

**Ryan White Planning Council (RWPC) of the Philadelphia Part A EMA  
Finance Committee Meeting**  
Meeting Minutes of  
**Thursday, November 4, 2010**  
**2:00 p.m. – 4:00 p.m.**  
Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107

**Present:** Christine Ambrose, Carmell Bolden, Michael Cappuccilli, John Churchville, Alan Edelstein (Chair), Nurit Shein

**Excused:** Kevin Burns, Christopher Coleman

**Guests:** Chris Chu (AACO), Ricardo Colon (AACO)

**Staff:** Debbie Law, Briana Morgan

**Call to Order/Introductions:**

A. Edelstein called the meeting to order at 2:09 p.m. Those present then introduced themselves.

**Approval of Agenda:**

A. Edelstein presented the agenda for approval. **Motion:** C. Ambrose moved, M. Cappuccilli seconded to approve the agenda. **Motion passed:** All in favor.

**Approval of Minutes (10 August 2010):**

A. Edelstein presented the August 10, 2010 minutes for approval. **Motion:** M. Cappuccilli moved, J. Churchville seconded to approve the August 10, 2010 minutes. **Motion passed:** All in favor.

**Report of Chair:**

None.

**Report of Staff:**

None.

**Discussion Items:**

• **Quarterly Spending Report**

R. Colon reviewed the grantee's report (*see – attached handout*). A. Edelstein asked if the level of underspending was consistent with what it had been in previous years. R. Colon replied that they were actually seeing less underspending than they had historically. A. Edelstein asked if there was a particular reason that they may be seeing less underspending. C. Chu replied that organizations seemed to be invoicing more regularly. D. Law then asked if AACO had been able to find a provider for the newly funded category of medical nutrition therapy, and R. Colon agreed. D. Law next

pointed out that the projected overspending in medical transportation services in Philadelphia would be \$107,411.

• **RWPC Membership Survey Results**

A. Edelstein directed those present to review the slides from a previous presentation on the RWPC membership survey results (*see – attached handout*). D. Law explained that each committee would be discussing the results of the survey, and that the committee co-chairs would meet following these discussions. She went on to say that the committee co-chairs would then present their suggestions to the full RWPC.

A. Edelstein then asked the group to begin reviewing the responses to the survey at Question #18. D. Law noted that many of the open-ended responses included responses about the allocations process. A. Edelstein pointed out the response of, “improved knowledge base of funding process.” He then asked M. Cappuccilli which responses he found notable. M. Cappuccilli replied that there seemed to be a general problem with RWPC members not feeling as though they understand the allocations process. He went on to say that they had also heard that consumers wanted to feel more included, and that other members did not feel welcome or comfortable in larger meetings. A. Edelstein agreed that this could be a daunting and intimidating process.

C. Ambrose stated that the Needs Assessment Committee had discussed the survey results, and that they thought that creating a buddy system would be very important. She went on to say that they had also discussed developing a buddy system for the committees as well. She next stated that they had also discussed a suggestion for the Positive Committee to include updates on the various committees’ activities in their newsletter.

A. Edelstein agreed that a buddy could be very helpful for new members, and that the buddies could help the new members to understand one topic before moving onto the next. M. Cappuccilli asked if they could have the buddies call new members before meetings to encourage them to attend. N. Shein added that it would be important for new members to attend all of the meetings in order to thoroughly understand the process, as the decision-making process could become disjointed if a new member was not present for all of the steps. She then suggested asking Office staff to provide a review of the previous meeting for several minutes before each meeting, so those who were unable to attend could catch up. M. Cappuccilli replied that this could be helpful, although many of those who did not attend meetings would be unlikely to arrive early for the review. N. Shein explained that many members missed meetings for important reasons, and these members would be interested in reviewing what they had missed.

M. Cappuccilli next suggested having designated members allot ten minutes after each meeting for answering the questions of new members. He explained that he would have found this very helpful as a new member. N. Shein agreed that this could be a possibility. J. Churchville suggested allotting a brief period of time for review at the beginning of each meeting, since most members would not be very early. He went on to agree with the concept of the buddy system. He then stated that he had truly begun to

understand the process through attending committee meetings in addition to the full RWPC meeting.

A. Edelstein then stated that the Finance Committee had attempted to be more selective about the handouts distributed at allocations meetings so they would not overwhelm participants. He went on to suggest that they become even more selective about what was presented, which would allow participants to truly focus on the most important information. J. Churchville suggested having a workshop for RWPC members so they could better use the data. B. Morgan explained that the OHP did have a training presentation for this topic. A. Edelstein emphasized the importance of providing this training multiple times, and volunteered to help in this process.

A. Edelstein next stated that the Finance Committee had not had much consumer involvement historically, and asked how they might be able to get consumers to participate. He then asked if other committees had good representation from consumers. C. Ambrose explained that the Needs Assessment Committee has more consumer involvement, since this committee addresses what consumers need. B. Morgan added that the Needs Assessment Committee meeting also immediately follows the Positive Committee meeting.

J. Churchville next stated that it could be difficult for new members to begin participating in a committee, because the information and the process are both very complicated. C. Ambrose agreed, and went on to say that it could be helpful to have buddies in committee meetings as well as the full RWPC meetings. A. Edelstein, M. Cappuccilli, J. Churchville, C. Ambrose, and N. Shein then volunteered to participate in a buddy program.

M. Cappuccilli then stated that RWPC members are very diverse, and explained that they ought to be a resource for one another. He asked if they could ask members to give a brief description of their jobs at meetings throughout the year. N. Shein then suggested creating a yearbook for members. B. Morgan stated that she had created a Google Group for both the RWPC and CPG, while she had not yet disseminated information on these groups. She added that these would be opt-in only, so those that did not want to participate would not have to. She then asked for those present to spread the word about the Office's Facebook page as well.

A. Edelstein next asked the group if they thought it could be helpful to have various committees attend the Positive Committee meetings in order to give a presentation on their committee's work. N. Shein replied that they would still not reach all consumers through these presentations. A. Edelstein explained that this could be a good place to start.

A. Edelstein asked how the group's suggestions would be addressed. M. Cappuccilli replied that the committee co-chairs would have a meeting to discuss the committees' suggestions, and that they planned to develop an action plan. D. Law then asked the group for their input on the best time for a meeting of the committee co-chairs. A.

Edelstein replied that meetings at the beginning or the end of the day would be easiest for those traveling from outside the city. C. Ambrose added that it would be ideal to hold this meeting before or following another regularly scheduled meeting. She then suggested holding the co-chairs meeting during the Nominations Committee's regular time slot since it preceded the Planning Council meeting, and M. Cappuccilli agreed.

**Old Business:**

None.

**New Business:**

None.

**Announcements:**

None.

**Adjournment:**

The meeting was adjourned at 2:50 p.m. by general consensus.

