DENVER HIV RESOURCES PLANNING COUNCIL
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FY 2015
Priority Setting and Resource Allocations Report

September 2014

(Draft: September 10, 2014
Revised per Priorities Workgroup Input: November 11, 2014)

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Denver HIV Resources Planning Council

Executive Summary

Introduction

The Priorities Workgroup of the Denver HIV Resources Planning Council designed and hosted its Fiscal Year 2015 Priority Setting and Allocations Process on August 15 and 22, 2014. The process leading up to priority setting and allocations sessions included Priorities Workgroup meetings, data training meetings, Leadership meetings, and a community meeting on July 31, 2014.

Caryn Capriccioso, interSector Partners, L3C, facilitated and documented the FY 2015 process.

Key Decisions for FY 2015

FY 2015 Part A Priority Ranking and Resource Allocations

Category	Ranking	Allocations
Outpatient/Ambulatory Health Services (Core)	1	24.48%
AIDS Drugs Assistance Program (ADAP) Treatments (Core)	2	0.00%
Case Management - Nonmedical (Support)	3	15.47%
Oral Health Care (Core)	4	12.46%
Medical Case Management (Core)	5	7.17%
Mental Health Services (Core)	6	4.88%
Early Intervention Services (EIS) (Core)	7	5.07%
Emergency Financial Assistance (Support)	8	2.97%
Substance Abuse Services - outpatient (Core)	9	5.03%
Housing Services (Support)	10	7.71%
AIDS Pharmaceutical Assistance (local) (Core)	11	7.59%
Health Insurance Premium & Cost Sharing Assistance (Core)	12	0.00%
Food Bank/Home Delivered Meals (Support)	13	2.32%
Psychosocial Support (Support)	14	2.83%
Medical Transportation Services (Support)	15	1.67%
Home and Community-based Health Services (Core)	16	0.35%
		100.00%

FY 2015 Minority AIDS Initiative Priority Ranking and Allocations

Category	Ranking	Allocations
Case Management - Nonmedical	1	32.18%
Mental Health Services	2	19.78%
Early Intervention Services	3	21.09%
Substance Abuse Services - outpatient	4	21.72%
Psychosocial Support	5	5.23%
		100.0%

In making Priority Setting decisions, the Planning Council considered various data including:

Criteria/Tools/Resources	Yes	No	% Yes
The Planning Council's Needs Assessment/updates to Needs Assessment	15	1	94%
Health Disparities Needs Assessment	13	3	81%
The Data Booklet and additional data provided to me for this process	16	0	100%
The Comprehensive Plan (in particular how payor-of-last resort is impacted by the Affordable Care Act)	14	2	88%
Presentations from HIV/AIDS professionals throughout the last year	15	1	94%
Peer reviewed literature and articles	12	4	75%
The opinions, perspectives and priorities of the community / consumers	16	0	100%
The opinions and perspectives of other members of the Planning Council	15	1	94%
My professional expertise/knowledge (e.g. service provider, board member, etc.)	15	1	94%
My personal (not professional) awareness of the needs of PLWHA	14	2	88%
The National HIV/AIDS Strategy	10	6	63%
The Continuum of Care framework	14	2	88%
Cost Data were used to make funding allocation decisions	10	6	63%
Changes in trends in HIV and AIDS epidemiology data	13	3	81%
Data from other federally funded HIV/AIDS programs were used to develop priorities.	12	4	75%

Other Criteria/Tools/Resources
Annual Quality Management Report; Mostly opinions of members of the Council; I am aware of most of these resources, however the main resources are Needs Assessment, Data Booklet, Comprehensive Plan, opinion of community/consumers, opinion of other members of Planning Council, personal awareness of needs of PLWHA, continuum of care.

The following report shares highlights of the presentations, motions, discussion and results of the FY 2015 Priorities and Allocations Process.

