MEETING AGENDA

VIRTUAL: Thursday, March 2, 2023 2:00 p.m. - 4:00 p.m.

- ♦ Call to Order
- ♦ Welcome/Introductions
- ♦ Approval of Agenda
- ♦ Approval of Minutes (February 2nd, 2023)
- ♦ Report of Co-Chairs
- ♦ Report of Staff
- ♦Discussion Item
 - PA State Prevalence Data
- ♦ Other Business
- ♦ Announcements
- ♦ Adjournment

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

The next Comprehensive Planning meeting is

VIRTUAL: April 6th from 2:00 p.m. – 4:00 p.m.

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

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

VIRTUAL: Prevention Committee Meeting Minutes of Thursday, February 2nd, 2023 2:30 p.m. – 4:30 p.m.

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

Present: Michael Cappuccilli, Alan Edelstein

Guests: Ameenah McCann-Woods (DHH)

Staff: Sofia Moletteri, Mari Ross-Russell, Beth Celeste, Tiffany Dominique, Kevin Trinh

Call to Order: A. Edelstein called the meeting to order at 2:04 p.m.

Introductions: A. Edelstein asked everyone to introduce themselves.

Approval of Agenda:

A. Edelstein referred to the February 2023 Finance Committee agenda and asked for a motion to approve. Motion: M. Cappuccilli motioned; A. Edelstein seconded to approve the February Finance Committee agenda. Motion passed: 2 in favor. The February 2023 agenda was approved.

Approval of Minutes (December 1st, 2022):

A. Edelstein referred to the December 2022 Finance Committee minutes. <u>Motion: M.</u>
Cappuccilli motioned; A. Edelstein seconded to approve the December 2022 meeting minutes via a Zoom poll. <u>Motion passed: 2 in favor.</u> The December 2022 Minutes are approved.

Report of Co-chairs:

A. Edelstein did not have a report.

Report of Staff:

M. Ross-Russell had an update to the situation with the Pennsylvania State prevalence data. She reported to the committee that the individual responsible for the prevalence data retired in January 2023, a week before the meeting. There were now more issues revealed within the data reporting at the CDC level, and the Office of HIV Planning (OHP) was in a holding pattern as a result. M. Ross-Russell said there were 3 requests for further information sent to the PA State. M. Ross-Russell noted there had also been other requests for information from other entities such as the Division of HIV Health (DHH). M. Ross-Russell said that she would meet with those handling the data on February 9th, 2023, and she hoped that there would be a resolution to the

situation. She said Dr. G. Obiri, the supervisor for the person who had retired, had not provided more information regarding the original request.

M. Cappuccilli asked if they were creating a contingency plan should those attending the meeting fail to reach a resolution to the situation. M. Ross-Russell said they would need to receive input from the Executive Committee in order to revert to the previous allocation process, which the committee had not used since 2006 or 2007. The current process was an allocation based on the most recent prevalence data and what share of the epidemic the region represented.

A. Edelstein asked if the State of PA was disavowing its own data. M. Ross-Russell did not have a definitive answer. She said that PA processed the data 3 different times and had 3 different results.

M. Ross-Russell said the situation has grown to affect other organizations such as DHH which also received data from PA. A. Edelstein asked if Dr. K. Brady had a response to the situation. M. Ross-Russell said Dr. K. Brady was working with the PA State to get a resolution. M. Ross-Russell had reached out to Dr. K. Brady and she learned that the PA State was waiting for a new replacement to complete training. A. Edelstein asked if there was a timetable for when the replacement would be able to continue their predecessor's duties. M. Ross-Russel confirmed that she did not receive a timetable.

A. Edelstein recalled the 70-15-15 split (75% of the award was allocated to Philadelphia while 15% was allocated to both the PA and NJ counties). A. Edelstein asked if the Bylaws stated that allocated dollars had to follow each region's share of the epidemic. M. Ross-Russell said she did not know if it was in the Bylaws, but she knew it was in the allocations policy. A. Edelstein said if they were going to do the 70-15-15 distribution, they would need the Planning Council to make changes since the distribution is written policy.

