

The **Washington, D.C. Regional Planning Commission on Health and HIV (COHAH)** will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.

PLANNING COMMISSION (COHAH) GENERAL BODY MEETING AGENDA

THURSDAY, JULY 25, 2024 – 6:00PM TO 8:00PM

ZOOM CONFERENCE AND VIDEO CALL

Note: all times are approximate

6:05 pm	1. Call To Order and Moment of Reflection
6:10 pm	2. Review and Adoption of the Meeting Agenda for July 25, 2024 3. Review and Approval of the Meeting Minutes for June 27, 2024
6:15 pm	4. Ryan White HIV/AIDS Program (RWHAP) Recipient Report/ Updates
6:25 pm	5. Priority Setting and Resource Allocations Training
7:15 pm	6. Standing Committee Updates <ul style="list-style-type: none"> • Research & Evaluation Committee (REC) {Next mtg.: Tue. Sept. 17th @ 3pm} • Community Engagement & Education Committee (CEEC) {Next mtg.: Thur. August 22ⁿ @ 5 pm} • Comprehensive Planning Committee (CPC) {Next mtg.: Wed. August 28th @ 11am} • Integrated Strategies Committee (ISC) {Next mtg.: Wed. August 28th @ 1pm}
7:25 pm	7. Other Business <ul style="list-style-type: none"> • DC Updates • Virginia Updates • Maryland Updates
7:45 pm	8. Announcements/Adjournment
<u>NEXT PLANNING COMMISSION (COHAH) MEETING: PRIORITY SETTING & RESOURCE ALLOCATIONS</u>	
THURSDAY AUGUST 29, 2024 5:30PM – 8:30PM ZOOM	

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government

at opengovoffice@dc.gov.

PLANNING COMMISSION (COHAH) GENERAL BODY MEETING MINUTES

THURSDAY, JUNE 27, 2024, 6:00PM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL

COMMISSIONERS	PRESENT	ABSENT	COMMISSIONERS	PRESENT	ABSENT
Barnes, Clover (Ex-Officio)		X	Hickson, DeMarc		X
Barton, Jedidiah		X	Hutton, Kenya		X
Blocker, Lakisa		X	Keita, Ramatoulaye		X
Camara, Farima		X	Lewis, Jason	X	
Camaron-Sichone, Martha,	X		Massie, Jenné	X	
Carney, Misty		X	McLain, Lenora	X	
Cauthen, Melvin (Comm. Vice-Chair)	X		Olinger, Joshua	X	
Clark, Lamont (Gov. Co-Chair)		X	Palmer, Kentrell	X	
Coker, Sharon		X	Penner, Murray	X	
Copley, Mackenzie		X	Pettigrew, Kenneth (Ken)		X
Corbett, Wallace		X	Rakhmanina, Natella	X	
Cox, Derrick		X	Ramos, Claudia		X
DeMartino, Peter	X		Sain, Philip	X	
Fogal, Doug		X	Shaw-Richardson, Re'ginald	X	
Ford, Jasmine	X		Stuckey, Christopher	X	
Forman, Lynn	X		Wallis, Jane (Comm. Co-Chair)	X	
Gomez, Anna		X	Yocum, Ashley	X	
Gutierrez, Anthony		X			
RECIPIENT STAFF	PRESENT	ABSENT	PRESENTERS	PRESENT	ABSENT
Smith, Avemaria	X		Dwyer, Greg	X	
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Middlebrook, Courtney	X		Bailey, Patrice	X	
Orban, Julie	X		Johnson, Alan	X	
Price, Ashley	X				
Watson, Christopher (Chauncey)	X				

HIGHLIGHTS

This is a draft version of the June 27, 2024, COHAH General Body Meeting Minutes which is subject to change. The final version will be approved on July 25, 2024.

