

Ashley D.D. Brown – Co-Chair

Executive Committee Monthly Meeting

MEETING MINUTES

Thursday, April 24, 2025 - 3:30–5:00 pm

Meeting via Zoom Teleconference

ATTENDANCE

Members	Present	Absent	Recipient Representatives	Present	Absent
Meyoni Beale	P		Jerome Cuffee	P	
Jonathan Albright-Williams		A	Marsha Butler	P	
Ashley D.D. Brown	P				
Shay Tucker	P				
PC Support Staff					
Deryk M. Jackson	P				
Teresa Malilwe	P				
Guest/s:					
Dr. Susan Girois – Director – Norfolk Department of Public Health					

AGENDA

April	
Item	Discussion, Motions, and Actions
(1.0) <u>Call to Order and Roll Call</u>	The Executive Committee virtual meeting for the Greater Hampton Roads HIV Health Services Planning Council, held via Zoom on Thursday, April 24, 2025, was officially called to order at 3:35 p.m.
(2.0) <u>Welcome and Introduction of Guests</u>	There were no guests at the meeting.
(3.0) <u>Moment of Silent Reflection</u>	A moment of silence and reflection was observed, for those deceased and those living who are infected with and affected by HIV or advanced HIV.
(4.0) <u>Confirmation of Notice of Meeting Posting</u>	One response was received to the Notice of meeting. The notice of meeting was also posted on the Norfolk TGA website: www.ghrplanningcouncil.org
(5.0) <u>Approval of Minutes of the Previous Meeting</u>	A motion was moved by Meyoni and seconded by Ashley to approve the minutes as written. The motion passed.
(6.0) <u>Business Items</u> <u>Receive Reports of Standing Committees:</u>	Community Access Committee:

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	<p>The committee met on April 23rd. The first call of business was to elect another committee's Co-Chair. Shay Tucker was unanimously elected Co-Chair of the committee.</p> <p>The committee discussed the kind of events that they would like to have this year, including:</p> <ul style="list-style-type: none"> • A Community Cookout: Tentatively scheduled for either Saturday, September 20th or 27th. Support Staff will assist with arrangements for the venue at a park in Norfolk. The Committee's Co-Chairs will meet with the Fiscal Officer in the Recipient's Office to talk about availability of funds for this purpose. • Movie Night: After some research of movies related to HIV by Lynea, the committee agreed to look at short movies that are inclusive of the diverse HIV population. One of the movies they agreed to watch was made by women who want to end HIV/AIDS called: Nothing Without Us. • The committee also agreed to include another small movie which is inclusive of the different aspects of HIV population, called 90 Days The committee is looking at sourcing two more short movies based on HIV, which should cover everyone within the HIV diverse population. <p>The committee is looking at hosting the movies at a theatre, such as the Naro theatre.</p> <p>The committee also discussed the glitches in the food voucher program. At the next committee meeting, the participants will further discuss the issue in order to get a better understanding of the process.</p> <p>Strategic Planning/Assessment (SPA) Committee: The Ad Hoc SPA Committee met on Wednesday, April 23rd to discuss the Triennial Needs Assessment. Dr. Girois stated that the committee aims to get 300 respondents. There were only 100 respondents for the last Needs Assessment. The idea is to target areas or groups where high-risk people living with HIV are, such as Support Groups, Providers treating HIV individuals. There was also emphasis on seniors living with HIV, wherein the involvement by the Community Access Committee.</p> <p>Tyler will be working with the City's Civic Lab. The Civic Lab is an agency embedded in the City. This process will, therefore, not cost anything. The Civic Lab employees have a lot of expertise on survey design as well as analysis of data.</p>

