

**GREATER HAMPTON ROADS HIV HEALTH SERVICES  
PLANNING COUNCIL  
Priorities, Allocations & Policies Committee Minutes  
Norfolk Department of Human Services  
Thursday, June 29, 2017 – 2:30 p.m.**

**Call to Order:** The meeting was called to order at 3:00 p.m.

**Roll Call:**

The roll was called, and the following members were in attendance:

**Committee Members:**

Lisa P. Laurier	Rachael Artise
Gwendolyn Ellis-Wilson	Kanendra Nwajei
Ashley Veal	Deryk M. Jackson

**Staff in attendance:**

Christine Carroll-Grantee Staff	Robert Hargett-Grantee Staff
Jacquelyne Wiggins-Grantee Staff	Thomas C.M. Schucker-PC Support
Teresa-PC Support Staff	

Doris McNeill, Chair of the Quality Improvement & Strategic Planning Committee, attended the meeting to coordinate data provision on outcomes to the Priorities, Allocations and Policies Committee for the upcoming Priority Setting and Resource Allocations Process in July.

**Absent Members:**

Jerome Cuffee

**Moment of Silent Reflection:**

A moment of silence was observed for people who are infected and affected by HIV and AIDS.

**Review of Minutes:**

The committee reviewed minutes from the last meeting. After review, a motion was moved by Rachael and properly seconded by Deryk to approve the minutes as written. The motion passed.

However, it was noted that even if the minutes were approved as written, there was a correction to the question which was raised at the April meeting regarding Part A asking for funding from VDH versus asking the City for money. The Grantee stated that:

- *Ryan White Norfolk Part A Program Manager talked with the City Attorney regarding this issue. The City Attorney indicated that the City could not assist this year, but that there was a possibility that they could help bridge the gap next year, because they too have recognized the trend where HRSA has, in the past two/three years, been giving Part A partial awards, representing four to six months of providing services. If implemented, Part A can, in this regard, have the full award and the City can get back its money when funds are awarded from HRSA.*

The Grantee discussed the process of requesting such funding.

## **Review the P-CAT:**

The committee reviewed the P-CAT. For the June meeting, the committee's agenda included the following:

- **Grantee's Reports:**
  - Review Expenditures by Service Category
  - Review Support Budget
- **Old business**
  - Review framework for PSRA (including Directives)
  - Compile unresolved issues in parking lot

## **Grantee's Reports:**

*Review Expenditures by Service Category:* The committee reviewed the Expenditure Summary Report for the period ending April 30, 2017 dated June 8, 2017. For this period, the target rate is 33%. It was noted that some services were expending low. Medication co-payments was at 6%. It was, however, noted that the Medication Co-Pays service category typically starts low at the beginning of the year and then picks up. It has been requested, therefore, that even if the service category has a slow start, the Planning Council should not mark the allocated dollars in that category for potential reallocation because they will be needed later in the year.

Some services that were close to the target expenditure are:

- Drug Reimbursement at 31%
- Case Management (Non-Medical) at 32%
- Early Intervention Services (MAI) at 33%.

Overall, the TGA was at 26% expenditure. When the full award is received, most likely by June 30<sup>th</sup>, the dollars will supplement the funding in the pool. Meanwhile, at the Provider meeting, the Grantee advised contractors not to reduce staffing or services, in order to avoid a carryover at the end of the year.

*Planning Council Support Budget:* Last month the Grantee did not present an update of the Support Budget. However, some costs have since been accumulated. For the first six months of the year, the Planning Council Support budget had a total of \$86,970.00. It is anticipated that not much will change, financially, in the next six months. Nonetheless, the Grantee's Office will ensure that the Planning Council has adequate resources to operate with. The target expenditure rate was at 33% and overall, the Planning Council budget is on target at 31%.

It was noted that jurisdictions have received their scores. The Norfolk TGA scored 94% this year on the grant application. Last year's score was 96%. The committee reviewed the TGA's strengths and weaknesses. However, a TGA's/EMA's score, does not have a bearing on the final award.

## **Old Business:**

*Review Framework for PSRA (including Directives):* Support Staff are still working on collection of data. And all data will be reviewed at the PSRA Data Session. Part A are still finishing off their FFR (Final Financial Report), once that has been verified and

cleared, the report will be submitted to Support Staff. Part B are finalizing theirs, and Part C are also finalizing theirs. The Support Staff received the MAI data. Grantee Staff made corrections to those numbers that were *unknowns*. They are, therefore, no longer unknowns. That data will be given back to Support Staff. EVMS/AIDS Resource Center have already submitted theirs. Directives will not be reviewed during the PSRA Session or immediately after because there is still more work to be done; that is, how this year will turn out, and what the final award will be. Directives will be done around December/January/February. The Executive Committee will review the Assessment of the Administrative Mechanism tool at the meeting scheduled for June 29 at 4:00 p.m.

