*The **Washington, D.C. Regional Planning Commission on Health and HIV** (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.*

EXECUTIVE OPERATIONS COMMITTEE (EOC)
MEETING AGENDA

THURSDAY, JUNE 27, 2019 – 5:00PM TO 6:00PM

JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER

441 4TH STREET, NW; 11TH FLOOR; WASHINGTON, DC 20001

Note: all times are approximate

Time	Agenda Item
5:00 pm	1. Call To Order and Moment of Silence 2. Welcome and Introductions/Roll Call
5:10 pm	3. Review and Adoption of the Meeting Agenda for June 27, 2019 4. Review and Approval of the Meeting Minutes from May 30, 2019
5:15 pm	5. Ryan White HIV/AIDS Program (RWHAP) Recipient - Updates/Concerns
5:20 pm	6. Commission Administrative Business • *Review and adoption of COHAH Agenda for June 27, 2019* • *Update on Commissioners whos Term Ends on 5-31-19 and Recruitment* • *Schedule of July/August Meetings for PSRA* • *PSRA "Prevention" Integration*
5:35 pm	7. Standing Committee Updates/Concerns • *Research & Evaluation Committee (REC)* *{Next mtg.: Tue. July 16th @ 3pm}* • *Integrated Strategies Committee (ISC)* *{Next mtg.: Wed. July 17th @ 1pm}* • *Community Engagement & Education Committee (CEEC)* *{Next mtg.: Thu. July 18th @ 5pm}* ○ ***"Speak Your Peace! Community Listening Session" - WHEN!?*** • *Comprehensive Planning Committee (CPC)* *{Next mtg.: Wed. July 24th @11am}*
5:45 pm	8. Old Business 9. New Business
5:50 pm	10. Announcements and Adjournment
NEXT EXECUTIVE OPERATIONS COMMITTEE (EOC) MEETING:	**THURSDAY JULY 25, 2019** **5PM-6PM** **JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER** **441 4TH ST. NW; 11TH FLOOR** **WASHINGTON, DC 20001**

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EXECUTIVE OPERATIONS COMMITTEE (EOC)
MEETING MINUTES

THURSDAY, JUNE 27, 2019 – 5:00PM TO 6:00PM

JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER

441 4TH STREET, NW; 11TH FLOOR; WASHINGTON, DC 20001

ATTENDEES/ROLL CALL					
COMMISSIONERS	**PRESENT**	**ABSENT**	**COMMISSIONERS**	**PRESENT**	**ABSENT**
Adkins, Sarcia	X				
Hickson, DeMarc	X				
Holley, Nathaniel		X			
Hutton, Kenya		X			
Massie, Jenné	X				
Morse, Ka'leef	X				
Padmore, Gerald	X				
Zoerkler, Jennifer	X				
RECIPIENT	**PRESENT**	**ABSENT**			
Barnes, Clover		X			
HAHSTA STAFF	**PRESENT**	**ABSENT**	**COMMISSION STAFF**	**PRESENT**	**ABSENT**
			Bailey, Patrice	X	
			Clark, Lamont	X	

HIGHLIGHTS	
AGENDA	
Item	**Discussion**
Call to Order Welcome and Introductions Roll/Call	Kaleef M. called the meeting to order at 5:22 pm, followed by a moment of silence and introductions. Kaleef welcomed and introduced new Vice-Chair Sarcia Adkins.
Review and Adoption of the Agenda	Jenné M. motioned to approve the June 27, 2019 Agenda for the Executive Operations Committee (EOC). Gerald P. seconded the motion. The agenda was adopted.

Review and Approval of the Minutes	Gerald motioned to approve the May 30, 2019 EOC Meeting Minutes. Jennifer Z. seconded. Jenné abstained. The minutes were approved.
Ryan White HIV/AIDS Program (RWHAP) Recipient Updates/Concerns	Ryan White HIV/AIDS Program (RWHAP) Recipient Updates and Concerns was not presented. Kaleef commented on the new Roll-up and report layout, and indicated that distribution of the Roll-Up, to the commissioners will resume. Kaleef indicated that the Recipient is in the process of de-funding a Maryland provider based on their lack of performance. The Recipient is working on having them cease and desist the services funded by Ryan White. Those services include: MAI; Early Intervention Services, Medical Case Management, Mental Health Services, Psychosocial Support, Outpatient Substance Abuse, Emergency Financial Assistance, HIPCSA, Medical Case Management, Medical Nutrition Therapy, Medical Transportation and Outreach Services. Eight million dollars in Early Intervention Services (EIS) is not indicated on the report because it has not been awarded yet. It will be awarded on August 1, 2019. DeMarc H. asked about the anticipated update on the housing directive that was to come at the end of Grant Year 28. Kaleef indicated that the money allocated for it was not spent by the end of the grant year. However, the housing issue is more serious than originally thought. Subsequently, a housing coalition is being assembled to address the current housing crisis in DC EMSA to determine how Ryan White can best serve the short fall in HOPWA funds in meeting the needs. Kaleef will set up opportunities for a housing presentation at the REC and CEEC meetings.
Commission Administrative Business	***Review and adoption of the COHAH Agenda for June 27, 2019*** Gerald motioned to approve the COHAH Agenda for June 27, 2019. Jenné seconded the motion. The agenda was approved. Sarcia A., Kaleef and Jennifer met to discuss executive level planning for the Executive Committee. Sarcia and Jennifer will be working on a productive, engaging agenda that is more creative and comprehensive and incorporates prevention. HAHSTA will apply for the End The Epidemic (ETE) money. It is a one-year grant to enhance planning with the outcomes to include being a new ETE plan, increased engagement with community members, planning groups and providers and some other science based outcomes. The application is due July 12th. ***Update Commissioners whose Term Ends on 5-31-19 and Recruitment*** Reinstatements and removal recommendations have been sent to the Mayor's Office. An email will be sent to solicit panelists for interviews. Eight candidates were not able to make their originally scheduled interviews and will be asked to reschedule.

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Standing Committee Updates/Concerns	No committee reports were discussed.
Old Business	None
New Business	None
Announcements and Adjournment	None
HANDOUTS	
• Executive Operations Committee Agenda for June 27, 2019. • Executive Operations Committee Minutes for May 30, 2019. • Recipient Report Monthly Recipient Report • Planning Commission (COHAH) General Body Meeting Agenda, Thursday, June 27, 2019	

MEETING ADJOURNED	5:50PM
NEXT MEETING	Thursday, July 25, 2019 5PM-6PM Judiciary Square – Citywide Conference Center 441 Fourth St. NW; 11th Floor Washington, DC 20001

I, as Planning Commission Government Co-Chair, hereby certify the accuracy of the above minutes:	
Signature of: ***Kaleef Stanton Morse, MHS*** ***Government Co-Chair***	***Date:***
Date the Minutes were approved by the Executive Operations Committee:	

*The **Washington, D.C. Regional Planning Commission on Health and HIV** (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.*

EXECUTIVE OPERATIONS COMMITTEE (EOC)
MEETING MINUTES
THURSDAY, MAY 30, 2019 – 5:00PM TO 6:00PM
JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER
441 4TH STREET, NW; 11TH FLOOR; WASHINGTON, DC 20001

ATTENDEES/ROLL CALL					
COMMISSIONERS	**PRESENT**	**ABSENT**	**COMMISSIONERS**	**PRESENT**	**ABSENT**
Clay, Cyndee		X			
Hickson, DeMarc	X				
Holley, Nathaniel		X			
Hutton, Kenya		X			
Massie, Jenné		X			
Morse, Ka'leef	X				
Padmore, Gerald	X				
Zoerkler, Jennifer	X				
Cox, Derrick CEEC Co Vice-Chair Proxy for Jenne Massie	X				
RECIPIENT	**PRESENT**	**ABSENT**			
Barnes, Clover	X				
HAHSTA STAFF	**PRESENT**	**ABSENT**	**COMMISSION STAFF**	**PRESENT**	**ABSENT**
			Bailey, Patrice	X	
			Clark, Lamont	X	

HIGHLIGHTS	
AGENDA	
Item	**Discussion**
Call to Order Welcome and Introductions Roll/Call	Jennifer Z. called the meeting to order at 5:26 pm, followed by a moment of silence and introductions. Kaleef M. introduced Derrick Cox as Co Vice-Chair of the Community Engagement and Education Committee, (CEEC) and stand in for Jenné Massie.

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Review and Adoption of the Agenda	Gerald P. motioned to approve the May 30, 2019 Agenda for the Executive Operations Committee (EOC). DeMarc H. seconded the motion. The agenda was adopted.
Review and Approval of the Minutes	DeMarc motioned to approve the April 25, 2019 EOC Meeting Minutes. Gerald seconded. The minutes were approved.
Ryan White HIV/AIDS Program (RWHAP) Recipient Updates/Concerns	**Clover Barnes presented the Jurisdictional reports** There were no updates given on the Jurisdictional report. However, the Recipient report that was not available at the CPC meeting is now available for questions and or comment. Clover indicated that the only additional information is that the Letter Of Intent deadline came for the regional EIS and several applicants were rejected for being late. Several other applicants, new to Ryan White, are being scheduled for introductory site visits. There are also introductory site visits in Maryland for providers we did not previous fund directly. There are concerns about one of the providers therefore a comprehensive site visit will be conducted. Jennifer requested that when doing the recipient report, in the Virginia section, the other commissioners might be interested in knowing what the Recipient are doing to fill the gap in obtaining MAI RFA applications.
Commission Administrative Business	***Review and adoption of the COHAH Agenda for May 30, 2019*** Gerald motioned to approve the COHAH Agenda for May 30, 2019. Kaleef M. seconded the motion. The agenda was approved. ***Update Commissioners whose Term Ends on 5-31-19 and Recruitment*** There are 14 commissioners whose terms end May 31st. Five new commissioners will be added and four will be removed. There are five applicants that did not respond to the call for interviews; however, they will be given another opportunity if they are still interested. Three applicant interviews are being rescheduled. Kaleef thanked those who have participated on the interview panels. ***Summary of COHAH Planning Cycle and Responsibilities*** Kaleef led the discussion about the Summary of the COHAH Planning Cycle Times and Responsibilities sheet Jennifer has created. Jennifer indicated that it would be nice to have a colored calendar that indicated the timeline of where, in the year, the activities fall. ***Elections for Community Vice-Chair*** Nominations and elections will be held at the General Body meeting following this meeting. Kaleef will open the floor for nominations. If there are no volunteers, several will be selected. Each nominee will be given three (3) minutes to talk about why he or she should be selected as Vice Chair. A silent vote will follow.