Denver HIV Resources Planning Council

Priority Setting Meeting

City and County of Denver Environmental Health Building, Grand Mesa Room, 2nd Floor

200 West 14th Avenue, Denver, CO 80204

Friday, August 15, 2014 • 9:00 a.m.—4:00 p.m.

Planning Council members present

Bob Bongiovanni; Debi Bridge, Co-Chair; Lili Carrillo; Penny DeNoble; Phillip Doyle; Robert George; Kari Hartel, Co-Chair; Brent Heinz; Scott Jackson; Steven Johnson, MD; Imani Latif (arrived at 1 p.m.); Tom Meiers; Melanie Reece; Robert Riester; Jalene Salazar; Jim Sampson; Otto Trujillo; Robin Valdez; Tim Wright

Staff/Facilitator present

Jean Finn, Planning Council Staff; Anthony Stamper, DOHR; Caryn Capriccioso, interSector Partners, L3C (facilitator); Carrie Webber, Planning Council Staff

Community members and guests present

Bettina Harmon, Coldspring Center; Claire Husted; Melinda Marasch; John Respondek, Community Meeting Representative; Sam Marquez

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Welcome and introductions

Jean Finn welcomed the Planning Council and guests to the meeting and introduced the facilitator who led the group in introductions.

Ground rules and agenda review

Facilitator, Caryn Capriccioso, reviewed the Planning Council Ground Rules and captured additions to the Planning Council's standing ground rules from the group. Bob Bongiovanni suggested posting the Planning Council's Ethical Decision-Making questions. He created a flip chart of the questions for posting and consideration throughout the planning process.

Caryn reviewed the Priority Setting agenda and shared a reminder that per the Planning Council bylaws, community participation will occur only through the community representative's presentation. She reminded the group of the various opportunities for community input throughout the year.

Conflict of Interest and Respectful Conversation

Jean Finn provided an overview of the conflict of interest forms that are required for the annual Priority Setting and Allocations process, and the Planning Council members handed in their completed forms. She also reminded the group that their name tents list their conflicts. She encouraged Planning Council members to review the lists and add to them. Jean reminded the group that there is more to conflict of interest than simply disclosing your conflicts. She introduced Otto Trujillo and Penny DeNoble to discuss conflicts in more detail and to talk about having respectful conversations.

Otto and Penny provided overviews and led Planning Council discussions of:

- The 5 Bases of Social Power including how to understand which power base is being used at any given time and how to understand one's own power base choices
- An overview of how to determine when conflict of interest is happening and how to identify it for the group
- Language to use when they see conflict of interest happening, as well as agreements among the council that it is okay for them to call one another out when they see a conflict of interest and that it is okay for the facilitator do to so as well

They reminded the Planning Council that they are on the council because of their expertise, experience and perspective and that it is critical that they share it within the rules of respectful conversation.

Role of the Planning council in Priority Setting and Resource Allocation

Kari Hartel and Debi Bridge, Planning Council Co-Chairs, shared with the council:

- What are priorities?
- Why set priorities?
- The in-depth planning process leading up to priorities

The group discussed some confusion about how to consider priorities:

- ✓ Is this based on client need or whether someone else is paying for it (re: payor of last resort)?
- ✓ Perspective that priorities = people; allocations = who pays for it / the percentages

Service Category Overview

Jean Finn provided the group with an overview of the Denver TGA's current Part A service categories. She discussed the difference between core and support categories and shared a suggested new category –case management (non-medical)—based on the planning process leading up to the Priority Setting meeting.

Jean then discussed the Minority AIDS Initiative, including its history, current prioritized service categories and potential new category.

During the Part A and MAI discussions, a number of questions and perspectives were shared about the following topics:

- ✓ Home and community-based health services and whether it's the same as what Medicaid funds
- ✓ Costs per unit of service vary greatly between Part A and MAI
- ✓ Offerings under psychosocial support services and how it aligns (or doesn't align) with mental health services; additionally how it can support undocumented People Living with HIV/AIDS (PLWHA).

