

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING AGENDA

WEDNESDAY MARCH 24, 2021 – 11:00PM TO 1:00PM

ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING

ELECTRONIC – ONLINE MEETING

Note: all times are approximate

11:05 pm	<ol style="list-style-type: none"> 1. Call to Order and Moment of Silence 2. Welcome and Introductions 3. Adopt Agenda for March 24, 2021 4. Approve Minutes for February 24, 2021
11:15 pm	<ol style="list-style-type: none"> 5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight 6. Data Request
11:45 pm	<ol style="list-style-type: none"> 7. Other Business
12:15 pm	<ol style="list-style-type: none"> 8. Announcements and Adjournment
<p><u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u></p>	<p>WEDNESDAY APRIL 28, 2021 11PM TO 1PM ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING (ONLINE)</p>

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, FEBRUARY 24, 2021 – 11:00AM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Carney, Misty	X				
Copley, Mackenzie (<i>Vice Chair</i>)	X				
DeMartino, Peter		X			
Padmore, Gerald (<i>Chair</i>)	X				
Shaw-Richardson, Re'ginald		X	COMMUNITY PARTNERS/GUESTS	PRESENT	ABSENT
Zoerkler, Jennifer	X		Fernando Mena-Carrasco	X	
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT	Ramos, Claudia	X	
Barnes, Clover	X				
Edmonds, Jason	X		CONSULTANTS	PRESENT	ABSENT
Fortune, Ebony		X			
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Fox, Anthony	X		Bailey, Patrice	X	
Pettigrew, Ken		X	Clark, Lamont	X	

HIGHLIGHTS

NOTE: This is a draft version of the February 24, 2021 Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the March 24, 2021 meeting and made available thereafter.

AGENDA

ITEM	DISCUSSION
Call to Order	Gerald P. called the meeting to order at 11:06 am, followed by a moment of silence and introductions.
Review and Adoption of the Agenda	Jennifer Z. motioned to adopt the Comprehensive Planning Committee Agenda for February 24, 2021. Mackenzie C. seconded. The agenda was adopted unanimously.



<p>Review and Approval of the Minutes</p>	<p>Mackenzie motioned to approve the Comprehensive Planning Committee Minutes from January 27, 2021. Jennifer seconded. The minutes are approved unanimously.</p>
<p>Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight</p>	<p>Clover Barnes reported for the Recipient</p> <p>Clover gave an overview of the reporting protocol to the new participants and explained the report content.</p> <p>The Part A GY 29 carryover request for \$938,440 was received on September 16, 2020. The GY 30 award has been received in the amount \$32,242,116. The total plus carryover is \$33,180,556.</p> <p><u>FISCAL STATUS</u></p> <p>For Part A and Part A MAI in December 2020, (33) of (41) invoices have been received.</p> <p>There are no service delivery challenges in Maryland, Virginia, or DC.</p> <p><u>PART A FISCAL SUMMARY</u></p> <p>Part A expenditures are at 57% and should be at 83%.</p> <p>Service areas affected by unprocessed invoices are Regional Early Intervention Services (REIS), Home & Community Based Care (HCBC), Medical Case Management (MCM), Emergency Financial Assistance (EFA), Early Intervention Services (EIS), Medical Transportation Services (MT), and Psychosocial Support Services (PSS).</p> <p>Services spending 30% below expected are Early Intervention Services (EIS), Medical Case Management (MCM), Emergency Financial Assistance (EFA), Linguistic Services (LS), and Outreach Services (OS).</p> <p>There are no services spending 30% above expected.</p> <p><u>PART A MAI FISCAL SUMMARY</u></p> <p>Part A MAI expenditures are at 63% and should be at 83%.</p> <p>Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services (OAHS), Mental Health Services (MH), and Substance Abuse Services – Outpatient (SAS).</p> <p>The service spending 30% below expected is Outpatient/Ambulatory Health Services.</p>



