

CY 2014

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



Ryan White Planning Council

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CY 2014

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CY 2014 DPA Epidemiological Data:

All PLWHA in DPA

The number of PLWHA residing in the Dallas Planning Area (DPA) is steadily increasing. Prevalence has increased by 4,116 cases since 2008 up to a total of 18,428¹ PLWHA (Figure 1). That is close to a 29% 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 2008. For 2013, there were 929 people in the DPA that were newly diagnosed.

Figure 1: PLWHA Prevalence

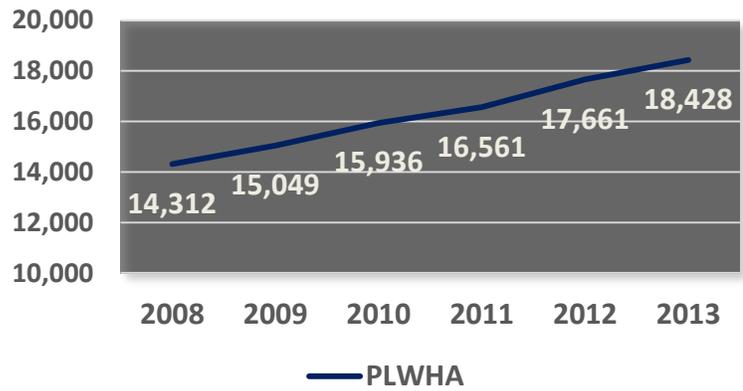
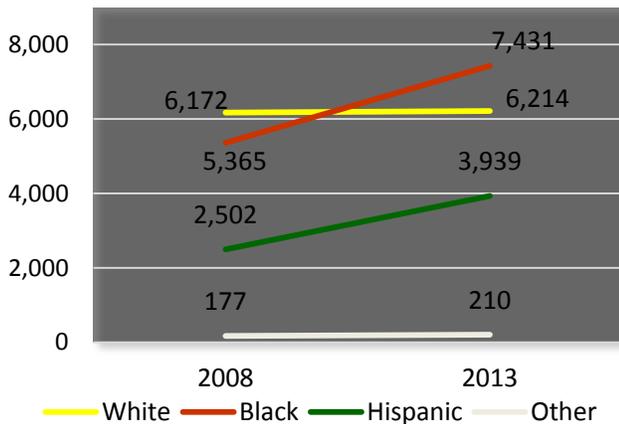


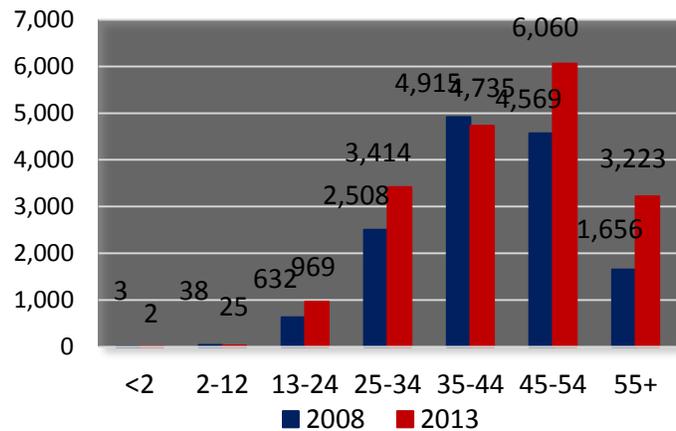
Figure 2: PLWHA Race/Ethnicity



It is clearly demonstrated that there is a disproportionate impact on African Americans as compared to the entire PLWHA community. They made up of 40.32% of all PLWHA, with 33.72% White and 21.38% Hispanic. The African American population has surpassed Whites in the number of cases since 2008.

The PLWHA age distribution in the DPA is currently prominent in the 35-54 age range. According to this data, PLWHA are getting older with the number of PLWHA in the 45+ range significantly increasing since 2008.

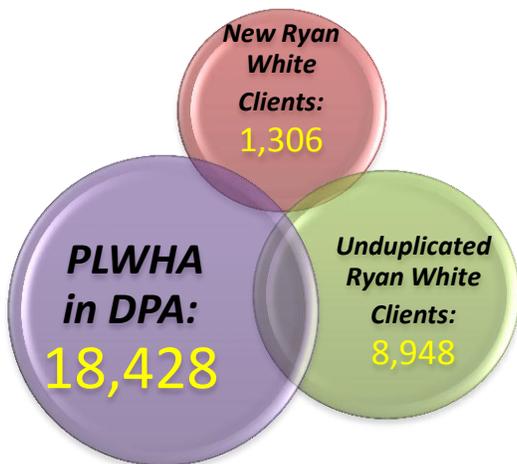
Figure 3: PLWHA Age



¹ Texas Department of State Health Services 2014 Epidemiological Data for the Dallas EMA

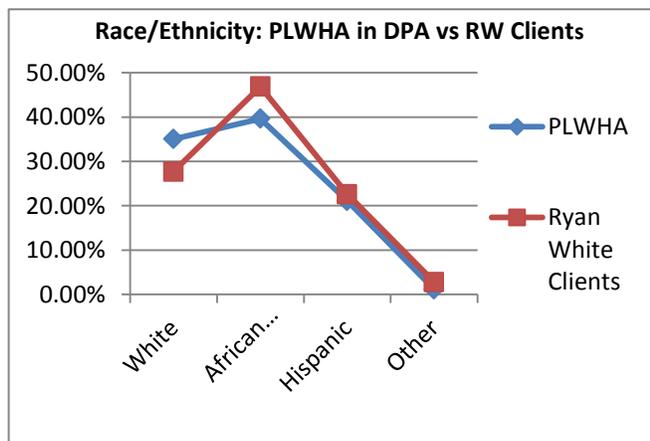
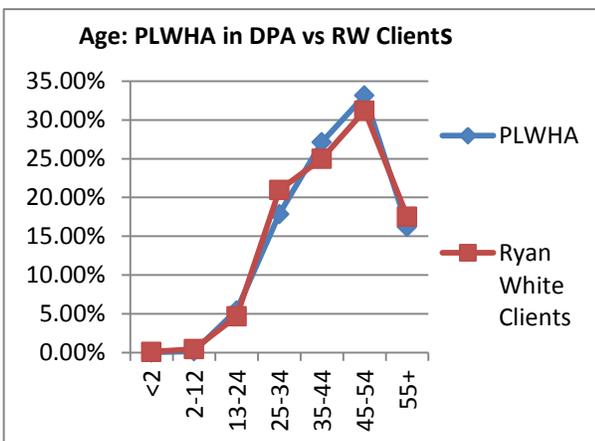
Ryan White Clients:

The number of unduplicated clients served in comparison to those served in CY 2014 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, 2014 – December 31, 2014, approximately **8,948** 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 (18,428), approximately 48.55% are receiving one or more of the provided Medical and/or Support Services through Ryan White funding. Of these 8,948 unduplicated clients served in the Dallas Planning Area, 1,306 were new to receiving Ryan White services. These new clients make up 7.08% of PLWHA in the DPA, and the high number of new clients may be the result of some strong testing initiatives that have been implemented locally.