AGENDA	
Item	Discussion
Call to Order	Jane W. called the meeting to order at 6:10 pm followed by the welcome, and a moment of silence. Attendance was taken via Zoom chat. With 17 of 33 voting commissioners present, a quorum was established.
Review and Adoption of the Agenda	Melvin C. asked for a motion to adopt the COHAH Agenda for June 27, 2024. Murray P. moved to adopt the COHAH Agenda with a necessary change to the date of the next meeting. Ashley Y. seconded with an additional change to the meeting time of the next meeting. The agenda was adopted unanimously via poll vote with the necessary changes.
Review and Approval of the Minutes	Melvin asked for a motion to approve the May 30, 2024, Meeting Minutes. Reginald S. moved to approve the minutes. Philip S. seconded. The minutes were approved unanimously via poll vote.
Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates	<p><u>Avemaria S. presented the Recipient Report</u> The Part A and Part A MAI report is being presented for the months of April, Grant Year 34. The full award received was in the amount of \$32,559,498.</p> <p><u>FISCAL STATUS</u> Twenty-seven (27) of twenty-seven (27) providers have submitted payment requests that were processed for Part A and Part A MAI in April 2024. Previously, there were 26 providers. There was an investment made in housing services in the form of two grants. One provider was already invoicing. The other had not, until now, which increased the number to 27 providers eligible to invoice.</p> <p>There were no service delivery challenges noted in DC, Maryland or Virginia.</p> <p><u>PART A FISCAL SUMMARY</u> Part A expenditures were at 13% and should have been at 17%.</p> <p>There were no services affected by unprocessed invoices.</p> <p>Services spending at 30% below expected were Outpatient/Ambulatory Health Services (OAHS) Early Intervention Services (EIS) Health Insurance Premium & Cost Sharing Assistance (HIPCSA) Home and Community Based Health Services (HCBS) Medical Nutrition Therapy (MNT) Medical Case Management (MCM) and Housing Services (HS). Housing services will continue to appear to be underspent because it is under awarded based on the allocation. Through the solicitation process only \$240,000 of the \$740,000 allocated was awarded due to the limited number of service providers that applied for the Housing Services grant which provides for Housing Case Management and Housing Referral Services. A reprogramming request will be submitted to use those funds. All services will be reviewed next month at the COHAH General Body July Meeting.</p> <p>The service spending 30% above expected is Other Professional Services.</p>

	<p><u>PART A MAI FISCAL SUMMARY</u> Part A MAI expenditures were at 12% and should have been at 17%.</p> <p>There were no service areas affected by unprocessed invoices.</p> <p>Services spending 30% below expected were Early Intervention Services (EIS) Medical Transportation (MT) Non-Medical Case Management (NMCM) and Psychosocial Support Services (PSS).</p> <p>There are no services spending 30% above expected.</p> <p><u>RECIPIENT REPORT</u> The Recipient received the full Notice of Award for GY34 from HRSA. The overall award is \$92,691 less than GY33.</p> <p>The Recipient submitted GY33 Closeout documents to HRSA on time, which included the Annual Progress Report, Final Expenditure Report and Federal Financial Report.</p> <p>The Recipient submitted the final FY23 Carry-over Request on June 27, 2024.</p> <p>The Recipient is in receipt of the 2024 (GY35) PSRA Data Request and is working to compile all required elements for the meetings on August 5th. The Recipient is working with ISC, CPC, and the EFA partners to potentially revise EFA caps in food and housing which are the two primary EFA services. Recipient staff are creating and reviewing financial models to see how much it will cost to raise caps.</p>
<p>Financial Resource Inventory</p>	<p>Gregory Dwyer, MPH, Senior Research Scientist at George Washington University presented the Financial Resource Inventory. Greg discussed the 2016, HRSA/CDC Integrated plan jurisdictional requirement to provide a “financial inventory” that included public and private funding sources for HIV prevention, care, and treatment services in the jurisdiction, and the dollar amount and percentages of the total available funds in the most recent fiscal year (FY) for each funding source.</p> <p>Greg gave examples of what the inventory looks like from Ryan White Part A, C, and D awards, SAMSHA awards, and HOPWA awards by jurisdiction, funding amounts, agencies, and by core medical services, support services, ADAP and Program Income.</p> <p>Greg reiterated that all the information was a rough estimate. Slides are available upon request.</p>
<p>Standing Committee Updates</p>	<p>Research and Evaluation (REC) Committee reported by Jane. The REC did not meet in the month of June. They will continue to work on revising the Status Neutral Needs Assessment.</p> <p>Community Engagement and Education Committee (CEEC) reported by Jane. CEEC is working on their work plan for the upcoming year.</p>

