

CY 2015

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



Ryan White Planning Council of
the Dallas Area

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CY 2015



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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 4,340 cases since 2009 up to a total of 19,389¹ PLWHA (Figure 1). That is close to a 28.84% 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 2009. In 2014, there were 1,076 people in the DPA that were newly diagnosed.

Figure 1: PLWHA Prevalence

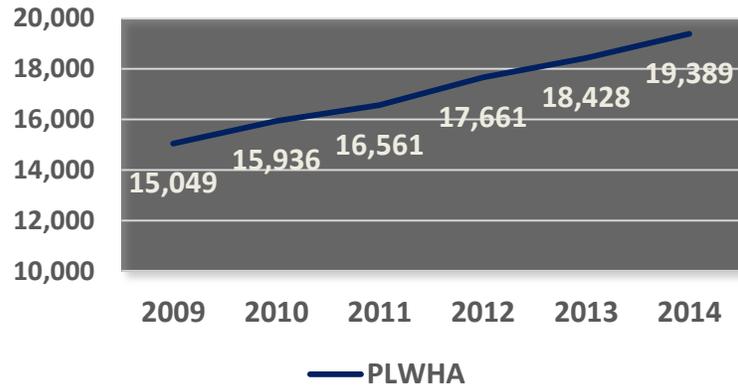
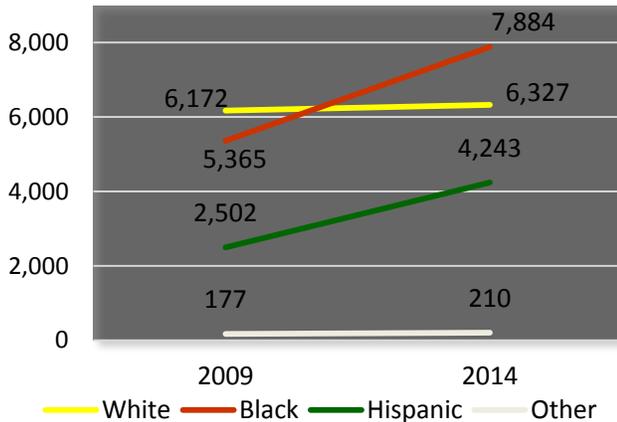


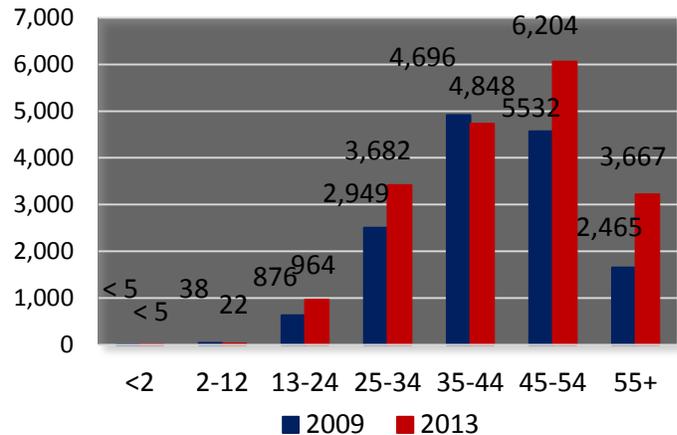
Figure 2: PLWHA Race/Ethnicity



It is clearly demonstrated that there is a disproportionate impact on African Americans as compared to the entire PLWHA community. They made up of 40.66% of all PLWHA, with 32.63% White and 21.88% Hispanic. The African American population has surpassed Whites in the number of cases since 2010.

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 2009.

