



INLAND  
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HIV  
PLANNING  
COUNCIL

120 Carousel Mall • San Bernardino, CA 92415-0475  
(909) 388-0426 • Fax (909) 388-0424  
Website: [www.iehpc.org](http://www.iehpc.org)

Riverside/San Bernardino California Transitional Grant Area

Cameron Kaiser, MD  
Interim County Health Officer Co-Chair

Henry Nickel  
Community Co-Chair

## Bylaws Subcommittee

Thursday, February 09, 2012  
9:30am-11:30am

### Meeting Location

San Bernardino County  
Department of Public Health  
120 Carousel Mall  
San Bernardino, CA 92415  
(909) 388-0426/PCS Mobile (909) 693-0750

### Teleconference Site

Desert AIDS Project  
Situation Room, West Wing  
1695 North Sunrise Way  
Palm Springs, CA 92262-3702  
(760) 323-2118

*These facilities are in compliance with the Americans with Disabilities Act of 1992.*

## Agenda

9:30

### 1. Call to Order

- Roll Call\*
- Introductions

V. Jauregui Burns

### 2. Public Comments<sup>1</sup>

Members of the Public

### 3. Members Privilege

PC Members

### 4. Approval of Agenda<sup>2</sup>

V. Jauregui Burns

### 5. Approval of Minutes<sup>2</sup>

5.1 Minutes of January 19, 2012

V. Jauregui Burns

### 6. Old Business<sup>2</sup>

- 6.1 Planning Council Operation
  - A. Review and Revise IEHPC Policies and Procedures\*\*

Committee Members

### 7. New Business<sup>2</sup>

- 7.1 Priority Setting and Resource Allocation Process (A-1)

Committee Members

<b>8. Public Comments<sup>1</sup></b>	Members of the Public
<b>9. Members Privilege</b>	PC Members
<b>10. Review of Action Item</b>	PC Staff
<b>11. Agenda Setting for Next Meeting</b>	PC Members/ V. Jauregui Burns
<b>12. Roll Call*</b>	PC Staff
<b>11:30</b>	<b>13. Adjournment</b>
	V. Jauregui Burns

<sup>1</sup> Public Comments: Any member of the public may address this meeting on items of interest that relate to the Ryan White CARE Act by completing a speaker slip to indicate their interest in addressing the Planning Council. A three-minute limitation will normally apply to each member of the public who wishes to comment, unless waived by the Chair.

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**Ryan White Program (RWP) Conflict of Interest Guidelines  
Inland Empire HIV Planning Council (IEHPC)  
Riverside/San Bernardino, CA Transitional Grant Area (TGA)**

**PRIORITY SETTING AND RESOURCE ALLOCATIONS PROCESS**

**PURPOSE** This Priority Setting and Resource Allocation (PS&RA) Process is designed to engage all Planning Council (PC) members in PS&RA and in the development of directives to the Ryan White Program (RWP).

**POLICY** This policy will ensure informed decision-making of all PC members in the process of priority-setting and resource-allocation and in the development of directives to the RWP, and to outline a process regarding service categories that will facilitate access to HIV medical care and that is responsive to the needs of the client in the interest of producing positive health outcomes. The PC is required to determine the size and demographics of the estimated population of individuals who are unaware of their HIV status. In addition, the PC must develop a strategy for identifying those with HIV/AIDS who do not know their status, make them aware of their status, and link them into care.

**DEFINITIONS**

- A. **Priorities:** List of service categories, in order of importance, eligible for funding in the Riverside/San Bernardino, CA TGA.
- B. **Directives:** How best to meet each priority and additional factors that the RWP, as Grantee representative, should consider in allocating funds (e.g. service interventions, subpopulations, service areas, organization characteristics).
- C. **Allocations:** Determination of the percentage or amount of dollars to be allocated to each prioritized service category.