	<p>Comprehensive Planning Committee (CPC) and Integrated Strategies Committee (ISC) reported by Jane. The CPC reviewed the Recipient Report.</p> <p>Both the CPC and ISC have been in discussion about the Emergency Financial Assistance (EFA) caps. The discussion will continue in both committees.</p>
New Business	None noted.
Other Business	<p>DC Jurisdictional Update was reported by Christopher (Chauncey) Watson Christopher W. introduced himself as the new Deputy Director of Policy, Program and People.</p> <p>Christopher did not have any jurisdictional updates.</p> <p>Virginia Jurisdictional Update was reported by Ashley Y. The Virginia HIV Planning Group is accepting applications. Submit applications by Wednesday, July 17, 2024. New members will be selected to join either the August or October meeting. The Virginia CHPG meets in-person 6 times a year in Richmond Virginia from 9:00am-4:00pm and has an annual 2–3-day retreat. Ashley will put the application link in the chat.</p> <p>VDH received their full Notice of Award in the amount of \$25,967,466.</p> <p>VDH continues to work on the closeout report for GY 23, submitted the APR report, and will begin to work on their Program Terms Report.</p> <p>Maryland Jurisdictional Update was reported by Peter D. MDH is having their Transgender Pride in Baltimore this weekend. Other Pride events continue to take place throughout Maryland.</p> <p>MDH has a Health Services Cost Review Commission which is mandating the inclusion on Sexual Orientation and Gender Identity (SOGI) Data. There will be training for all Maryland hospitals.</p> <p>MDH is working on their close-out. There will be status updates in July.</p> <p>June 30 is the big, celebrated data freeze. New data products for HIV surveillance for 2023 will start.</p> <p>The Maryland STI data submission is coming up.</p>
Old Business	None noted.
ANNOUNCEMENTS/OTHER DISCUSSION	
Melvin announced that Montgomery County is having their 5 th annual Pride event. There will be activities for the kids (i.e. drag story time, drag duels, and a ball). STI, HIV, and Mpox testing will also be available on site.	

The Washington, D.C. Regional Planning Commission on Health, and HIV (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.

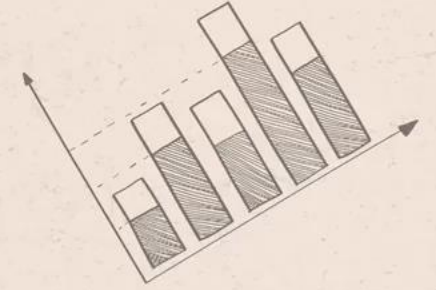
Rodney L. of Howard University announced that MAETC received funding for an additional 5 years to continue their work in providing technical assistance and training.

Murray congratulated Jane on her official appointment as Executive Director of Grassroots Health.

HANDOUTS

- COHAH General Body Meeting Agenda for June 27, 2024
- COHAH Meeting Minutes for May 30, 2024
- Recipient Report

MEETING ADJOURNED	7:29 pm	NEXT MEETING	THURSDAY, JULY 25, 2024 6:00pm to 8:00pm ZOOM CONFERENCE AND VIDEO CALL
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PSRA TRAINING





1

**What is
PSRA?**

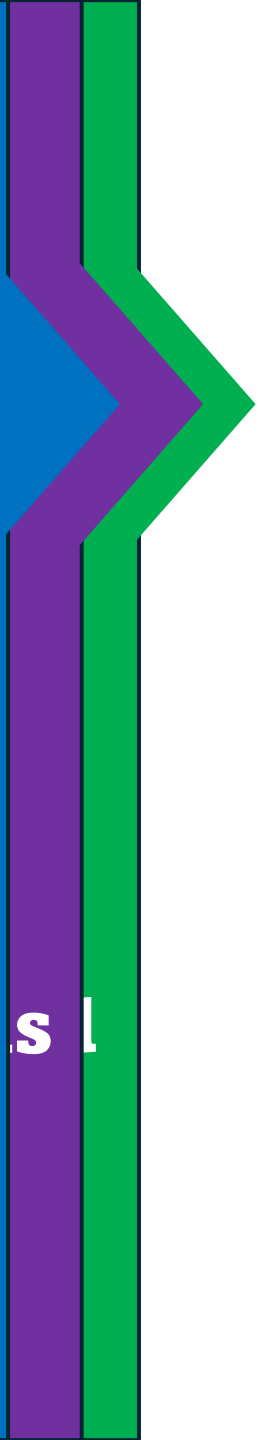
OUTLINE

1

**What is
PSRA?**

2

**Components
of PSRA**



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1

**What is
PSRA?**

2

**Components
of PSRA**

3

**Key
Considerations**

1

**What is
PSRA?**

2

**Components
of PSRA**

3

**Key
Considerations**

4

**HRSA's
Recommended
Steps
PSRA?**

1

**What is
PSRA?**

2

**Components
of PSRA**

3

**Key
Considerations**

4

**HRSA's
Recommended
Steps
PSRA?**

**WHAT IS
PSRA?**

WHAT IS PSRA?

Planning Councils are responsible for setting service priorities, determining how best to meet those priorities, and allocating resources to them.

WHAT IS PSRA?

Planning Councils are responsible for setting service priorities, determining how best to meet those priorities, and allocating resources to them.

Deciding which service categories are priorities (Priority Setting)

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Planning Councils are responsible for setting service priorities, determining how best to meet those priorities, and allocating resources to them.