Respectfully Submitted by,

Briana L. Morgan, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from August 10, 2010
- RWPC Membership Satisfaction Survey
- Ryan White Part A Grantee's Report.
- OHP Calendar



# CITY OF PHILADELPHIA

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## **November 4, 2010** **Finance Committee** **Agenda**

**Call to Order**

**Welcome and Introductions**

**Approval of Agenda**

**Approval of Minutes**

**Report of Chair**

**Report of Staff**

**Discussion Items**

- **Quarterly Spending Report**
- **RWPC Membership Survey Results**

**Old Business**

**New Business**

**Announcements**

**Adjournment**

*The next meeting of the Finance Committee will be on Thursday, December 2 at 2:00 p.m. at the Office of HIV Planning located at 340 N. 12<sup>th</sup> St. Suite 203 Philadelphia, PA 19107  
Please contact the office at least 5 days in advance for any special needs.*

**Ryan White Planning Council (RWPC) of the Philadelphia Part A EMA**  
**Finance Committee Meeting**  
Meeting Minutes of  
**Tuesday, August 10, 2010**  
**2:00 p.m. – 4:00 p.m.**  
Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107

**Present:** Carmell Bolden, Michael Cappuccilli, Joseph Roderick

**Excused:** Christine Ambrose, John Churchville, Christopher Coleman, Alan Edelstein (Co-Chair), Nurit Shein

**Guests:** Chris Chu (AACO), Ricardo Colon (AACO)

**Staff:** Briana Morgan, Mari Ross-Russell

**Call to Order/Introductions:**

M. Cappuccilli called the meeting to order at 2:12 p.m. Those present then introduced themselves.

**Approval of Agenda:**

M. Cappuccilli presented the agenda for approval. **Motion:** M. Cappuccilli moved, J. Roderick seconded to approve the agenda. **Motion passed:** All in favor.

**Approval of Minutes (1 July 2010):**

M. Cappuccilli presented the July 1, 2010 minutes for approval. **Motion:** M. Cappuccilli moved, J. Roderick seconded to approve the July 1, 2010 minutes. **Motion passed:** All in favor.

**Report of Chair:**

None.

**Report of Staff:**

None.

**Action Item:**

• **Allocations**

M. Cappuccilli stated that they would need to rename the FY2010 level funding allocations title to read "FY 2011 level funding draft allocations" (*see – attached spreadsheets*). M. Ross-Russell agreed. M. Cappuccilli then asked why the dollar amounts did not necessarily seem to correlate to an exact 5% decrease. M. Ross-Russell explained that they first have to deduct the grantee's budget, system-wide services, capacity building, and Planning Council support in order to determine the level of funding available for service dollars. She went on to say that she then broke the funding out by region based on each region's share of the epidemic. She also noted that

a 10% increase budget would not necessarily mean that a service would receive exactly 10% more funding than it did in the level-funding budget. M. Cappuccilli thanked her for this information. M. Ross-Russell added that they had previously looked for possible reductions in system-wide expenditures, the grantee's budget, and Planning Council support in the event of a major decrease to allow more funding for actual service dollars. She went on to say that the RWPC had originally agreed use three percent of funding for Planning Council support, but that she actually allocated 2.74% of the total funding for this. She then noted that Planning Council support and grantee administration could not exceed a combined total of 10% of the budget, and quality management could not exceed 5% of the budget.

M. Cappuccilli next asked if the allocations for system-wide expenditures are determined by the Office of HIV Planning. M. Ross-Russell explained that these had remained the same for several years, but that system-wide expenditures were dictated by actual cost, and only would be amended if the grantee stated that they would need to be changed. She went on to say that the only category she could alter would be Planning Council support, specifically because she could adjust this based on under- or overspending. She added that Planning Council support averaged out at about 2.5% of the total budget. M. Cappuccilli then asked if M. Ross-Russell would include a synopsis of the budgets in the meeting packets for the upcoming RWPC meeting. M. Ross-Russell agreed. M. Cappuccilli asked if they would review instructions to the grantee at that meeting as well, and M. Ross-Russell agreed, noting that the instructions would be included in the application. M. Cappuccilli asked if the instructions to the grantee would be voted on separately from the allocations spreadsheets. M. Ross-Russell replied that they would, and changes to the instructions could be made at the full RWPC meeting. She noted that there had been an instruction to conduct a gap analysis on food bank/home-delivered meals and legal services in New Jersey added at the RWPC meeting the previous year.

M. Ross-Russell then stated that the group was reviewing draft budgets based on the recommendations from the three regions. M. Cappuccilli noted that Philadelphia's level-funding budget had remained the same, except for a \$5 placeholder in health insurance premium/cost-sharing assistance. He went on to say that Philadelphia's 5% decrease budget included a 1% proportional decrease in ambulatory care, medical case management, and medications, with a proportional decrease across the remaining services, while the 10% increase budget was a proportional increase across all service categories. He noted that New Jersey's level-funding budget remained the same except for a \$5 placeholder in state ADAP, with proportional decreases across all service categories in the 5% decrease budget and proportional increases across all service categories for the 10% increase budget. He went on to say that the level-funding budget in the PA Counties remained the same, and the 10% increase budget included a proportional increase across all service categories. He added that the PA Counties' 5% decrease plan would hold all core services as well as housing assistance harmless, with all other service categories reduced proportionally.

**Motion:** C. Bolden moved, M. Cappuccilli seconded to send the three budgets to the RWPC for approval with the committee's recommendation. **Motion passed:** All in favor.

M. Ross-Russell explained that the committee would revisit the allocations spreadsheets after they received an actual award in the spring.

**Discussion Item:**

• **Reallocation Report**

R. Colon stated that the grantee had reallocated funding from medical case management to ambulatory care (*see – attached handout*) due to a loss in funding from the Office of Addiction Services. He noted that this was less than a 5% shift, so they did not require Planning Council approval, and were simply making a report. C. Bolden asked what would happen in funding for this service in the coming year, since this was a one-time reallocation. R. Colon replied that they would work to transfer those clients to other service providers.

**Old Business:**

None.

**New Business:**

None.

**Announcements:**

None.

**Adjournment:**

The meeting was adjourned at 2:37 p.m. by general consensus.

Respectfully Submitted by,

Briana L. Morgan, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from July 1, 2010
- Draft Allocations Spreadsheets (4)
- Grantee Reallocation Report
- OHP Calendar

**Office of HIV Planning  
Finance Committee Meeting  
Ryan White Part A Grantee's Report  
November 4, 2010**

This contract year the Grantee has again experienced late billing and processing of invoices through the two fiduciaries PHMC and GPUAC. Hospitals and universities tend to have larger contracts and therefore continue to experience difficulty in getting invoices/payments through their accounts receivable/payable departments, subsequently holding up processing of budgets and getting contracts conformed. Therefore, no payments can be invoiced. Generally, these institutions seldom have any underspending and inversely request additional funding.

Historically at this point in the contract year the overall majority of underspending depicted in the attached spreadsheet is somewhat inaccurate.

Currently, overall underspending across all categories is approximately at **2.76%** of our total award amount or **\$617,355.00**. These figures are determined after reconciliation on all awards have been completed for the six month invoices which were forwarded to AACO for processing in September for expenses incurred from March through August 2010.

