INLAND EMPIRE HIV PLANNING COUNCIL

172 W. Third St • San Bernardino, CA 92415-0475
(909) 841-1360 • Fax (909) 388-0424
Website: www.iehpc.org

Riverside/San Bernardino California Transitional Grant Area

Cameron Kaiser, MD
Interim County Health Officer Co-Chair

Henry Nickel
Community Co-Chair

Planning Committee

Thursday, September 13, 2012
9:30am-11:30am

Meeting Location
Department of Public Health
172 W. Third St. 6th Fl.
San Bernardino CA 92415
(909) 841-1360

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

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

Agenda

9:30	**1. Call to Order** ▪ Roll Call* ▪ Introductions	N. Batista
	2. Public Comments[1]	Members of the Public
	3. Members Privilege	PC Members
	4. Approval of Agenda[2]	N. Batista
	5. Approval of Minutes[2] 5.1 Minutes of August 19, 2012	N. Batista
	6. Old Business[2] 6.1 Legislative Mandates • Comprehensive HIV Plan Development ➢ Review and revise goals and objectives for 2013-2016 Comprehensive Plan (A-1) 6.2 2012 PS&RA Data Summit Evaluation Forms (A-2) 6.3 Develop PC approved Directive Parameters (A-3)	Committee Members
	7. New Business[2] 7.1 Specialized Needs Assessment 7.2 IEHPC Recruitment Poster	

	8. Public Comments[1]	Members of the Public
	9. Members Privilege	PC Members
	10. Review of Action Items	PC Staff
	11. Agenda Setting for Next Meeting	PC Members/ N. Batista
	12. Roll Call*	PC Staff
11:30	**13. Adjournment**	N. Batista

[1] 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.

[2] 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.

** Attachment was not available at time of printing, but will be available at the meeting.

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Table 30 - 2012 Goals, Objectives, Strategies, Plans, & Activities (For 2013-2016)

The *National HIV/AIDS Strategy* Goal # 1 Reducing New HIV Infections	
Objective	**Strategies/Plans/Activities**
Objective 1a By 2016, reduce the number of new HIV infections in the TGA by 25% (to 154 in 2016). *[National HIV/AIDS Strategy target (NHAS) = 25%]*	1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC and RWP will continue to collaborate with prevention providers to support an integrated, comprehensive, coordinated continuum of HIV prevention and care throughout the TGA to reduce new infections. 3. RWP will conduct meetings to facilitate coordination of prevention and care service providers to identify strategies for targeted HIV testing and linkages to care and **close gaps in prevention and care** on an ongoing basis. 4. IEHPC will engage PLWHA in the collaboration of prevention and care services. 5. IEHPC and RWP will ensure that the local system of care continually promotes long-term retention in care and adherence to antiretroviral (ARV) therapy for **newly diagnosed** PLWHA. 6. RWP will ensure integration of prevention with positives programs, Partner Services, and training throughout the RW HIV service continuum.
Objective	**Strategies/Plans/Activities**
Objective 1b By 2016, ensure that at least 85% of PLWHA who are **newly diagnosed** are linked to medical care within 3 months of diagnosis. *[National HIV/AIDS Strategy target (NHAS) = 85%]*	1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. RWP will ensure full coordination and integration with all HIV testing programs at non-healthcare settings in order for **newly diagnosed** HIV individuals to have immediate access to the TGA's continuum of prevention and care. 3. IEHPC and RWP will identify best practices to link **newly diagnosed** to medical care. 4. RWP will coordinate with RW and non-RW outreach, MAI, and EIS service providers to identify and link **unaware** and **newly diagnosed** HIV individuals to medical care. 5. IEHPC will identify populations experiencing barriers and gaps in care and identify mechanisms and resources to address these **gaps in access to care**. 6. IEHPC will allocate resources at annual PSRA Summit to **address gaps** and

