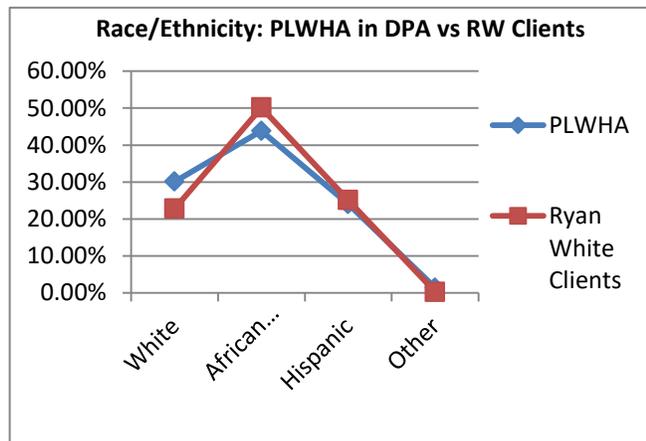


Figure 5



ARIES Data

| <u>FY18 Priority Rank</u> | <u>Service Category</u> | <u>Units Served</u> | <u>Clients Served</u> |
|---------------------------|--|---------------------|-----------------------|
| | <u>Core Services</u> | | |
| 1(t) | Ambulatory/Outpatient Medical Care | 27,792 | 2774 |
| 1(t) | Oral Health Care | 13,239 | 2113 |
| 3 | Medical Case Management | 21,843 | 3656 |
| 4 | AIDS Pharmaceutical Assistance | 21,607 | 1,707 |
| 5 | Mental Health | 2,884 | 628 |
| 6 | Early Intervention Services | 1,578 | 155 |
| 7 | Health Insurance & Cost Sharing Assistance | 3,370 | 443 |
| 8 | Substance Abuse | 2,460 | 128 |
| 9(t) | Home & Community Based Health Care | - | - |
| 9(t) | Home Health Care | - | - |
| 11 | Medical Nutrition Therapy | - | - |
| 12 | Hospice Services | - | - |
| | | | |
| | <u>Support Services</u> | | |
| 1 | Food Bank | 104,438 | 1807 |
| 2 | Non-Medical Case Management | 68,249 | 5876 |
| 3 | Medical Transportation | 32,811 | 2089 |
| 4 | Housing-Based Case Management | 30,287 | 2,155 |
| 5 | Home Delivered Meals | 104,438 | 1807 |
| 6 | Emergency Financial Assistance | 1,333 | 789 |
| 7 | Outreach – Lost to Care Transportation – State Services | 5,837 | 1739 |
| 8 | Other Professional Services (Legal Services) | 4,117 | 218 |
| 9 | Congregate Housing | 94 | 71 |
| 10 | Respite Care for Adults | 2,955 | 190 |
| 11 | Day Respite Care for Children/Youth/Adults | 11,625 | 188 |
| 12 | Health Education/Risk Reduction | 192 | 27 |
| 13 | Child Care Services | 7,280.55 | 19 |
| 14 | Linguistic Services | 1,468 | 110 |

This ARIES data for service dates 1/1/18 - 12/31/18 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 designed to eliminate gaps in the system, improve 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 12 possible services. These core services comprise approximately 75.00% of 2018 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 (82%) of PLWHA reside.

