



METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL

Dázon Dixon Diallo, MPH
Chair

Trevor Pearson
First Vice Chair

Ken Lazareth
Second Vice Chair

September 1, 2014

As Chair of the Metropolitan Atlanta HIV Health Services Planning Council, I am writing on behalf of the Council to inform you that the FY 2014 Formula, Supplemental, and MAI funds awarded to the Atlanta EMA are being expended according to the HIV service priorities established and approved by the full Planning Council on July 10, 2014.

All of the FY 2014 Conditions of Award (FY2014 final allocations and FY 2015 rankings and allocation; FY 2013 Carryover; FY 2014 Final Progress Report) for Formula and Supplemental relative to the Planning Council have been addressed.

Using the process approved by the Planning Council, the Priorities Committee, consisting of unaligned Planning Council members and un-aligned Consumers, determined the FY 2014 priorities based on the review of available information resources, including but not limited to: reference materials on priority-setting and resource allocation, AIDS Surveillance data, AIDS prevalence data, HIV prevalence data, HIV Consumer Needs Assessment Survey, data from the Atlanta Unmet Need Project, Ryan White Data Reports (RDR), Utilization Data, Service Cost Data, and information on the availability of other Federal, State, and local funds.

The Committee defined the Priority Categories for FY 2014 (final) and FY 2015 during meetings held on June 11, 2014 and June 16, 2014. The recommendations of the Priorities Committee were reviewed by the Executive Committee and approved by the full Planning Council on July 10, 2014.

The annual membership training will be held on October 10, 2014. A refresher workshop for all members (which includes consumers) will take place on during the 2nd quarter of 2015. There will be additional Consumer leadership development training through the Membership Committee during the 2014-2015 Planning Council year.

The 2014-2015 Council: is reflective of the Atlanta EMA's epidemic; is representative and satisfies all mandated membership categories. There are 55 Voting members, of these members 32 (58%) are PLWH/A; and 25 (non-aligned Consumers). There are no significant variations between the non-aligned Consumer demographics and HIV disease prevalence.

Sincerely,

Dázon Dixon Diallo, MPH
Planning Council Chair