

VIRTUAL: HIV Integrated Planning Council
Meeting Minutes of
Thursday, November 12, 2020
2:00 p.m. – 4:00 p.m.

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

Present: Juan Baez, Michael Cappuccilli, Keith Carter, Lupe Diaz (Co-Chair), Alan Edelstein, David Gana, Gus Grannan, Sharee Heaven (Co-Chair), Loretta Matus, Nhakia Outland, Erica Rand, Sam Romero, Clint Steib

Guests: Tira Faison, Mike Frederick, Elizabeth Juarez, Ameenah McCann-Woods (AACO), Alan Meizlik, Blake Rowley, Javontae Williams (AACO)

Staff: Beth Celeste, Julia Henrikson, Nicole Johns, Debbie Law, Sofia Moletteri, Mari Ross-Russell

Call to Order: L. Diaz called the meeting to order at 2:05 p.m.

Welcome/Introductions: L. Diaz asked everyone to introduce themselves in the Zoom chat box, and asked for their favorite holiday food.

Approval of Agenda:

L. Diaz referred to the November 12, 2020 HIPC agenda S. Moletteri distributed via email. C. Steib requested that the agenda be amended to add Prevention Committee to the committee report. **Motion: K. Carter motioned, D. Gana seconded to approve the November 2020 Planning Council agenda with C. Steib's proposed amendment via a Zoom poll. Motion passed:** The agenda was approved by general consensus: 80% in favor, 20% abstaining.

Approval of Minutes (October 08, 2020)

L. Diaz referred to the October 8, 2020 HIPC minutes S. Moletteri distributed via email. M. Cappuccilli made the change regarding the Planning Body structure update portion of the minutes. In the fourth paragraph under that section, instead of suggesting that Nominations work be part of the Executive Committee, he meant that they should consider expanding recruitment and retention work or sharing the work with another committee. **Motion: D. Gana motioned to approve with adjustment, K. Carter seconded to approve the October 2020 minutes with M. Cappuccilli's proposed amendment via a Zoom poll. Motion passed:** The October 2020 minutes were approved by general consensus: 77% in favor, 23% abstaining.

Report of Co-Chairs:

L. Diaz reported that she just attended a virtual meeting with RW Part C and D individuals from the state. This meeting was about a shortage of swabs for STI testing due to use of swabs for COVID-19 testing. She reported that the state is working to fix this issue for STI and HIV testing.

Report of Staff:

M. Ross-Russell reported that there was a new staff person, J. Henrikson. She was the new health planner/website coordinator for OHP staff. She supports health planning activities and various needs assessments moving forward. J. Henrikson introduced herself and her pronouns.

N. Johns reported that OHP was continuing their fall training series. The next one was on how to have effective meetings. This training was good for anyone interested in leading planning council meetings, encouraging meaningful participation, and supporting people coming into the HIPC process. Recordings of the trainings are on the website under resources tab. She reported that this week, HIPC/OHP was showcased as one of the few EMAs with videos recorded and on their website for greater accessibility. This was shared with other EMAs as a best practice. N. Johns asked that if anyone has any suggestions about training, please let her know.

N. Johns reported that COVID-19 survey materials are on hivphilly.org and can be found under the tab all the way to the right. She noted that anyone who wants a printed copy can ask the office directly. The office would be sending printed copies to South Jersey tomorrow. She said that if everyone on the Planning Council could distribute the surveys to 2-3 people, they would have a good amount of respondents. So far, she reported that the survey results were fairly representative of the EMA, especially regarding age and income. However, most respondents so far were from Philadelphia.

Public Comment:

None.

Discussion Items:

—Ending the HIV Epidemic (EHE) Community Engagement—

J. Williams thanked OHP for their help in the EHE process. He also thanked HIPC for their work on the EHE to identify needs within the EMA and specifically Philadelphia. He explained that the CDC contacted AACO three weeks ago to ask about community engagement efforts around the EHE plan. He explained that AACO has a document regarding community engagement efforts. The document is not yet publicly shared, because it has confidential information. The identifying information needs to be scrubbed/redacted before they launch the plan.

