

**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL MEETING MINUTES
TUESDAY, MAY 22ND, 2018**



**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL
BUSINESS MEETING MINUTES**

**REGULAR MEETING
TUESDAY, MAY 22ND, 2018**

The Austin Area Comprehensive HIV Planning Council convened in a regular meeting on Tuesday, May 22nd, 2018 at City Hall, 301 West 2nd Street, Room 1027 in Austin, Texas.

Chair *Justin Smith* called the Board Meeting to order at 6:00p.m.

Council Members in Attendance:

Chair Justin Smith, Vice Chair L.J. Smith, Secretary Glenn Crawford, Akeshia Johnson Smothers, Aubrey Bragila, Barry Waller, Dale Thele, Emma Sinnott, Jessica Pierce, Whitney Bulna

Staff in Attendance: *Cassandra DeLeon, Program Manager, Laura Still, Planner, Scott Lyles, Program Coordinator, Halana Kaleel, Administrative Senior*

Administrative Agent: *Glenn Selfe and Patricia (Trish) Niswander*

Presenters: *Brent Bednarik and Alicia Weigel*

1. CERTIFICATION OF QUORUM

Chair Justin Smith established and certified Quorum.

2. CITIZEN COMMUNICATION

No Citizen Communication occurred.

3. INTRODUCTION/ANNOUNCEMENTS

Council Member Jessica Pierce will be resigning due to job change.

4. APPROVAL OF APRIL 24TH, 2018 MINUTES

The minutes from the meeting of April 24th, 2018 were approved.

5. COMMUNITY INITIATIVE PRESENTATIONS

- Online HIV Resource Guide
 - Guest Brent Bednarik, one of the founders of Red Ribbon an online resource guide for HIV Services presented.
 - He was inspired to update the Dallas “Purple Book”-resource guide for services which typically was only updated every 3-4 years, and was usually out of date as soon as the resource guide was printed.
 - He hopes to make a free online version which is client informed and mobile friendly.
 - This online resource will be continually updated.
 - User friendly for case managers and client use.
 - Council Member Emma Sinnott asked about how resources are updated.

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- Brent commented that changes are not made until confirmed with resource.
 - Council Member L.J. Smith asked about the resource guides funding source.
 - Brent said the resource guide is currently self-funded but he hopes to soon have sponsors and use ads related to HIV topics for funding.
 - Council Member Whitney Bulna suggested a website monitor familiar with local HIV resources to inform the process.
 - Brent has completed the resource guide for Dallas and Austin will be the second pilot for the website.
- Putting the 'I' in LGBTQIA+
 - Guest Alicia Weigel an Intersex Advocate present on Intersex Awareness and Advocacy.
 - Intersex individuals remain heavily stigmatized even though they are 1.7% of the world's population. Meaning in Austin there is at least 19,000 intersex individuals.
 - Intersex individuals face extreme barriers in access to care.
 - Often experimentation occurs with intersex children.
 - Alicia herself has to fly to New York from Austin to get competent care being intersex.
 - Alicia encouraged council members to be aware of intersex issues to provide the best care to people with HIV.

6. ADMINISTRATIVE AGENCY REPORT

- Part A
 - FY17 Ryan White Part A Performance Outcomes by Service Category (*See Appendix A*) was reviewed by council.
 - Administrative Agency Report was reviewed by council (*See Appendix B*).
 - Administrative Agent Glenn Selfe presented FF17 Carryover Funds/FY18 Quality Management Funds Realignment (*See Appendix C*) to council.
 - Administrative Agent is waiting on decision for Quality Management Funds Realignment until final Ryan White Part A reward is received.
- Part B
 - Council Member Jessica Pierce presented Ryan White Part B Administrative Agency Report (*See Appendix D*).
 - No client complaints this month.

