



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

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March 22, 2006

Dear Colleague:

In 2004 and 2005, the Texas Department of State Health Services (DSHS) received cuts in Ryan White Title II base funds; The Title II base award for DSHS has again been reduced significantly for the budget period of April 2006 – March 2007. These funds are used to provide medical and psychosocial support services for people living with HIV/AIDS, and to pay for the administrative and planning activities that are associated with these funds.

The 2006 reduction was anticipated, and in the winter of 2005, DSHS staff held a series of consultations with community stakeholders to solicit input on ways to reduce administrative and planning expenditures. The results of these meetings may be found in a report at www.tdh.state.tx.us/hivstd/stakeholder/stake_meetings.pdf. Stakeholders in every area of the state commented on the complexity of the planning processes associated with dispersal of Ryan White funds, and made several recommendations for simplification. Participants also noted that Texas' current planning structure and requirements go beyond the requirements of the Health Resources and Services Administration (HRSA), the federal agency charged with dispersing Ryan White funds. HRSA requires that Title II grantees base their expenditures on assessed need for services, and that a public input process be maintained. In contrast to these basic requirements, DSHS currently requires major planning activities and decisions, including assessment of need and allocation decisions, be made by community-based planning bodies. These bodies are supported by HIV services Administrative Agencies (AA), but the responsibilities for carrying out planning processes and making decisions are explicitly given to the volunteer bodies (HIV/STD Policy 200.001). The cost of maintaining these decision making bodies constitutes a significant portion of the planning expenditures in Texas – about \$225,000 of the \$740,000 spent on HIV services planning.

In light of the recurring reductions to Title II funds, it is appropriate to examine the way planning for service delivery is done. To reduce the cost of planning, DSHS is rescinding the requirements for needs assessment and plan development to be carried out by planning bodies. The responsibility for assessing service needs and developing HIV services plans (including allocations) will become the responsibility of the seven local AAs that are currently supporting planning activities in their areas. However, these AAs must establish meaningful processes for community input into decision making, which is further defined below.

AAs will have flexibility in the establishment of their local input processes, with the following guidance. The local process must offer communities multiple avenues for meaningful participation. Each AA must also hold annual formal public hearings on its plans, including allocations; if the AA has planning responsibilities for areas with more than one HIV Service Delivery Area, multiple hearings should be held across the planning area to facilitate local participation.

However, the input process must not be limited to formal hearings. The AA's plan must include other mechanisms for stakeholder input, such as issue oriented workgroups, town hall meetings, advisory bodies, and opportunities to submit written comment. AAs are expected to examine the use of communications technology and existing data sources and other advisory bodies, where they exist, when constructing their plans. They are also encouraged to examine the frequency and effectiveness of current needs assessment processes. The plan for community input must reduce expenditures for planning to a level acceptable to DSHS. AAs must consider reductions in planning expenditures within the AA as well as expenditures associated with supporting the current planning structure.

Although AAs must receive approval for their community input process by May 31, 2006, each AA should begin the process of developing their input processes immediately. Each AA should consult with their existing planning body and other key stakeholders on their proposed input process, although DSHS acknowledges that the short time available precludes long transition periods.

The policy requiring the establishment of community bodies with decision-making authority will be rescinded effective June 1, 2006. The policies governing AA roles and responsibilities will be amended to incorporate these activities and responsibilities simultaneously. However, each area should examine the status of their current planning activities, and stage changes to planning to avoid disruption in the orderly and timely dispersal or allocation of services funds. DSHS will consider any requests to transfer responsibilities either sooner or on a more delayed timeline on a case by case basis.

DSHS remains committed to a significant role for community input in services planning. However, the planning process and structure must not come at the expense of client services. The reductions achieved through this change to planning, along with other reductions in administrative expenditures, will lessen the impact of funding reductions on services in Texas. It is our hope that the hundreds of men and women who have participated in HIV services planning continue to add their insights into the process, and join their AAs in meeting the challenge of creating plans that reflect the unique needs of their areas. If you have questions or concerns, please contact Ann Robbins at ann.robbins@dshs.state.tx.us or by calling (512) 533 -3099.

Sincerely,

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