

HIV Integrated Planning Council (HIPC) of the Philadelphia EMA

Meeting Minutes

Thursday, August 10, 2017

2:00-4:00p.m.

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

Present: Tre Alexander (Co-Chair), Juan Baez, Henry Bennett, Johnnie Bradley, Bikim Brown, Mark Coleman, Lupe Diaz, Alan Edelstein, David Gana, Gus Grannan, Peter Houle, Loretta Matus, Jeanette Murdock, Joseph Roderick, Clint Steib, Coleman Terrell (Co-Chair), Gail Thomas, Lorrita Wellington

Excused: Katelyn Baron, Kevin Burns, Michael Cappuccilli, Keith Carter, Jen Chapman (Co-Chair), Tiffany Dominique, Tessa Fox, Pamela Gorman, Sharee Heaven, Gerry Keys, Christine Quimby, Samuel Romero, Adam Thompson

Absent: Karen Coleman, Cheryl Dennis, Sayuri Lio, Abraham Mejia, Nicole Miller, Ann Ricksecker, Carlos Sanchez, Nurit Shein, James Tarver

Guests: Chris Chu (AACO), Terry Flores

Staff: Stephen Budhu, Nicole Johns, Debbie Law, Briana Morgan, Mari Ross Russell

Call to Order: T. Alexander called the meeting to order at 2:02p.m.

Welcome/Introductions/Moment of Silence: T. Alexander welcomed RWPC members and guests. Those present then introduced themselves.

Approval of Agenda: T. Alexander presented the agenda for approval. M. Ross Russell noted that the Planning Council application should be an action item, rather than a discussion item.

Motion: G. Grannan moved, J. Murdock seconded to approve the agenda. Motion passed: All in favor.

Approval of Minutes (July 13, 2017): T. Alexander presented the July 13, 2017 minutes for approval. **Motion:** D. Gana moved, J. Murdock seconded to approve the July 13, 2017 minutes.

Motion passed: All in favor.

Report of Co-Chair:

None.

Report of Staff:

M. Ross Russell introduced S. Budhu as a new member of OHP staff, noting that S. Budhu would be taking meeting minutes. She then requested that everyone use name tags and introduce themselves when they speak as S. Budhu got to know them.

M. Ross Russell stated that Philadelphia had received feedback on its Integrated HIV Prevention and Care Plan, and that there were some items for adjustment, but the comments received were

reasonable. C. Terrell stated that there were no action steps required as a result of the review, although there were a few items where the plan could be improved. M. Ross Russell stated that the HIPC, AIDS Activities Coordinating Office, and Office of HIV Planning could now begin working on an update to the Plan.

A. Boone stated the Nominations Committee had provided index cards at the end of each row, for attendees to answer questions to be used for social media. He explained that this information would be stored for use in promoting the Planning Council.

Public Comment: None.

Action Items:

- **Reallocation Request for FY 2017 – 2018**

A. Edelstein stated that the Finance Committee had reviewed a reallocation request at their last meeting (*see – attached handout*). He explained that the recipient was requesting a reallocation in order to address the population of adolescents of color through Minority AIDS Initiative (MAI) funds. He went on to say that the recipient was requesting approval to shift \$269,885 from outpatient/ambulatory health services to the medical case management category within the MAI budget. He explained that the recipient would also shift \$159,769 from medical case management funding to ambulatory/outpatient health services under Part A, which would be less than a 10% shift, and therefore would not require Planning Council approval. He concluded that much of the shift out of outpatient/ambulatory health services under MAI would be offset by the shift into outpatient/ambulatory health services under Part A.

Motion: The Finance Committee moved to approve the reallocation request as outlined.

Discussion on the motion:

G. Thomas asked for more information about the responsibilities of medical case managers. A. Edelstein reviewed the definition of medical case management, as follows:

“Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client’s and other key family members’ needs and personal support systems

- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services”

M. Coleman asked if AACO was addressing disparities and unmet needs among communities at high risk. A. McCann-Woods replied that this concern was addressed in a variety of ways, including the current planning process. She noted that these disparities were constantly being reviewed and assessed.

T. Alexander asked if the \$110,116 reduction to outpatient/ambulatory health services would result in a gap in services. M. Ross Russell replied that MAI funds were required to be targeted to emergent populations, and that this was the recipient’s intent in moving the funding. She went on to say that they did not expect that this would have an impact on that category, since the Affordable Care Act (ACA) was in place and these medical services were currently being provided under the ACA as well as Ryan White. T. Alexander replied that he was concerned about a potential impact, and M. Ross Russell replied that the Planning Council could reallocate funds again later if they found this to be true.

G. Thomas asked for clarification on the source and recipients of these shifts. A. Edelstein explained that there were shifts in two different funding streams, MAI and Part A, and that one would partially offset the other. He went on to say that these shifts were meant to address medical case management needs among adolescents of color.