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 also have the highest usage rate of Ryan White Services, with almost half (46.88%) of the clients who utilize Ryan White services being African American during CY 2014. During this calendar year, 27.7% of Ryan White clients were white and 22.61% 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 (33.15%) as well as the highest percentage of Ryan White Clients (31.21%). The biggest gap in percentage of the population infected with HIV/AIDS (17.87%) and percentage of population utilizing Ryan White Clients (20.98%) appears to be among the 25-34 age group, indicating this age group is the most likely to receive Ryan White services.



ARIES Data

<u>14' Priority Rank</u>	<u>Service Category</u>	<u>Units Served</u>	<u>Clients Served</u>
	<u>Core Services</u>		
1	Ambulatory/Outpatient Medical Care	23,506	4,157
2	Medical Case Management	28,662	3,700
3	Oral Health Care	11,256	1,752
4	AIDS Pharmaceutical Assistance	18,291	1,494
5	Mental Health	2,246	384
6	Health Insurance & Cost Sharing Assistance	2,532	401
7	Early Intervention Services	4,235	262
8	Substance Abuse	1,885	124
9	Home Health Care	152	15
10	Home & Community Based Health Care	112	4
	<u>Support Services</u>		
1	Food Bank	26,031	2,062
2	Non-Medical Case Management	42,114	4,242
3	Medical Transportation	22,488	1,786
4	Outreach – Lost to Care	2,683	1,120
5	Housing Based Case Management	10,375	174
6	Meals Congregate/Home Delivered Meals	46,797	1,016
7	Transportation – State Services	439	79
8	Congregate Housing	12,018	95
9	Legal Services	2,637	232
10 (T)	Day Respite Care for Children/Youth/Adults	1,997	5
10 (T)	Respite Care for Adults	2,087	69
12	Linguistic Services	3,575	154
13	Child Care Services	9,087	20
14	Child Care – State Services	4,482	12

This ARIES data was pulled for service dates 1/1/14 - 12/31/14 to reflect the impact of the Ryan White Planning Council's decisions. The RWPC, Administrative Agency, 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, improves delivery of HIV medical care, and promotes services that support access and retention in care.

The RWPC places the highest priority on the core medical services by funding ten of the 13 possible services. These Core Services comprise approximately 79% of 2014 Ryan White Part A and MAI allocations, while Supportive Services utilized approximately 21% of funds. The majority of Ryan White funded services are located in Dallas County where the majority (82.6%) of PLWHA reside.



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.*

RWPC Staff Report:

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 23 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 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 returning and 2 new members.

New Member Name	Committee’s Appointed to
Tom Emanuele	RWPC & Evaluation
J. Michael Cruz	RPWC & Evaluation
Meera Rao-Bette	RWPC & CCC
Phillip Scheldt	RWPC, Evaluation, Allocation

There were officially 17 members serving on the Planning Council, of which 32% were non-aligned consumers (not employed at a funded agency). Also, 11 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 joined the team as the Health Planner and Alexis Hunter served as the Coordinator for six months.



Letter from the Chair:



Gregg Gunter,
RWPC Chair
Jan - Sept

Greetings Everyone!

This is our third annual Ryan White Planning Council Year-End-Report. We have designed this collaborative report to show what the Ryan White Planning Council accomplished during 2014.

Each standing committee follows the comprehensive plan written with community input and also has goals and objectives that we strive to accomplish each year. This report shows that each committee has met their goals and followed their part of the comprehensive plan.



Lionel Hillard,
Interim RWPC Chair
Sept - Dec

I would like to thank the 2014 committee chairs, Sonny Blake, Helen Turner Goldenberg & Tom Emanuele. Also the Planning Council and standing committee vice-chairs, Bryant Porter, Allen Peden, Robert Compton, Ben Martinez & Jose Raymundo. Through their dedication and hard work, we enjoyed an exciting and very productive year.

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
Ryan White Planning Council

Ryan White Planning Council Report

Meets second Wednesday of each month at 9AM.

PLANNING COUNCIL MEMBERS

Bryant Porter	Maurice Murray	<i>Allen Peden</i>
Demetria Bryan	Meera Rao-Bette*	<i>Ben Martinez, VICE CHAIR</i>
Gary Benecke	Nell Gaither	<i>Del Wilson</i>
Helen Turner Goldenberg	Phillip Scheldt*	<i>J. Michael Cruz</i>
Kendal Richardson	Robert Compton	<i>Jose Raymundo</i>
Lionel Hillard, Interim Chair	Ron Stinson	<i>Gregg Gunter, CHAIR</i>
Louvenia Freeman	Sonny Blake	<i>Lori Davidson</i>
Marcos Alcorn	Stacie Greskowiak	<i>Virginia Franco</i>
	Tom Emanuele*	

*New Member *Member Resigned or reached term limit*

The 2014 Ryan White Planning Council of the Dallas Area started with 22 members and ended the year with 17. The Council is responsible for twelve counties across the North Texas region. 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 is continuously planning to improve the North Texas region by monitoring and improving medical and supportive services. The Planning Council held 12 meetings during the CY2014. An announcement period is 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 also allows for interaction between Council members and representatives from our local AIDS Service Organizations (ASO's).

At each RWPC meeting, the Grant's Management Officer, or an Administrative Agency representative provides a report of their ongoing activities. This may include information on HRSA awards, allocations, and request for proposals (RFP's) activities. At each Council meeting, Chairs or Vice-Chairs report on the monthly activities of their respective standing committees. Any official recommendation from a standing committee, which has passed through the Executive Committee, is also voted on during these general Planning Council meetings. At the end of the Planning Council meetings, the current Chair or a representative of the HIV Provider's Council reports on their current activities and discussions.