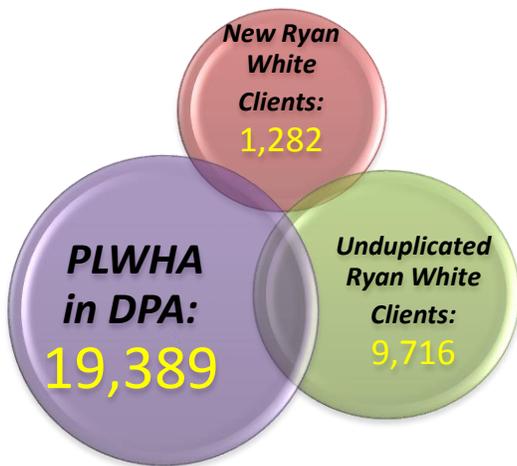
Figure 3: PLWHA Age



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

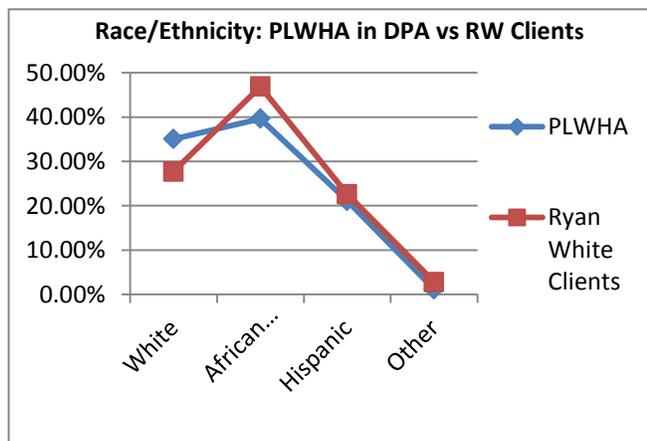
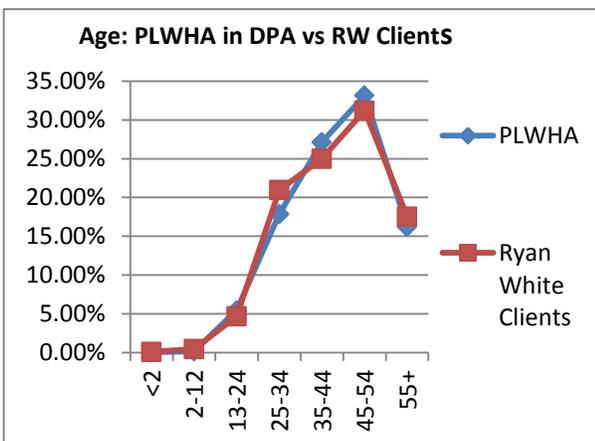
Ryan White Clients:

The number of unduplicated clients served in comparison to those served in CY 2015 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, 2015 – December 31, 2015, approximately **9,716** 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 (19,389), approximately 50.11% are receiving one or more of the provided Medical and/or Support Services through Ryan White funding. Of these 9,716 unduplicated clients served in the Dallas Planning Area, 1,282 were new to receiving Ryan White services. These new clients make up 6.61% 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 populations 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 2015. 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>FY15 Priority Rank</u>	<u>Service Category</u>	<u>Units Served</u>	<u>Clients Served</u>
	<u>Core Services</u>		
1	Ambulatory/Outpatient Medical Care	34,792	5,329
2	Medical Case Management	37,792	4,441
3	Oral Health Care	12,548	1,817
4	AIDS Pharmaceutical Assistance	16,921	1,564
5	Mental Health	1,802	350
6	Health Insurance & Cost Sharing Assistance	3,491	449
7	Early Intervention Services	2,449	178
8	Substance Abuse	1,611	98
9	Home Health Care	-	-
10	Home & Community Based Health Care	-	-
	<u>Support Services</u>		
1	Food Bank	37,449	2,200
2	Non-Medical Case Management	57,886	5,115
3	Medical Transportation	19,550	1,759
4	Outreach – Lost to Care	7,480	1,985
5	Housing-Based Case Management	10,629	172
6	Meals Congregate/Home Delivered Meals	67,406	1,334
7	Transportation – State Services	5,800	1,423
8	Congregate Housing	12,786	119
9	Legal Services	2,421	236
10(t)	Day Respite Care for Children/Youth/Adults	-	-
10(t)	Respite Care for Adults	5,321.20	139
12	Linguistic Services	2,878	164
13	Child Care Services	227.59	6
14	Child Care – State Services	4,235.44	9

This ARIES data was pulled for service dates 1/1/15 - 12/31/15 to reflect the impact of the Ryan White Planning Council’s (RWPC) prioritization and allocations decisions. The RWPC, Administrative Agency (AA), and Ryan White funded providers are closely connected to the entire continuum of services available to address the HIV/AIDS epidemic through strong, collaborative efforts with primary and secondary prevention, public health awareness, and treatment programs. Dallas uses Ryan White funds to create a continuum that eliminates gaps in the system, 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 eight of the 10 possible services. These core services comprise approximately 75.5% of 2014 Ryan White Part A and MAI allocations, while Supportive Services utilized approximately 24.5% of funds. The majority of Ryan White funded services are located in Dallas County where the majority (82%) 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 25 years, while focusing on the enhancement of primary medical care and the provision of widely needed support services. These programs are for those who do not have sufficient health care coverage or financial resources for treating HIV. Ryan White fills the gaps in care not covered by other resources. Over \$20.2 million annually are entrusted to the Planning Council’s authority.

