



Priority Setting FY 2021

AGENDAS FOR THE WEEK & ORIENTATION

+

Forms to Return

July 2020

Data Review Sessions (4 Sessions)

Tuesday, July 21, 2020: 9:02 AM – 11:00 AM, 12:03 PM – 2:00 PM, 5:04 PM – 7:00 PM

Wednesday, July 22, 2020 – 12:00 PM – 2:00 PM

- 1. Welcome & Introductions** (5 minutes)
- 2. Orientation** (12 minutes)
- 3. NOEMA Epi Data Presentation** (25 minutes)
- 4. Priority Setting Tool** –*see separate attachment* (5 minutes)

5. Data Review

*****Brief breaks may be taken as needed at Chair's discretion*****

- A. Supportive Services (30 minutes) (overview of select services)
 - Emergency Financial Assistance
 - Food Bank
 - Health Education/Risk Reduction/Treatment Adherence Counseling
 - Home Delivered Meals
 - Housing Assistance
 - Professional Services (i.e. Legal)
 - Medical Transportation Services
 - Non-medical Case Management
 - Outreach Services
 - Psychosocial Support Services
 - Referral for Health Care/Supportive Services
 - Other Fundable Supportive Services
- B. Core Medical Services (40 minutes) (overview of select services)
 - Ambulatory/Outpatient Medical Care
 - Louisiana Drug Assistance Program
 - Local Pharmacy Assistance Program
 - Early Intervention Services
 - Health Insurance Assistance
 - Home Health Care
 - Medical Case Management
 - Medical Nutrition Therapy
 - Mental Health Services
 - Oral Health Care
 - Substance Abuse Treatment Services - Outpatient
 - Other Fundable Core Services

- 6. Community Input**--Questions/Comments/Suggestions (5 minutes)
- 7. Further Details on Next Steps** (5 minutes)
- 8. Adjourn**

After attending the Mandatory Data Review, if you still feel you could benefit from more support with the data, please RSVP with staff.

Priority Setting Session Agenda

Wednesday, July 22, 2020 5:07 PM – 7:00 PM (Supportive Services)

Thursday, July 23, 2020 5:04 PM – 7:00 PM (Supportive Services Continued)

Saturday, July 25, 2020 10:05 AM – 1:00 PM (Core Medical Services and Final Vote)

1. **Welcome & Introductions** (5 minutes) **(All Sessions)**
2. **Orientation Review** (10 minutes) **(All Sessions)**
3. **Priority Setting Tool Review** (10 minutes) **(All Sessions)**
4. **Brief Overview of Data Review** (20 minutes) **(All Sessions)**
5. **Priority Setting Work**
 - A. Supportive Services (90 minutes) **(Wednesday and Thursday)**
 - B. Core Medical Services (90 minutes) **(Saturday)**
6. **Overall Priority Review** (15 minutes) **(Saturday)**
7. **Discussion of Group Priorities** (40 minutes) **(Saturday)**
8. **Community Input** (10 minutes) **(All Sessions)**
9. **Group Vote on Priorities** (5 minutes) **(Saturday)**
10. **Council Vote on Priorities** (5 minutes) **(Saturday)**
11. **Next Steps (Directives & RASS)** (3 minutes) **(Saturday)**
12. **Evaluation** (2 minutes) **(Saturday)**
13. **Adjourn**

Orientation

The New Orleans Regional AIDS Planning Council (NORAPC) Mission: To develop and maintain a comprehensive system of care for Persons Living with HIV/AIDS (PLWH) in the Eligible Metropolitan Area (EMA) that is accessible, responsive, culturally sensitive and of the highest quality to ensure all PLWH live with dignity.

Comprehensive Plan - Vision: ...a high quality comprehensive coordinated HIV care system to promote improved overall health outcomes, through a care system devoid of stigma and discrimination, free from fragmentation, consistent with client empowerment and choices, treatment guidelines, and availability and access for all, ultimately resulting in fewer new infections in the New Orleans area.

Fast Track Cities & Ending the Epidemic – Strategies: 1) routine HIV screenings in emergency room settings and community-based venues; 2) enhanced coordinated and centralized linkage; 3) enhanced access to seamless provision of ART; 4) essential support services (i.e. Housing, Housing Case Management, Transportation and Employment); 5) Targeted Marketing Campaign and Undetectable = Untransmittable (U=U).

Ground Rules (for virtual planning spaces)

- Place yourself on Mute when you are not speaking. See also Zoom tip sheet.
- Adhere to established time limits. Respect the facilitator when it is time to move on.
- Give your full attention to presenters and avoid distractions.
- Maintain respect at all times for the opinions and knowledge of others.
- Base decisions only on the data provided.
- Take care of yourself.

