

**Philadelphia HIV Integrated Planning Council
Positive Committee
Meeting Minutes
August 14, 2017
12:00-2:00p.m.**

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

Present: PH (15), PA (0), NJ (3)

Guests: None.

Staff: Antonio Boone, Nicole Johns, Debbie Law, Stephen Budhu

Call to Order/Moment of Silence/Introductions: A. Boone called the meeting to order at 12:07p.m. A moment of silence followed. Those present then introduced themselves and participated in an icebreaker activity.

Approval of Agenda: A. Boone presented the agenda for approval. **Motion: J.M moved, G.T. seconded to approve the agenda. Motion passed: All in favor.**

Approval of Minutes (Jul 10, 2017): A. Boone presented the minutes for approval. **Motion: J.M. moved, G.T. seconded to approve the minutes. Motion passed: All in favor.**

Report of Chair: Nothing to report.

Report of Staff: A. Boone stated that there are new applications for the HIPC Planning Council, and these new applications have already been reviewed and approved by the council. A. Boone stated the applications were now available for fall appointment, and also hard copies were available at the reception desk from B. Celeste. A. Boone noted the application deadline is September 8, 2017, which is the Friday immediately following the next Financial Planning meeting.

Discussion Items:

- **Newsletter**

A. Boone stated that the newsletter was not yet available online, but the copy distributed to the committee was a draft. A. Boone stated it offers some new tips for living with HIV/AIDS. A. Boone asked for suggestions for future topics in the newsletter. D.G. stated that was an error on page 6. A. Boone stated that the newsletter was reviewed by the OHP, and AACO, however it is subject to change, based on comments of the committee. A. Boone stated that by way of example. the Notes section of the newsletter maybe subject to removal if more content were to be received. J.M. inquired about a particular agency's food voucher program. A. Boone explained that PHMC oversees the distribution of food vouchers for Philadelphia, PA counties and South Jersey for all Ryan White Part A providers. M.C. stated that another agency's food voucher was not included and A. Boone responded by saying that agency was included, and the guidelines for the food voucher program are listed here¹.

G.T. inquired if the food banks were Ryan White funded, and A. Boone replied that the ones on this list were.

¹. <http://www.phmc.org/site/programs/emergency-assistance/foodvoucher>¹

Allocations:

A. Boone stated that funding for each of the EMA’s 3 regions were divided based on the number of PLWHA² in each region. The decisions made by HIPC regarding 2018 Ryan White Part A allocations were as follows:

- **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, because of the counties proportion of the epidemic is slightly larger than last year.

1. 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.

2. 5% decrease budget

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

3. 5% increase budget

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

4. 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.

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

1. Level-funding budget

The increase was spread proportionally across the funded categories.

2. 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.

3. 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.

4. 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

2. PLWHA is the abbreviation for People Living with HIV/AIDS.

3. The “recipient” refers to the AIDS Activities Coordinating Office (AACO) of the Philadelphia Department of Public Health. *

funding to non-medical case management in order to mitigate any shortfalls that resulted from the new model.

- **New Jersey** saw a decrease in the level funding budget for 2017-2018 because South Jersey makes up a smaller proportion of the EMA's epidemic than last year. The decrease was in the amount of \$60,837.

1. 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.

2. 5% decrease budget

The decrease was spread proportionally between the funded categories.

3. 5% increase budget

The increase was spread proportionally between the funded categories.

4. 10% increase budget

The increase was spread proportionally between the funded categories.

Instructions to the recipient

None.

A. Boone stated that the HIPC approved the level funding budget for 2018, and funding for services would remain relatively the same. J.M. asked why the meeting was being conducted without co-chairs present, and A. Boone responded saying one co-chair was absent, and the other was on the way. D.G. stated that the 10 percent increase was highly unlikely in the upcoming year. D.G. noted the 10% budget is what is submitted in the Ryan White grant application to Federal Government. D.G. stated that the 10 percent budget was more of a wish list. M.W. inquired about what the psychosocial support services were, and A. Boone responded that the services were mental health and social support services like support groups. D.G. stated the language has changed from "grantee" to "recipient" in reference to AACO and HIPC may give AACO instructions or make requirements for information as a part of the allocation process, otherwise known as instructions to the recipient. D.G. stated only Philadelphia had instructions to the recipient this year, and it consisted of a 6 and 12-month follow-up report on the new case-management model. D.G. also stated there are two types of case management: medical and non-medical in the Ryan White system.**

J.M. asked the committee if they were aware the Ryan White Fund is failing. He also stated that the Ryan White funding allocations were a major failure, and he requested the voting record from past meetings. D.G. asked what J.M.'s sources were and J.M. replied the New York Times. A. Boone suggested J.M. could have brought this up at previous meetings when allocations decisions were being made. A. Boone stated that the HIPC members voted unanimously in favor for the allocations decisions as presented, aside from 2 abstentions of the co-chairs. A. Boone noted the purpose of this meeting was to review the allocations decisions made by the council, and to update the committee on the changes, not to conduct a vote on the allocations. J.M. asked for the number of individuals who voted on the allocations, and if that number of voting individuals accurately represented PWLHA. J.M. asked N. Johns if she was aware that Ryan White was deemed a public health failure according to the New York Times. N. Johns replied she was not and what premise that determination was made. J.M. stated the rate of infection among the young MSM population aged 18-34 was not decreasing, and Ryan White efforts were inadequate.