The Planning Council’s membership is comprised of community volunteers appointed by the Chief Elected Official (CEO), Judge Clay Jenkins. Over the past year, the Planning Council has welcomed 1 returning and 4 new members.



New Member Name	Committee’s Appointed to
John Dornheim	RWPC, CCC, & P&P
Joycelyn Caesar	RPWC & P&P
Leonardo Zea	RWPC & Evaluation
Yolanda Jones	RWPC, Allocations & Evaluation
Robert Baxter	RWPC & Evaluation

There were officially 21 members serving on the Planning Council, of which 38% were non-aligned consumers (not employed at a funded agency). Also, 13 out of the 17 HRSA mandated seats were occupied. The RWPC & staff are striving to actively recruit and fill those remaining seats. During the course of the year, there were changes to the RWPC staff. Annie Sawyer-Williams joined the team as the RWPC Coordinator and Andrew Wilson filled the vacated seat by Crystal Flores as the RWPC Manager.

Letter from the Chair:



Lionel Hillard,
RWPC Chair

Greetings Everyone!

I would like to thank all the leaders of 2015 for a successful year. The RWPC Vice Chairs: Sonny Blake and Helen Turner Goldenberg. Also I would like thank the standing committee chairs and vice-chairs, Bryant Porter, Gray Benecke, Robert Compton, Auntjuan Wiley, and Demetria Bryan. Through their dedication and hard work, we enjoyed an exciting and very productive year.

We were tasked in 2015 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. As people are living longer with this disease it is imperative to bring on some 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
Ryan White Planning Council

Ryan White Planning Council Report

Meets second Wednesday of each month at 9AM.

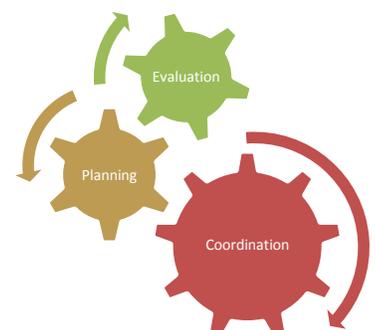
PLANNING COUNCIL MEMBERS

Bryant Porter	*Leonard Zea	<i>Maurice Murray</i>
*Cipriano Gomez III	Lionel Hillard, Chair	<i>Nell Gaither</i>
Demetria Bryan	Louvenia Freeman	<i>Robert Compton</i>
Gary Benecke	Meera Rao-Bette	<i>J. Raheem Harris</i>
Helen Turner Goldenberg Vice-Chair	Phillip Scheldt	<i>Laura Collins</i>
Auntjuan Wiley	*Robert Baxter	<i>Marcos Alcorn</i>
*John Dornheim	Ronald W. Stinson	
*Jocelyn Caesar	Sonny Blake Vice-Chair	
Kendal Richardson	Stacie McNulty	
Kirk Myers	Tom Emanuele	
	*Yolanda Jones	

*New Member *Member Resigned or reached term limit*

The 2015 Ryan White Planning Council of the Dallas Area started with 23 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 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 CY2015. 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 proposal (RFP) 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 Wednesday of each month at 2:00PM

Executive Committee Report:

COMMITTEE MEMBERS		
Lionel Hillard, CHAIR, Allocations CHAIR Helen Turner Goldenberg, CCC CHAIR Sonny Blake, P&P CHAIR	*Gary Benecke, Eval VC *Auntjuan Wiley, CCC VC *Demetria Bryan, P&P VC	Robert Compton, Allocations VC Bryan Porter, Evaluation CHAIR

*New Member *Member Resigned or reached term limit*

The Executive Committee met 12 times in CY 2015. 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 would ask the respective standing committee chair to attempt to contact that member with a letter and phone call. If that member’s seat was forfeited, the member was notified via a certified letter/email.

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

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 full Planning Council for approval. This included the allocation of funds, updates to the Continuum of Care, and any other business and necessary documents.

This committee also looked at and approved the topics for the training calendar year 2015. These trainings were chosen by the planning body, focus groups, and Comprehensive Care Plan. Some of these trainings were held after regularly scheduled meetings and others were held at scheduled dates and times outside of the regularly scheduled meetings. 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 provided new members with the knowledge of the Planning Council process, goals, and objective. It outlined 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 wanted to be a part of the process that is in line with the Ryan White Guidelines.