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(7.o) <u>Program Updates and Collaboration with the Recipient's Office</u>	<p>The committee talked about the format and/or the type of questions to include on the survey. The committee would like to have the survey tool ready by June to make sure that it is ready for the Pridefest. There are also other groups that should be targeted. The committee has set a timeline of six months, however, starting with three months to see how many people respond. If the target is not met in the first three months, it will then be opened up for another three months. There was also talk about how to avoid duplication by respondents.</p>
	<p>Dr. Girois reiterated the importance of the discussion by the Community Access Committee regarding the challenges by seniors to access food and food vouchers as well as transportation issues. It is not only that food is not available, but the challenges for seniors having to stand in line for thirty minutes or more before they can get the food, or that seniors have to go to three or so food banks because that is a requirement. There are so many challenges to this program that Dr. Girois volunteered to be involved in the development of the survey tool in order to support the CAC. Dr. Girois recommended that the CAC would be a good place to pilot the questionnaire. They would be a good resource to give the first feedback in order for the committee to capture the level of detail that the CAC was talking about through the survey.</p>
	<p>In a nutshell, it is the level of challenges and barriers that they have to go through to get the voucher, standing in line for a long time in the heat/cold, transportation issues if they do not have a car, the bags they have to carry, and also the receipt part. All these issues should be captured in the survey feedback in order to get the information to someone who will listen and make a difference.</p>
	<p>Part A Norfolk TGA Recipient's Office Report:</p> <p>The Recipient Staff did not present a monthly expenditure report at the Executive Committee meeting. The reason being that the Office is closing out FY 2024 and the expenditures are changing on a daily basis. An updated report will be presented at the upcoming SPA Committee meeting.</p> <p>The Fiscal Officer reported that there was an unobligated balance of \$751,000 which was different from last month's expenditure report which showed about \$1.8 million left. However, the Recipient's Office is still processing invoices. All regular services were due on Tuesday, April 15th and HIPCSA is due on April 30th. Several invoices were received during the week that Staff are processing and reviewing through the system. Revisions also have to be made to some invoices that were received. A reallocation request was received. The requesting agency is asking to move money around within the different services they have. The request was approved. The goal is to be less left over than was the case last year. The aim is to be within 3% of unobligated balance that the TGA would be able to carry over for the new grant year, therefore, making strides from last year.</p>

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(8) Review and Resolve <u>Parking Lot Items</u>	<p>During the last call with the Project Officer, HRSA commended the TGA for spending down the money. However, because of the current situation in the country, HRSA is recommending that drawdowns should be made on a monthly basis, rather than quarterly as was the case. HRSA requested the Recipient Staff to reiterate this information to all Sub-Recipients regarding submission invoices on time so that they are processed in a timely manner.</p> <p>The Recipient Staff also had a meeting with VDH on April 3rd to talk about the Integrated Plan which is a joint plan between Part A and Part B. As a result of the Executive Orders, the new guidance that came out in February were:</p> <ul style="list-style-type: none"> • Remove all mention of Diversity, Equity, and Inclusion • Social determinants • Stigma • Gender and Transgender • Remove mention of specific populations impacted by HIV • Remove mention of any of the National HIV/AIDS Strategy information. <p>VDH and Part A are in the early process of developing the next Integrated Plan for Virginia – 2026 through 2031.</p> <p>Virginia’s next Integrated Plan will be based on HIV’s National goals and is inclusive of Ending the HIV epidemic. There has been a pause on meetings hosted by VDH on the Integrated Plan. The group is waiting for additional guidance on that. There was also discussion about tracking the Part A Norfolk TGA’s goals separately from the Statewide Integrated Care Plan. That way, the TGA can monitor progress and keep track of where things are and what has been completed within the Integrated Plan.</p> <p>Staff are still working closely with the Norfolk Department of Public Health. Moving to the Health Department at 830 Southampton Avenue, is tentatively scheduled for the beginning to mid-May.</p> <p>The Part Norfolk TGA received the first partial award in January. Based on the conversation with HRSA, there might be multiple partial awards this year. HRSA indicated that the TGA might receive the next partial award next week or the week after. Multiple partial awards happened at one point some years ago. However, this is out of HRSA’s control. It is based on the continuing resolution which comes from the President in the Administration Office and the budget that was approved within the last few months. The Recipient Staff will keep the committee in the loop as to the amounts that will be received.</p>
	Update Policies and Procedures Manual:

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	<p>One update was based on the feedback from the community partners regarding updates during the PC meetings. The goal of PC Support Staff is to formalize the process to see what information they want to hear from Part C or HOPWA Representatives, and the Part B Representative. The committee was requested to indicate what formal information they would like the community partners to report during the Council meetings.</p> <p>The Co-Chair noted that the Planning Council members still need clarity on the difference between Part C and Part A in the TGA so that they can understand where the lines split. People understand Part B, that the Program is Statewide. But the PC/Sub-Committee would like to know what Part C does that is different from what Part A does. With regard to HOPWA, the PC would like to have some data about the HOPWA Program in the region.</p> <p>Support Staff have made several efforts, without success, to the person responsible for the HOPWA Program at the LGBT Life Center to get some data as requested by the Planning Council. Ashley volunteered to reach out to the LGBT Life Center to see if HOPWA updates can be emailed to the PC to be presented by Support Staff/Recipient's Office.</p> <p>With regard to the Service Utilization Data, which is presented by the Recipient's Office, at Council meetings, the Executive Committee agreed to have the Data presented at the SPA Committee as well. With the PSRA Process coming up, Utilization Data is more useful to the SPA Committee who are responsible for putting together the PSRA Process.</p> <p>The Co-Chair made a recommendation to bring back the Ad Hoc SPA Committee to the main committee. The SPA Committee is a working committee, and every committee member should be working on the Triennial Needs Assessment. In this regard, the committee discussed the possibility of having the SPA Committee meet every month, as it was a working committee.</p> <p>At the last meeting, the Executive Committee reviewed the Norfolk TGA Bylaws and made revisions in real time. It was noted that there were discrepancies between the information in the Bylaws and the Policies and Procedures Manual. Support Staff presented some of the discrepancies for feedback and discussion. Some of the discrepancies were:</p> <ul style="list-style-type: none"> • Planning Council membership cap: In the Bylaws, the cap is 28 members In the Policies and Procedures manual, the cap is 45 members <i>Recommendation:</i> To have a cap of 28 members • Co-Chair term length: In the Bylaws, it was stated as a two-year term staggered