7. COMMITTEE REPORTS:

a. Executive Committee

- **Vote on new membership application**
 - Executive Committee recommendation adopting Roger Baltazar membership application was approved on an 8-0-2 vote. Those members voting aye were: Council Members Chair Justin Smith, Vice Chair L.J. Smith, Secretary Glenn Crawford, Akeshia Johnson Smothers, Aubrey Bragila, Barry Waller, Dale Thele, and Jessica Pierce. Council Member Whitney Bulna and Emma Sinnott abstained.
- **Vote on membership reapplication**
 - Executive Committee recommendation adopting Council Member L.J. Smith's membership reapplication was approved on a 9-0 vote. Those members voting aye were: Council Members Chair Justin Smith, Secretary Glenn Crawford, Akeshia Johnson Smothers, Aubrey Bragila, Barry Waller, Dale Thele, Emma Sinnott, Jessica Pierce, and Whitney Bulna. Vice-Chair L.J. Smith abstained.

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- **Vote on recommended changes to the Bylaws**
 - Tabled due to pending legal review.
- b. Comprehensive Plan Committee
 - Comprehensive Plan Monitoring
 - Currently soliciting community input.
 - Needs Assessment
 - Completed practice focus group with the Comprehensive Plan Committee.
 - Currently working on focus group development.
 - Council Member Whitney Bulna currently working on one pager for Needs Assessment.
 - Standards of Care
 - **Vote on Outpatient Ambulatory Health Service Standard**
 - Comprehensive Plan Committee recommendation adopting Outpatient Ambulatory Health Service Standard was approved on a 9-0 vote. Council Members Chair Justin Smith, Vice Chair L.J. Smith, Secretary Glenn Crawford, Akeshia Johnson Smothers, Barry Waller, Dale Thele, Emma Sinnott, Jessica Pierce, and Whitney Bulna. Council Member Aubrey Bragila was absent.
- c. Allocations Committee
 - PSRA Process Update
 - Allocations committee heavily reviewed data and consumer input from HIV Needs Assessment while prioritizing.
 - **Priority ranking vote**
 - Allocations Committee recommendation adopting Priority ranking vote was approved on an 8-0-2 vote. Those members voting aye were: Council Members Chair Justin Smith, Vice Chair L.J. Smith, Secretary Glenn Crawford, Akeshia Johnson Smothers, Aubrey Bragila, Barry Waller, Dale Thele, and Jessica Pierce. Council Members Whitney Bulna and Emma Sinnott recused from this item due to a conflict of interest and left the dais.

8. HIV PLANNING COUNCIL STAFF REPORT

- The presentation was made by *Laura Still, Planner, Austin Public Health (See Appendix E)*.

9. ADJOURNMENT

Chair *Justin Smith* adjourned the meeting at 7:18p.m. without objection.

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Appendix A

FY 2017 RYAN WHITE PART A PERFORMANCE OUTCOMES BY SERVICE CATEGORY

During the fourth quarter of FY 2016, an Outcomes Measurement Subcommittee of the Clinical Quality Management Committee met several times to review existing outcome measures and recommend changes for FY 2017. Many of the outcome measures and targets listed below were revised for FY 2017, in order to update and align with current HAB Performance Measures. After mid-year Outcome Reports are submitted in October 2018, the Subcommittee will meet again to review outcome measures and targets, and make changes as needed for FY 2019. Outcome measures marked with an asterisk are performance measures in the HRSA/HAB Performance Measures Portfolio. HRSA/HAB requires that at least one HAB performance measure is used for each service category.

PART A CORE MEDICAL SERVICES

Outcome Measure	Outcome Target	Percentage Achieving Outcome
AIDS Pharmaceutical Assistance		
*Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	90%	99%
*Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	80%	86%
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals		
*Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	85%	95%
Medical Case Management, including Treatment Adherence Services		
*Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year	80%	87%
*Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits	85%	98%
Medical Nutrition Therapy		
Percentage of medical nutrition therapy clients who had a nutrition care plan developed and/or updated two or more times in the measurement year	85%	74%
*Percentage of medical nutrition therapy clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits	85%	79%
Mental Health Services		
Percentage of mental health services clients making progress towards or attaining their prescribed client treatment plan goals during the measurement year	70%	83%

