



INLAND
EMPIRE
HIV
PLANNING
COUNCIL

120 Carousel Mall • San Bernardino, CA 92415-0475
(909) 388-0426 • 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, June 14, 2012
12:30pm-2:00pm

Meeting Location
Department of Public Health
Carousel Mall
120 Carousel Mall
San Bernardino CA 92415
(909) 388-0426

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

12:30	1. Call to Order <ul style="list-style-type: none"> ▪ Roll Call* ▪ Introductions 	N. Batista
	2. Public Comments¹	Members of the Public
	3. Members Privilege	PC Members
	4. Approval of Agenda²	N. Batista
	5. Approval of Minutes² 5.1 Minutes of May 8, 2012	N. Batista
	6. Old Business² <ul style="list-style-type: none"> 6.1 Legislative Mandates <ul style="list-style-type: none"> • Comprehensive HIV Plan Development <ul style="list-style-type: none"> ➢ Review and revise goals and objectives for 2013-2016 Comprehensive Plan (A-1) 6.2 2012 PS&RA Data Summit (A-2) 6.3 2012 PS&RA Data Summit Training 6.4 Review and approval of 2011 Coordinated Needs Assessment for People Living with and at Risk for HIV and AIDS: Final Report, May 2012** 6.5 Review and approve Gary Bess Associates as the 	J. Velez Committee Members

contractor for the 2014 Needs Assessment
6.6 Review Expenditures (A-3)

7. Public Comments¹

Members of the Public

8. Members Privilege

PC Members

9. Review of Action Items

PC Staff

10. Agenda Setting for Next Meeting

PC Members/ N. Batista

11. Roll Call*

PC Staff

2:00

12. 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
<p>Objective 1a</p> <p>By 2016, reduce the number of new HIV infections in the TGA by <u>25%</u> (to 154 in 2016).</p> <p><i>[National HIV/AIDS Strategy target (NHAS) = 25%]</i></p>	<ol style="list-style-type: none"> 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
<p>Objective 1b</p> <p>By 2016, ensure that at least <u>85%</u> of PLWHA who are newly diagnosed are linked to medical care within 3 months of diagnosis.</p> <p><i>[National HIV/AIDS Strategy target (NHAS) = 85%]</i></p>	<ol style="list-style-type: none"> 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

	<p>barriers that impede access to care and support linkages to care for <u>newly diagnosed HIV</u> individuals.</p> <p>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 <u>newly diagnosed</u> PLWHA that are eligible for LIHP.</p>
Objectives	Strategies/Plans/Activities
<p>Objective 1c</p> <p>By 2016, reduce monitored viral load in TGA by <u>10%</u>.</p>	<ol style="list-style-type: none"> 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 <u>unaware, newly diagnosed</u>, and those who are aware of their HIV status but are not in care (<u>unmet need</u>) 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.
<p>The National HIV/AIDS Strategy Goal # 2</p> <p>Increasing access to care and improving health outcomes for people living with HIV</p>	
Objectives	Strategies/Plans/Activities
<p>Objective 2a</p> <p>By 2016, ensure that at least <u>85%</u> of <u>newly diagnosed</u> HIV positive individuals are linked to medical care within three months of their HIV diagnosis.</p>	<ol style="list-style-type: none"> 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 <u>newly diagnosed</u> PLWHA with special needs to medical care.

<p>[NHAS = 85%]</p>	<ol style="list-style-type: none"> 3. RWP will collaborate with Riverside and San Bernardino Counties' Low-Income Health Programs (LIHP) to retain <u>newly diagnosed</u> 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 <u>newly diagnosed</u> 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.
<p>Objectives</p>	<p>Strategies/Plans/Activities</p>
<p>Objective 2b</p> <p>By 2016, ensure that at least <u>80%</u> of current RW PLWHA are in continuous care (at least 2 routine HIV medical care visits at least 3 months apart in 12 months).</p> <p>[NHAS = 80%]</p>	<ol style="list-style-type: none"> 1. IEHPC 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 <u>newly diagnosed</u>, aware of their HIV status and who have not yet been linked to medical care (<u>unmet need</u>) or have <u>fallen out of care</u>. 3. IEHPC and RWP will identify best practices on linking to care and retention strategies for individuals who are <i>newly diagnosed</i>, aware of HIV status but are not in medical care (<u>unmet need</u>) or have <u>fallen out of care</u>. 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 <u>newly diagnosed</u>, aware of HIV status but are not in care (<u>unmet need</u>) or have fallen out of care. 6. IEHPC will allocate resources at its annual PSRA Summit to <u>close gaps in care</u> 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
<p>Objective 2c</p> <p>By 2016, ensure that at least <u>75%</u> of RW clients experience positive health outcomes (maintained at a good level or improved) during a 12-month period of time.</p>	<ol style="list-style-type: none"> 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
<p>Objective 3a</p> <p>By 2016, ensure that <u>50%</u> of monitored African American and Latino RW clients will have undetectable viral load (<=50 copies).</p>	<ol style="list-style-type: none"> 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 <u>populations that are disproportionately impacted</u> in the TGA. 3. IEHPC and RWP will review, identify and address cultural, access, and economic barriers to HIV testing.