| Core Medical Services | | | | | | | | | | | | | |
|-----------------------|---|-------------------------|--------------------|-------------------------|--------------------|------------------------|---------------------|-----------------------|------------------------|------------------|------------------|-------------------------------|------------------|
| 18 Rank | | FY2014 \$ | Final FY2014 Exp % | FY2015 \$ | Final FY2015 Exp % | FY2016 \$ | Final Expenditure % | Original FY2016 All % | Contractual Amount | FY 2017 PLAN (%) | FY 2018 PLAN (%) | FY 2018 75/25 Waiver Plan (%) | FY 2019 PLAN (%) |
| 1(t) | Outpatient/Ambulatory Medical Care | \$ 3,852,131.71 | 31.41% | \$ 3,689,565.66 | 31.16% | \$ 2,669,848.48 | 31.17% | 31.21% | \$ 1,915,301.00 | 31.00% | 32.00% | 32.00% | 32.00% |
| 1(t) | Oral Health Care | \$ 1,323,177.91 | 10.79% | \$ 1,080,421.55 | 9.13% | \$ 880,730.33 | 10.28% | 11.00% | \$ 648,731.00 | 10.50% | 10.00% | 10.00% | 10.00% |
| 3 | Medical Case Management | \$ 1,352,501.62 | 11.03% | \$ 1,304,162.67 | 11.02% | \$ 1,011,893.58 | 11.82% | 11.00% | \$ 634,004.00 | 11.21% | 11.54% | 11.54% | 11.54% |
| 4 | AIDS Pharmaceutical Assistance | \$ 1,381,017.98 | 11.26% | \$ 1,125,974.89 | 9.51% | \$ 905,880.00 | 10.58% | 10.76% | \$ 212,847.00 | 10.43% | 9.60% | 4.15% | 10.01% |
| 5 | Mental Health Services | \$ 142,459.75 | 1.16% | \$ 108,485.21 | 0.92% | \$ 90,511.28 | 1.06% | 1.25% | \$ 77,230.00 | 1.25% | 1.25% | 1.25% | 1.25% |
| 6 | Early Intervention Services | \$ 210,446.42 | 1.72% | \$ 227,010.43 | 1.92% | \$ 109,629.30 | 1.28% | 1.67% | \$ 87,733.00 | 1.42% | 1.42% | 1.42% | 0.00% |
| 7 | Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals | \$ 1,042,095.89 | 8.50% | \$ 1,340,869.82 | 11.33% | \$ 779,053.00 | 9.10% | 9.10% | \$ 531,342.00 | 8.60% | 9.60% | 9.60% | 9.60% |
| 8 | Substance Abuse Services | \$ 74,138.42 | 0.60% | \$ 71,233.04 | 0.60% | \$ 51,901.00 | 0.61% | 0.60% | \$ 37,070.00 | 0.60% | 0.60% | 0.60% | 0.60% |
| 9(t) | Home and Community-Based Health Services | \$ 10,403.00 | 0.08% | \$ 9,202.03 | 0.08% | | | | | | | | |
| 9(t) | Home Health Care | \$ 22,346.00 | 0.18% | \$ 27,758.59 | 0.23% | | | | | | | | |
| 11 | Medical Nutrition Therapy | | | | | | | | | | | | |
| 12 | Hospice Services | | | | | | | | | | | | |
| | Total Core Medical | \$ 9,410,718.70 | 76.73% | \$ 8,904,683.89 | 75.90% | \$ 6,499,446.97 | 75.89% | 76.59% | \$ 4,144,258.00 | 75.01% | 76.01% | 70.56% | 75.00% |
| Support Services | | | | | | | | | | | | | |
| 17 Rank | | | | | | | | | | | | | |
| 1 | Food Bank | \$ 293,786.00 | 2.40% | \$ 306,351.81 | 2.59% | \$ 139,155.14 | 1.62% | 2.45% | \$ 151,371.00 | 2.45% | 2.45% | 2.45% | 2.00% |
| 2 | Non-medical Case Management Services | \$ 1,144,791.13 | 9.34% | \$ 1,269,461.65 | 10.72% | \$ 1,000,666.76 | 11.68% | 9.39% | \$ 580,151.00 | 9.39% | 8.39% | 8.39% | 8.35% |
| 3 | Medical Transportation | \$ 788,689.13 | 6.43% | \$ 655,750.06 | 5.54% | \$ 457,675.07 | 5.34% | 6.43% | \$ 397,271.00 | 6.43% | 6.43% | 6.43% | 7.93% |
| 4 | Housing-Based Case Management | \$ 129,270.00 | 1.05% | \$ 108,008.95 | 0.91% | \$ 96,519.05 | 1.13% | 1.10% | \$ 67,962.00 | 1.10% | 1.10% | 1.10% | 1.10% |
| 5 | Home Delivered Meals | \$ 276,865.14 | 2.26% | \$ 273,472.15 | 2.31% | \$ 198,199.66 | 2.31% | 2.25% | \$ 139,014.00 | 2.25% | 2.25% | 2.25% | 2.25% |
| 6 | Emergency Financial Assistance | | | | | | | | \$ 97,619.00 | 1.58% | 1.58% | 7.03% | 1.58% |
| 7 | Outreach Services | \$ 32,477.10 | 0.26% | \$ 31,794.14 | 0.27% | \$ 24,713.00 | 0.29% | 0.28% | \$ 17,300.00 | 0.28% | 0.28% | 0.28% | 0.28% |
| 8 | Other Professional Services (Legal Services) | \$ 70,910.00 | 0.58% | \$ 61,401.43 | 0.52% | \$ 72,469.00 | 0.85% | 0.60% | \$ 37,070.00 | 0.60% | 0.60% | 0.60% | 0.60% |
| 9 | Housing | | | | | | | | | | | | |
| 10 | Respite Care for Adults | \$ 26,223.60 | 0.21% | \$ 45,491.21 | 0.38% | \$ 17,653.00 | 0.21% | 0.20% | \$ 12,357.00 | 0.20% | 0.20% | 0.20% | 0.20% |
| 11(t) | Day Respite Care for Children/Youth/Adolescents | \$ 20,891.65 | 0.17% | \$ 35,614.19 | 0.30% | \$ 15,818.19 | 0.18% | 0.18% | \$ 11,121.00 | 0.18% | 0.18% | 0.18% | 0.18% |
| 11(t) | Health Education/Risk Reduction | | | | | | | | | | | | |
| 13 | Child Care Services | \$ 1,435.41 | 0.01% | \$ 2,369.83 | 0.02% | \$ 882.00 | 0.01% | 0.01% | \$ 618.00 | 0.01% | 0.01% | 0.01% | 0.01% |
| 14 | Linguistic Services | \$ 67,047.00 | 0.53% | \$ 64,350.82 | 0.54% | \$ 40,939.00 | 0.48% | 0.52% | \$ 32,128.00 | 0.52% | 0.52% | 0.52% | 0.52% |
| | Total Support Services | \$ 2,852,406.16 | 23.26% | \$ 2,854,666.24 | 24.10% | \$ 2,064,659.87 | 24.11% | 23.41% | \$ 1,543,382.00 | 24.99% | 23.99% | 29.44% | 25.00% |
| | Total Services | \$ 12,263,124.86 | 100.00% | \$ 11,839,350.13 | 100.00% | \$ 8,564,106.84 | 100.00% | 100.00% | \$ 5,688,240.00 | 100.00% | 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. These recommendations are valid with a +/- 7% range of the FY 2019 Part A funding level.