**EMA-Wide FY2010 Allocation**  
**Philadelphia EMA Ryan White Part A Planning Council**

<b>Service Categories</b>	<b>Current Allocations</b>	<b>Anticipated Underspensing</b>	<b>PROJECTED Spending</b>	<b>Percent Underspensing</b>
Outpatient/Ambulatory Health Services	\$ 5,688,248	\$ (53,608)	\$ 5,634,640	-0.94%
Drug Reimbursement Program	\$ 1,785,904	\$ (117,862)	\$ 1,668,042	-6.60%
Medical Case Management	\$ 6,224,564	\$ (250,309)	\$ 5,974,255	-4.02%
Substance Abuse Services - Outpatient	\$ 340,198	\$ (4,632)	\$ 335,566	-1.36%
Mental Health Services	\$ 279,665	\$ -	\$ 279,665	0.00%
Medical Nutrition Therapy	\$ 50,000	\$ (5,000)	\$ 45,000	-10.00%
Oral Health Care	\$ 701,312	\$ (15,120)	\$ 686,192	-2.16%
AIDS Drug Assistance Program (ADAP)	\$ 5	\$ (5)	\$ -	-100.00%
Health Insurance Premium & Costs Sharing Assistance	\$ 5	\$ (5)	\$ -	-100.00%
Early Intervention Services	\$ 1,229,262	\$ (27,356)	\$ 1,201,906	-2.23%
Medical Transportation Services	\$ 705,254	\$ 74,156	\$ 779,410	10.51%
Food Bank/Home-Delivered Meals	\$ 246,934	\$ 31,112	\$ 278,046	12.60%
Housing Services	\$ 556,632	\$ 1,134	\$ 557,766	0.20%
Legal Services	\$ 312,760	\$ (5,598)	\$ 307,162	-1.79%
Care Outreach Services	\$ 709,642	\$ 66,168	\$ 775,810	9.32%
Emergency Financial Assistance	\$ 66,858	\$ (14,558)	\$ 52,300	-21.77%
Treatment Adherence (Case Management)	\$ 248,257	\$ (5,872)	\$ 242,385	-2.37%
Linguistics Services	\$ -	\$ -	\$ -	
Psychosocial Support Services	\$ -	\$ -	\$ -	
Home Health Care	\$ -	\$ -	\$ -	
Respite Care	\$ -	\$ -	\$ -	
Child Care Services	\$ -	\$ -	\$ -	
<b>Total</b>	<b>\$ 19,145,500</b>	<b>\$ (327,355)</b>	<b>\$ 18,818,145</b>	<b>-1.71%</b>

**SYSTEMWIDE ALLOCATIONS**

	<b>Draft Allocations</b>	<b>Total AACO Allocations</b>	<b>AACO vs. Draft</b>	<b>Percent Change</b>
I & R	\$ 318,135	\$ -	\$ 318,135	0.00%
QM Activities	\$ 690,279	\$ (105,000)	\$ 585,279	-15.21%
Systemwide Coordination	\$ 214,945	\$ (45,000)	\$ 169,945	-20.94%
Capacity Building	\$ 125,612	\$ (40,000)	\$ 85,612	-31.84%
PC Support	\$ 605,037	\$ (50,000)	\$ 555,037	-8.26%
Grantee Administration	\$ 1,293,719	\$ (50,000)	\$ 1,243,719	-3.86%
<b>Total</b>	<b>\$ 3,247,727</b>	<b>\$ (290,000)</b>	<b>\$ 2,957,727</b>	<b>-8.93%</b>

**Total FY2010 Allocations**  
**Philadelphia EMA Ryan White Part A Planning Council**

	<b>Current Allocations</b>	<b>Anticipated Underspending</b>	<b>PROJECTED Spending</b>	<b>Percent Underspending</b>
Philadelphia	\$ 14,520,027	\$ (226,869)	\$ 14,293,158	-1.56%
PA Counties	\$ 2,548,057	\$ (71,495)	\$ 2,476,562	-2.81%
NJ Counties	\$ 2,077,416	\$ (28,991)	\$ 2,048,425	-1.40%
Systemwide	\$ 3,247,727	\$ (290,000)	\$ 2,957,727	-8.93%
<b>Total</b>	<b>\$ 22,393,227</b>	<b>\$ (617,355)</b>	<b>\$ 21,775,872</b>	<b>-2.76%</b>

**EMA-Wide FY2010 Allocation**  
**Philadelphia EMA Ryan White Part A Planning Council**

**PHILADELPHIA**

<b>Service Categories</b>	<b>Current Allocations</b>	<b>Anticipated Underspending</b>	<b>PROJECTED Spending</b>	<b>Percent Underspending</b>
Ambulatory Care	\$ 4,244,595	\$ (45,951)	\$ 4,198,644	-1.08%
Drug Reimbursement Program	\$ 1,592,129	\$ (107,329)	\$ 1,484,800	-6.74%
Medical Case Management	\$ 4,673,005	\$ (228,510)	\$ 4,444,495	-4.89%
Substance Abuse Services - Outpatient	\$ 232,337	\$ (4,627)	\$ 227,710	-1.99%
Mental Health Services	\$ 131,775	\$ -	\$ 131,775	0.00%
Medical Nutrition Therapy	\$ -	\$ -	\$ -	
Oral Health Care	\$ 421,398	\$ (10,120)	\$ 411,278	-2.40%
AIDS Drug Assistance Program (ADAP)	\$ -	\$ -	\$ -	
Health Insurance Premium & Costs Sharing Assistance	\$ 5	\$ (5)	\$ -	-100.00%
Early Intervention Services	\$ 1,229,262	\$ (27,356)	\$ 1,201,906	-2.23%
Medical Transportation Services	\$ 39,131	\$ 107,411	\$ 146,542	274.49%
Food Bank/Home-Delivered Meals	\$ 205,514	\$ 37,486	\$ 243,000	18.24%
Housing Services	\$ 533,848	\$ -	\$ 533,848	0.00%
Legal Services	\$ 268,961	\$ -	\$ 268,961	0.00%
Care Outreach Services	\$ 652,221	\$ 69,795	\$ 722,016	10.70%
Emergency Financial Assistance	\$ 47,589	\$ (11,791)	\$ 35,798	-24.78%
Treatment Adherence (Case Management)	\$ 248,257	\$ (5,872)	\$ 242,385	-2.37%
Linguistics Services	\$ -	\$ -	\$ -	
Psychosocial Support Services	\$ -	\$ -	\$ -	
Home Health Care	\$ -	\$ -	\$ -	
Respite Care	\$ -	\$ -	\$ -	
Child Care Services	\$ -	\$ -	\$ -	
<b>Total</b>	<b>\$ 14,520,027</b>	<b>\$ (226,869)</b>	<b>\$ 14,293,158</b>	<b>-1.56%</b>

**EMA-Wide FY2010 Allocation**  
**Philadelphia EMA Ryan White Part A Planning Council**

**PENNSYLVANIA COUNTIES**

<b>Service Categories</b>	<b>Current Allocations</b>	<b>Anticipated Underspending</b>	<b>PROJECTED Spending</b>	<b>Percent Underspending</b>
Outpatient/Ambulatory Health Services	\$ 591,927	\$ (7,657)	\$ 584,270	-1.29%
Drug Reimbursement Program	\$ 193,775	\$ (10,533)	\$ 183,242	-5.44%
Medical Case Management	\$ 999,927	\$ (21,799)	\$ 978,128	-2.18%
Substance Abuse Services - Outpatient	\$ 107,856	\$ -	\$ 107,856	0.00%
Mental Health Services	\$ 42,726	\$ -	\$ 42,726	0.00%
Medical Nutrition Therapy	\$ 50,000	\$ (5,000)	\$ 45,000	-10.00%
Oral Health Care	\$ 117,190	\$ -	\$ 117,190	0.00%
AIDS Drug Assistance Program (ADAP)	\$ -	\$ -	\$ -	
Health Insurance Premium & Costs Sharing Assistance	\$ -	\$ -	\$ -	
Early Intervention Services	\$ -	\$ -	\$ -	
Medical Transportation Services	\$ 299,371	\$ (21,261)	\$ 278,110	-7.10%
Food Bank/Home-Delivered Meals	\$ 30,511	\$ -	\$ 30,511	0.00%
Housing Services	\$ 22,779	\$ 1,139	\$ 23,918	5.00%
Legal Services	\$ 15,315	\$ -	\$ 15,315	0.00%
Care Outreach Services	\$ 57,416	\$ (3,622)	\$ 53,794	-6.31%
Emergency Financial Assistance	\$ 19,264	\$ (2,762)	\$ 16,502	-14.34%
Treatment Adherence (Case Management)	\$ -	\$ -	\$ -	
Linguistics Services	\$ -	\$ -	\$ -	
Psychosocial Support Services	\$ -	\$ -	\$ -	
Home Health Care	\$ -	\$ -	\$ -	
Respite Care	\$ -	\$ -	\$ -	
Child Care Services	\$ -	\$ -	\$ -	
<b>Total</b>	<b>\$ 2,548,057</b>	<b>\$ (71,495)</b>	<b>\$ 2,476,562</b>	<b>-2.81%</b>