Deciding which service categories are priorities (Priority Setting)

How much to fund them (Resource Allocation)

WHAT IS PSRA?

Planning Councils are responsible for setting service priorities, determining how best to meet those priorities, and allocating resources to them.

Deciding which service categories are priorities (Priority Setting)

How much to fund them (Resource Allocation)

Planning council is *the decision maker* about the use of RWHAP Part A program funds

Recipient must manage procurement so that funds are spent on services in the amounts determined by the PC
Funds can be moved among service categories only with PC approval

Planning body sets priorities and *recommends* allocations and directives to the recipient

**ANNUAL
PLANNING
CYCLE**

Planning Cycle Tasks

Assess Needs (REC)

Determine the number of PLWH living in the EMA and their needs

Determine the capacity of the service system to meet those needs; through focus groups, surveys and other methods.

This includes:

The number, characteristics, and service needs of PLWH who know their HIV status and are not in care

The service needs of PLWH who are in care, including differences in care and needs for historically underserved populations

The number and location of agencies providing HIV-related services in the EMA

Their capacity and capability to serve PLWH, including capacity development needs; and

Availability of other resources and plan for collaborating with these other services, such as substance abuse services and HIV prevention programs.

Planning Cycle Tasks

**Assess
Needs
(REC)**

**Develop
Service
Directives
(ISC)**

Takes recommendations re: populations and service systems from Needs Assessment and develops standards of care and service models

Develops service directives for how to implement service categories (models of care, target populations, etc.)

Planning Cycle Tasks

**Assess
Needs
(REC)**

**Develop
Service
Directives
(ISC)**

**Set
Priorities &
Allocate
Resources
(CPC)**

Section 2602(b)(4)(C) of the PHS Act

REQUIRED to “*establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant...*”

Planning Cycle Tasks

**Assess
Needs
(REC)**

**Develop
Service
Directives
(ISC)**

**Set
Priorities &
Allocate
Resources
(CPC)**

**Adjust
Allocations,
if needed,
Based on
Actual
Amount of
Grant
(CPC)**

Funding cuts

Re-allocation

Changes to
overall
healthcare
landscape
(Virginia
Medicaid
Expansion)

Planning Cycle Tasks

**Assess
Needs
(REC)**

**Develop
Service
Directives
(ISC)**

**Set
Priorities &
Allocate
Resources
(CPC)**

**Adjust
Allocations,
if needed,
Based on
Actual
Amount of
Grant
(CPC)**

**Assess
Efficiency of
Administrativ
Mechanism
(REC)**

Planning Cycle Tasks

Evaluate how rapidly RWHAP funds are allocated and made available for care.

Ensuring that funds are being contracted quickly and through an open process

Providers are being paid in a timely manner

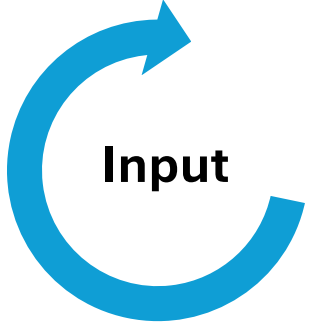
Review whether funds are used to pay for prioritized services

Review whether amounts contracted are the same as the commission's allocations

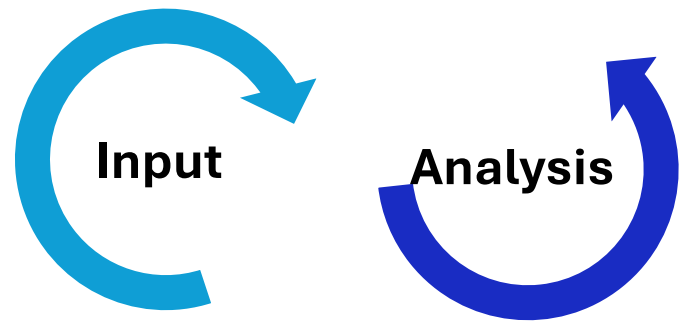
**Assess
Efficiency of
Administrative
Mechanism
(REC)**

