

# PLANNING COMMISSION (COHAH) GENERAL BODY MEETING MINUTES

**THURSDAY, DECEMBER 15, 2022 - 6:00PM**

**ZOOM CONFERENCE AND VIDEO CALL**

**ELECTRONIC – ONLINE MEETING**

## ATTENDEES/ROLL CALL

COMMISSIONERS	PRESENT	ABSENT	COMMISSIONERS	PRESENT	ABSENT
Barnes, Clover (Ex-Officio)		X	Hutton, Kenya		X
Barton, Jedidiah	X		Keita, Ramatoulaye	X	
Blocker, Lakisa		X	Massie, Jenné	X	
Brown, Charles		X	Mekonnen, Betelhem ( <i>Comm. Co-Chair</i> )	X	
Camara, Farima		X	Murdaugh, Henry	X	
Carney, Misty	X		Olinger, Joshua		X
Cauthen, Melvin	X		Padmore, Gerald		X
Clark, Lamont (Gov. Co-Chair)	X		Palmer, Kentrell	X	
Coker, Sharon	X		Penner, Murray	X	
Cooper-Smith, Marjorie	X		Pettigrew, Kenneth	X	
Copley, Mackenzie	X		Rakhmanina, Natella	X	
Corbett, Wallace		X	Ramos, Claudia	X	
Cox, Derrick		X	Rhodes, Stefanie		X
Dean, Traci	X		Sain, Philip		X
DeMartino, Peter	X		Shaw-Richardson, Re'ginald		X
Fogal, Doug	X		Torre, Andrew	X	
Ford, Jasmine		X	Wallis, Jane ( <i>Comm. Vice-Chair</i> )		X
Forman, Lynn	X		Washington, Antonio		X
Gomez, Ana		X	Yocum, Ashley	X	
Gutierrez, Anthony		X	Keita, Ramatoulaye	X	
Hickson, DeMarc	X				
RECIPIENT STAFF	PRESENT	ABSENT		PRESENT	ABSENT
Edwards, Jason	X				
Smith, Avemaria	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Cooper, Stacey	X		Bailey, Patrice	X	
Orban, Julie	X		Johnson, Alan		X
Wimberly, Ashley	X				

## HIGHLIGHTS

*This is a draft version of the December 15, 2022, COHAH General Body Meeting Minutes which is subject to change. The final version will be approved on January 26, 2023.*

## AGENDA

Item	Discussion
Call to Order	The meeting was called to order by Lamont C. at 6:06 pm, followed by a moment of silence. Attendance was taken via Zoom chat. With 30 of 36 voting commissioners present, quorum was established.
Review and Adoption of the Agenda	Betelhem M. assumed the motion to adopt the agenda for the December 15, 2022, COHAH General Body Meeting. There were no changes to the agenda, therefore it was adopted as presented.
Review and Approval of the Minutes	Betelhem assumed the motion to approve the October 26 ( <i>sic</i> ), 2022, Meeting Minutes for the COHAH General Body Meeting. There were no changes to the minutes, therefore the minutes were approved as presented.
Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates	<p><b>Avemaria (Ave) S. presented the Recipient Report</b>            Lamont announced that Lena Lago, the previous Recipient, separated from DCHealth. Lamont introduced Avemaria (Ave) Smith as the Interim Recipient to give the financial report.</p> <p>The Health Resources and Services Administration’s (HRSA) Division of Metropolitan HIV/AIDS Program conducted a virtual site visit of the DC Eligible Metropolitan Area’s Ryan White Part A Program the week of November 14, 2022. Legislative and programmatic findings were identified for fiscal management, clinical quality management, and program administration. A completed site visit report is expected before the end of December, which will be accompanied by a request for a Corrective Action Plan to address the findings. HAHSTA staff are currently working to develop a corrective action plan to address these deficiencies sometime in January.</p> <p>The Integrated Plan was submitted last Friday. Ave commended Julie O., the new HIV Services Planner, Ashley Wimberly and Stacie Cooper for their efforts in assuring the timely submission of the plan.</p> <p>The Recipient is working on the carryover request, expected to be submit by the end of the month.</p> <p>The end of the grant period is approaching, and the Recipient is finding ways to spend down the money. One way of spending is via several requests from subrecipients for one time increases in their awards totaling a little over \$100,000.</p> <p>The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 32 includes Part A and the Part A Minority AIDS Initiative (MAI). The recipient received the full award in the amount \$33,345,898.</p>

	<p><b><u>FISCAL STATUS</u></b>          For Part A and Part A MAI in October 2022, there were 29 active subrecipients. Twenty-four payment requests were received and processed. One (1) grant ended in August. Four (4) invoices were unprocessed.</p> <p><b><u>PART A FISCAL SUMMARY</u></b>          Part A expenditures are at 40% and should be at 67%. Ave explained that some of the underspending is a result of new awards that were issued and the subrecipient needing time to staff and implement their programs, the awarding process, and staff shortages. These issues should self-correct, and she expects less underspending in the following year as the subrecipients will have a full 12 months to plan and spend. She further indicated that DCHealth is also affected by” the great resignation” (staff shortages) from COVID. The CARE Division is recruiting seven (7) positions and anticipate being fully staffed soon.</p> <p>Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Medical Case Management (MCM), Non-Medical Case Management Services (NMCM), Medical Transportation (MT), Outreach Services (OS), and Psychosocial Support Services (PSS).</p> <p>Services spending 30% below expected are Outpatient/Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Home and Community-Based Health Services (HCBS), Oral Health Care (OHC), Mental Health Services (MHS), Medical Case Management (MCM), Substance Abuse Services – Outpatient (SASO), Non-Medical Case Management Services (NMCM), Food Bank/Home Delivered Meals (FBHDM), Medical Transportation (MT), and Psychosocial Support Services (PSS).</p> <p><b><u>PART A MAI FISCAL SUMMARY</u></b>          Part A MAI expenditures are at 54% and should be at 67%.</p> <p>Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Mental Health Services (MHS), Substance Abuse Services – Outpatient (SASO), and Psychosocial Support Services (PSS).</p> <p>Services spending 30% below expected are Substance Abuse Services – Outpatient (SASO), and Mental Health Services (MHS).</p>
<p><b>Standing Committee Updates</b></p>	<p><b><u>Research and Evaluation Committee (REC) reported by Lamont C.</u></b>          The committee recapped the challenges and successes of the 2022 Consumer Needs Assessment process and looks forward to utilizing the lessons learned, using a better platform to collect data and being able to assist other subcommittees who may want to conduct needs assessments.</p>

