

**GREATER HAMPTON ROADS HIV HEALTH SERVICES
MINUTES OF THE EXECUTIVE COMMITTEE MEETING
Thursday, May 16, 2019: 3:30 p.m.
Norfolk Department of Human Services
741 Monticello Avenue, Norfolk**

Call to Order: The Executive Committee meeting, held at the Norfolk Department of Human Services, 741 Monticello Avenue in Norfolk, was called to order at 3:36 p.m. on Thursday, May 16, 2019.

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

Gregg Fordham	Todd England
Gwendolyn Ellis-Wilson	Rachael Artise
Beverly Franklin	Doris McNeill
Michael Singleton	Lisa P. Laurier

Staff:

Thomas Schucker-PC Support
Michael Koran-PC Support
Deryk M. Jackson
Teresa Malilwe-PC Support Staff

Welcome and Introduction of Guest(s):

- Christine Barney-Project Officer for the City of Norfolk Part A Ryan White Program (HRSA Staff)
- Sheron Scott-Former Planning Council Member
- Amelia Khalil-HRSA Clinical Consultant (HRSA Staff)
- Ashley Brown-Minority AIDS Support Services (MASS)
- Sylvia Moreno-Administration Consultant (HRSA Staff)

Moment of Silent Reflection:

The Committee observed a moment of silence and reflection for those living with and those affected by HIV/AIDS.

Review and Approval of Minutes:

The minutes from the last meeting were reviewed and a motion was approved to accept the minutes as written.

Review of the Planning Council Activity Timeline:

During the meeting, the Executive Committee will consider:

Reports from each of the committees

- Design of the Assessment of the Administrative Mechanism/Review Outcomes as needed.
- Collaboration with the Recipient's Office
- Review Reallocation Requests from the Recipient's Office

The committee worked on the Assessment of the Administrative Mechanism in March and approved the questions, which have been sent to the Recipient's Office. The responses from the Sub-Recipients will be reviewed at the next Executive Committee meeting.

Committee Reports:

Community Access Committee:

The committee met on April 10th and the Ad Hoc Committee met on April 24th. The committee is working to put together a Consumer Retreat to empower consumers. The Retreat will be held at Lakefield in Wakefield. The committee presented a proposal to the Grantee which was turned down due to funding constraints. The committee will source for outside funding. A follow-up letter was sent to the Recipient's Office seeking clarification on why the funding request was denied.

In preparation for the Priority Setting and Resource Allocations Process, the Community Access Committee has reached out to the major Support Groups in the area for the Red Ribbon Exercise. The response has been good.

Membership and Nominations Committee:

The Membership and Nominations Committee met as scheduled on April 18th. The committee reviewed two membership applications. The committee went over the new Learning Management System which was presented by Support Staff. The Training Management System will be posted on the Norfolk TGA website. New Council members will be encouraged to access the training on the website for their orientation. Support Staff have reached out to D-MAS for a Medicaid Representative on the Council, and efforts are being made to reach out to an identified individual to fill the slot as a representative for the formerly incarcerated.

Cindy Walters was nominated and elected Co-Chair of the Membership and Nominations Committee.

Quality Improvement & Strategic Planning Committee:

The committee met on April 18th as scheduled. The committee reviewed the Early Intervention Services (EIS) Standard of Care. The main question was when to consider someone out of care. After some discussion, the committee agreed to table the recommendation and to bring it to the Ryan White Provider meeting for discussion.

The committee also discussed the data request which was made to the Grantee to get guidance on the caps for the Emergency Financial Assistance Program. The committee has not yet received the information, and therefore, did not make recommendations.

Priorities, Allocations and Policies Committee:

The committee met on April 18th and reviewed the Expenditure Summary Report by service category. Copies of the Preliminary Final Report were distributed to the committee for review. The target expenditure was at 100%. The TGA spend 95% of the grant. A lot less was spent in HIPCSA than was originally planned. Medicaid expansion in the State of Virginia affected expenditures in this service category. The committee agreed to put less funding in HIPCSA for next year.

Ms. Mae Rupert, on a Site Visit to the Norfolk TGA, is the Branch Chief at HRSA in the HIV/AIDS Bureau; the North/East Region that includes the Norfolk TGA, asked the committee to discuss how the Norfolk TGA Part A Planning Council goes about reallocations during the year. Whether or not there are opportunities to reallocate? The Chair stated that there is a reallocation policy in place. And the Expenditure Summary Report, which is about a month or two behind, is presented to the committee every month.

Ms. Rupert wanted to know if the Committee has the information that is needed to timely reallocate funds so that the TGA can use the money and leave less money on the

table? It was noted that after a decision is made to reallocate, money is moved late because, historically, the TGA was not getting full funding until late in the grant year. This has made it hard for sub-recipients not knowing when or if the funds will be coming in.