**EMA-Wide FY2010 Allocation**  
**Philadelphia EMA Ryan White Part A Planning Council**

**NEW JERSEY**

<b>Service Categories</b>	<b>Current Allocations</b>	<b>Anticipated Underspending</b>	<b>PROJECTED Spending</b>	<b>Percent Underspending</b>
Outpatient/Ambulatory Health Services	\$ 851,726	\$ -	\$ 851,726	0.00%
Drug Reimbursement Program	\$ -		\$ -	
Medical Case Management	\$ 551,632	\$ -	\$ 551,632	0.00%
Substance Abuse Services - Outpatient	\$ 5	\$ (5)	\$ -	-100.00%
Mental Health Services	\$ 105,164	\$ -	\$ 105,164	0.00%
Medical Nutrition Therapy	\$ -		\$ -	
Oral Health Care	\$ 162,724	\$ (5,000)	\$ 157,724	-3.07%
AIDS Drug Assistance Program (ADAP)	\$ 5	\$ (5)	\$ -	-100.00%
Health Insurance Premium & Costs Sharing Assistance	\$ -		\$ -	
Early Intervention Services	\$ -		\$ -	
Medical Transportation Services	\$ 366,752	\$ (11,994)	\$ 354,758	-3.27%
Food Bank/Home-Delivered Meals	\$ 10,909	\$ (6,374)	\$ 4,535	-58.43%
Housing Services	\$ 5	\$ (5)	\$ -	-100.00%
Legal Services	\$ 28,484	\$ (5,598)	\$ 22,886	-19.65%
Care Outreach Services	\$ 5	\$ (5)	\$ -	-100.00%
Emergency Financial Assistance	\$ 5	\$ (5)	\$ -	-100.00%
Treatment Adherence (Case Management)	\$ -		\$ -	
Linguistics Services	\$ -		\$ -	
Psychosocial Support Services	\$ -		\$ -	
Home Health Care	\$ -		\$ -	
Respite Care	\$ -		\$ -	
Child Care Services	\$ -		\$ -	
<b>Total</b>	<b>\$ 2,077,416</b>	<b>\$ (28,991)</b>	<b>\$ 2,048,425</b>	<b>-1.40%</b>

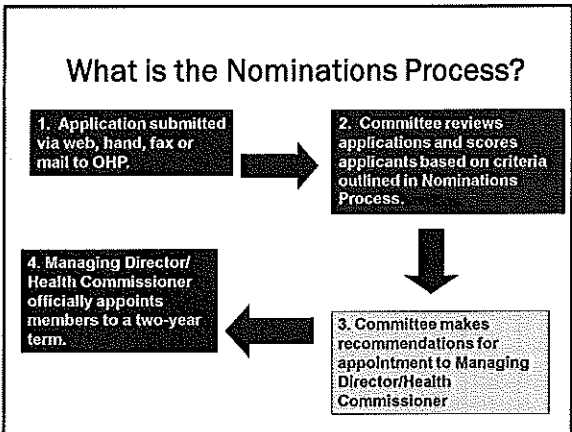
**RWPC Membership Satisfaction Survey**

Nominations Committee  
October 2010

### What is the Nominations Committee?

**Bylaws Article VI, Section 1b:**  
The Nominations Committee reviews and recommends candidates for membership on the Planning Council and the CPG (jointly with the CPG) and other activities as assigned by the Planning Council (i.e. attendance)

The Nominations Committee assembles a review panel of PC member to conduct application reviews. Utilizing objective criteria, each panel member completes an independent review of each application to determine whether or not an applicant reflects the demographic of the epidemic locally.



### Nominations Process: Scoring

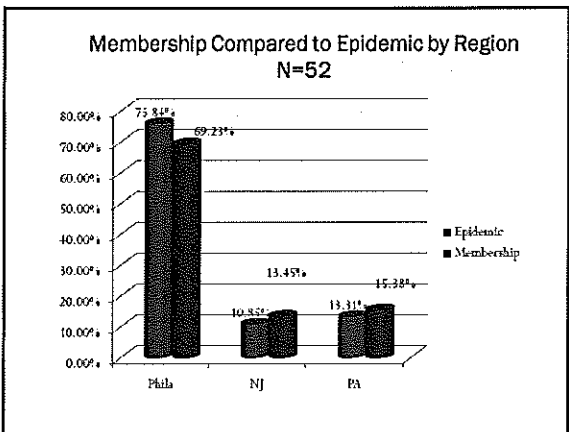
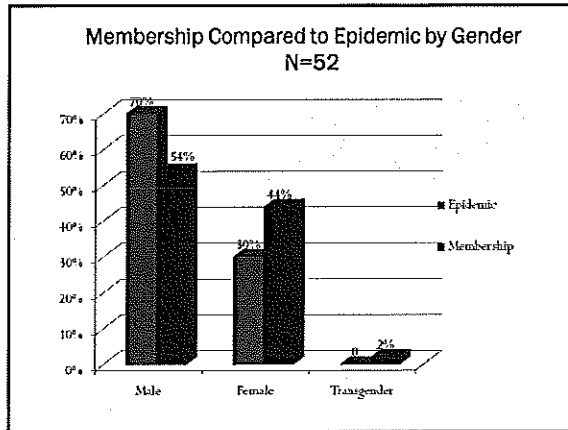
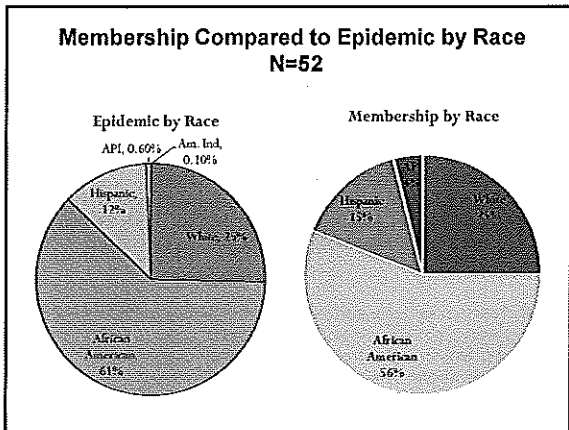
- Applications are "Blinded"
- Individual Scoring
- Talled and Average of Scores
- Discussion
- Recommendations

### CARE Act says:

- The Part A Planning Council must "reflect in its composition the demographics of the population of individuals with HIV disease in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations."(Section 2602 (b)(1))
- 17 membership categories must be represented on the Planning Council (Section 2601 (b)(2)).
- No less than 33 percent of the members must be consumers who are receiving HIV-related services from Part A-funded providers and are unaligned (meaning they are not employees or board members of organizations that receive Part A funds) (Section 2602 (b)(5)(C)).