Standing Committee Updates/Concerns	***DeMarc H. presented the Research and Evaluation Committee (REC) report. .*** There was discussion about the research question that will help guide the needs assessment. Also the development of the questions in the of interest (i.e. "What are the individual, social ,cultural and structural factors associated with HIV prevention treatment and care outcomes among people with or vulnerable for HIV in the greater Washington DC area). Kaleef indicated that the next meeting would be June 18, 2019. ***Kaleef M. presented the Integrated Strategies Committee (ISC) report.*** The committee worked on the second draft of the EIS standard to match the new service category of the new RFA. The committee is also working on how to interject trauma and U=U into the standards. George Washington University is will assist with writing a white paper on U=U, on behalf of the commission, to make a clear our stand and support. ***Derrick C. presented the Community Education and Engagement Committee (CEEC) report. "Speak Your Peace! Community Listening Session"*** CEEC was pleased with the turnout at the listening session. Not only were DC residents there, but people came from Maryland and Fredericksburg Virginia. The main topics of concern were physicians' practices, procedures, and hospital resources in Fredericksburg and housing in DC. The next session will be in Maryland. The time and date has not been determined. The venue must be metro accessible and have parking available. Churches are not being considered at this time. ***Gerald P. presented the Comprehensive Planning Committee (CPC) report.*** The focus of the meeting was around the Ryan White reports and financial oversight. The Recipient introduced a new spreadsheet. It can be found in basecamp. The Priority Setting and Resource Allocation (PSRA) data request is being sent out. The letter has been written to go to Co-chair Jennifer then to the Recipient, Clover. Kaleef will send out the training schedule for PSRA. DeMarc indicated that there are questions in the data request that have been bought up, in terms of the entire needs assessment as it relates to unmet need. He asked if the information from the data request would be shared with the other committees. Clover indicated that there would be a presentation and a paper handout on the presentation.
Old Business	None
New Business	Kaleef reiterated the importance of responding to his email regarding vacation dates for the summer. The initial email was sent in April. While it may not be possible for every commissioner to attend every meeting, Kaleef and staff are aware of the absenteeism during the summer months and therefore attempt to

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	schedule meetings at a time when most commissioners can attend. The best way to do this is by knowing proposed vacation dates and scheduling around them.
Announcements and Adjournment	Derrick announced *The Reunion Project - Thriving with HIV* on June 22, 2019 from 9:30am – 5:30 pm at the Milken Institute School of Public Health at the George Washington University located at 950 New Hampshire Ave., NW, Washington, DC 20052

HANDOUTS

- Executive Operations Committee Agenda for May 30, 2019.
- Executive Operations Committee Minutes for April 25, 2019.
- Recipient Report Monthly Recipient Report
- Planning Commission (COHAH) General Body Meeting Agenda, Thursday, May 30, 2019
- Summary of COHAH Planning Cycle Timing and Responsibilities May 2019
- 2019 (GY'30) Priority Setting and Resource Allocation (PSRA) Process Data Request May 30, 2019

MEETING ADJOURNED	6:01PM
NEXT MEETING	Thursday, June 27, 2019 5PM-6PM Judiciary Square – Citywide Conference Center 441 Fourth St. NW; 11th Floor Washington, DC 20001

I, as Planning Commission Government Co-Chair, hereby certify the accuracy of the above minutes:	
Signature of: ***Kaleef Stanton Morse, MHS*** ***Government Co-Chair***	***Date:***
Date the Minutes were approved by the Executive Operations Committee:	

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Date: **June 26, 2019**

To: **Comprehensive Planning Committee (CPC)**

From: **Ryan White HIV/AIDS Program (RWHAP) Recipient Staff**

Re: **Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding)**
Year 29 - Reporting Period: April 1 – 30, 2019

Part A and Part A MAI. The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 29 includes two components: Part A and Part A Minority AIDS Initiative (MAI). These reports are designed to report distinctly on the associated program activities. **The GY 29 award has been received in the amount $31,293,011.**

Notes on Overview. The fiscal spreadsheets list the service categories by Part and jurisdiction, and identifies the reported expenditure as a proportion of expected-to-date. The COHAH has requested an explanation of those service categories with a discrepancy greater than 30%.

Fiscal Status

For Part A and Part A MAI in April 2019, (**14**) of (**25**) invoices have been received.

Service Delivery Challenges

DC: N/A

MD: Maryland providers have not submitted any invoices for the month of April. One Maryland provider was given a stop work order due to their inability to meet RW requirements. DC Office of Grants Management is working with the provider to ensure they either come into compliance or are removed from the RW provider network.

VA: No providers applied for the VA MAI funding opportunity. The Recipient is working with VDH to identify organizations whose focus population is youth to provide Youth Reach MAI services.

PART A FISCAL SUMMARY

Part A expenditures are 12% and should be 17%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Early Intervention Services
Health Insurance Premium and Cost Sharing Assistance
Home & Community Based Care
Medical Nutrition Therapy
Medical Case Management
Emergency Financial Assistance
Medical Transportation Services
Outreach Services
Psychosocial Support Services

Services 30% below expected:

N/A

Services 30% above expected:

Other Professional Services

PART A MAI FISCAL SUMMARY

Part A MAI expenditures are 17% and should be 17%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Ambulatory Outpatient Medical Care
Early Intervention Services
Health Insurance Premium and Cost Sharing Assistance
Mental Health Services
Medical Case Management
Substance Abuse Services - Outpatient
Psychosocial Support Services

Services 30% below expected:

N/A

Services 30% above expected:

N/A

UBC Fiscal Summary

Service areas affected by unprocessed invoices:

N/A

UBC expenditures are 24% and should be 17%. (Overall Expenditure rates by funding source for the reporting period)

Service 30% above expected:

N/A

Services 30% below expected:

N/A

Recipient Report

1. **HRSA Site Visit**. The DC EMA comprehensive site visit has been **RESCHEDULED to September 10-13, 2019**. HRSA made this change due to scheduling conflicts within their system.

2. **Narcan**. Please contact Jonjelyn Gamble to receive the Narcan kits (jonjelyn.gamble@dc.gov). As a reminder, providers/staff must attend a Narcan training (at DC Health or in the community) to receive the kits. Proof of training is required to receive kits. A list of free scheduled trainings provided by DC Health can be found at https://dchealth.dc.gov/page/cme-ceu-webinars-and-trainings. Click the date of the training to register. The next scheduled training date is **July 26, 2019**.

3. **Regional EIS**. The RFA for Regional EIS closed on June 7, 2019. 24 organizations submitted Letters of Intent (LOI) to apply for funding; 24 applications were submitted, 2 were rejected for not submitting the required LOI, 22 were moved forward to be reviewed. Reviews are happening now and will be completed in early July. Awards are scheduled to be made in July for an August 1, 2019 program start date.

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PLANNING COMMISSION (COHAH) GENERAL BODY
MEETING AGENDA

THURSDAY, JUNE 27, 2019 – 6:00PM TO 8:00PM

JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER

441 4TH STREET, NW; 11TH FLOOR; WASHINGTON, DC 20001

Note: all times are approximate

Time	Agenda Item
6:00 pm	**1. Call To Order and Moment of Silence** **2. Welcome and Introductions/Roll Call**
6:05 pm	**3. Review and Adoption of the Meeting Agenda for June 27, 2019** **4. Review and Approval of the Meeting Minutes from May 30, 2019**
6:10 pm	**5. Ryan White HIV/AIDS Program (RWHAP) Recipient Report/ Updates**
6:20 pm	*****PUBLIC COMMENT PERIOD***(SEE NEW RULES)***** *-Anyone interested, please complete the form with a COHAH staff member.*
6:30 pm	**6. Standing Committee Updates/Concerns** • *Research & Evaluation Committee (REC)* {Next mtg.: Tue. July 16th @ 3pm} • *Integrated Strategies Committee (ISC)* {Next mtg.: Wed. July 17th @ 1pm} • *Community Engagement & Education Committee (CEEC)* {Next mtg.: Thu. July18th @ 5pm} ○ ***"Speak Your Peace! Community Listening Session" Update*** • *Comprehensive Planning Committee (CPC)* {Next mtg.: Wed. July 24th @ 11am}
6:45 pm	**7. Ryan White Priority Setting and Resource Allocation (PSRA) Process Overview** • *Integration of "Prevention" into the process*
7:40 pm	**8. Commission Administrative Business – "Things to Do"** • *ETE Discussion* • *Prevention Discussion*
7:50 pm	**9. New Business**
7:55 pm	**10. Announcements** • IMPORTANT DATES FOR JULY, AUGUST and SEPTEMBER 2019
8:00 pm	**11. Adjournment**

