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HIV  
PLANNING  
COUNCIL

351 N. Mt. View Ave • San Bernardino, CA 92415-0010  
(909) 693-0750  
Website: [www.iehpc.org](http://www.iehpc.org)

Riverside/San Bernardino California Transitional Grant Area

Cameron Kaiser, MD  
County Health Officer Co-Chair

Shelia Cromwell-Nieve  
Community Co-Chair

# Bylaws Committee

Thursday, October 6, 2016  
9:00 – 10:00am

Meeting Location

San Bernardino County Public Health  
351 N. Mt. View  
Planning Council Conference Room, B15  
San Bernardino, CA 92415  
(909) 693-0750

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

## Agenda

9:00am	<b>1. Call to Order</b>	G. French
	<ul style="list-style-type: none"> <li>▪ Roll Call*</li> <li>▪ Introductions</li> </ul>	
	<b>2. Public Comments<sup>1</sup></b>	Members of the Public
	<b>3. Members Privilege</b>	PC Members
	<b>4. Approval of Agenda<sup>2</sup></b>	G. French
	4.1 Approve October 6, 2016 Agenda	
	<b>5. Approval of Minutes<sup>2</sup></b>	G. French
	5.1 Minutes of 9.1.16 committee meeting	
	<b>6. Old Business<sup>2</sup></b>	Committee Members
	6.1 Review and Revise PC Bylaws ^	
	<b>7. New Business</b>	
	7.1 Review and Revise PSRA Process (A-1)	
	<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> TBD HIV Planning Council Conference Room	PC Members/ G. French
	<b>12. Roll Call*</b>	PC Staff
<b>10:00am</b>	<b>13. Adjournment</b>	G. French

<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.

<sup>2</sup> The agenda item may consist of a discussion and a vote. Public comments can be made prior to each Planning Council vote.

\* Members must be present at both roll calls to receive credit for meeting attendance.

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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 refer 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 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.

    - 1. The list of HRSA fundable service categories (core and support) and the definitions of these services will be presented to the PC.
    - 2. 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.
    - 3. 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.
    - 4. Data Sources

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- i. In making decisions, PC members should 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.

**5. 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, the Planning Committee will annually review, revise and/or delete existing directives.
  - a. The Planning Committee will complete the revision of existing directives and submit them to the full PC for approval.
- iv. During the PS&RA Summit, PC members will set aside time to 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. In a large group, PC members will brainstorm a list of challenges that emerged through the data presentations (e.g., barriers to care, legislative changes, etc.).
    - 1. PC members 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 development of new directives.
    - 3. If no problems or challenges are identified, the PC will not develop any additional directives to guide service delivery. The approved slate of revised directives will guide the Ryan White Program in the upcoming program year.
  - b. If additional challenges/problems are identified, PC

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- members 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.
    1. 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 large group.
    1. The large group of PC members 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.
  - f. After the presentation of proposed directives, the PC will vote on the slate of proposed directives in total.

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- 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 these directives into the delivery of Ryan White-funded services.
- 6. 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. In addition to tallying the total number of votes per category Support Staff will list the breakdown of the number of members that voted for each point value.
  - vii. The Facilitator will then entertain discussion from members specifically for categories where there is a noticeable imbalance in votes.
  - viii. 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. 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.
- 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



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- 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.
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**Priority Setting Card (Sample)**

**#1=5 points**

**(Service Category Label)**

- Epidemiological Profile
- Needs Assessment
- RW and Other Funding Data
- Medical Trends and Outcomes
- RW Client Profile
- RW Client Service Utilization
- Committee Recommendations
- Other \_\_\_\_\_



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# Bylaws Committee

Thursday, September 1, 2016  
9:30am – 11:00am

Meeting Location

San Bernardino County Public Health  
351 N. Mt. View  
Planning Council Conference Room, B15  
San Bernardino, CA 92415  
(909) 693-0750

Teleconferencing Location

Desert AIDS Project  
1695 N. Sunrise Way  
Palm Springs, CA 92262  
(760) 323-2118

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## Minutes

**Members:** A. Jacobson; C. Smith; G. French; L. White, G. Maldonado, S. Cromwell-Nieve

**Staff:** A. Fox, K. Eagles

**Guest:** (T. Evans-pending BOS approval)

**9:40am**      **1. Call to Order** G. French  
                     ▪ Roll Call\*  
                     ▪ Introductions

**2. Public Comments<sup>1</sup>** Members of the Public  
 NONE

**3. Members Privilege** PC Members  
 T. Evans requested that this meeting be conducted more successfully than prior meeting and that the Chair act as a facilitator according to the Bylaws of the PC.