### Current RWPC Membership

Total Members = 52  
Total Unaligned Consumers = 25 (48%)

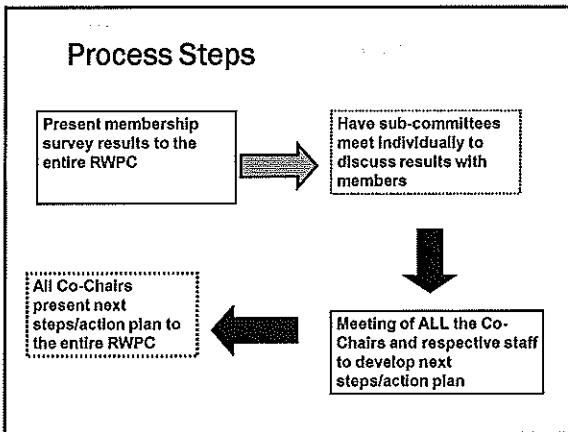


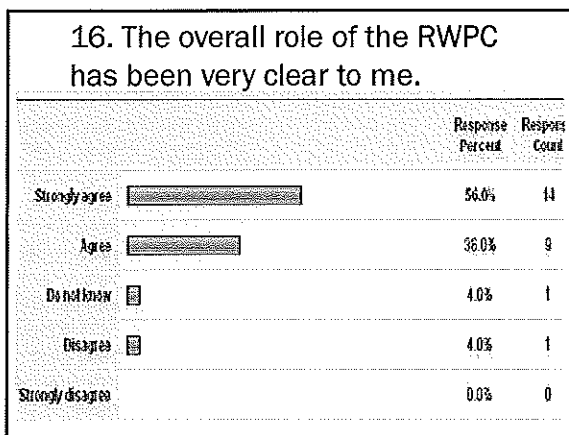
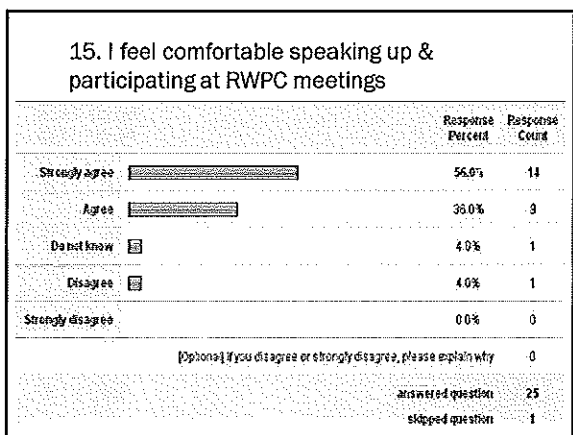
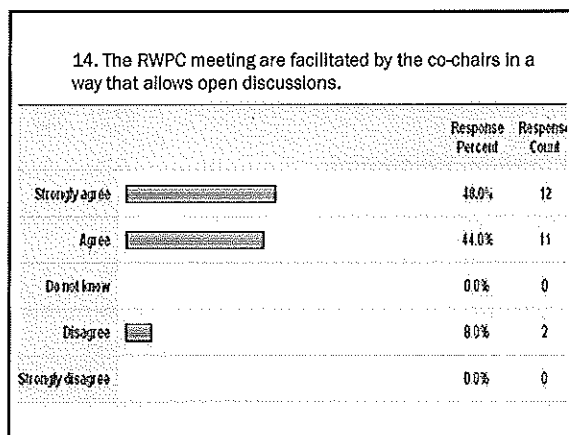
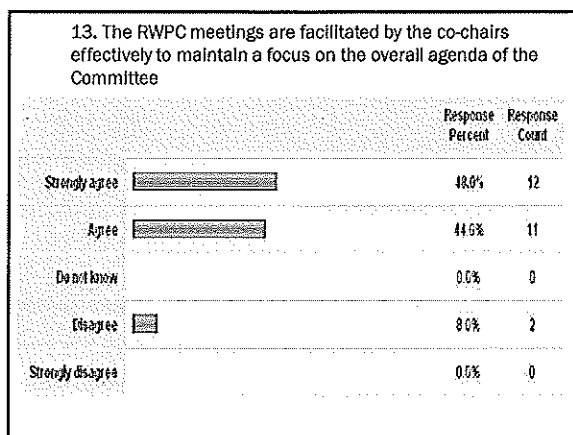
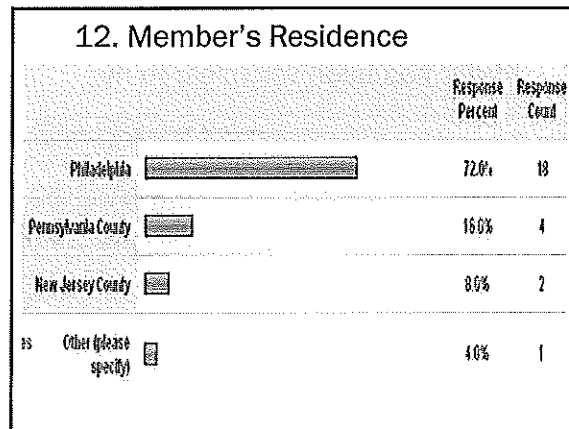
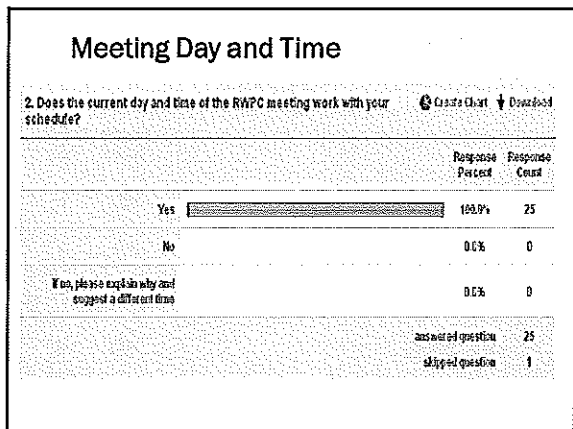
- ### CARE Act Mandated Representation and Reflectiveness Categories for the EMA based on the Epidemic
1. Health care providers, incl. fed. Qualifying health centers (2)
  2. CBOs serving affected populations and ASOs (3)
  3. Social service providers, incl. housing & homeless service providers (4)
  4. Mental health providers (2)
  5. Substance abuse providers (0)
  6. Local public health agencies (4)
  7. Hospital planning agencies or other health care planning agencies (1)
  8. Affected communities, incl. PLWH & historically underserved subpopulations (28)
  9. Non-elected community leaders (2)
  10. State Medicaid agency (0)
  11. State Part B Agency (2)
  12. Part C grantees (1)
  13. Part D grantees (1)
  14. Grantees of other Federal HIV programs, incl. HIV prevention programs (2)
  15. Formerly incarcerated PLWH or their representatives (0)
  16. Members of Federally Recognized Indian Tribe as represented in the population (0)
  17. Individuals co-infected with Hepatitis B or C or their representatives (1)