Feedback Loop

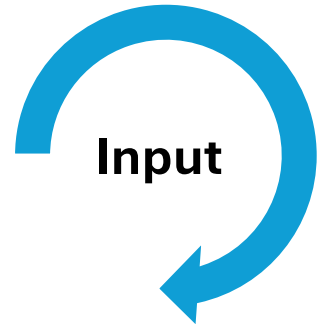
Feedback Loop



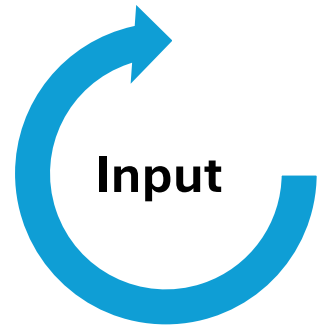
Feedback Loop



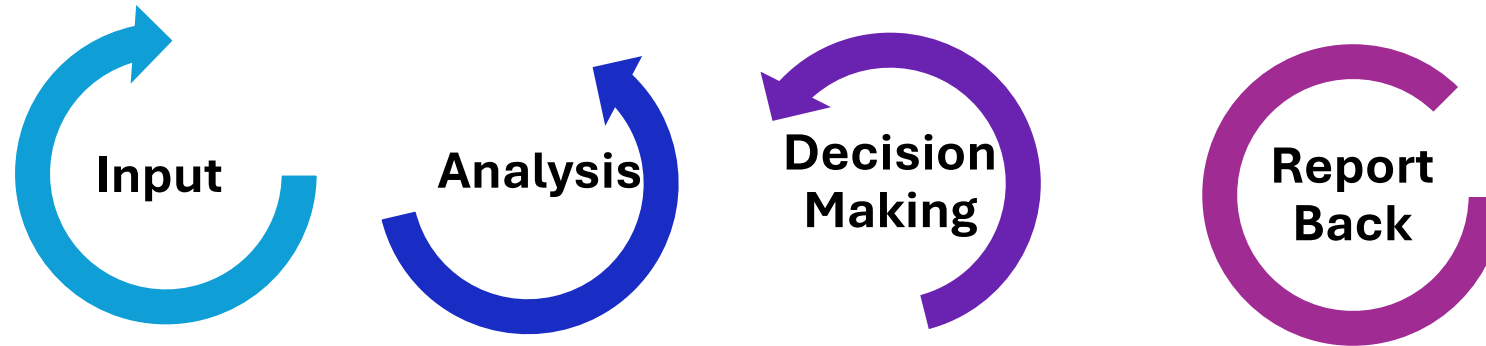
Feedback Loop



Feedback Loop



Feedback Loop



Includes obtaining input from stakeholders, analyzing that information, using it for decision making, and reporting back to the community

PSRA NOTES



PSRA NOTES

Planning Councils must often make decisions with incomplete information; such as

Limited information on the unmet need for services

Lack of outcomes evaluation for current services.

PSRA NOTES

Planning Councils must often make decisions with incomplete information; such as

Limited information on the unmet need for services

Lack of outcomes evaluation for current services.

Consciously link Needs Assessment and Comprehensive Planning with Priority Setting...

so that the Planning Council has the information needed to make sound decisions about service priorities and use of resources.

COMPONENTS

OF

PSTRA

Components of PSRA?



Components of PSRA?

**Priority
Setting**

PRIORITY SETTING

The process of deciding which HIV services are the most important in providing a comprehensive system of care for all PLWH in the EMA according to the criteria the EMA established.

Components of PSRA?

Priority Setting

PRIORITY SETTING

The process of deciding which HIV services are the most important in providing a comprehensive system of care for all PLWH in the EMA according to the criteria the EMA established.

Set priorities for services based on:

Size and demographics of the PLWH community and documented needs

Promotion of access to care/maintenance in care

Customer priorities

Specific gaps/emerging needs

Availability of other government and non-governmental sources of funding

Components of PSRA?

**Priority
Setting**

**Resource
Allocation**

RESOURCE ALLOCATION

The process of deciding how much RWHAP Part A funding to provide for each prioritized service category.

Instructs the recipient on how to distribute the funds in contracting for different types of services.

Components of PSRA?

**Priority
Setting**

**Resource
Allocation**

RESOURCE ALLOCATION

The process of deciding how much RWHAP Part A funding to provide for each prioritized service category.

Instructs the recipient on how to distribute the funds in contracting for different types of services.

PSRA requires allocating resources across service categories.

Absolute Dollar Amounts vs. Percentages

Components of PSRA?

**Priority
Setting**

**Resource
Allocation**

RESOURCE ALLOCATION

The process of deciding how much RWHAP Part A funding to provide for each prioritized service category.

Instructs the recipient on how to distribute the funds in contracting for different types of services.

PSRA requires allocating resources across service categories.

Absolute Dollar Amounts vs. Percentages

**DOES NOT MEAN
PROCUREMENT!!!**

**STRICTLY PROHIBITED FROM
INVOLVEMENT IN THE
SELECTION OF PARTICULAR
ENTITIES TO RECEIVE RYAN
WHITE PART A FUNDING!!!**

Components of PSRA?