Executive/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 Monday of each month at 3:00PM

Executive Committee Report:

COMMITTEE MEMBERS		
Lionel Hillard, RWPC VC, Interim CHAIR, Alloc CHAIR Helen Turner Goldenberg, CCC CHAIR Sonny Blake, P&P CHAIR Tom Emanuele, Eval CHAIR	Bryant Porter, Eval VC Robert Compton, Alloc VC	<i>Gregg Gunter, RWPC CHAIR</i> <i>Ben Martinez, RWPC VC</i> <i>Jose Raymundo, CCC VC</i> <i>Allen Peden, P&P VC</i>

*New Member *Member Resigned or reached term limit*

The Executive Committee met 12 times in CY 2014. This committee was comprised of chairs and vice-chairs of each standing committee and oversees the work of each committee. The work of each committee is taken from the tasks assigned in the comprehensive plan and from their written charge 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 will ask the respective standing committee chair to attempt to contact that member with a letter and phone call. If that member seat is forfeited, the member is notified via a certified letter/email.

The committee received reports from all standing committee chairs or vice-chairs on the current activities of that committee, as it pertains to the yearly comprehensive plan.

At each Executive Committee meeting, the Planning Council Manager gives the RWPC Administrative report. This report details any ongoing business of the AA and the Planning Council. When any committee has an official recommendation, this must be presented to the Executive Committee for discussion, voted, and then sent to the full Planning Council for approval. This includes the allocation of funds, updates to the Continuum of Care, and any other business and necessary documents.

Every year, this committee reviews and modifies the RWPC Bylaws. The Executive Committee was motivated to develop a Code of Conduct that would be incorporated into the Bylaws after an interview by a Planning Council officer was conducted and concern was shared by some Planning Council members about the possible spread of misinformation. This incident initiated the process for change that was needed to move the Planning Council forward transparently and harmoniously, and caused the group to take a step back to evaluate how decisions were made and how to change Planning Council processes and procedures. It reminded the members they all volunteer their time. The Committee made a few other minor changes to the Bylaws that were voted on and sent through to the proper channels for final ratification at the Commissioner's Court. Some of the changes were as follows:

- Addition of a table of contents
- Description of leadership duties
- Improved definition of what constitutes as a vote
- Addition of a code of conduct section,

- Addition of an “Official Communication & Representation” section,
- Addition of a “Removal Procedures” section.

This committee also looked at and approved the topics for the training calendar year 2014. These trainings were chosen by the planning body, focus groups, and Comprehensive Care Plan. Some of these trainings were given after regularly scheduled meetings and others were done at scheduled dates and times. Crystal Flores and Andrew Wilson also gave updates on the online training and improvements to the new website for the Planning Council. This online training, together with an in-person meeting with RWPC staff, will provide new members with the knowledge of the Planning Council process, goals, and objective. It outlines what members are allowed to do. They are constantly looking for ways to enhance this process and make it user friendly. They have provided connections to those AIDS Services Organizations and Community Based Organizations that want to be a part of the process that is in line with the Ryan White Guidelines.

In the latter part of the year we had two of our key leaders resign, leaving two positions vacant for the last quarter of the year. The CEO made Lionel M. Hillard the Interim Chair for the remainder of the year.

Nominations Committee Report:

COMMITTEE MEMBERS		
Lionel Hillard, RWPC VC, Interim CHAIR, Alloc CHAIR Helen Turner Goldenberg, CCC CHAIR Sonny Blake, P&P CHAIR Tom Emanuele, Eval CHAIR	Bryant Porter, Eval VC Robert Compton, Alloc VC Kyle Talkington, Judges Rep Lynette Smith-Clay, AA Rep	<i>Gregg Gunter, RWPC CHAIR</i> <i>Ben Martinez, RWPC VC</i> <i>Jose Raymundo, CCC VC</i> <i>Allen Peden, P&P VC</i>

The 2014 Ryan White Planning Council Nominations Committee met nine times in CY 2014. The Committee forwarded the 2014 RWPC Leadership and Standing Committee leadership applications for appointment by Judge Clay Jenkins as follows:

<u>RWPC Chair:</u> Lionel Hillard	<u>RWPC Vice- Chairs:</u> Sonny Blake Helen Goldenberg Robert Compton Gary Benecke Phillip Scheldt
<u>Allocations Chair:</u> Lionel Hillard	<u>Allocations Vice Chair:</u> Robert Compton
<u>Evaluation Chair:</u> Bryant Porter	<u>Vice-Chair:</u> Gary Benecke
<u>Planning and Priorities Chair:</u> Sonny Blake	<u>Vice-Chair:</u> Demetria Bryan
<u>Consumer Council Chair:</u> Helen Turner Goldenberg	<u>Vice-Chair:</u> Auntjuan Wiley

The Committee also recommended eight individuals to the Judge's office for appointment to the Planning Council and approved placement of three individuals to the Allocations Committee, two individuals to the Planning and Priorities committee, two individuals to the Evaluation Committee, and two individuals to the Consumer Council Committee.



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.

COMMITTEE MEMBERS		
Lionel Hillard, CHAIR Robert Compton, VICE CHAIR Emily Marks	James Kleitches Jim Howze Odus Oglesby	Robbie Hollis <i>Joey Avila</i> <i>Osiris Wade</i> <i>CJ Okonkwo</i>

*New Member *Member resigned or reached term limit*

Although this year-end report is a reflection of calendar year 2014, this specific committee report will encompass some financial data from calendar year 2013 in that the 2013 fiscal year for the Part A grant is March 2013-March 2014.

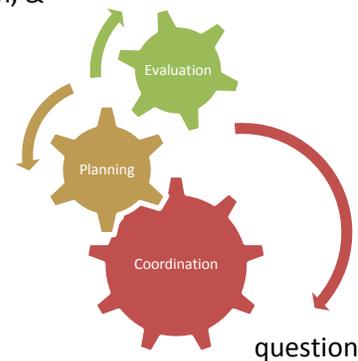
COMMITTEE MEMBERSHIP CHANGES:

There were three members that left the committee at various times throughout the year and one new recruit that joined in September 2014. We closed out the year with an eight person team. Active recruiting for new membership will always be a priority for the Allocations Committee. In February 2014 a new RWPC Planner, Andrew Wilson, joined the team and provided training for the committee and developed a new “service category report” called the *Service Category Dashboards*.

