

MEETING AGENDA

VIRTUAL:

Thursday, November 11, 2021

2:00 p.m. – 4:30 p.m.

Call to Order

Welcome/Introductions

Approval of Agenda

Approval of Minutes (*Ocotber 14, 2021*)

Report of Co-Chairs

Report of Staff

Action Items

Quarterly Spending Report from AACO.

Other Business

Announcements

Adjournment

Please contact the office at least 5 days in advance if you require special assistance.

The next Finance Committee meeting is
VIRTUAL: November 4, 2021 from 2:00 – 4:00 p.m.
Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

VIRTUAL: HIV Integrated Planning Council
Meeting Minutes of
Thursday, October 14, 2021
2:00-4:30 p.m.

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Debra D'Alessandro, Alan Edelstein, Mike Frederick, David Gana, Pamela Gorman, Sharee Heaven, Gerry Keys, Kate King, Kailah King-Collins, Kaleef Morse, Hemi Park, Erica Rand, Sam Romero, Clint Steib, Desiree Surplus, Nicole Swinson, Evan Thornburg, Adam Williams

Guests: Ameenah McCann-Woods (AACO), Julie Hazzard (AACO), Sterling Johnson

Staff: Beth Celeste, Julia Henrikson, Debbie Law, Sofia Moletteri, Elijah Sumners

Call to Order: S. Heaven called the meeting to order at 2:07 PM.

Approval of Agenda: S. Heaven presented the October 2021 HIPC agenda for approval.

Motion: D. Gana motioned, C. Steib seconded to approve the October 2021 agenda.

Motion passed: 8 in favor and 1 abstained.

Approval of Minutes (*September 9, 2021*): S. Heaven presented the previous meeting's

minutes for approval. **Motion:** D. Gana motioned, A. Edelstein seconded to approve the

September 2021 meeting minutes. Motion passed: 11 in favor and 1 abstained.

Report of Co-Chairs:

S. Heaven announced that L. Diaz would not be in attendance for today's meeting. The Division of Housing and Community Development will have an HIV Advisory meeting on November 16th at 2pm. The link has not been disseminated yet, but she wanted to put it on HIPC's radar.

Report of Staff:

S. Moletteri reported that CPC's meeting was moved from October 21st to October 22nd, and the POZ committee will meet on October 18th at 7pm. D. Law reported that the nominations committee recommended eight new members to the Mayor's Office, as of yet there has not been an official letter from the City, but new members were welcome to future meetings. All current members who reapplied have been approved and are awaiting the official correspondence from the Mayor's Office.

Action Items:

--HIPC Co-Chair Election--

S. Moletterri stated that as the co-chairs position is staggered, S. Heaven's term is currently up for election. HIPC has not received any new nominations as of this meeting, and S. Heaven stated that she would continue her role if there was no one else who wanted to take on the role. S. Moletterri explained the responsibilities of the co-chair role to facilitate meetings and E. Thornburg added that as co-chairs that their signatures are necessary on all documents to AACO. No new nominations were made for co-chair positions and S. Heaven introduced herself to the new members. It was put to a vote where 14 members were in favor and 1 person abstained. S. Heaven was reelected as Co-chair.

--Reallocation Request--

For the benefit of the new members, A. Edelstein stated that the Finance committee meets on the first Thursday of every month at 2pm. Last week at the finance committee meeting, A. McCann-Woods presented the reallocation request as the representative of the Recipient. The finance committee would present a recommendation to the full planning council for approval. For the newer members, HIPC can make reallocations during the year from one funding category to another if the change is plus/ minus 10% of the amount that was allocated.

A. Edelstein stated that Ryan White Part A Medical Case Management sub-Recipients have been confronted with an increased demand for services due to an uptick for EFA/Housing and recent flooding events in the suburban counties. They've also incurred increased personnel costs due to scheduled cost of living and fringe benefits adjustments as well keeping salaries at competitive levels to mitigate turnover of experienced staff. Generally, the average "tour of duty" of medical case managers is two years, then they tend to move on to other employment opportunities. The current allocations are insufficient to cover costs through the end of the contract year.

With the lifting of the moratorium on pandemic utility shut-offs, the Philadelphia Region is under allocated to meet increased demand for Emergency Financial Assistance (EFA). Conversely, Part A EFA Housing associated costs have been less than expected due to the availability of Care Act COVID-19 and carryover funds (\$332,775.00/State, \$328,077 HRSA and \$550,000 carryover).

In order to satisfy these regional needs, the Recipient is requesting permission to reallocate funds as follows:

A. McCann-Woods stated that for New Jersey there was a decrease in EFA/Housing by 48.4% or \$54,989.00. There was a need to increase Medical Case Management by 12.5% or \$54,989.00. In Philadelphia, there will be a decrease to EFA/Housing of 49.6% or \$255,426.00. With an increase to Medical Case Management of 4.8% or \$200,426.00 and an increase to EFA of 113% or \$55,00.00.