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*Percentage of mental health services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits	80%	89%
Oral Health Care		
*Percentage of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year	95%	96%
*Percentage of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year	90%	95%
*Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year	95%	99%
*Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year	80%	95%
*Percentage of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months of establishing a treatment plan	80%	64%
Outpatient Ambulatory Health Services		
*Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	90%	99%
*Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	90%	87%
*Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	80%	89%
*Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	80%	86%
Percentage of patients receiving outpatient ambulatory health services who report overall satisfaction with the quality of medical care services received	80%	97%
Substance Abuse Outpatient Care		
Percentage of substance abuse outpatient care clients making progress towards or attaining their prescribed client treatment plan goals during the measurement year	70%	68%
*Percentage of substance abuse outpatient care clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits	80%	77%

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PART A SUPPORT SERVICES

Outcome Measure	Outcome Target	Percentage Achieving Outcome
Emergency Financial Services		
*Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	90%	99%
*Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	80%	86%
Food Bank/Home Delivered Meals		
*Percentage of food bank/home delivered meals clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits	85%	85%
Housing		
*Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits	70%	80%
Percentage of clients who increase symptom management during the measurement period	80%	92%
Percentage of clients who report overall satisfaction with the quality of services received	90%	97%
Medical Transportation		
*Percentage of medical transportation clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	90%	86%
Non-Medical Case Management Services		
Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year	80%	89%
*Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits	85%	92%
Outreach Services		
*Percentage of outreach services clients with unknown HIV disease who attend a routine HIV medical care visit within 3 months of HIV diagnosis	85%	25%
Percentage of out-of-care outreach services clients who attend a routine HIV medical care visit within 3 months of initial encounter	85%	81%
Psychosocial Support Services		
*Percentage of psychosocial support services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits	80%	100%

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Substance Abuse Services (residential)		
Percentage of substance abuse services clients who successfully complete a residential substance abuse treatment program	70%	85%
*Percentage of substance abuse residential services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits	85%	73%

MINORITY AIDS INITIATIVE (MAI) SERVICES

Outcome Measure	Outcome Target	Percentage Achieving Outcome
MAI Non-Medical Case Management Services – African American		
Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year	80%	89%
*Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits	85%	91%
MAI Non-Medical Case Management Services – Hispanic/Latinx		
Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year	80%	87%
*Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits	85%	94%
MAI Outreach Services – African American		
*Percentage of outreach services clients with unknown HIV disease who attend a routine HIV medical care visit within 3 months of HIV diagnosis	85%	100%
Percentage of out-of-care outreach services clients who attend a routine HIV medical care visit within 3 months of initial encounter	85%	54%
MAI Outreach Services – Hispanic/Latinx		
*Percentage of outreach services clients with unknown HIV disease who attend a routine HIV medical care visit within 3 months of HIV diagnosis	85%	67%
Percentage of out-of-care outreach services clients who attend a routine HIV medical care visit within 3 months of initial encounter	85%	25%

