

**Philadelphia HIV Integrated Planning Council  
Executive Committee**

**May 23, 2017**

**2:00-4:00p.m.**

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

**Present:** Katelyn Baron, Keith Carter, Alan Edelstein, Adam Thompson

**Excused:** Gerry Keys

**Staff:** Briana Morgan, Antonio Boone, Jennifer Hayes

**Call to Order:** K. Baron called the meeting to order at 2:18p.m.

**Welcome/Introductions:** K. Baron welcomed committee members. Those present then introduced themselves.

**Approval of Agenda:** K. Baron presented the agenda for approval. **Motion: A. Thompson moved, A. Edelstein seconded to approve the agenda. Motion passed: All in favor.**

**Approval of Minutes:** K. Baron presented the March 16, 2017 meeting minutes for approval. **Motion: A. Thompson moved, A. Edelstein seconded to approve the minutes. Motion passed: All in favor.**

**Report of Staff:** B. Morgan said she had reviewed the President's proposed Health and Human Services (HHS) budget. She said the President's proposed budget included an 8% reduction in funding to the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. She stated that Ryan White Parts A, B, C, and D, along with Part F dental care were proposed to receive level funding. She stated that the President's proposed budget eliminated funding for Part F AIDS Education Training Centers (AETCs) and Special Projects of National Significance (SPNS). She noted that the budget expressed support for the Ryan White program. She stated that the proposal was subject to change.

A. Thompson stated that advocacy was being done around the preservation of AETCs. He said that, as part of the advocacy, he'd pointed out the role of AETCs in bridging the communication gap between NJ and Philadelphia. He also noted the participation of AETC members in the community planning process. He asked anyone with information on the usefulness of AETCs or SPNS to pass it along. B. Morgan noted that J. Bauermeister had recently presented on a SPNS program at a Planning Council meeting. K. Baron stated that she believed the current HIV/Hepatitis C (HCV) co-infection program in Philadelphia was a SPNS initiative.

**Discussion Items:**

- **Mission, Vision, and Values**

B. Morgan pointed the group to the Ryan White Planning Council's mission, vision, and values handout in their packets. She stated that the document had been updated in 2012. She noted that the Comprehensive Planning Committee (CPC) had previously put together the statement. She said that the statement had only encompassed care, and it would need to be changed in light of integration with prevention.

K. Baron asked if the HPG had a mission statement of their own in the past. B. Morgan said she was not sure. A. Thompson stated that the Planning Council could work together to put together their mission, vision, and values. He stated that activities like forming a mission statement engaged groups. B. Morgan asked the committee if they'd like to add this to a Planning Council agenda in the future. The Executive Committee agreed to add the topic to a future Planning Council agenda by general consensus.

B. Morgan noted that September was the one-year anniversary of submitting the Integrated Prevention and Care Plan. She said that the mission, vision, and values statement could be included in the next update to the plan. She noted that HRSA had not yet provided feedback on the Plan. A. Thompson stated that he had heard praise about the Plan. B. Morgan stated that the mission, vision, and values agenda items would be included in the August or September Planning Council agenda. A. Thompson pointed out that it was important for Positive Committee members to participate in the process of formulating the Planning Council mission.

- **HIPC Bylaws and Co-Chairs**

B. Morgan explained that the proposed bylaws called for 4 co-chairs. She said the proposed structure retained the previous HPG co-chair along with the current RWPC co-chairs, with the addition of an appointed governmental co-chair. She stated that no final decisions had been made about term limits for the co-chair positions. She said that a discussion had taken place about staggered terms for co-chairs. K. Baron said 3-year terms had been proposed.

A. Thompson noted that 4 was a large number of co-chairs. K. Baron stated that the group had previously proposed having 3 co-chairs before learning that a governmental co-chair needed to participate. B. Morgan said they had also discussed lowering the total of community co-chairs to 2 in the future. She noted that Ryan White Planning Council did not previously have a governmental co-chair.

A. Edelstein asked how the governmental co-chair would participate in the planning process. B. Morgan stated that, as far as she understood it, the governmental co-chair would not be present at all the meetings. A. Edelstein asked if the governmental co-chair would preside over the meetings. B. Morgan replied that they would not preside over meetings on a regular basis.