The Recipient intends to sustain these shifts moving forward through additional State Rebate

housing funds from the PA Department of Health which would allow more Part A funds to be allocated. A. Edelstein continued that some members may be familiar with the state-run special pharmaceutical benefits program. The state received rebates directly from manufacturers and the idea would be to move funds to housing that would allow more Part A funds. D. Gana added that it may be called “3040b funds,” for members more familiar with that term. A. Edelstein added that individual agencies provide drugs to PLWH under their care, and their funds were rebated by the drug companies back to the agencies to support services and that’s called the 3040b program. This request was reviewed by the Finance Committee and there was a motion from the committee to approve this request from the full planning council. A. Williams asked do you have any information regarding anticipated average expected salary of a medical case manager? A. Edelstein answered he does not know because salary varies from agency to agency and they all have their own pay scale, etc. A. McCann-Woods agreed that it depends upon the agency as well as other factors like skill level and education level. She said she cannot give a specific number given the different factors, but would like organizations to be fair and generous at the same time due to the level of work medical case managers implement. A. Edelstein agreed and noted that providers heard from a lot of consumers that they start with a case manager and develop a good rapport with them only for them to leave and have to begin that process again with a new person. A. McCann-Woods added that there are fringe benefits such as insurance, liability, etc. which also goes into the cost of a case manager. She continued that state rebate funds, such as the 3040b dollars, for the Recipient is another stream of funding as well as Ryan White Part B. A. Edelstein asked if the funding is coming from SBBP? A. McCann-Woods said that she will receive clarity on this and bring it back to the planning body. A. Edelstein asked if the rebates were coming from Purchase at Pharmaceuticals? A. McCann-Woods answered yes. A. Edelstein continued that they probably are from the SBBP program and the 3040b program D. Gana brought up earlier.

A. Williams asked, regarding medical case managers, whether an increase in funding will actually go where it is intended and when an average expected salary cannot be given, then it draws concerns. A. Edelstein responded that if the dollars were allocated to medical case management then those dollars will go into salaries and benefits of medical case managers. He continued, exactly what the salaries are going to be and what exactly constitutes a living wage. A. McCann-Woods also added that for every \$75k for medical case management a sub-Recipient can fund one case manager, which included salary, fringe, etc. J. Hazard followed up saying that in their role at AACO they conduct equity assessments that lead them to develop equity plans, including pay equity and transparency. J. Hazzard continued that they understand the obstacles to having an average case manager salary listed whether some agencies depending on their size only have one part-time staff or others that have seven people on payroll. A. Edelstein suggested that it was possible to do a salary study as well as a retention study to reduce turnover. Additionally, regarding starting salaries, people in the suburbs do not have to pay a wage tax like those who work in Philadelphia. A. McCann-Woods reiterated that she can provide the average salary information, she just has to go back and ask for it. She continued that when a change is made to any award for medical case management, or any service category, that has to get approved through AACO, so if there are individual program analysts where those revisions or

requests for revisions to either increase salary or bonuses, that is not something an organization can arbitrarily decide on their own.

K. Morse added that case management salaries are very dependent on expertise, hospital, and agency requirements. For example, some agencies do not require graduate degrees and only bachelor's degrees. Also, HIPC cannot tell sites what to do in regards to salary because that is not its role because the planning council can only allocate money between categories. AACO can determine how money is spent because they are the Recipient. D. Gana and A. Edelstein agreed. A. Edelstein continued, AACO came to HIPC specifically with this reallocation request because they wanted to use dollars so organizations can provide more competitive salary and benefit increases to their staff. It is not out of line to ask for accountability and transparency with how the money was disseminated among the organizations. K. Morse added that the language in the reallocation request is vague because they do not account for personnel recruitment, people within these roles receiving salary increases, etc. so there were no specifics and the discussions were around the assumptions of what it could potentially be used for.

D. D'Alessandro asked if the Recipient makes this request based on information from funded agencies, so if HIPC does not agree upon this today does it end the discussion? A. Edelstein stated that HIPC can vote on the motion to approve its allocation request as it stands, but if it gets voted down then HIPC can ask AACO for that information and can come back to the planning council with another proposal during a meeting at a later date.

Motion: A. Edelstein motioned to approve the reallocation request from the Finance Committee.

Vote:

S. Heaven -- Abstain

Alan Edelstein -- In Favor

D. Gana -- In favor

C. Stieb -- In Favor

D. D'Allesandro -- In Favor

D. Surplus -- In Favor

E. Thornburg -- Abstain

G. Keys -- In favor

G. Grannan -- In Favor

N. Swinson -- In Favor

K. King -- In Favor

K. King-Collins -- Abstain

E. Rand -- In Favor

P. Gorman -- In favor

Adam Williams -- In Favor

S. Romero -- In Favor

The motion passed: 13 in favor, 3 abstaining. The reallocation request was approved.