	barriers that impede access to care and support linkages to care for **newly diagnosed HIV** individuals. 7. RWP will facilitate coordination with the Riverside County Health Care LIHP and the San Bernardino County ArrowCare to ensure the engagement, stabilization and retention of health for **newly diagnosed** PLWHA that are eligible for LIHP.
Objectives	**Strategies/Plans/Activities**
Objective 1c By 2016, reduce monitored viral load in TGA by 10%.	1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. RWP will collaborate with HIV service providers in the TGA to enhance ARV therapy adherence among clients in order to contribute to improved health outcomes. 3. RWP will explore and share available options with HIV service providers regarding training on best practices on how to optimize ARV adherence for RW clients. 4. IEHPC and RWP will collaborate with prevention providers to create a TGA-wide educational campaign to educate **unaware, newly diagnosed**, and those who are aware of their HIV status but are not in care ***(unmet need)*** on why early engagement in medical care is important. 5. RWP will encourage integration of prevention with positives programs and Partner Services throughout the RW HIV service continuum. 6. IEHPC and RWP will monitor community level viral load among RW clients. 7. RWP will facilitate coordination with the Riverside County Health Care LIHP and the San Bernardino County ArrowCare to ensure the engagement, stabilization and retention of health for PLWHA that are enrolled in LIHP.
The *National HIV/AIDS Strategy* Goal # 2 Increasing access to care and improving health outcomes for people living with HIV	
Objectives	**Strategies/Plans/Activities**
Objective 2a By 2016, ensure that at least 85% of **newly diagnosed** HIV positive individuals are linked to medical care within three months of their HIV diagnosis.	1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC and RWP will collaborate with outreach, MAI and EIS providers throughout the TGA to identify best practices and strategies to bring **newly diagnosed** PLWHA with special needs to medical care.

[NHAS = 85%]	3. RWP will collaborate with Riverside and San Bernardino Counties' Low-Income Health Programs (LIHP) to retain **newly diagnosed** PLWHA in medical care. 4. IEHPC and RWP will facilitate coordination with the Riverside County Health Care LIHP and the San Bernardino County ArrowCare to ensure the engagement, stabilization and retention of health for **newly diagnosed** PLWHA who are enrolled in LIHP. 5. RWP will continue to maintain communication and collaboration with Riverside and San Bernardino LIHP programs to minimize disruption of HIV medical care for PLWHA transitioned into LIHP from Ryan White.
Objectives	**Strategies/Plans/Activities**
Objective 2b By 2016, ensure that at least 80% of current RW PLWHA are in continuous care (at least 2 routine HIV medical care visits at least 3 months apart in 12 months). *[NHAS = 80%]*	1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC and RWP will collaborate with RW and non-RW HIV service providers to increase access to ongoing retention and adherence to treatment and care for PLWHA who are **newly diagnosed**, aware of their HIV status and who have not yet been linked to medical care **(unmet need**) or have **fallen out of care**. 3. IEHPC and RWP will identify best practices on linking to care and retention strategies for individuals who are *newly diagnosed*, aware of HIV status but are not in medical care (**unmet need**) or have **fallen out of care**. 4. RW Grantee will continue to promote ARV therapies that meet treatment guidelines for all PLWHA. ***5.*** IEHPC and RWP will explore and share available options with providers on best practices for linking to medical care and retention strategies for individuals who are **newly diagnosed,** aware of HIV status but are not in care **(unmet need**) or have fallen out of care. 6. IEHPC will allocate resources at its annual PSRA Summit to **close gaps in care** and provide services that identify and re-engage PLWHA who are out of care. 7. IEHPC and RWP and RW providers will utilize ARIES data to identify those clients that are marginally in care or have missed several primary medical care and other core service appointments. Identified patients will be transferred into the TGA's Outreach, MAI or EIS programs for intensive follow-up. 8. IEHPC and RWP will ensure parity of HIV service access throughout the TGA through culturally competent and linguistically appropriate HRSA core and support services that strive to reach all PLWHA.

Objectives	Strategies/Plans/Activities
Objective 2c By 2016, ensure that at least 75% of RW clients experience positive health outcomes (maintained at a good level or improved) during a 12-month period of time.	1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC and RWP will ensure the continued implementation of a TGA-wide quality management plan and program that provides outcome-based approaches to ensuring the quality of HIV care. 3. IEHPC and RWP will continue the development of ARIES to accommodate tracking of client-level health outcomes. 4. ARIES reports will used by the Quality Management Program to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and develop and recommend "best practices." 5. RWP will continue to gather and analyze data on quality of care and services; identify gaps in quality of care and services; and maintain a quality management program that meets or exceeds HRSA expectations. 6. RWP will continue to survey consumers on their needs, satisfaction with services and on cultural and linguistic appropriateness. 7. IEHPC will continue to develop, review and disseminate service standards related to Part A-funded service categories and programs. 8. IEHPC will explore the nature and extent of in-migration of HIV positive persons into the TGA and its impact on local resources and quality of care. 9. IEHPC will review and identify existing strategies from other EMAs or TGAs dealing with the in-migration of PLWHA from other jurisdictions.
The *National HIV/AIDS Strategy* Goal # 3 Reducing HIV-Related Health Disparities	
Objectives	**Strategies/Plans/Activities**
Objective 3a By 2016, ensure that 50% of monitored African American and Latino RW clients will have undetectable viral load (<=50 copies).	1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC and RWP will collaborate with prevention programs to design an educational media campaign(s) that would promote HIV testing and care to **populations that are disproportionately impacted** in the TGA. 3. IEHPC and RWP will review, identify and address cultural, access, and economic barriers to HIV testing.

