



LETTER OF ASSURANCE

September 3, 2021

As Chair of the Metropolitan Atlanta HIV Health Services Planning Council it gives me great pleasure to submit this Letter of Assurance. I hereby affirm the following:

Planning

Most Recent Assessment

The most recent comprehensive needs assessment commenced during the first quarter of the 2021 planning year. The plan was developed as an ongoing assessment which will have incremental updates and modifications based on community feedback. Special effort was made to develop an in house video which was engaging and familiar. The Planning Council Chair gave the invitation to participate in the assessment.

The Needs Assessment collected information about the needs of People Living with HIV (PLWH), both those receiving care and those not in care. Steps involved gathering data from multiple sources on the number of HIV and AIDS cases, the needs of PLWH, and current resources (Ryan White HIV/AIDS Program and other) available to meet those needs. This information was analyzed to identify what services are needed and by which groups of PLWH.

The survey included 122 questions with approximately 550 data points. There were 959 surveys taken through June 16, 2021.

Participation in the Comprehensive Planning Process

The Metropolitan Atlanta HIV Health Services Planning Council continues to operate under the *Georgia Integrated HIV Prevention & Care Plan 2017-2021*. The plan provides the framework for the work plan of the Planning Council and its respective 12 committees, caucus, and task forces. The oversight of the Comp Plan/Integrated Plan is the responsibility of the Planning Council's Comprehensive Plan Committee.

The Georgia Integrated HIV Prevention and 6 includes the Statewide Coordinated Statement of Need and reflects the shared vision and values regarding how to best deliver HIV prevention and care services through three political jurisdictions. The planning bodies are:

- Georgia Prevention and Care Council (G-PACC) - The State of Georgia provides HRSA-funded Ryan White Part B care and treatment services across the state and CDC-funded prevention efforts for 157 of Georgia's 159 counties through 16 of Georgia's 18 Public Health Districts.

- Metropolitan Atlanta HIV Health Services Planning Council - The Ryan White Part A Program provides care and treatment services for residents of the Atlanta Eligible Metropolitan Area (EMA): Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton.
- The CDC funded prevention programs in Fulton and DeKalb Counties which are administered by the Fulton County Department of Health and Wellness.

Priority Setting and Resource Allocation

Data

The FY2022 Priority Setting and Resource Allocation process included data from the Needs Assessment, Care Continuum and Disparities, AIDS prevalence data, HIV prevalence data, HIV Consumer Needs Assessment Survey, Epi Profile, HAB Performance Measures, Unit Cost Analysis, and Demographic Utilization and other Federal, State, and local data. The information was compiled in booklet form and provided to the Priorities committee in hard bound copies and to the entire Planning Council membership electronically. Decisions were based upon the data provided and not anecdotal information.

Needs of Populations with HIV

During the FY2022 PSRA process the Planning Council voted to establish AA Males 25-34; AA Females 25-34; and Trans-Identified persons ages 25-34, as sub-populations of focus. This decision was made based upon the review of data which concluded that persons living within the stated demographics have increased health disparities and higher community viral loads. These sub-populations will receive targeted analysis and recommendations through the Vulnerable Populations task force and the Assessment Committee.

Overall persons living with HIV continue to experience challenges with receiving stable housing. Atlanta continues to experience regional problems with affordable housing. This is complicated by difficulties which the HOPWA recipient is experiencing in getting resources to housing providers. There continues to be ongoing discussions about this problem and how it can be addressed.

There has been little progress since first mention of Metro Atlanta's challenges during the FY2021 grant cycle. As previously stated there continues to be conversation around the reduction in funding scheduled for FY2022 due to a new formula to determine HOPWA awards. The prior formula calculated the number of historical AIDS cases in a jurisdiction, which included those that were deceased. The new formula will utilize the total number of PLWH. While the change in formula poses an opportunity for increased funding, the inverse has been projected.

The number of homeless individuals has increased exponentially from last year. The threat of COVID-19 coupled with undiagnosed persons living with HIV has proven to be especially challenging in this environment, as the pandemic numbers continue to climb in Georgia. This compounds the lack of safe, decent, and sanitary housing which is affordable.

Resources

Resources were allocated in accordance with the local demographic incident of AIDS including appropriate allocations for services for women, infants, children, and youth.

Engagement of PLWH in the Planning and Allocation Process

Special measures were taken to insure that persons living with HIV were involved in the planning and allocation processes. Using the process approved by the Planning Council, the Priorities Committee, consisting of unaligned Planning Council members and unaligned consumers, determined the FY2022 Priorities based on the review the provided data.

FY2021 Period of Performance

FY2021 Formula, Supplemental, and Minority AIDS Initiative funds awarded are being expended according to the priorities established by the Council and are reviewed quarterly to ensure compliance with Council directives.

Training

The Planning Council continues to provide innovative and traditional training for its members. Members are informed of and encouraged to participate in HRSA sponsored planning council trainings through Planning Council CHATT. Planning Council support continues to engage in *Training In Motion* which is an initiative developed through PC Support to provide ongoing, real-time training on subject matter related to the PC cycle. An honorable mention for Planning Council Support was the additional training provided to Planning Council Members through the utilization of Zoom in a virtual environment. The Planning Council has also embarked upon the development and implementation of a training dashboard which can be used as a training tool throughout the planning council year.

- New Member Orientation – Ongoing, provided through virtual dashboard
- Training In Motion Dates – throughout the year
- Planning Council Refresher: July 15, 2021

One on one trainings as well as training during committee meetings are also conducted. The Council also took added steps to insure that members were trained and fluent in the use of Zoom as a virtual meeting space. Trainings were conducted by Planning Council staff as well as through Zoom tutorials.

Assessment of Administrative Mechanism

The FY2021 Administrative Assessment was performed by the Planning Council's Evaluation Committee. During this year's evaluation period the EMA's application for FY2021 was received electronically by HRSA prior to the deadline. The Total Part A Funds for FY2021 was \$28,189,646 with \$17,447,791 in Formula funding, plus \$8,105,718 in Supplemental funding, and \$2,636,137 in MAI funding. Ryan White Part A met all HRSA deadlines for the submission of FY2021 reporting requirements.

The Planning Council assessed the efficiency of the administrative mechanism, which fulfilled the purpose to assure that funds were being contracted for a quick and thorough open process, and that providers were being paid in a timely manner.

These were addressed by the following four questions:

- During the funding cycle the Recipient provided ample notification of funding opportunities under Part A.
- The Recipient provided our agency with an opportunity to ask questions about the funding processes.
- The Recipient processed our contract in a timely manner.
- The Recipient provided payment to our agency within 30 days of submission of complete and accurate invoices.

Scoring was categorized as “Very Satisfied, Satisfied, or Dissatisfied”, with the majority of respondents reporting a response of “satisfied.”

Ryan White Part A also provided program updates at each of the Executive and Planning Council meetings. Agency budget revision requests/reallocations between Priority funding categories were brought to the Executive Committee and Planning Council for approval. An update was received on the completion of all financial and programmatic site visits along with a statistical updates regarding the progress Quality Improvement projects some of which the Consumer Caucus of the Planning Council provided involvement in the development of the project.

The Council is fully committed to maintaining our responsibilities to assure that Persons Living with HIV in our EMA have full access to needed services. Thank you for the opportunity to participate in this process.

Sincerely,

A handwritten signature in black ink, appearing to read 'Morris Singletary', with a large, stylized flourish at the end.

Morris Singletary, Chair
Metropolitan Atlanta HIV Health Services Planning
Council