He walked through the table of contents of the community engagement document. He started with the executive summary which discussed how AACO has engaged the community. The most productive way, J. Williams noted, has been through the Planning Council. In-person, large gatherings are not allowed due to COVID-19 restrictions. Therefore, the EHE depended heavily on the early work and workshopping of the plan by HIPC. J. Williams recalled how the council went through the plan word by word and activity by activity. J. Williams explained that because of the help from HIPC to accomplish EHE objectives, AACO had a head start on their situational analysis.

He explained that AACO had already planned to do virtual events for EHE, but because of COVID-19 they have converted to entirely virtual meetings. In-person conversations with small groups of stakeholders all went virtual as well. For social media marketing, AACO partnered with Bandujo who previously worked on the Philly Keep on Loving Campaign, creating graphics. The marketing for EHE was designed to drive people to the one-question survey to offer their “big idea.” They made sure to target the advertisements towards priority populations who they wanted to hear more from this planning year/ those who are disproportionately represented in the HIV epidemic. This included LGBTQ+ individuals, women of color, Hispanic/Latinx individuals, and youth. J. Williams said the “Big Idea” survey is just one question and available at ehe.hivphilly.org. He added that there is still the longer-form survey which asks for feedback pillar by pillar. However, the “Big Idea” survey is for thinking outside of the box as if money, resources, and people were not an issue.

J. Williams pulled up a list of the events that AACO has hosted. At the beginning of the EHE initiative work, AACO had a call with the Penn Center for AIDS Research to discuss priorities and scholarships. It

was common to let the data lead, but what AACO wanted to identify was gaps in funding for HIV Prevention, treatment and care, etc. They wanted to identify these so they could advance the objective of ending the HIV epidemic in Philadelphia. This call happened on September 16, 2020, and acted as the “kick-off” for the EHE plan. This is when AACO had a meeting with the Department of Health and Human Service officials. After this, the Planning Council meetings were listed and the community round table event with federal partners.

He explained that the HIV epidemic is often approached through a biomedical lens with an emphasis on medication. However, AACO was now also focusing on other important factors and social determinants of health. These aspects, he noted, were just as important to ending the HIV epidemic and included things such as housing, transportation, stigma, etc.

He noted that AACO has also hosted a variety of virtual presentations, which they have decided to continue beyond the EHE initiative since they have both the technology and interest. J. Williams recalled how N. Outland of the Planning Council previously brought up holistic sex education, asking how AACO planned to improve it. Because of such questions and concerns from Council members, AACO has opened discussions with sex education providers.

J. Williams reported that AACO has had a good turnout for their EHE webinars, explaining that 109 people registered for their EHE meeting about the workforce with the job fair. Such attention the EHE made AACO want to make more use of community partners to help engage attendees and highlight community voice.

J. Williams next brought up the portion of the community engagement plan with the EHE minutes from HIPC. These minutes had specific EHE commentary with specific, actionable items. These were here to pass on to stakeholders.

AACO was also bringing Populations Consultants onto their team. These consultants were from organizations/providers that worked with populations disproportionately represented in the HIV epidemic. They are talking to organizations that may or may not provide HIV services, specifically focusing on how to better engage these populations in general. He also noted that certain target demographics may seem unimportant to reach in the EHE, but it was important to understand that people can *become* part of a priority population, so it is good to do preventative work. They have asked those they are consulting to describe their organizations, their greatest strengths, and which populations they serve. They are not leading with HIV, but instead the populations.

J. Williams then moved to which discussion items about EHE from several HIPC/Committee meetings. He said that these points from HIPC have helped to make the plan more readable and actionable. He explained that AACO received a lot of feedback about internal and external stigma, so they have looked into this. They also received feedback about housing and transportation. He also noted that the document has de-identified responses from council for confidentiality purposes.