**PRINCIPLES AND CRITERIA**

- A. Priorities and allocations are data-based. Decisions are based on the data, not on personal preferences. PC members are required to participate in the data presentation sessions prior to priority setting and resource allocations.
- B. Conflicts of interest are stated and managed. PC members must state areas of conflict according to the San Bernardino County Board of Supervisors-approved Conflict of Interest Guidelines. They cannot participate in open discussions or votes on service categories in which they have a conflict.
- C. The data provides the basis for changes in priorities or allocations from the previous year. The data indicates changes in service needs/gaps and availability based on information from the various data sources. Each PC member makes his/her own assessment based on the data presentation sessions.
- D. Needs of specific populations and geographic areas are an integral part of the discussion in the data presentations and the decision-making. They may also lead to directives to the RWP on how best to

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- meet the priorities.
- PS&RA STEPS**
- A. Only PC members who have participated in the data presentations and have voting privileges (i.e., Board of Supervisor-appointed members) may take part.
  - B. All members of the public and any PC members who are not eligible to participate in the process must sit in the public gallery.
  - C. PC Support Staff and/or an independent third party will facilitate the PS&RA portion of the meeting.
  - D. A quorum of the full PC membership must take part in the presentation of data and be present for the entire PS&RA process. Once a quorum is established, PC Support Staff will document all yeas, nays, and abstentions by name. Members who must abstain as a result of conflict of interest will be counted as abstentions.

**PS&RA  
PROCESS**

- A. **Priority Setting Process**

Note: The priority setting process should consider services needed to be provided and/or support a continuum of care, regardless of how these services are being funded and the extent of unmet demand for these services. The list of HRSA fundable service categories (core and support) and the definitions of these services will be presented to the PC.

  - 1. Priority Setting Cards (*See sample at the end of this procedure*)
    - i. Each PC member will be given 10 index cards, five for core medical services and five for support services.
    - ii. The cards will be labeled “#1=5 points,” “#2=4 points” and so on through to “#5=1 point.”
    - iii. PC members will also be given preprinted labels listing the fundable core medical and support service categories.
  - 2. Choosing Service Categories
    - i. PC members will affix the labels showing what they have identified are the top 5 core-medical-service categories and the top 5 support-service categories to the cards in order of importance or priority. The most important category’s label should be placed on the #1 card; it will receive 5 points. The label for the second-most-important category should be placed on the #2 card, which will give it 4 points. The label for the least-important category should be placed on the #5 card, giving that category 1 point.
    - ii. PC members may not vote for the same category more than once.
    - iii. Services for which the labels are not placed on any card will be given no points. There will be labels left over after voting has finished.
  - 3. Data Sources

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- i. In making decisions, PC members will rely on the priority-setting data presentations.
  - ii. After affixing a certain category's label to a card, PC members will mark the data source(s) used in deciding how to prioritize that category.
4. Directives
- i. PC members may also include further instruction to the RWP regarding how best to meet each priority and indicate additional factors the RWP should consider in allocating funds to the prioritized service (e.g. service interventions, subpopulations, service areas, organization characteristics).
  - ii. The IEHPC's Planning Committee has overall responsibility for the development of directives to be submitted to the PC for approval.
  - iii. Prior to the annual PS&RA process;
    - a. the Planning Committee will annually review, revise and/or delete existing directives and submit the completed list to the full PC for approval.
    - b. the Planning Committee will agendize an adequate amount of time for the next PSRA in which to develop directives.
  - iv. During the PS&RA Summit, the PC will develop additional directives to guide service delivery based upon identified needs, barriers, and/or other emerging issues or challenges that are facing the TGA. This will occur after all of the data for the priority setting process has been presented to PC members.
    - a. As a group, the PC will develop (e.g. brainstorm) a list of any challenges that surfaced through the data presentations (e.g., barriers to care, legislative changes to services, etc.).
      - 1. The PC will refine the list (e.g., eliminate redundant or similar areas).
      - 2. The final list of challenges/problems will provide the starting point for the consideration of new directives.
      - 3. If no problems or challenges are identified, the PC will not develop any additional directives and the previously approved slate of revised directives will be provided to the Ryan White Program to guide service