	<p>There are no services spending 30% above expected.</p> <p><u>UBC FISCAL SUMMARY</u> UBC expenditures are at 67% and should be at 83%.</p> <p>There are no service areas affected by unprocessed invoices.</p> <p>Services spending 30% below expected are Outpatient/Ambulatory Health Services, Oral Health Care, Substance Abuse Services – Outpatient, and Housing Case Management and Referral.</p> <p>There are no services spending 30% above expected.</p> <p><u>RECIPIENT REPORT</u></p> <p>GY 30 Closeout. The Recipient and her team are working diligently to ensure funds are spent down as much as possible. HRSA anticipates significant underspending from Ryan White grants due to the COVID-19 pandemic. We do not anticipate having an unobligated balance large enough to cause the EMA to receive a penalty. The unspent funds are kept on the books for three years. The Recipient will submit a carry-over request (4.9 % of the formula grant can be carried over) and report suggested spending allocations to the COHAH. HRSA will credit the amount to HAHSTA’s account in about two months from the request. The FFR is due May 31st. The Recipient will start working on it when the final invoices are received, usually around April.</p>
<p>PSRA GY 32 Planning</p>	<p>Lamont C. indicated that there will be a full PSRA process this summer that will contribute to the application process, depending on the status of the pandemic.</p> <p>Mackenzie asked when the data request should be submitted. Lamont indicated that it should be submitted around April. There have been some personnel changes in the Strategic Information Division (SID) that usually provides the bulk of the data request so it would be helpful to get the information from the COHAH in a timely manner. Mackenzie suggested putting it on the agenda for the next month. Jennifer asked if there will be data on the impact of COVID on the population because that might change a lot of priorities. Clover indicated that an assessment was done on the providers in the DC area and what is needed to move forward. There should be at least some information available in time for the PSRA process this summer. The project is expected conclude by the end of September. Lamont added that the Research and Evaluation Committee (REC) is also working on their needs assessment and have been in contact with Ashley Yocum who has provided</p>

	information on their COVID needs assessment that will also inform the process for PSRA. The RFA is expected to be released in August, to be returned in October/November to have it ready on March 1.
Other Business	Mackenzie asked if in-person meetings is determined by the percentage of COHAH members that have been vaccinated or determined by the Mayor's office? Lamont indicated that there will be no in-person meetings until staff have returned to the workspace. Currently, staff are discouraged from being in the building unless it's necessary to perform their jobs. HAHSTA will follow the direction of the mayor in returning to the work space and MOTA will inform the COHAH when in-person meetings can resume.

ANNOUNCEMENTS/OTHER DISCUSSION

Gerald announced that tonight there will be a NoVa COVID Vaccination Session with doctors and patients to discuss their experience with the vaccination and educate faith leaders. Gerald will send the link.

HANDOUTS

- February 24, 2021 Comprehensive Planning Committee (CPC) Meeting Agenda
- January 27, 2021 Comprehensive Planning Committee (CPC) Meeting Minutes
- Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 29 – Reporting Period: December 2020
- Fiscal Roll-up Report – December 2020

MEETING ADJOURNED	11: 38AM	NEXT MEETING	WEDNESDAY, MARCH 24, 2021 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL
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Date: March 24, 2021

To: Comprehensive Planning Committee (CPC)

From: Ryan White HIV/AIDS Program (RWHAP) Recipient Staff

**Re: Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding)
Year 30 - Reporting Period: January 1 – 31, 2021**

Part A and Part A MAI. The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 30 includes two components: Part A and Part A Minority AIDS Initiative (MAI). These reports are designed to report distinctly on the associated program activities. 1. The Part A GY 29 carryover request for \$938,440 was received on September 16, 2020 and has been added to the total award for GY30. **The GY 30 award has been received in the amount \$32,242,116. The total plus carryover is \$33,180,556.**

Notes on Overview. The fiscal spreadsheets list the service categories by Part and jurisdiction and identifies the reported expenditure as a proportion of expected-to-date. The COHAH has requested an explanation of those service categories with a 30% variance from the target percentage.

FISCAL STATUS

For Part A and Part A MAI in January 2021, **(38)** of **(41)** invoices have been received.

