

HIV HEALTH SERVICES PLANNING COUNCIL – Priorities and Allocation Committee (PAC)

Meeting Minutes

June 8, 2015, 10:00 a.m. to 12:00 p.m.

Meeting Location:

Primary Care Center

4600 Broadway, Conference Room 2020

Sacramento, CA

Facilitator: Mark Underwood - Chair

Scribe: Paula Gammell, Council Staff

Committee Member Attendees:

Mark Underwood - Chair, Chelle Gossett, Adrienne Rogers (Ex-Officio), Mireya Herrera, Susan Farrington, Panco Prince, Ronnie Miranda, Angelita Hogg-Rivera, Tracy Jenkins and Norman Hamilton

Members Excused: Tami Emslie

Members Absent: None

Guests: Kane Ortega

Topic	Minutes
Welcome, Introductions and Announcements	<p>A Welcome</p> <p>B Announcements:</p> <ol style="list-style-type: none"> The Sacramento LGBT Community Center is collaborating with Cares Community Health to host a PrEP Town Hall Meeting on Wednesday, June 17th from 7-8 p.m. at Cares Community Health.
Agenda and Minutes	<p>A Adopt Agenda; Motion to approve the agenda was made by Ronnie Miranda with a second by Chelle Gossett. It was approved unanimously.</p> <p>B Approve Minutes of March, 2015; Motion: Panco Prince Jr.; Second: Mireya Herrera. Approved with several corrections and one abstention.</p>
PAC Training	Staff presented training on the PAC process for all members.
FY15 Award Update	The TGA received its FY15 Part A Award. The TGA received an additional \$24,224 in funding for FY15. However, due to the lack of carryover funds, the TGA actually has \$10,187 less in total funding for the current year, as last year we had \$32,729 in prior year carryover funds. The TGA received a score of 93 on its FY15 Grant Proposal. The Part B Award was flat funded for FY15.
Housing Update	The Fiscal Agent received correspondence from Michael Jentes at Cares Community Health outlining housing losses in the Sacramento region. Housing costs in the region are increasing. Ryan White assistance can only help minimally. It was reported that the Housing Choice Voucher Program (formerly known as Section 8) will be taking applications beginning in September. Members requested that the information regarding lack of affordable housing in the region be referenced in the FY16 Part A Grant Application.
FY16 Service Priorities*	After discussion, the Priorities and Allocation Committee decided to maintain the same priorities as adopted in FY15 based on the TGA's most current Needs Assessment and 2014 Utilization data. Motion to approve FY16 Priorities based on FY15 prioritization was made by Susan Farrington with a second by Mireya Herrera and approved unanimously.
FY16 Part A Application Request*	<p>The Fiscal Agent presented recommendations to the Committee as follows:</p> <p>Fiscal Agent Recommendation Justification:</p> <p><u>El Dorado County:</u></p> <p>El Dorado County had an 8% increase of clients from 2013 to 2014. The total cost of care per client in El Dorado</p>

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	<p>County was \$2,121.74. An 8% increase in clients again in FY16 would amount to 6 clients at an additional cost of \$12,730.44. Adding the additional \$12,730.44 to the prior year expenditures of \$146,400.14 we come to a figure of \$159,131 in the FY14 economy. Providing a 5% cost of living increase for 2015 and a 5% cost of living increase for the projected 2016 the total funding should be \$159,131 times 10% or \$175,044.</p> <p><u>Placer County</u> Placer County had a 5.1% increase of clients from 2013 to 2014. The total cost of care per client in Placer County was \$1,874.54. A 5.1% increase in clients again in FY16 would amount to 3 additional clients at an additional cost of \$5,624. Adding the additional \$5,624 to the prior year expenditures of \$155,587.42 we come to a figure of \$161,211 in the FY14 economy. Providing a 5% cost of living increase for 2015 and a 5% cost of living increase for the projected 2016 the total funding should be \$161,211 times 10% or a total of \$177,332.</p> <p><u>Yolo County</u> Yolo County saw a reduction in clients from 2013 to 2014, going from 63 clients to 49. Part of this was due to clients having to get their case management at Cares Community Health during a period of brief employee illness. However, the position needs to be funded at full-time with corresponding support services. While Part A does not fund this program, if additional funds are provided to the County through the Part A grant, then those additional funds would have to be offset by reduction in a Part A service. The Fiscal Agent developed a budget based on funding a full-time Case Manager in Yolo County and arrived at \$57,037. This amount included the same 10% increase over a two year period as in the other county calculations. This increase in Part B use of funds will require adding an additional \$10,052 to a service category in Part A, preferably in Ambulatory Care, since that category also serves Yolo County.</p> <p><u>Sacramento County</u> Ambulatory Care The same rationale was used for Ambulatory Care as for the rural Counties. An increase of 1.25% clients or 22 clients would be an increase of \$15,041 bringing the FY14 total to \$1,238,212 times the ten percent two year cycle Cost of Living Allowance (COLA) for a total of \$1,362,034. The additional \$10,052 decrease in Part B funding was also added to this category.</p> <p>Health Insurance Premium Payment Program Recommending only a 10% increase over FY15 allocations.</p> <p>Oral Health Care Recommending only a 10% increase over FY14 Allocations. The TGA was not able to provide as much funding for this</p>

