

MEETING AGENDA

Thursday, February 14, 2019
2:00 p.m. – 4:00 p.m.

Call to Order

Welcome and Introductions

Approval of Agenda

Approval of Minutes (*January 10, 2019*)

Report of Co-Chairs

- AACO PrEP Campaign

Report of Staff

Action Items

- Allocations
- Executive Committee Extending Meeting Times

Public Comment

Discussion Items

- Third Quarterly Underspending Report

Old Business

New Business

Announcements

Adjournment

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

The next HIV Integrated Planning Council meeting is scheduled for
Thursday, March 14, 2019 from 2:00 – 4:00 p.m. at the
Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

HIV INTEGRATED PLANNING COUNCIL

HIV Integrated Planning Council

Thursday, January 10, 2019

2:00 p.m. – 4:00 pm.

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

Present: Juan Baez, Katelyn Baron, Michael Cappuccilli, Lupe Diaz, Tiffany Dominique, David Gana, Sharee Heaven, Peter Houle, Gerry Keys, Nicole Miller, Nhakia Outland, Christine Quimby, Erica Rand, Samuel Romero, Clint Steib, Gloria Taylor, Coleman Terrell (AACO), Gail Thomas, Melvin White, Jacquelyn Whitfield

Excused: Keith Carter, Maisaloon Dias, Alan Edelstein, Gus Grannan, Janice Horan, George Matthews, Loretta Matus

Absent: Henry Bennett, Johnnie Bradley, Mark Coleman, Pamela Gorman, La'Seana Jones, Dorothy McBride-Wesley, Jeanette Murdock Joseph Roderick, Eran Sargent, Jason Simmons, Terry Smith-Flores, Adam Thompson, Lorrita Wellington, Zora Wesley, Steven Zick

Guests: Chris Chu (AACO), Ameenah McCann-Woods (AACO).

Staff: Mari Ross-Russell, Nicole Johns, Briana Morgan, Dustin Fitzpatrick

Call to Order L. Diaz called the meeting to order at 2:09 p.m. Those present then introduced themselves and participated in an ice breaker activity which included their names, location, and preferred pronouns.

Approval of agenda

L. Diaz asked for an approval of the agenda.

Motion: D. Gana moved, J. Whitefield seconded to approve the agenda. **Motion Passed:** 14 in favor, 0 against, 3 abstentions.

Approval of minutes

L. Diaz asked for an approval of the meeting minutes from December 10, 2018. She reminded the group that the meeting was an emergency meeting, called for the approval of an end of year reallocation request.

Motion: J. Whitefield moved, P. Houle seconded to approve the minutes for December 10, 2018. **Motion Passed:** 14 in favor, 0 against, 3 abstentions

Report of Chair

C. Terrell stated that he would report back on the December meeting. He stated that the Council had approved the bylaws changes that removed references to the Chief Elected Official's (CEO's) designee since the Council reports directly to the mayor. He stated that they had approved a reallocation request for the end of the fiscal year underspending. He stated that they also elected representatives from the council for UCHAPS, and that they have an alternate position to be decided at a later date. He finally asked those who are on social media to "check in" at the HIPC meetings.

Report of Staff

M. Ross Russell welcomed Dustin Fitzpatrick to the Office of HIV Planning staff, and noted that Dustin would be taking meeting minutes moving forward and be the one to contact members about meeting attendance.

Public Comment. None.

Discussion Items: Small Group Discussions

N. Johns explained that the group were going to break up into groups of 3 to begin a conversation that would inform the later discussion about the HIPC’s Mission, Vision, and Values. She asked the small groups to interview each other about why they value their participation on the planning council, whether as a member or someone who came regularly. She requested that they consider why they dedicate their time, energy, and resources to this work. She explained that there was a reason that people come to these meetings, and that they wanted the groups to get at what those reasons are. She encouraged those present to be in groups with people they don’t know as well so they could get to know new people. She asked those present to take 10 – 15 minutes to have these conversations.

After ten minutes of small group conversation, the group reconvened. N. Johns asked those present to share some key phrases related to values they have that came up during the conversations. G. Taylor said “representation,” explaining that she still comes after her first meeting because she knows there’s not a lot of representation from New Jersey. L. Diaz said she’s also from the PA collar counties, and a reason she comes is that there are only a handful of them. D. Gana stated that his group talked about the financial side, getting involved because they were concerned about how funding was being spent.