**4. Approval of Agenda<sup>2</sup>** G. French  
 4.1 Approve September 1, 2016 Agenda  
**Motion to approve the September 1, 2016 agenda.**  
**M/S/C: A. Jacobson, L. White, motion carried. No Abstentions**

**5. Approval of Minutes<sup>2</sup>** G. French  
 5.1 Minutes of 8.11.16 committee meeting  
**Motion to approve the September 1, 2016 committee minutes. M/S/C: L. White, A. Jacobson, motion carried.**  
**No Abstentions**

**6. New Business<sup>2</sup>** Committee Members  
 Chair G. French stated that he would leave the new business category open for PC members.

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## 6.1 Review and Revise PC Bylaws (A-1)

Attachment A-1: G. French reflected on the Table of Content, Article 5-Section 6; to be removed. A. Fox confirmed that this section would be deleted and re-numbered. There will be 9 sections. A. Fox stated that in Article 2 section 2, there is a later version on HRSA guidelines (2013) these are from 2009. Recommendations for MOU suggested two (2) parties in the HRSA guidelines which state that "the Grantee and the Council". County Counsel will have to confirm and clarify. G. French confirmed that the BOS be involved. T. Evans stated that the MOU should require three (3) signatures minimum and he also confirmed that the BOS is required to sign off on the Bylaw. A. Fox added a comment into the draft regarding changes and confirmed that all PC Members received a copy. G. French confirmed the removal of handicapped and replaced with disability. Article 6 Section 3-D; removal of Riverside County with the MOU. A. Fox: HRSA guidelines (2013) referencing Finance Committee; shall include Finance Committee down to Section A (p. 24) will be changed to HRSA guidelines (2013) not 2009. Note that in the PC finance budget more has been added such as for County Counsel and that the PC Members understand the entire needs assessment and comp plan; to include Staff and that they are conscientious procedures, consumers' reimbursement; and any other items that effective PC. Just to confirm, the PC budget will show more and are in compliance with HRSA guidelines. A. Fox confirmed that these were the only two changes. G. French asked for additional comments. A. Fox suggested to review A-2 that "the Budget shall be developed during the month immediately following the receipt of annual notice of award of grant year and approval the PC at the next scheduled meeting. However, the PC has not followed that timeline. Note to address at the Finance Committee's attention during the next meeting; develop and draft agenda and be more specific as to when the PC members meet and present to Full Council. The PC has been operating on old dollar amounts award from Ryan White, this can always be revised, if award changes. Moreover, have a review right after the award. C. Smith questioned at what point is new TGA data released? A. Fox confirmed that this data can be requested from Ryan White at any time. Epi-reports will always be behind – at least one year. G. French confirmed that the recent RW conference, data used reflected 2014. A. Fox clarified the difference between "the continuum of care committee and the planning committee". Planning: Need assessments, directives, and comprehension, HIV planning, delivery and health care' support services, PSRA Planning. T. Evans added Summit.

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CCC: T. Evans stated different levels of services in all stages of care while dealing with HIV. Moreover, deals with all needs, services and access. G. French questioned if there was a conflict of interest (CCC H-1-4, part B providing information input for the development on the comprehension plan. A. Fox confirmed this is not a conflict, it is working in conjunction with.

C. Smith asked if providers would provide additional information in relationship with their clients as a main source. A. Fox confirmed that the Planning committed would be responsible for directives. (Need assessments, directives, and comprehension, HIV planning, delivery and health care' support services, PSRA Planning). Specifically linkages to coverages.

**Motion to approve the revisions in PC Bylaws (A-1).**

**M/S/C: A. Jacobson, L. White, motion carried to approve Bylaw changes thus far, no abstentions. A.**

Fox: Charge to get clarity based on follow-up with County Counsel (M. Markel). Note that the Bylaws could possibly change.

Moving forward G. French G. Maldonado, T. Evans suggested to "Table/revisit via old business for the PC Bylaws (A-1). **All in favor.**

**7. Public Comments<sup>1</sup>**

None

Members of the Public

**8. Members Privilege**

C. Smith: announces the 1<sup>st</sup> HIV/AIDS Awareness Rally, "No one Positive Left Behind". Hemet, CA October 8, 2016 (See flyer) – Donations accepted. Collaboration efforts with the Empowerment committee and TruEvolution

PC Members

**9. Review of Action Item**

Staff will: A. Fox: will get clarity based on follow-up with County Counsel (M. Markel) MOU 2-party verses 3-party; and Bylaws (A-1).

PC Staff

**10. Agenda Setting for Next Meeting**

TBA - October 6, 2016  
Continue review of Bylaws  
HIV Planning Council Conference Room

PC Members/ G. French

**11. Roll Call\***

PC Staff

**10:20am**

**12. Adjournment**

G. French

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