Nominations Committee Report:

COMMITTEE MEMBERS		
Lionel Hillard, RWPC CHAIR, Allocations CHAIR Helen Turner Goldenberg, CCC CHAIR Sonny Blake, P&P CHAIR Bryant Porter Evaluation CHAIR	*Gary Benecke, Eval VC Kyle Talkington, Judges Rep Lynette Smith-Clay, AA Rep *Auntjuan Wiley, CCC VC	Robert Compton, Allocations VC *Demetria Bryan, P&P VC

The 2015 Ryan White Planning Council Nominations Committee met nine times in CY 2015. The committee forwarded the 2015 RWPC Leadership and Standing Committee applications for appointment by Judge Clay Jenkins as follows:

Joris Ross	Consumer Council Committee
Kirk Myers	Ryan White Planning Council recommendation and Planning & Priorities Committee
John Dornheim	Ryan White Planning Council recommendation, Consumer Council Committee, and Planning & Priorities Committee
Donna Wilson	Consumer Council Committee
Leonard Zea	Ryan White Planning Council recommendation and Evaluation Committee
Helen Turner Goldenberg	Consumer Council Committee Liaison of the Evaluation Committee
Robert Baxter	Evaluation Committee
Maurice Murray	Transferred to the Planning & Priorities Committee from the Evaluation Committee with a letter of concern regarding prior attendance
Yolanda Jones	Ryan White Planning Council recommendation, Allocations Committee and Evaluation Committee
Cipriano Gomez III	Ryan White Planning Council recommendation, Allocations Committee and Consumer Council Committee
Marques Elder	Consumer Council Committee and Planning & Priorities Committee
Barbara Neal	Ryan White Planning Council recommendation



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 Barbara Neal *Cipriano Gomez III Emily Marks Buffie Bogue	James Kleitches Odus Oglesby Phillip Scheldt *Yolanda Jones	<i>Jim Howze</i> Robert Compton, VC Robbie Hollis

*New Member *Member resigned or reached term limit*

Although this year-end report is a reflection of calendar year 2015, this specific committee report will encompass some financial data from calendar year 2013-2014 in that the 2015 fiscal year for the Part A grant is March 2015-March 2016.

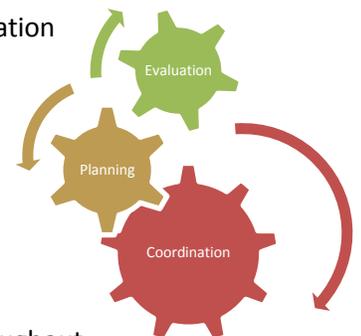
COMMITTEE MEMBERSHIP CHANGES:

There were three members that left the committee at various times throughout the year and two new recruits that joined in August and September 2015. We closed out the year with an nine person committee. Active recruiting for new membership will always be a priority for the Allocations Committee. In February 2015, a new RWPC Coordinator, Annie Sawyer-Williams, joined the staff and provided training.

TRAINING:

On April 27th 2015 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. Andrew Wilson, RWPC Planner, 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 questions throughout and after the presentation. Andrew Wilson also gave an overview of the Allocations Dashboards.

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 only reallocation of the year occurred during an emergency meeting held on November 23rd, 2015. There was \$1,051,316 in **FY 2015 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 (\$1,051,316): A total of **\$1,051,316** was returned from several service categories (see below). The committee decided to fulfill the amount requested for Medical Case Management, Oral Health Care, Mental Health, Non-medical Case Management, Medical Transportation, Housing Based Case Management, and Legal Services totaling \$667,500. The rest of the available funds (\$1,086,146) was distributed at the discretion of the Administrative Agency of up to \$1,500,000 of FY 2015 Part A and MAI funds.
- Part B (\$540,000) Due to the change in grant cycle Reallocations will be completed in 2016.

**RYAN WHITE PLANNING COUNCIL OF THE DALLAS PLANNING AREA
YEAR-END REPORT**

CY 2015

FY 2015 - 2016 Ryan White Part A Award Reallocation (By Service Category) -- 11/05/2015