Motion passed: 13 in favor, 0 opposed, and 2 abstentions.

- **Review Regional Allocation for FY 2018**

A. Edelstein stated that the Finance Committee had conducted three separate regional allocations processes, and that each region had prepared four allocations plans. He explained that the Finance Committee had approved these budgets at their last meeting, with a recommendation that the Planning Council approve these plans.

A. Edelstein explained that each meeting included a plan for level funding, a 5% decrease, a 5% increase, and a 10% increase. He noted that level funding did not represent level funding within each region; rather, the percentage of funding that went to each region within the Eligible Metropolitan Area (EMA) shifted based on that region’s percentage of the EMA’s total HIV epidemic. He explained that, under a level funding scenario, Philadelphia would receive a slight increase, the PA Counties would receive an increase, and the NJ Counties would receive a decrease.

A. Edelstein reviewed the decisions from the PA Counties as outlined in the 2017 Allocations Decisions (*see – attached handout*), as reflected below:

The Pennsylvania counties saw an increase to their level funding due to an increase in the number of people living with HIV/AIDS in the four-county area. This resulted in a \$53,092 increase to the level funding budget for 2017-2018.

Level-funding budget

Service categories were held at their FY2017 funding levels, and the \$53,092 increase was split evenly between food bank/home-delivered meals and medical transportation.

5% decrease budget

Based on the FY2017 allocations, all services were reduced proportionally.

5% increase budget

Based on the FY2018 level-funding budget, all services were increased proportionally.

10% increase budget

Starting with the FY2018 level-funding budget, \$260,000 was added to medical case management, and all other services were increased proportionally.

Instructions to the recipient

None.

A. Edelstein then gave an overview of the New Jersey Counties' allocations decisions, as below:

New Jersey saw a decrease in the level funding budget for 2017-2018 due to a shift in the percentage of people living with HIV/AIDS in the four-county area. The decrease was in the amount of \$60,837.

Level-funding budget

The decrease was spread proportionally between the funded categories, with a request that the recipient pay special attention to spending in the categories of medical case management and food bank/home-delivered meals.

5% decrease budget

The decrease was spread proportionally between the funded categories.

5% increase budget

The increase was spread proportionally between the funded categories.

10% increase budget

The increase was spread proportionally between the funded categories.

Instructions to the recipient

None.

A. Edelstein next explained that the spreadsheets contained in the meeting packets were slightly different from the spreadsheets that had been distributed at the Philadelphia

Allocations meeting. He went on to say that the spreadsheets were adjusted to reflect the reallocation request that the Planning Council had just approved. He then stated that the Philadelphia allocations decisions were as follows:

Philadelphia saw an increase in the level funding budget for 2018-2019 due to a shift in the percentage of people living with HIV/AIDS in the county. The increase was in the amount of \$7,745.

Level-funding budget

The increase was spread proportionally across the funded categories.

5% decrease budget

Based on the FY2018 level-funding budget, substance abuse services (outpatient) were reduced by 3%, and the remaining decrease was spread across all other service categories.

5% increase budget

Based on the FY2017 allocations, 50% of the amount of the increase was placed in non-medical case management, ambulatory care and medical case management were kept level, and the remaining increase was spread proportionally across all other service categories.

10% increase budget

Based on the FY2018 5% increase plan, add \$130,000 to psychosocial support services, \$130,000 to substance abuse services, and increase the remaining services proportionally.

Instructions to the recipient

After the implementation of the new case management model, the recipient will report back to the Planning Council at 6 and 12 months (in September 2018 and March 2019) on the program outcomes, successes and challenges. The Planning Council will then potentially add funding to non-medical case management in order to mitigate any shortfalls that resulted from the new model.

A. Edelstein explained that the intent of the instruction to the recipient was to ensure that the HIPC could be responsive to emerging needs that could arise based on the implementation of the new medical case management model. He noted that the EMA did not currently fund non-medical case management, and that there could be an impact on the need for that service.

Motion: The Finance Committee moved to approve the allocations decisions from each of the regions as outlined. **Motion passed:** 14 in favor, 0 opposed, and 2 abstentions.

A. Edelstein thanked all of the HIPC members who participated in the process. He also thanked M. Ross Russell and OHP staff support, in addition to A. McCann-Woods and C. Chu from AACO.

- **Review Planning Council Applications**

M. Ross Russell stated that the Nominations Committee had reviewed the previous membership applications from the Ryan White Planning Council (RWPC) and the HIV Prevention Planning Group (HPG), and that they had integrated prevention information into the HIPC application (*see – attached handout*). She explained that the majority of the changes were found on pages 2 and 3, where new prevention-oriented expertise areas were added to the former RWPC application. She went on to say that the Nominations Committee had made these updates and approved the new version of the membership application. M. Coleman replied that this looked good. P. Houle clarified that this application would be used for new applicants going forward. L. Diaz agreed, adding that current members would also use this application when reapplying for membership at the ends of their terms.