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	<p>service in 2015 so we should ask for a minimum of the 2014 levels with a 5% per year cost of living increase for the 2016 budget.</p> <p>Mental Health Care Mental Health saw an increase of 193 or 28% of clients from 2013 to 2014. Based on 2014 clients this would amount to an additional 246 clients at \$471 per client or \$115,866. Adding the \$115,866 to the FY14 expenditure, the total at the FY14 economy would be \$529,744. A ten percent two year Cost of Living Allowance (COLA) was added to this to arrive at a need of \$582,718.</p> <p>Medical Case Management Medical Case Management saw a 54% increase of clients, or 330 more unduplicated clients. Using the same methodology as with Ambulatory Care and the rural counties, the percent increase was applied to the current year's number of clients to arrive at a projected number of clients. Those additional clients were multiplied by the cost per client for case management in the FY14 economy. Then that total was multiplied by 10% for a two year COLA.</p> <p>Substance Abuse-Outpatient Providing a 5% cost of living increase for 2015 and a 5% cost of living increase for the projected 2016 the total funding should be \$161,211 times 10% or a total of \$177,332. This would be an increase of \$15,041 bringing the FY14 total to \$1,238,212 times the ten percent two year cycle COLA for a total of \$1,362,034. The additional \$10,052 decrease in Part B funding was also added to this category. Using the same methodology as with Ambulatory Care and the rural counties, the percent increase was applied to the current year's number of clients to arrive at a projected number of clients. Those additional clients were multiplied by the cost per client for case management in the FY14 economy. Then that total was multiplied by 10% for a two year COLA. The same method of applying the cost of clients represented by their increase over the previous year and then adding a 10% COLA over a two year period was applied to this category also.</p> <p>Pediatric Treatment Adherence Recommending only a 10% increase over FY15 allocations.</p> <p>Child Care We did see a 129% increase in the number of clients receiving this service over 2013 because there were more funds. However, using the rational as other categories would not necessarily work in this case as the number of clients with small children has a limitation. Therefore, the Fiscal Agent calculated a 5% increase in clients and took that total number of clients times the cost of care per client for 2014 to arrive at a total of \$29,369 in the 2014 economy. A ten</p>

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	<p>percent two year COLA was then added to that total to arrive at \$32,306.</p> <p>Outreach MAI - SAM Recommending only a 10% increase over FY15 allocations due to capacity issues and these programs being funded primarily through Part B and other funding sources.</p> <p>Substance Abuse Residential Recommending only a 10% increase over FY15 allocations. This service category has limited capacity for growth in bed availability. The Fiscal Agent's allocation recommendation represents a 176% increase over the current year funding.</p> <p>Recommending only a 10% increase over FY15 allocations for the following service categories: Emergency Financial Assistance Medical Nutritional Therapy Health Education Risk Reduction Outreach – SAM</p> <p>The recommendations include all funding sources with flat funding projected for Part B when applying the final percentages to our Part A Grant Application for FY 2016.</p> <p>The Committee discussed the recommendations further and requested additional funding for Oral Health and Medical Transportation as both are serious unmet needs in the TGA and the Fiscal Agent's recommendation did not cover the unfunded services provided in FY 2014. The transportation discussion included suggestions for the development of a Volunteer Transportation Program similar to one operated by a former Ryan White provider agency which could only be realized if adequate additional funding were received. The Committee developed an Ad Hoc budget for this proposal including the continued provision of bus passes and arrived at a final request figure.</p> <p>Motion to approve the recommendations as discussed was made by Ronnie Miranda with a second by Tracy Jenkins and approved unanimously.</p>
FY16 Flat Funding and Reduction Scenarios*	<p>The Committee initially discussed using the FY15 Allocations as a flat funding scenario for FY16. The Fiscal Agent suggested the Committee wait until Fall when reallocation occurs to provide additional service utilization data before making the FY16 flat funding allocation decisions as some service categories were not able to be fully utilized in FY 2014 as a result of the late awards from Ryan White Part A and B. Motion to Table the Flat Funding and Reduction Scenarios until the September meeting was made by Susan Farrington with a second by Ronnie Miranda and</p>

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	approved unanimously.
Public Comments	None.
Adjournment	Next meeting: September 2015