

Philadelphia HIV Integrated Planning Council
Positive Committee
Meeting Minutes of
Monday, July 08, 2019
12:00 PM – 2:00 PM

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

Present: PH (9), NJ (1)

Staff: Nicole Johns, Sofia Moletteri

Call to Order:

K. Carter called the meeting to order at 12:13 PM. K. Carter presented the following icebreaker to the group: what is your favorite summer treat? The group introduced themselves and answered the icebreaker.

Approval of Agenda: K. Carter presented the agenda for approval. **Motion: J.W. moved, D.G. seconded to approve the agenda. Motion passed: All in favor.**

Approval of Minutes: (*May 13, 2019*): K. Carter presented the minutes for approval. **Motion: J.W. moved, R.W. seconded to approve the May 2019 minutes. Motion passed: All in favor.**

Report of Chair:

K. Carter reported that the Comprehensive Planning Committee had done Priority Setting which will be presented at next Planning Council meeting on Thursday, July 11. K. Carter requested that anyone who has feedback on priorities attend Thursday's meeting, as there will be no further discussion once Priority Setting is approved at the July 11 HIPC meeting. K. Carter reminded the group to tell people about the Positive Committee Meeting via social media in order to boost inclusivity and diversity in attendance. M.J. asked if this is just regarding Thursday's meeting, and K. Carter responded that general boosting of Planning Council activities is always important.

Report of Staff:

N. Johns reported that Regional Allocations meetings are coming up. N. Johns reminded the group that Allocations is for the Planning Council to decide funding for Ryan White services. N. Johns listed the Allocations dates, explaining that the meetings are split by region: New Jersey Allocations on July 16th, Philadelphia on July 18th, and PA Counties on July 23rd. All three meetings will take place between 12 PM and 5 PM. G.J. asked about who can attend the meeting. N. Johns responded that anyone can, but people need to RSVP.

K. Carter explained how Allocations is the time for people to voice their opinions about service. However, K. Carter warned that in order to vote, one must be a member of the Planning Council—anyone can attend and have a voice, but not necessarily a vote.

Before getting into further Allocations details, N. Johns explained how the Ryan White money comes from the federal government. She identified the Health Resources and Services Administration as the source of Ryan White HIV services funding. These Ryan White funds are then funneled into EMAs (Eligible Metropolitan Areas) across the country. N. Johns informed the group that EMAs are big cities and their surrounding suburbs. The amount of funding is based on how many PLWH there are in the EMA. HRSA then decides how to divide it between city and states. She continued to say that the city puts in a yearly application letting the government know about the epidemic in the EMA, how many PLWH there are, what the city has done with the money, and what they will do with future funds. The Planning Council also has to report on how it has made its decisions.

N. Johns also identified AIDS Activities Coordinating Office (AACO) as a part of the process that decides which agencies get money and keep a close eye on agencies to ensure responsible spending and quality services are provided.

J.M. asked if there is a report on how successful AACO and HIPC have been. N. Johns responded that the city often has to report to the federal government. Regarding the Planning Council, there is a required Progress Report for the federal government which keeps open dialogue between Planning Council, AACO, and the federal government. When AACO wants to move around money, they have to come to Planning Council with a proposal, and the Planning Council ultimately makes the final decision. N. Johns simply stated that there are some checks and balances between AACO and the Planning Council.

K. Carter mentioned there is a report in the sense that there is a hotline to call (1-800-985-2437) to report on your services and how they are functioning.

N. Johns talked about the three regions in the EMA—Philadelphia, Suburban New Jersey counties, and Suburban PA counties. N. Johns referred to the pie chart on the PowerPoint that lists all three regions. She noted the higher percentage of PLWH in Philadelphia but explained that this number is shrinking because of excellent preventative methods and resources in Philadelphia. N. Johns let the group know that these same decreases in new cases have not happened in PA suburban counties.

N. Johns reported that the Finance Committee will chair the Allocations meetings since they deal with actual finances. She explained how there will be background and context behind the decision making process. N. Johns said there will be small group conversations similar to last year's Allocations that will reconvene as a large group. N. Johns said this was helpful last year for pinpointing actual issues that individuals were facing. For example, she mentioned how last year many PLWH were having a problem with food vouchers in NJ, and the faulty service was going unacknowledged. With this information, AACO could immediately deal with the issue and come to a resolution.

N. Johns explained that there will be helpful statistical information for people to make sense of the decision making process and come to a resolution. N. Johns then broke down the three budgets the meeting is to deal with: level funding (if the budget is the same as last year, what is to be done with it?), budget for a decrease (if the budgets are decreased 5% max, how will the Planning Council work with that?), and budget for increase (if the budget increases 5% max, what will the Planning Council focus on?). She added that as the epidemic grows and shrinks, funding will change. However, there is usually only a slight difference in funding. R.W. agreed that over time, budgeting 5% decrease is important because numbers add up over time. N. Johns explained that with every yearly application to the government, they always ask for more money in funding, so budgeting for a 5% increase is important as well.

N. Johns explained how the money is divided based on number of PLWH in the three regions and how they compare to each other. N. Johns explained that this is not all people receiving Ryan White Services, this is all people diagnosed with HIV. As of 2017, the funding amount was \$17.6 million for Part A services.

N. Johns moved to the Information for Decisions slide. She informed the committee that the meetings will have resources such as pie charts provided to visualize proportions, an Allocations Packet to describe each service thoroughly, a spreadsheet with the three budgets, and information on how Ryan White money gets spent. N. Johns reminded the group that Ryan White is a payer of last resort. N. Johns then went through the meeting schedule which includes lunch and a few breaks. N. Johns mentioned the last portion of the meeting which is called “Instructions to the Recipient.” N. Johns revealed that this portion is essentially instruction from Planning Council to tell AACO what to do regarding services. N. Johns went through some hypotheticals on how to provide instruction by focusing on improving services such as the food voucher example, transportation, etc. N. Johns informed the group that if AACO cannot follow the instruction provided by the Planning Council, they have to come to Planning Council and explain why not and fix the issue together.