Community Meeting Presentation

Jean Finn updated the board on the community meeting logistics and attendance inducing:

- Thursday July 31, 2014 in the evening
- 21 people attended:
  - seven community members who are living with HIV infection;
  - seven Planning Council members, four of whom are living with HIV infection;
  - four providers; and
  - three consultants.
- Child care and dinner was provided.

She introduced John Respondek who was selected by the community to bring forward highlights of the discussion at the July 31st meeting. John provided community perspective, as well as his personal experiences related to a number of important topics for consideration by the Planning Council:

- 25% of PLWHA are taking their meds and "are undetectable"
- Housing is a critical need; housing is community
- Not enough people are showing up for community meetings; potentially because they are comfortable in their care and don't feel they need to share anything

Planning Council members raised points and asked questions including:

- ✓ The community meeting is one point of contact, but the process is much broader with surveys, focus groups, interviews, etc. Planning Council gathers a lot of community input.
- ✓ Could the data that's collected by case managers be uploaded 2 x per year and shared with Planning Council?
- ✓ Ryan White offers specialized, culturally appropriate services with less stigmatization; HIV-related services are unique and can't be compared to how other services are being delivered post-Affordable Care Act (ACA)

- ✓ Informal approaches to gather input may work better. Come to where PLWHA are rather than expecting them to come to a meeting
- ✓ Ryan White services are life-saving services
- ✓ Some people don't participate because they are simply trying to take care of themselves
- ✓ Part of our success may be that people don't need/want to be involved because they are well

Denver TGA Priorities in a Post-ACA World

Jean Finn introduced the topic of changes in service provision now that ACA has been implemented. She asked Bob Bongiovanni to discuss Balanced Billing with the group and the challenges that are created as providers provide services through both Medicaid and Ryan White. He provided some legal context for what is allowable as well as some examples what providers and agencies should look out for when it comes to their billing practices.

Jean led the group through an exercise designed to identify service gaps. The group discussed each of the Part A service categories including:

- Is the service covered by Medicaid?
- Are the components of the service category covered by Medicaid? If no, which are covered?
- If a service category is covered by Medicaid, are there limits to the number or amount service that can be provided? If yes, what are the limits?

The Planning Council also discussed these same questions in light of private insurance for those Ryan White clients who have access to some level of private insurance.

Robin Valdez indicated that DOHR, in conjunction with Ryan White Part B, is undertaking a study to better understand the detail behind the conversation that the Planning Council had about service gaps. The study will be completed in two phases: Phase I will look at the gaps in service created when Ryan White patients transitioned to Medicaid and/or private insurance and Part II will create a plan to address gaps including implementation plans and technical assistance opportunities.

Robert Riester asked Robin Valdez to clarify the process for applying for a waiver to the Ryan White requirement that at least 75% of funding be allocated to core services and no more than 25% to support services. Robin stated that the grantee is invited to apply for this waiver as needed. Robert expressed that the Planning Council should proceed with priority-setting and allocations to create the best system possible and DOHR will then apply for a waiver if the percentages dictate that need.

Categories to Prioritize (Part A and MAI)

The Planning Council discussed its ideas for adding and/or removing categories from both Part A and MAI. A number of categories were suggested for inclusion or removal, discussed in detail and removed from the preliminary list.

At the conclusion of the discussion, the following changes were recommended:

	Part A	MAI
Add Category		
Case management (non-medical)	X	X
Remove Category		
Medical Case Management		X
Referral	X	X

Some highlights of the discussion:

- ✓ Referral was added as a placeholder last year to address Ryan White clients transitioning to Medicaid; it is no longer needed
- ✓ Psychosocial support should not be removed (as suggested) because it provides services to those whose mental illnesses are undiagnosed or who would be unlikely to enter the behavioral health system; it allows for peer-to-peer support, groups, employment support, etc.
- ✓ EIS should not be removed (as suggested) because it supports the National HIV/AIDS Strategy and is a HRSA priority.
- ✓ Concern that by "tracking" people into case management or non-medical case management, some people may get lost because they don't want or won't participate in medical case management; they'd prefer services from their local agency. Both types of case management can be provided. It's not an either/or. The standards of care will still need to be developed and can address people's concerns.
- ✓ Robert Riester asked Robin Valdez to determine how many agencies or providers currently receiving Part A funding would be likely to apply for case management (non-medical) funding if it was added. Robin will look into this and provide a response at the August 22, 2014 Allocations meeting.