SERVICE DELIVERY CHALLENGES

DC: No challenges.

MD: No challenges.

VA: No challenges.

PART A FISCAL SUMMARY

Part A expenditures are 64% and should be 92%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Regional Early Intervention Services (REIS)

Services 30% below expected:

Early Intervention Services (EIS)
Emergency Financial Assistance (EFA)
Linguistic Services (LS)
Outreach Services (OS)

Services 30% above expected:

N/A

PART A MAI FISCAL SUMMARY

Part A MAI expenditures are 73% and should be 92%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

N/A

Services 30% below expected:

Outpatient/Ambulatory Health Services

Services 30% above expected:

N/A

UBC FISCAL SUMMARY

UBC expenditures are 74% and should be 92%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

N/A

Services 30% below expected:

Outpatient/Ambulatory Health Services
Oral Health Care
Substance Abuse Services - Outpatient

Housing Case Management and Referral

Services 30% above expected:

N/A

RECIPIENT REPORT

1. **GY 30 Closeout.** The Recipient and her team are working diligently to ensure funds are spent down as much as possible. HRSA anticipates significant underspending from Ryan White grants due to the COVID-19 pandemic. We do not anticipate having an unobligated balance large enough to cause the EMA to receive a penalty. HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY 21.

Report through January 2021

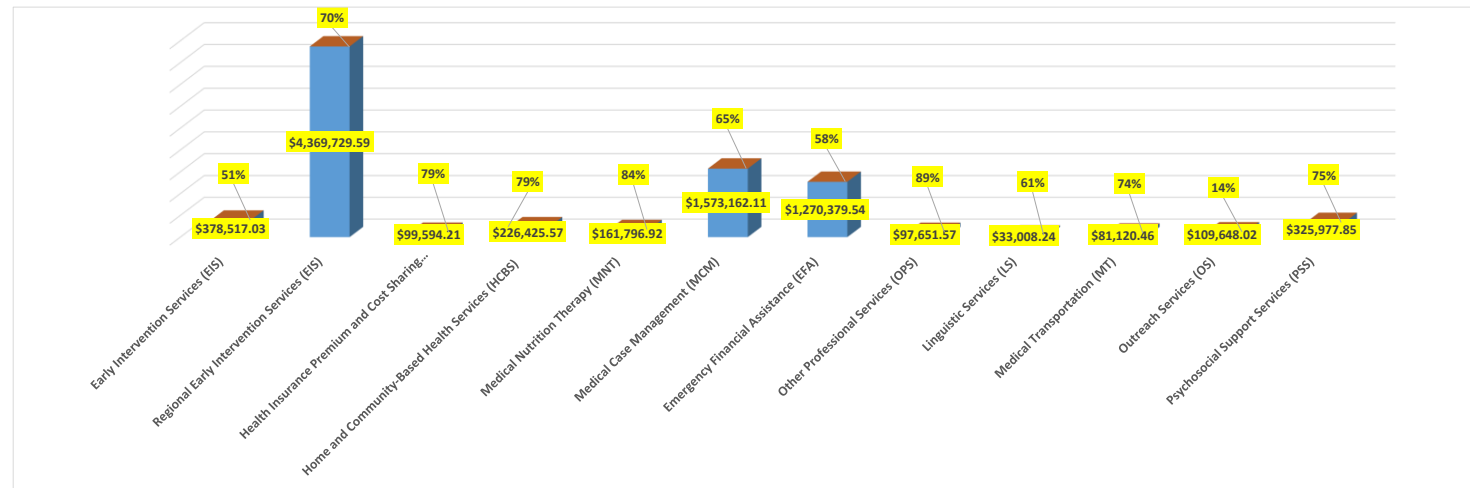
Jurisdiction	Current Award - Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia - Part A	9,337,671	6,333,859	3,003,812	67.8%	
District of Columbia - MAI	1,333,946	1,225,060	108,886	91.8%	
District of Columbia - UBC	11,056,837	8,148,989	2,907,848	73.7%	
District of Columbia Subtotal	21,728,454	15,707,908	6,020,546	72.3%	
Northern Virginia -- MAI	362,605	265,031	97,574	73%	
Northern Virginia Subtotal	1,411,168	865,714	545,454	61%	
Suburban Maryland - Part A	2,844,566	1,438,813	1,405,753	50.6%	
Suburban Maryland -- MAI	952,077	454,038	498,039	47.7%	
Suburban Maryland Subtotal	3,796,643	1,892,851	1,903,792	49.9%	
West Virginia - Part A	421,200	353,655	67,545	84.0%	
West Virginia Subtotal	421,200	353,655	67,545	84.0%	
TOTAL -- Part A	13,652,000	8,727,011	4,924,989	63.9%	
TOTAL -- MAI	2,648,628	1,944,128	704,500	73.4%	
TOTAL -- UBC	11,056,837	8,148,989	2,907,848	73.7%	
TOTAL Subtotal	27,357,465	18,820,128	8,537,337	68.8%	

