

Explanation of Column Headings:

- (A) Ryan White Title II 4/1/2006 Allocation:** The amount of RWSD (Service Delivery) funding distributed to HSDAs during the funding period April 1, 2006 through March 31, 2007 under the Ryan White CARE Act Title II.
- (B) Ryan White Title II 4/1/2007 Allocation:** The amount of RWSD (Service Delivery) funding that will be distributed to HSDAs during the funding period April 1, 2007 through March 31, 2008 under the Ryan White CARE Act Title II. This amount was determined by running the formula for all Ryan White Title II funds that the Branch plans to make available to HSDAs (total \$14,007,780 – subject to availability of funds). Funding was held harmless at 95% of the HSDA's previous year's award. Awards also were not allowed to fall below a minimum funding level of \$210,000 total for Ryan White Title II and State Services (combined).
- (C) % Change from Current:** This column represents the percentage change in funding from column A to column B. A positive number indicates an increase in funding on April 1, 2007 compared to the previous funding period.
- (D) Living HIV/AIDS Cases:** Cases of HIV and AIDS reported as living to the Texas Department of State Health Services as of June 30, 2006, as reflected in HARS (HIV/AIDS Reporting System) as of July 18, 2006. Cases that are known to be deceased are excluded. HIV cases are assigned to the HSDA where they resided at the time of their first eligible reported positive test. AIDS cases are designated to the HSDA where they resided at the time of earliest diagnosis with AIDS. HIV positive cases that subsequently develop AIDS are only counted in the HSDA where they resided at AIDS diagnosis.
- (E) % TX Living HIV/AIDS Cases:** Each HSDA's share of the total number of persons living with HIV or AIDS in Texas is used in allocating all State Services funds and in allocating 30% of the Ryan White Title II Service Delivery funds.
- (F) Non-EMA Living HIV/AIDS Cases:** As explained in (D), living cases of HIV or AIDS. However, the living cases from the EMA lead counties (Bexar, Dallas, Harris, Tarrant and Travis) are not included in their respective HSDA's total or the State total.
- (G) % TX Non-EMA Living HIV/AIDS Cases:** Each HSDA's percentage of the total number of persons living with HIV or AIDS outside the lead counties of the EMAs in Texas. This figure is used in allocating 70% of the Ryan White Title II Service Delivery funds.
- (H) 3 Months ARIES Clients:** Three non-consecutive months were randomly selected from the most recent completed calendar year, January 2005 – December 2005. Client counts reported through ARIES were unduplicated across these three months to obtain a single client count for each HSDA. For this allocation, the three months selected were July 2005, September 2005, and December 2005. (Note: Just for this first year of using ARIES data, after switching from using COMPIS data, the 3 randomly selected months were restricted to the 2nd half of the calendar year, due to variations in data quality from the 1st half of the year.)

(I) % 3 Months Clients: Each HSDA's percentage of the total number of Texas clients is used in the allocation formula.

(J) Standard % Medicaid Eligible: The number of persons who have applied for Medicaid within each HSDA and been deemed eligible is divided by that HSDA's total population to obtain the percentage of that HSDA's population that is eligible for Medicaid. Each HSDA's percentage is divided by the sum of the percentages for all HSDAs to obtain a standardized score for each HSDA. The sum of the standardized percentages for all HSDAs equals 100%. Data regarding Medicaid eligibles are obtained annually by federal fiscal year from the Texas Health and Human Services Commission, with approximately a year lag in availability. The population data used in calculating the percentage is based on the U.S. Census estimates for the year matching the Medicaid eligibles data. For the current allocation, the Medicaid eligibles data was for FFY 2005, and the population data were 2005 projections.

How the HIV Services Formula Works:

The HIV/STD Comprehensive Prevention Services Branch of the Texas Department of State Health Services (DSHS) receives more than \$20 million in state and federal funding to provide medical and support services for individuals infected with HIV. These funds are allocated to 26 HIV Service Delivery Areas (HSDAs) using a funding formula. This formula, revised in the year 2000, contains three factors at the following weights:

- 50% Number of reported living cases of HIV and AIDS in the HSDA from the most current HARS (HIV/AIDS Reporting System) data available at the time the formula is run.
- 30% Number of unduplicated clients receiving at least one publicly-funded service in three non-consecutive, randomly selected months from the most recently available, completed calendar year of ARIES data.
- 20% Standardized percent of the HSDA's population that is eligible for Medicaid (indicates economic distress of a community and is highly correlated with poverty).

DSHS also uses a mechanism to minimize overlap in funding with Title I funds. In HSDAs with a Title I project, all State Services funds and 30% of Title II funds are allocated without regard to the Title I funding. The other 70% of the Title II funds are allocated with morbidity data from the Title I lead counties removed (Bexar, Dallas, Harris, Tarrant, and Travis), but data for client counts and Medicaid eligibles from the Title I lead counties remain included. This process has the effect of allocating more funds to the rural areas of the state.

Since the new formula was implemented in 2000, two measures have been used to decrease the chance that an HSDA will be drastically affected by the formula (contingent upon funding to DSHS):

- **5% hold harmless clause:** No HSDA will be awarded less than 95% of their previous year's award.
- **Minimum funding level:** After reviewing the budgets of the 5 HSDAs receiving the smallest awards, the Branch determined that \$210,000 total state and federal funding is the minimum amount necessary to maintain HIV services in an area.