Directives

Jean Finn discussed directives with the group including providing a definition:

- They are a mechanism by which the Planning Council may give specific direction on how best to serve priorities it has identified.
- "Directives" originate from the Planning Council and go to the Grantee (DOHR)

Jean also updated the Planning council on the status of past directives.

Two directives were proposed and discussed by the Planning Council. It was acknowledged that both of these directives were being brought to the council outside of the established process for submitting directives and that in future years, the process should be followed.

1. Create a monthly budgeted amount for Emergency Financial Assistance and to address recurring shortfalls. If the funds are not needed in a particular month, then roll-over within the award. Funds would "live with DOHR."

The Planning Council discussed that this is in effect, how the funding is handled and that the directive would not address the budgeting issue. Kari Hartel cited data indicating that there are not issues related to Emergency Financial Assistance or Housing.

The suggested directive was withdrawn.

2. Create a pool of designated funds in oral health category for services not covered by Medicaid and / or other dental insurance. This would be an "EFA-like" fund to support consumers with these needs.

The Planning Council discussed whether this was possible under HRSA rules. Robin indicated that he had a call scheduled with the HRSA program officer on August 21st and would get an answer to bring back to the group on August 22nd. If it looks possible, Debi, Bob and Lili offered to help Robin craft a directive for the council to consider on 8/22.

Priority Setting Overview

Caryn Capriccioso shard an overview of the priority-setting process, explained the Q-Sort and guided the group in adding and removing categories from the Q-Sort and the Q-Sort tracking sheets that they use for their individual prioritization processes. She shard that she would tally the results of each Planning Council member's Q-Sort and return the results to Jean for verification. Jean will distribute the results by 8/20 to allow the Planning Council a couple of days to review the combined and recommended FY 2015 priorities prior to voting on their approval at the Allocations meeting.

Caryn also shared the Priorities Workgroup places a high value on being able to discuss the individual Q-Sorts rather than simply turning them in. For those who would like, they can meet in small groups post-Q-Sort to discuss their thinking and decisions with other Planning Council members. In future years, this opportunity will be integrated into the agenda.

Priorities Process: Q-Sort of Categories for MAI and Part A

Planning Council members completed their Q-Sorts, filled out their Data Considerations Checklists and left the meeting as they were finished with their individual prioritization processes for Part A and MAI.

Adjourn

The meeting was adjourned at 4:10 p.m. Planning Council members stayed until they completed their tasks.

Denver HIV Resources Planning Council
FY 2015 Allocations Meeting
City and County of Denver Environmental Health Building, Grand Mesa Room, 2nd Floor
200 West 14th Avenue, Denver, CO 80204
Friday, August 22, 2014 • 9:00 a.m.—4:00 p.m.

Planning Council members present
Bob Bongiovanni; Debi Bridge, Co-Chair; Lili Carrillo; Tom Dery; Penny DeNoble; Robert George; Kari Hartel, Co-Chair; Brent Heinz; Scott Jackson; Martez Johnson (arrived at 1 p.m.); Steven Johnson, MD; Carol Leese; Michael Maestas (arrived at 1 p.m.); Tom Meiers; Melanie Reece; Robert Riester; Jim Sampson;, Otto Trujillo; Robin Valdez, DOHR; Kelly Voorhees; Diane Walker (arrived at 1 p.m.)