	4. IEHPC and RWP will collaborate with prevention, care and treatment providers to increase the number of **African Americans and Latino PLWHA** who are linked and retained in medical care. **5.** RWP will collaborate and coordinate with state-funded outreach and MAI and RW EIS service providers to identify effective local strategies to link into care **African Americans and Latinos(as) that are *unaware, newly diagnosed* and/or are aware of status but are not in care (*unmet need*).** 6. RWP and RW HIV providers will utilize ARIES to identify early potential disparities in care and will also allow for early **identification of PLWHA who are marginally engaged in care** and/or at risk of falling out of care. Identified clients will be transferred into Medical Case Management for intensive follow-up.
Objectives	**Strategies/Plans/Activities**
Objective 3b By 2016, increase the number of **unaware individuals from emerging populations** (African Americans, Latinos, and Recently Released) who have been tested for HIV by 5**%.**	1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC will research/explore/better determine the needs of HIV+ African Americans, Latinos, and Recently Released. 3. IEHPC and RWP will collaborate with the local health departments to promote routine HIV testing in the private health sector in accordance with CDC guidelines to reduce the number of individuals from **emerging populations who are unaware** of their HIV status. 4. RWP will coordinate with HIV testing programs in the private health sector in order for **newly diagnosed** HIV individuals to have immediate access to the TGA's continuum of prevention and care. 5. RWP will continue communication and information sharing with Riverside and San Bernardino Counties' Part B services to expand routine HIV testing in private health sector. 6. RWP will collaborate with prevention programs in TGA to expand targeted HIV testing at non-healthcare settings in accordance with CDC guidelines to reduce the number of individuals from emerging populations who are **unaware** of their HIV status. 7. IEHPC and RWP will partner and collaborate with non-healthcare providers (e.g. Probation Department, Parole Division, and County Coalitions) that provide services for recently released inmates to bring the **unaware** to HIV testing and, if **newly diagnosed** link into medical care.

Objectives	Strategies/Plans/Activities
Objective 3c By 2016, ensure that at least 85% of **newly diagnosed** PLWHA from **emerging populations** (African Americans, Latinos, and Recently Released) are linked to medical care within three months of diagnosis. *[NHAS = 85%]*	1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC will research/explore/better determine the needs of HIV+ African Americans, Latinos, and Recently Released. 3. RWP will coordinate with outreach, MAI and EIS providers throughout the TGA to identify best practices and local strategies to bring **newly diagnosed** PLWHA from emerging populations to care. *4.* RWP will coordinate outreach, MAI and EIS providers throughout the TGA to facilitate access to Early Intervention Services (EIS), MAI and/or outreach of individuals who are from **emerging populations** that are not in medical care. 5. RWP will collaborate with non-healthcare providers (e.g. Probation Department, Parole Division, and County Coalitions) that provide services for recently released inmates to link **newly diagnosed** to medical care. 6. RWP will collaborate with Riverside and San Bernardino Counties' Low-Income Health Programs (LIHP) to connect/retain **newly diagnosed** PLWHA from emerging populations in care. 7. IEHPC will allocate resources at annual PSRA Summit to address **gaps in care** and barriers that impede access to care and support linkages to care for ***newly diagnosed*** HIV individuals from **emerging populations**.
Objectives	**Strategies/Plans/Activities**
Objective 3d By 2016, increase the number of **unaware individuals from special populations** (Adolescents, Homeless, IDU, and Transgenders) who have been tested for HIV by 5%.	1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC will research/explore/better determine the needs of HIV+ adolescents, homeless, IDU, and Transgenders. 3. IEHPC and RWP will collaborate with local health departments to promote routine HIV testing in the private health sector in accordance with CDC guidelines to reduce the number of individuals from **special populations that are unaware** of their HIV status. 4. RWP will coordinate with HIV testing programs in the private health sector in order for **newly diagnosed** HIV individuals to have immediate access to the TGA's continuum of prevention and care. 5. RWP will continue communication and information sharing with Riverside and San Bernardino Counties' Part B services to expand routine HIV testing in