NEXT PLANNING COMMISSION (COHAH) MEETING:	**THURSDAY JULY 25, 2019** **6PM-8PM** **JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER** **441 4TH ST. NW; 11TH FLOOR** **WASHINGTON, DC 20001**

IMPORTANT DATES – JULY THRU SEPTEMBER 2019

DATE		MEETING	TIME
July	9	Priority Setting and Resource Allocation (PSRA) Training Part 2	1p to 4p
July	9	Priority Setting and Resource Allocation (PSRA) Training Part 2	5p to 8p
July	11	Priority Setting and Resource Allocation (PSRA) Training Part 2	1p to 4p
July	15	Priority Setting and Resource Allocation (PSRA) Training Part 2	10a to 1p
July	15	Priority Setting and Resource Allocation (PSRA) Training Part 2	3p to 6p
July	16	Research and Evaluation Committee (REC) Meeting	3p to 5p
July	17	Integrated Strategies Committee (ISC) Meeting	1p to 3p
July	18	Community Engagement & Education Committee (CEEC) Meeting	5p to 7p
July	24	Comprehensive Planning Committee (CPC) Meeting	11a to 1p
July	25	Executive Operations Committee (EOC) Meeting @ 441 4th St. NW	5p to 6p
July	25	COHAH General Body Meeting @ 441 4th Street, NW on the 11th Floor	6p to 8p
August	13	Research and Evaluation Committee (REC) Meeting	3p to 5p
August	14	Integrated Strategies Committee (ISC) Meeting	1p to 3p
August	15	Community Engagement & Education Committee (CEEC) Meeting	5p to 7p
August	19	Virginia Priority Setting and Resource Allocation Presentation	10a to 2p
August	20	Maryland Priority Setting and Resource Allocation Presentation	10a to 2p
August	21	District of Columbia Priority Setting and Resource Allocation Presentation	10a to 2p
August	21	Comprehensive Planning Committee (CPC) Meeting	11a to 1p
August	22	Executive Operations Committee (EOC) Meeting @ 441 4th St. NW	5p to 6p
August	22	COHAH General Body Meeting @ 441 4th Street, NW on the 11th Floor	6p to 8p
September	17	Research and Evaluation Committee (REC) Meeting	3p to 5p
September	18	Integrated Strategies Committee (ISC) Meeting	1p to 3p
September	19	Community Engagement & Education Committee (CEEC) Meeting	5p to 7p
September	25	Comprehensive Planning Committee (CPC) Meeting	11a to 1p
September	26	Executive Operations Committee (EOC) Meeting @ 441 4th St. NW	5p to 6p
September	26	COHAH General Body Meeting @ 441 4th Street, NW on the 11th Floor	6p to 8p

The Ryan White Priority Setting and Resource Allocation Process

"PSRA": An Overview

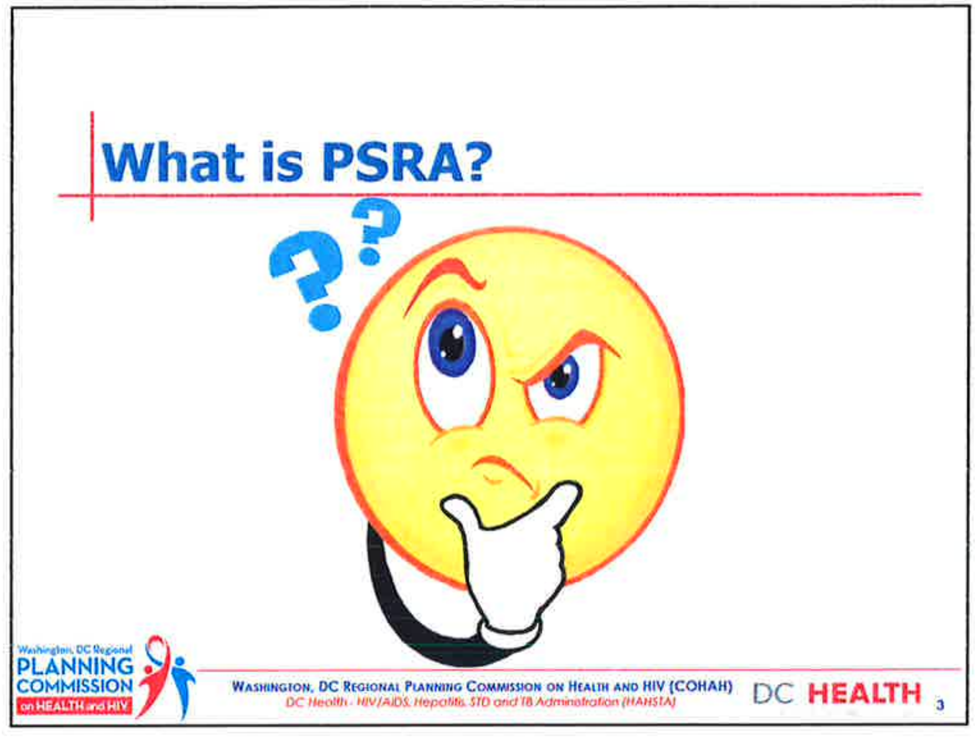
Kaleef Stanton Morse, MHS, MBA

Community Partnerships Manager & Government Co-Chair

June 2019

Outline

- **What is PSRA?**
  - The Annual Planning Cycle
- **Components of PSRA**
- **Key Considerations**
  - Conflict of Interest
- **HRSA's Recommended Steps in PSRA**



PSRA

- Planning Councils are responsible for setting service priorities, determining how best to meet those priorities, and allocating resources to them.
  - *Section 2602(b)(4)(C) of Title XXVI of the Public Health Service (PHS) Act*

WASHINGTON, DC REGIONAL PLANNING COMMISSION ON HEALTH AND HIV (COHAH)
DC Health - HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

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PSRA

Two elements:

- Deciding which service categories are priorities *(Priority Setting)*
- How much to fund them *(Resource Allocation)*

KNOWLEDGE CHECK!!!

- **The PSRA Process is linked to other planning tasks...WHY???**

Annual Planning Cycle

- Core responsibility of a PC/B: carry out community planning to establish and maintain the best possible system of care for PLWH in the jurisdiction – through a well-defined and fully-implemented planning cycle
- Integrated/comprehensive/integrated plan: central role in the planning cycle
- Importance of access to many types of data for decision making

WASHINGTON, DC REGIONAL PLANNING COMMISSION ON HEALTH AND HIV (COHAH)
DC Health - HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

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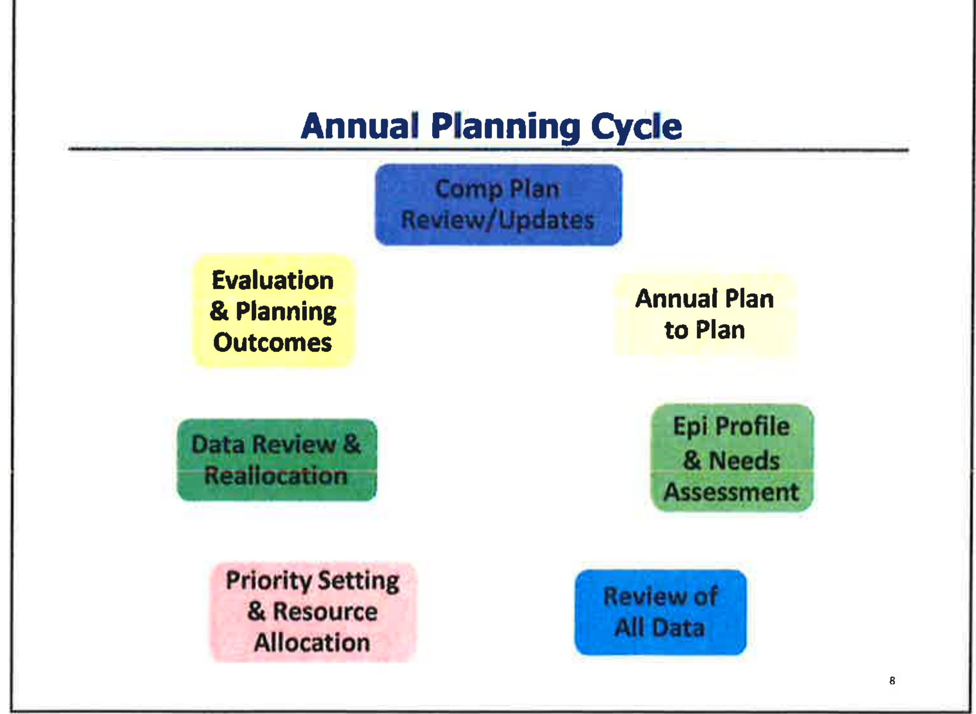

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Planning Cycle Tasks

1. Assess Needs (REC)
2. Develop service directives (ISC)
3. Set priorities & allocate resources (CPC)
4. Adjust allocations, if needed, based on actual amount of grant awarded (CPC)
5. Assess efficiency of administrative mechanism (REC)

- *(i.e., ensure the grant is being spent according to the PC's approved priorities.)*

1. Assess Needs

- **Determine the number of PLWH living in the EMA and their needs**
- **Determine the capacity of the service system to meet those needs; through focus groups, surveys and other methods.**
- This includes:
  - the number, characteristics, and service needs of PLWH who know their HIV status and are not in care
  - the service needs of PLWH who are in care, including differences in care and needs for historically underserved populations
  - the number and location of agencies providing HIV-related services in the EMA
  - their capacity and capability to serve PLWH, including capacity development needs; and
  - availability of other resources and plan for collaborating with these other services, such as substance abuse services and HIV prevention programs.