M. Cappuccilli asked if the policy change would be temporary until the Finance Committee has more reliable data. M. Ross-Russell said that they would need to have a conversation with the Executive Committee to discuss the issue. M. Ross-Russell said the drastic change in prevalence numbers would alter the funding that certain regions would receive. M. Ross-Russell explained that PA counties would receive less funding while New Jersey would receive an increase in funding. Philadelphia would receive a similar amount to previous years.

A. Edelstein said they should try an alternative to the 70-15-15 distribution. They would first need a rationale to explain to the Executive Committee. He said they could explain that the data they had on hand was unreliable and that they were unsure when they would obtain more reliable data. Instead of the 70-15-15 distribution, A. Edelstein recommended using the average spending from the last 5 years. M. Ross-Russell agreed and gave an estimate of what she believed the allocation distribution would be if they followed A. Edelstein's idea.

A. Edelstein was concerned about the next funding cycle if the PA government did not resolve the situation with the data. M. Cappuccilli agreed with A. Edelstein that averaging the last 5

years in allocations would be agreeable with their audience. A. Edelstein asked M. Ross-Russell if they can get a consultation from a Health Resources and Services Administration (HRSA) representative or Dr. K. Brady. M. Ross-Russell agreed that she would meet with Dr. K. Brady.

M. Ross-Russel gave a report of the allocations from previous years. She said that New Jersey generally receives 13%. She said that PA counties usually receive about 16-17% while Philadelphia generally receives 69-71%. M. Ross-Russell agreed with the idea to take the average allocations from the last 5 years. A. Edelstein suggested averaging even further to 10 years. A. Edelstein would also want a consultation with the executive council. S. Moletteri confirmed in the chat that the Bylaws do not specifically state that the Finance Committee should use the most recent prevalence data and that the language only existed within the allocations policy. S. Moletteri sent the policy language: "the total dollar amount for each of the regional budget drafts is prorated based on the most recent living HIV and AIDS case data available from the CDC." A. Edelstein said that he was not comfortable with leaving allocation solely to the Finance Committee and had wanted to involve more stakeholders.

M. Ross-Russell said that the committee had already completed the allocations process for the 2022-2023 year which began on March 1st when the committee received their final award. M. Ross-Russell said that afterward there would be time to draft an alternative plan before the creation of next year's allocation in June or July. A. Edelstein said that since they would be so close to March 1st, they could do a continuation budget using the numbers that they already had and then finalize the budget when they received the final award.

M. Ross-Russell said they would wait until they receive the final award to finalize the budget. As it stood with the continuing resolution, it would be resolved in the Level Funding Budget. A. Edelstein asked that between the Level Funding Budget and finalizing the budget, they would have some months to decide whether to change the allocations for the year 2023-2024. M. Ross-Russell said that they would only have one month.

M. Ross-Russell said she has a meeting with Dr. K. Brady on February 3rd, 2023 so she can get her input on the potential allocation changes. She then promised to keep the Finance Committee informed about the meeting. M. Ross-Russell acknowledged that A. Edelstein wanted to bring the issue to the Planning Council. A. Edelstein said that he had wanted to bring the issue to the Executive Committee first. M. Ross-Russell agreed and suggested that they have an Executive Committee in February.

A. Edelstein was concerned that they were going to have the Planning Council meeting before the Executive Committee meeting. M. Ross-Russell asked S. Moletteri what was going to be discussed at the Planning Council meeting. S. Moletteri replied that there was going to be a presentation on House Bill 103 by AIDs Law Project. M. Ross-Russell reminded the committee that there was going to be a HIPC Orientation meeting happening in the next week.

