

**GREATER HAMPTON ROADS HIV HEALTH SERVICES
PLANNING COUNCIL
Priorities, Allocations & Policies Committee Minutes
Norfolk Department of Human Services
Thursday, September 27, 2018 – 3:00 p.m.**

Call to Order: The meeting was called to order at 3:05 p.m.

Roll Call:

The following members were in attendance:

Present:

Jerome Cuffee
Ashley Brown
Rachael Artise

Lisa P. Laurier
Deryk M. Jackson

Absent Members:

Devon White
Gwendolyn Ellis-Wilson

Staff in attendance:

Jacquelyne Wiggins-Grantee Staff
Thomas Schucker-PC Support
Teresa-PC Support Staff

Christine Carroll-Grantee Staff
Michael Koran-PC Support
Robert Hargett-Grantee Staff

Moment of Silent Reflection:

A moment of silence and reflection was observed for those infected and affected by HIV and AIDS.

Reading and approval of the Minutes:

After review of the minutes, a motion was approved to accept the minutes as written.

Reports of Officers, Boards, Standing Committees:

Grantee's Report:

- Review Expenditures by Service Category: The committee reviewed the Expenditure Summary Report for the period ending July 31, 2018 dated September 10, 2018. The target expenditure rate was 42%. Overall, the TGA expenditures were at 36%. It was noted that, overall, the TGA has fallen behind by 6% from July. The Service Providers are utilizing their Program Income. Therefore, the actual Ryan White expenditures are going to be lower than if there was no Program Income. The review of the Expenditure Summary Report indicated that some services are over the target expenditure rate:
 - Medical Case Management at 42%
 - Early Intervention Services at 45%
 - Food Bank/Home Delivered Meals at 52%. An additional \$1,500 was reallocated to the Service Category from the Grantee's budget.
 - Non-Medical Case Management at 43%

Review Reallocation Requests from Grantee: The Grantee's Office made some reallocation recommendations from the under-spending services to the over-spending services, for the committee's consideration:

- Reallocation Recommendations:

From:	Amount	To:	Amount:
Drug Reimbursement	-\$8,182	NMCM	\$17,511
HIPCSA	-\$9,329	NMCM	\$18,687
Mental Health	-\$18,687	Food Bank	\$19,000
Mental Health	<u>-\$19,000</u>		
	-\$55,198		<u>\$55,198</u>

Based on the current expenditure trends, the Grantee’s Office did not think that removing any dollars from these service categories will affect service delivery.

After discussion, a motion was moved by Deryk and properly seconded by Jerome to accept the recommendations as presented. The motion passed.

- Compile Carryover Request Supporting Documentation: There was no Carryover Request from the Grantee’s Office.

Special Orders:

Election of new Committee’s Co-Chair: It was brought to the committee’s attention that they need a new Co-Chair. Rachael who was the committee’s Co-Chair was elected Co-Chair of the Planning Council and, therefore, cannot chair the Priorities, Allocations and Policies Committee. A motion was moved by Jerome and properly seconded by Ashley to accept Deryk as the as the committee’s new Co-Chair. The motion passed.

October 25th Meeting: The committee agreed to meet in October, only if the Grantee Staff has new recommendation/s for reallocations. However, the committee will not meet in the months of November and December due to the Holidays. In this regard, the next meeting will be on January 31, 2019. Support Staff will, therefore, keep up with the Recipient’s Office to see if they have allocations to present to the committee in October.

Old Business:

- PSRA-Review Priority Setting and Resource Allocations Report: In January, the committee will start looking at the PSRA Process. The committee was advised to review the pages at the back of the Planning Council Primer, which has an outline of duties, specific to the Planning Council/Recipient/CEO. Support Staff will realign the activities of the Planning Council P-CAT to match the Planning Council Primer activities. The Committee should start looking at schedules for next year and start updating the Priority Setting and Resource Allocations Process; which has now been streamlined enough, and has thus, left the Council with enough time at the PSRA Session to consider some filler, like conducting some trainings.
- PSRA-Evaluate Priority Setting and Resource Allocations Process
- Compile Unresolved Issues in Parking Lot

New Business:

The committee discussed concerns regarding the low expenditure in the Primary Medical Care service category. The committee felt that this will only be compounded with Medicaid Expansion, effective, in the State of Virginia, on January 1, 2019. The Planning Council should look at some other Service Category or come up with recommendations of how to spend the surplus funds. Recommendations included:

- Transitional Emergency Housing: This is not funded by HOPWA or HUD under their housing program. Support Staff will submit Standards of Care from other jurisdictions, for review by the Quality Improvement & Strategic Planning Committee.
- Review the current recommendation to increase the Federal Poverty Level from the current 400% to 500%.
- Increasing the funding for Food Bank/Home Delivered Meals. There is, currently, no stipulation on it.
- Investigate the idea of using the service, Uber Health, which will eliminate the need for staff and vehicles.
- Review the idea of setting up a tele-mental health. However, this is a sub-recipient-based process.
- Investigate the idea of having a *Positive Links* App. This is a cell phone app which connects people to care services. Clients can also check their medical records, etc... There is also an anonymous communication board where people can leave notes, and there is a full-time individual to monitor the system. That individual responds to questions left on the board. This helps people with adherence and keeping up with appointments. The process is funded under *Adherence*. If the committee is interested in exploring this process further, Lisa volunteered to get someone from UVA to come and make a presentation.
- One issue which was under discussion was for the Planning Council, to get a comprehensive list of infectious disease and ID Providers within the TGA and send out flyers to those organizations asking if they have patients that have problems paying their medical co-payments. If they do, to advise them to contact one of the listed organizations.

When doing the supplemental Needs Assessment, the Quality Improvement & Strategic Planning Committee should look and determine how many people have come into the Norfolk TGA, newly enrolled into the CAREWare system, but are not part of the formula award. This is because while the incidence is going down, there is no count of people coming in who were tested in other jurisdictions.

Unfinished Business and General Orders:

There was no unfinished business to discuss.

Next Meeting Date:

The next meeting will be on Thursday, January 31st, at 3:00 p.m.

Adjournment:

With no further business to discuss, a motion was accepted to adjourn the meeting.

Respectfully submitted,

Lisa P. Laurier – Co-Chair