C. Steib stated “to network and build partnerships.” J. Whitfield said that they talked about reaching out to others and bringing them into the meetings, to help those who are shy and afraid to come. P. Houle added to be a voice for others, and D. Gana said to combat stigma. M. Cappuccilli said he comes to get a sense of the big picture, since people work or live in small environments where they only see a corner of this world. C. Terrell stated that his group talked about the importance of ensuring high quality, appropriate, and competent services that meet needs of the community, as well as a need for representation from young people, and ensuring community voice.

T. Dominique stated that her group noted the bidirectional sharing of resources – they come to get education and bring it back to their agencies, but that they also bring their own knowledge and experiences to the table. C. Quimby stated that her group talked about coming together in the spirit of collaboration. C. Terrell said one group member said they kept coming because they liked it. C. Steib that his group noted they come to get a better understanding of policies, procedures, and governance. G. Thomas stated that one of their group members was at her first meeting and another had been around a while, but she loved sharing information and another group member loved the presentations. S. Romero stated the democratic process was important to him. P. Houle shared that giving back to the community came up in his group. S. Romero offered “citizenship”. L. Diaz stated a sense of community with a common goal came up in her group. T. Dominique said that one person said ‘because the epidemic wasn’t over’. C. Steib shared that some in his group came to be part of planning and funding allocation process. N. Outland said that she came to talk about sex positively since so much was “don’t do this” or “don’t do that”.

N. Johns read the list back to the group. She asked the group how they felt about having the conversation. P. Houle said that it was good talking to people he didn’t know. He went on to say that he came from a different state but lives in Philadelphia, and that it was nice to see C. Terrell at the meetings because he could have assigned that to someone else. He stated that he appreciated C. Terrell’s participation, as the Director of the AIDS Activities Coordinating Office, in community planning.

Planning Council Mission, Vision, and Values

B. Morgan explained that we are going to tie together the previous discussion with the planning council values. The last time the Council looked at the values was in 2012 when the last comprehensive care

plan was written. She noted that a lot has changed, especially after the integration of the planning bodies. She reviewed the current values with the HIPC. She asked them to consider how these values measure against the conversations they just had and the values they just shared (see handout for value statements).

C. Terrell observed that the current values don't address ending the epidemic. P. Houle agreed. He shared that ending the epidemic was a key feature in the strategic planning of the community planning body in Delaware. He said that the current values are all really applicable, maybe there needs to be a couple words added or changed. He noted 'lost to care' is not addressed. D. Gana shared the idea of adding lost to care or unmet needs to the "perceived or actual barriers" value. He added the values should be explicit about unmet needs. B. Morgan asked if there was anything brought up in the conversations today that was not reflected in the values as written. She noted that collaboration was mentioned a few times, but it is not necessarily reflected in the values as stated. L. Diaz asked if collaboration could be added to the "provide high quality" value. B. Morgan clarified that this discussion will be brought to the HIPC committees and back to the HIPC so there doesn't need to be any concrete decisions at this meeting.

D. Gana stated that there should be something about informational updates that can be shared with the community, to learn and disseminate knowledge/information. He clarified that sharing information should be a value. C. Steib said that the body should be described as a group that is not just folks who work in the field, but also community members. He said the common community perception is just agencies. B. Morgan explained that this addition would help to tell who we are. K. Baron added that advocates and the community voice isn't really included in the values. B. Morgan said the assumption of advocacy is underlying, but not explicitly stated. M. Ross-Russell said there needs to be a distinction between lobbying versus advocacy. Advocacy is the work of the council, it is about including community voices. J. Diaz said that it is not explicit in the values that the HIPC listens to the community so that services can be improved. The group discussed the differences between advocacy and lobbying. The group came to agreement that appropriate language was needed to capture the work of the HIPC as allowed under the current legislation and guidance.

S. Romero shared that the bidirectional exchange of information is essential to the work and who the group is as individuals and identities. He further offered "who we are is a group that listens to each other, a group of multiple and diverse identities". B. Morgan reviewed what was captured from the small group conversations and explained that the conversation about the values will go to the committees.