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- procurement on how best to meet service priorities in the upcoming program year.
- b. If additional challenges/problems are identified, the PC will break into small groups of 4-6 members during the PS&RA Summit.
  - c. Each small workgroup will select one or more of the challenges/problem areas identified on the final brainstorm list. To maximize time, no two workgroups will work on the same challenge/problem area.
  - d. Each workgroup will utilize the Directive Worksheet as a tool to assist in the writing of each directive. Only one worksheet may be used for each directive written.
    1. Being as specific as possible, the workgroup will clarify the challenge/problem area identified. For example, a specific population or subpopulation is underrepresented in Ryan White medical care or other service category.
    2. Once clarified, the workgroup will identify the data or evidence that supports the selection. For example, the Ryan White utilization data reveals that a specific population is underrepresented in Ryan White medical care as compared to their representation in the TGA; no other data suggests that the population is accessing medical care through other resources at a higher rate.
    3. The workgroup will write a draft directive that will improve service delivery in a way that addresses the problem.
    4. The workgroup will lastly identify any other issues that need to be considered if applicable.
  - e. Once draft directives are completed, each workgroup will present the proposed directive to the whole PC.
    1. The PC will provide feedback on the draft directive.
    2. The PC will discuss the feedback and determine if the directive needs to be revised to incorporate the feedback.
    3. The PC will revise the proposed directive if needed.

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- f. After the presentation of proposed directives, the PC will vote on the slate of proposed directives in total.
      - v. PC Support Staff will forward the approved slate of directives to the Ryan White Program Office. The Ryan White Program will be responsible for implementing directives when found to be reasonable, comply with all applicable policies, and not duplicate other efforts. In the event that a directive is found to be inappropriate, the RWP office will delay implementation of the directive until clarification is obtained by PC.
  - 5. Aggregating the Votes
    - i. PC Support Staff will collect the cards.
    - ii. PC Support Staff will tally the votes, giving each #1 card 5 points, each #2 card 4 points, each #3 card 3 points, each #4 card 2 points, and each #5 card 1 point.
    - iii. The service category with the highest total number of points is ranked number 1; the category with the second-highest score is ranked 2, and so on.
    - iv. All service categories receiving a vote are ranked and placed on the list of categories to consider for funding. Service categories not voted for on any cards will receive no points and will not be considered for funding.
    - v. PC Support Staff and/or the facilitator will present the ranked list of selected service categories.
    - vi. Once complete, the full PC will approve the ranked list of prioritized categories.
- B. Resource Allocations Process**
- 1. Funding Scenarios
    - i. Allocations for the upcoming year will be based on a minimum of two funding scenarios: a decrease and an increase of the current year's funding.
    - ii. Increases to funding for categories should not exceed the total of service gap analysis and unmet need estimates. Further, projections for a portion of the population of individuals previously unaware of their HIV positive status for that service should be considered.
  - 2. Allocations
    - i. Prior to discussion and any vote, all PC members who have conflicts of interest in that category will be identified and be required to abstain from discussion and voting (see *Monitoring of Conflict of Interest below*).
    - ii. Each category will be determined independently on a line-by-line basis, beginning with the top priority.

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- iii. At the beginning of the discussion for each service category's funding, the RWP and PC Support Staff may provide Allocations recommendations based on analysis of service gaps and other relevant data.
- iv. Eligible, non-conflicted PC members will be able to discuss any data previously provided during a data presentation, and ask questions of the RWP and/or PC Support Staff. However, no PC member is allowed to offer any new unsupported or anecdotal data for consideration.
- v. Allocations will continue through the list of prioritized services until a set of completed allocations is reached for each of the scenarios. Not all prioritized categories need to be funded.
- vi. Once complete, the full PC will approve the prioritized service categories and allocations for submission to the RWP.

**3. Reallocations**

- i. When a reallocation of funds is necessary, adequate data to support the movement of funds between service categories will be presented, considered, and fully documented in the minutes of the meeting during which the reallocation of funds is approved.
- ii. Prior to discussion and any vote, all PC members who have conflicts of interest in that category will be identified and be required to abstain from discussion and voting (*see Monitoring of Conflict of Interest below*).
- iii. The reallocations recommendations will be forwarded to the San Bernardino County Department of Public Health (DPH), along with supporting data.
- iv. The DPH will review the reallocation in conjunction with the data presented to the PC as well as other applicable requirements.
- v. The recommendations will be forwarded to the Board of Supervisors for approval if the DPH concurs with the PC's recommendations as presented.
- vi. If the DPH and/or Board of Supervisors do not approve the reallocation recommendations, they will be returned to the PC for revision.