**Comprehensive Planning Committee (CPC) reported by Mackenzie C.**

The CPC reviewed the Recipient Report and learned about different mechanisms available to increase spending.

**Integrated Strategies Committee (ISC) reported by Melvin C.**

ISC reviewed the Health Equity Position Paper and discovered that the Housing section did not include Montgomery County which operates its own HOPWA housing. Melvin will add Montgomery County information to that section.

There was discussion a two (2) page document to accompany the Equity Paper, that extracted specific positions that will be offered as action item.

Ashley Wimberly gave an EHE update. She also presented at the Protocol Implementation Summit along with Emily Brown from Montgomery County, Eric Pierce in Prince Georges Co., and Andrew Torre from Virginia although they are not an EHE jurisdiction. Ashley also touched on the 4 HIV pillars (Diagnose, Treat, Prevent, and Respond, and DC's exclusive Engage).

There were no updates on the letter sent to OSSE requesting a change in the Child Care Standard rules. In the interim of the two (2) year process to change, providers are encouraged to establish relationships with other providers nearby who offer services to eliminate childcare as a barrier to obtaining care.

**Community Education and Engagement Committee (CEEC) reported by Jenne M.**

The committee debriefed on the Protocol Implementation Summit held on November 16, 2022 and discussed improvements for future engagement activities.

The CEEC also began brainstorming about a potential youth event. It was discussed to have a mixer around Valentine's Day to engage youth (ages 18-30) to determine what a larger event should look like in the future. More information will be posted in Basecamp.

Lamont gave kudos to CEEC, Anthony Gutierrez, and Jed B. for an awesome job at organizing the Implementation Summit and asked Jed to expound. Jed noted that 65 people attended the summit held at the Human Right Coalition (HRC). The morning began with EHE updates and in the afternoon different agencies presented their protocols. Delicious breakfast and Mediterranean lunch were served for all. Jenné added that there were representatives from every jurisdiction, reaching as far as Baltimore and FAHASS. Representatives from West Virginia were not present.

<p><b>Commission Administrative Business – Things to Do</b></p>	<p>Lamont reported that the HRSA site visit had two (2) findings for COHAH. First, COHAH is below the required 33% of unaffiliated members on the board and the COHAH is out of compliance with legitimizing it's sworn in members. The first finding can be translated into two (2) people. Lamont encouraged everyone who may know of anyone interested in the COHAH to encourage them to attend the committees to become more informed about the COHAH in particular women living with HIV in Maryland and Virginia. The second finding unbeknownst to HRSA, is covered by a MOTA policy, nunc pro tunc, that states when a member's term has expired and they are waiting to be sworn in, their term automatically carries over and the new date overrides the old date. In other words, a person's term automatically carries over until they are sworn in.</p> <p>Ashley Y. indicated that Virginia submitted their Integrated Plan last Friday and looks forward to working with DC as the plans are closely aligned and interact with each other. She also gave a reminder of the Implementation of Unified Eligibility that requires Virginia Ryan White (RW) Part B contracted agencies to conduct all client eligibility assessments for all RW Part B services including ADAP. Uncontracted RW Part B sites must refer clients that need an assessment for Part B services to a contracted RW Part B agency. Eligibility assessments for any Part B client that requests it must be conducted regardless of whether they are receiving additional services from your agency.</p> <p>Ashley further indicated that Virginia clients enrolling in the marketplace must use the insurance benefits manager Benalytics.</p>		
<p><b>New Business</b></p>	<p>None noted.</p>		
<p><b>Old Business</b></p>	<p>None noted.</p>		
<p><b>ANNOUNCEMENTS/OTHER DISCUSSION</b></p>			
<p>Stacey C. announced that a Request For Applications (RFA) entitled HIV Prevention Activities: A Syndemic Approach has been released. The RFA can be found on the <a href="http://communityaffairs.dc.gov">communityaffairs.dc.gov</a> website. The RFA is only for the DC agencies that serve DC residents. You can direct any questions to <a href="mailto:preventionrfas@dc.gov">preventionrfas@dc.gov</a>.</p>			
<p><b>HANDOUTS</b></p>			
<ul style="list-style-type: none"> <li>• Planning Commission (COHAH) Meeting Agenda December 15, 2022</li> <li>• Meeting Minutes October 27, 2022</li> <li>• Recipient Report</li> </ul>			
<p><b>MEETING ADJOURNED</b></p>	<p><b>6:39pm</b></p>	<p><b>NEXT MEETING</b></p>	<p><b>THURSDAY, DECEMBER 15, 2022 6:00pm to 8:00pm ZOOM CONFERENCE AND VIDEO CALL</b></p>