B. Morgan introduced the mission from 2012 insert mission:

The mission of the Philadelphia EMA Ryan White Part A Planning Council is to be responsive to the EMA's consumers' needs through proactive planning of an efficient, high quality continuum of care.

She noted this could be the place for "ending the epidemic". T. Dominique asked for the mission to be inclusive of prevention messages as well – to include those "at risk". B. Morgan asked the group to think about it and bring those ideas to committee. She asked if the mission feels true. L. Diaz stated that the HIPC should add "ending the epidemic" and prevention messages to the mission. C. Terrell recommended that "ending the epidemic" is included in the mission. He further clarified that the current mission was about ensuring a steady state epidemic. P. Houle "Until ending the HIV epidemic...." as the first words. D. Gana suggested adding "or at risk for contracting HIV". C. Steib

agreed with that suggestion. B. Morgan clarified that this discussion will also be presented to the Prevention Committee. P. Houle asked if 90/90/90¹ should be included, as it is a national goal. P. Houle cautioned that simple and concise is better for these statements. S. Heaven suggested that “ending the epidemic” could go at the end as well.

P. Houle asked if there were core values included. He said that often they are words, concepts like inclusiveness, integrity, etc. B. Morgan asked if the group liked words as core values over sentences. P. Houle suggested that the current values are more statements of priorities. Core values of words/concepts could be added. He asked if these could be called strategies rather than values. He further explained that the average set of core values are 6-8 words. S. Heaven offered that there is a way to incorporate these ideas all together in the final product. K. Baron asked for the mission, values, vision to the HIPC via email.

Training Needs

B. Morgan explained each person is getting 3 sticky notes to identify training needs- what skills or information do you need to do your jobs at HIPC and make good decisions? M. Ross Russell said this will help inform staff meet the council’s needs and provide them the information and skills they need to fulfill their roles and responsibilities. She clarified that we are asking for the three most important topics/skills. The suggestions were collected from the group and sorted into groups of like concepts.

B. Morgan stated that there are a lot of requests for training on the roles, process, and responsibilities of HIPC. She clarified that there were also numerous requests for presentations on high risk populations. Other requests included: medical research updates, explanation of how funding differs in the EMA’s regions, regional allocations, how to read a budget spreadsheet, opioid epidemic and local supervised consumption sites, youth, PrEP, aging and HIV, implicit bias, local resources, needs assessment process, communication skills, stigma, the new case management program, cultural competency, intersectionality, trauma informed care, acronyms, trans community needs, and HCV/HIV elimination.

B. Morgan thanked everyone for participating. She noted that addressing roles and responsibilities is a priority. She noted that other topics with multiple requests were: youth, opioid epidemic, allocations/budgets, and cultural competency/diversity/intersectionality. M. Ross Russell stated that the roles and responsibilities in the HIPC will be the place to start and some of these others will flow from there, like allocations, epidemiological profile. She explained that some of these others will filter into ‘Brown Bag Friday’ presentations, if not at a planning council meetings. N. Johns suggested the Racial Equity workgroup could be a place to have the conversations about cultural competency and intersectionality.

Committee Reports

Positive Committee. N. Johns reported that the committee met in December and began a discussion about the Meaningful Involvement of People Living with HIV. The committee’s next meeting was scheduled for January 14th where they will continue that discussion and begin planning for a newsletter.

Finance. No report.

Prevention Committee. C. Steib reported that the committee will meet on January 23rd. The PrEP work group will meet on January 16th and receive a report on the work of the last year.

¹ For more information: <http://www.aidsmap.com/90-90-90>

Nominations. M. Cappacilli shared that the committee reviewed attendance of members. Outreach will be made to specific people who have attendance issues. The committee also talked about encouraging members into putting more energy into social media to help spread the word. The committee is also thinking about a recruitment video. He stated the committee is planning a social in May, after the meeting on May 9th. Nominations Committee will take charge and ask committees to put it on their agendas to come up with activity ideas. Everyone is also welcome to offer suggestions in the suggestion box in the conference room.

Comprehensive Planning. T. Dominique reported that the committee met in December with a small but mighty group to talk about the opioid epidemic. The committee will meet on January 17th at 2pm to discuss priority setting.

Old Business. None.