Staff/Facilitator present
Jean Finn, Planning Council Staff; Anthony Stamper, DOHR; Caryn Capriccioso, interSector Partners, L3C (facilitator); Jackie Ramirez

Community members and guests present
Bettina Harmon, Coldspring Center; John Respondek, Community Meeting Representative

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Welcome and introductions

Caryn Capriccioso welcomed the Planning Council, members introduced themselves and the group reviewed and discussed the ground rules and discussion agreements from the previous week.

Overview of the Planning Council Role in Resource Allocation

Kari Hartel and Debi Bridge, Planning Council Co-Chairs, gave an overview of the Resource Allocation process including the process the Planning Council had utilized leading up to today's meeting where decisions will be made including:

- ✓ Conflict of Interest Training (June 27, 2014);
- ✓ Values Clarification (June 27 and August 7, 2014);
- ✓ Data Training, including Needs Assessment findings (July 15th and July 22, 2014)
- ✓ Community Input Meeting (July 31, 2014);
- ✓ Priority Setting Meeting (August 15, 2014).

FY 2015 Priorities

Kari and Debi reviewed the process for determining the FY 2015 priorities. Jean Finn and Caryn Capriccioso explained that due to the additions and removal of categories on August 15, five Planning Council members' Q-Sorts were incomplete. Given the complexity of the changes that occurred during the process the previous week, Planning Council co-chairs and staff determined that the best option was to give those five members an opportunity to redo their Q-Sorts.

Q-Sort electronic surveys were sent to these five Planning Council members on Monday, August 18th. They each completed an online ranking of the categories and submitted their individual rankings to be tallied along with other Q-Sorts from the August 15 meeting. Caryn tallied the results and provided them to Jean Finn for final review and quality check.

The final analysis resulted in the following FY 2015 recommended priorities.

Part A		
Service Category	**FY 2015 Priority**	**FY 2014 Priority**
Outpatient Ambulatory Care (Core)	1	1
AIDS Drugs Assistance Program (Core)	2	3
Case Management (Non-medical) *(Support)*	3	NA
Oral Health Care (Core)	4	4
Medical Case Management (Core)	5	2
Mental Health Services (Core)	6	5
Early Intervention Services (Core)	7	7
Emergency Financial Asstistance (*Support*)	8	10
Substance Abuse (Outpatient) (Core)	9	8
Housing Services (*Support*)	10	9
AIDS Pharmaceutical Assistance (local) (Core)	11	6
Health Insurance/Cost Sharing (Core)	12	11
Food Bank/Home-delivered Meals (*Support*)	13	12
Psychosocial Support (*Support*)	14	13
Medical Transportation Services (*Support*)	15	14
Home and Community-based Health (*Core*)	16	16

Some Planning Council members expressed their frustration with the process, stated that it felt rushed and they did not feel they had adequate time to consider their Q-Sort rankings. One Planning Council member indicated he would have liked to have time to complete it over the weekend and/or today's Allocations meeting could have been rescheduled to allow more time to consider priorities. Other council members indicated that the timing worked well for them and that their priorities would not have changed with additional time. Kari explained that in

order to complete the process in time for the DOHR grant to be written, it was important to stick with the original timetable of priority-setting on 8/15 and allocations on 8/22.

Other points were raised about prioritization for consideration in the coming year:

- ✓ Does this process actually give us what we want? Priorities based on the needs of PLWHA?
- ✓ People need a package of services. Wish that HRSA would let the council focus on a continuum rather than individual categories.
- ✓ "I voted based on what the community I serve needs."
- ✓ "I was grateful for the chance to re-do it and spend more time considering my choices."
- ✓ Would appreciate bringing back the tab in the data booklet that shared various alternative funding sources
- ✓ Wish that the gap analysis had already been done, but appreciated the chance to talk about what we *do* know before setting priorities.

The Planning Council agreed in principle that it would like to try a process next year that would allow those who need it more time to consider their priority-setting activity. Caryn mentioned that it might be possible to integrate the electronic ranking survey next year as this is an idea the Priorities Workgroup had been discussing the last several years.