Motion: The Nominations Committee moved to approve the HIPC membership application as presented. **Motion passed:** 14 in favor, 0 opposed, and 2 abstentions.

T. Flores stated that the Nominations Committee had previously reviewed applications anonymously, and asked if this process had changed. L. Diaz explained that OHP staff needed the applicants' personal information in order to process the application, but that the personal information was hidden when the application went for review by the Nominations Committee. D. Law explained that she retained that information so that she could contact the applicant. T. Flores stated that the process had been anonymous when she was previously a Planning Council member, and that each applicant was assigned a number without a name associated with it. L. Diaz replied that the process had not changed in her tenure on the Planning Council. B. Morgan clarified that OHP staff referred to applicants by application number in the meeting minutes, and that Nominations Committee members discussed applications by number.

L. Diaz invited those present to participate in the Nominations Committee meetings. T. Alexander invited those present to participate in all meetings.

Report of Committees:

- **Finance Committee** – *A. Edelstein, Co-Chair*
None.

- **Needs Assessment** – *G. Keys, Co-Chair*
None.

- **Comprehensive Planning Committee** – *N. Johns, OHP Staff*

N. Johns stated that the Comprehensive Planning Committee would not meet in August. She noted that they would discuss the monitoring of the Integrated Plan at their September meeting.

- **Positive Committee** – *A. Boone, OHP Staff*

A. Boone stated that the Positive Committee would meet on the coming Monday.

- **Nominations Committee** – *J. Baez, Committee Member*

J. Baez stated that the Nominations Committee would review applications for fall appointment at their next meeting. He noted that they were particularly seeking applications for members from the suburbs, as well as people who are HIV-positive. T. Flores asked for the deadline for applications, and J. Baez replied that applications were due on September 8.

- **Prevention Committee** – C. Steib and L. Matus, Co-Chairs

C. Steib reported that the Prevention Committee was currently prioritizing action steps related to prevention-oriented goals from the Plan. L. Matus added that they had finished looking at the scope of the goals and objectives. C. Steib invited HIPC members to participate in the Prevention Committee.

Old Business:

None.

New Business:

G. Grannan stated that the first research on an unsanctioned safer consumption site just came out in American Journal of Preventive Medicine¹. He stated that the city that was the subject of the research was unnamed because drug consumption was illegal, so starting a safer consumption site was an act of civil disobedience. He went on to say that the main takeaway from the article was that the safer consumption site allowed people to use in an environment where their needs were taken care of, both in terms of supplies and having overdose incidents addressed. He explained that people used the site by invitation when accessing injection services, and they tried to have an active population of about sixty. He stated that over 70% of people accessing the services stated that they would have injected in public if the safer consumption site had not been available. He went on to say that the conclusion of the article was that the full benefit of the site was not actualized because it was unsanctioned. He explained that a sanctioned site would be able to serve more clients, offer clinical services, access more options for funding, maintain better hours, and provide more wraparound services. He noted that the site operated for five to six hours per day, during working hours, from Monday to Friday. He added that the site did not reduce the number of people injecting, and that was not the goal of the site. He concluded that this was an example of harm reduction that provided people with services that they actually needed. He finally noted that the paper concluded that state and federal governments should reduce barriers to these types of services.

C. Terrell replied that the averted public injection and needle disposal data contained in the paper really addressed some of the concerns of people in the community. G. Grannan replied that there was an article in the Philadelphia Inquirer about safer injection sites, and that comments on the article reflected concerns from people in the community about not wanting to see needles or people using drugs. He explained that these concerns would be addressed through a safer consumption site. He added that the site in the paper did not have proper ventilation, so it could only be used for drug consumption through injection and not smoking. He noted that a safer consumption site would ideally have proper ventilation to allow for smoking as well. T. Alexander asked if G. Grannan could distribute this article. G. Grannan replied that he could email this to OHP staff for distribution when it was publically available.

¹ [http://www.ajpmonline.org/article/S0749-3797\(17\)30316-1/fulltext](http://www.ajpmonline.org/article/S0749-3797(17)30316-1/fulltext)

Announcements:

None.

Adjournment: Motion: L. Diaz made, J. Murdock seconded a motion to adjourn the meeting at 3:00p.m. Motion passed: All in favor.

Respectfully submitted by,

Briana L. Morgan, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes for July 13, 2017
- Recipient Philadelphia Region MAI Reallocation Request and Notification of Funding Shift within Ten Percent
- 2017 Allocations Decisions
- Allocations Example Spreadsheets
- HIPC Application
- OHP Calendar