2. Service Directives

- Takes recommendations re: populations and service systems from Needs Assessment and develops standards of care and service models
- Develops service directives for how to implement service categories (models of care, target populations, etc.)

3. Set Priorities & Allocate Resources

- Section 2602(b)(4)(C) of the PHS Act
- REQUIRED to *"establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant…*

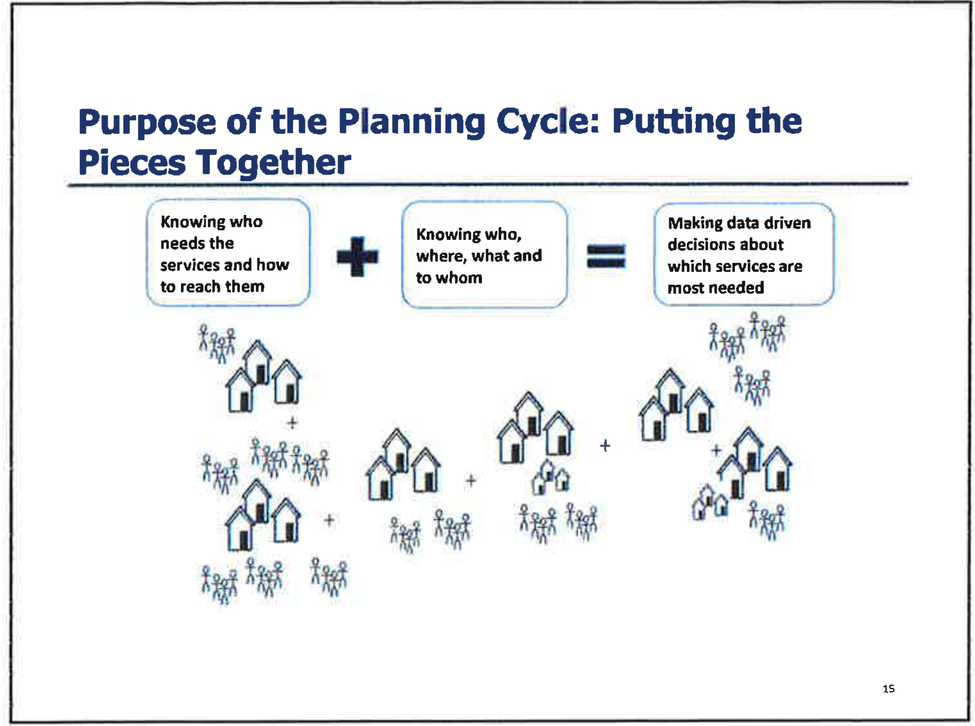
4. Adjust Allocations

- Adjust allocations, if needed, based on actual amount of grant awarded
  - Funding cuts
  - Re-allocation
  - Changes to overall healthcare landscape (Virginia Medicaid Expansion)

5. Assess the Administrative Mechanism

- Evaluate how rapidly RWHAP fund are allocated and made available for care.
  - Ensuring that funds are being contracted quickly and through an open process
  - Providers are being paid in a timely manner
  - Review whether funds are used to pay for prioritized services
  - Review whether amounts contracted are the same as the commission's allocations

Purpose of the Planning Cycle: Putting the Pieces Together



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Feedback Loop

Includes obtaining input from stakeholders, analyzing that information, using it for decision making, and reporting back to the community

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PSRA NOTES

- Planning Councils must often make decisions with incomplete information; such as
  - Limited information on the unmet need for services
  - Lack of outcomes evaluation for current services.

PSRA NOTES

- Consciously link Needs Assessment and Comprehensive Planning with Priority Setting...
  - so that the Planning Council has the information needed to make sound decisions about service priorities and use of resources.

PRIORITY SETTING

- Set priorities for services based on
  - Size and demographics of the PLWH community and documented needs
  - Promotion of access to care/maintenance in care
  - Customer priorities
  - Specific gaps/emerging needs
  - Availability of other government and non-governmental sources of funding

RESOURCE ALLOCATION

- PSRA requires allocating resources across service categories.
- Absolute Dollar Amounts vs. Percentages
- Decide the amount/proportion of Part A program funds to be allocated to each of the service categories it prioritizes.

RESOURCE ALLOCATION

- **Decide which services to fund, based on:**
  - Needs Assessment
  - Information about the most successful and economical ways of providing service
  - Actual cost and utilization data provided by the recipient
  - Priorities of PLWH who will use services
  - Compatibility of Part A funds with other services
  - Payer of last resort (the amount of funds from other sources – Medicaid, Medicare, etc.)
- **Decide how much funding will be used for each of these service priorities.**

WASHINGTON, DC REGIONAL PLANNING COMMISSION ON HEALTH AND HIV (COHAH)
DC Health - HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

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RESOURCE ALLOCATION

- **DOES NOT MEAN PROCUREMENT!!!**
- **STRICTLY PROHIBITED FROM INVOLVEMENT IN THE SELECTION OF PARTICULAR ENTITIES TO RECEIVE RYAN WHITE PART A FUNDING!!!**
- ***Q: If you can't pick who gets what, how can we best meet our priorities?***

WASHINGTON, DC REGIONAL PLANNING COMMISSION ON HEALTH AND HIV (COHAH)
DC Health - HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

DC HEALTH 22

RESOURCE ALLOCATION

- Planning Councils may:
  - Stipulate what PROVIDER CHARACTERISTICS the recipient should look for in its procurement process
    - (e.g., community-based AIDS service providers, multi-service organizations or public agencies that provide a specific service or target a specific population.)
  - Specify that providers should be sought in specific parts of the EMA.

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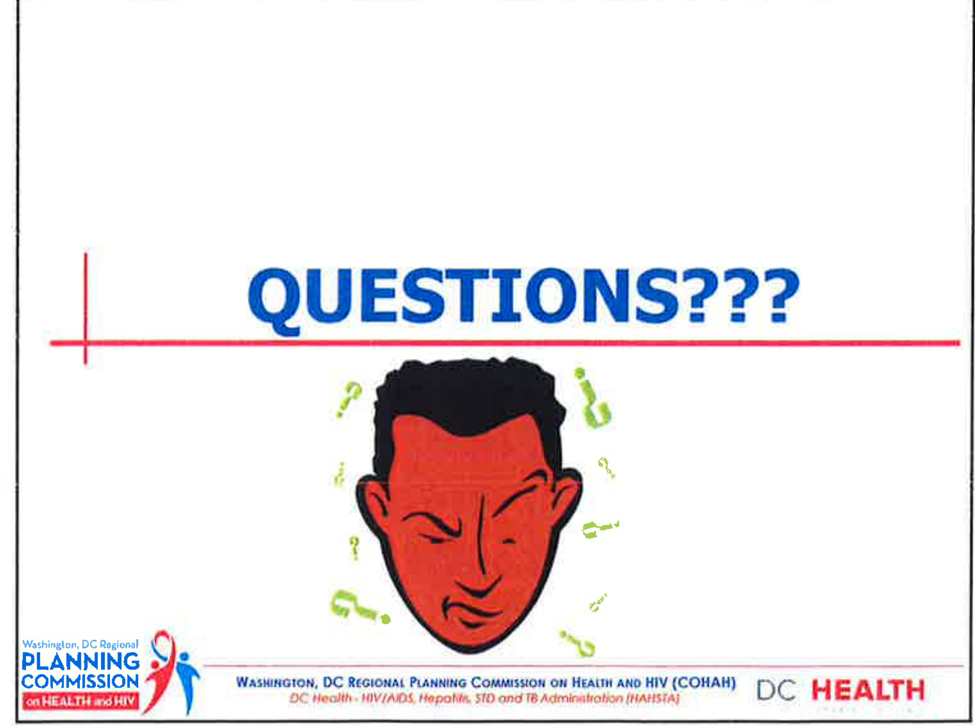

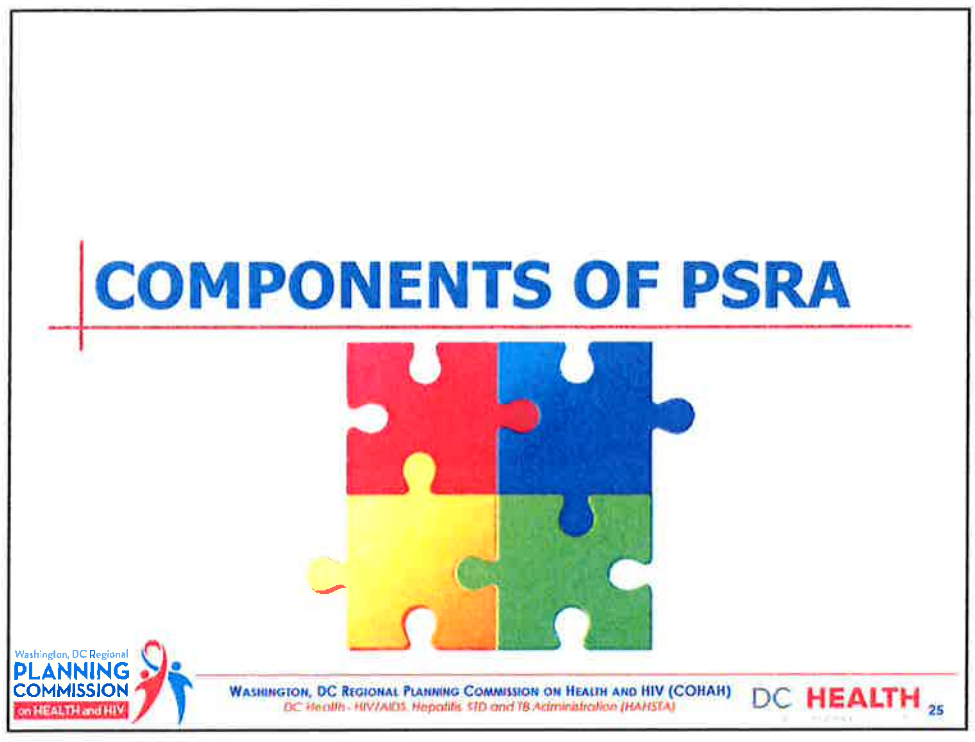

FOUR COMPONENTS

- Priority Setting
- Resource Allocation
- Guidance to the Recipient
- Reallocation

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FOUR COMPONENTS

- ***PRIORITY SETTING***
  - The process of deciding which HIV services are the most important according to the criteria the EMA/TGA established.