PART A

Report through January 2021

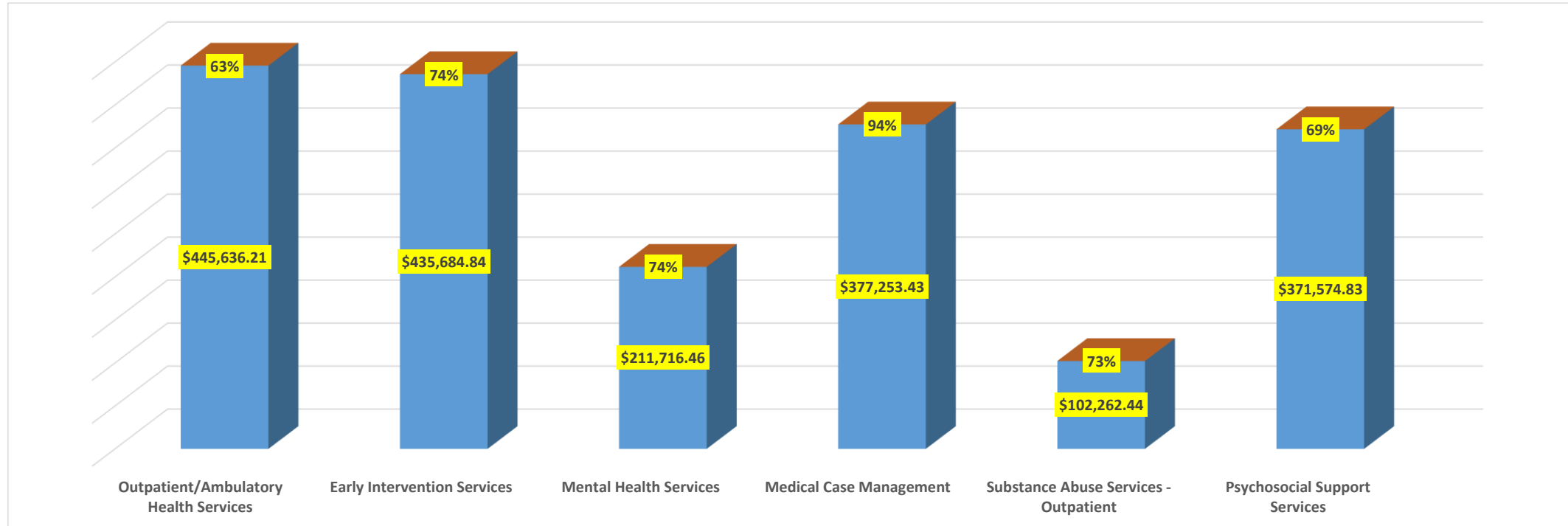
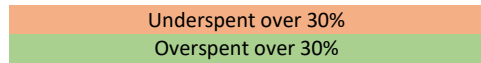
SERVICE CATEGORY	AWARDS	EXPENDITURES TO DATE				Comments
		Reported \$ Total	Reported %	Expected \$	Expected %	
Early Intervention Services (EIS)	\$737,663.00	\$378,517.03	51%	\$676,191.08	92%	Reduced in-person service delivery due to COVID19
Regional Early Intervention Services (EIS)	\$6,216,801.00	\$4,369,729.59	70%	\$5,698,734.25	92%	
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)	\$126,854.00	\$99,594.21	79%	\$116,282.83	92%	
Home and Community-Based Health Services (HCBS)	\$285,103.00	\$226,425.57	79%	\$261,344.42	92%	
Medical Nutrition Therapy (MNT)	\$192,367.00	\$161,796.92	84%	\$176,336.42	92%	
Medical Case Management (MCM)	\$2,406,958.00	\$1,573,162.11	65%	\$2,206,378.17	92%	
Emergency Financial Assistance (EFA)	\$2,189,991.00	\$1,270,379.54	58%	\$2,007,491.75	92%	Due to pandemic moratoriums renters did not need funds for emergency rent
Other Professional Services (OPS)	\$109,368.00	\$97,651.57	89%	\$100,254.00	92%	
Linguistic Services (LS)	\$54,229.00	\$33,008.24	61%	\$49,709.92	92%	Reduced in-person service delivery due to COVID19
Medical Transportation (MT)	\$109,763.00	\$81,120.46	74%	\$100,616.08	92%	
Outreach Services (OS)	\$787,697.00	\$109,648.02	14%	\$722,055.58	92%	Reduced in-person service delivery due to COVID19
Psychosocial Support Services (PSS)	\$435,206.00	\$325,977.85	75%	\$398,938.83	92%	
TOTAL	\$ 13,652,000.00	\$ 8,727,011.11	64%	\$12,514,333.33	92%	