New Business. J. Malloy stated Mayfair neighborhood middle school students were tested for HIV by a local agency outside of the school without any notification of the school district. He stated that this agency should not have been allowed to go against the established norms for HIV testing of young people. He stated that African American children were targeted by this testing event which offered them vouchers for pizza, and it appears that the city Department Public of Health allowed it to go on, from the reporting in the press. C. Terrell said it was inappropriate for the HIPC to talk about individual service providers. He clarified that the Philadelphia Department of Public Health released a statement. J. Malloy asked how it was allowed it to be done to have 13-year olds tested because this is not something that was previously done. C. Steib stated that it is legal to test 13-year olds in PA. J. Malloy stated that morality and legality are not the same thing. L. Diaz stated that the issues around testing of young people should be discussed in the discussions around youth. J. Malloy expressed his concern that this agency is not being challenged by the larger HIV community.

Announcements.

N. Outland announced that Mazzoni Center is offering the CLEAR program, which is one on one coaching program for MSM who are HIV. She left flyers in the conference room.

A. Ford announced that Kevin Jones is no longer the Executive Director of UCHAPS. As board treasurer, A. Ford is handing the business of UCHAPS. UCHAPS is recruiting new board members. He asked anyone with questions to contact him. He congratulated the new steering committee from Philadelphia and he looks forward to working with them.

Adjournment:

L. Diaz asked for a motion to adjourn. **Motion:** C. Steib moved, J. Whitfield seconded to adjourn the meeting at 3:43pm. Motion passed by general consensus.

Respectfully submitted by,
Nicole Johns, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from December 10, 2018
- OHP Calendar

	6/14/2018 Current allocation	2019 Level Funding Formula & Supplemental	2019 1.167% Increase Formula & Supplemental	6/14/2018 Current allocation MAI	2019 Level Funding MAI	2019 .241% Decrease MAI
Referral for Health Care & support Services	\$512,425	\$538,046	\$544,325			
QM Activities (Not to exceed 5% of total grant award)	\$516,669	\$542,502	\$548,833	\$21,624	\$22,705	\$22,650
Systemwide Coordination	\$190,598	\$190,598	\$192,822			
Capacity Building	\$111,384	\$111,384	\$112,684			
PC Support	\$494,154	\$494,154	\$499,921			
Grantee Administration	\$1,260,660	\$1,260,660	\$1,275,373	\$174,759	\$197,266	\$196,791
Administrative (Not to exceed 10% of grant award)	\$2,056,796	\$2,056,796	\$2,080,800			
Subtotal Systemwide, QM & Administrative Service Allocations	\$3,085,890	\$3,137,343	\$3,173,959	\$196,383	\$219,971	\$219,441
	\$17,482,075	\$17,430,622	\$17,634,042	\$1,776,279	\$1,752,691	\$1,748,472
Award amount (formula & supplemental)	\$20,567,965	\$20,567,965	\$20,808,001	\$1,972,662	\$1,972,662	\$1,967,913
Difference from New level funding		240,036	240,036			
			1.16704%			
Philadelphia	2015 PLWH 19280	PLWH % 71.922%	2018 Level \$12,573,374	2016 PLWH 19113	PLWH % 71.445%	2019 Level \$12,453,330
PA	4193	15.641%	\$2,734,448	4289	16.032%	\$2,794,555
NJ	3334	12.437%	\$2,174,255	3350	12.522%	\$2,182,737
EMA	26807	100.000%	\$17,482,076	26752	100.000%	\$17,430,622
Difference from New level funding						

Racial Equity Workgroup Purpose and Scope

Comprehensive Planning Committee January 2019

Membership: Representation from each HIPC committees, AACO, and stakeholders and community leaders from under-represented communities (to be determined by workgroup). Membership of workgroup will be between 10-20 members.

Purpose: To provide key findings and themes to Comprehensive Planning concerning racial equity in the following areas:

- Planning Council Membership/Leadership (current membership, meaningful involvement of most impacted communities, recruitment/retention efforts)
- Provider/Clinic level disparities (workforce, plans for addressing gaps, and resources for supporting equity)
- Funding allocations- particularly Minority AIDS Initiative and Ryan White Part A
- Training & capacity (HIPC and local service providers)
- Racial subpopulations disparities in health outcomes and service access

The workgroup will be provided with data from OHP and AACO to make assessments on the above areas of focus. These quantitative and qualitative data sources may include RW program data, HIV surveillance data, allocations/spending data, utilization data, needs assessment data, other local or national research/data, HIPC membership information, and other relevant reports.