**Priority
Setting**

**Resource
Allocation**

**Directives
(Guidance to
the Recipient)**

**PSRA Plan* with
Directives**

**Instructions for
the recipient to
follow in
developing
requirements
for providers for
use in
procurement
and contracting.**

**Usually
addresses
populations to
be served,
geographic
areas to be
targeted, and/or
service models
or strategies to
be used.**

Components of PSRA?

**Priority
Setting**

**Resource
Allocation**

**Directives
(Guidance to
the Recipient)**

**Reallocations
(As Needed)**

KEY

CONSIDERATIONS

Key Considerations



Key Considerations

Decisions about priorities and allocations are made based on data, not anecdotal info or “impassioned pleas”.

Priority setting must be guided by Ryan White requirements for planning and priority setting, particularly the emphasis on determining the unmet need for services and eliminating disparities in access and services.

Key Considerations

Decisions about priorities and allocations are made based on data, not anecdotal info or “impassioned pleas”.

PCs are expected to ensure a single, coordinated system of funding and care.

Emphasis must be on SOUND PRACTICE, not merely meeting legislative requirements.

Priorities should be reviewed annually, though decisions may be a continuation of existing services.

Key Considerations

Decisions about priorities and allocations are made based on data, not anecdotal info or “impassioned pleas”.

PCs are expected to ensure a single, coordinated system of funding and care.

The decision making process should consider many different perspectives.

It should be responsive to identified consumer needs and preferences across diverse populations and address the needs of those Ryan White clients.

Key Considerations

Decisions about priorities and allocations are made based on data, not anecdotal info or “impassioned pleas”.

PCs are expected to ensure a single, coordinated system of funding and care.

The decision making process should consider many different perspectives.

Always be mindful of potential conflict of interest.

Make FULL DISCLOSURE of your interest in a decision that may pose a conflict.

Refrain from using your position on the COHAH for private gain.

Key Considerations

Decisions about priorities and allocations are made based on data, not anecdotal info or “impassioned pleas”.

PCs are expected to ensure a single, coordinated system of funding and care.

The decision making process should consider many different perspectives.

Always be mindful of potential conflict of interest.

While you do not have to abstain from discussions on a matter where there is a conflict, you should abstain from voting on the matter.

Key Considerations

Look beyond your agency's immediate need and consider the bigger picture. REMEMBER to work toward a comprehensive system of care for all PLWH, not just those served by your agency.

The Planning Commission is an OFFICIAL DECISION-MAKING ENTITY.

Our PSRA decisions are subject to public scrutiny and to grievance procedures.

PSRA is the PRIMARY LEGISLATIVE RESPONSIBILITY of the whole Ryan White Part A Planning Body.

While you do not have to abstain from discussions on a matter where there is a conflict, you should abstain from voting on the matter.



HRSA
RECOMMENDED
STEPS

HIRSA RECOMMENDED

STEPS



STEPS



AGREE ON THE PRIORITY SETTING AND RESOURCE ALLOCATION PROCESS, ITS DESIRED OUTCOMES, AND RESPONSIBILITIES FOR CARRYING OUT THE PROCESS.

Before deciding on the process, review legislative requirements and HRSA guidance to ensure that the decision-making process developed is compatible with them.

Determine PSRA tasks and desired outcomes, assign responsibilities, and agree on a format and level of detail for the completed priorities and resource allocations.

Base priorities on the:

**size and demographics of the population of individuals living with HIV/AIDS,
needs of individuals who are in care and out of care,
disparities in access and services,
priorities of communities with HIV/AIDS,
coordination with HIV prevention and substance abuse prevention and treatment programs,
and compliance with the core medical services funding requirement.**

HIRSA RECOMMENDED

STEPS



DETERMINE AND OBTAIN AVAILABLE INFORMATION “INPUTS”, SUCH AS COMPREHENSIVE PLAN, NEEDS ASSESSMENT, AND CLIENT UTILIZATION DATA.

Data Table: HRSA does not expect all of these data components to be used, but many planning bodies find that using a combination of data provides the best results.

Identify missing information before priority setting begins to avoid conflict over any limitations in the process caused by a lack of data. Identifying information gaps will also help to improve the information inputs for next year’s decision making.