Norfolk TGA Part A Bylaws: The committee reviewed the minor changes/corrections that were made by the City Attorney's Office to the proposed Bylaws amendments. She, however, approved the Attendance Policy. After the corrections, have been done, the document will be sent back to the City Attorney's Office. Once approved, the Planning Council and Sub-Committees will have Co-Chairs in place. This system helps groom people for leadership of the Planning Council/Sub-Committees.

### **New Business:**

The committee did not have new business on the agenda. However, the Quality Improvement & Strategic Planning Committee Chair, who attended the Priorities, Allocations and Policies Committee meeting, presented the following report:

Coordinate Data Provision on Outcomes to the Priorities, Allocations and Policies Committee for the Priority Setting and Resource Allocations Process: Copies of the recommendations for the upcoming PSRA Session were distributed to the Priorities, Allocations and Policies Committee for review. Doris noted that the focus of the study was to determine why those diagnosed with HIV fall out of care, or do not even seek care.

A review of the report indicates that the number of those lost to care increased from 227 people in 2015 to 254 in 2016. Out of the 254 people, there were 40 unknowns. However, the "unknowns" issue has now been resolved by the Grantee Staff.

Based on the findings from the most recent Needs Assessment and the work done in the past with respect to those in and out of care, the reasons why people fall out of care or do not even seek care are:

- 71%: Education of the disease and treatment options at a personal level
- 29%: Education and access of services available to those diagnosed as HIV+
- 48%: Cost or perception of treatment and methods of payment for medical services and drugs
- 62%: Lack of social support
- 21%: Mental health issues that may cloud reality to the extent it affects engagement into treatment plans
- 37% Lack of shelter (homelessness)

Fixing this problem should be done at point of entry level. Somehow people are being lost at the beginning. Emphasis should be placed at point of entry level from get-go to ensure that people get the support services they need. This is a point of entry that, if successfully executed, will lead to better health outcomes for many who need additional support to engage and remain engaged in any treatment plan. The Program should make sure that the Care Navigators/EIS Specialists have the tools they need, that they are trained properly and that they are running the program the way they should.

For the upcoming program year 2018-2019, the Quality Improvement & Strategic Planning Committee would like to review the grant program in place, compare it to some

other programs around the nation that are having better outcomes and start tweaking that program.

Recommendations from the Quality Improvement & Strategic Planning Committee, therefore, are:

- Funding levels for Care Navigators/EIS Category to remain level for the upcoming grant year. Cuts to this category might affect points of entry. Next year, the committee will start looking at the program and tweaking it for better outcomes.
- All core services be funded at this year's level funding.

The Quality Improvement & Strategic Planning Committee Chair was requested to present the paper again at the PSRA Data Session.

### **Other Business/Announcements:**

It was brought to the committee's attention that even if the minutes were approved as written, at the start of the meeting, there was a correction to the question arising from the April meeting in which a member wanted to know if it would be possible for Part A to ask for funding from VDH in order to bridge the gap until the final funding was received, versus asking the City for funds in order to continue providing the much-needed services. In her response, the Grantee stated as follows:

- *She talked with the City Attorney who indicated that the City could not do it this year, but that there was a possibility that they could help bridge the gap next year, because they too have recognized the trend where HRSA has, in the past two/three years, been giving Part A partial awards, representing four to six months of providing services. If implemented, Part A can, in this regard, have the full award and the City can get back its money when funds are awarded from HRSA.*

Support Staff discussed the suggestion by HRSA Project Officers this year; for jurisdictions to choose to select either 1% increase, but no more than 5% increase from level funding. The reason for this suggestion is because HRSA does not want jurisdictions sending wish lists that might create problems for jurisdictions after the full funding is finally received.

Support Staff made a brief presentation of the PRSA process using the data request to the Grantee related to the number of unduplicated client count by service category who touched Ryan White Services in 2013, 2014 and 2015. A look at trends, indicate that the numbers seem to be trending up. Support Staff noted that the Council has data of the amounts spent since 2008. Outpatient Ambulatory Medical Services, however, is trending down because of the Affordable Care Act. The Council was cautioned not to slush a lot of money from the Outpatient Ambulatory Medical Services Service Category because of the uncertainty of the Affordable Care Act's future, which might affect Ryan White clients.

Minority AIDS Support Services tested about 25 individuals through Wall Greens.

Minority AIDS Support Services will hold a fundraising event at Portside next to the Renaissance Hotel. There will be a free music and lots of fun.

### **Unresolved Issues in Parking Lot:**

The committee did not have unresolved issues in the parking lot.

**Adjournment/Next Meeting:** With no further business to discuss, it was moved and properly seconded to adjourn the meeting. Motion passed. The next meeting will be Thursday, August 31<sup>st</sup>, at 3:00 p.m.

Respectfully submitted,

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Lisa P. Laurier – Co-Committee Chair