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Appendix B

**Administrative Agency Report
Submitted to the
Austin Area Comprehensive HIV Planning Council
May 22, 2018**

PART A & MAI GRANTS ADMINISTRATION/ MANAGEMENT UPDATE

- The third and final partial FY18 Part A award is likely to be issued within the next month. Our HRSA Project Officer has informed us that the total RWHAP Part A budget for the FY18 year is approximately 4% lower than the FY17 Part A budget. This will affect TGAs/EMAs in different ways; level funding, increases, and decreases are all possible. While we cannot make specific predictions for the Austin TGA before the Notice of Award is received, our Part A Project Officer does not expect any reductions to be drastic in scope. The AA will ensure that Planning Council staff are provided with final award information, when received, without delay.
- At the May 15 Allocations Committee meeting, the AA advised committee members that we project a FY17 Carryover Request of approximately \$146,000 in Part A funds and \$36,000 in MAI funds, for a total Carryover Request of \$182,000. A Carryover Funding Allocation plan will need to be approved by the full Council at its June 26 Business Meeting in order for the Carryover application to be crafted and submitted by the deadline. Please see the attached memo for additional information.
- Also at the May 15 Allocations Committee, the AA advised committee members that \$62,000 in budgeted FY18 Quality Management funding will be redirected to Direct Services. This should be regarded as a one-time action for FY18. The FY19 Part A application should include the traditional full 5% QM budget. Please see the attached memo for additional information.
- The AA has postponed further consideration of a possible System of Care Evaluation until the fall. This provides AA staff the opportunity to better concentrate on immediate priorities such as the two upcoming HRSA monitoring visits, the City HIV Services RFA, and the FY19 Part A Application, in addition to ongoing grant monitoring/reporting and contract management duties. This postponement will allow appropriate attention to be paid to the possible design of such a study in a way that will lead to useful outcomes and qualify for FY19 Part A Quality Management funding.
- Part A subrecipients have been notified of their allocations from the second FY18 award. Since this year's provider contract amendments were executed for the total annual City Council authorized maximum, contract amendments are not necessary for the second award, and funds can be encumbered without lengthy delays associated with the City contracting process. After the third and final award is received, allocated to providers, and encumbered, contracts will be amended to reflect the actual FY18 subrecipient award, budget, and performance. Until the final amendment, subrecipients report monthly expenditures and performance against working documents that can be updated without a formal contract amendment.

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- The AA is pleased to inform the Council that a proposal and provider have been selected to which the current uncontract Psychosocial Services funding will be directed. The provider is a current Part A subrecipient. Contract amendment processes are underway.
- The FY19 Part A Notice Of Funding Opportunity (NOFO) is still expected in June, with an estimated application due date in September.
- Attendees for all eight Austin TGA Part A slots for the RWHAP National Conference in December have been identified. Four of the eight slots are filled by Planning Council members and staff. Current subrecipients have been asked to assist in identifying potential consumers that would be interested in attending the conference.
- The AA Unit Manager will attend the Texas/New Orleans EMA Quarterly Meeting in San Antonio on June 22, 2018.

FISCAL UPDATE

FY 18 Expenditure Summary - March 2018

March reflects a slow spend rate because some contract amendments were not executed by the time the City's financial systems closed for the month. All amendments are now executed, and subrecipients may bill against both the first and second award allocations. Most delays previously due to City contract amendment processes will be mitigated for the remainder of the year. Please refer to final bullet on Page 1 for further information.

The spend rate should increase significantly when April payments are reflected.

CATEGORY	Budgeted Amount*	Expended Amount	Percent Expended*
DIRECT SERVICES	\$1,891,080	\$127,277	7%
ADMINISTRATION (AA & Planning Council)	\$222,478	\$7,308	3%
Quality Management	\$111,240	\$6,685	6%
TOTAL EXPENDITURES	\$2,224,798	\$141,270	6%

*The Budgeted Amounts and Percents Expended reflect only the two partial awards received to date. The full Part A request for FY18 totals \$5,072,729.

- Expenditures by service category are provided monthly to the Allocations Committee.

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CLINICAL QUALITY MANAGEMENT UPDATE

- Using Closeout Reports and ARIES data provided by both subrecipients and the Data Manager, year-end performance results are being entered on the Implementation Plan Service Category and HIV Care Continuum Tables spreadsheets, and other sections of the Part A Annual Progress Report to HRSA due later this month. Data include numbers of new and existing clients and units of service, as well as a sample of outcomes and final expenditures for each service category.
- The contract for the second session of Nonviolent Crisis Intervention is in development; however, the training date will be moved from June to July due to a lack of appropriate meeting space. A new Doodle poll to determine best dates will be sent to provider agencies. Training content has been modified to provide more in-depth instruction on verbal de-escalation skills.
- The draft policy related to Eligibility Documentation Upload in ARIES has been approved by the Texas Department of State Health Services (DSHS). It is a joint policy developed by HRAU and BVCOG, the Administrative Agency for Ryan White Part B in the Austin area. Joint training for Part A and Part B providers on how to upload documents will be scheduled for next month.
- Providers are developing agency-specific CQM plans that will be submitted to HRAU by May 30th.
- Providers are reviewing and commenting on Sections N and O of DSHS final Universal Standards of Care document, in preparation for the June Comprehensive Planning Committee meeting.