HRSR RECOMMENDED

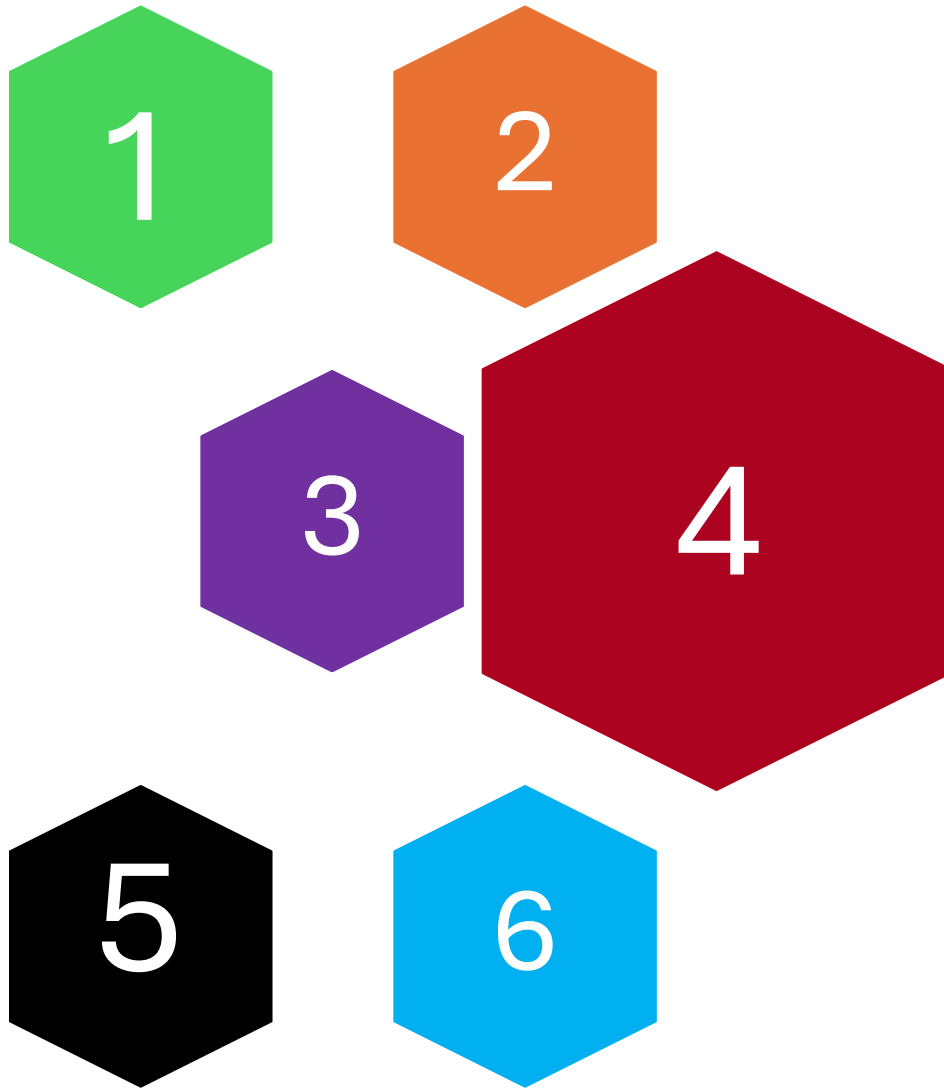
STEPS



REVIEW CORE MEDICAL AND SUPPORT SERVICE CATEGORIES, INCLUDING SERVICE DEFINITIONS.

We can choose a more limited definition than specified in the HAB/DMHAP service category definitions, but may not use a more expansive definition or fund service categories not on the approved list.

HIRSA RECOMMENDED STEPS



AGREE ON THE PRINCIPLES, CRITERIA, AND DECISION-MAKING PROCESS TO BE USED IN PRIORITY SETTING.

Possible principles to guide decision making.

Priorities should reflect the planning council's judgment concerning what services are needed to provide a continuum of care, regardless of how these services are being funded.

Issues to consider:

- Openness of Process**
- Information Base for Decision Making**
- Quorum Requirements**
- Minimizing Conflict of Interest**
- Leadership**
- Decision-making Responsibility**
- Meeting Schedule**
- Guidance/Directives to Recipient**

HIRSA RECOMMENDED

STEPS



**IMPLEMENT THE
PROCESS: SET
SERVICE
PRIORITIES,
INCLUDING HOW
BEST TO MEET
THEM.**

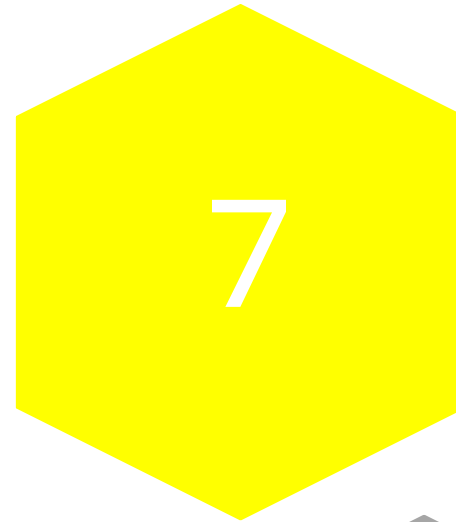
HIRSA RECOMMENDED

STEPS



**AGREE ON
PRINCIPLES,
CRITERIA, DECISION-
MAKING PROCESS,
AND METHODS TO BE
USED IN ALLOCATING
FUNDS TO SERVICE
CATEGORIES.**