TRAINING:

On April 8th 2014 the committee received training on the “Allocations Process” during a special meeting. The purpose of this presentation was to train committee members on how Ryan White federal and state funds are allocated and reallocated into service categories during fiscal years. Crystal Flores, 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, were able to ask throughout and after the presentation.

REALLOCATIONS: (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.)

The first reallocation of the year occurred during an emergency meeting held on January 2nd, 2014. There was \$393,842 in **FY 2013** Part A funds available to reallocate. After careful discussion and review of the documentation, as well as audience input, the committee recommended the following:

- Part A (\$393,842): \$41K to AIDS Pharmaceuticals, \$53K to Medical Case Management, \$20K to Mental Health, \$20K to Early Intervention Services, \$200K to Case Management, 10K to Medical Transportation, \$2,500 to Legal Services, \$23,342 to Outreach Loss-to-care, \$15K to Housing Case Management and \$9K to Home delivered meals.

The next reallocation took place during the June 16th, 2014 meeting. There was \$4,137 in **FY 2014** Part B funds available to reallocate and \$67,422 in **FY 2014** State Services to reallocate. After careful discussion and review of the documentation, as well as audience input, the committee recommended the following:

- Part B (\$4,137) All too Dental Care; For State Services (\$67,422): \$15K to AIDS Pharmaceutical Assistance, \$10K to Medical Case Management, and \$5,497 to Mental Health, \$21,925 to Home Delivered Meals and \$15K to Transportation.

The final reallocation took place during the November 20th, 2014 meeting. There was \$840,600 in **FY 2014** Part A and \$115,000 for **FY 2014** MAI available for reallocation. After careful discussion and review of the documentation, as well as audience input, the committee recommended the following:

- Part A(\$840,600): (Figure 1) \$200K to Outpatient Medical Care, \$204,662 to Oral Health Care, \$100K to Medical Case Management, \$85K to Mental Health, \$100K to Non-Medical Case Management, \$57K to Medical Transportation, \$20K to Outreach Lost to Care, \$25K to Case Management-Housing Based, \$41K to Home Delivered Meals and \$7,938 to Legal Services.
- MAI (\$115,000): (Figure 2) \$20K to Oral Health Care and \$95K to Non-Medical Case Management.

FIGURE 1: FY 2014 PART A REALLOCATION

2014 RANK	Service Category	FY 2014	FY 2014	FY 2014	FY 2014	FY 2014	FY 2014	FY 2014
		TOTAL PART A AWARD 03/01/14 - 02/28/15	Allocation Percentage based on 2012 FE	Part A Returned Funds	Reallocated Funds Per Allocation Committee (AC)	PART A REVISED AWARD 03/01/14 - 02/28/15	Request for Funding Increase (RFI)	
	Core Medical			11/04/14	November-14			11/11/2014
1	Outpatient Medical Care	3,845,226	30.00%	5,000	200,000	4,040,226	400,000	(a)
2	Oral Health Care	1,169,506	9.12%		204,662	1,374,168	420,000	(a)
3	AIDS Pharmaceutical Assistance	1,461,017	11.40%	80,000		1,381,017		
	Medical Case Management	1,356,786	10.59%	85,000	100,000	1,371,786	579,946	(a)
5	Mental Health	174,585	1.36%	4,500	85,000	255,085	185,697	(b), (c)
6	Insurance Assistance	1,582,267	12.34%	150,000		1,432,267		
7	Early Intervention Services	244,721	1.91%			244,721		
8	Substance Abuse	95,406	0.74%	4,500		90,906		
9	Home Health Care	50,911	0.40%	28,565		22,346		
10	Home and Community Based HS	29,943	0.23%	19,538		10,405		
	Support Services							
1	Food Pantry	293,793	2.29%			293,793		
2	Case Management	1,185,813	9.25%	125,000	100,000	1,160,813	680,000	(a)
3	Medical Transportation	737,479	5.75%		57,000	794,479	57,000	(b)
4	Outreach-Lost to Care	12,479	0.10%		20,000	32,479	20,000	
5	Case Management - Housing Based	104,264	0.81%		25,000	129,264	25,000	
6	Transportation - State Services							
7	Home Delivered Meals	258,251	2.01%		41,000	299,251	41,000	
8	Congregate Housing	0				0		
9	Legal Services	62,966	0.49%		7,938	70,904	7,938	
10	Day Respite Care for Children/Youth	20,897	0.16%			20,897		
11	Childcare Services	2,408	0.02%			2,408		
12	Linguistic Services	68,716	0.54%			68,716		
13	Respite Care for Adults	59,977	0.47%	30,000		29,977		
	Total Obligated for Service Delivery	12,817,411	100.00%	532,103	840,600	13,125,908	2,416,581	
	UNOBLIGATED	-				-		
	UNALLOCATED - PAF	-				-		
	UNALLOCATED - PAS	-				-		
	Total Contractual - Dallas EMA	12,817,411		532,103		13,125,908		
	ADMINISTRATIVE AGENCY	995,693		128,497		867,196		
	QUALITY MANAGEMENT	497,847		180,000		317,847		
	TOTAL FY 2012 - 2013 PART A AWARD	14,310,951		840,600		14,310,951	0	
	CORE MEDICAL	78.10%				77.88%		
	NON-CORE (SUPPORT)	19.89%				19.84%		

Notes: (a) There are two Agencies that submitted duplicate/triplicate RFI forms- case management, Medical Case M., Outpatient and Oral Health.
 (b) AA is contributing an additional \$8,497 to cover service units provided to eligible clients after Grants deadline.