J. Williams reported that AACO received a written report from a new group. They were members of ACT UP and broke off to form the Queer-Trans Community Control of Health Group. They wrote to highlight that the epidemic especially affects Black, queer, and trans folks and ask how AACO how these communities can take back their power. This group offered specific recommendations to AACO on areas in the plan that could be strengthened so they speak to the needs of queer and trans Black individuals as well as the social determinants of health. He said this report will be available stand-alone as well. J. Williams added that they also received another report in response to the EHE plan written by a group of Black, gay men in the City of Philadelphia.

AACO also has had a variety of external events, which has lead them to talking to about 500 unique individuals. He briefly showed the council the agenda minutes and registration forms from those meetings. He specifically mentioned a conversation to which C. Steib invited him with St. Christopher's Hospital for Children to talk with the residents about youth and HIV.

He also briefly showed the some presentations AACO has given. In all, AACO has done a lot of work and has had many individuals participate in the process to offer feedback. He thanked everyone for sharing critiques of AACO and the EHE plan.

Councilmembers thanked J. Williams for his hard work. J. Williams said that the council would soon receive a publicly available document of the EHE engagement over the next few weeks.

—Quarterly Spending Report—

A. McCann-Woods introduced herself, noting that she would now present on the second quarter spending for the Ryan White Part A Program in the EMA. She explained that reconciliation of total invoices forwarded to AACO for processing through August 31, 2020 indicated twenty-three (23% or \$2,586,072) underspending of the total overall award (including Minority AIDS Initiative funds). She noted that hospitals and the two fiduciary entities have cumbersome fiscal processes which results in delays submitting invoices and budgets. Underspending has been exacerbated by COVID-19 and remote work.

A. McCann-Woods read the report for Philadelphia underspending. Outpatient/Ambulatory Health Services were underspent by \$785,215 due to delayed spending on operating expenses, leveraging other funding sources, and sluggish invoicing for operating expenses due to the impact of COVID-19. Medical Case Management was underspent by \$226,685 due to vacancies, delayed spending on operating expenses, and sluggish invoicing for operating expenses due to the impact of COVID-19. Drug Reimbursement was underspent by \$241,881 due to late invoicing. Substance Abuse Treatment Outpatient was underspent by \$70,121 due to vacancies, leveraging other funding sources, and challenging credentialing of counselors. Emergency Financial Assistance (EFA) was underspent by \$8,652 due to late invoicing and underutilization. Underutilization was most likely due to COVID-19 response dollars. EFA-Pharma was underspent by \$31,533 due to underutilization, noting that the underspent dollars had already been reallocated. EFA-Housing was underspent by \$94,409 due to late invoicing and underutilization, somewhat related to COVID-19. She explained that the recipient (AACO) had expanded eligibility for the service. Housing Assistance was underspent by \$97,301 due to late invoicing and underutilization. Some of this was related to COVID-19, and the recipient expanded access to the service by way of eligibility and availability of COVID-19 response funds (Shallow Rent Program). Finally, Transportation was also underspent by \$6,021 due to leveraging other funding sources and underutilization due to COVID-19.

As for Philadelphia overspending, A. McCann-Woods explained that Food Bank/Home Delivered Meals was overspent by \$10,064 due to higher utilization and the impact of COVID-19. She explained that COVID-19 increased food insecurity within Philadelphia.

For PA Counties underspending, Outpatient/Ambulatory Health services was underspent by \$64,601 due to delayed spending on operating expenses and leveraging other funding sources. EFA was underspent by \$8,479 due to late invoicing and underutilization likely due to COVID-19. EFA-Pharma was underspent by \$31,200 due to underutilization. The recipient had already reallocated the underspent dollars. Transportation was underspent by \$94,953 due to leveraging other funding sources and underutilization related to COVID-19.

As for PA Counties overspending, only Mental Health Services were overspent by \$8,980 due to higher utilization.

A. McCann-Woods then listed underspending for NJ Counties. Outpatient/Ambulatory Health Services was underspent by \$74,691 due to late invoicing and leveraging other funding sources. Mental Health Therapy/Counseling was underspent by \$16,276 due to vacancies, though she explained that this would be resolved since vacancies had been filled. Transportation was underspent by \$46,568 due to late invoicing and COVID-19 related underutilization.