| Core Medical Services | | | | | | | | | | | | | |
|-----------------------|--------------------------------------|------------------------|----------------|----------------------|----------------|------------------------|---------------------|-----------------------|--|----------------------|-----------------|------------------|------------------|
| 18 Rank | | FY2014 # | FY2014 % | FY2015 # | FY2015 % | FY2016 # | Final Expenditure % | Original FY2016 All % | | Contractual Amount | FY2017 PLAN (%) | FY 2018 PLAN (%) | FY 2019 PLAN (%) |
| 1 | Outpatient/Ambulatory Medical Care | \$ 544,600.00 | 45.31% | \$ 390,344.06 | 44.30% | \$ 476,953.72 | 42.23% | 45.80% | | \$ 215,019.00 | 48.41% | 48.41% | 48.41% |
| 2 | Oral Health Care | \$ 110,234.50 | 9.17% | \$ 94,640.70 | 10.74% | \$ 72,733.84 | 6.44% | 9.20% | | \$ 52,144.00 | 11.74% | 11.24% | 11.74% |
| 3 | Medical Case Management | \$ 33,369.00 | 2.78% | \$ 81,202.93 | 9.22% | \$ 94,313.00 | 8.35% | 3.20% | | \$ 44,771.00 | 10.08% | 10.08% | 10.08% |
| 4 | AIDS Pharmaceutical Assistance | \$ 213,788.00 | 17.79% | \$ 156,350.42 | 17.74% | \$ 160,401.49 | 14.20% | 17.50% | | \$ 44,860.00 | 10.10% | 9.60% | 10.10% |
| 5 | Substance Abuse Services | | | | | | | | | | | | 1.80% |
| | Total Core Medical | \$ 901,991.50 | 75.05% | \$ 722,538.11 | 82.00% | \$ 804,402.05 | 71.23% | 75.70% | | \$ 356,794.00 | 80.33% | 81.13% | 80.33% |
| Support Services | | | | | | | | | | | | | |
| 18 Rank | | | | | | | | | | | | | |
| 1 | Food Bank | | | | | | | | | | | | |
| 2 | Medical Transportation | | | | | | | | | | | | 1.80% |
| 3 | Non-medical Case Management Services | \$ 299,907.99 | 24.95% | \$ 158,622.86 | 18.00% | \$ 324,885.99 | 28.77% | 24.30% | | \$ 87,366.00 | 19.67% | 17.07% | 19.67% |
| | Total Support Services | \$ 299,907.99 | 24.95% | \$ 158,622.86 | 18.00% | \$ 324,885.99 | 28.77% | 24.30% | | \$ 87,366.00 | 19.67% | 18.87% | 19.67% |
| | Total Services | \$ 1,201,899.49 | 100.00% | \$ 881,160.97 | 100.00% | \$ 1,129,288.04 | 100% | 100.00% | | \$ 444,160.00 | 100.00% | 100.00% | 100.00% |