FOUR COMPONENTS

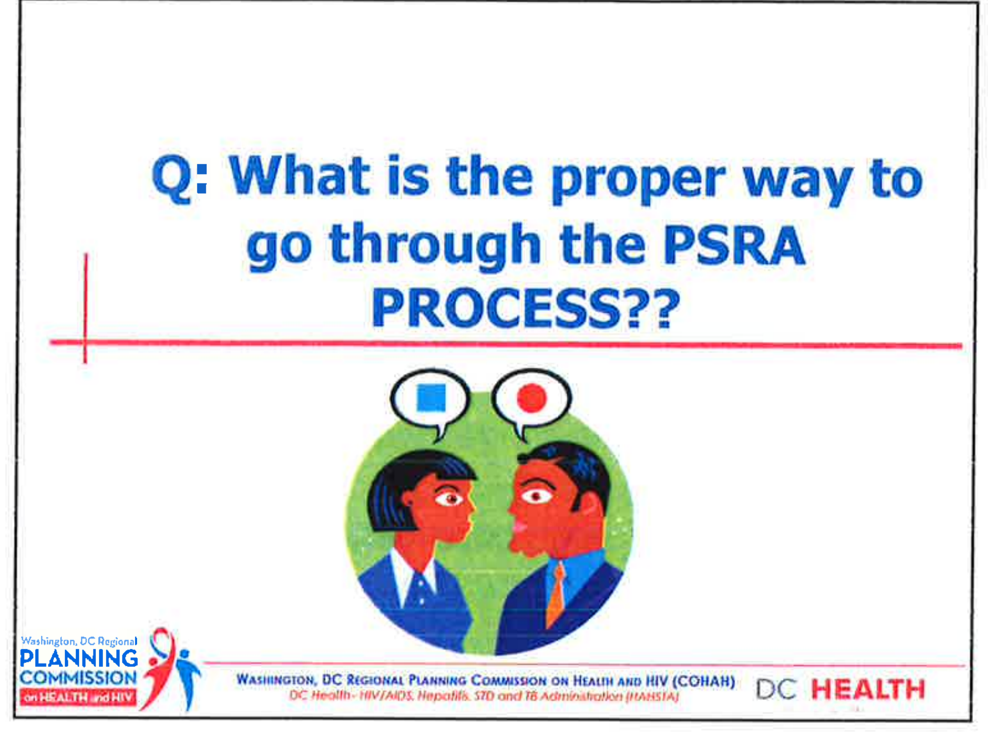
- ***RESOURCE ALLOCATION***
  - The process of distributing available RWHAP Part A funds across the prioritized service categories.
  - Instructs the recipient on how to distribute the funds in contracting for different types of services.

FOUR COMPONENTS

- ***GUIDANCE TO THE RECIPIENT***
  - PSRA Plan* with Directives
  - Instructions for the recipient to follow in developing requirements for providers for use in procurement and contracting.
  - Usually addresses populations to be served, geographic areas to be targeted, and/or service models or strategies to be used.

FOUR COMPONENTS

- ***REALLOCATION***
  - The process of moving program funds across service categories after the initial allocations are made.
  - The Planning Council must approve such reallocations.*


Q: What is the proper way to go through the PSRA PROCESS??
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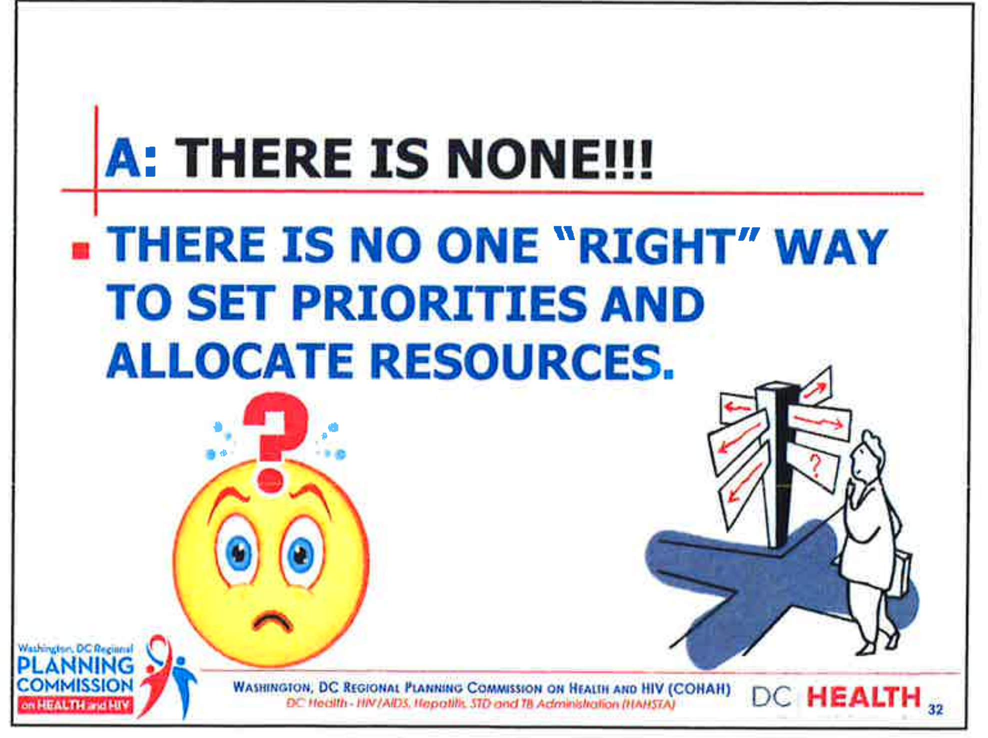
A: THERE IS NONE!!!
THERE IS NO ONE "RIGHT" WAY TO SET PRIORITIES AND ALLOCATE RESOURCES.
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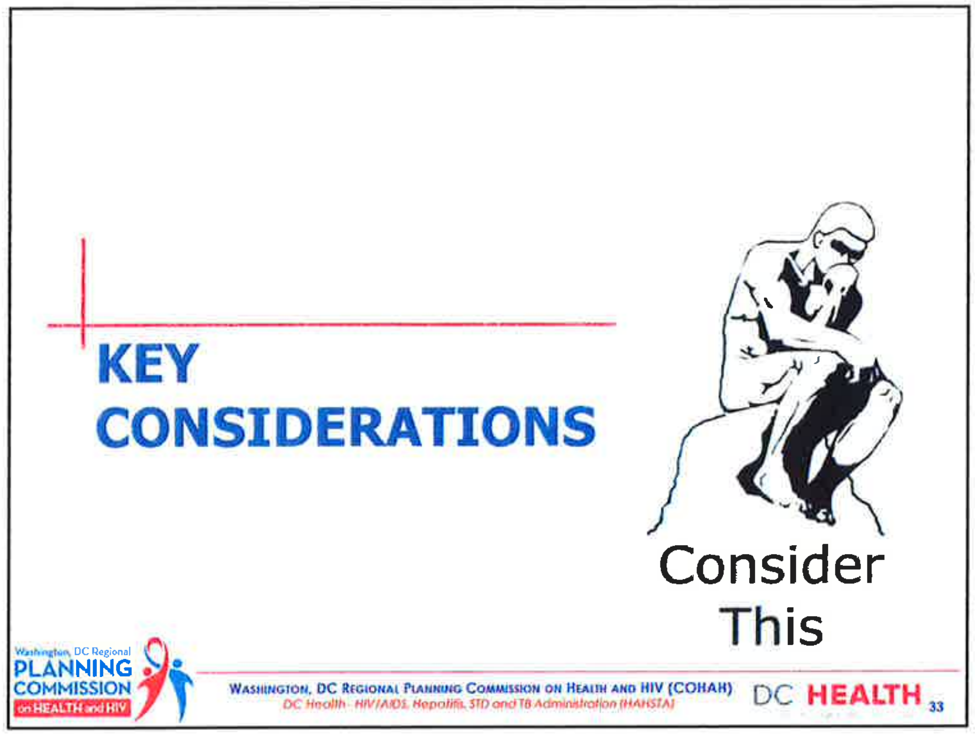

KEY CONSIDERATIONS

- Decisions about priorities and allocations should be data-based.
- Priority setting must be guided by Ryan White requirements for planning and priority setting, particularly the emphasis on determining the unmet need for services and eliminating disparities in access and services.

KEY CONSIDERATIONS

- PCs are expected to ensure a single, coordinated system of funding and care.
- Emphasis must be on SOUND PRACTICE, not merely meeting legislative requirements.
- Priorities should be reviewed annually, though decisions may be a continuation of existing services.

KEY CONSIDERATIONS

- The decision making process should consider many different perspectives.
- It should be responsive to identified consumer needs and preferences across diverse populations and address the needs of those Ryan White clients.