Workgroup will schedule their first meeting by March 1st.

Workgroup will report themes and trends to Comprehensive Planning by August 1st. After this report, the Comprehensive Planning Committee will determine how to proceed and whether the workgroup will continue or dissolve.

Comprehensive Planning will include a standing agenda item for the workgroup to provide updates.

Anyone interested in participating should contact Nicole Johns at 215-574-6760 or nicole@hivphilly.org

NJ Counties FY2019-2020 Allocation Examples

Philadelphia EMA HIV Integrated Planning Council

	2015 PLWHA % 12.437% NJ Counties FY 2018 Level Allocations		2016 PLWHA % 12.522% NJ Counties FY 2019 Level Allocations		2016 PLWHA % 12.522% NJ Counties FY 2019 1.167% Allocations	
Core Service Categories						
AIDS Drug Assistance Program (ADAP)	\$0	0.00%	\$0	0.00%	\$0	0.00%
Ambulatory Care	\$1,083,107	49.82%	\$1,087,332	49.82%	\$1,100,351	49.83%
Case Management	\$425,771	19.58%	\$427,432	19.58%	\$432,550	19.59%
Drug Reimbursement Program	\$0	0.00%	\$0	0.00%	\$0	0.00%
Early Intervention Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Health Insurance Premium & Cost Sharing Assistance	\$0	0.00%	\$0	0.00%	\$0	0.00%
Home & Community-based Health Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Home Health Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
Hospice Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Mental Health Therapy/Counseling	\$169,460	7.79%	\$170,121	7.79%	\$172,158	7.80%
Nutritional Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Oral Health Care	\$195,513	8.99%	\$196,276	8.99%	\$198,626	8.99%
Substance Abuse Treatment-Outpatient	\$0	0.00%	\$0	0.00%	\$0	0.00%
	86.18%	86.18%		86.18%		86.21%
Support Service Categories						
Care Outreach	\$0	0.00%	\$0	0.00%	\$0	0.00%
Case Management (non-medical)	\$0	0.00%	\$0	0.00%	\$0	0.00%
Child Care Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Day or Respite Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
Emergency Financial Assistance	\$0	0.00%	\$0	0.00%	\$0	0.00%
Emergency Financial Assistance/AIDS Pharma. Assist.	\$0	0.00%	\$0	0.00%	\$0	0.00%
Emergency Financial Assistance/Housing	\$0	0.00%	\$0	0.00%	\$0	0.00%
Food Bank/Home-Delivered Meals	\$54,941	2.53%	\$55,155	2.53%	\$55,155	2.50%
Health Education Risk Reduction	\$0	0.00%	\$0	0.00%	\$0	0.00%
Housing Assistance	\$0	0.00%	\$0	0.00%	\$0	0.00%
Referral for Health Care & support Services(Systemwid	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other Professional Services/Legal Services	\$84,221	3.87%	\$84,550	3.87%	\$85,562	3.87%
Psychosocial Support Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Rehabilitation Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
Substance Abuse (Residential)	\$0	0.00%	\$0	0.00%	\$0	0.00%
Translation & Interpretation	\$0	0.00%	\$0	0.00%	\$0	0.00%
Transportation	\$161,242	7.42%	\$161,871	7.42%	\$163,809	7.42%
Subtotal	\$2,174,255	13.82%	\$2,182,737	13.82%	\$2,208,210	13.79%
	13.82%	100.00%	\$2,182,737	100.00%	\$2,208,210	100.00%
Difference from CURRENT level funding			\$8,482		\$33,955	
Difference from NEW level funding			\$0		\$25,473	

	2015 PLWH	PLWH %	2018 Level	2016 PLWH	PLWH %	2019 Level	2019 +1.167%
Philadelphia	19280	71.922%	\$12,573,374	19113	71.445%	\$12,453,330	\$12,598,663
PA	4193	15.641%	\$2,734,448	4289	16.032%	\$2,794,555	\$2,827,168
NJ	3334	12.437%	\$2,174,255	3350	12.522%	\$2,182,737	\$2,208,210
EMA	26807	100.000%	\$17,482,076	26752	100.000%	\$17,430,622	\$17,634,042