M. Cappuccilli asked if the committee could create an explanatory letter detailing the events and reasoning for the distribution changes. A. Edelstein suggested that the letter could be presented

in bullet points to facilitate easier reading. M. Ross-Russell cautioned that this may not be the right approach since some topics were complicated and nuanced. A. Edelstein said the letter does not have to be too detailed. He said that the committee should consult the Executive Committee and Dr. K. Brady before they can provide more concrete detail. He said that once M. Ross-Russell and Dr. K. Brady met with Dr. Obiri and discussed the next steps, the letter would be useful in providing people with prior knowledge.

M. Ross-Russell said that reviewing the prevalence data would explain the situation without much further detail needed. Overall, the increase of 500 people and then a drop of 500 people in the next update was not usual. A. Edelstein said PA State also did not provide much explanation for the data.

M. Ross-Russell said she would create the explanatory letter with data to outline the situation with the data and the timeline.

Action Items:

-Year-End Reallocation Request-

A. McCann-Woods went over the Reallocation Request. She said the Ryan White Part 2 FY 2022 contract is nearing its end in February 2023. A. McCann-Woods explained that DHH had an administrative mechanism to prevent underspending. At the end of the fiscal year, HIPC can reallocate or move underspent funds from service categories to service categories that might need more resources and could spend down the funding. She listed the service categories to receive the additional resources: Emergency Financial Assistance, Food Bank/Home-Delivered Meals, Medications, Oral Health Care, and Medical Transportation Services. A. McCann-Wood assured the committee that the programs would be able to spend the funding quickly and that funding these service categories would not include staff—it would involve only direct goods/services for clients.

Motion: M. Cappuccilli motioned that the Finance Committee would bring the February 2nd, 2023 Reallocation Request to the Full HIPC with their recommendation for approval. A. Edelstein seconded the motion. Motion passed: 2 were favor. The motion to bring the Reallocation Request with Finance Committee's recommendation for approval was approved.

<u>Edefstein seconded the motion. Wotton passed: 2 were ravor.</u> The motion to ornig the
Reallocation Request with Finance Committee's recommendation for approval was approved.
Any Other Business:
None
Announcements:
None
Adjournment:

A. Edelstein called for a motion to adjourn. <u>Motion: M. Cappuccilli motioned, A. Edelstein seconded to adjourn the February 2023 Finance Committee meeting. Motion passed: All in favor.</u> Meeting adjourned at 2:49 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- February 2023 Meeting Agenda
- December 2022 Minutes



Philadelphia EMA HIV Integrated Planning Council Finance Committee 2011-2020 Prevalence Averages Thursday, March 2, 2023

Suggested language from Executive Committee:

In the case of questionable prevalence data, we will use the alternative method of historical averages until we receive a prevalence data report from the region under question that is deemed satisfactory by the Division of HIV Health's (DHH) Epidemiologist.

HIV Prevalence 2011 to 2020											
YEAR	PA4	Diff	Region %	NJ4	Diff	Region %	Phila	Diff	Region %	EMA	Diff
2011	3,703		14.26%	3,108		11.97%	19,157		73.77%	25,968	
2012	4,004	301	14.79%	3,227	119	11.92%	19,838	681	73.29%	27,069	1,101
2013	4,049	45	14.95%	3,471	244	12.82%	19,564	-274	72.23%	27,084	15
2014	4,161	112	15.34%	3,466	-5	12.78%	19,494	-70	71.88%	27,121	37
2015	4,193	32	15.64%	3,334	-132	12.44%	19,280	-214	71.92%	26,807	-314
2016	4,289	96	16.03%	3,350	16	12.52%	19,113	-167	71.45%	26,752	-55
2017	4,354	65	16.14%	3,420	70	12.68%	19,199	86	71.18%	26,973	221
2018	4,245	-109	15.87%	3,501	81	13.08%	19,011	-188	71.05%	26,757	-216
2019	4,761	516	17.59%	3,515	14	12.98%	18,798	-213	69.43%	27,074	317
2020	4,248	-513	16.08%	3,550	35	13.44%	18,621	-177	70.48%	26,419	-655
AVG.	4,201	61	15.67%	3,394	49	12.66%	19,208	-60	71.67%	26,802	50