Scott Jackson offered a motion that was seconded by Steve Johnson:

To approve the FY 2015 Part A Priorities as presented. The motion passed. (14-2)

Kari and Debi shared that the final analysis of the MAI Q-Sorts and online rankings resulted in the following FY 2015 recommended MAI priorities.

Minority AIDS Initiative

Service Category	FY 2015 Priority	FY 2014 Priority
Case Management (Non-medical) (*Support*)	1	NA
Mental Health Services (*Core*)	2	2
Early Intervention Services (*Core*)	3	3
Substance Abuse (Outpatient) (*Core*)	4	4
Psychosocial Support (*Support*)	5	6

Robert Riester offered a motion that was seconded by Scott Jackson:

To approve the FY 2015 MAI Priorities as presented.
The motion passed 16-0, with one person abstaining.

Directives

Caryn reminded the board of the proposed **(draft) oral health care directive** and process from the Priority-Setting meeting:

> Create a pool of designated funds in oral health category for services not covered by Medicaid and / or other dental insurance. This would be an "EFA-like" fund to support consumers with these needs.
>
> The Planning Council discussed whether this was possible under HRSA rules. Robin indicated that he had a call scheduled with the HRSA program officer on August 21st and would get an answer to bring back to the group on August 22nd. If it looks possible, Debi, Bob and Lili offered to help Robin craft a directive for the council to consider on 8/22.

Robin shared that he talked with Denver's program officer's boss who indicated that no Part A funding can go toward restorative oral health care. He also spoke with a colleague in another EMA who collaborates with Ryan White Part F funding to provide this service – the dental school trains future dentists to work with PLAWHA and the students are able to provide restorative services under supervision at the school. Robin offered that the best option would be to not issue a directive, but to have oral health category be a priority for reallocations.

The Planning Council determined it would not move forward with this directive.

Jean Finn shared a second **proposed directive related to Food Bank and Home Delivered Meals.** The suggestion was that the Planning Council set the percentage allocation within the category for these two distinct services.

The Planning Council discussed the pros and cons of this idea:

- ✓ It's proposed because some think too much money is going toward home delivered meals, but that is a more expensive service than food bank
- ✓ Currently 57% of the funding goes to food bank and 43% to home delivered meals. 62% of clients in this category fall under food bank
- ✓ DOHR indicated it would like clarity around this item

Carol Lease recommended that the Planning Council proceeds as it has in the past for the coming year (DOHR determines the % allocation within the category) and that MDASC looks at the issue and prepares a recommendation for the FY 2016 process. Planning Council agreed with this suggestion.

Planning Council put forth no new directives for FY 2015.

Denver TGA Needs in a Post-ACA World

Planning Council bylaws define a quorum as one more than half of the current appointed membership. The Planning Council has 32 members, thus requiring 17 members present to conduct formal decision making. Eighteen members were at the meeting during "Introductions" but two left due to family emergencies. This was brought to the attention of the DHRPC program administrator. Phone calls were made to have three Planning Council members, previously not in attendance, join the meeting so a quorum was maintained for decision making purposes.

Jean presented an activity for the Planning Council to discuss that compared the various service categories and whether or not the service category can be paid for by another source of funding. The Planning Council reviewed each current service category and looked at how it is covered by Medicaid, Medicare, Part B, Part C, Part D, Part F, HOPWA, Section 8, SAMHSA, HIV Prevention and private insurance.

Planning Council expressed that this was a useful activity. Although it didn't capture the details or the gaps in categories that were discussed last week, it does give a good overview of what services and payment sources are available for PLWHA.

Allocations Overview

Caryn Capriccioso provided an overview of the allocations process and what the Planning Council could expect for the rest of the day. She shared that the Planning Council would discuss, as a full group recommendations, for consideration. They would share recommendations for Part A allocations and MAI allocations. Once the council had a chance to discuss recommendations as a group, a small group activity would be used to generate specific allocations recommendations. Each group would then present specific recommendations, and the entire planning Council would work together to create a joint recommendation for approval.