	<ol style="list-style-type: none"> 4. IEHPC and RWP will collaborate with prevention, care and treatment providers to increase the number of <u>African Americans and Latino PLWHA</u> 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 <u>African Americans and Latinos(as) that are unaware, newly diagnosed and/or are aware of status but are not in care (unmet need).</u> 6. RWP and RW HIV providers will utilize ARIES to identify early potential disparities in care and will also allow for early <u>identification of PLWHA who are marginally engaged in care</u> 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
<p>Objective 3b</p> <p>By 2016, increase the number of <u>unaware individuals from emerging populations</u> (African Americans, Latinos, and Recently Released) who have been tested for HIV by <u>5%</u>.</p>	<ol style="list-style-type: none"> 1. IEHPC 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 <u>emerging populations who are unaware</u> of their HIV status. 4. RWP will coordinate with HIV testing programs in the private health sector in order for <u>newly diagnosed</u> 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 <u>unaware</u> 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 <u>unaware</u> to HIV testing and, if <u>newly diagnosed</u> link into medical care.

Objectives	Strategies/Plans/Activities
<p>Objective 3c</p> <p>By 2016, ensure that at least <u>85%</u> of <u>newly diagnosed</u> PLWHA from <u>emerging populations</u> (African Americans, Latinos, and Recently Released) are linked to medical care within three months of diagnosis.</p> <p>[NHAS = 85%]</p>	<ol style="list-style-type: none"> 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 <u>newly diagnosed</u> 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 <u>emerging populations</u> 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 <u>newly diagnosed</u> to medical care. 6. RWP will collaborate with Riverside and San Bernardino Counties’ Low-Income Health Programs (LIHP) to connect/retain <u>newly diagnosed</u> PLWHA from emerging populations in care. 7. IEHPC will allocate resources at annual PSRA Summit to address <u>gaps in care</u> and barriers that impede access to care and support linkages to care for <u>newly diagnosed</u> HIV individuals from <u>emerging populations</u>.
Objectives	Strategies/Plans/Activities
<p>Objective 3d</p> <p>By 2016, increase the number of <u>unaware individuals from special populations</u> (Adolescents, Homeless, IDU, and Transgenders) who have been tested for HIV by <u>5%</u>.</p>	<ol style="list-style-type: none"> 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 <u>special populations that are unaware</u> of their HIV status. 4. RWP will coordinate with HIV testing programs in the private health sector in order for <u>newly diagnosed</u> 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

	<p>private health sector.</p> <p>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 <u>special populations who are unaware</u> of their HIV status.</p> <p>7. IEHPC and RWP will partner and collaborate with non-healthcare providers that provide services to special populations to bring <u>unaware</u> to HIV testing and, if <u>newly diagnosed</u> link into medical care.</p>
Objectives	Strategies/Plans/Activities
<p>Objective 3e</p> <p>By 2016, ensure that <u>85% of newly diagnosed PLWHA from special populations</u> (Adolescents, Homeless, IDU, and Transgenders) are linked to medical care within three months of diagnosis.</p> <p>[NHAS = 85%]</p>	<p>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.</p> <p>2. IEHPC will research/explore/better determine the needs of HIV+ adolescents, homeless, IDU, and Transgenders.</p> <p>3. RWP will coordinate with outreach, MAI and EIS providers throughout the TGA to identify best practices and local strategies to bring <u>newly diagnosed PLWHA from special populations</u> to medical care.</p> <p>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 <u>special populations</u> that are not in medical care.</p> <p>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 <u>special populations</u> to bring <u>unaware</u> to HIV testing and if <u>newly diagnosed</u> linked to medical care.</p> <p>6. RWP will collaborate with Riverside and San Bernardino Counties' Low-Income Health Programs (LIHP) to retain <u>newly diagnosed</u> PLWHA from <u>special populations</u> in medical care.</p> <p>7. IEHPC will allocate resources at annual PSRA Summit to <u>close gaps in care</u> and barriers that impede access to care and support linkages to care for <u>newly diagnosed HIV individuals from special populations</u>.</p>



INLAND
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HIV
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2011 Priority Setting & Resource Allocations Data Summit
Tuesday, Wednesday and Thursday July 19-21, 2011
9:00am – 5:00pm

The Grove Community Church
 19900 Grove Community Drive
 Riverside, CA 92508
 951-571-9090

(This facility is in full compliance with the American with Disabilities Act of 1992)

AGENDA

Day 1 – Tuesday, July 19th

Please bring your PS&RA Summit binder each day.

