



INLAND
EMPIRE
HIV
PLANNING
COUNCIL

County of San Bernardino Public Health
351 N. Mt. View Ave • San Bernardino, CA 92415-0100
(909) 693-0750
Website: www.iehpc.org

Riverside/San Bernardino California Transitional Grant Area

Cameron Kaiser, MD
County Health Officer Co-Chair

Shelia Cromwell-Nieve
Community Co-Chair

Planning Committee

Thursday, June 9, 2016
9:30am to 11:00am

Meeting Location

Department of Public Health
351 North Mt. View Ave., B15
San Bernardino, CA 92415
(909)693-0750

Teleconferencing Location***

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

Agenda

9:30am	1. Call to Order	
	<ul style="list-style-type: none"> ▪ Roll Call* ▪ Introductions 	L. White
	2. Public Comments¹	Members of the Public
	3. Members Privilege	PC Members
	4. Approval of Agenda²	L. White
	4.1 Approval of 6.9.16 agenda.	
	5. Approval of Minutes²	L. White
	5.1 May 9, 2016 Minutes	
	6. Old Business²	Committee Members
	6.1	
	7. New Business²	
	7.1 Update on Integrated HIV Prevention & Care Plan	
	7.2 Update on Office of AIDS Getting 2 Zero	
	7.3 Review for Prioritizing services for PSRA (A-1)	Committee Members
	7.4 Review and approve Consumer Caucus Flyer (A-2)	
	7.5 Review and approve Consumer Caucus Agenda (A-3)	
	7.6 Review and approve PSRA Flyer (A-4)	
	8. Public Comments¹	Members of the Public

9. Members Privilege	PC Members
10. Review of Action Items	PC Staff
Staff will:	
•	
11. Agenda Setting for Next Meeting	PC Members/ L. White
September 22, 2016	
HIV Planning Council Conference Room	
12. Roll Call*	PC Staff
11:00am	13. Adjournment
	L. White

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.

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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.
 - 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.

Priority Setting Card (Sample)

<p>#1=5 points</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>(Service Category Label)</p> </div> <ul style="list-style-type: none"> <input type="checkbox"/> Epidemiological Profile <input type="checkbox"/> Needs Assessment <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 _____

Directive Worksheet (Sample)

Please use only one worksheet for each directive developed.

Define the Problem:	
<i>State a current problem that the TGA is having in the delivery of services to PLWHA.</i>	
Basis:	

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<p><i>What specific data or other evidence did you use to identify the problem? List all supporting data.</i></p>	
<p>Directive:</p>	
<p><i>Write a directive that will help the Ryan White Program improve service delivery.</i></p>	
<p>Other Considerations:</p>	
<p><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></p>	



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**Inland Empire HIV Planning Council
Consumer Caucus
Wednesday, July 27, 2016**

The Inland Empire Planning Council is seeking diverse men and women from all walks of life to lend their voice to the Council by participating in an HIV Consumer Caucus to discuss the health care service priorities in Riverside and San Bernardino counties, during our 2016 Priority Setting and Re-allocations Summit.

DRAFT

Date: Wednesday, July 27, 2016

Location: San Bernardino Public Health—Preparedness & Response Dept.
247 Boyd Street, San Bernardino, CA

Time: 12:00pm to 1:30pm

Please register via Eventbrite:

<https://2016psraconsumercaucus.eventbrite.com>

Lunch will be provided to the first 20 registrants

For more information

Please contact the Inland Empire HIV Planning Council at: 909-693-0750

Website: www.iehpc.org



Priority Setting and Resource Allocation
Consumer Caucus
July 27, 2016
12pm to 1pm

Caucus Agenda

What is the Council and the PSRA?

Why are you here?

Why is it important to you?

Caucus Poll

What are the 4 most important issues for you?