2015 RANK	Service Category	FY 2015	FY 2015	FY 2015	FY 2015	FY 2015	2	FY 2015
		TOTAL PART A AWARD 03/01/15 - 02/29/16	Allocation Percentage based on 2013 F.E.	Part A Returned Funds	Reallocated Funds Per Allocation Committee (AC)	PART A REVISED AWARD 03/01/15 - 02/29/16	Request for Funding Increase (RFI)	
	<i>Core Medical</i>			11/04/15	November-15			
1	Outpatient Medical Care	4,151,889	31.16%	416,311		3,735,578		
2	Medical Case Management	1,468,350	11.02%			1,468,350		160,000
3	Oral Health Care	1,216,521	9.13%			1,216,521		350,000
4	AIDS Pharmaceutical Assistance	1,267,153	9.51%	60,000		1,207,153		
5	Mental Health	122,586	0.92%	20,321		102,265		0 Inte
6	Health Insurance Assistance	1,509,657	11.33%	210,000		1,299,657		
7	Early Intervention Services	255,829	1.92%	125,831		129,998		
8	Substance Abuse	79,946	0.60%	13,000		66,946		
9	Home Health Care	30,646	0.23%	30,646		0		
10	Home and Community Based HS	10,660	0.08%	10,660		0		
	<i>Support Services</i>							
1	Food Bank/Pantry	345,102	2.59%			345,102		
2	Case Management, Non-Medical	1,428,378	10.72%	120,469		1,307,909		0 Inte
3	Medical Transportation	738,174	5.54%			738,174		2,500
4	Outreach-Lost to Care	35,977	0.27%			35,977		
5	Case Management - Housing Based	121,251	0.91%			121,251		25,000
6	Home Delivered Meals	307,793	2.31%	4000		303,793		
7	Transportation - State Services	0	0.00%			0		
8	Congregate Housing	0				0		
9	Legal Services	69,288	0.52%			69,288		14,000
10	Day Respite Care for Children/Youth	39,974	0.30%	14,078		25,896		
10	Respite Care for Adults	50,633	0.38%			50,633		
12	Linguistic Services	71,952	0.54%			71,952		
13	Childcare Services	2,665	0.02%			2,665		
	Total Obligated for Service Delivery	13,324,424	100.00%	1,025,316	0	12,299,108		551,500
	UNOBLIGATED	-				-		
	UNALLOCATED - PAF	-				-		
	UNALLOCATED - PAS	-				-		
	Total Contractual - Dallas EMA	13,324,424		1,025,316		12,299,108		
	ADMINISTRATIVE AGENCY	1,015,532		50,000		965,532		
	QUALITY MANAGEMENT	507,766		190,000		317,766		
	2014-15 Carry Over			282,040				
	TOTAL FY 2012 - 2013 PART A AW	14,847,722		1,547,356		13,582,406		0
	CORE MEDICAL	75.90%				75.02%		
	NON-CORE (SUPPORT)	24.10%				24.98%		

NOTABLE EVENTS AND CHANGES:

During the November 23rd, 2015 meeting, the committee voted to accept a motion that recommends the Administrative Agency have discretion to utilize future unexpended **FY 2015** Part A funds up to the amount of \$1.5 million and **FY 2015** MAI funds up to the amount of \$1.5 million among any of the core medical services, and under non-core services, non-medical case management only. 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.

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 2015 the support staff provided the Allocations Committee with the FY 2016 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 ±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 2015, 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 Helen Turner Goldenberg, CHAIR Donna Wilson* Judith Dillon Kendal Richardson John Dornheim*	Linda Freeman Lionel Hillard Meera Rao Bette* Ricky Tyler Cipriano Gomez III* Marques J. Elder*	<i>J.Raheem Harris</i> <i>Rosa Carballo</i> <i>Joris Ross</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 (PLWHA), and advocates who lend their voice to help ensure optimum survival of PLWHA via education and empowerment of consumers, providers, as well as the entire community. The CCC began the year with review of the Comprehensive Plan goals and action steps, including our extensive collaboration with the Ryan White Planning & Priorities Committee, the

RW Evaluations Committee, and the Community. Additionally, we started right away with review of a plethora of 2015 EDU Forum Topics received from past Forum attendees, providers, and the community. In fact, past practice has been to produce 4 EDU Forums each year. But we found that the need was so great that we challenged ourselves and were successful in producing a record setting 8 very well received EDU Forums in 2015.

