

HIV Health Services Planning Council
PRIORITIES AND ALLOCATIONS COMMITTEE
 Meeting Notes: 7.6.11

Members Present: Chelle Gossett, Susan Farrington, Angelita Hogg-Rivera, Lisa Ashley, Kane Ortega (Ex-Officio), Adrienne Rogers, Lynell Clancy, Jesse Davis

Members Absent: Tracy Jenkins

Absent, Notified in Advance: Mireya Herrera-Bayard, David Casey (Ex-Officio),

Guests: Norman Hamilton, Gary Parent, Jacki Nelson

Staff & Advisory Present: Paula Gammell

AGENDA ITEM	DOCUMENT	DISCUSSION	MOTION/ACTION
1. Introductions / Announcements / Public Comment		- Introductions were made and perceived conflicts of interest stated on the record. - The Sacramento Valley AIDS Run Walk is Sept. 18 th . The Planning Council has a team. Please consider joining, donating, fundraising, etc. - On July 19 th , there will be a Lunch and Learn at CARES on HIV long term non-progressors with Loreen Willenberg of the Zephyr Foundation.	
2. Agenda	Agenda		M/S Chelle/Lisa, Approved
3. Approve Meeting Notes	Meeting Notes 6.1.11	No Discussion	M/S Chelle/Lisa, Approved
4. FY11 Status of Award	N/A		Informational Only
5. FY12 Allocation Request for RFP	FY12 Allocation Worksheet	The FY12 Allocation Request for the RFP was determined based on “true” needs including the following: <ul style="list-style-type: none"> • El Dorado and Placer Counties were increased by 20% • Ambulatory Care can always benefit from increased funding to serve more clients. As funding dwindled, not all ambulatory care invoices were paid in prior years. • Residential Substance Abuse ran out of funding in January. • Dental services were underfunded by approximately \$200,000. With an increase in clients and PHS guidelines on oral care assessments, additional funding is needed to fulfill the need. • Pediatric Treatment Adherence is sufficient at the 2010 funding level. • Lab Tests: In 2010 RW funds paid all test costs and funding shortages were sustained by ambulatory care rather than the lab tests. 51 new clients 	M/S:

AGENDA ITEM	DOCUMENT	DISCUSSION	MOTION/ACTION
		<p>between 2009 and 2010 and a change in HRSA standards increased the number of tests required per client, per year.</p> <ul style="list-style-type: none"> • Mental Health has evaporating resources and waiting lists exist for psychiatric visits. Current allocations do not cover the cost of the psychiatrist at two provider agencies. • Health Insurance Continuation: Cheaper to pay consumers insurance premium than sustain increased ambulatory care costs. PCIP and LIHP may assist some clients. Anticipate approximately 100 clients at \$50 per month, for a total estimate of \$60,000 funding for one year. • MAI Medical Case Management: Funding for MAI MCM is augmented by field-based case management funds annually. The TGA needs to serve more African Americans than presently being served. With this being an RFP year, it is likely that more providers may be receiving funding to help reach the target populations. • Medical Transportation Services: Increases in costs for bus passes, mileage reimbursement and gasoline requires an influx of funding to meet the need. • Substance Abuse Outpatient is underfunded at current rates. 	
6. Adjourn			Next Meeting 8.3.11 If necessary