Underspent over 30%
Overspent over 30%



MAI Report through January 2021

SERVICE CATEGORY	AWARDS Current Budget	EXPENDITURES TO DATE				Comments
		Reported \$ Total	Reported %	Expected \$	Expected %	
Outpatient/Ambulatory Health Services	\$701,903.00	\$445,636.21	63%	\$643,411.08	92%	Reduced in-person service delivery due to COVID19
Early Intervention Services	\$587,086.00	\$435,684.84	74%	\$538,162.17	92%	
Mental Health Services	\$284,653.00	\$211,716.46	74%	\$260,931.92	92%	
Medical Case Management	\$399,648.00	\$377,253.43	94%	\$366,344.00	92%	
Substance Abuse Services - Outpatient	\$140,436.00	\$102,262.44	73%	\$128,733.00	92%	
Psychosocial Support Services	\$534,902.00	\$371,574.83	69%	\$490,326.83	92%	
TOTAL	\$2,648,628.00	\$1,944,128.21	73%	\$2,427,909.00	92%	



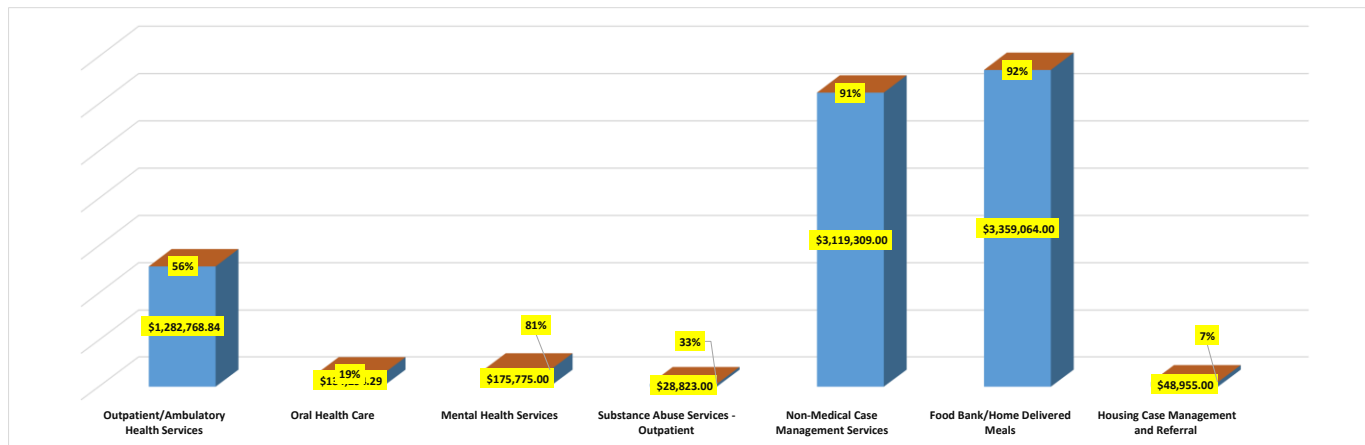
UBC

Report through January 2021

SERVICE CATEGORY	AWARDS	EXPENDITURES TO DATE				Comments
	Current	Reported \$	Reported %	Expected \$	Expected %	
Outpatient/Ambulatory Health Services	\$ 2,282,360.00	\$ 1,282,768.84	56%	\$2,092,163.33	92%	Reduced in-person service delivery due to COVID19
Oral Health Care	\$ 688,907.00	\$ 134,294.29	19%	\$631,498.08	92%	Reduced in-person service delivery due to COVID19.
Mental Health Services	\$ 217,453.00	\$ 175,775.00	81%	\$199,331.92	92%	
Substance Abuse Services - Outpatient	\$ 87,002.00	\$ 28,823.00	33%	\$79,751.83	92%	Reduced in-person service delivery due to COVID19
Non-Medical Case Management Services	\$ 3,412,267.00	\$ 3,119,309.00	91%	\$3,127,911.42	92%	Combined with Housing as of the start of GY30
Food Bank/Home Delivered Meals	\$ 3,662,714.00	\$ 3,359,064.00	92%	\$3,357,487.83	92%	
Housing Case Management and Referral	\$ 706,134.00	\$ 48,955.00	7%	\$647,289.50	92%	
TOTAL	\$ 11,056,837.00	\$ 8,148,989.13	74%	\$10,135,433.92	92%	

Underspent over 30%

Overspent over 30%