CLIENT COMPLAINTS

No client complaints were reported on the Client Complaint/Grievance Log.

OTHER

- HRAU has contracted with a nonprofit specialist Ryan White technical assistance organization to provide off-site and on-site support in preparing for the HRSA Part C Monitoring Visit scheduled for June 12-13. The technical assistance will also contribute to preparations for the HRSA Part A Monitoring Visit during the last week of August. The technical assistance is being provided with City of Austin funds. This technical assistance provider, who presented the Ryan White Fiscal Training and co-sponsored the SYNChronicity 2018 Conference in April, may also be considered for on-site subrecipient training later in 2018 or in 2019.
- HIV Resources Administration Unit (HRAU) staff continue to work on the City of Austin General Fund HIV funding RFA. Approximately \$645,000 is expected to be available through the competitive procurement process. Contract funds that are included in the TGA's Maintenance of Effort funding total may only be spent on services that fall within the Ryan

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White Service Category taxonomy. New contracts are projected to be approved by City Council in October 2018, with new contracts beginning April 1, 2019.

- The City of Austin's Neighborhood Housing and Community Development Department (NHCD) received its U.S. Housing and Urban Development (HUD) FY18 Notice of Award. Housing Opportunities for Persons With AIDS (HOPWA), part of the HUD funding awarded through NHCD, received in excess of a 40% increase to over \$1.4 Million.
- Glenn Selfe, Acting HRAU Manager, will attend HRSA's Healthy Grants Workshop May 30-31. This workshop, held twice annually at HRSA headquarters in Rockville, Maryland, covers current HRSA grant processes and requirements from NOFOs to grant closeout through two days of intensive and interactive group sessions. Participants also have the opportunity to meet with Project Officers during the workshop.

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Appendix C



To: HIV Planning Council Allocation Committee Members

From: Glenn Selfe, Acting Manager, HIV Resources Administration Unit

Date: May 15, 2018

Re: FY17 Carryover Funds / FY18 Quality Management Funds Realignment

I am pleased to offer the Committee the following information regarding two funding allocation decisions needed by Council.

I. FY17 Carryover Funding Request

The Administrative Agent requests that the Planning Council provide an allocation plan for a FY17 Carryover Request to HRSA, based upon the following estimates:

FY17 Total Award, All Sources	\$4,984,981
Maximum Part A Carryover – 5% of FY17 Formula Award	\$151,709
Proposed FY 17 Carryover Request – Part A	\$146,000
Proposed FY 17 Carryover Request – MAI	\$36,000
Total Proposed FY17 Carryover Request	\$182,000

The AA is confident these are reliably close figures for the purposes of the Committee's work. For convenience, the Committee may wish to discuss an allocation plan that is easily adjusted in order to account for potential a variance plus or minus \$1,000 from the estimates.

The AA will provide exact figures to the Allocations Committee in early June, after the May City accounting close. This provides the opportunity for Allocations to determine an exact proposed allocation model for the carryover request at its June 19 meeting, and for presentation to and approval by the full Council for approval on June 26.

The AA is providing this information to Allocations now to allow additional time for Committee consideration, and will include this information in its official report to the full Council at its May 22 business meeting.

II. FY18 Quality Management Funding Realignment

The TGA Quality Management allocation to date has been continued at the historical 5% allowable portion of the grant.

Based upon the Quality Management expenditures for FY17 and the high end of projections for FY18, the Administrative Agent requests that \$62,000 of the budgeted \$243,490 for FY18 be reassigned from QM to Direct Services, and allocated to service categories as determined by the Council. There is no deadline for this decision; however, the sooner that Council makes a decision about the funds, the sooner the AA can seek to contract for the designated service(s).