Recommendation Justification: These recommendations are valid with a +/- 7% range of the FY 2019 MAI funding level.



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 is entrusted to the Planning Council’s authority.

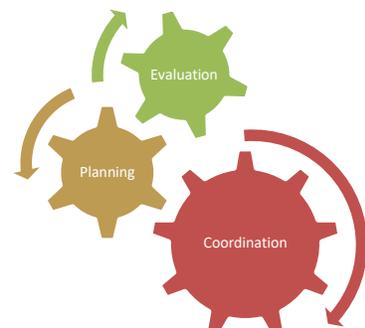
The Planning Council’s membership is comprised of community volunteers appointed by the Chief Elected Official (CEO), Judge Clay Jenkins. Over the past year, the Planning Council has welcomed 2 new members.

| New Member Name | Committee’s Appointed to |
|------------------|------------------------------|
| Christopher Webb | RWPC & Planning & Priorities |
| Evany Turk | RWPC & Planning & Priorities |

There were officially 21 members serving on the Planning Council, of which 62% were non-aligned consumers (not employed at a funded agency). The RWPC & actively staff strive to recruit and fill those remaining seats. During the course of the year, there were changes to the RWPC staff. Glenda Blackmon-Johnson joined our team 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 9 a.m.

| PLANNING COUNCIL MEMBERS | | |
|-----------------------------------|--------------------------------|---------------------------|
| Lionel Hillard, Chair | Phillip Scheldt | <i>Reymundo Anthony</i> |
| Auntjuan Wiley, Vice Chair | Jonathan Thorne | <i>Cipriano Gomez III</i> |
| Darius Ahmadi | Debbe Velasquez | <i>Kirk Myers</i> |
| Cristopher Burke | Del Wilson | |
| Lori Davidson | Donna Wilson | |
| Louvenia Freeman | Leonardo Zea | |
| Yolanda Jones | Julie Jackson | |
| Robert Lynn | James Wright | |
| Robert McGee | Stacie McNulty | |
| Karin Petties | John Dornheim | |
| Kelly Richter | Tom Emanuele | |
| Gary Benecke | <i>*Christopher Webb</i> | |
| | <i>*Evany Turk, Vice Chair</i> | |