N. Johns explained that Ryan White funding helped PLWHA receive care and reached viral load suppression, and numerous documents support that. N. Johns explained that there are those who criticize

⁴. Currently Ryan White Part A funds medical case management, and Ryan White Part B funds non-medical case management. **

the response to the epidemic among that group, and that conversation was warranted but at another time. D. Law noted this was a report on the allocations decisions, and they were not up for approval. D. Law asked J.M. if he knew there is a Public Comments Sheet in the front of the room that anyone can sign to speak at the start of the meeting.

A. Boone stated that AACO developed a new case management model that will pilot in March of 2018 and be reviewed at 6 and 12 months. He stated this was just a recap, and meeting minutes and the allocation spreadsheets are available on hivphilly.org. K. Carter reminded the committee that everyone is welcome at all committee meetings. A. Boone added a representative from AACO would be invited to discuss the new case management model.

A. Boone stated the Prevention Committee was brand new, and they were formally the HPG. He explained the committee wants new members, and was looking for input from people who have used prevention services in the EMA. A. Boone stated the meeting on August 23, 2017 would feature a representative from AACO who would be providing more information on the Love Your Brotha Campaign.

VICE News video⁵:

A. Boone stated that the Positive Committee had watched videos in prior meetings and the discussions were informative so they are doing that again today. A. Boone stated the video was about the opioid epidemic in Philadelphia.

After the video K. Carter asked if the committee had any questions or comments. J.W. noted that her son lived around the area depicted in the video, and the depiction is quite accurate. R.B. stated that in his neighborhood, you stay sober because you want to and shared a personal anecdote about sobriety

K. Carter stated that originally the narrator used prescription drugs and then became addicted, he moved to heroin only after his prescription could no longer be filled. He explained that heroin is similar to opioids but it was cheaper and more wildly accessible. He elaborated that is why opioids are so dangerous, after the person who is already addicted can no longer get prescriptions; they turn to other alternatives, primarily heroin.

A. Boone asked what medical providers can learn from this video. R.B. responded that opioids are just as potent as narcotics. J.M. stated the physicians should realize that people who say they have pain don't necessarily have pain, and those people may just want an opioid prescription. J.M. stated physicians should notice when people finish prescriptions too quickly, and should refuse to prescribe more drugs. G.T. stated that originally when opioids were being prescribed patients were subject to blood testing, to ensure patients were taking opioids properly and not abusing them. L.F. stated a personal anecdote about his occupation in a rehabilitation center. K. Carter noted that when going to hospital, the staff fails to ask patients if they had a prior addiction. K. Carter shared a personal anecdote relating to hospital experience.

K. Carter asked what the committee does with their prescriptions after they're finished. General consensus was they dispose of them, some stated they dissolve them in water first. This question sparked discussion and committee members began to share personal anecdotes.

A. Boone asked in the video when the DEA agent said, "We can't arrest this away", what does that mean? Various members of the committee answered by stating you can't arrest away addiction, you will still be addicted in jail. K. Carter asked the committee how long do they feel/think rehab should be in a number of days. G.B. stated the typical 30 days is not adequate; rehab should be at least 6 months if not a year. K. Carter noted that rehab should have follow up periods as well.

⁵. https://video.vice.com/en_us/video/tonic-the-opioid-effect-inside-pennsylvania-heroin-epidemic/59443d14f6348fb85e5f3056?latest=1

H.B. stated that before people did other drugs, it was with alcohol not opioids; now they are saying there is an opioid epidemic. He added that before there was a crack epidemic and people were traveling all over to get crack, and acting out of character. He stated these addictions are caused by the same things: lack of jobs, poor health care and lack of access to care.

J.M. stated that there is a racial disparity and African Americans fail to lobby political issues, like other races do, specifically Caucasians. J.M. noted that as long as there is an opioid addiction HIV funding will be subjects to cuts. He offered his opinion that opioid addiction is a pertinent topic because White America relates to the issue. J.M. urged the committee to fight for their rights, and as opioid addiction is becoming a larger issue HIV funding will continue to be cut.

L.F. stated that for an addiction to clear only a few days are needed to cope with the physicality of withdrawal, but mentally 28 days is needed to deal with mental aspect. L.F. also stated that everyone does not need the same level of care; if 28 days was not sufficient then that patient should seek long-term care. L.F. stated that there are no longer many long-term care facilities. G.T. stated that previously during the 1960s rehab wasn't the revolving door that it is today; G.T. stated in the 1960s inpatients facilities offered coverage varying between 12 and 24 months, because they understood 6 months was not enough to treat someone who had an addiction.

K. Carter asked the committee about Philadelphia's rehab process, specifically after the 30-day in-patient phase, and if there are long term care options. L.F. noted that most programs set the patient up with sober-housing and the patient can apply for other subsidized benefits.

A. Boone asked the committee if the VICE News documentary helps prevention. Various members responded that it promotes awareness but you need a support system, and addiction is both mental and physical.

K. Carter thanked the committee for the robust discussions, and he also thanked A. Boone for leading the meeting in his absence.

Old Business: None

New Business: A. Boone stated the prevention committee was interested in scheduling a Narcan training, and the Positive Committee members will be notified if that is scheduled.

Announcements: M.C. stated that an organization founder passed away last night, and asked for a moment of silence. J.M. stated that Bridge Over Troubled Waters meeting was moved from August 21 to August 28. A. Boone stated the August 23rd prevention committee meeting will feature an update on the "Love Your Brotha" campaign from AACO representatives.

Adjournment: The meeting was adjourned by general consensus at 1:42p.m.

Respectfully submitted by,
Stephen Budhu, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- July 10, 2017 Meeting Minutes
- Positive Committee News Letter
- OHP Calendar