**ESTIMATE NEEDS
AND COSTS BY
SERVICE
CATEGORY.**



**ALLOCATE
RESOURCES TO
SERVICE
CATEGORIES.**

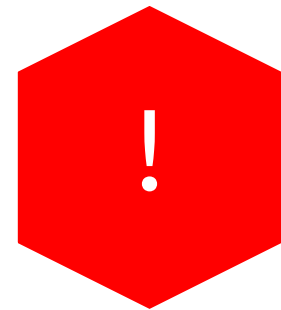
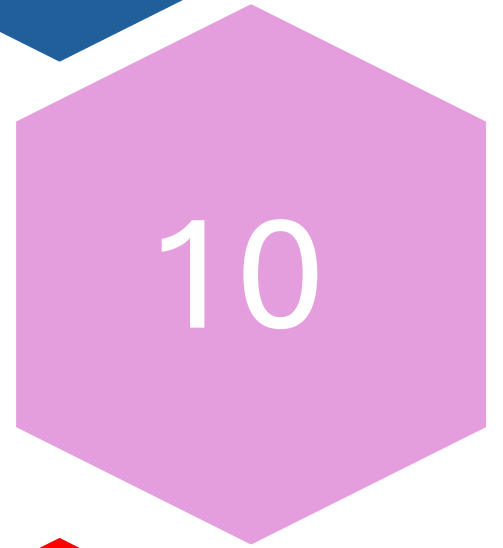


HHS RECOMMENDED STEPS

**PROVIDE
DECISIONS TO
THE RECIPIENT
FOR USE IN THE
APPLICATION AND
PROCUREMENT.**



**IDENTIFY AREAS
OF UNCERTAINTY
AND NEEDED
IMPROVEMENT.**



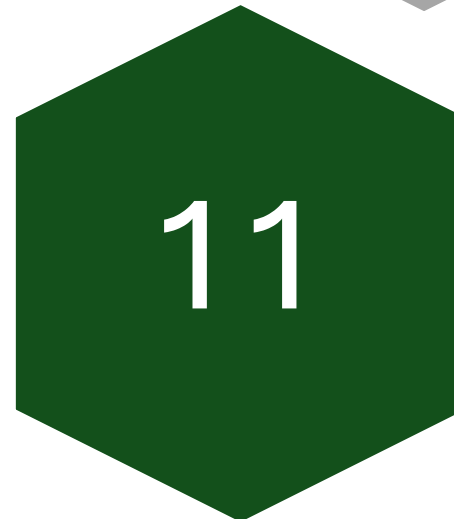
REALLOCATE FUNDS ACROSS SERVICE CATEGORIES AS NEEDED.

The EMA may lose future funding if it does not spend at least 95% of its formula grant.

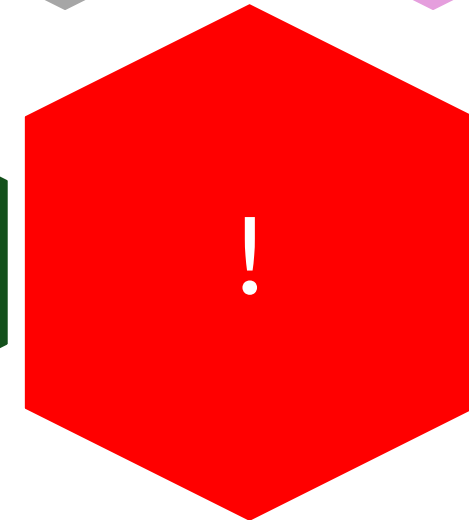
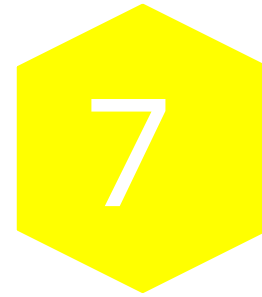
Recipient reallocates within the service category.

For other categories, PC must approve.

**Rapid Reallocation Process –
Agreement with Recipient**



HRSA provided these 11 steps as one example of a sound process and we should feel free to adapt it as appropriate, given our unique circumstances.





**CARE FOR
EACH OTHER**