It was therefore 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 for a report from designated CCC Liaison Member(s) charged with attending other Standing Committee Meetings (Allocations, Evaluation, and Planning & Priorities), so that ALL members can be in sync and are more effective. Most of the CCC members attended local, state, and/or national events, e.g.; Week of Prayer for the Healing of AIDS during the first week of March; AIDS Walk South Dallas on March 21, 2015 with CCC Vice Chair 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 info table at that event, as well as participated as speaker and RW Consumer Council representative at multiple other events, such as: a Dallas County Health & Human Services National Black HIV AIDS Awareness Day Event on February 6, 2015, the End with Red "Day of Solidarity" event on March 13-15, 2015 hosted by The Afiya Center (Chair Goldenberg and CCC members Linda Freeman & Donna Wilson were also speakers, and are leaders in the Precious and Positive Support Group); CCC Chair Goldenberg and the then RWPC Chair & 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 1-3, 2015 (Conference theme was "Power in Numbers"; AIDS Arms' 25TH Anniversary LifeWalk on October 4, 2015; the KwanzaaFest event December 12-13, 2015 was a great opportunity to promote Ryan White with more than 50 providers and hundreds of people who attended. Chair Goldenberg was involved in many other events including ongoing participation in TOP TX Organizing Project, TX Decriminalization Project, TX HIV Syndicate charged with developing an HIV Plan to end the AIDS epidemic in Texas, the Campaign To End AIDS C2EA's National Advocacy Campaign to End AIDS by 2025 US/2030 globally. All CCC members strive to keep ear to the ground to stay abreast of the needs of PLWHA. Significant is the collaborative work with Evaluations & P & P Committees, e.g. communication with consumers, providers, and the Priority Setting Planning Guide which was presented by the RW Office of Support to help CCC members with informed priority ranking decisions. Equally important was the exemplary job performed by the CCC Survey Taskforce in summer 2015... conduct a brief (6 questions) Consumer Satisfaction Survey developed by the Evaluations Committee to rate the intake process; an amazing 350 surveys were completed and on a scale with 1 as low and 10 as highest, the satisfaction rate is 7.33 for those who entered care 2015 only, and 7.67 by including 2014. There is also other collaborations with Evaluations e.g. our CCC/Evaluations Focus Group in November 2015 further exploring consumer viewpoint re case management and intake process.

Recruitment continues to be important for optimum diversity. All members were therefore asked to concentrate on getting new members especially Youth, Hispanics, Black heterosexual, and Transgender folk. This year we lost our only female Hispanic, Rosa Carballo due marriage, but gained young MSM

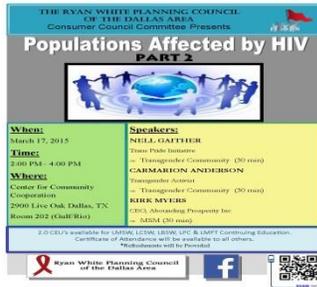
Hispanic, Cipraino Gomez III. This charge has been challenging, however we continue to work diligently on visiting youth groups, Youth First, the HIVE, including using social media postings, e.g. the Ryan White Office of Support RWPC Facebook page where we can request recruitment and Forums postings.

FORUMS: Topics for the eight forums produced in 2015 were chosen by vote of CCC members from suggestions received from consumers, providers, and other attendees at past forum and other interested parties. *2.0 CEU's Continuing Education Credits were available for LMSW, LCSW, LBSW, LPC & LMFT at 7 out of 8 Forums in 2015 Certificate of Attendance was available to all others*

FORUM 1: Populations Affected by HIV Part 1 (March 12, 2015 at Center for Community Cooperation 2900 Live Oak Dallas – Moderator CCC Chair Helen Turner Goldenberg) Many attendees of past Forums have requested more data on populations affected by HIV. We have therefore broken this subject into two separate Forums. In Part 1 Rev. Deneen Robinson, Consumer HIV Educator and HIV Consultant at Merck Pharmaceutical Company covered **African American Women** including culturally fixed ideas and how life sometimes gets in the way of being proactive in health management for economically challenged and marginalized women, including the impact of geography on HIV vulnerability and infection. Very interesting was that the presentation by Elias Cantu, Clinical Data Specialist on **HIV & Latinos/ Latinas** which basically reveals that this population also has culturally fixed ideas; both groups have increasingly higher infection rates. Mr. Ed Jones, Advocacy Consultant Texas spoke on **African American men** including risk factors, importance of support/ peer assistance to avoid lost to care, and the down low was also covered.

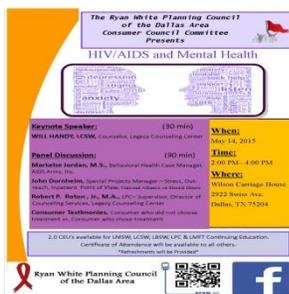


FORUM 2: Populations Affected by HIV Part 2 (March 17, 2015 at CCC at 2900 Live Oak Dallas – Moderator CCC Chair Helen Turner Goldenberg) Part 2 covered **the Transgender Community** by both Trans Women, Nell Gaither of Trans Pride Initiative and Rev. Carmarion Anderson, a Transgender Activist. Additionally Kirk Myers CEO of Abounding Prosperity Inc. covered **MSMs**. All presentations were very well received. Quite a few attendees mentioned that they were really unaware of the so many challenges of the Trans Community, e.g. Health disparities, extreme stigma, discrimination, criminalization, and as well as violence, even murder; and, stats are not well kept on this population. Both populations have so many that are shunned and adversely judged by both family and the community at large. All 3 presenters indicate how extremely important support and equity is to both the Trans and MSM community.