Bob Bongiovanni walked through the allocations spreadsheet that the Planning Council would use in small group work to put its recommendations forward.

Part A Recommendations

Individual Planning Council members shared the following recommendations for consideration by the whole Planning Council related to Part A allocations:

- ✓ Decrease outpatient ambulatory funding and increase other categories
- ✓ Consider reducing funding to outpatient ambulatory, mental health, substance abuse, and oral health services; It is logical that there would be some decline in these four core categories given that some services are now provided by Medicaid
- ✓ We should be able to free up at least $500,000 to fund case management
- ✓ It's reasonable to decrease outpatient ambulatory by 8 to 10 percentage points, however we need to ensure that we are providing services for patients who are stuck in a waiting period and for undocumented individuals
- ✓ I am in favor of funding case management
- ✓ If our award is 15% or more less than fiscal year 2014 we should reallocate funding

MAI Recommendations

Individual Planning Council members shared the following recommendations for consideration by the whole Planning Council related to MAI allocations:

- ✓ Do not allocate funding to psychosocial support
- ✓ Do fund psychosocial support, this is crucial for women of color and other minority groups
- ✓ Support the mental health and substance abuse categories within MAI (these categories provide HIV specific and culturally appropriate service to undocumented people)

Allocations Group Work

The Planning Council divided into three groups to create allocations recommendations for Part A and MAI.

FY 2015 Allocations Decisions

Caryn Capriccioso facilitated the conversation and Bob Bongiovanni managed the spreadsheet comparisons while the Planning Council discussed the recommendations of each of the small groups. The council looked for areas of synergy and differences of opinion, starting with MAI. The following outlines the motions and votes of the Planning Council related to MAI and Part A, and is followed by the final version of allocations for each of these areas.

MAI Group Recommendations

Category	Group 3	Group 2	Group 1
Case management (non-medical)	30%	0	34.36
Mental Health	18%	38.75%	21.57%
Early Intervention Services	22%	20.63%	20.63%
Substance Abuse	20%	40.62%	23.44%
Psychosocial Support	10%	0	0

Brent Heinze made a motion that was seconded by Melanie Reece:

To approve the average of the three groups for MAI Early Intervention Services; 21.09%.
The motion passed 16-0 with one person abstaining.

Kari Hartel moved and Jim Sampson seconded:

To approve the average of groups three and one for MAI Case Management (non-medical); 32.18%
The motion passed 10-3 with four people abstaining.

The Planning Council then moved on to discussions of Part A recommendations.

Part A Group Recommendations

FY 2015 Part A Categories	Group Three	Group Two	Group One
Outpatient/Ambulatory Health Services	23.15%	25.15%	25.15%
AIDS Drugs Assistance Program (ADAP) Treatments	0.00%	0.00%	0.00%
Case Management - Nonmedical	14.91%	13.74%	17.74%
Oral Health Care	15.46%	9.46%	12.46%
Medical Case Management	8.15%	7.37%	6.00%
Mental Health Services	5.00%	5.58%	4.08%
Early Intervention Services (EIS)	5.63%	4.79%	4.79%
Emergency Financial Assistance	2.97%	2.97%	2.97%
Substance Abuse Services - outpatient	5.00%	5.79%	4.29%
Housing Services	7.71%	7.71%	7.71%
AIDS Pharmaceutical Assistance (local)	5.50%	8.64%	8.64%
Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%
Food Bank/Home Delivered Meals	2.32%	2.32%	2.32%
Psychosocial Support	1.85%	4.63%	2.00%
Medical Transportation Services*	2.00%	1.50%	1.50%
Home and Community-based Health Services*	0.35%	0.35%	0.35%
	100.00%	100.00%	100.00%

Kari Hartel moved and Lili Carrillo seconded.