N. Johns moved along to the Budget Approval slide—Planning Council can make adjustments to drafts after meetings if it needs to. N. Johns explained that this is the time for community members and council members to have productive conversation, as this is the last deciding step before it gets approved by the HIPC and sent to the federal government. After that, it is AACO’s responsibility, and if they have to move around more than 10% of funds, they have to come to Planning Council for approval. She mentioned that Comprehensive Committee will not be meeting on July 18th because of the Philadelphia Allocations.

N. Johns expressed the value of inclusivity during Allocations. Everyone needs to be an advocate for the *whole* community and really look at the data and how it breaks down regarding PLWH. N. Johns emphasized that the point of this meeting would be doing the best for the *most* amount of people based on compromise. N. Johns also emphasized the importance of asking questions in these meetings to get a greater understanding of the whole process. N. Johns stressed the importance of making decisions that are based on data and not necessarily “impassioned pleas.”

K. Carter also mentioned the factors used in the Priority Setting and how the main goal is viral suppression. He explained how decisions should ultimately focus on reaching viral suppression and retention. He communicated to the group that they need to think about Allocations in a more global perspective. N. Johns agreed with K. Carter. N. Johns explained that offering ideas is also a very important portion of Allocations.

R.W. asked if people could write down ideas they might have for the Allocations meetings. N. Johns said that in the small groups, everyone will be actively writing down ideas. N. Johns also encouraged everyone to write ideas down before the meetings. K. Carter mentioned that even if ideas are not addressed this year, they might be addressed next year. For example, K. Carter explained that next year, the council will probably address mental health more, because that concept has come up a lot in meetings this year. R.L. asked if all the meetings will be in the office, and N. Johns confirmed this.

Action Item:

N. Johns suggests tabling Action Item, Meaningful Involvement of PLWH, because there are a lot of important people missing. The group agreed.

Discussion Item:

K. Carter asked the group about changing the September meeting from 12 PM – 2 PM to 6 pm – 8 PM. K. Carter asked the group if this was okay. The group responded well to the proposal. K. Carter said they had some new people at the last 6 PM – 8 PM meeting and that there was a lot of good conversation. He suggested that this might get people to go to the meeting and even consider joining other committees. N. Johns asked the group whether they wanted the meeting for September, Monday the 9th or Tuesday the 10th for 6 PM – 8 PM. The group vetoed the 9th and was receptive to the 10th for 6 PM – 8 PM. S.T. asked about the August meeting. K. Carter responded that the date is on the calendar and August 12th will be 12 PM – 2 PM. S.T. pointed out that the meeting time on the agenda says 6 PM – 8 PM—N. Johns said this was a typo and that the meeting is definitely 12 – 2 PM. K. Carter solidified the date as September 10th from 6 PM – 8 PM with both food and tokens (as long as someone is there by 6:30 PM) provided.

Regarding meeting topics, N. Johns suggested that the committee could get someone to talk about U=U. R.W. said this means undetectable equals untransmittable. N. Johns made clear that this means sexually transmitted, not for breastmilk or injection drug use. K. Carter explained that this means people must stay on their medication to be untransmittable.

N. Johns asked the group if they had any suggestions. J.W. suggested a doctor, possibly from Temple, come to talk about HIV or Hepatitis C. K. Carter said that this is a possibility and would be a good idea. He explained that this person should be someone who has extensive experience with infectious diseases but also be an engaging speaker.

R.W. suggested a pharmaceutical representative come in to talk to the group about their medications. N. Johns proposed a question to the group: what can a pharmaceutical representative offer that someone else could not? K. Carter said pharmaceutical representatives are limited in what they can and cannot say to you due to federal law. G.J. said sometimes in groups he has had pharmaceutical representatives speak. K. Carter explained that pharmaceutical representatives can inform individuals about certain drugs, but they may be a little biased since their job is to make their products look good.

J.W. suggested someone come to talk about substance use. N. Johns mentioned how Kevin Moore, who was going to speak at a prior meeting but could not make it, specializes in that topic as a psychiatrist. J.W. suggested asking him again. N. Johns said she would ask him again and emphasized how the U=U would be great and spark a very deep discussion.

K. Carter asked anyone if the group had any other topic ideas. R.W. suggested something about housing and addressing that. R.W. mentioned an old school in Florida that was turned into quasi-apartments. K. Carter and N. Johns acknowledged the importance of stable housing. K. Carter suggested people go to HOPWA meetings if they are interested in housing and helping out on an individual level.

N. Johns said she will ask Dr. Brady for clinician recommendations for the meeting. N. Johns said she will also reach out to Elvis from Prevention Point and Dr. K. Moore. N. Johns said it might be beneficial to have very specific meetings so speakers can really delve into a single topic.

Old Business:

None.

New Business:

None.

Announcements:

J.M. announced the Community Control Conference for the Black and Latinx POZ Queer and Trans Community will be occurring August 31st. He said it will be taking place all day that Saturday at the University of Penn. K. Carter announced the Trans Health Conference will be taking place from the 25th-27th of July. K. Carter reminded everyone that even if they do not consider themselves part of the trans community, it is still a great learning environment.

Adjournment:

The meeting was adjourned by consensus at 1:39 PM.

Respectfully Submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from May 13, 2019
- MIPA Action Steps
- July/August 2019 Meeting Calendar