	private health sector. 6. RWP will coordinate with prevention programs in TGA to expand targeted HIV testing at non-healthcare settings (e.g., Gay/Straight Alliance Clubs; Transgender Support Groups; Homeless Coalitions) in accordance with CDC guidelines to reduce the number of individuals from **special populations who are unaware** of their HIV status. 7. IEHPC and RWP will partner and collaborate with non-healthcare providers that provide services to special populations to bring **unaware** to HIV testing and, if **newly diagnosed** link into medical care.
Objectives	**Strategies/Plans/Activities**
Objective 3e By 2016, ensure that 85% of **newly diagnosed** PLWHA from **special populations** (Adolescents, Homeless, IDU, and Transgenders)are linked to medical care within three months of diagnosis. *[NHAS = 85%]*	1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC will research/explore/better determine the needs of HIV+ adolescents, homeless, IDU, and Transgenders. 3. RWP will coordinate with outreach, MAI and EIS providers throughout the TGA to identify best practices and local strategies to bring **newly diagnosed PLWHA from special populations** to medical care. *4.* RWP will coordinate outreach, MAI and EIS providers throughout the TGA to facilitate access to Early Intervention Services (EIS), MAI and/or outreach of individuals who are from **special populations** that are not in medical care. 5. RWP will collaborate with non-healthcare providers (e.g., Gay/Straight Alliance Clubs; Transgender Support Groups; Homeless Coalitions) that provide services for individuals from **special populations** to bring **unaware** to HIV testing and if **newly diagnosed** linked to medical care. 6. RWP will collaborate with Riverside and San Bernardino Counties' Low-Income Health Programs (LIHP) to retain **newly diagnosed** PLWHA from **special populations** in medical care. 7. IEHPC will allocate resources at annual PSRA Summit to **close gaps in care** and barriers that impede access to care and support linkages to care for **newly diagnosed HIV individuals from special populations.**

Consumer Member ☐
Provider Member ☐
Public ☐
Other ☐

INLAND EMPIRE HIV PLANNING COUNCIL

PS&RA SUMMIT 2012 EVALUATION

Introduction

The presentation and materials increased my understanding of:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Planning Council Mission, Vision, Shared Principles & Values			3	4	3

Needs Assessment

The presentation and materials increased my understanding of:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Epidemiological Data: Highlights and Trends			3	3	4
2011 Comprehensive Needs Assessment:			2	5	3

Priority Setting Data

The presentation and materials increased my understanding of:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Ryan White Service Categories and Definitions			1	5	4
Profile of 2011-2012 Ryan White Consumers			2	4	4
2013-2016 Comprehensive HIV Service Plan Highlights			2	4	4

Priority Setting & Resource Allocations Process and Instructions

The presentation and materials increased my understanding of:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
PS&RA Process Highlights			1	6	3
Priority Setting Decision-Making Tools			1	5	4
Continuum of Care			1	5	3
Conflict of Interest Highlights			1	6	3

Resource Allocations Data

The presentation and materials increased my understanding of:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Resource Gap Analysis			1	6	3

Directives

The presentation and materials increased my understanding of:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Development of Directives			4	3	2

Overall

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Presentation formats were understandable.			1	6	3
Sufficient data were presented to inform my decisions.			1	5	4
Data analysis was understandable.			1	7	2
Amount of data presented was adequate considering time constraints.			3	5	2
The alternate online training methods enhanced my ability to participate and express my views.			3	3	4

Logistics

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Meeting space was adequate and appropriate for the PS&RA Summit.			1	3	6
Binder contents were relevant and organized.			1	4	5
Facilitation was relevant and appropriate for the PS&RA Summit.			1	3	6
Room Layout was adequate and appropriate.			1	4	5
Audio Visual Support was adequate and appropriate.			1	5	4
Food and refreshments were adequate.			1	4	3

Additional Comments

THANK YOU!!!

