

PLANNING AND PRIORITIES (P&P) COMMITTEE

June 19, 2019

Minutes

Charge: To oversee development and implementation of a process to identify needs and barriers, keep the assessment of needs current, and develop a comprehensive plan to implement the priority goals of the Planning Council.

COUNCIL MEMBERS PRESENT

John Dornheim, Chair	Venton C. Hill-Jones	Helen Zimba
Lori Davidson	Christopher Webb	Robert Lynn, Vice Chair
Donna Wilson	Korey Willis	

COUNCIL MEMBERS ABSENT

Robert McGee II	Woldu Ameneshoa
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RWPC STAFF PRESENT

Glenda Blackmon-Johnson, RWPC Manager	Annie Sawyer-Williams, RWPC Coordinator
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GRANTS MANAGEMENT STAFF PRESENT

Sonya Hughes, Assistant Director	Wanda Scott, Program Monitor
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OTHERS PRESENT

Gail Lockwood, AIN, Inc.	Angelica Gallegos, AIN, Inc.	Del Wilson, RCD
Kellie Norcott, PHHS		

- I. **Call to Order:** John Dornheim, Planning & Priorities Committee Chair, called the meeting to order and established quorum at 9:07 a.m.
- II. **Certification of Quorum:** Quorum was established by Annie Sawyer-Williams, RWPC Coordinator and certified by John Dornheim.
- III. **Introductions/Announcements:**
 - a. Donna Wilson announced on July 12th the Afiya Center Street Team will host a Spade and Domino tournament fundraiser, \$25 a team and \$15 single. The location to be determined.
 - b. Helen Zimba announced the Afiya Center will host an event for the National HIV Testing Day, “Get Tested Grab A Bite” on Thursday, June 27th from 11:00 a.m. – 4:00 p.m. There will be giveaways and raffle a 32” TV and Tablet plus much more. The early bird tickets are \$5 until Monday, June 24th. The event location at Glendale Park 1300 East Ledbetter Drive Dallas, Texas 75216.
- IV. **Approval of the May 15, 2019 Minutes:** *Robert Lynn motioned to approve the P&P Committee minutes. Lori Davidson seconded the motion. The motion passed with two abstentions.*

Approval of the May 23, 2019 Minutes: *Lori Davidson motioned to approve the P&P Committee minutes. Donna Wilson seconded the motion. The motion passed with one abstention.*
- V. **Office of Support:** Glenda Blackmon-Johnson reported there has been no change with the RWPC membership reflectiveness.

The Needs Assessment Request for Quote (RFQ) a vendor has been identified. Staff will meet with the Purchasing Department for details.

- VI. **How Best to Meet the Need (Review the Workgroup Recommendations):** The committee reviewed and discussed the 2020 Service Category Mapping and Justification Workgroup recommendations. They discussed the Emergency Financial Assistance service category; replacing HIV Medication that are lost, stolen, or destroyed on a case by case basis. The committee reviewed the language for the Linguistics Service category.
- VII. **FY 2020 Service Category Financial Eligibility:** Ms. Blackmon-Johnson reported data is currently not available for the Financial Eligibility.

Mr. Wilson gave the committee an overview from the Care Coordination Ad hoc committee. Reporting they will recommend to increase the Medical Case Management Federal Poverty Level to 500% and Non-Medical Case Management to 500% to match the AIDS Pharmaceutical Assistance service category.

It was recommended to vote on the Financial Eligibility at the next scheduled P&P committee meeting to allow enough time to receive data from the AA.

- VIII. **New Business (AA request, Referral for Health Care, RWPC Conference call 6/26/19):** The committee discussed the Referral for Health Care with a conference call from Janina Vazquez a representative from the Department of State and Health Service (DSHS). The committee has a few questions before prioritizing the Referral for Health Care service category:

- What data sets quantitative or qualitative did DSHS reviewed to determine this was an unmet need in the Dallas Area. *Janina stated in 2016 DSHS made additional allocation to the state of Texas of Rebate funds. Dallas EMA received funding to fund AIDS Drug Assistance Program (ADAP) eligibility workers and eligibility workers for Ryan White. Three years ago the state implemented a strategy to fund the local area with more money, but requesting or requiring that the Administrative Agency for Part B implement the Referral for Health Care Service Category to fund ADAP Eligibility Worker, because of the strategy moving forward from the State. In order to meet the demand and a single audit of findings that ADAP individuals that were receiving medication from ADAP were not at eligibility level or the documentation was not present. At that point the State switched out the strategy to fund Referral for Health Care in all the different areas of the State based on need.*
- What community input process will the State utilize moving forward to ensure consumer and community feedback as required by Legislation. *Janina stated the community process that Part B is require to attain is through meetings with community which happens at the AA level (all Part B AA's has that mechanism in order enlist consumers and feedback) for the funding DSHS puts for Part B general revenue and Rebate funding. DSHS is also responsible to be responsive to the need of the whole state this is why they push for strategies such as the one pushed for three years ago with the new rebate money to fund certain categories in order to meet the need across the state.*
- How will decision be coordinated between existing Ryan White Planning Council (RWPC) and DSHS to ensure efficient planning mechanism are implemented between Part A, MAI and Part B to avoid duplication of service. To streamline the assessment of needs and to make certain data considerations are include to comprehensively asset the need of people living with HIV in the Dallas Sherman-Denison planning area. *Janina stated DSHS provides the funding to the AA and in terms the AA along with the DSHS strategies puts*

forward the Part B money, the state GR money and Rebate money, so the PC can prioritize and allocate that funding. The State will continue to strategize across and direct the AA to work with the PC to fund service categories or to fund strategies accordingly. The same way they did three years ago when they directed the AA to work with their local processes in order to fund the service category that they needed across the state to ensure that clients were getting the correct service as well as the type of activities that were needed in order for the State to continue to have the ADAP program to enroll individuals in a timely manner.