At this time, this request should be considered a one-time realignment. The FY19 Part A/MAI application, when submitted, should include the historical 5% QM allocation. When a permanent AA Manager is selected, s/he may decide to restructure the TGA QM Program to ensure full expenditure of allowable QM funds on qualifying activities, reduce requested QM funding in future application(s), or another option that s/he determines will best meet the needs of the TGA QM requirements.

Thank you for your assistance in this matter, and we are happy to respond to questions.



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Appendix D

Austin Area Comprehensive Planning Council
Ryan White Part B Administrative Agency Report
Submitted by Jessica Pierce
May 22, 2018

I. Part B Grants Administration/Management Update

- BVCOG is working on our competitive RFP which will come out in late summer/early fall.
- Upcoming Germane Solutions visit in June

II. Part B Expenditure Summary Update

The FY19 Part B expenditure summary is shown in Table 1 below. Eight (8%) percent of the year has expired; however, seven (7%) percent of funds have been through April 2018. For supplemental funding, eight (8%) percent of the year has expired; however, six (6%) percent of funds have been expended through April 2018.

**Table 1: Ryan White FY18 Part B Billing Summary
April 2018**

CATEGORY	Budgeted Amount	Expended Amount	Percent Expended
Service Delivery	\$3,374,163	\$237,975.01	0.07%

Excluding Supplemental:

CATEGORY	Budgeted Amount	Expended Amount	Percent Expended
Service Delivery	\$3,155,358	\$214,211.56	0.06%

III. Ryan White Part B Expenditure Summary Update (Austin Agencies Only)

Service Category	Allocation	Expended	Justification
Health Insurance	\$71,268 (11%)	\$7637.09	Within variance.
Health Insurance Supplemental 2	\$17,204 (1%)	\$144.43	Within variance.
Oral Health	\$146,600 (2%)	\$3248.39	Within variance.
Oral Health Supplemental	\$13,981 (1%)	\$165.85	Within variance.

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Outpatient Ambulatory Health Services	\$741,225 (8%)	\$61,369.73	<i>Within variance.</i>
Outpatient Ambulatory Health Services Supplemental	\$67,515 (27%)	\$18,433.39	<i>The vast majority of charges are tied to contractual lab costs. Due to a delay in contracting with other contracts, the Ryan White B -Supplemental funds were the only available funds for the charges to hit. Once those contracts are executed, charges to these funds will level. Anticipate spending 100% of these funds prior to the close of the contract period.</i>
Early Intervention Services	\$20,000 (19%)	\$3,715.74	<i>Billing is higher than usual due to an additionally pay period during the billing month. Anticipate spending to level and last the majority of the grant period.</i>
Emergency Financial Assistance	\$25,000 (100%)	\$25,000	<i>There has been an increased delay in ADAP certification (and recertification), the release of new more expensive medications, and lack of access to funds from other contracts due to contracting delays. There are additional funds to support the provision of medications funded under EFA. BVCOG will be notified if a lapse in additional funding occur.</i>
Local AIDS Pharmaceutical Assistance	\$75,700 (6%)	\$4467.38	<i>Within variance.</i>
Medical Transportation	\$900 (5%)	\$46.23	<i>Within variance.</i>
Mental Health	\$105,000 (10%)	\$10,486.34	<i>Within variance.</i>
Non-Medical Case Management	\$35,000 (1%)	\$192.36	<i>Within variance.</i>
Food Bank	\$3400 (0%)	\$0	<i>Within variance</i>
Total Ryan White Supplemental	\$98,700 (19%)	\$18,743.67	

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<i>Total Regular Ryan White</i>	<i>\$1,224,593 (9%)</i>	<i>\$116,163.26</i>	
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V. Client Complaints

- No complaints have been received.

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Appendix E

The mission of the HIV Planning Council is to develop and coordinate an effective and comprehensive community-wide response to HIV/AIDS.

**Planning Council Staff Report
May 22, 2018 Business Meeting**

ANNOUNCEMENTS

Interview Opportunity for Long Term Survivors Day

HIV Planning Council wants to share stories of long-term survivors! *To share your story, please email HIVPlanningCouncil@austintexas.gov with answers to the questions below and attach a picture of yourself.* This would be featured on HIV Planning Council's [Facebook page](#).