FIGURE 2: FY 2014 MAI REALLOCATION

Service Category	FY 2014 MAI TOTAL AWARD 03/01/14 - 02/28/15	FY 2014 Allocation Percentage based on 2012 FE	FY 2014 Part A MAI Returned Funds	FY 2014 Reallocated Funds Per Allocation Committee (AC)	FY 2014 MAI REVISED AWARD 03/01/14 - 02/28/15	FY 2014 Part A MAI Funds Requested (RFI)	FY 2014 MAI FINAL AWARD 03/01/14 - 02/28/15
			11/4/2014	November-14			
Medical Case Management	33,369	3.27%			33,369	0	33,369
Ambulatory/Outpatient Medical Care	427,673	41.91%			427,673	0	427,673
Oral Health Care	90,718	8.89%		20,000	90,718	20,000	110,718
Case Management	204,908	20.08%		95,000	204,908	340,000	299,908
Case Management - Housing Based	0	0.00%			0	0	
AIDS Pharmaceutical Assistance	263,788	25.85%	50,000		213,788		213,788
Substance Abuse	0	0.00%			0	0	
TOTAL FY 2014 - 2015 RYAN WHITE MAI OBLIGA	1,020,456	100.00%	50,000		970,456	360,000	1,085,456
AA Budget	120,054		50,000		70,054		70,054
QM Budget	60,027		15,000		45,027		45,027
TOTAL FY 2014 - 2015 RYAN WHITE MAI OBLIGA	1,200,537		115,000	115,000	1,085,537	360,000	1,200,537

NOTABLE EVENTS AND CHANGES:

During the January 27th, 2014 meeting, the committee voted to accept a motion that recommends the Administrative Agency have discretion to utilize future unexpended **FY 2013** Part A funds up to the amount of \$1,000,000 and **FY 2013** MAI funds up to the amount of \$500,000 among any of the core medical services, and under non-core services, non-medical case management only. Since the committee just recently completed an end of year reallocation less than a month ago, and with approximately two months left in the Part A grant period (March 1, 2013-February 28, 2014), this recommendation would primarily allow the AA to move whatever leftover/unspent funds into the state ADAP program. Lynn Smith-Clay, Grants Management Officer, spoke briefly to clarify any confusion and expressed the importance of the Allocations Committee, the Program Monitors, and the providers to determine ways to allocate within the appropriate time frame while remaining compliant to the policy process. Also, starting in November 2014, the Administrative Agency started presenting the expenditures reports to the Allocation Committee each month instead of the RWPC Manager.

After a site visit from HRSA, we learned that money left over from contracts can be carried forward if the Administrative Agency (AA) applies for permission. This will help the Dallas EMA in the future because funds will be able to be applied to more service categories instead of sending the leftover money to AIDS Drug Assistance Programs (ADAP). Please note that this only happens when there is not enough time for the AA to send out RFI's and have the Allocations Committee make recommendations for reallocations.

FISCAL YEAR (FY) 2015 ALLOCATIONS PLANNING GUIDE: (Develop recommendations for distribution of 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 trend data in making recommendation)

In May 2014 the support staff provided the Allocations Committee with the FY 2015 Allocations Planning Guide for Part A and Minority AIDS Initiative (MAI). This is an important document in the decision making process for this committee. A new format was introduced called 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.

On June 16th, 2014, the committee reviewed the section of the planning guide which covers FY 2015 Part B & State Services. During the second meeting held June 23rd, 2014, the committee approved a motion to use the FY 2013 Part B final expenditure percentages per service category as the FY 2015 Part B proposed allocation percentages per service category, for the Dallas Eligible Metropolitan Area (EMA) and for the Sherman-Dennison Health Services Delivery Area (HSDA). The committee also approved a motion to use the FY 2013 State Services final expenditure percentages per service category as the FY 2015 State Services proposed allocation percentages for the Dallas EMA and for the Sherman-Dennison (HSDA). A final review of the Part A and MAI section of the guide was made during this meeting.

In the July 2014, the committee approved a motion to use the FY 2013 Part A final expenditure percentages as the FY 2015 Part A allocation percentages for the Dallas EMA, valid with a $\pm 7\%$ range of the FY 2013 Part A funding level. Any additional funding above of the 7% range will be held until the need for reallocations. The recommendation also includes that the Allocations Committee will conduct reallocations at the 6 & 9 month marks of the fiscal year if needed. The same motion was made for the FY 2015 MAI grant. At the conclusion of the meeting all parts of the 2015 Allocations Planning Guide were complete.

FY2013 Part A Final Expenditures & Proposed %'s for FY 2015

2013 Categorical Rank	Service	FY 2013 Final Expenditures	FY 2013 Final Expenditure Percentages	2015 Categorical Rank	FY 2015-16 Proposed Percentage	FY 2015 Proposed Allocation
1	Outpatient Medical Care	\$3,725,640.00	31.16%	1	31.16	\$3,689
2	Oral Health Care	\$1,090,985.26	9.13%	3	9.13	\$1,080
3	AIDS Pharmaceutical Assistance	\$1,136,983.99	9.51%	4	9.51	\$1,125
4	Medical Case Management	\$1,316,913.98	11.02%	2	11.02	\$1,304
5	Insurance Assistance	\$1,353,980.03	11.33%	6	11.33	\$1,340
6	Mental Health	\$109,545.91	0.92%	5	0.92	\$108
6	Substance Abuse	\$71,929.51	0.60%	8	0.60	\$71
7	Early Intervention Services	\$229,230.00	1.92%		1.92	\$227
8	Home Health Care	\$28,030.00	0.23%	9	0.23	\$27
9	Home and Community Based Health Care	\$9,292.00	0.08%	10	0.08	\$9
N	Hospice	\$0.00		NR		\$0.00
N	State ADAP	\$0.00		NR		\$0.00
N	Medical Nutrition Therapy	\$0.00		NR		\$0.00
1	Case Management	\$1,281,873.68	10.72%	2	10.72	\$1,269
2	Food Bank	\$309,953.00	2.59%	1	2.59	\$306
3	Medical Transportation	\$662,161.59	5.54%	3	5.54	\$655
4	Housing-based Case Management	\$109,065.00	0.91%	5	0.91	\$108
5	Outreach-Lost to Care	\$32,105.00	0.27%	4	0.27	\$31
6	Transportation - State Services	\$0.00		7		\$0.00
7	Home-Delivered Meals	\$276,146.00	2.31%	6	2.31	\$273
8	Congregate Housing	\$0.00		8		\$0.00
9	Legal Services	\$62,001.78	0.52%	9	0.52	\$61
1	Child Care Services	\$2,393.00	0.02%	13	0.02	\$2
1	Respite Care Adults	\$45,936.00	0.38%	10	0.38	\$45
1	Day/Respite Care for C/Y/A	\$35,962.40	0.30%	10	0.30	\$35
1	Child Care Services - State Services	\$0.00		14		\$0.00
1	Linguistic Services	\$64,980.00	0.54%	12	0.54	\$64
N	Emergency Financial Assistance	\$0.00		NR		\$0.00
N	Health Education/Risk Reduction (Other)	\$0.00		NR		\$0.00
N	Short-term Rental Assistance	\$0.00	0.00%	NR	0.00	\$0.00
NR	Long Term Rental Assistance	\$0.00		NR		\$0.00
	Allocation					\$0.00
	Remaining					\$0.00
	Subtotal	\$11,955,108.13	100%		100.00	\$11,839