KEY CONSIDERATIONS

- Always be mindful of potential conflict of interest.
- Make FULL DISCLOSURE of your interest in a decision that may pose a conflict.
- Refrain from using your position on the COHAH for private gain.

KEY CONSIDERATIONS

- While you do not have to abstain from discussions on a matter where there is a conflict, you should abstain from voting on the matter.
- Look beyond your agency's immediate need and consider the bigger picture. REMEMBER to work toward a comprehensive system of care for all PLWH, not just those served by your agency.

KEY CONSIDERATIONS

- The Planning Commission is an OFFICIAL DECISION-MAKING ENTITY.
  - Our PSRA decisions are subject to public scrutiny and to grievance procedures.
- PSRA is the PRIMARY LEGISLATIVE RESPONSIBILITY of the whole Ryan White Part A Planning Body.

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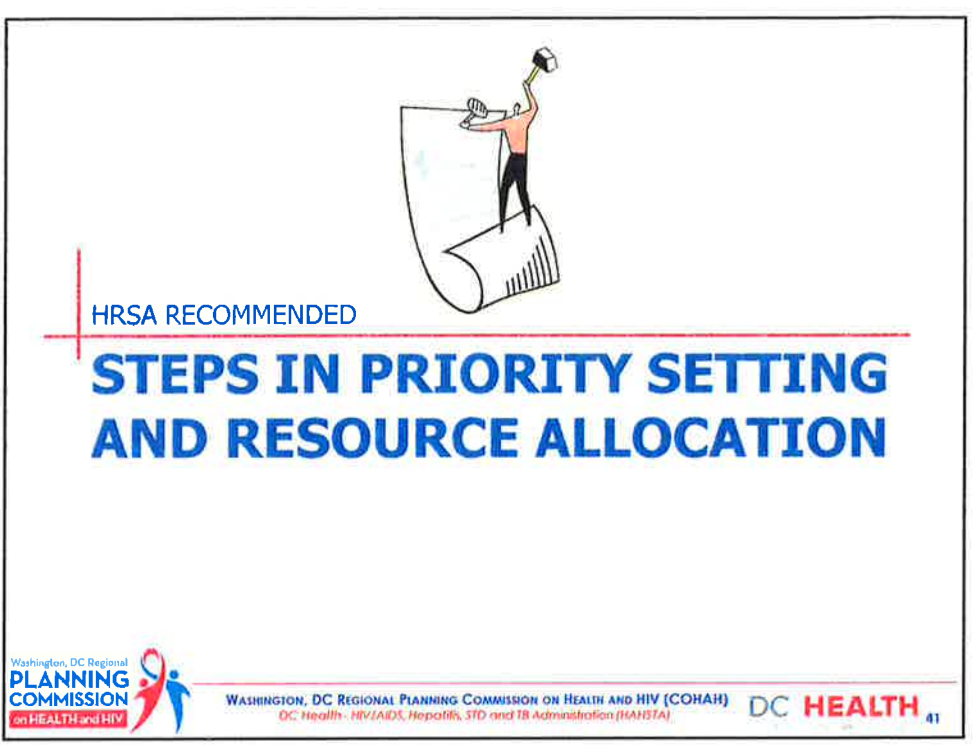
QUESTIONS???


HRSA RECOMMENDED
STEPS IN PRIORITY SETTING AND RESOURCE ALLOCATION
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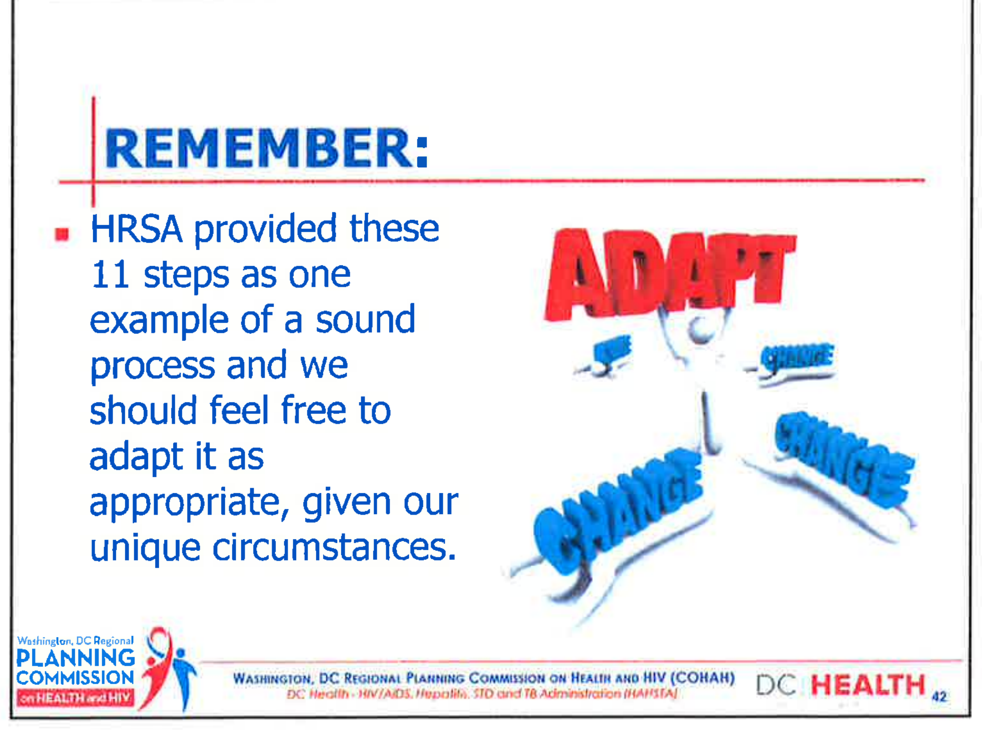
REMEMBER:
HRSA provided these 11 steps as one example of a sound process and we should feel free to adapt it as appropriate, given our unique circumstances.
ADAPT
CHANGE
CHANGE
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STEP 1

AGREE ON THE PRIORITY SETTING AND RESOURCE ALLOCATION PROCESS, ITS DESIRED OUTCOMES, AND RESPONSIBILITIES FOR CARRYING OUT THE PROCESS.

1) Agree on PSRA process

- Before deciding on the process, review legislative requirements and HRSA guidance to ensure that the decision-making process developed is compatible with them.
- Determine PSRA tasks and desired outcomes, assign responsibilities, and agree on a format and level of detail for the completed priorities and resource allocations.
  - *PSRA WORKPLAN/TIMELINE*

1) Agree on PSRA process

- Base priorities on the:
  - size and demographics of the population of individuals living with HIV/AIDS,
  - needs of individuals who are in care and out of care,
  - disparities in access and services,
  - priorities of communities with HIV/AIDS,
  - coordination with HIV prevention and substance abuse prevention and treatment programs,
  - and compliance with the core medical services funding requirement.

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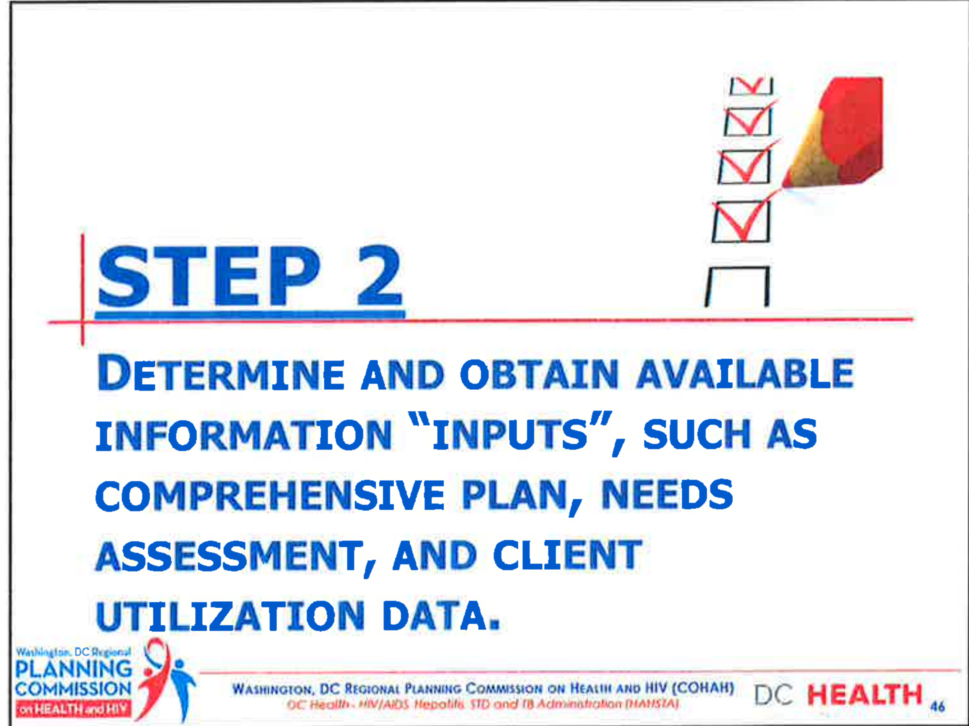

2)Determine & obtain available "inputs"

- **Data Table:** HRSA does not expect all of these data components to be used, but many planning bodies find that using a combination of data provides the best results.
- Identify missing information before priority setting begins to avoid conflict over any limitations in the process caused by a lack of data. Identifying information gaps will also help to improve the information inputs for next year's decision making.

STEP 3

REVIEW CORE MEDICAL AND SUPPORT SERVICE CATEGORIES, INCLUDING SERVICE DEFINITIONS.

3) Review Service Categories

- Policy Clarification Notice (PCN)16-02 for FY'17
- We can choose a more limited definition than specified in the HAB/DMHAP service category definitions, but may not use a more expansive definition or fund service categories not on the approved list.

