

**GREATER HAMPTON ROADS HIV HEALTH SERVICES  
PLANNING COUNCIL  
Priorities, Allocations & Policies Committee Minutes  
Norfolk Department of Human Services  
Thursday, May 26, 2016 – 2:00-3:30 p.m.**

**Call to Order:** The meeting was called to order at 2:00 p.m.

**Roll Call:**

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

**Committee Members:**

Jerome Cuffee  
Kanedra Nwajei  
Kimberly Sparrow  
Katrina Fontenla

André B. Christian  
Gwendolyn Ellis-Wilson  
Devilna George

**Staff members in attendance:**

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

Robert Hargett-Grantee Staff  
Jeff Daniel-PC Support  
Teresa-PC Support Staff

**Excused Members:**

Anthony Ruffin  
Lisa P. Laurier

**Absent Members:**

Gloria Anderson

**Introduction of Visitors:**

The following visitors introduced themselves:

- Ms. Ashley Veal from Minority AIDS Support Services, Inc.

**Moment of Silent Reflection:**

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

**Review of Minutes from Last Meeting:**

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

**Review of P-CAT:**

The committee reviewed the P-CAT. For the May meeting, the committee's agenda was as follows:

- Identify Datasets/needs for PSRA and Coordinate with other committees to facilitate the exchange of information
- Review Framework for PSRA (including Directives)

**Grantee's Report:**

- Review Expenditures by Service Category.
- Review Support Budget

## Old Business:

Identify Datasets/needs for PSRA and Coordinate with other committees to facilitate the exchange of information: Copies of the insert which was used for the Grant Application to explain the 2015 Priority Setting and Resource Allocations Process-Norfolk TGA were distributed to committee members for review.

For the 2015 Priority Setting Process-Norfolk TGA, the Planning Council used the following:

- **Data Sets:**
  - 2013 In Care Needs Assessment Data
  - 2013 Needs Assessment Data (Newly diagnosed and Out of Care)
  - 2013 Quality Improvement Data
  - 2013 Treatment Cascade for the Norfolk TGA

These were the data sets the Planning Council used to set the 2015 Priorities.

- **Comprehensive Plan Goals/Treatment Cascade:**
  - The Planning Council linked 2015 Priorities to goals as outlined in the TGA's 2012-2015 Comprehensive Plan and aligned with the TGA's Treatment Cascade with the goal of viral suppression. It was noted that the 2020 Plan is ultimately viral suppression.
- **Recommendation:**
  - The recommendation was for the Planning Council to weigh each data source based on relevance and approve the 2015 Service Category Priorities.

The Data Sets reviewed by the Planning Council to do the Resource Allocations were as follows:

- Unduplicated client counts (Ryan White Part A only) by service category for a three year period
- 2013 unit cost by service category
- Average Cost per Client based on 2013 Unit Cost
- Other Funding Sources (Ryan White Parts B, C, D, F, SPNS; HOPWA, SAMHSA, State of Virginia Medicaid) by service category. It was noted that Ryan White Part A is the payer of the last resort.

The Planning Council looked at how this reflects the funding sources.

- **Resource Allocation Components:**

The Planning Council utilized a "zero rate build" to determine the Resource Allocation for FY 2015 focusing on the following four components:

  - PLWH/A currently in the Ryan White Part A care system
  - PLWH/A that are newly diagnosed that will enter the Ryan White Part A Program (utilizing the TGA's Epidemiological data)

These two will be the highest client count for the past three years; that is, what the TGA is currently serving plus the newly diagnosed.

- Out of Care Individuals the TGA wants to bring back into care (based on the TGA's Unmet Need Framework/Estimate-Attachment 6)
- Unaware individuals who do not know their HIV status, identifying them, testing them and linking them to appropriate medical care (this will occur through the Early Intervention Services category). EIIHA

The Planning Council set a goal of bringing 7% Out of Care into care. Additionally, the committee set a goal of identifying 5% of the HIV positive and unaware individuals and linking them to care. Funds were allocated for each

prioritized needed service. The committee also reviewed a sample Expenditure Summary Report at percentages that were set by the Planning Council at the last Priority Setting and Resource Allocations Session. Support Staff discussed the Grant Application Score for the grant year. Every Part A TGA and/or EMA gets the Objective Review Committee Review document. The review notes each TGA and EMA's strengths and weaknesses in various areas and gets scored on those basis.

Included in the data sets discussion, the committee reviewed the Consumer Survey which was administered to consumers last year and was used in the Priority Setting and Resource Allocations Process and ranked at 3. In order to be consistent, the committee agreed to use the same survey this year for the PSRA Session. The survey will be administered at the Community Access Committee Town Hall Forum on the Peninsula, and by Ryan White Providers' assistance. Support Staff will make the recommended amendments to the survey tool.

### **Grantee's Report:**

- Review Expenditures by Service Category: The Grantee presented the expenditure Summary Report for the period ending April 30, 2016 dated May 23, 2016. The TGA received the second award, and the Grantee noted that there was a reduction of, approximately, \$69,000.00 from the last award. The committee reviewed the GY2016 Resource Allocations by Service Category, in relation to the Expenditure Summary Report because some allocations will have to change. The target was at 25%. However, some service expenditures are already high, such as:
  - Primary Medical Care at 24%
  - Oral/Dental Health Services at 27%
  - Substance Abuse Treatment Services (Outpatient) at 32%
  - Medical Case Management at 31%
  - EFA – Housing Assistance at 33%
- The following services were expending below the expenditure target level:
  - Drug Reimbursement at 16%
  - Health Insurance Premium & Cost Sharing Assistance (HIPCSA) at 3%
  - Medication Co-Pay at 4%
  - Mental Health Services at 8%
  - EFA – Utilities at 19%
  - Non-Medical Case Management at 17%

Overall, the TGA is at 23%. At the next committee meeting, the Grantee will present recommendations to eliminate funding in some of the low-spending categories and put the funds in the over-spending services. After an extensive discussion regarding how to utilize all the allocated funds, the committee agreed to have better plans going into the PSRA Session and creative ideas about the allocation of funds. With regard to the Planning Council's request for additional Ryan White Providers, the Grantee stated that the Council has to take into consideration the existing Providers and what services they offer. That is, if the Council wants to expand the number of providers in a category, the Council has to be put more in that service category.

- Review Support Budget: The committee reviewed the Support Budget which shows what has been allocated for the Planning Council Support for the partial funding in the corresponding expenditures. The Grantee Staff noted that Planning Council Support is part of Grantee Administration. In this regard, because the TGA got a reduction in award, the committee will be looking closely

to ensure that all the Planning Council's identified needs can be accommodated within the total 10% that was allocated for Grantee Administration. A more realistic FY 2016 Support Budget will be presented to the committee at the June committee meeting.

**Other Business:** There was no other business to discuss.

**Adjournment/Next Meeting:** With no further business to discuss, it was moved by Gwendolyn and properly seconded by Kanedra to adjourn the meeting. Motion passed. The next meeting will be Thursday, June 30<sup>th</sup>, at 2:00 p.m.

Respectfully submitted,

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Jerome Cuffee – Interim Committee Chair