Please take rolling breaks as needed.

8:00-8:45	<u>Continental Breakfast</u>	
9:00	Call to Order	
	Welcome, Introductions & Announcements, Roll Call	<i>H. Nickel</i>
	➤ Mission, Vision, Guiding Principles & Shared Values	<i>H. Nickel/Facilitator</i>
	Consent Calendar	<i>H. Nickel/PC Members</i>
	➤ August 2011 Calendar**	
	Members Privilege	<i>Planning Council</i>
	Public Comments	<i>Members of the Public</i>
	Needs Assessment: Summarized Data Presentation 2.5hrs	<i>B. Flippin/C. Husted</i>
	➤ Epidemiological Data: Highlights and Trends	
	➤ 2011 Comprehensive Needs Assessment	
	Break	
	2009 Ryan White Program Reauthorization HIV Unaware Population	<i>S. Rigsby</i>
	➤ Minority AIDS Initiative	
12:00	<u>Lunch</u>	
1:00	Reconvene	
	2011 Comprehensive Needs Assessment (cont.) 1hr	
	Break	
	Priority Setting Data	<i>S. Rigsby/B. Flippin</i>
	➤ Ryan White Service Categories & Definitions	
	➤ Profile of 2010-2011 Ryan White Consumers	
	➤ 2009-2012 Comprehensive HIV Services Plan Factors	
5:00	Recess	<i>H. Nickel</i>

AGENDA
Day 2 – Wednesday, July 20th
Please take rolling breaks as needed.

8:00-8:45	<u>Continental Breakfast</u>	
9:00	Reconvene	<i>H. Nickel</i>
	Welcome, Introductions & Announcements, Roll Call	<i>H. Nickel/Facilitator</i>
	Members Privilege	<i>Planning Council</i>
	Public Comments	<i>Members of the Public</i>
	2011 Comprehensive Needs Assessment (Cont.) 1hr	<i>C. Husted</i>
	Break	
	Priority Setting & Resource Allocations Process & Instructions	<i>Facilitator</i>
	➤ PS&RA Process Highlights	
	➤ Priority Setting Decision-Making Tools	
	➤ 2011 Prioritized Service Categories(refer to binder appendix)	
	▪ Review of 2011 Funded Service Priorities	
	➤ Review of the Continuum of Care	<i>L. Ford Watson/V. Comstock</i>
12:00	<u>Lunch</u>	
1:00	Reconvene	
	Develop and Approve Final Service Priorities for FY 2012	<i>Planning Council</i>
	Resource Allocations Data**	
	➤ <u>Resource Gap Analysis</u>	<i>B. Flippin/C. Husted</i>
	Analysis based on: Resource Inventory, Alternative Funding Sources, and Service Narratives.	
	Break	
	Resource Allocations Process and Instructions	<i>Facilitator</i>
	➤ Conflict of Interest	
	➤ Funding Percentages	
5:00	Recess	<i>H. Nickel</i>

AGENDA
Day 3 – Thursday, July 21st
Please take rolling breaks as needed.

8:00-8:45	<u>Continental Breakfast</u>	<i>H. Nickel</i>
9:00	Reconvene	
	Welcome, Introductions & Announcements, Roll Call	<i>H. Nickel/Facilitator</i>
	Members Privilege	<i>Planning Council</i>
	Public Comments	<i>Members of the Public</i>
	Develop and Approve Final Allocations <i>Note: Public comments will be interspersed within the Resource allocation discussion</i>	<i>Planning Council</i>
12:00	<u>Lunch</u>	
1:00	Reconvene	
	Develop and Approve Final Allocations (Continued) <i>Note: Public comments will be interspersed within the Resource allocation discussion</i>	<i>Planning Council</i>
	Break	
	Develop and Approve Final Allocations (continued) ➤ Post Award Instruction to Grantee	<i>Planning Council</i>
	Development of Directives ➤ Development of Directives ➤ Review Directives for Final Approval	<i>Facilitator</i>
5:00	Next Steps / Adjourn	<i>H. Nickel</i>