FORUM 3: HIV/ AIDS and Mental Health (May 14, 2015 at Wilson Carriage House on 2924 Swiss Ave Dallas – Moderator CCC Chair Helen Turner Goldenberg) This was a very exciting Panel discussion which made it clear that the need for mental assistance does not mean a person is crazy. The Keynote Speaker Was Will Handy, LCSW Legacy Counseling Center with Anna Pereida Lead Behavioral Health Case Manager, (AIDS Arms), John Dornheim of National Alliance on Mental Illness (NAMI), Meera Rio-Bette on Inpatient point of View, Robert P. Roton, Jr. LPC- Supervisor Legacy Counseling Center, plus Consumer Testimonies with Judith Dillon who chose treatment and Chair Goldenberg who did not for a very long time choose treatment.

A great take away from all speakers is to work with people’s strength instead of their illness. “HIV acts as an intensifier for the burdens of oppression of compounding mental health” was a statement agreed by all. Bottom line is WE SHOULD CHOOSE TREATMENT EVEN FOR THE SIMPLE OR SMALLER PROBLEMS SO THEY DO NOT BECOME HUGE AND MORE DETRIMENTAL OR DISASTROUS.



FORUM 4: HIV/ Substance Abuse and Youths (June 11, 2015 at Association of Persons Affected by Addiction (APAA) Recovery 3116 Martin Luther King Jr. Blvd Dallas 75215 – Moderator CCC Chair Helen Turner Goldenberg) This was one of the highest attended Forums at a Community Recovery Center with Miss Plus America 2011 Michelle Anderson-Morrison as Key Note Speaker and great Panelists Tom Emanuele- Medical Case Manager at AIDS Services of Dallas, Young black Edward Sims- Risk Reduction Specialist at Council on Alcohol & Drug Abuse, Gail Atwater- LCSW of Legacy Counseling Center, Robert P . Roton, Jr- LPC Supervisor, Director of Counseling Services Legacy Counseling Center, plus Consumer Testimonies. All speakers were excellent and the post survey results were excellent as well.



FORUM 5: Financial & Rental Assistance (July 16, 2015 at Center For Community Cooperation 2900 Live Oak Dallas –Moderator CCC Chair Helen Turner Goldenberg) This was a fun and very informative event with two key note speakers, Kris Dance- Housing Opportunities for People with AIDS, Supervisor at Dallas County Health & Human Services, and Helena Davidson- BBW, Home Base for Housing, Housing Director Legacy Counseling Center. Other Panelists included Bryant Porter- Development Associate AIDS Interfaith Network AIN, Belinda Manson- Case Manager Martin Luther King Community Center, and Elaine Kyle- Residential Coordinator City of Dallas. Each speaker was unique in their approach providing useful information with Helena Davidson doing a demonstration of the Home Base for Housing tool kit, including the Website using specific examples; and, Kris Dance provided everyday information that the audience really loved, like a recipe for a clothing softener as well as other desired resources. Both Belinda and Elaine presented themselves as passionate case manager and Residential Coordinator. Bryant even covered the best fiscal use of bus passes and let the group know other resources available at AIN.



FORUM 6: HIV & AGING/ Understanding Medicare/ How Medications affect the Aging Body (August 26, 2015 at AIDS Interfaith Network (AIN) 2707 N. Stemmons Fwy Dallas- Moderator CCC Chair Helen Turner Goldenberg) This one was about lots of facts, lots of tools/ resources to arm consumers with vital information about what to expect and ways to cope with the issues and challenges that come with HIV and aging, e.g.co- morbidities: what that means and how it impacts HIV care, polypharmacy: taking tons of pills, drug interactions: in normal people terms not pharmacy terms, funding: Medicare Part D, talking effectively to all your providers, adherence tools, long term effects of HIV disease itself, and, staying alive, plus Long term survivor testimonies from Auntjuan “Mr. Community” Wiley and Chair Goldenberg who has lived with the challenges of AIDS since March 13, 1984. There were more questions at this Forum than any other, and we had an expert Panel as follows: Jennifer Klein- Medical Provider AIDS Arms, Cindy Zoellner- Pharm.D., and BCPS, Senior Clinical Pharmacy Specialist in HIV & HCV, Parkland Health & Hospital System,



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, CHAIR	Ron Stinson	<i>Maurice Murray</i>
Del Wilson	Phillip Scheldt	<i>Marcos Alcorn</i>
Gary Benecke, VICE CHAIR	Tom Emanuele	
LaShaun Shaw	*Helen Turner Goldenberg*	
Louvenia Freeman	*Leonardo Zea	
Lori Davidson	*Robert Baxter	
Louise Weston Ferrill	*Yolanda Jones	

*New Member *Member Resigned or reached term limit*

The Evaluation Committee held regular meetings during calendar year 2015 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 during 2015.

