

PLANNING COUNCIL (PC)

MEETING MINUTES

THURSDAY – JANUARY 27, 2017 – 6:00PM TO 8:00PM

DOH-HAHSTA -899 N. CAPITOL ST., NE; 4TH FLOOR; WASHINGTON, DC 20002

Adkins, SarciaxKurowski, PamelaxAnderson, GwenxMarachelian, AlisxBaker-Holley, DustinxMekonnen, BetelhemxBaker-Holley, NathanielxMikre, MeriamxBlocker, LakisaxMorse, Ka'leefxBrentini, StanxPannell, AltmanxCannon-Williams, SherlaxSanders, ScottxCoker, SharonxSmith-Bullock, TyrannyxCriswell, DebbiexShields, GuyxDecker, ThomasxSullivan, MeghanxEdmonds, CaliexTadesse, BethxFoseca, JulioxTurner, MelissaxGrant, CharlesxZoerkler, JenniferxJackson, RoxannexAdministrative Agent RepresentativesPresentAdministrative Agent RepresentativesxMoore, TarshaxBarmer, DavidxIIIAHASTA StaffPresentAbsentPC StaffPresentBarnes, CloverxLamont ClarkXAlexis MyersxIIX	t Absent	Present	Planning Council Members	Absent	Present	Planning Council Members
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HIGHLIGHTS						HIGHLIGHTS



o Jurisdictional Reports

AGENDA	
Item	Discussion
Call to Order	The meeting was called to order by Ka'leef M at 6:17pm. There is a moment of silence and recognition of the passing of Keith Callahan. Then he asked everyone to introduce themselves for the record.
Review and Approval of the Agenda	Approval for the agenda was motioned. The agenda was approved.
Review and Approval of the Minutes	December minutes were approved.
Jurisdictional Reports	Suburban Maryland Ravinia Hayes-Cozier provided the Maryland Report. All 8 site visits have been completed. Overall expense at the end of November is 67.1%. They are 3.18% ahead of FY 25 spending after November expenses.
	There were two service categories that were underspent. These two categories, one EFA (58.6%) fluctuated during the year because they are administered as needed for support and we continue to work with the EIS (56.3%) provider and will consider small modification.
	MAI service categories are healthy at 61.9% for actual expense. There was one underspent service category for the month of November. Oral Health 54.2% (4.7% increase in spending)
	Northern Virginia Tim Agar provided the Virginia Report. The financial report includes invoice data from 10 out of 10 service providers.
	Spending is about 20% ahead of schedule on Oral Health (94%). Recouping funding from under spending service categories will allow Oral Health spending to continue and for Northern Virginia to spend fully.
	Spending is at or near target for OAMC, EIS, MCM, Home Delivered Meals, Legal Services, Medical Transportation, Substance Abuse, and Outreach.
	EFA is still somewhat underspent, but spending increased 22% since last month.
	Under spending concerns are greatest for Linguistics; this spending level leaves about \$95,000 unobligated at November. Medical Nutrition and Child Care are also seriously underspent, but represent less than \$18,000 combined in remaining funds.
	The remaining under spending categories are Health Insurance, Mental Health, Non-MCM, and EFA. All under spending categories will contribute savings to



	facilitate additional Oral Health care.
	Reprogramming changes last month ensured that two categories originally overspent OAMC and Oral Health had enough funds added to them to end in the black. Spending is at 98% for OAMC and 100% for Oral Health. Any costs above the MAI budget in these categories will be covered from now through grant end with Part A regular funds. Spending in Linguistics seems slow.
	Recipient Report
	Clover Barnes provided DC/VA and Recipient Reports For the month of November, (16) of (16) invoices have been received and processed.
	As previously reported, due to a data migration error in the EGMS system, many of HAHSTA's providers whose grants cross fiscal years (continue on past September 2016) have encountered a problem that affects their ability to upload invoices beginning October 2016. HAHSTA's Office of Grants Management (OGM) has been working with the EGMS contractor to resolve the problem and program staff is working to bring EGMS up-to-date to reflect accurate spending numbers
	Regular: Part A expenditures are 71.8% and should be 75.0%. No notable over or under expenditures to discuss.
	MAI: Part A MAI expenditures are at 68.6% and should be 75.0%. Outreach underspent due to vacancies. They are working to reprogram those funds.
Recipient Report	West Virginia
	Regular: Part A expenditures are at 69.9% and should be 75.0%. Client utilization and demand have impacted the expenditure of funds Outreach services.
	MAI: Part A MAI expenditures are at 93.1% and should be 75.0% due to higher than expected utilizations and bulk purchases in Medical Nutrition Therapy service contributed to the high expenditure rate. Increased client utilization of Outreach and Emergency Financial Assistance services contributed to the high expenditure rate.
	Part A and MAI service category expenditures . For the month of November; Part A expenditures are at 69.1% and should be 75%. Part A MAI expenditures are at 70.2% and should be at 75%. The overall Part A expenditure for the entire EMA is 69.2% and should be 75%.
	Clover noted that they had to ensure that spending was less than 5% (4.9% or below) in order to not get penalized. She also noted that the numbers that the Planning Council views are services funds and not administrative funds.
	Part A EMA-Wide. Expenditures are at 69.4% and should be 75%.