NOTE: Dialogue in a virtual meeting space is different than in person meetings. Please remember to be cordial, ask questions to get the information you need, help yourself and others stay focused on the discussion and follow all protocols and rules.

Voting Rules

- **Council Members:** Planning Council members must attend the mandatory data review session and the decision-making session to vote. There will be multiple data review sessions and participants can attend multiple times. To be eligible to vote, you need only attend data review at least once. When voting on individual service categories, members must abstain if they have a conflict of interest in the category being voted on. When voting as a full slate (all categories), all members may vote with the Chair's permission. The Chair retains the right to apply conflict of interest rules when voting as a full slate if necessary. NORAPC members only will be polled for the final vote.
- **Community Partners/Guests:** The input of non-members will be valued throughout the sessions. NORAPC strives for an inclusionary, participatory decision-making process. Groups should include the input of non-members when determining scores for service categories (while applying conflict of interest, data review and registration rules). Chairs will seek input from everyone present prior to taking the official final vote. Consensus building may be achieved by a show of hands or as the Chair deems appropriate. The hope is all who participate will feel comfortable with council members' final vote.
- **Consensus building approach** will be used in the process of setting priorities when averaging the scores of the small group work, should small groups be necessary. For example, if category A and category B result in the same score (after averaging small group scores), the large group will consider the data. Citing the data justification, a member will make a motion that one category should be ranked higher than the other. If the motion is seconded, a brief discussion shall ensue. Conflict of interest applies to tie-breaker votes between two categories. The Chair will take a vote. Group

consensus shall be sought. Council members' votes will make the final determination if group consensus is not possible.

- **Prioritization means** the group should not prioritize more than 25 services. The committee may vote on how many services to prioritize; they can prioritize fewer than 25 services. Categories must be prioritized in order to receive funding.

Planning Committee Composition/Conflict of Interest

- The committee composition should reflect the demographics of the epidemic as closely as possible. Strong participation of people living with HIV (PLWH) is especially desired.
- Complete, sign & return your conflict of interest form.
- Please state your conflict of interest, if applicable, before participating in discussions. If you are not sure, please ask.
- You must not vote in areas where you have a direct conflict of interest (unless voting as a full slate when explicitly permitted).
- Direct your comments to service categories and not specific agencies.

HIV/AIDS Bureau Expectations of Planning Council Responsibilities

- To set service priorities, determining how best to meet those priorities, and allocating resources.
- To link needs assessment data and integrated planning so the council has the information to make decisions about service priorities and use of resources.
- At least 75 percent of service dollars must be allocated to core medical services. This requirement needs to be factored into the priority setting process.
- Establish priorities for the allocation of funds within the eligible area, including how best to meet each priority and additional factors to be considered in allocating funds based on the:
 - o Needs Assessment Findings
 - o Information about the most successful and economical ways of providing services
 - o Actual cost and utilization data
 - o Priorities of people living with HIV who will use the services
 - o Use of RWHAP Part A funds to work well with other services like HIV prevention and substance abuse treatment services, and within the changing healthcare landscape
 - o The amount of funds provided by other sources like Medicaid, Medicare, state and local government, and private funders, as well as Ending the Epidemic resources. Ryan White HIV/AIDS Program (RWHAP) is the payor of last resort and should not pay for services that can be provided with other funding
- To determine the size and demographics of the estimated population of individuals who are **unaware** of their HIV status and to develop a strategy for identifying those with HIV who do not know their status, make them aware of their status, and refer them into care.

Capacity Development

- To focus efforts to reduce disparities in availability and quality of HIV treatment.
- To place special emphasis on identifying and responding to unmet need/service gaps of PLWH from underserved geographic communities and people who know they have HIV but are not in care.

Directives are instructions to the recipient, the Office of Health Policy and AIDS Funding (OHP) regarding **how best to meet specific service priorities** established by the Council. Directives guide the recipient in ensuring priorities and allocations meet **identified PLWH needs**

Directives typically focus on:

- **Service models or strategies** to be tested or implemented widely
- **PLWH population groups** that need special attention
- **Geographic areas** where access to services needs to improve
- **Specific barriers to care** that need to be overcome

Factors to Consider in Developing Directives:

- Provide a limited number of carefully thought-out directives
- Base directives on data – key findings on unmet need, needs assessment data, and service utilization data
- Identify and consider possible directives throughout the year, as part of your ongoing efforts to improve the continuum of care
- Refer to but don't repeat requirements in the Service Standards
- Use plain, direct language
- Ensure directives do not prevent or interfere with an open procurement process

How are Directives implemented? By OHP through:

Procurement and contracting, such as new requirements (or new funds) in the Request for Proposals and/or contract;

Program monitoring to ensure directive-related contract requirements are met;

Quality management (QM) to assess quality of services and client satisfaction with services related to Directives.