With the changes that are happening in the area, such as Medicaid Expansion in the State of Virginia, leadership on the Planning Council are encouraged to come up with new models of how the allocated funds can be spent. Some of the initiatives by committees include:

- The Priorities, Allocations and Policies Committee invited speakers from the University of Virginia to come and talk about “Positive Links.” This is an Adherence Program, which would be useful to Ryan White Providers in the area. Some Providers in the area did attend the presentation.
- The Quality Improvement & Strategic Planning Committee funded the Food Bank/Home Delivered Meals Program to ensure use of the extra funds. The program has been expanded and is doing very well.
- The TGA also increased the FPL from 400% to 500%.
- The Quality Improvement & Strategic Planning Committee recommended increasing the caps on EFA. The committee is looking at different housing models; that is, expanding and increasing EFA-Housing.

HRSA Site Visit Team:

The HRSA Team discussed their agenda for the Site Visit.

Ms. Kristina Barney, the HRSA Project Officer for the Norfolk TGA, thanked the committee for the welcome and for adjusting the meeting schedule to align with the Site Visit. She noted that the Team was here on a comprehensive Site Visit which is conducted every four years for each of the Part A jurisdictions. During the site visit, the HRSA Team will assess and look at three areas:

1. Clinical Quality Management
2. Fiscal
3. Administration

Basically to make sure that the TGA is in compliance with the legislative and programmatic requirements. She stated that the Team wanted to meet with the committee specifically, because the Planning Council is one of the most important parts of the Ryan White Program and of the Site Visit, as is the meeting with consumers.

Ms. Sylvia Moreno, the HRSA Administration Consultant, part of the visiting team, lead the discussion as part of the review of the Planning Council.

After the review of the program, the Team will have an Exit Conference to discuss the findings or recommendations; such as technical assistance. The HRSA Team will then follow-up with a Site Visit report. From the Site Visit Report, a Corrective Action Plan has to be developed based on the findings. Jurisdictions can also request technical assistance if needed.

As part of the Planning Council review, the HRSA Team wanted to know the processes of the Planning Council, including:

- *The Needs Assessment Process. How the process flows when the committee starts to do a Needs Assessment.*
- *The committee was asked if they have an activity where they can survey the HIV community at-large to get their feedback on what areas are a priority for them for assessment?*

- *When was the last Comprehensive Needs Assessment for the TGA?*
- *Did the Contractor who helped with the Needs Assessment do a satisfactory job?*

The committee was informed that this was the area where the committee should ask for technical assistance before developing the Statement of Work. The CHATT, which is the technical assistance co-op agreement that HARP has for Planning Councils, has an entire module on Needs Assessment and she encouraged the committee to become familiar with that module and to also look at what other jurisdictions have done. She pointed out some weaknesses in the last Needs Assessment.

The committee was asked to talk about a vote that was done regarding the Priority Setting and Resource Allocations for the current year. The rankings were done a while back, but up to that point, the Council had a funding category; Non-Medical Case Management that was changed to Referral for Health Care and Support Services. The HRSA Team wanted to know how it began; what occurred to make that change and what process was used for the change.

In her response, the Co-Chair talked about one of the PCN 16-02's requirements for clients to have an Individualized Service Plan for Non-Medical Case Management. This is not a requirement under the Referral for Health Care and Support Services, which mirrors Non-Medical Case Management. Most clients who receive Medical Case Management services, which has a care plan, also receive Non-Medical Case Management services. The HRSA definition was adopted and not changed.

After an extensive discussion, it was noted that the Ryan White Program does not fund Programs. The Ryan White Program funds prescribed services; that is, core and support services and administration services only. PCN 16-02 also discusses Allowable Uses of Funds. That is, if you change or eliminate things in the definition of a service, that service is no longer allowable.

After the co-chair explained the changes that were made to the definition, the committee was informed of the difference between Non-Medical Case Management and Referral for Health Care and Support Services Standards. She advised that whatever the committee decides to do with the service standard, make the service allowable or not allowable according to the legislation. She cautioned that once the care plan is taken out of the standard, the service becomes not allowable. She talked about the importance of the definitions and the compliance issues. She recommended that the committee should keep it the way it was.

Therefore, before making changes in the service category, the committee will:

- Rereview the definition of referrals
- Fund Referral for Health Care and Support Services after review of the data
- Fund Non-Medical Case Management
- Align the definition for Referral for Health Care and Support Services to the PCN 16-02 and provide services accordingly.

Executive Committee Meeting Support with Collaboration from Grantee's Office:

Announcements by Members:

There were no announcements.

Public Comment and Discussion:

There was no public comment.

Next Meeting:

The next meeting will be the Priority Setting and Resource Allocations Session on Thursday, July 18th from 9:00 a.m. at the Salvation Army Ray and Joan Kroc Community Center in Norfolk.

Adjournment: There being no further business to discuss, a motion was accepted to adjourn the meeting.

Respectfully Submitted:

Gwendolyn Ellis-Wilson-Co-Chair

Rachael Artise – Co-Chair