- *The committee referenced the letter from DSHS on April 5, 2019. The letter goes against what the directive from the Health Resources and Services Administration (HRSA) to the RWPC. Janina stated in order to direct funding priorities and allocations falls to the PC as a Part A requirement. The responsibility for Part B, State Services and Rebate; which the State puts out. The Grantee at the State is responsible for directing that money. The requirements along with input, moving pieces across the state data and strategies. They are asking the AA as their contractor to properly funds Referral for Health Care in order for Dallas to have enough referral for health care resources to meet the need, but also for the clients in the Dallas Area engaging with and receiving THMP medication.*
- *The Sub-recipients are not seeing a need for the Service Category; where is the request coming from and who will benefit from the funds. Janina stated this is a strategy to put ADAP eligibility workers in the filed in order to properly complete ADAP applications for properly enrollment. There is a delay in completion of the application as well as making individuals eligible for RW services. The outcome can be observed as a result of the monitoring at DSHS has been joined of all the areas across the state through their contractor Germaine Solution. A lot of the clients that may only be required a service that can be provided by Referral for Health care, because they need only eligibility and maybe a couple of the 29 service categories that can be funded by RW in general as a HRSA requirement. This is being done incorrectly and a lot of Non-Medical Case Management is being used to do eligibility work with no other documents that guide a worker in the field evidence that they are providing Non-Medical Case Management. A lot of the work that is happen is referral for health care work and they would like to correct this.*
- *Sonya Hughes commented, adding the service category will benefit clients and agencies; because when they have this option to utilize referral category for a client that may need referral for a service; yet when the client is billed they will be put under the category of Non-Medical Case Management. When the Program Monitor and Germaine come out to monitor they will follow the tool with the Standards of Care. There was a discussion regarding billing between Medical Case Management, Non-Medical Case Management and Referral Health Care service category. Janina stated the Referral for Health care category allows a different service category to properly enter data and provide a service without having to use the Non-Medical Case Management requirements based on the standards.*
- *Kellie Norcott expressed r concerns that the current Part A allocations were created with the current Part B allocations in mind. If a change is made during the current fiscal year that could impact the ability to deliver services. Also, Part A and Part B are required to have a planning process for planning priorities, allocations, as assessment of needs; the State does not have a local process in Dallas and how it plan to prioritize and meet the needs of the local community by taken away the planning and priority setting from the RWPC is a great concern. Janina stated the State is saying they are giving the authority to the AA to fund the referral for health care category and do allocations. The AA is working with the RWPC to go through the proper channels in order to get that service category prioritize. They would like for the AA along with the PC to fund Referral for Health care category. This is a one-time request from the state to fund the service category and this*

should not stop the PC from moving forward the way they have been. The impact of the service category is very important to the state in general, very important to the ADAP program which is implemented at the State. They have been implementing training for the ADAP eligibility workers and they see a deficiency in Dallas and across the state of proper eligibility workers documentations. The letter that was sent on April 5, 2019 does not reference what was just been said. It states “The Planning Council is immediately excluded from the planning council priorities and allocations process so that the Dallas County AA can make decisions and fund services as they are approved by DSHS.” This letter effectively removes the PC from the process of the Part B planning allocations and if the state would like to reword the letter and send another one to make it limited to the Referral for supportive services, and only for a limited amount of time. Sonya Hughes stated Part B was included, because not all the sub-recipients were funded through State Services Rebate contract. In order to allow all sub-recipients to fund Referral for Health care and potentially add additional intake workers. Mr. Hillard requested a revision to the letter. *Janina stated they will work to revise the letter, but the RWPC have to move forward with her saying this is the way it is, because ultimately Part B funding is directed by the State.* Mr. Hillard stated the RWPC can-not move forward without a revise letter detailing their plan. After further discussion *Jenina stated she will have the letter revised.* Ms. Blackmon-Johnson advised upon completion of the recommendation another conference call maybe needed.

Ms. Blackmon-Johnson reported to the committee that the AA has come and presented a situation and as a committee collaboration is needed with our partners. Without the data the committee is not sure how to rank the Referral for Health Care service category. Ms. Hughes stated she will reach out to sub-recipients requesting information regarding the referral service category and spending. Mr. Hillard stated a revised letter is needed before moving forward to the RWPC. A suggestion was made to add a timeframe in which the State would like to implement the change. Ms. Scott gave the committee an overview of what’s being seen when she monitoring and she stated the State contractors has been collecting data since 2016; there is historical data on the service category. The committee had a discussion regarding prioritizing the service category for the current year and in the future.

The committee discussed having an emergency meeting regarding data review, reconstructed DSHS’s letter and to give the AA enough time to collect data from the sub-recipients. They agreed to meeting Friday, June 28, 2019 starting at 11:30 a.m.

- IX. **Adjournment:** *Robert Lynn motioned to adjourn. Christopher Webb seconded the motion. The motion passed unanimously.*

The meeting was adjourned at 10:42 a.m.

Submitted by:

Annie Sawyer-Williams, Coordinator

Date

Draft Certified by:

Justin M. Henry, RWPC Health Planner

Date

Final Approval by:

John Dornheim, Chair
Robert Lynn, Vice Chair

Date

NEXT SCHEDULED MEETING
Friday, June 28, 2019 11:30 a.m.
Hickman Conference Room, 2nd floor
Dallas County Health and Human Services Building
2377 N. Stemmons Freeway, Dallas, TX