A. McCann-Woods stated that NJ had no overspending above the 10% threshold.

For Systemwide underspending, Information & Referral (\$284,415 underspending), Quality Management Activities (\$29,522 underspending), and Capacity Building (\$45,697 underspending) were all underspent due to vacancies. Planning Council Support was underspent by \$52,870 due to vacancies and decrease in basic overhead costs due to remote work. She mentioned that there was underspending for Systemwide due to cumbersome hiring practices at the Recipient level and a hiring freeze. Moreover, all underspending had been or will be reallocated to direct service categories.

The Council had no questions about the underspending report.

—Agenda/Meeting Structure—

N. Johns noted that there have been conversations within HIPC and subcommittee meetings about committee structure and committee responsibility. They have discussed making the process more inclusive and accessible for those interested in the HIPC process. HIPC wants to ensure that they are not creating barriers for participation. N. Johns said that they should review the agenda structure and how meetings are conducted/participant feedback to improve the process.

N. Johns explained that there is feedback related to the rigid meeting structure which hindered inter-HIPC connection between members. She said icebreakers could help reduce this issue. She added that when they have discussion items on the agenda, they could also break into small groups to help with conversation and connection. She explained that this conversation about meeting structure from the full Planning Council would help when bringing the decision back to the Executive Committee.

M. Ross-Russell mentioned that in past structure-related conversations, councilmembers suggested looking into other EMAs to review different structures. As per request of the council, M. Ross-Russell looked into this and found out that most other EMAs use a similar, modified/looser version of Robert's Rules of Order. The reason the Council suggested this is so they could uncover different ways to make meetings easier for people not used to the particular structure. She recalled another council member's suggestion to create a "Robert's Rules cheat sheet" for people to review if they need assistance with the process. She said that she would review and consolidate Robert's Rules to distribute so everyone could have a similar understanding about the meeting structure. She suggested introducing the process at the beginning of meetings so people feel confident in their participation. She reiterated that more approachable, accessible meetings were the goal.

K. Carter suggested an "acronym cheat sheet" for new members with the commonly used acronyms. M. Ross-Russell asked about the easiest ways to distribute these cheat sheets. K. Carter suggested putting both on the website and distributing the link via Zoom chat at the beginning of each meeting.

Action Items:

—Reallocation Request—

A. Edelstein explained that the following reallocation request was reviewed and recommended for approval by the Finance Committee. A. Edelstein read the reallocation request language:

The PA Counties regional allocation for Mental Health Services is currently \$46,607 for the 2020-2021 contract year. This regional allocation facilitates the access to mental health services for the most vulnerable clients. There has been an increase in referrals for this service with some individuals warranting more contact as a result of stresses associated with COVID-19. Medical Case Managers are also receiving additional requests for mental health services from individuals on their caseloads. While they work hard to make sure clients have insurance to cover mental health services, not everyone is able to get proper coverage.

The current allocation is insufficient to cover costs through the end of the contract year. In order to assure that this service is adequately funded the Recipient is requesting permission to allocate an additional \$20,000 to this service category which equates to a 42.1% increase.

A. Edelstein explained that when the Finance Committee reviewed the request, they asked if the increase would impact other services. After discussion with A. McCann-Woods and C. Chu, they determined that these dollars would be coming from unallocated underspending and would not have adverse effects on any other services. The Finance Committee voted to bring this reallocation request as a motion to the full Planning Council with their recommendation that the Council votes to approve the request.

A. Edelstein asked for a discussion on the motion. N. Outland asked if the service dollars were to supplement what insurance did not cover for the service. She also asked if the dollars covered people who were not insurable. A. Edelstein responded yes to both, since Ryan White dollars are dollars of last resort. He explained that if someone has applicable insurance they can go to, those insurance dollars would be used first and then RW. As for those who are uninsured, their services would be paid for by the RW program. M. Ross-Russell noted that RW funds are to pay for eligible services for those who are uninsured, underinsured, and uninsurable. N. Outland asked if clients/case managers need to prove that they are uninsurable or uninsured. She explained that many individuals are hesitant to get insurance through/engage with the county assistance office. A. McCann-Woods responded that there are certain documentations for a case manager to determine whether or not someone is RW eligible. If someone does not have insurance, a case manager must first try to get their client insurance.