*New Member *Member(s) Resigned or reached term limit*

The 2018 Ryan White Planning Council of the Dallas Area started with 28 members and ended the year with 21. 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 12 meetings during the CY 2018, which included 1 emergency meeting. An invitation was extended 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 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.

Typically meets 1st Wednesday of each month at 2:00 p.m.

| COMMITTEE MEMBERS | | |
|--|---|--|
| Lionel Hillard, Allocations VICE CHAIR Evany Turk, VICE CHAIR, P&P Auntjuan Wiley, VICE CHAIR, CCC CHAIR Gary Benecke, Eval Chair Yolanda Jones, Allocations CHAIR | Del Wilson, Eval VICE CHAIR Stacie McNulty, P&P CHAIR John Dornheim, Needs Assessment, CHAIR | |

*New Member *Member resigned or reached term limit*

The Executive Committee met 12 times in CY 2018, which included having 1 emergency meeting. 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, 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 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 Service Delivery Guidelines, and any other business and documents as necessary.



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 3rd Monday of each month at 5:15PM

| COMMITTEE MEMBERS | | |
|--|---|---|
| Yolanda Jones, CHAIR Lionel Hillard, VICE CHAIR Buffie Bogue Phillip Scheldt James Kleitches | *Kelly Richter *James Wright *Debbe Velasquez | <i>Reymundo Anthony</i> <i>Cipriano Gomez III</i> <i>Kirk Myers</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 three new recruits. Active recruitment for new membership will always be a priority for the Allocations Committee. The committee closed out the year with eight members.

TRAINING:

On July 30, 2018 the committee received training on the "Allocations Process" presentation training. The purpose of the presentation was to train committee members how to allocate and reallocate Ryan White federal and state funds to service categories during the fiscal year. Justin Henry, RWPC Planner, gave the presentation, which consisted of an overview of the Allocations Dashboards and 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 stakeholder participants presented questions and concerns throughout the presentation. Justin M. Henry gave an overview of the Allocations Dashboards.

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 August 27th, 2018; the FY 2018 Allocations for FY 2019. After careful discussion and review of the documentation, as well as stakeholder input, the committee recommendation was as followed:

- FY 2018 Allocations to be utilized for FY 2019; FY 2018 State Services Dallas HSDA, FY 2018 State Services Sherman-Dennison, Part B Dallas HSDA Allocation Plan, FY 2019 Part B Sherman-Dennison HSDA Allocations Plan, FY 2019 State Services Dallas HSDA Allocations Plan, and FY 2019 State Services Sherman-Dennison: ***A contingency was given to the Administrative Agency to allocate according to the request and the Administrative Agency will default to the percentages recommendations a stated by committee.***

FISCAL YEAR (FY) 2018 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 July 2018 the support staff provided the Allocations Committee with the FY 2018 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 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 for better organization and overall understanding for each funded category.

The committee was tasked to establish Allocations for FY 2019 Part A and MAI as well as the contingency for the 75/25% Medical Core Waiver and the +/-7% range for the FY2019 Part A funding level. They discussed the changes made with the Local AIDS Pharmaceutical Assistance (LAPA) and Emergency Financial Assistance (EFA) services categories. The Allocations Committee agreed to change the percentages for the LAPA and Emergency Financial Assistance EFA services categories to get closer to the original allocations based on the recent data presented to the committee.

CONCLUSION: (Develop recommendation 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 11 meetings. Each month during 2018, 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. The committee discussed the 75%-25% core medical waiver and agreed not to apply for the core medical waiver.