Discussion Item:

--OHP/PC Support Budget Review--

A. Edelstein stated that there was a site visit conducted by HRSA's HAB (HIV/AIDS Bureau). HRSA's requirement was that the planning council needed to review the budget of the planning council support staff and review expenditures on a periodic basis. The finance committee asked M. Ross-Russell to prepare a financial report for the group and provide a narrative that could help explain it. A. Edelstein followed up by stating that you would expect that the expenditures OHP would have spent at the 6-month mark is 50% of the dollars. Most of the items in the OHP budget are at or near 50%, although there were a number of items where there was underspending and overspending, respectively. Operating costs were also affected by the office closure as a result of the pandemic and switch to a virtual meeting versus in-person structure.

Utilities: The office did not require the usual heating and cooling or electrical output for computers and printers copiers.

Communications: The phones and internet were fully operational therefore the costs did not change significantly.

Postage is preloaded and has not required additional payment. This will change with the PLWH survey. The costs for postage paid mailers and return envelopes is expected to amount to approximately \$7,000 based on historic expenditures. The survey tool is 10 pages and it is expected that approximately 2,500 survey packets will be created for a 20% sample of the Epidemic.

Courier Service: This has not been utilized but again this will change with the delivery of the surveys to various providers throughout the EMA.

Office and meeting supplies: The costs incurred are mostly related to PPE (personal protective equipment) supplies. Again, the virtual meeting structure has decreased the need for basic supplies.

Leased equipment: Copier and Pitney Bowes postage machine.

Printing: There is very little printing in a virtual meeting environment.

Equipment: This is mostly software license/subscription costs which are paid on an annual basis. SPSS (statistical package for social sciences) is expensive (\$5,600) and ESRI which is the GIS (geographic information system) program (\$1,400), Survey Monkey (\$1,500), monthly network backup, etc.

Travel (staff and member), journal subscriptions, advertising and staff development were not expended during this period.

Other: This includes the security system, exterminator and office cleaning/maintenance. Only the costs for the security system were incurred.

A. Edelstein opened the floor to any questions and comments from the planning council. A. Williams asked how many people are currently employed at OHP? S. Moletterri answered six people. She also explained that on the spreadsheet when talking about the annual subscriptions, it is 79% of the total budget because it is a one-time annual subscription. A. Williams asked if the location of the OHP office could be a deterrent for some consumers to seek the services. D. Law answered that the lease was below market rate when OHP signed it and it is in the Spring Garden area near public transportation. She continued that the lease was a 5 + 5 year agreement and that moving expenses would be an additional issue when the time comes. S. Moletterri reminded the planning council that the purpose of today's budget review was not to be voted on, but the Finance Committee and HIPC as a whole are supposed to review and do so quarterly. A. Edelstein reiterated that this budget review is a requirement from HRSA.

Committee Reports

--Executive Committee--

No Report.

--Finance Committee--

A. Edelstein stated that the committee has been working on the Administrative Mechanism tool and the processes other EMAs follow. There should be a draft completed by next month that the committee can present to the full planning council and use it as a model so we can be in compliance with their requirements.

--Nominations Committee--

D. Law stated the last nominations meeting was to place new members onto the council and they are currently preparing orientation.

--Positive Committee--

S. Moletterri reported that the next Poz meeting will be held October 18, 2021. They have been drafting a resource guide for case managers and a letter to past members about future participation.

--Comprehensive Planning Committee--

G. Grannan reported that the Comprehensive Planning Committee is meeting 10/22 and the committee will work on the Consumer survey.

--Prevention Committee--

C. Steib reported that the committee met in September and discussed the HIV National Strategic Plan, End the HIV Epidemic, and the consumer survey. These discussions will continue at the next meeting October 27, 2021 at 2:30pm.

--Ad-Hoc Recruitment Workgroup--

S. Moletterri reported that the last meeting was September 28th and the next meeting date is not yet set, but they will send out a doodle poll to ask the date that works best for everyone.

Any Other Business

D. Law stated that for the new recommended members, to join one of the subcommittees the calendar is on the website (hivphilly.org) for them to see future meetings and join because most of the work is done on the committee-level.

Announcements

D. Gana announced that the AIDS Walk is Sunday October 17, 2021. D. Gana continued that The National Center for AIDS Research meeting is November 2nd and 4th, Philadelphia is hosting it this year. November 2nd is a community day and November 4th is the scientific symposium where the plenary speaker is Dr. Fauci. The meetings are 10:30am-5pm. C. Stieb announced that The Youth Pride Health and Wellness Fair on October 29th from 4pm-7pm at the William Way Center. D. D'Alessandro stated there is a series through the HealthFed as part of their opioid response programs around trauma informed sexual history taking and setting a compassionate collaborative relationship with patients, there is one program each month through the end of the year.

Adjournment

Motion: S. Heaven called for a motion to adjourn. A. Edelstein made a motion to adjourn the meeting. D. Gana seconded to adjourn the October 14, 2021 HIPC meeting. Motion Passed: All in favor. Meeting was adjourned at 3:51 p.m.

Materials Included:

OHP 6-month Budget
Reallocation Request

Respectfully Submitted,

Elijah Sumners, staff

DRAFT