A. Edelstein recalled that in anticipation of a shortfall in funding to cover Mental Health Services in PA suburban counties, the recipient made a request to reallocate for \$20,000 to Mental Health Services for Feb 28, 2021.

Motion: A. Edelstein called for a rollcall vote to approve the reallocation request (reallocate \$20,000 to Mental Health Services in the PA Counties) as recommended by the Finance Committee.

Vote:

- L. Diaz - abstaining
- D. Gana- in favor
- C. Steib- in favor
- E. Rand- in favor

K. Carter- in favor
M. Cappuccilli- in favor
S. Heaven- abstaining
S. Romero- in favor
G. Grannan- in favor
L. Matus- in favor
A. Edelstein- in favor
J. Baez- in favor
N. Outland- in favor

Motion passed: 11 in favor, 0 opposed, 2 abstaining.

Committee Reports:

—Executive Committee—

S. Heaven asked M. Ross-Russell to report on the Executive Committee through her notes. M. Ross-Russell reported that the Executive Committee reviewed the Planning Council agenda structure to brainstorm ways to make meetings more participant-friendly. They also looked at other EMAs' various committee structures and whether they wish to rearrange their own committee responsibilities. The Executive Committee discussed the possibility of an enhanced community engagement process. The committee was still looking into how this enhanced process would fit into the committee structure. The Executive Committee also reviewed the Planning Cycle to understand committee structure possibilities.

M. Ross-Russell explained that the committee talked in depth about what a structure involving community engagement would look like. They considered a subject-specific/population-specific structure and increased Positive Committee responsibility for community engagement stuff. The Positive Committee, they considered, could offer feedback on services to support needs assessment and future activities. They also looked into putting more information on the website and potentially including a brief video to provide more comprehensive information about who the Planning Council members and the requirements. This may help with the recruitment process.

N. Johns reported that the Executive Committee discussed meeting more frequently and also looked into how they could be a part of the nomination process and application review. Collective ideas, she explained, would be presented to each of the committees. Then, the committees could further discuss the possible changes and identify questions or concerns. After this, feedback will return to the Executive Committee.

—Finance Committee—

No report.

—Nominations Committee—

M. Cappuccilli reported that they are moving towards application review and would be meeting in near future.

—Comprehensive Planning Committee—

G. Grannan asked N. Johns to report for the committee since he was not able to attend last month. N. Johns reported that the committee discussed the needs of PLWH as they age. They also discussed moving forward with monitoring and updating the Integrated Plan. The committee would next meet on Thursday at 2 p.m.

—Prevention Committee—

L. Matus reported that they confirmed their next meeting dates over the holidays. C. Steib reported that they also reviewed the final draft for the EHE plan. They voted to not meet in December and would meet a week earlier on November 18th because of the Thanksgiving holiday.

—Positive Committee—

N. Johns reported that the Positive Committee has not hosted an official business meeting since the start of COVID-19. However, they have had informal check-ins and would be moving check-ins later on in the day from 7:00-8:00 p.m. Their first evening check-in would be this upcoming Tuesday. She would send meeting information out to regular attendees. S. Moletteri reported that the evening check-ins would also be announced via social media/the newsletter.

Other Business:

None.

Announcements:

None.

Adjournment:

L. Diaz called for a motion to adjourn. **Motion:** C. Steib motioned, K. Carter seconded to adjourn the November 2020 HIPC meeting. **Motion passed:** Meeting adjourned at 3:26 p.m.

Respectfully submitted,

Sofia Moletteri, staff

Handouts distributed at the meeting:

- November 2020 HIPC Meeting Agenda
- December 2020 HIPC Meeting Minutes