Summary of Comments/Feedback

Collected from participants of 2012 PS&RA

1. *Due to my Mother's health I was unable to attend. – G. French*
2. *Would love to have soda fountain available.*
3. *For my first summit thought it ran fairly well. Learned a lot. Thought the staff was very helpful to us throughout the Summit.*
4. *Loved it. Thanks. Can't wait for next year.*
5. *Would like to have graph's from previous expenditures be presented that would show the needs of PLWHA. I feel too much data information was given out to read, not enough explanation of the data.*
6. *Henry did an excellent job of facilitating. We should pay him the $2200 we were going to pay someone else.*
7. *Food ok. Ice cream was great. But still miss soda machine. Last day- Categories, money too long. (Allocation) process drawn out.*
8. *Loved the way the summit went this year. I'm still requesting the soda fountain be open for lunch and bagel and cream cheese added to the breakfast menu.*
9. *I continue to feel there should be more very simple, direct explanation to the public each day about the purpose of the Summit. We spend so much time listening to public comments urging us to do things that we have no control over. Our membership very easily gets distracted, swayed and influenced to issues that are not data driven compromising the integrity of the process.*
   I very much agree- and believe the experienced proves- that no outside facilitator is needed. Our Chair was very successful in managing the meeting in an appropriate way.
   I continue to believe that if a member does not actively participate on any committees, does not have consistent attendance at PC meetings, and does not attend all three days of the Summit, they should not be able to participate. Similar public, uninformed, uneducated members distract others from the task at hand and compromise process.
   Members need data delivers in an alternative, perhaps more visual or elementary way. Members dismiss data because it is too intimidating for them; therefore they do not us the data in decision making. I am very uncomfortable with the suggestion that we need less time on data. This on suggest that members have already made up their minds and have their own agendas and do not need to be bothered by data. I watched one member actually open the FedEx box with the summit notebook on the first day. We cannot depend on members being accountable on their own- the only chance we have that all members will make evidence-based decisions is to be present to them.

1

PRIORITY SETTING AND RESOURCE ALLOCATIONS PROCESS

Directive Worksheet

Please use only one worksheet for each directive developed.

Define the Problem:	
State a current problem that the TGA is having in the delivery of services to PLWHA.	
Basis:	
What specific data or other evidence did you use to identify the problem? List all supporting data.	
Directive:	
Write a directive that will help the Ryan White Program improve service delivery.	
Other Considerations:	
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)	

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Riverside/San Bernardino California Transitional Grant Area

Maxwell Ohikhuare, MD
County Health Officer Co-Chair

Henry Nickel
Community Co-Chair

Planning Committee

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

Meeting Location
Department of Public Health
Preparedness and Response
247 Boyd St
San Bernardino CA 92415
(909) 388-0496

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

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Minutes

Members: N. Batista, T. Evans, A. Ziven, G. French, P. Hagan, C. Harris, B. Orr, D. Wahl
Guest: A. Brazier, Marie Fronsua
Staff: A. Fox, A. Soria

9:30 **1. Call to Order** — N. Batista
- Roll Call*
- Introductions

2. Public Comments[1] — Members of the Public

3. Members Privilege — PC Members

4. Approval of Agenda[2] — N. Batista
Motion: To approve agenda as corrected.
Motion/Second: – B. Orr, D. Wahl
Motion carried.

5. Approval of Minutes[2] — N. Batista
5.1 Minutes of June 14, 2012
Motion: To approve June 14, 2012 Minutes
Motion/Second: – C. Harris, B. Orr
Motion carried.

6. Old Business[2] — Committee Members
6.1 Legislative Mandates
- Comprehensive HIV Plan Development
  - Review and revise goals and objectives for 2013-2016

Comprehensive Plan (A-1)
6.2 2012 PS&RA Data Summit

7. New Business[2]

7.1 Additional information required for Grant Application

- Directives

Motion to approve the following draft directive as modified and immediately submit to the Grantee and consultant. “To improve the health outcomes of newly diagnosed HIV infected, women of color. Located in 3 of the 6 service areas.”
Motion/Second: – C. Harris, P. Hagan
Motion carried.
Motion to approve the following draft directive: “That all funded Ryan White providers post an IEHPC Poster in a place determined by the provider for purposes of confidentiality where clients can view. “
Motion/Second :– B. Orr/D. Wahl
Motion carried.

- Other

7.2 Budget Request for Finance Committee

8. Public Comments[1]

M. Fronsua – Is providing housing services in service area 6 (High Desert)
T. Evans excited about upcoming year for the Council and that he’s excited to move forward.
A. Ziven stated that he is terming out this year, but is very excited that the Council now has a budget.

Members of the Public

9. Members Privilege

C. Harris reported on the Census Bureau news announcement that it is looking at how its surveys measure race. Would like to see on next agenda “Census Bureau proposes changes on how its survey measure race.”

PC Members

10. Review of Action Items

Staff will

1. Schedule presentation for each County – EIS Programs to present on the Early Intervention Services status and Linkages to care for their programs
2. Send out a reminder for PC members to submit their evaluation s for the 2012 PSRA Summit
3. Inform RWP staff that the committee is requesting the previous 12 months updates of implementations of directives by June of every year.

PC Staff

	11. Agenda Setting for Next Meeting September 13, 2012	PC Members/ N. Batista
	12. Roll Call*	PC Staff
11:33	**13. Adjournment**	N. Batista

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