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STEP 4

AGREE ON THE PRINCIPLES, CRITERIA, AND DECISION-MAKING PROCESS TO BE USED IN PRIORITY SETTING.

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4) Principles in Priority Setting

- Possible principles to guide decision making.
- Priorities should reflect the planning council's judgment concerning what services are needed to provide a continuum of care, regardless of how these services are being funded.

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4) Principles in Priority Setting

- Issues to consider:
  - Openness of Process
  - Information Base for Decision Making
  - Quorum Requirements
  - Minimizing Conflict of Interest
  - Leadership
  - Decision-making Responsibility
  - Meeting Schedule
  - Guidance/Directives to Recipient

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STEP 5

IMPLEMENT THE PROCESS: SET SERVICE PRIORITIES, INCLUDING HOW BEST TO MEET THEM.

STEP 6

AGREE ON PRINCIPLES, CRITERIA, DECISION-MAKING PROCESS, AND METHODS TO BE USED IN ALLOCATING FUNDS TO SERVICE CATEGORIES.

STEP 7

ESTIMATE NEEDS AND COSTS BY SERVICE CATEGORY.

STEP 8

ALLOCATE RESOURCES TO SERVICE CATEGORIES.

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STEP 9

PROVIDE DECISIONS TO THE RECIPIENT FOR USE IN THE APPLICATION AND PROCUREMENT.

STEP 10

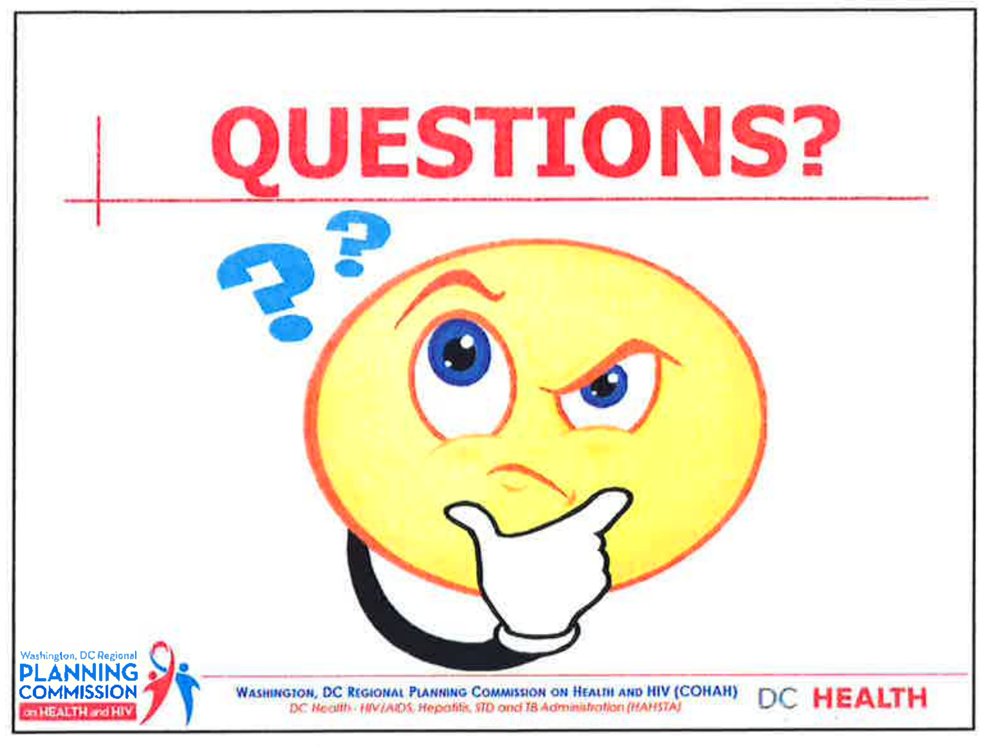
IDENTIFY AREAS OF UNCERTAINTY AND NEEDED IMPROVEMENT.

STEP 11

REALLOCATE FUNDS ACROSS SERVICE CATEGORIES AS NEEDED.

11) REALLOCATION

- The EMA may loose future funding if it does not spend at least 95% of its formula grant.
- Recipient reallocates within the service category.
- For other categories, PC must approve.
- Rapid Reallocation Process – Agreement with Recipient


QUESTIONS?
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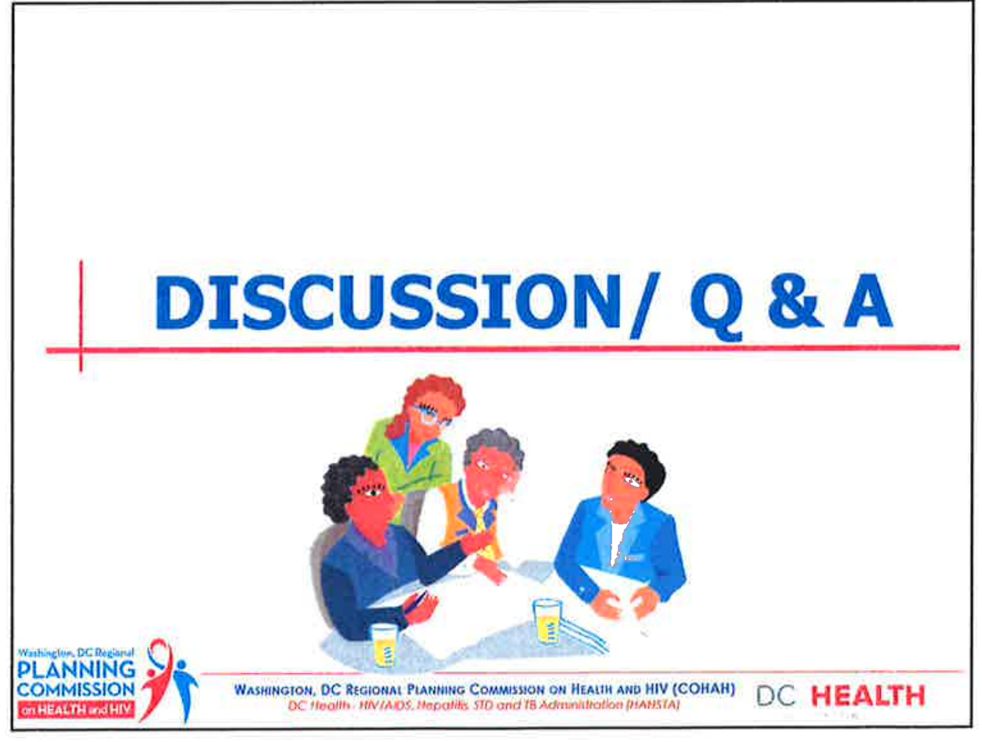
DISCUSSION/ Q & A
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FINALLY…
CARE FOR EACH OTHER
SUCCESS
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PRIORITY SETTING AND RESOURCE ALLOCATION (PSRA)

A BRIEFING

*Excerpted from the "Ryan White HIV/AIDS Program Part A Manual" (June 2013) http://hab.hrsa.gov/manageyourgrant/files/happartamanual2013.pdf

INTRODUCTION

Ryan White HIV/AIDS Program resources are limited and need is severe. This heightens the responsibility of planning councils to use sound information and a rational decision-making process when deciding which services and other program categories are priorities (priority setting) and how much to fund them (resource allocation).

The process of priority setting and resource allocation (PSRA) is linked to other planning tasks because it draws upon information compiled from those efforts. For example, data compiled through the needs assessment identifies service needs and gaps. However, planning councils must often make decisions with incomplete information, such as limited information on the unmet need for services or lack of outcomes evaluation for current services. A thorough PSRA process can help planning councils address these information gaps when they make crucial decisions about which services to fund.

A. Legislative Background and HAB/DMHAP Expectations

Part A planning councils are responsible for setting service priorities, determining how best to meet those priorities, and allocating resources to them consistent with Section 2602(b)(4)(C) of Title XXVI of the Public Health Service (PHS) Act. Planning councils should consciously link needs assessment and comprehensive planning with priority setting so that the planning council has the information needed to make sound decisions about service priorities and use of resources. *(Note: Since 2006, the legislation stipulates that not less than 75 percent of service dollars are to be used for core medical services. This requirement, along with waiver provisions established by HRSA, needs to be factored into the priority setting process.)*

B. Priority Setting

Section 2602(b)(4)(C) of the PHS Act states that Part A planning councils are required to "establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a recipient should consider in allocating funds under a grant based on the:

i. "'size and demographics of the population of individuals with HIV/AIDS'" and 'the needs of such population…;'
ii. demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available;
iii. priorities of the communities with HIV/AIDS for whom the services are intended;

iv. coordination in the provision of services to such individual with programs for HIV prevention and for the prevention and treatment of substance abuse, including programs that provide comprehensive treatment for such abuse;

v. availability of other governmental and non-governmental resources, including the State Medicaid plan under title XIX of the Social Security Act and the State Children's Health Insurance Program under title XXI of such Act to cover health care costs of eligible individuals and families with HIV/AIDSs; and

vi. capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities."

C. Resource Allocation

PSRA requires allocating resources across service categories, whether by absolute dollar amounts or as percents of total funds. The planning council must decide the amount or proportion of Part A program funds to be allocated to each of the service priorities it prioritizes.

Resource allocation does not mean procurement. Planning councils are strictly prohibited from involvement in the selection of particular entities to receive Part A funding. As stated in Section 2602(b)(5)(A), selection of those entities is the responsibility of the recipient, and "the planning council may not designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant."

