

**GREATER HAMPTON ROADS HIV HEALTH SERVICES
PLANNING COUNCIL
Priorities, Allocations and Policies Committee Minutes
Meeting Held via Zoom – April 29, 2021 – 3:00 p.m.**

Call to Order and Roll Call:

The Zoom virtual meeting was called to order at 3:08 p.m. The roll was called as follows:

Present:

Ashley D.D. Brown
Jerome Cuffee
Lisa P. Laurier
Rachael Artise

Absent:

Gwendolyn Ellis-Wilson
Davon White

PC Staff:

Deryk M. Jackson
Thomas Schucker
Teresa Malilwe

Recipient Staff:

Christine Carroll
Jacqueline Wiggins

Welcome and Introduction of Guest/s:

Sharon Scott

Moment of Silent Reflection:

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

Confirmation of Notice of Meeting Posting:

There were no responses from the agencies on the notice of meeting posted. However, the notice of meeting was posted on the Part A Norfolk TGA website: www.ghrplanningcouncil.org.

Approval of Minutes from the Previous Meeting:

After review of the minutes, a motion was moved by Rachael and properly seconded by Ashley to approve the minutes as written. The motion passed.

Review of the Planning Council Activity Timeline (P-CAT):

For the month of April, the committee will:

- Review all Parking lot Items:
- Review Reallocation Request from the Recipient's Office
- Review Part A Expenditure Summary Report by Service Category
- Review Needs Assessment Outcomes and Data
- PSRA - Review Framework and meeting Logistics for PSRA
- PSRA – Identify Datasets for PSRA
- Receive Award from HRSA/HAB for the grant year.

The committee is on track with the Planning Council Activity Timeline.

Parking Lot Items:

Review PSRA Framework and Meeting Logistics, as well as Identify Datasets for PSRA:

The committee reviewed the 2021/2022 PSRA Framework which will be updated for the coming year; that is, 2022/2023. The document contained:

- A brief Overview of the TGA
- Cities/Counties that are covered by the Part A Norfolk TGA.

The TGA developed a data driven model for conducting the annual PSRA Process which is divided into four components:

1. PLWH currently in the Ryan White Part A/MAI Care System.
2. PLWH that are newly diagnosed that will enter the RW Part A/MAI Program, utilizing the TGA's epidemiological data.
3. Out of Care individuals to bring into care based on the TGA's underserved populations; and
4. Unaware individuals who do not know their HIV status, identifying, testing and linkage to appropriate medical care.

This was a two-day process last year. Support Staff recommend that the Planning Council keep it the same, as follows:

- **Day 1:**

The mandatory Priority Setting and Resource Allocations Training. It was recommended to continue to provide the same types of data. That is:

- Glossary of Terms
- Policy Clarification Notice 16-02 which will give the definition of each Service category as provided by HRSA.
- Updating the document to the 2021/2022 grant award and 2021/2022 grant score.
- Review the 2021 Attachment 5 which are the other coordinated streams of services in the TGA that provide:
 - Part B services
 - CDC services
 - Mental health services through SAMSA
 - Substance abuse services through SAMSA, etc...
- Review the 2021 Service Utilization data
- 2021 funded Service categories
- Will conduct a new Red Ribbon survey
- Review a trend of three years of service utilization and three years of service expenditures.

The Planning Council will also facilitate the collection of data from the Community Development Committee or the CDC, client satisfaction surveys or assessments, PLWH forms and Town Hall meetings from CABs or Consumer Advisory Boards, from other Sub-Recipients, Ryan White Part B or F, CDC Prevention Sub-Recipients, HOPWA Sub-Recipients and State Medication Representatives, which are all the Federally mandated slots that are on the Planning Council.

It was noted that this year, it will be important for the Planning Council to remember to take into consideration the Integrated HIV Prevention and Care Plan. The Virginia CHPG have begun pre-planning for the next Integrated HIV Prevention and Care Plan.

The Planning Council should also consider the new initiative which is starting across the country: *Ending the HIV Epidemic* (EHE). Congress and HRSA/HAB and HHS are putting money into Ending the HIV Epidemic. When round two of the funds come out, it might go hand in hand with Ryan White Program, making sure that Ending the HIV Epidemic is available to jurisdictions as well. This will help with bridging the gap between HIV Prevention and HIV Care.

Changes will be made to the Red Ribbon Exercise this year. Participants will be asked to rank all the Ryan White funded service categories from 1-10 and how important they feel the services are along the care continuum.

For the Resource Allocations Process, the Council will look at the four components that were discussed earlier:

Considering the PLWH that are already in the system; how to maintain and make sure that there are enough funds to take care of the people that the TGA is currently taking care of.

What kind of funds are needed to bring those that are newly diagnosed into the care system and what will it cost the TGA?

How many of those who are lost care or are out of care can be brought back in and what is it going to cost?

How much of the unaware population is it going to cost to find?

- **Day 2:**

The PSRA Process includes the following:

- A determination of data needs
- Review the process of each Planning Council member
- Presentation of the data (both during training and on the day of the PSRA Session)
 - First: The Planning Council will determine priorities.
 - Second: The Planning Council will do resource allocations. This is when Council puts money to each service category. For this, the Council will look at the trending documentation.
 - Third: The Planning Council will do the final approval, keeping in mind that HRSA has, in the past, requested jurisdictions to cap that to 5%.

At the end of the day, Support Staff will ask for feedback to find out what did work and what did not work and how the process can be improved for the future.

The committee vote on the Framework for the PSRA Session will be conducted at the next month's meeting. This will give the committee to read through the document to make sure that everyone understands it.

Program Manager's Report:

At the last meeting, a committee member wanted to know why the Part A Norfolk TGA was getting a reduction in funding every time. During the monthly teleconference, the Project Officer responded to the question by stating that:

- Overall, the amount of money that was put in Part A was reduced.
- The numbers in the TGA have reduced.

The Norfolk TGA Part A scored 96/100 on the application with zero weaknesses.

The Recipient Staff is in the process of closing out fiscal year 2021. The closing due date for HIPCSA was extended to the end of April. Everything else was due in by April 15th. The Final Expenditure Summary Report will be submitted at the next month's meeting.

The Recipient's Office will take a percentage of the Quality Management funds and whatever funds come from the carryover to supplement services that have a shortfall because of the reduction that was received. There is an RFP that is being put out for Drug Reimbursement. The money from Quality Management which will be used to supplement services will be about \$80,000.

All the contracts have been drawn up and signed. All Providers should be getting their electronic contracts within the next few days.

Food Voucher Program:

The Recipient's Staff have received questions about the Food Voucher Program. The Recipient noted that there are no caps on that program. There is no stipulation as to how many times an individual can get a food voucher in a day, a week, or a month. It was noted that this is an issue for the Quality Improvement and Strategic Planning Committee. The current Service Standards do not provide a cap, but with providers trying to control the flow of the vouchers and the amount of money they receive, they have put some policies in place, which can be seen as a violation of the Standards. Case managers have encouraged their clients to look at other resources out there.

The Food Voucher Program will be discussed further at the Quality Improvement and Strategic Planning Committee meeting.

Adjournment:

With no other business to discuss, a motion was moved by Rachael and seconded by Lisa to adjourn the meeting. The motion passed.

Respectfully Submitted

Jerome Cuffee - Co-Chair

Lisa P. Laurier – Co-Chair