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	<p>In the Policies and Procedures Manual, it was a three-year term. Term membership ends when Co-Chair term begins. <i>Recommendation:</i> To update the Manual to reflect a two-year term and clarify that Co-Chair Councils remain Council members.</p> <ul style="list-style-type: none"> Committee Structure: In the Bylaws, it lists the Executive Committee, the SPA Committee and the Community Access Committee. In the Policies and Procedures Manual, it still references the Membership and Nominations Committee which is not in the Bylaws. The last couple of months, there was some discussion whether to bring back the Membership and Nominations Committee. Due to failures to establish a quorum during meetings, the Membership and Nominations Committee was integrated into the Executive Committee. With more members on the Planning Council, this issue was open for discussion. After discussion, the committee agreed to keep the current structure. There was consensus to keep the Ad Hoc Membership Committee, which was doing a good job with reviewing the applications and interviewing applicants. Representation Categories: In the Bylaws, there is a list of the HRSA mandated categories. In the Policies and Procedures Manual, it lists two additional categories that were unidentified: Hepatitis C co-infection, and the Native American Tribe. The two categories are not a part of the Ryan White legislation. <i>Recommendation:</i> To remove the two categories. <p>There was a discussion regarding Co-Chair qualifications, even if this was not among the discrepancies. The committee wanted to review the qualifications of Council Co-Chairs. That is, that should attend at least meetings for six months before they can qualify as a Co-Chair on a committee. This was, however, a concern because most people on the Council are new members. There was also discussion that maybe there should be a Bylaw change that will, as backup, allow one of the Recipient Staff to be Co-Chair, with no voting rights, except when required to break a tie.</p> <p>Support Staff indicated that there was a HRSA recommendation that a Recipient Staff can serve as Co-Chair. They cannot be Chair or Vice-Chair but can be Co-Chair if it is a Co-Chair structure. The Co-Chair recommended that the Committee should come up with some language to ensure that this is done right but also make sure that the individuals on the Planning Council are attending meetings and being active participants. <i>Recommendation:</i> Support Staff will send out the revisions and comments that were just presented for the Policies and Procedures Manual. Support Staff will also send out a reminder of the edits that were made to the Bylaws</p>

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(9.0) Regular Business	for review for final revisions and final language changes. The revised Bylaws will be ready for a vote at the May Planning Council meeting.
	<p>Review of the Memorandum of Understanding (MOU): Support Staff recommended that the MOU be tabled until after the Recipient's Office gets settled at the Health Department and gets a Program Manager in place who will be a signatory to the MOU.</p>
	<p>Discuss Date for the New PC Member Orientation: A shout out to the Ad Hoc Membership Committee; there is now a slew of new members on the Planning Council. Typically, the Council holds two big trainings a year. The last one was held in June. Three new applicants are still waiting for the Mayor's official appointment letters. After discussion, the committee agreed to schedule the orientation for Friday, May 16th at 11:00 a.m. at the Health Department. Jerome indicated that he would also like to be included on the Program so that he can give a training on the Expenditure Report.</p>
	<p>Co-Chair Nominations and Elections: In accordance with the way the Bylaws are currently written, the following Council members, who served as a Committee's Co-Chair, qualify for PC Co-Chair:</p> <ol style="list-style-type: none"> 1. Ashley 2. Meyoni 3. Jonathan Albright <p>The committee agreed to defer this portion until the Bylaws are updated to enable more people to qualify to be Co-Chair of a committee.</p>
	<p>Review and Manage Membership Attendance: Recording of attendance at PC/Sub-Committee meetings restarts at the beginning of the new grant year. However, as was discussed at the last meeting, Support Staff reached out to LaQuasia, who was in jeopardy of violating the attendance policy. She was, at the time, dealing with health issues, but indicated that she was still interested in serving on the PC. LaQuasia continues to be absent from meetings, and there has been no contact from her regarding what is going on.</p> <p>The committee advised that LaQuasia should step down, for now, and take a leave of absence. She can come back after she has dealt with her personal issues.</p>
	<p>Review the Membership Matrix for Compliance with the Federal Mandate: There is only one mandated slot remaining that needs to be filled:</p> <ul style="list-style-type: none"> • Category 2: CBOs Serving Affected Populations and ASOs. <p>However, an application was received from an applicant from the LGBT Life Center who might fill the position. Interviews for the applicant are scheduled for next week. Some members were moved around, such as</p>