Philadelphia EMA FY2019-2020 Allocation Examples

Philadelphia EMA HIV Integrated Planning Council -EMA Wide

	6/14/2018 2015 PLWHA% EMA FY 2018 Level Allocations	8/9/2018 2016 PLWHA % EMA FY 2019 Level Allocations	1/30/2019 proposed example for 1.167% Increase	MAI 6/14/2018 FY 2018 Level Allocation	MAI Approved 8/9/2018 FY 2019 Level Allocation	MAI Draft 1-30-2019 FY 2019 -0.241% Allocation
Core Service Categories						
AIDS Drug Assistance Program (ADAP)	\$0	\$0	\$0			
Ambulatory Care	\$6,684,543	\$6,514,849	\$6,587,785	\$370,664	\$365,742	\$364,861
Case Management	\$5,597,828	\$5,455,469	\$5,510,204	\$1,405,615	\$1,386,949	\$1,383,611
Drug Reimbursement Program	\$497,810	\$480,291	\$486,328			
Early Intervention Services	\$0	\$0	\$0			
Health Insurance Premium & Cost Sharing Assistance	\$0	\$0	\$0			
Home & Community-based Health Services	\$0	\$0	\$0			
Home Health Care	\$0	\$0	\$0			
Hospice Services	\$0	\$0	\$0			
Mental Health Therapy/Counseling	\$541,987	\$542,648	\$544,685			
Nutritional Services	\$59,612	\$59,612	\$59,612			
Oral Health Care	\$770,275	\$756,095	\$763,594			
Substance Abuse Treatment-Outpatient	\$354,603	\$634,657	\$650,964			
79.39%						
Support Service Categories						
Care Outreach	\$0	\$0	\$0			
Case Management (non-medical)	\$0	\$0	\$0			
Child Care Services	\$0	\$0	\$0			
Day or Respite Care	\$0	\$0	\$0			
Emergency Financial Assistance	\$69,415	\$68,957	\$69,550			
Emergency Financial Assistance/AIDS Pharma. Assist.	\$857,688	\$851,561	\$858,979			
Emergency Financial Assistance/Housing	\$228,470	\$226,289	\$229,113			
Food Bank/Home-Delivered Meals	\$327,254	\$325,491	\$328,051			
Health Education Risk Reduction	\$0	\$0	\$0			
Housing Assistance	\$564,808	\$559,672	\$566,322			
Referral for Health Care & support Services(Systemwide)	\$81,039	\$80,265	\$81,202			
Other Professional Services/Legal Services	\$402,394	\$399,848	\$404,341			
Psychosocial Support Services	\$0	\$0	\$0			
Rehabilitation Care	\$0	\$0	\$0			
Substance Abuse (Residential)	\$0	\$0	\$0			
Translation & Interpretation	\$0	\$0	\$0			
Transportation	\$444,351	\$474,918	\$493,311			
Subtotal	\$17,482,077	\$17,430,622	\$17,634,040	\$1,776,279	\$1,752,691	\$1,748,472
16.28%	\$17,482,076	\$17,430,622	\$17,634,042	\$1,776,279	\$1,752,691	\$1,748,472
Difference from New level funding	-\$1		\$203,420			
Referral for Health Care & support Services	\$512,425	\$538,046	\$544,325			
QM Activities (Not to exceed 5% of total grant award)	\$516,669	\$542,502	\$548,833	\$21,624	\$22,705	\$22,650
Systemwide Coordination	\$190,598	\$190,598	\$192,822			
Capacity Building	\$111,384	\$111,384	\$112,684			
PC Support	\$494,154	\$494,154	\$499,921			
Grantee Administration	\$1,260,660	\$1,260,660	\$1,275,373	\$174,759	\$197,266	\$196,791
Administrative (Not to exceed 10% of grant award)	\$2,056,796	\$2,056,796	\$2,080,800			
Subtotal Systemwide, QM & Administrative	\$3,085,890	\$3,137,343	\$3,173,959	\$196,383	\$219,971	\$219,441
Service Allocations	\$17,482,075	\$17,430,622	\$17,634,042	\$1,776,279	\$1,752,691	\$1,748,472
Award amount (formula & supplemental)	\$20,567,965	\$20,567,965	\$20,808,001	\$1,972,662	\$1,972,662	\$1,967,913
Difference from New level funding			240,036			