	Part A MAI EMA-Wide: There are no expenditures above or below 15% of the expected 75%.
	Hep C Drugs: Enough drugs were purchased to serve 22 people, as of now 9 people are in the program. The drugs expire in 2018 and they can exchange them, so the drugs will not expire. HAHSTA is preparing a work plan to use a Data to Care approach to increase utilization, paid for through RW Part B funds. This will help with surveillance.
	GY 27: Fee for service as well as the new grant awards for GY 27 will be delayed. Continuations of current awards will be issued so that there are no gaps in service. There are new Contracting people (Contracting Officer) which changes processes. An updated timeline will be presented at the February meeting.
	Ka'leef M. noted that new members should visit the various Committees. He noted that the work is done at the committee level and folks interested should visit the committee.
	Membership/Bylaws : Sharon stated they are still waiting for the Bylaws from the Mayor's Office. She noted that those who have been nominated for membership should be sworn in shortly. She also noted that everyone should be mindful of their attendance.
	Consumer Access Committee - Ka'leef M. noted that Consumer Access will continue to have the "Community Chat". There is a running list of topics the community would like to have and as persons who can speak on those topics are available they will be invited to the agenda.
Standing Committee Chair Reports	Needs Assessment- Beth T., Meriam M. and Leah V. gave a presentation on the 2017 Needs Assessment. Beth T. provided an overview of the Assessment, Leah V. provided details of the Assessment, and Meriam M discussed volunteer opportunities to assist in the completion of the Assessment.
	Q: Are there incentives for filling out the survey? A: Not for filling out the Consumer Survey, but other components of the Need Assessment will have incentives
	Q: Will the Black Heterosexual Men have to be positive or can they be in a relationship with someone who is positive? A: Yes, all participants need to be HIV positive.
	Q: Do people have to be in care? A: No, information is sought from those in care and out of care.
	Q: When will this start. A: It is starting as soon as possible. The goal is to have the information available for PSRA.



PLANNING COUNCIL (PC)

	Ka'leef M. stressed how important it is to be at the PSRA meetings.	
	 Care Strategies, Coordination and Standards- Ka'leef M. presented three draft Service Standards to the PC: Medical Case Management, Health Insurance Premium and Cost Sharing Assistance, and Medical Nutrition Therapy. He informed the council that they have the standard and should take the next month to review them. They will be asked to vote on them at the next general body meeting. Tarsha M. stated that a meeting would occur the first week in February for the Child Care standard. FOAC- Scott S. noted there was nothing additional to add. 	
	Community Co-Chair	
Planning Council Government Co-Chair Report	Planning Council Retreat Ka'leef M reiterated that the retreat will be held February 24 th and noted that it was vital that members attend. He noted that part of the retreat will entail looking at the committees, what are their purpose, are they doing the work as they are supposed to be as mandated by HRSA, should they change. He also noted that leadership on the council has to be an active responsibility.	
	Planning Council Calendar Ka'leef M. asked members to review the 2017 calendar and reminded them that the PSRA meetings are happening in the summer and people should plan to not just attend their jurisdiction, but other jurisdictional meetings as well.	
	Attendance Ka'leef M. noted that the Membership Committee would be reviewing attendance and people may receive warning letters soon.	
ANNOUNCEMENTS/OTH		
On Monday January 30 ⁴⁴ Continued funding.	Virginia CHWs will go down to the Virginia Assembly and present their work for	
AIDS Watch is March 27 a	ind 28 th .	
HANDOUTS		
Agenda dated 1/27/2017		
Recipient Report		
Recipient Narrative Report		
EMA-Wide Roll Up FOAC Allocations and Awards through November 30, 2016 Jurisdictional District of Columbia and West Virginia Report		
DC and West Virginia Utilization Report		
NOVA Regular FOAC Report through November 30, 2016		
NOVA Kegular FOAC Report through November 30, 2016		
NOVA Client Utilization		
Suburban Maryland Regular Part A and MAI FOAC Report through November 30 , 2016		
January 2017 Meeting Minute		



MEETING ADJOURNED	8:02 PM
NEXT MEETING	March 23, 2017 441 4 th St NW Washington DC