B. Morgan noted that a governmental co-chair was needed for the concurrence process. A. Edelstein stated that the governmental co-chair seemed to have a different function than the current co-chairs. K. Baron asked if the governmental co-chair could be called by a different name than "co-chair." B. Morgan said that the CDC encouraged formal

governmental representation in the form of a co-chair. She noted that the prevention planning body had previously always had a governmental co-chair and a community co-chair.

A. Thompson suggested stipulating in the bylaws that the current co-chairs would finish out their terms, as they had been elected to serve the positions. He stated that, after those terms were up, there could then be 2 Planning Council co-chairs, along with the governmental co-chair. B. Morgan stated that the current co-chair term was 2 years. A. Edelstein asked if the terms were staggered. B. Morgan replied that they were.

K. Baron asked when the next Planning Council co-chair election would typically be held. B. Morgan said it would be held in September. A. Edelstein asked when the prevention co-chair's term ended. B. Morgan responded that the HPG community co-chair's position had been slated to end in January. A. Edelstein proposed extending the prevention co-chair's term until August so both Planning Council co-chairs due for a vote could be elected at the same time. K. Baron pointed out that one Planning Council co-chair had to be HIV-positive.

K. Baron suggested that the specially-designated prevention co-chair position be eliminated when their term ended. She noted that the Executive Committee had previously discussed the prevention co-chair being an interim position. A. Thompson suggested refraining from electing another co-chair after the first co-chair position expired in September. He said that prevention representation was important for the integration process. He noted that people who were HIV-positive may not feel comfortable disclosing their status in order to run for a co-chair position. He noted that prevention planning bodies often did not have requirements for HIV-positive leadership positions. He said that HIV-positive co-chairs may tend to align with the care side, which may interfere with full integration.

B. Morgan stated that the Planning Council bylaws, as currently updated and proposed, remained under review and open to amendments. A. Edelstein said he believed that Planning Council members would be unlikely to support changing the requirement for an HIV-positive co-chair. K. Baron pointed out that some organizations provided both care and prevention services. A. Thompson stated that co-chairs should be representative of the community, in terms of both care and prevention.

K. Baron asked how long the requirement of one HIV-positive co-chair had been in place. B. Morgan said it had been in place for many years. A. Edelstein stated that having an HIV-positive co-chair was part of the Planning Council's identity. He said he was in favor of keeping the requirement in place, but he suggested putting it to a vote among the membership.

K. Baron stated that it may be difficult to explain the rationale for eliminating the HIV-positive co-chair position. A. Thompson said that PLWHA needed to be represented on the Executive Committee and be present in these discussions. He stated that simply

holding one Planning Council co-chair seat for a PLWHA, prevention, or care representative may prevent full representation.

A. Edelstein stated that the distinction between “prevention” and “care” should be eliminated as part of integration. A. Thompson said he believed the division between prevention and care was preserved in the bylaws, as they were currently written. He pointed out that the Planning Council now had a Prevention Committee but not a Care Committee.

K. Carter asked what happened if no PLWHA was available to run for a co-chair position. B. Morgan stated that this problem hadn’t come up in the past. K. Carter said he believed the most qualified candidate should be elected co-chair regardless of their HIV status. A. Edelstein stated that the Planning Council had intentionally required one co-chair position to go to a PLWHA as a concerted effort to get PLWHA in leadership. He said he believed the fairest way to make the decision about changing this requirement was to put it to a vote before the full Planning Council.

B. Morgan stated that the Philadelphia EMA was relatively unique in its requirement for one HIV-positive co-chair. She said the rule had been made many years ago. She stated that it also specified that the person must be willing to disclose their status. She noted that the Philadelphia EMA had a high rate of HIV-positive members. She said that some other EMAs had difficulty getting consumers involved in the planning process. She stated that one argument for keeping an HIV-positive co-chair may be the history of high representation of consumers in the Planning Council. She said it was also important, however, to ensure that prevention be represented in leadership.

K. Carter said it was important that co-chairs be knowledgeable. A. Thompson stated that good leadership needed to be developed. He said that positive leadership was a specification of the National Goals. However, he explained that there was no pipeline for leadership training for PLWHA in the Planning Council as it currently existed. He stated that having a requirement for a positive co-chair could be seen as tokenism. He said that designating one chair for care and prevention also prevented true integration.