FY2013 MAI Final Expenditures & Proposed %'s for FY 2015

2013 Categorical Rank	Service	FY 2013 Expenditures	FY 2013 Expenditure Percentages	2015 Categorical Rank	FY 2015-16 Proposed Percentages	FY 2015 Proposed Allocation
1	Outpatient Medical Care	\$389,931.00	44.30%	1	44.30%	\$390,344.06
2	Oral Health Care	\$94,540.55	10.74%	3	10.74%	\$94,640.70
3	AIDS Pharmaceutical Assistance	\$156,185.00	17.74%	4	17.74%	\$156,350.45
4	Medical Case Management	\$81,117.00	9.22%	2	9.22%	\$81,202.93
5	Insurance Assistance	\$0.00		NR		\$0.00
6	Mental Health	\$0.00		NR		\$0.00
6	Substance Abuse	\$0.00		5	0.00%	\$0.00
7	Early Intervention Services	\$0.00		NR		\$0.00
8	Home Health Care	\$0.00		NR		\$0.00
9	Home and Community Based Health Care	\$0.00		NR		\$0.00
NR	Hospice	\$0.00		NR		\$0.00
NR	State ADAP	\$0.00		NR		\$0.00
NR	Medical Nutrition Therapy	\$0.00		NR		\$0.00
1	Case Management	\$158,455.00	18.00%	2	18.00%	\$158,622.86
2	Food Bank	\$0.00		1		\$0.00
3	Medical Transportation	\$0.00		3		\$0.00
4	Housing-based Case Management	\$0.00		NR		\$0.00
5	Outreach-Lost to Care	\$0.00		NR		\$0.00
6	Transportation - State Services	\$0.00		NR		\$0.00
7	Home-Delivered Meals	\$0.00		NR		\$0.00
8	Congregate Housing	\$0.00		NR		\$0.00
9	Legal Services	\$0.00		NR		\$0.00
10	Child Care Services	\$0.00		NR		\$0.00
10	Respite Care Adults	\$0.00		NR		\$0.00
11	Day/Respite Care for C/Y/A	\$0.00		NR		\$0.00
12	Child Care Services - State Services	\$0.00		NR		\$0.00
13	Linguistic Services	\$0.00		NR		\$0.00
NR	Emergency Financial Assistance	\$0.00		NR		\$0.00
NR	Health Education/Risk Reduction (Other)	\$0.00		NR		\$0.00
NR	Short-term Rental Assistance	\$0.00		NR		\$0.00
NR	Long Term Rental Assistance	\$0.00		NR		\$0.00
	Allocation					\$0.00
	Remaining					\$0.00
	Subtotal	\$880,228.55	100%		100.00%	\$881,161.00

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. They held 12 meetings, including two emergency meetings. Emergency meetings occur when unspent money has been returned and needs to be reallocated as quickly as possible. Each month during 2014, the committee continued to monitor all expenditures and unspent funds in all categories. The committee received input from audience members for explanations as to why funds may be unspent and made recommendations using all information available. In all, the Allocations Committee made recommendations for approximately \$1,421,001 to be reallocated to various parts of the grant.

The committee also approved the FY2015 Allocations Planning Guide for Part A and Minority AIDS Initiative (MAI). The committee also learned that unspent funds can now be carried forward if the AA applies to HRSA. This will help next year when timing does not allow for the reallocation process and will reduce the amount of funds that are currently being sent to ADAP. Finally, the new dashboard method of reporting data to the committee will help greatly in next year's allocation and re-allocation decision making.

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).

COMMITTEE MEMBERS		
Auntjuan Wiley	Linda Freeman	<i>Ben Martinez</i>
Helen Turner Goldenberg, CHAIR	Lionel Hillard	<i>Jose Raymundo, VICE CHAIR</i>
J.Raheem Harris *	Meera Rao Bette*	<i>Gregg Gunter</i>
Judith Dillon	Rosa Carballo	<i>Paula Witherspoon</i>
Kendal Richardson	Ricky Tyler	<i>Robert Compton</i>

*New Member *Member Resigned or reached term limit*

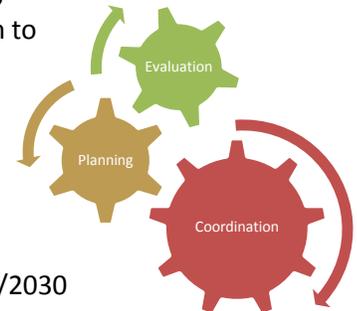


The Ryan White Consumer Council Committee is a diverse and dedicated community consisting of people living with HIV/AIDS (PLWHA), and advocates who lend their voice at the table to help ensure optimum survival of PLWHA via education of the entire community. The CCC began the year with review of the 2012 Comprehensive Plan (Goal 5: Objective 1: Action Item 3) as the CCC was tasked to survey providers by questionnaire, which solicited their efforts to disclose how they address prevention with positive individuals. This included how well educated non-HIV related providers are about HIV and how to link their customers to care if they find out they are STD or HIV positive. Per the survey, interested providers were given more resources regarding prevention with positives to distribute per CDC and World Health Organization guidelines. The list of providers was also given to the Ryan White Planning and Priorities Committee liaison with AETC for possible further trainings.