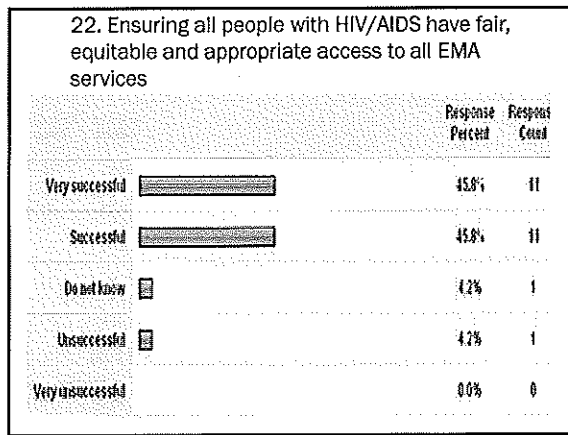
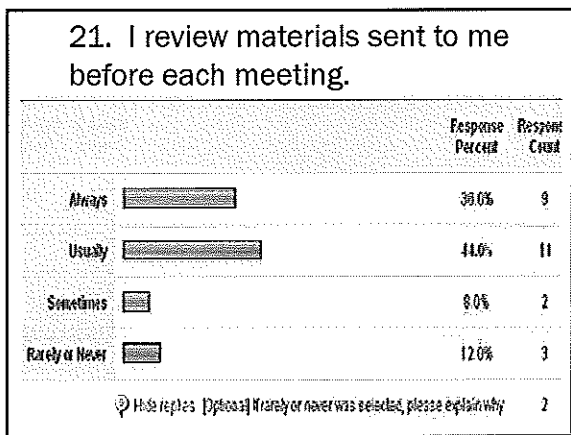
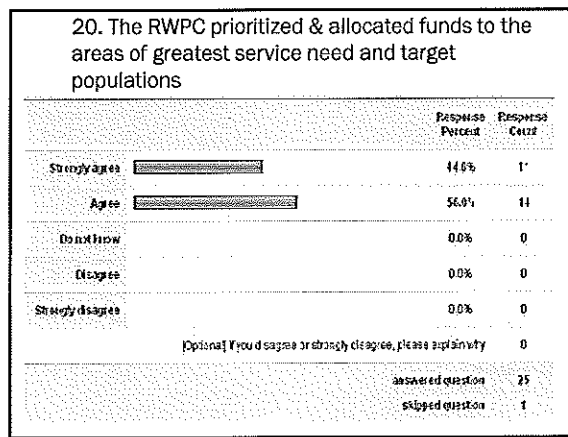
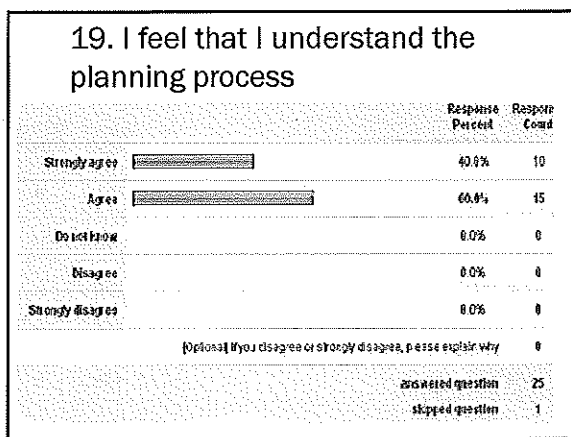
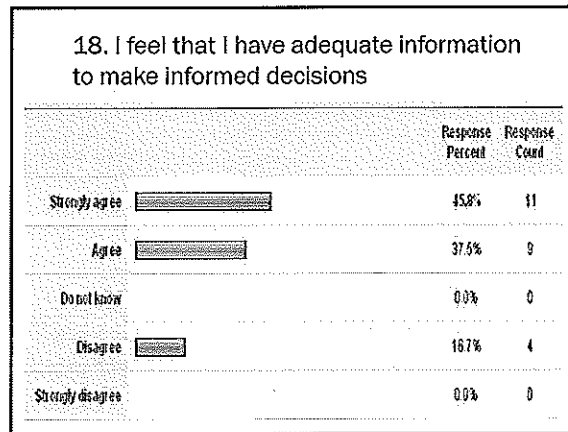
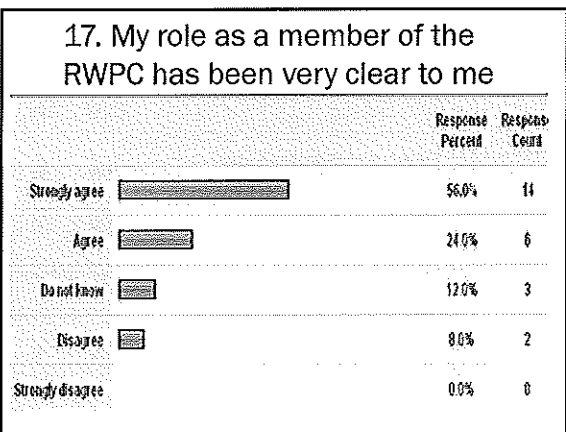
### Membership Satisfaction Survey Results (N=26)