DATA REQUEST April 30, 2020

#	QUESTION	DATA DESIRED	YEAR/ TIME PERIOD	SOURCE	EMA	JURISDICTIONAL
Epidemiologic Data						
1	<i>What is the size and characteristics of the local epidemic?</i>	People Living with HIV (PLWH) in the EMA. <ul style="list-style-type: none"> ▪ Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, and country of origin. ▪ Include EMA data and jurisdictional breakdowns with comparisons <i>**Please highlight important disparities & notable findings</i>	As of December 31, 2019, if available	Surveillance reports	X	X
2	<i>How is the epidemic changing and where is it heading?</i>	Newly diagnosed cases of HIV and 3-year trends in newly diagnosed cases <ul style="list-style-type: none"> ▪ Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, and country of origin. ▪ Include EMA data and jurisdictional breakdowns with comparisons <i>**Please highlight important disparities & notable findings</i>	As of December 31, 2019, if available	Surveillance reports	X	X
3	<i>How is HIV progressing in the EMA?</i>	Newly diagnosed cases of Stage-3 HIV (AIDS) and 3-year trends in newly diagnosed cases of Stage-3 HIV <ul style="list-style-type: none"> ▪ Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, and country of origin. ▪ Include EMA data and jurisdictional breakdowns with comparisons <i>**Please highlight important disparities & notable findings</i>	As of December 31, 2019, if available	Surveillance reports	X	X
4	<i>What is the unmet need for care among PLWH in the EMA?</i>	Estimates of unmet need. <ul style="list-style-type: none"> ▪ Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, and country of origin. ▪ Include EMA data and jurisdictional breakdowns with comparisons <i>**Please highlight important disparities & notable findings</i>	As of December 31, 2019, if available	Surveillance reports	X	X