A. Thompson noted that the requirement for unaligned consumers was restrictive. B. Morgan stated that it was a HRSA requirement. A. Edelstein stated that he believed that unaligned consumers could not be employees or board members of organizations. A. Thompson pointed out that volunteers of organizations were also not permitted to be counted as unaligned consumers in the bylaws. A. Thompson noted that receipt of CDC funds should also be considered in conflict of interest determinations. B. Morgan stated that, according to the Ryan White Part A manual, unaligned consumers could not be consultants, board members, or employees of organizations that received Ryan White funding. K. Baron suggested removing the term “volunteer” from the bylaws. She asked if the 30-day review period needed to be restarted following any change of the bylaws. B. Morgan stated that the Executive Committee could propose a friendly amendment when the bylaw changes were presented on the floor at the Planning Council meeting.

A. Edelstein asked if the group agreed that they should have 2 community co-chairs and a governmental co-chair. A. Thompson stated that he didn't see a good rationale for eliminating the prevention co-chair position after it ended but not removing the other care co-chair position as well. A. Edelstein suggested ending all co-chair terms in September. A. Thompson said that one co-chair of the two that were then elected should be a consumer of HIV care or prevention services.

A. Thompson asked when the HIPC calendar year began. He noted that the RWPC calendar had begun in September. B. Morgan said that the Part A fiscal year began March 1 and the planning year began in September. She said the prevention planning year and CDC grant year both began in January. She suggested the planning year follow updates to the integrated plan.

B. Morgan revisited the requirement for 33% unaligned consumer representation. She stated that consumers had to receive Part A services and could not be officers, employees, or consultants of organizations receiving Ryan White Part A services. She noted that parents or caregivers of a child receiving Part A services were also considered consumers.

B. Morgan stated that the Ryan White Planning Council in Philadelphia had always had a goal of 50% HIV-positive membership. She stated that consumers of prevention services could possibly be counted toward this consumer goal. K. Baron asked if the bylaws could be amended to reflect that consumers of prevention services were included in the 50% goal.

B. Morgan stated that the Planning Council goal of 50% was listed in Section 4 of the bylaws. She stated that the 50% included aligned consumers as well. A. Edelstein asked if HIV-negative people could be considered consumers of prevention services. B. Morgan replied that they could. A. Edelstein pointed out that HIV-negative consumers of prevention services would not count toward the 33% unaligned consumer requirement, even if they counted toward the Planning Council's 50% goal.

K. Baron asked how the group could make a friendly amendment to change section 4 of the bylaws. B. Morgan said she'd come up with some proposed wording for amendments based on today's conversation and distribute it to the Executive Committee.

A. Thompson suggested extending the first care co-chair's term to January, when the prevention co-chair's position expired. He said that a single co-chair could then be elected. He said the third co-chair would continue serving their position until their term ended. A. Edelstein asked when the election would be held. A. Thompson said it would be in January. K. Baron said her co-chair term currently ended in September 2018. K. Baron suggested electing the third co-chair position the following January instead of September.

A. Edelstein asked if all co-chairs would be up for election in January. K. Baron said that they could be. A. Edelstein asked when K. Baron's co-chair position would be up as of

now. K. Baron replied that it would be up in September 2018. B. Morgan suggested electing co-chairs in January for 20-month terms. Therefore, elections could continue taking place in September afterwards.

A. Thompson stated that the language in the bylaws about a prevention co-chair could be amended. B. Morgan said she'd create a list of itemized proposed amendments based on the group's conversation. She asked if the group would like to change the language around an HIV-positive chair. K. Baron said she thought the Planning Council should discuss and vote on the change. B. Morgan said the Planning Council would have to vote on each proposed amendment to the bylaws individually.

A. Thompson pointed out that it was difficult to discuss representation of prevention without prevention representatives at today's meeting.

B. Morgan reiterated that she'd provide the group with a few different options from bylaw changes regarding co-chairs, and they'd choose which to present to the Planning Council.

B. Morgan briefly reviewed changes that had already been made to the bylaws and presented to the Planning Council for review.

**Old Business:** None.

**New Business:** None.

**Announcements:** None.

**Adjournment:**

**Motion:** A. Edelstein moved, K. Carter seconded to adjourn the meeting at 3:30p.m.

**Motion passed:** All in favor.

Respectfully Submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- March 16, 2017 Meeting Minutes
- Planning Council Mission and Vision Statement
- Planning Council Bylaws with Proposed Changes
- OHP Calendar