- 1) What does being a long-term survivor mean to you?
- 2) Share a piece of advice for others living with HIV.
- 3) I grant permission for the HIV Planning Council to share my photo and answers for the purposes of celebrating HIV Long-Term Survivor Awareness Day. Note: The information you provide may be available to the general public. (please indicate YES or NO)

 YES NO

Save the Date Fast-Track Cities/ Getting to Zero Summit Wednesday, June 20th

- Outreach opportunity

Save the Date- HIV and Aging Conference- September 7th [Click Here to Register Today!](#)

Community Workshop “Understanding PEP”

- PEP (Post Exposure Prophylaxis) is an excellent tool that when used correctly can save a person's mental wellbeing after a possibly traumatic experience. Experts from the HIV & Aging Conference sponsor [Kind Clinic](#) will discuss the breakthroughs that PEP has provided, and how it can shape a future where HIV contraction is a thing of the past!

When: Thursday June 14, 4:00 pm to 5:30 pm

Where: [Parsons House, 1130 Camino La Costa, Austin, TX 78752](#)

(With plenty of free parking across the street!)

Cost: FREE!

Women Rising has requested a woman from the HIV Planning Council to come speak about the council to the members of the Women Rising program. Please email Planner, Laura Still if you would like to speak to this group on behalf of the Planning Council.

AIDS Memorial Candlelight was May 20th

- Free and confidential HIV testing was provided
- 30 names of people who died in the Austin area from HIV/AIDS and complications since last year's memorial:
LINDA, JUAN, LEWIS, WILLIE, JOAQUIN, JOHN, NATHAN, TRAVIS,

**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL MEETING MINUTES
TUESDAY, MAY 22ND, 2018**

TYLER, STACEY, JOHN, ERNEST, STERLING, PAUL, GLEN, RUBIN,
THOMAS, DEBRA, ARTHUR, RANDY, HOPE, ROBERT, BILLY, MICHAEL,
ERIC, BILLY, WILLIAM, RONALD, ARTHUR AND DONALD.

Hill Country Ride for AIDS was on April 28th

- \$573,892 was raised to benefit nine AIDS Service Organizations in the Austin area
- Thank you to member Dale Thele for organizing an outreach event at their kick-off and to LJ Smith, Glenn Crawford, and Barry Waller for volunteering

STAFF ACTIVITIES

Ryan White Part A Grant Activities

- Project Officer Conference Call Updates
- Preparing HRSA Annual Progress Report PC Components
- Coordinating with HRAU on allocation and reallocation processes, policies, and data needs

Texas HIV Syndicate Participation

- State End the Epidemic Plan development
- Regional co-chair

Needs Assessment

- Developing focus group guide and key informant interviews
- Will support PC members in conducting field test of key informant interview with APH HIV Social Work Staff
- Will coordinate with HRAU and community organizations to develop focus group calendar
- 2018 Texas HIV/STD Conference Poster Presentation Abstract due May 31st

Comprehensive Planning

- Distributed monitoring report to CQI committee and broad community stakeholders
- Update monitoring plan with community feedback

Outreach and Recruitment

- Hill Country Ride for AIDS recruitment event
- Developing/revising outreach pamphlet into one page flyer
- Social media posts
- Planning Council Monthly Digest Email
- Website updates

Assessment of the Administrative Mechanism

- Will occur in June, 2018

Technical Assistance and Training

- National Ryan White Conference
- Parliamentary Procedures
- Coordinating By-Laws approval process with city attorney

Partnerships

**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL MEETING MINUTES
TUESDAY, MAY 22ND, 2018**

- Providing subject matter expertise to Getting to Zero/Fast Track Cities Initiative
 - Executive meeting was held May 16
 - Consortium is scheduled for June 20th with Mayor and County Judge signing on to FTC

Other

- City of Austin Open Data Portal project