**4. Monitoring Conflict of Interest**

- i. All PC members will have "name tents" that indicate the service categories for which they have a conflict.
- ii. All PC members will be expected to self-monitor and declare conflicts before discussion begins on an issue.

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- iii. All PC members are expected to remove themselves from discussions and votes when they are conflicted.
- iv. When a PC member identifies to the Chair that another member is conflicted, the Co-chairs will confer to determine whether a conflict exists as defined in these Guidelines. If the co-chairs determine that a conflict exists, the conflicted member will be asked to remove him/herself from the process. If the member refuses, PC Support Staff will log this in the record of the proceedings.
- v. Non-conflicted PC members will not be eligible to submit responses to the requests for proposals or other bidding processes that result from the allocations determined during the PS&RA process in which they participated.

**Revisions to PSRA Process**

The process described above cannot be revised, altered, or otherwise changed, except through the following process:

- A. Written evaluations will be used for each of the meetings – (the training, data presentations, and PS&RA meeting).
- B. PC Support Staff will collect the evaluations and forward the information to the PS&RA Committee for review.
- C. The PS&RA Committee will review the evaluations and identify desired changes for the following year.
- D. The PC will review the process annually, prior to the PS&RA, and submit written recommendations for revision to the DPH, Ryan White Program office.
- E. These recommendations will be reviewed for compliance with HRSA, Ryan White legislation and other applicable requirements.
- F. Once reviewed, these will be forwarded for approval by the DPH Director.
- G. The DPH will respond in writing to the PC within 120 days of receipt of a request for revision.
- H. The DPH Director will determine compliance with all applicable requirements and, if it is determined that the recommendations comply, they will be submitted to the Board of Supervisors for approval.

**Priority Setting Card (Sample)**

<b>#1=5 points</b>
<b>(Service Category Label)</b>
<input type="checkbox"/> Epidemiological Profile <input type="checkbox"/> Needs Assessment

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<input type="checkbox"/> RW and Other Funding Data <input type="checkbox"/> Medical Trends and Outcomes <input type="checkbox"/> RW Client Profile <input type="checkbox"/> RW Client Service Utilization <input type="checkbox"/> Committee Recommendations  <input type="checkbox"/> Other _____
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**Directive Worksheet (Sample)**

*Please use only one worksheet for each directive developed.*

<b>Define the Problem:</b>	
<i>State a current problem that the TGA is having in the delivery of services to PLWHA.</i>	
<b>Basis:</b>	
<i>What specific data or other evidence did you use to identify the problem? List all supporting data.</i>	
<b>Directive:</b>	
<i>Write a directive that will help the Ryan White Program improve service delivery.</i>	
<b>Other Considerations:</b>	
<i>If any, state whether or not there are other factors that need to be considered in order to implement the proposed directive (e.g., associated costs)</i>	

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## Minutes

9:00

### 1. Call to Order

- Roll Call\*
- Introductions

V. Jauregui Burns

### 2. Public Comments<sup>1</sup>

None

Members of the Public

### 3. Members Privilege

T. Evans welcomes everyone back and wishes them a Happy New Year.

PC Members

### 4. Approval of Agenda<sup>2</sup>

Motion/Second: A. Ziven/L. Ford-Watson  
Motion carried.

V. Jauregui Burns

### 5. Approval of Minutes<sup>2</sup>

5.1 Minutes of December 13, 2011  
Motion/Second: A. Ziven/L. Ford-Watson  
Motion carried.

V. Jauregui Burns

### 6. New Business<sup>2</sup>

7.1 Planning Council Operation  
A. Review and Revise IEHPC Policies and Procedures\*\*  
Members on the committee continue to work on the P&P's.

<b>7. Public Comments<sup>1</sup></b> None	Members of the Public
<b>8. Members Privilege</b> None	PC Members
<b>9. Review of Action Item</b>	PC Staff
<b>10. Agenda Setting for Next Meeting</b>	PC Members/ V. Jauregui Burns
<b>11. Roll Call*</b>	PC Staff
<b>10:30 12. Adjournment</b>	V. Jauregui Burns

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