	2015 PLWH	PLWH %	2018 Level	2016 PLWH	PLWH %	2019 Level	2019 +1.167%
Philadelphia	19280	71.922%	\$12,573,374	19113	71.445%	\$12,453,330	\$12,598,663
PA	4193	15.641%	\$2,734,448	4289	16.032%	\$2,794,555	\$2,827,168
NJ	3334	12.437%	\$2,174,255	3350	12.522%	\$2,182,737	\$2,208,210

Philadelphia FY2019-2020 Allocation Examples

Philadelphia EMA HIV Integrated Planning Council

	6/14/2018 2015 PLWHA % 71.922% Philadelphia FY 2018 Level Allocations		8/9/2018 2016 PLWHA % 71.445% Philadelphia FY 2019 Level Allocations		1/30/2019 proposed example for 1.167% Increase	
Core Service Categories						
AIDS Drug Assistance Program (ADAP)	\$0	0.00%	\$0	0.00%	\$0	0.00%
Ambulatory Care	\$4,941,896	39.30%	\$4,767,977	38.29%	\$4,827,895	38.32%
Case Management	\$4,092,325	32.55%	\$3,948,305	31.70%	\$3,997,922	31.73%
Drug Reimbursement Program	\$497,810	3.96%	\$480,291	3.86%	\$486,328	3.86%
Early Intervention Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Health Insurance Premium & Cost Sharing Assistance	\$0	0.00%	\$0	0.00%	\$0	0.00%
Home & Community-based Health Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Home Health Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
Hospice Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Mental Health Therapy/Counseling	\$324,920	2.58%	\$324,920	2.61%	\$324,920	2.58%
Nutritional Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Oral Health Care	\$424,600	3.38%	\$409,657	3.29%	\$414,805.95	3.29%
Substance Abuse Treatment-Outpatient	\$234,428	1.86%	\$484,428	3.89%	\$484,428	3.85%
	83.64%	83.64%		83.64%		83.63%
Care Outreach	\$0	0.00%	\$0	0.00%	\$0	0.00%
Case Management (non-medical)	\$0	0.00%	\$0	0.00%	\$0	0.00%
Child Care Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Day or Respite Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
Emergency Financial Assistance	\$47,950	0.38%	\$47,492	0.38%	\$48,085	0.38%
Emergency Financial Assistance/AIDS Pharma. Assist.	\$641,779	5.10%	\$635,652	5.10%	\$643,070	5.10%
Emergency Financial Assistance/Housing	\$228,470	1.82%	\$226,289	1.82%	\$229,113	1.82%
Food Bank/Home-Delivered Meals	\$207,075	1.65%	\$205,098	1.65%	\$207,658	1.65%
Health Education Risk Reduction	\$0	0.00%	\$0	0.00%	\$0	0.00%
Housing Assistance	\$537,904	4.28%	\$532,768	4.28%	\$539,418	4.28%
Referral for Health Care & support Services(Systemwide)	\$81,039	0.64%	\$80,265	0.64%	\$81,202	0.64%
Other Professional Services/Legal Services	\$301,108	2.39%	\$298,233	2.39%	\$301,714	2.39%
Psychosocial Support Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
Rehabilitation Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
Substance Abuse (Residential)	\$0	0.00%	\$0	0.00%	\$0	0.00%
Translation & Interpretation	\$0	0.00%	\$0	0.00%	\$0	0.00%
Transportation	\$12,070	0.10%	\$11,955	0.10%	\$12,104	0.10%
	\$12,573,374	16.36%	\$12,453,330	16.36%	\$12,598,663	16.37%
	16.36%	100.00%	\$12,453,330	100.00%	\$12,598,663	100.00%