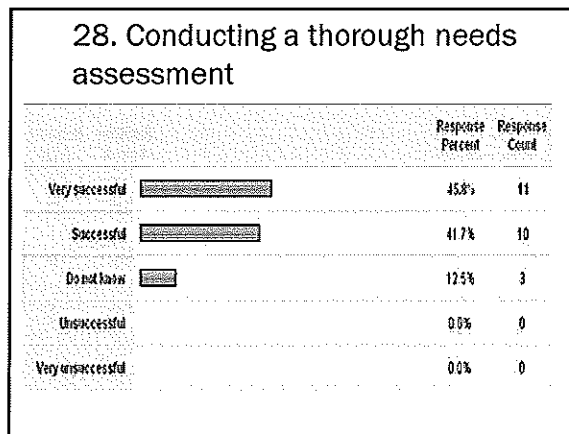
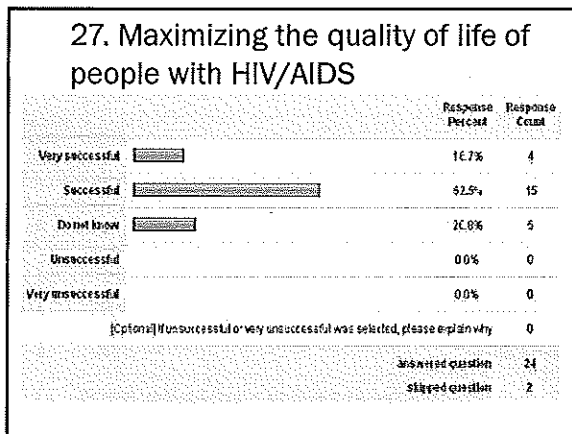
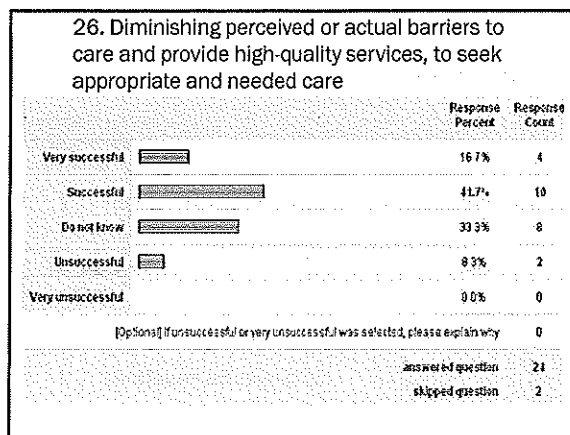
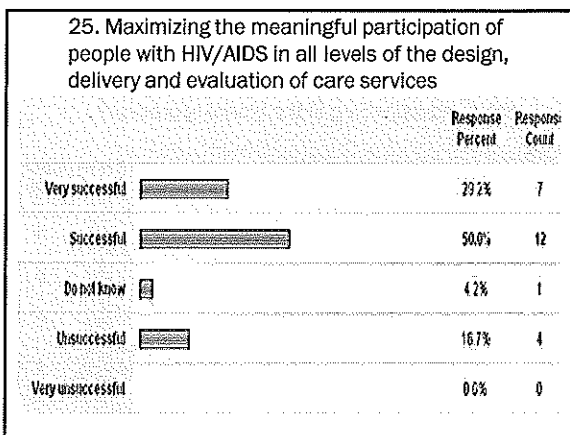
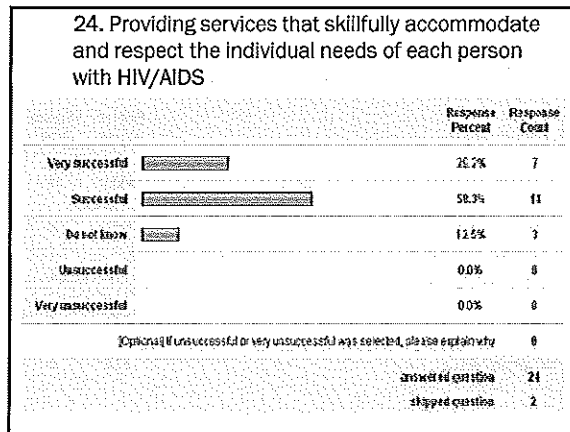
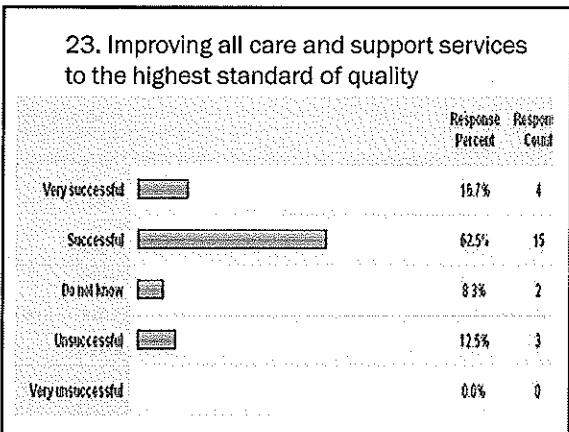
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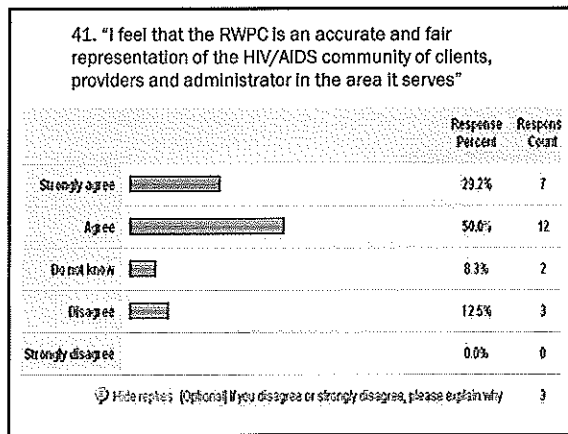
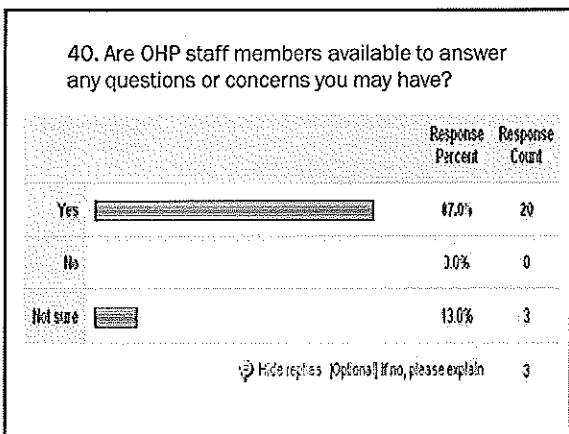
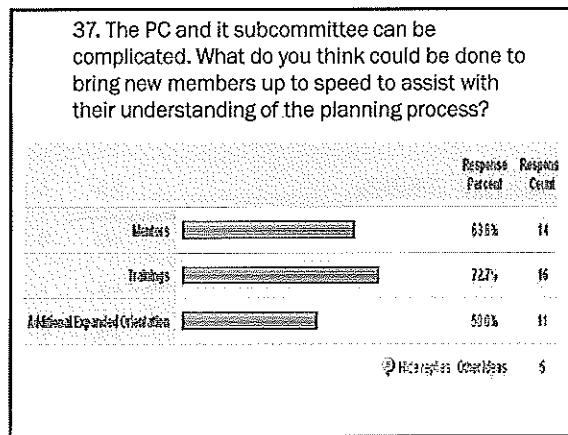
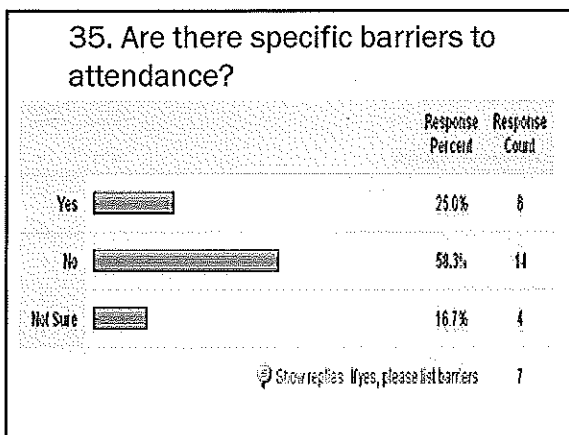
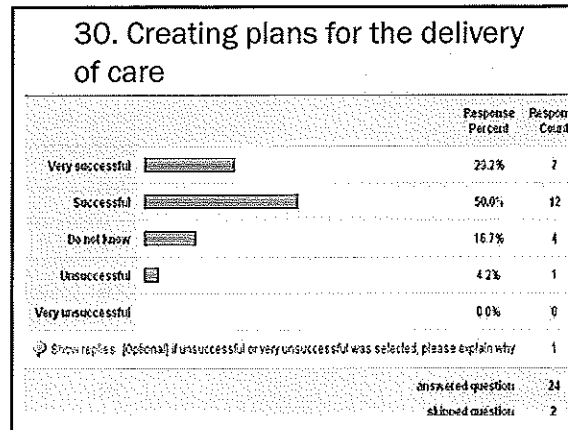
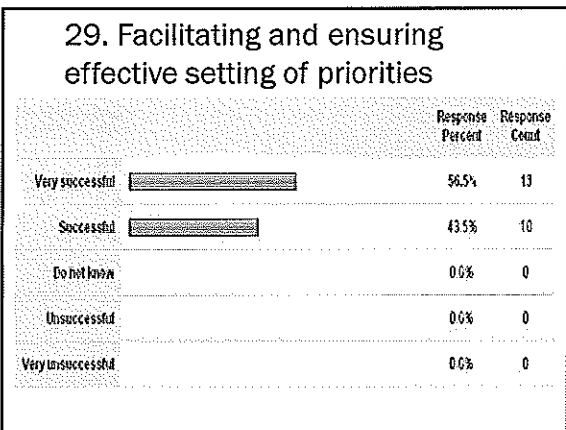
51 members at the time of survey distribution  
(Response rate is 51%)