DATA REQUEST April 30, 2020

#	QUESTION	DATA DESIRED	YEAR/ TIME PERIOD	SOURCE	EMA	JURISDICTIONAL
5	<i>How well are we doing in engaging and retaining people in care? How does this vary across jurisdictions and populations?</i>	Treatment Cascade/Continuum of Care <ul style="list-style-type: none"> Include data for all RW clients in EMA and in each jurisdiction (show full cascade for each jurisdiction). Compare each stage in the cascade by jurisdiction. Provide possible reasons for significant differences. Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, and country of origin. Provide general data for all PLWHA in EMA. <i>**Please highlight important disparities & notable findings</i>	As of December 31, 2019, if available	RSR	X	X
6	<i>What are the Hepatitis C infection rates among PLWH?</i>	Rates of Hepatitis C infection amongst People Living with HIV. <ul style="list-style-type: none"> Include breakdowns by age, race/ethnicity, gender identity, and country of origin. Include EMA data and jurisdictional breakdowns with comparisons <i>**Please highlight important disparities & notable findings</i>	As of December 31, 2019, if available	Surveillance reports	X	
Service Utilization						
7	<i>How many people are using RW services and what are their characteristics?</i>	RW clients <ul style="list-style-type: none"> Include EMA and jurisdictional data Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, country of origin, housing status, insurance status, and poverty level. 	CY'2019 (1/1/19-12/31/19)	RSR	X	X

DATA REQUEST April 30, 2020

#	QUESTION	DATA DESIRED	YEAR/ TIME PERIOD	SOURCE	EMA	JURISDICTIONAL
8	<i>How many clients are using each service and how many units of service are they using?</i>	Unduplicated number of people served by category and service units by category. <ul style="list-style-type: none"> Include special populations service usage Include regionally-funded (Unit Based Cost) service categories 	CY 2019 (1/1/19-12/31/19)	Service Stats/RSR	X	X
9	<i>How well did our allocation process match the need or the ability of providers to expend funds?</i>	Allocations and Reimbursements <ul style="list-style-type: none"> Include initial allocations, adjusted allocations, and provider reimbursement/expenditure reports. Include data for EMA and for each jurisdiction 	Grant Year 29 (3/1/19 to 2/28/20)	Fiscal reports/recipient and sub-recipient narratives	X	X
10	<i>Were large portions of some categories unspent? Are there ways to better project what service dollars can be spent efficiently?</i>	Underspending For service categories for which funds were returned to the recipient or more than 30% reprogrammed to another category. <ul style="list-style-type: none"> Include amount and percentage of funds transferred Include reasons funds were underspent/unspent 	Grant Year 29 (3/1/19 to 2/28/20)	Fiscal reports/recipient and sub-recipient narratives	X	X
Additional Resources						
11	<i>What other funds are available to support services for PLWH in the EMA?</i>	Resource Inventory (Update from Integrated Plan) <ul style="list-style-type: none"> Include other resources that fund core and support services Include other jurisdictional resources that support health insurance coverage, premiums, etc. 	As of December 31, 2019, if available	GWU/Recipient	X	X

DATA REQUEST April 30, 2020

#	QUESTION	DATA DESIRED	YEAR/ TIME PERIOD	SOURCE	EMA	JURISDICTIONAL
Special Considerations						
12	<i>What are some focus populations that we should be looking at?</i>	The Commission would like to work with the recipient and state health departments to determine appropriate focus populations. As a next step, the recipient will research best practices for selecting focus populations and examine the RSR data to see if there are specific trends or patterns that would denote focus populations.	2019, GY 29	RSR, Surveillance Data	X	X
13	<i>What immigrant populations are most impacted in the region and how does that vary by jurisdiction? Are they being well served by the RW system?</i>	Other than country of origin in the epi data, we need additional input and guidance on what data might be available.				
14	<i>What are the Part B Allocations and Expenditures?</i>	We would like to see the Ryan White services that Part B has been able to fund in each of the DC EMA jurisdictions in the past grant year as well as the allocations for the new grant year.	GY29, GY30	State Part B		X
Trends in the EMA						
15	<i>How does age impact PLWH's access to quality care in the region?</i>	5-year trends in RW client outcomes by age Data on engagement and retention in care and viral suppression	2015 – 2019	RSR	X	X