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 Jonathan Thorne Linda Freeman Ricky Tyler | Karin Petties Julie Jackson Christopher Grimes *Alexander Deets *Sattriona Nyachwaya *Carmarion D. Anderson *Helen Zimba *Jamie Collins | <i>James Gipson</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, 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 2018 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 on 2018 in diversifying the CCC with recruitment of transgender and Hispanic individuals. 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 2018, Afiya Center's Annual Get Tested Grab a Bite, Grace Project's HIV+ National Women's Conference, and NAMI Dallas.

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.

Our 2018 forum topics included:

HIV & Faith Based

HIV & STD

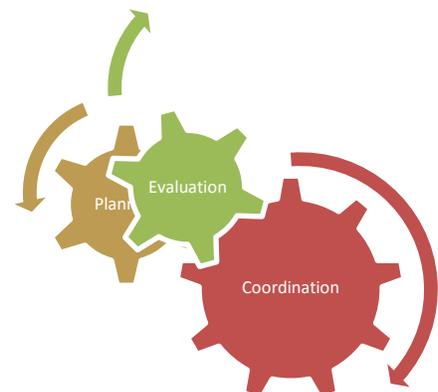
HIV & Insecurity

Aging Gracefully with Health Challenges

Affordable Care Act

HIV & Substance Use

HIV Social Implications Women and Transgender



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 Louise Weston Ferrill | Leonardo Zea Darius Ahmadi Jonathan Thorne Helen E. Turner *Cristopher Burke | <i>Robert Baxter</i> <i>Yolanda Jones</i> <i>Tom Emanuele</i> |

*New Member *Member Resigned or reached term limit*

Beginning the year, the Evaluation Committee was wrapping up its review of the Standards of Care for the DSHS. This began in 2017 with the committee reviewing several standards each month and then submitting comments back to the AA and DSHS. We still had several standards left to review at the beginning for 2018 which were the Universal Standards, Outpatient/Ambulatory Health Services, Oral Health Care, Medical Transportation, Early Intervention and Referral for Health Care and Support Service. These were fully completed by the end of March 2018.

Our largest project by far this year was the revision of the Evaluation of the Administrative Mechanism. During our Ryan White Council Training in 2017 by Charles Henley, we learned that the way we were conducting the Evaluation of the Administrative Mechanism needed to be improved. The committee used materials and information that Charles Henley provided. A whole new process for evaluating the administrative mechanism was, which was modeled after the evaluation tool used by the Houston EMA. Houston's EMA is set up somewhat differently than ours in Dallas, so we had to modify the tool to meet our needs. The committee started this process in January of 2018 and finished the new tool in March 2018. The new tool was used in the Evaluation of the Administrative Mechanism for FY 17-18, which was sent out in March. Justin Henry the Planner facilitated the introduction of the tool and gathered the information required to actually assess the Evaluation of the Administrative Mechanism. This was a totally new process for the Evaluation Committee and he did an excellent job. I would like to take this opportunity to thank him for his dedication to this process and the success we had in gathering the information. The results of this Evaluation were then presented by Justin in our June meeting and the committee then made recommendations to the AA based on those results. The AA then gave a response to those recommendations back to the AA and we reviewed them in our August meeting. Overall, the Evaluation Committee felt the new process was definitely a success and we will look forward to comparing the results of the coming year's Evaluation of the Administrative Mechanism and looking to make new recommendations to improve the process.

The committee had one other main project that was on our agenda this year. The committee discussed and looked for a way to actually, "Evaluate the Ryan White Planning Council" as a whole. There were many discussions concerning this activity and we have continued to do so. I know that this will be one of the main objectives of the committee for the 2019 year.