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

**Ryan White Program Expenditure
Report May 2012***

ATTACHMENT B

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G	COLUMN H
Service Category	Allocations	Average Exp Per Month (3/12)	Expended YTD	Remaining YTD	% Expended YTD	Target % as of Mar 31	Variance
Out/Amb Medical	3,000,000.00	250,000.00	179,643.82	2,820,356.18	5.99%	8.33%	-2.35%
Mental Health	329,447.00	27,453.92	23,283.14	306,163.86	7.07%	8.33%	-1.27%
Med Case Mgmt	423,575.00	35,297.92	20,590.99	402,984.01	4.86%	8.33%	-3.47%
Substance Abuse	244,732.00	20,394.33	17,779.42	226,952.58	7.26%	8.33%	-1.07%
Dental	941,277.00	78,439.75	83,632.52	857,644.48	8.89%	8.33%	0.55%
Pharmacy	56,478.00	4,706.50	2,026.19	54,451.81	3.59%	8.33%	-4.75%
Home/Comm Based	141,191.00	11,765.92	8,178.82	133,012.18	5.79%	8.33%	-2.54%
EIS - Part A	141,191.00	11,765.92	7,059.88	134,131.12	5.00%	8.33%	-3.33%
Case Mgmt (non-Med)	282,383.00	23,531.92	33,561.96	248,821.04	11.89%	8.33%	3.55%
Food	258,851.00	21,570.92	21,831.09	237,019.91	8.43%	8.33%	0.10%
Housing	164,722.00	13,726.83	4,128.43	160,593.57	2.51%	8.33%	-5.83%
Transportation	188,255.00	15,687.92	16,378.56	171,876.44	8.70%	8.33%	0.37%
Psychosocial	178,843.00	14,903.58	8,942.22	169,900.78	5.00%	8.33%	-3.33%
EIS MAI	374,443.00	31,203.58	20,725.10	353,717.90	5.53%	8.33%	-2.80%
TOTALS	6,725,388.00	560,449.00	447,762.14	6,277,625.86	6.66%	8.33%	-1.68%

LEGEND

- Column A Current funded RWP services established by IEHPC at PSRA
 - Column B Current RWP service allocations established by IEHPC at PSRA
 - Column C Estimated monthly expenditure amounts based on entire allocations. Formula = Column B / 12
 - Column D Actual year-to-date expenditures of RWP Part A services as reported by RWP Part A providers
 - Column E Actual year-to-date of amounts remaining. Formula = Column B - Column D
 - Column F Percentage of year-to-date of funds expended. Formula = Column D / Column B
 - Column G Target Percent that should be expended (ex: July is the 5th month of program yr, 5/12=41.67%)
 - Column H Variance between Optimal Percent and Actual Percent of funds expended. Formula = Column G - Column F
- Services with variance expended that is greater or less than 10%

*Created by RWP Staff 05/17/12 includes invoices rec'd as of 03/31/12 m/s



INLAND
EMPIRE
HIV
PLANNING
COUNCIL

120 Carousel Mall • San Bernardino, CA 92415-0475
(909) 388-0426 • 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, May 03, 2012
12:30pm-2:30pm

Meeting Location
Department of Public Health
Carousel Mall
120 Carousel Mall
San Bernardino CA 92415
(909) 388-0426

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.

Minutes

Attendees: N. Batista, G. French, C. Harris, B. Orr, D. Wahl, A. Ziven

Guest: S. Rigsby, B. Flippin

PCS: A. Soria

- | | |
|--------------|---|
| 12:30 | 1. Call to Order <ul style="list-style-type: none"> ▪ Roll Call* N. Batista ▪ Introductions |
| | 2. Public Comments¹ Members of the Public |
| | 3. Members Privilege PC Members |
| | 4. Approval of Agenda²
Motion/Second: B. Orr/D. Wahl N. Batista
Motion carried. |
| | 5. Approval of Minutes²
5.1 Minutes of April 19, 2012 N. Batista
Motion/Second: G. French/B. Orr
Motion carried. |
| | 6. Old Business²
6.1 Legislative Mandates <ul style="list-style-type: none"> • Comprehensive HIV Plan Development J. Velez <ul style="list-style-type: none"> ➤ Approval of the 2013-2016 Committee Members
Comprehensive Plan**
The committee read and reviewed
the draft Comp Plan. |

Motion to release draft for public and Planning Council member further review and comment.
 G. French/D. Wahl. All in favor.
 Motion carried.
 The Grantee will send to providers.
 PCS will upload to the IEHPC.org website.
 A matrix will be created of all proposed comments/action.

6.1 2012 PS&RA Data Summit

6.2 Facilitator for 2012 Data Summit

Motion to put out a bid for a facilitator for the PS&RA Summit July 31-August 2 at a cost not to exceed 3,000.

D. Wahl/N. Batista

Motion failed.

Motion to put out a bid for a facilitator for the PS&RA Summit July 31-August 2 at a cost not to exceed 2,2000.

B. Orr/N. Batista

Motion carried.

PCS will forward to PC.

6.3 Allocation Presentation for Planning Council Meeting

7. Public Comments¹

Members of the Public

8. Members Privilege

PC Members

9. Review of Action Items

PC Staff

10. Agenda Setting for Next Meeting

PC Members/ N. Batista

11. Roll Call*

PC Staff

2:30

12. 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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