Approve category allocations that are the same across all three groups for Part A; ADAP 0.0%, Housing 7.71%, Emergency Financial Assistance 2.97%, Food Bank and Home-Delivered Meals 2.32%; Home and Community-Bases Services .35% and Health Insurance Premium and Cost-Sharing Assistance 0%.

The motion passed unanimously. (17-0)

Steve Johnson made a motion that was seconded by Carol Lease.

To accept the averages of the three group's recommendations for Part A Mental Health Services at 4.88%.

The motion passed. (16-0-1)

Kari Hartel made a motion that was seconded by Tom Dery.

To accept the averages of the three group's recommendations for Part A Early Intervention Services at 5.07%.

The motion passed. (16-0-1)

Penny DeNoble offered a motion that was seconded by Lili Carrillo.

To accept the averages of the three group's recommendations for Part A Substance Abuse Services at 5.03%.

The motion passed. (17-0)

Scott Jackson moved and Bob Bongiovanni seconded a motion

To allocate 7.59% for AIDS Pharmaceutical (Local).

The motion passed. (17-0)

Kari Hartel moved and Melanie Reece seconded

To accept the averages of the three group's recommendations for Part A Psychosocial Support Services at 2.83%.

The motion passed. (11-5-1)

Steve Johnson moved and Kari Hartel seconded:

To accept the averages of the three group's recommendations for Part A Medical Transportation Services at 1.67%.

The motion passed. (17-0)

Lili Carrillo made a motion that was seconded by Melaine Reece.

To accept the averages of the three group's recommendations for Part A Oral Health Care Services at 12.46%.

The motion passed. (14-2-1)

Steve Johnson made a motion that was seconded by Carol Leese.

To accept reduce the allocation to Part A Outpatient Ambulatory by 8.67% (to 24.48%).

The motion passed. (16-1)

Melanie Reece moved and Scott Jackson seconded:

To accept the averages of the three group's recommendations for Part A Case Management (Non-medical) Services at 15.47%.

The motion passed. (17-0)

Kari Hartel offered a motion that was seconded by Melanie Reece.

To fund Part A Case Management Services at 7.17%.

The motion passed. (16-0-1)

The Planning Council then returned to its discussion of MAI where there was still some disagreement among the groups.

Scott Jackson moved and Brent Heinze seconded

To allocate the following percentages to the remaining MAI categories: 19.78% to Mental Health Services, 21.72% to Substance Abuse Services and 5.23% to Psychosocial Support Services.

The motion passed. (12-4-1)

The final approved allocations are as follows:

FY 2015 MAI Allocations

Case Management - Nonmedical	32.18%
Mental Health Services	19.79%
Early Intervention Services	21.09%
Substance Abuse Services - outpatient	21.72%
Psychosocial Support	5.23%
	100.0%

FY 2015 Part A Allocations

Outpatient/Ambulatory Health Services	24.48%
AIDS Drugs Assistance Program (ADAP) Treatments	0.00%
Case Management - Nonmedical	15.47%
Oral Health Care	12.46%
Medical Case Management	7.17%
Mental Health Services	4.88%
Early Intervention Services (EIS)	5.07%
Emergency Financial Assistance	2.97%
Substance Abuse Services - outpatient	5.03%
Housing Services	7.71%
AIDS Pharmaceutical Assistance (local)	7.59%
Health Insurance Premium & Cost Sharing Assistance	0.00%
Food Bank/Home Delivered Meals	2.32%
Psychosocial Support	2.83%
Medical Transportation Services*	1.67%
Home and Community-based Health Services*	0.35%
	100.00%

Wrap-up

Caryn thanked the Priorities Workgroup for its work over several months to design a meaningful process and thanked the Planning Council for its efforts to have respectful dialogue among some tough decisions. She indicated she would provide a report of the process to Jean Finn and that they would work with the Priorities Workgroup to finalize the report.

Adjourn

The meeting was adjourned at 4:45 p.m.