I have been privileged to serve on the Evaluation Committee for the last six years, served as vice chair for one year and now have served as the chair for the previous two years. I would like to take this opportunity to thank all of my fellow members of the committee over these last years for all the support and hard work they have put into helping the Dallas Area Ryan White Council serve 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 9:00a.m.

| COMMITTEE MEMBERS | | |
|-----------------------|-------------------|--|
| Stacie McNulty, CHAIR | Woldu Ameneshoa | |
| John Dornheim, VC | Robert McGee III | |
| Lori Davidson | *Robert Lynn | |
| Robert Lynn | *Christopher Webb | |

*New Member *Member Resigned or reached term limit*

2018 was a unique year for the Planning & Priorities Committee as a fully-empowered Needs Assessment Committee was created, focusing on one of the former priorities of the Planning and Priorities Committee. The Planning and Priorities Committee started by reviewing the FY 2018 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, an overview of the FY 2019 Priority Setting 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 4 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 health disparities and health inequities
4. NHAS Goal: Achieve a More Coordinated National Response to the HIV Epidemic

The committee discussed the importance of including the expenditure date in the process. It allows the committee to see what service categories didn't expend all their funding. The committee agreed to incorporate more qualitative information for this section.

It was also decided that the Priority Populations must be well addressed while reviewing the documentation. The Priority Populations are as follows:

Black/African-American Men and Women * Hispanic/Latinos * MSMs * Transgender
* Youth 13-24. The committee voted unanimously to accept the FY 2019 Priority Rankings.

Towards the end of the 2018 Year the Planning and Priorities Committee researched the concept of increasing the % above the Federal Poverty Level (FPL) for certain service categories to put more people into care. The resulting was as follows for the 2019-2020 year on a trial basis:

| <u>Category</u> | <u>2018 FPL</u> | <u>2019 FPL</u> |
|--|-----------------|-----------------|
| AIDS Pharmaceutical Assistance | 300% | 500% |
| Health Insurance Premium & Cost-Sharing Assistance | 300% | 400% |
| Outpatient/Ambulatory Medical Care | 300% | 400% |
| Medical Case Management | 300% | 400% |



Needs Assessment Committee Report:

Charge: To oversee 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.

Typically meets 3rd Tuesday of each month at 2:00 p.m.

| COMMITTEE MEMBERS | | |
|----------------------|---------------------|--|
| John Dornheim, CHAIR | Lionel Hillard | |
| Gary Benecke | Norma J. Piel-Brown | |
| Helen E. Turner | Kendra Tevis | |
| Donna Wilson | Ricky Tyler | |
| Brad Walsh | Jonathan Thorne | |

*New Member *Member Resigned or reached term limit*

Ryan White Council Needs Assessment Ad Hoc Committee became a full Committee with the 2018 year. The committee spent much of the first part of the year looking at questions that were related to our target populations: Transgender; Youth; Hispanic; Black; and MSM.

The committee also discussed the timeline and target goals for the Needs Assessment Survey. Utilizing the experience of Member Brad Walsh with Parkland Hospital, we created tentative timelines the committee could select:

2019 Design Needs Assessment Timeline: Mr. Walsh explained details regarding the Community Health Needs Assessment. The report outlined the Epidemiological Reporting, Surveys and Gap Analysis for the Dallas EMA Geographic Region of the Dallas EMA; and the population of the EMA's 2017 US Census Bureau, including Race/Ethnic of the population, and age distribution. After a lengthy discussion the committee agreed to keep the document for further use.

The committee discussed whether we will outsource part of the survey, and also how important it will be to have the document translated into Spanish.

January/February 1st begin focus groups questions/key informant interviews March 1st begin pilot for the surveys June 1st being the surveys utilizing provider's site. September 1st is the deadline for the completion of the survey.

The committee discussed collaboration with community providers to gain access to their clients for the survey distribution (non-Ryan White clients). The committee discussed qualitative data for focus groups and interviews. A secondary survey will go to sub-recipients if the committee has time to create and distribute.

Many thanks to the committee for spending long meetings working on this important documents.

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.