Difference from **CURRENT** level funding
Difference from **NEW** level funding

-\$120,044
\$0

\$25,289
\$145,333

	2015 PLWH	PLWH %	2018 Level	2016 PLWH	PLWH %	2019 Level	2019 +1.167%
Philadelphia	19280	71.922%	\$12,573,374	19113	71.445%	\$12,453,330	\$12,598,663
PA	4193	15.641%	\$2,734,448	4289	16.032%	\$2,794,555	\$2,827,168
NJ	3334	12.437%	\$2,174,255	3350	12.522%	\$2,182,737	\$2,208,210
EMA	26807	100.000%	\$17,482,076	26752	100.000%	\$17,430,622	\$17,634,042

PA Counties FY2019-2020 Allocation Examples

Philadelphia EMA HIV Integrated Planning Council

	6/14/2018 2015 PLWHA % 15.641% PA Counties FY 2018 Level Allocations	8/9/2018 2016 PLWHA % 16.032% PA Counties FY 2019 Level Allocations	1/30/2019 proposed example for 1.167% Increase				
Core Service Categories							
AIDS Drug Assistance Program (ADAP)	\$0	0.00%	\$0	0.00%			
Ambulatory Care	\$659,540	24.12%	\$659,540	23.60%			
Case Management	\$1,079,732	39.49%	\$1,079,732	38.64%			
Drug Reimbursement Program	\$0	0.00%	\$0	0.00%			
Early Intervention Services	\$0	0.00%	\$0	0.00%			
Health Insurance Premium & Cost Sharing Assistance	\$0	0.00%	\$0	0.00%			
Home & Community-based Health Services	\$0	0.00%	\$0	0.00%			
Home Health Care	\$0	0.00%	\$0	0.00%			
Hospice Services	\$0	0.00%	\$0	0.00%			
Mental Health Therapy/Counseling	\$47,607	1.74%	\$47,607	1.70%			
Nutritional Services	\$59,612	2.18%	\$59,612	2.13%			
Oral Health Care	\$150,162	5.49%	\$150,162	5.37%			
Substance Abuse Treatment-Outpatient	\$120,175	4.39%	\$150,229	5.38%			
	77.41%	77.41%	76.82%	76.51%			
Support Service Categories							
Care Outreach	\$0	0.00%	\$0	0.00%			
Case Management (non-medical)	\$0	0.00%	\$0	0.00%			
Child Care Services	\$0	0.00%	\$0	0.00%			
Day or Respite Care	\$0	0.00%	\$0	0.00%			
Emergency Financial Assistance	\$21,465	0.78%	\$21,465	0.77%			
Emergency Financial Assistance/AIDS Pharma. Assist.	\$215,909	7.90%	\$215,909	7.73%			
Emergency Financial Assistance/Housing		0.00%	\$0	0.00%			
Food Bank/Home-Delivered Meals	\$65,238	2.39%	\$65,238	2.33%			
Health Education Risk Reduction	\$0	0.00%	\$0	0.00%			
Housing Assistance	\$26,904	0.98%	\$26,904	0.96%			
Referral for Health Care & support Services(Systemwide	\$0	0.00%	\$0	0.00%			
Other Professional Services/Legal Services	\$17,065	0.62%	\$17,065	0.61%			
Psychosocial Support Services	\$0	0.00%	\$0	0.00%			
Rehabilitation Care	\$0	0.00%	\$0	0.00%			
Substance Abuse (Residential)	\$0	0.00%	\$0	0.00%			
Translation & Interpretation	\$0	0.00%	\$0	0.00%			
Transportation	\$271,039	9.91%	\$301,092	10.77%			
	\$2,734,448	22.59%	\$2,794,555	23.18%			
22.59%	\$2,734,448	100.00%	\$2,794,555	100.00%			
Difference from CURRENT level funding			\$60,107	\$92,720			
Difference from NEW level funding			\$0	\$32,613			
	2015 PLWH	PLWH %	2018 Level	2016 PLWH	PLWH %	2019 Level	2019 +1.167%
Philadelphia	19280	71.922%	\$12,573,374	19113	71.445%	\$12,453,330	\$12,598,663
PA	4193	15.641%	\$2,734,448	4289	16.032%	\$2,794,555	\$2,827,168
NJ	3334	12.437%	\$2,174,255	3350	12.522%	\$2,182,737	\$2,208,210
EMA	26807	100.000%	\$17,482,076	26752	100.000%	\$17,430,622	\$17,634,042