The CCC then had a very busy and productive year with great emphasis on established goals including more collaboration with the community (both Ryan White and non-Ryan White providers), with increased education & empowerment of CCC members by doing online and in-house education provided by the Ryan White Office of Support and attending community trainings, events, webinars, forums, conferences, summits, etc. Additionally, the CCC continues to designate a portion of every meeting to stay on top of what is going on with other committees via report from the CCC Liaison who is charged with attending other standing committee meetings (Allocations, Evaluation, and Planning and Priorities), so that all members can be in sync and more effective. Most of the CCC members attended local, state, and national events, e.g. Black AIDS Day (Feb 7); Week of Prayer for the Healing of AIDS during the first week of March; AIDS Walk South Dallas on March 22 with CCC member Auntjuan Mr. Community Wiley as Founder with the goal being to inspire, educate and galvanize the community of South Dallas and surrounding areas and to continue to curb the spread of HIV/AIDS. CCC Chair Helen

Turner Goldenberg coordinated a Ryan White CCC table at that event, as well as multiple other events, such as: the End with Red “Day of Solidarity” Walk on March 8th, hosted by The Afiya Center (Chair Goldenberg and CCC members Linda Freeman and Rosa Carballo were key speakers); CCC Chair with then RWPC Vice Chair and CCC member, Lionel Hillard, held down a booth for 2 ½ days at Legacy Counseling’s Grace Project’s National HIV Women’s Conference from May 2-4, 2014 (Conference theme was “Embracing Change”), at which event, Chair Goldenberg starred in a 40 minute HIV educational drama, “As a Matter of Fact”. CCC members were also involved with many other events including Chair Goldenberg’s participation in the following:

- attendance to the President’s Advisory Council on AIDS in Washington, DC;
- participation in the TX HIV Syndicate, charged with developing an HIV Plan to end the AIDS epidemic in Texas;
- “HIV is Not a Crime Conference - The Gathering” in Grinnell, Iowa;
- 2014 Texas HIV/ STD Conference in Austin;
- Speak Up! National Positive Women’s Network (PWN) Summit in Ft Walton Beach, Florida;
- Campaign To End AIDS (C2EA) Annual Advocacy Summit in Cleveland, with emphasis on C2EA’s National Advocacy Campaign to End AIDS by 2025 US/2030 globally, starting with an HIV Plan for ending the epidemic in Ohio, e.t.c.



The 2014 goals and objectives also included launching a recruitment tour, including a social media presence intended to recruit and retain members. All members were asked to assist with this project, which has been successful with 2 new members in the last 3 months, and 2 other pending applications. It was decided that there is a great need for youth participation. This has been challenging, however, the recruitment team is continuing to work diligently on visiting youth groups, Youth First, the HIVE, e.t.c. Additionally, the Ryan White Office of Support started a RWPC Facebook page mid year 2014 allowing the CCC to request recruitment postings, educational events, forums, e.t.c.

FORUMS: Topics for the four forums produced in 2014 were chosen by vote of CCC members from suggestions received from consumers, providers, and other attendees at past forum and other interested parties.

Forum 1: HIV & Substance Use (May 22, 2014) This important forum was a great success and it generated a very positive response. CCC Chair, Helen Turner Goldenberg, was the Event Coordinator, and Mrs. Melissa Grove M.S., LPC Executive Director at Legacy Counseling Center was the facilitator with several licensed counselors and a recovering alcohol/ drug addict who shared his story. Attendees appreciated the out-of-the-box approach of having the CCC Public Meeting at the Resource Center (2701 Reagan, Dallas) at 12:00 pm, followed by this very informative forum.



Forum 2: Accessing Community Resources (June 17, 2014) This widely requested forum was facilitated by CCC member Auntjuan Mr. Community Wiley for the last few years in a row. This year’s event was held at the Center for Community Cooperation (2900 Live Oak, Dallas). The purpose was to inform consumers on what resources are available, and how to

access them as outlined in the “2014 HIV Handbook, Guide to HIV and AIDS Services in North Texas,” produced by Parkland Health & Hospital System HIV Department. The really great thing about this event was that it was interactive, and the facilitator included many resources not listed in the Handbook, as he is quite knowledgeable on the subject, plus he solicited resources from attendees. This system provides greater assistance to consumers in need. In fact the event was so successful that he has taken the show on the road to multiple providers.

Forum 3: HIV/ STD & Co-Infections (September 30, 2014) This was also a very successful forum with Chair Goldenberg as Event Coordinator, Moderator, and one of the speakers as she is an actress and 30-year AIDS survivor who had recently returned from the Annual TX HIV/ STD Conference in Austin. The event was held at the Center for Community Cooperation (2900 Life Oak, Dallas). Keynote speaker Kelly Richter, Senior Community Liaison, did a 45 minute presentation on “HIV & Other STI’s”, followed by Lesa CondomLady Sweeney, Behavior Intervention Specialist & On-Air Radio Personality, who did a 30 minute talk on “HIV & Unexpected Co-Infections”. Chair Goldenberg gave a Synopsis of the Annual TX HIV/STD Conference, including performing in a 10 minute, two person drama skit as wife of Issac Henry, a black MSM who played the part of a man on the downlow. The purpose of the skit was to demonstrate HIV/ AIDS & Co-Infection vulnerabilities, including those Social Determinates of Health (those social and economic conditions that may adversely affect health conditions). The forum was well received as evidenced by comments to the Chair and from the post evaluations received from attendees.



Forum 4: Successful Working Beyond HIV/AIDS: JOB FAIR (October 29, 2014) This extremely important forum was greatly needed, according to many comments from attendees during the interactive presentations. It was most challenging because the CCC Chair was notified 20minutes before the forum was to begin that some of the presenters would not be able to make it, including the two scheduled attorneys from Legal Hospice of Texas. Thankfully, the Executive Director, Tony Lokash, spoke in their place and did an excellent job, even though he is not an attorney. This was so important to clients, as many had questions about how going back to work would affect their benefits. It was fortunate that the CCC Chair had obtained three key flyers from Krist Dance, HOPWA Supervisor: 1. Incentives to Help You Go Back to Work (2pgs) 2. Your Ticket To Work (16pgs) 3. How Work Affects Your



Benefits (10pgs). Additionally, there were multiple speakers: Angela Marie Gonzales, Vocational Rehabilitation Counselor; Janet Smith, Vocational Coordinator; Joyce White, Executive Director; Nikki Nicolle, Business Solutions Leader; Marsha Jones, Executive Director, e.t.c. Each presenter spoke from the perspective of the employer instead of the client in order to help clients know what employers expect and what clients need to know and do to make themselves more employable. Overall, it was an exciting educational opportunity that was a first preparatory step to get clients up to being employable. People did not walk out with jobs, but they walked out pleased with the knowledge that they know their next steps.