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	<p>Gwendolyn who was moved to category 4-5 because her organization provides Harm Reduction Services.</p> <p>A letter to a member regarding her jeopardizing the attendance policy might affect the required percentage in Category 8. However, Jerome volunteered to talk to another individual who attended the last Community Access Committee to see if she would be interested in serving on the PC.</p> <p>Because the Council is doing a great job filling the mandated slots overall, Support Staff recommended that, in order to ensure that the PC message matches the epidemiology, it is time to get into more specifics. The PC is under-represented in males, and Caucasians. Dr. Girois managed to make contact with the President of Pridefest who promised to send the recruitment request note which was prepared by Support Staff, to his membership. Also, a new HIV men's Support Group was started at the LGBT Life Center. It was the committee's hope that these efforts might generate some membership on the Council.</p> <p>The committee discussed the recruitment strategy for new members which included:</p> <ul style="list-style-type: none"> • Recruitment through Consumer Support Groups • Recruitment through Case Managers • Recruitment by word of mouth, which is the responsibility of everyone on the Planning Council. <p>Jerome stated that the City is looking to hire a Planning Council Supervisor. Recruitment of PC members will be part of the Supervisor's responsibilities. A table banner has been included in the budget to use at community events, festivals, etc. with flyers and information about the PC.</p> <p>As a result, Ashley, the PC, and Executive Committee Co-Chair, was commended for her great work, especially in filling the mandated slots on the Council. HRSA also commended the PC for the great strides it has made in filling the seven legislative slots that were vacant this time last year.</p> <p>Review Feedback/Feedback Form: The committee reviewed the feedback survey from the last meeting. There were six responses.</p> <p>With regard to the question of whether members understood the information presented at the meeting, one respondent commented that he/she would start speaking out more to ask that acronyms be explained. The committee was advised to be mindful and remember to explain the acronyms for new members.</p> <p>Current Public Meeting Laws: Support Staff received information from our counterparts at the Part B Program about the current Public Meeting Laws which indicate that the PC has to go back to meetings in person. Hybrid meetings will be offered but</p>

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	<p>there will be exceptions to those who can attend virtually. Support Staff proposed in-person meetings starting with the May meetings.</p> <p>Because this was a State mandate, the PC/Sub-Committees accepted the recommendation to start meeting in person starting with the May meetings. However, they discussed the option of meeting at one central place, or work with Sub-Recipients to create satellite sites to house members nearer to such offices/conference rooms to join the zoom meetings from there.</p> <p>Dr. Girois proposed that the meetings move around in the region. She volunteered to leverage Health Departments in the area, such as in Chesapeake, Suffolk, Virginia Beach, and on the Peninsula. Meetings can be held at Health Departments without charge.</p>
<u>(10.0) New Business</u>	<p>Review Scope of Work and Planning Council Activity Timeline (P-CAT):</p> <p>The committee reviewed the P-CAT, including the standing business items. The committee was reminded that the P-CAT was a living document. If the committee needs to add an activity to the P-CAT, there is an option to do that.</p> <p>During the review of the P-CAT, the Fiscal Officer in the Recipients Office stated that the Unobligated Balance was due December 31, 2024, for the FY 2024 grant. The Recipient's Office has not received any notification of whether that has been approved. The Recipient's Staff will have to present a budget for that as well. The staff is waiting to hear back from HRSA.</p>
<u>(11) Announcements by Members</u>	<p>The Co-Chair discussed the issue of points of entry for all Ryan White services. She discussed the matter with the Recipient Staff who indicated that she has always known about the one point of entry for substance abuse, medical case management and then Outpatient Ambulatory Health Services. The Co-Chair wanted to know if this could be brought to the client to access services wherever they go. They do not need to be in medical case management if, for instance, they need dental services. Some clients do not need to be case managed; they are their own advocates. She recommended that this is an issue that the Planning Council needs to look at and have a discussion. The committee agreed that that was a good idea which should be discussed at the Planning Council level.</p>
<u>(11.0) Adjournment</u>	<p>With no further business to discuss, a motion was moved by Meyoni and seconded by Ashley to adjourn the meeting. The motion passed.</p>

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