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

- 1) Evaluation of the Administrative Mechanism Survey 2014
- 2) Client Satisfaction Survey & Focus Group on intake process and case management
- 3) Began looking at Standards of Care of dental and outpatient ambulatory medical care
- 4) Evaluation Dashboards

Goal 1

The committee reviewed the previous year’s EAM survey and worked to develop new questions for the 2015 survey (for FY 2014). Members from the AA attended meetings and provided feedback to the committee during the development of the survey. Outcomes of the survey pointed to both strengths and weaknesses of the Planning Council and its committees as well as the strengths and weaknesses of AA. In its response, the AA stated that—in some cases—the questions appeared to be inappropriate and out of the jurisdiction of the Planning Council. Reactions were mixed as many committee members stated that AA members were present themselves during the survey development process and that, therefore, concerns about the potential appropriateness of questions should have been expressed at that time. After discussions with the AA, it was agreed that for the development of the FY 2015 survey

in 2016, the committee and the AA would strive to work together more closely in order to ensure mutual agreement with regards to the appropriateness of survey questions.

Goal 2

The committee developed a client satisfaction survey in order to ask clients utilizing Ryan White services questions regarding the strengths and weaknesses of the Ryan White intake process and care coordination system. Surveys were administered to clients in July of 2015 and 348 clients were surveyed. Survey results are in still in the process of being analyzed, and the committee will be reporting on the data in 2016.

A Care Coordination focus group was also conducted and questions regarding the effectiveness of the current Care Coordination system were administered. Cumulative responses given by focus group members will be provided in a report to the AA once the AA proceeds to create its own committee to evaluate the Care Coordination system—likely sometime in 2016.

Goal 3

The committee began to look at the 2016 Standards of Care for OAMC and Dental Care. Rather than create locally, the 2016 Standards of Care have been developed by the state and DSHS expect them to be adopted by all local areas. Rather than suggesting modifications to current Standards of Care, the committee agreed to provide feedback on the new SOC to the AA so that the AA can forward that feedback to the state. Suggested edits for OAMC and dental were developed during the December 2015 meeting and completed in the January 2016 meeting.

Goal 4

The development of Evaluation Committee “dashboards” was on the agenda for 2015. The purpose of these dashboards was to begin to allow the committee to evaluate effectiveness of services. It was agreed that % of clients receiving OAMC and % of clients virally suppressed would be reported for each service category (Andrew, please check this). The dashboards are still in the process of being developed and will be reviewed during 2016.

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 Sonny Blake, CHAIR *John Dornheim *Marques J. Elder	Stacie McNulty Woldu Ameneshoa *Joycelyn Caesar	<i>Nell Gaither</i>

*New Member *Member Resigned or reached term limit*

2015 was a very interesting year for the Planning & Priorities Committee.

We began the year reviewing the Comprehensive Needs Assessment which would become an integral part of the 2016 Priority Setting Process. As we began talking about the Priority Setting Process, it was determined that the committee would benefit from asking providers to present on the categories they were funded so that members would have a better understanding of the importance of such services. This was met with resistance from the providers however as we moved through the process, the committee was able to obtain necessary information to rank categories during the Priority Setting Process. Additional information was obtained by support staff including but not limited to the Dallas EMA Counties, descriptions of Part A, Part B, State Services, and MAI funding. Also available were past rankings, and additional information requested by the committee.

The committee also addressed the FY2014 “How to Best Meet the Priority”, document and made changes as deemed necessary. Training and review was conducted by support staff who answered questions and guided the committee through this process. The majority of changes made to the document were in the form of language and specific targeted populations.

The Planning & Priorities committee began looking at Linkage to Care as part of the Interim Work Plan. As part of this process, the committee asked providers to attend the August 2015 meeting and give a short presentation on what the agency was doing to address linkage to care peer navigation. Several providers attended and gave information regarding these areas. As part of the Interim Work Plan, the committee addressed concerns regarding linkage to care and ways we could increase linkage from 78% to 85% of those individuals living with HIV/AIDS in the Dallas EMA. Peer Navigation was identified as one of the best strategies to ensure that clients are lined into medical care early upon initial diagnosis.

The committee then began the FY2016 Continuum of Care Review. A training was conducted regarding the Continuum of Care and Standards of Cadre. The committee wrapped up the year addressing issues surrounding the Continuum of Care document and minor changes were made while other areas of concern were addressed by the support staff and Administrative Agency.