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.

COMMITTEE MEMBERS		
Bryant Porter, VICE CHAIR	Louvenia Freeman	<i>J. Michael Cruz</i> <i>Gregg Gunter</i>
DeI Wilson	Maurice Murray	
Gary Benecke	Marcos Alcorn	
LaShaun Shaw	Ron Stinson	
Lori Davidson	Phillip Scheldt	
Louise Weston Ferrill	Tom Emanuele, CHAIR	

*New Member *Member Resigned or reached term limit*

The Evaluation Committee held regular meetings during calendar year 2014 and the members’ efforts are very much appreciated and valued. The committee was fortunate to have a set of dedicated members - each striving to have a positive impact on the health of residents of the north central Texas area.

The committee is scheduled to meet monthly and did, in fact, hold its scheduled meeting each month with the exception of November during 2014.

The Evaluation Committee’s main goals for the year were to:

- 1) address three areas from the 2012 Comprehensive Plan to demonstrate completion of increased collaboration between Ryan White-funded and non-Ryan White funded agencies which was started in FY 2013.,
- 2) work with the planning council staff to develop the timeline and surveys necessary to complete the annual Evaluation of the Administrative Mechanism for 2013, review the survey results/reports from the planning council, administrative agency and funded service providers, make recommendations for edits on those survey/reports, and recommend the final reports to the planning council for approval, and
- 3) review the 2013 Standards of Care to determine if any updates or changes to the standards were needed for 2014 and make recommendations to the Planning Council to forward to the Administrative Agency.
- 4) Work with the Quality Management Team to develop and implement Performance Measures
- 5) Assessment of the tasks of the Evaluation Committee will be an ongoing activity for the committee to work on in year 2015.
- 6) Develop a Cultural Competency Training Resources List to be available on RWPC Website under resources.

Goal 1

The committee identified three areas for improved collaboration under the 2012 Comprehensive Plan: oral health, transportation, and housing. These areas were discussed at a number of committee meetings during 2013 which carried over to 2014. During the December 2013 meeting, the committee completed its development of the objectives and most measures related to the 2012 Comprehensive Plan goals of increasing collaboration with non-Ryan White funded providers in the areas of housing, transportation and oral health. The objectives and measures were completed in the committee during its December meeting.

Goal 2

The 2014 Evaluation of the Administrative Mechanism process and report were worked on at several committee meetings. The final report was reviewed and discussed at the October committee meeting. Committee members reviewed and discussed the Administrative Agency's responses to the recommendations. The committee agreed to forward the 2014 Evaluation of the Administrative Mechanism report to the executive committee of the planning council with a recommendation for council approval.

Goal 3

The committee reviewed the Standards of Care, including both the Universal SOC and the SOC for service categories beginning in October. The committee completed its review of the Standards of Care at the October meeting and agreed to forward the committee's recommendations for the 2014 Standards of Care updates to the Administrative Agency.

Goal 4

The Quality Management Team has started working on a plan to present Performance Measures to the service providers to implement in FY 2015. They decided to present information on the progress at the Evaluation Committee monthly meetings. They held meetings for service providers to attend and present their ideas for the performance measures. The meetings were effective.

Goal 5

Assessment of the tasks of the Evaluation Committee will be an ongoing task for the committee to work on in 2015.

Goal 6

Development of a Cultural Competency training Resources List available on the RwpC Website under resources section completed 4/3/2014.

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

COMMITTEE MEMBERS		
Demetria Bryan Nell Gaither Sonny Blake, CHAIR	Stacie Greskowiak/McNulty Woldu Ameneshoa	<i>Allen Peden, VICE CHAIR</i> <i>Ben Martinez</i> <i>Virginia Franco</i> <i>Paula Witherspoon</i>

*New Member *Member Resigned or reached term limit*

2014 was a very active year for the Planning & Priorities Committee. Along with our regular duties, we were tasked with other activities to be considered.

We began the year reviewing the Comprehensive Needs Assessment which had been worked on during 2013. By February, we had received a Draft of the Needs Assessment and began looking through for possible changes and/or questions to review with the consultant hired to complete the assessment. In February, the P&P Committee participated in a conference call with the consulting firm’s representative for an opportunity to ask questions, make recommendations, or request changes. The final draft was presented to the Planning Council in March.

The Planning & Priorities Committee also began the 2015 Priority Setting Process in January 2014. The committee reviewed the contents of the Priority Setting Process Guide, including a brief description of the process itself, the Dallas EMA Counties, descriptions of Part A, Part B, State Services, and MAI funding, needs assessment data, past rankings, and the ballots for Fiscal Year 2015. After careful review of all data and materials, the committee was asked to contact the Office of Support with any questions or concerns regarding the process. During the February and March meeting, the committee continued to address questions regarding this process whereas additional information was given to committee members, including special instructions for each services category’s carefully reviewing areas, such as bilingual resources, translations for education, resources and trainings, and language necessary to meet the needs of the transgender populations. In April, the committee members submitted their ballots and after an additional meeting to discuss special instructions, the document was voted on in June and forwarded to the Planning Council for vote.

The Committee spent several meetings this year addressing the 2012 Comprehensive Plan Update. Goal 2, Objective 1 was reviewed, whereas the NHAS’s strategy states 85% of newly diagnosed HIV patients are linked into medical care within three months of diagnosis. We also discussed issues surrounding the Affordable Care Act and the Office of Support hosted a webinar entitled “Marketplaces and Ryan White for States Not Expanding



Medicaid.” In June, the Planning & Priorities Committee invited linkage to care providers within the Dallas EMA to present strategies being used within their agency so that the committee members would gain knowledge of various linkage to care programs while learning of their strengths, opportunities and challenges surrounding linkage. Several representatives presented, giving the committee members an overall picture of linkage to care in the Dallas EMA.

In August, the Office of Support discussed the need for an Interim Work Plan because the current Comprehensive Plan will close in December 2014 and the RWPC is currently not slated to have a Comprehensive Plan from January 2015 through September 2016. It was decided to create a Comprehensive Work Group to develop an Interim Plan. The Work Group would be a diverse group and would help to gauge where the Planning Council is now, where we would like to go, and how we would get there. The group began meeting in August and met continuously throughout the remainder of the year. By the end of the year, the group was close to finishing the Interim Comprehensive Plan to present to the Council.