Inland Empire HIV Planning Council
2016 Priority Setting and Resource Allocations Summit
July 27th & 28th, 2016

County of San Bernardino—Preparedness and Response
247 S. Boyd Street
San Bernardino, CA 92415



Each year approximately 56,000 people become newly infected with HIV in the US. People with AIDS are living longer than ever before. New priorities must be determined on how to most effectively take care of those in need. The Inland Empire HIV Planning Council serves as the policy making body for HIV/AIDS Care and Treatment in San Bernardino and Riverside Counties. We prioritize and allocate about \$7 million each year.

The Inland Empire HIV Planning Council would like to announce its 2016 Priority Setting and Allocations Summit, to be held

July 27th & July 28th 2016 in San Bernardino, CA.

This exercise is a critical part of the Planning Council's responsibilities. The Planning Council will consider all data relevant to determining the priority of services needed to address the impact of HIV/AIDS in San Bernardino and Riverside Counties.

In addition to the work performed by members of the Planning Council, community input is vital and always welcome. Please join us at the:

2016 Priority Setting and Resource Allocations Summit
Wednesday, July 27th.
Thursday, July 28th.
9:00am—5:00pm

County of San Bernardino—Preparedness and Response
247 S. Boyd Street
San Bernardino, CA 92415

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Community Co-Chair

Planning Committee

Thursday, May 19, 2016
9:00am to 10:30am

Meeting Location

Department of Public Health
351 North Mt. View Ave., B15
San Bernardino, CA 92415
(909)693-0750

Teleconferencing Location***

Desert AIDS Project
1695 North Sunrise Way
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(760) 323-2118

Minutes

Members: B. Contreras, G. French, J. Chan, L. White, A. Jacobson, C. Smith, Z. Welden
Staff: A. Fox, S. Beamon
Public: M. Aitchinson

9:00am	1. Call to Order <ul style="list-style-type: none"> ▪ Roll Call* ▪ Introductions 	L. White
	2. Public Comments¹	Members of the Public
	3. Members Privilege G. French gave info on Retreat. C. Smith gave info on his conversation with Congressman Ruiz's office.	PC Members
	4. Approval of Agenda² 4.1 Approval of 5.19.16 agenda. Motion to approve 5.9.16 Agenda. M/S/C: B. Contreras, Z. Welden - No abstentions	L. White
	5. Approval of Minutes² 5.1 March 17, 2016 Minutes Motion to approve 3.17.16 minutes. M/S/C: B. Contreras, C. Smith. - No abstentions	L. White

<p>6. Old Business² 6.1 Transportation Directive – Zelda needed clarity regarding amount to approve for consumer supported transportation. Committee discussed in detail purpose for transportation standard.</p>	Committee Members
<p>7. New Business² 7.1 Update on Integrated HIV Prevention & Care Plan – A. Fox gave an update 7.2 Update on Office of AIDS Getting 2 Zero A. Fox gave an update 7.3 Review Draft PSRA Agenda (A-1) – G. French, recommended changes on the Agenda. A. Fox will add a bullet for consumer caucus report. – Motion to approve the revised PSRA agenda. M/S/C: B. Contreras, G. French - No abstentions 7.4 Review Draft PSRA Training Agenda (A-2) – Motion to approve to approve the revised PSRA Training agenda. M/S/C: G. French, C. Smith - -No abstentions</p>	Committee Members
<p>8. Public Comments¹ None</p>	Members of the Public
<p>9. Members Privilege None</p>	PC Members
<p>10. Review of Action Items Staff will:</p> <ol style="list-style-type: none"> 1. Post transportation Standard on Website after Standard committee review. 2. Agendize Draft PSRA agenda on June 23, 2106 Council agenda. 3. Create Flyer for Consumer Caucus for PSRA 4. Create Eventbrite Registration for PSRA Consumer Caucus 	PC Staff
<p>11. Agenda Setting for Next Meeting June 9, 2016 HIV Planning Council Conference Room</p>	PC Members/ L. White
<p>12. Roll Call*</p>	PC Staff
<p>9:58 am 13. Adjournment</p>	L. White

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