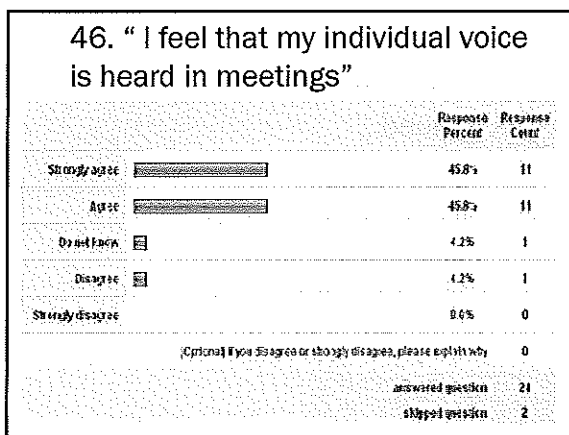
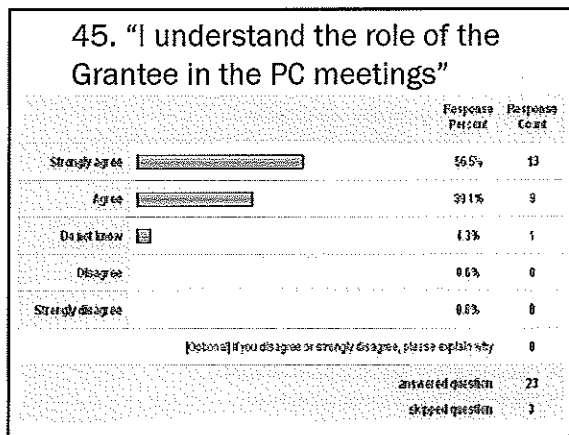
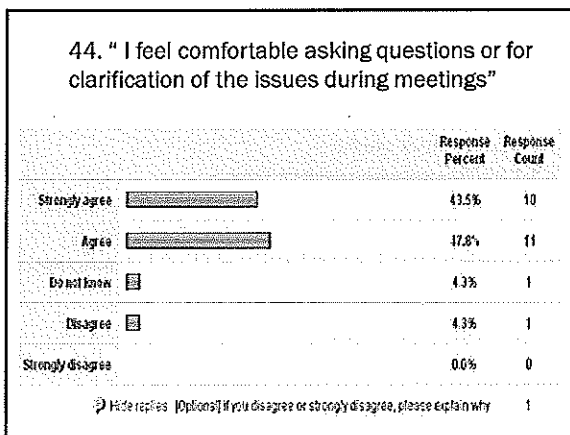
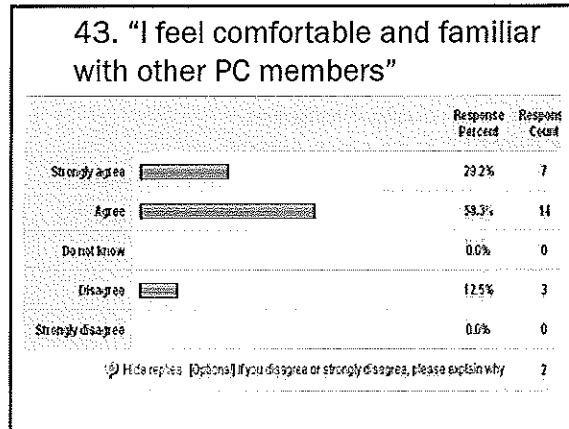
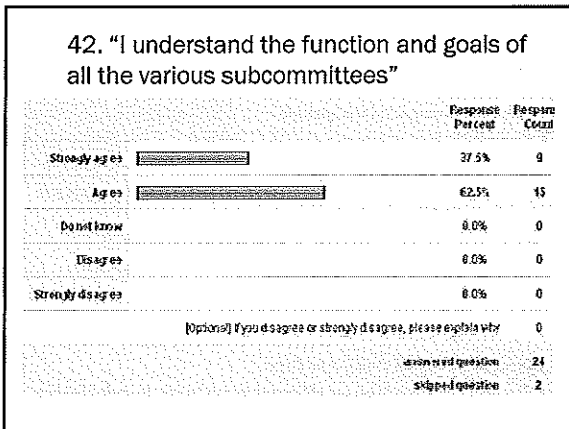












### Open-Ended Comments Results

4. Please list , at most, three success you have had as a member of the RWPC.

- 20 members completed this question
- Feel good about new priority setting process
- Improved knowledge base of funding process (allocations)
- Increased knowledge of range of providers in the community.
- Feel Planning Council is functioning as a team more

5. Please list, at most, three challenges you have had as a member of RWPC.

- 20 members completed this question
- Personal conflicts, disrespect to members and staff
- Need more education about the process
  - (Allocations, Priority setting, Committee functions, Data analysis, How to interpret data presented)
- PC members should have more "real input" into the process
- Limited options when decisions are made
  - All opinions are not valued or not take as seriously
  - Need more time to make decisions and "sit" with information
- Lack of trust
- Need to increase efficiency of meetings
- Frequent use of acronyms and abbreviations is a barrier to understanding discussion

32. What, if any, changes could be made to the RWPC to help retain members?

- Buddy/mentoring system for new members
- Have more concise descriptions of committee functions
- Meeting are to long
- Concise, clear definition of the purpose of RWPC and members role
- Change environment to encourage more participation, create opportunities that will increase consumer participation at meetings, people need to feel they are heard and welcome to contribute their thoughts
- More information, interpretation of data
- Better attendance
- Find a way to end meetings on a positive note
- Clearer tracking of progress and accomplishments
- Members should not micromanage staff issues

33. What do you feel the RWPC could do to increase membership, particularly in attracting candidates who are HIV positive, African American males from Philadelphia or Pennsylvania suburbs?

- Better advertising of needs and accomplishments
- Training to become advocates
- Ask providers to actively recruit for RWPC
- Meeting in the neighborhoods/different locations/go to the people
- Incentives for members to attend the meetings/food at meetings
- Examine the process and product before we ask others to participate. Is it a requirement to have a monthly meeting?
- Meetings in the counties

34. What do you think the RWPC could do to improve attendance of its current members at Planning Council Meetings?

- Food
- Phone call reminders
- Enforce attendance policy/get rid of members not attending
- Incentives for attending meetings

Open-Ended Comments Results continued...

**36. What do you think the RWPC could do to improve participation in its subcommittees**

- Constant encouragement
- Persistence reminder
- Accountability to ensure members are on a subcommittee
- Advertise the subcommittee agenda at RWPC meeting in advance
- Have co-chairs present their subcommittee at orientation

**38. What, if any, changes could be made to improve the way that the RWPC functions?**

- Changes in the RWPC meeting environment
  - More emphasis placed on members' input and roles
  - Continuous and ongoing evaluation of the process

**39. Are there specific issues you are confused about that might be addressed in training?**

- Acronyms

**47. Additional Comments?**

- Excellent survey
- Continuous self-evaluation towards making the PC more member friendly
- Have some kind of less formal forum a few times a year where members could interact casually
- Meeting fellow members prior to the meeting
- More client representation (especially from PA and NJ)

**Questions/Feedback?**

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