Criteria for Sound Directives... Be sure Directives are:

Needed - to ensure quality care

Clear and specific – easy to understand

Results-focused – designed to achieve something specific

Feasible – can be implemented with existing resources and capacity

Flexible in terms of mechanisms – recipient has implementation options

Measurable – Planning Council will be able to determine success

Examples of Directives

1. Use of a specific service model or strategy:

Outreach and Early Intervention Services providers must employ PLWH as community health workers to serve as ongoing members of their service teams.

2. Population targeting:

At least one substance abuse treatment provider must offer services appropriate for and accessible to women, including pregnant women or women with small children.

3. Geographic targeting:

Ryan White-funded HIV-related primary care services must be available within each parish in the EMA, either through facilities located in the parish or through other methods such as use of mobile vans, rotation of personnel, and/or telemedicine.

4. Reducing barriers to care:

Every funded ambulatory health care provider and medical case management provider must offer evening/weekend hours at least one day/evening each month.

SAMPLE DIRECTIVE:

Population:

- Youth Retention in Care – PLWH Population Group

Goals:

- Improve health outcomes of PLWH between ages 15-29 by improving retention in care.
 - Implement QIC Project focusing on youth retention in care
 - Identify barriers to care

Directive:

- OHP should coordinate with providers who offer Case Management services to conduct a Gap in Care initiative specifically targeting youth 15-29. This Gap in Care effort should be conducted as a QIC project.

Performance Measure:

- Youth retention in care and viral suppression, as measured by State Surveillance, will surpass average retention and viral suppression numbers by February 28th, 2019.

Media Consent Form

I authorize NORAPC and/or OHP to use representations of me and / or my contribution to the Planning Council for the purpose of publication or public broadcast or for any other related uses:

	Yes	NO
Photograph	_____	_____

I understand my contribution may be posted on the web site or social media sites and the sites of other partners.

I hereby release NORAPC from any and all claims for payments or any form of compensation relating to any such public broadcast or other use.

Signature of Participant

Print Name

E-Mail Address



**Conflict of Interest and Affiliation Disclosure Form
FY 2020**

The New Orleans Regional AIDS Planning Council, in Article X: Conflict of Interest, Section 11.3, of the NORAPC Bylaws, defines Conflict of Interest as: Within the last three (3) months, having a financial interest in, serving as a board member, being employed by, having been employed by, or having a contract or agreement with, an organization, partnership or any other entity, whether public or private, that receives Ryan White Part A funds. These provisions extend to direct ascendants and descendants, siblings, spouses and domestic partners of NORAPC members and non-NORAPC Committee members.

As defined above, do you have a Conflict of Interest? Yes No

If yes, please describe: _____

Affiliation Disclosure

Please check the entities with which you (or your ascendants, descendants, siblings, spouses or domestic partners) have been professionally affiliated with in the past three months (**DO NOT CHECK AGENCIES WHERE YOU VOLUNTEER OR ARE A CLIENT**):

- Access Health
- Crescent Care (including AIDS Law, FACES & NO/AIDS Task Force programs)
- Concerned Citizens for a Better Algiers (Home Again)
- Frontline Legal Services
- Priority Health Care, Inc.
- Project Lazarus
- Southeast Louisiana Area Health Education Center (SELA AHEC)
- St. Thomas Community Health Center
- Tulane Community Health Center (Tulane Total Health Clinic)
- University Medical Center (HOP Clinic)

All members are expected to assist in keeping the Planning Council focused on directing funds to meet the needs of individuals affected by the HIV epidemic in the New Orleans EMA. Regardless of the extent to which the Planning Council strives to make policy or prescribe solutions to the conflict of interest challenge, personal responsibility of individual Planning Council members plays a central role in how successfully it is managed.

Signature: _____ Date: _____

Evaluation Form: Data Review

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The quality of the meeting was excellent.	1	2	3	4	5
2. The meeting format was appropriate.	1	2	3	4	5
3. The data presented was relevant.	1	2	3	4	5
4. The presentation of data was user-friendly.	1	2	3	4	5
5. The amount of data for the meeting was appropriate.	1	2	3	4	5
6. The meeting environment was welcoming.	1	2	3	4	5
7. The meeting environment encouraged input.	1	2	3	4	5
8. The meeting was efficiently facilitated and ran smoothly.	1	2	3	4	5
9. The meeting was productive.	1	2	3	4	5
10. What were the most positive aspects of the meeting?					
11. What needs improvement? If you marked 1=Strongly Disagree or 2=Disagree above, what suggestions do you have?					
12. ADDITIONAL COMMENTS:					

Evaluation Form: Priority Setting Session

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The quality of the meeting was excellent.	1	2	3	4	5
2. The meeting format was appropriate.	1	2	3	4	5
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12. ADDITIONAL COMMENTS:					