As part of their responsibility to determine how best to meet stated priorities, planning councils may stipulate what provider characteristics the recipient should look for in its procurement process (*e.g.*, community-based AIDS service providers, multi-service organizations or public agencies that provide a specific service or target a specific population). They may also specify that providers should be sought in specific parts of the Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA). However, they must not be involved in the selection of providers.

D. Legislative Requirements and Use of Funds

Ryan White law contains a number of provisions relating to use of funds that must be considered in the resource allocation process. They include the following:

- **Core Medical Services and Support Services.** Section 2604(c)(1) of the PHS Act stipulates that not less than 75 percent of service dollars are to be used for core medical services. Additionally, HRSA has established a waiver provision regarding this provision.
- **Early Intervention Services.** Section 2604(e) specifies that Part A and Part B funds may be used for Early Intervention Services (EIS) if the Chief Elected Official certifies that Federal, State, or local funds are otherwise inadequate and if funds expended for EIS will supplement and not supplant other funds available to the entity for EIS for the fiscal year.
- **Priority Setting and Services to Women, Infants, Children, and Youth With HIV/AIDS.** Section 2604(f) of the PHS Act requires that a certain proportion of Part A funds be used for care and support services to women, infants, children, and youth with HIV/AIDS. The percent of the EMA's/TGA's total Part A service funds that go to services for women, infants, children, and youth must not be less than their percent of the total population with AIDS in the EMA/TGA. This provision does not require planning councils to create a special priority for services to these populations. A waiver to this provision can be granted when EMAs/TGAs can demonstrate that the needs of each population or combination of these populations is being met through other programs such as Medicaid, Children's Health Insurance Program (CHIP), or other Ryan White Parts.

E. Definitions: Components of Priority Setting and Resource Allocation

The priority setting and resource allocation process includes four components:

1. Priority setting is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established.

2. Guidance to the recipient on how to meet priorities: Sometimes referred to as "directives," this guidance involves instructions for the recipient to follow in developing requirements for providers for use in procurement and contracting. This guidance usually addresses populations to be served, geographic areas to be targeted, and/or service models or strategies to be used.

3. Resource allocation is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories. Through resource allocation, the planning council instructs the recipient how to distribute the funds in contracting for different types of services.

4. Re-allocation is the process of moving program funds across service categories after the initial allocations are made. This may occur right after grant award, since the award is usually higher or lower than the amount requested in the application, and during the program year, when funds are underspent in some service categories and additional needs exist in other service categories. The planning council must approve such reallocations.

Additional Priority-Setting Considerations

Below is additional guidance for addressing each of the priority-setting factors outlined in the legislation.

- **Size/Demographics of Population with HIV/AIDS, Priorities of Communities**. (Needs Assessment)

- **Coordination of Services/Availability of Other Resources.**

Capacity Development. The PSRA process conducted by the planning council must focus on efforts to minimize disparities in the availability and quality of treatment for HIV/AIDS in the EMA/TGA. Where disparities exist, Ryan White funds may be used to support service specific capacity development activities. The planning council must determine, through its needs assessment, if underserved communities or populations exist. Congress places special emphasis on identifying and responding to unmet needs/service gaps of PLWHA from underserved geographic communities and people who know they have HIV/AIDS but are not in care, as well as individuals who are unaware that they are HIV-positive. HAB policy guidance defines capacity development as "activities that increase core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services." Capacity development should be directed toward agencies and service providers located in communities or with a history of serving PLWHA populations the planning council has identified as underserved. The result of capacity development activities must be an increase in the number of underserved PLWHA receiving treatment for HIV/AIDS.

F. Suggested Steps in Priority Setting and Resource Allocation – A Model

The following decision-making model is intended to help plan and implement decision-making processes to set Ryan White priorities and allocate resources among service categories and other program-related activities. It suggests steps that use documented needs in making decisions.

Examples are provided. The model is designed to meet legislative requirements and address HAB/DMHAP expectations. Also provided are guidelines and additional considerations for those with more experience, information, and/or resources. The model recognizes that the process used locally may vary based upon these factors.

HAB/DMHAP expects a Ryan White Part A planning council to decide on service categories and funding priorities for both regular Ryan White Part A and Minority AIDS Initiative (MAI) funds allocated to the EMA/TGA. It expects the planning council to ensure a single, coordinated system of funding and care.

Assumptions

This model includes the following assumptions:

- There is no one "right" way to set priorities and allocate resources. This model provides a flexible approach that meets Ryan White requirements and HAB/DMHAP expectations and reflects actual planning body experience. Case study examples illustrate the process. For purposes of this document, one approach is carried through all the required steps. However, alternative approaches are suggested.

- Decisions about priorities and allocations should be data-based.

- Priority setting must be guided by Ryan White requirements for planning and priority setting, particularly the emphasis on determining the unmet need for services and eliminating disparities in access and services.

- Emphasis must be on sound practice, not merely meeting legislative requirements.

- Priorities should be reviewed annually, though decisions may be continuation of existing services.

- The decision-making process should consider many different perspectives. It should be responsive to identified consumer needs and preferences across diverse populations and address the needs of those Ryan White clients.

- Ryan White planning bodies are official decision-making entities. Their priority setting and resource allocation decisions are subject to public scrutiny and to grievance procedures. The process used to reach these decisions must therefore be public and fully documented in writing. Conflict of interest requirements must be fully addressed.

- Priority setting is the primary legislative responsibility of the whole Ryan White Part A planning council. While much of the preliminary work may be delegated to a committee, the entire planning body should make decisions about priorities and the allocation of resources among service categories. This model therefore assumes that committees will plan and oversee the process, make sure needed information is available, and make some recommendations, actual decision making will be done by the full planning body.

Suggested Steps in Priority Setting and Resource Allocation

The following steps outline how to prepare for and conduct priority setting and resource allocation. They should be carried out over a period of several months, by committees and the full planning body.

For purposes of this document, priority setting and resource allocation are described as separate steps, carried out in sequence with leadership by a committee and participation by the full planning body. Each planning body should view the steps provided as one example of a sound process and should feel free to adapt it as appropriate, given their unique circumstances.

1. **Agree on the priority setting and resource allocation process, its desired outcomes, and responsibilities for carrying out the process.**
2. **Determine and obtain available information "inputs," such as comprehensive plan, needs assessment, and client utilization data.**
3. **Review core medical and support service categories, including service definitions.**
4. **Agree on the principles, criteria, and decision-making process to be used in priority setting.**
5. **Implement the process: set service priorities, including how best to meet them.**
6. **Agree on principles, criteria, decision-making process, and methods to be used in allocating funds to service categories.**
7. **Estimate needs and costs by service category.**
8. **Allocate resources to service categories.**
9. **Provide decisions to the recipient for use in the application and procurement.**
10. **Identify areas of uncertainty and needed improvement.**
11. **Re-allocate funds across service categories as needed.**

G. Suggested List of Materials to be Compiled

I. **OVERVIEW**
  - A. The Task and Desired Outcomes: Service Priorities and Resource Allocations
  - B. Legislation and Guidance
  - C. List of HRSA-approved Service Categories
  - D. Service Categories and Priorities for the Past Year
  - E. Policies and Procedures for Managing Conflict of Interest

II. **FACTORS IN DECISION MAKING**
  - A. Committee Responsibilities
  - B. Information Inputs (*e.g.*, epidemiologic data, needs assessment, cost and utilization data, performance measures)
  - C. Principles
  - D. Criteria

III. **THE DECISION-MAKING PROCESS**
  - A. Ground Rules and Overall Approach
  - B. Agreed-upon Process and Decision-making Methods
  - C. Summary of the Priority-setting Process as Implemented
  - D. Summary of the Resource-allocations Process as Implemented
  - E. Areas of Uncertainty and Missing Information

IV. **RESULTS**
  - A. Chart of Service Priorities and Resource Allocations
  - B. Explanations/Rationale for the Recipient or Administrative Agent
  - C. Adjustments for Increased or Decreased Funding

H. Checklist of Suggested Data/Information for Priority Setting and Resource Allocation

Check if used	Data/Information Used for Priority Setting and Allocation of Funds	Current as of (Mo./Yr.)	Used by:
Epidemiologic Data/Profile			
	Number and characteristics of individuals living with HIV/non-AIDS and living with AIDS in the EMA (prevalence)		
	Number and characteristics of newly diagnosed people with HIV/non-AIDS and AIDS in the EMA (incidence)		
	Changes in the demographics of the EMA's/TGA's HIV/AIDS cases in relation to the total population as a measure of disproportionate impact on specific populations		
	Information regarding populations with special needs, including barriers to care and other access issues		
	Quantitative data regarding persons living in the EMA/TGA who know they have HIV but are not receiving HIV/AIDS primary medical care		
	Other:		
Outcomes Evaluation Data (e.g., effects on clients receiving specific services).			
	Client-level health status outcomes – primary medical care		
	Other health status outcomes		
	System-level health status outcomes		
	Other:		
Service Utilization Data (by service category)			
	Numbers of unduplicated clients; numbers of units of service provided		
	Demographic information regarding who is and is not accessing care		
	What percent of previous year's funding was spent		
	Existence of a waiting list for services		
	Other:		
Service Cost Data			
	Unit costs for each service, known or estimated		
	Cost-effectiveness data, if available		
	Other:		
Needs Assessment Data			
	PLWHA survey results		
	Key informant interview findings		
	Focus group findings		
	Estimates of unmet need		
	Assessment of unmet need findings		
	Profile of Provider Capacity and Capability findings		
	Results of any special needs assessment studies		
	Other:		
Other Relevant Data			
	Co-morbidity, poverty, insurance status data		
	Information on other funding streams		