

HIV Integrated Planning Council

Meeting Minutes

Thursday, July 13, 2017

2:00-4:00p.m.

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

Present: Tre Alexander, Katelyn Baron, Michael Cappuccilli, Jen Chapman, Mark Coleman, Cheryl Dennis, Tiffany Dominique, David Gana, Pamela Gorman, Gus Grannan, Peter Houle, Gerry Keys, Loretta Matus, Nicole Miller, Samuel Romero, Adam Thompson, Leroy Way, Lorrita Wellington

Excused: Juan Baez, Kevin Burns, Keith Carter, Lupe Diaz, Alan Edelstein, Tessa Fox, Sharee Heaven, Ann Ricksecker, Clint Steib

Absent: Henry Bennett, Johnnie Bradley, Bikim Brown, Karen Coleman, Sayuri Lio, Abraham Mejia, Jeanette Murdock, Christine Quimby, Joseph Roderick, Carlos Sanchez, Nurit Shein, James Tarver, Gail Thomas

Guests: Ameenah McCann-Woods (AACO), Coleman Terrell (AACO), Chris Chu (AACO), La' Seana Jones, Mariel Watts-Newman, Rachel Nahan

Staff: Mari Ross-Russell, Briana Morgan, Debbie Law, Antonio Boone, Jennifer Hayes

Call to Order: J. Chapman called the meeting to order at 2:12p.m.

Welcome/Introductions/Icebreaker Activity J. Chapman welcomed HIV Integrated Planning Council members and guests. Those present then introduced themselves.

Approval of Agenda: J. Chapman presented the agenda for approval. M. Ross-Russell stated that the Reallocation Request and FY2017-2018 agenda items would be switched. **Motion: M. Cappuccilli moved, D. Gana seconded to approve the agenda as amended. Motion passed: All in favor.**

Recap of Previous Meeting: J. Chapman reported that at their last meeting the Planning Council received presentations about counseling and testing and the new case management model from AACO representatives. They also heard standard subcommittee reports.

Approval of Minutes (June 8, 2017): J. Chapman presented the minutes for approval. **Motion: G. Keys moved, G. Grannan seconded to approve the June 8, 2017 minutes. Motion passed: All in favor.**

Report of Co-Chairs: C. Terrell stated that the CDC was integrating Prevention and Surveillance Funding Opportunity Announcements (FOAs). He said a grant opportunity for health departments was released at the end of June, and Philadelphia was told to expect a 17-25% cut in funding. He noted that the CDC was moving funding toward the Southern states, which had a growing HIV epidemic. He said that Philadelphia had previously received money for testing as part of a program that had now been discontinued. He noted that the formula grant was based on the 2014 numbers of people living with HIV/AIDS (PLWHA) in Philadelphia. He stated that other major jurisdictions in the US were also receiving large cuts.

C. Terrell also stated that the new FOA provided opportunities to do work around surveillance, prevention, and care together. He said that the Planning Council would receive more information about the program moving forward.

Planning Overview

J. Chapman noted that the co-chairs would be highlighting the work of various subcommittees as part of the integration process. T. Alexander stated that he'd be discussing the Finance Committee today. He explained that the Planning Council decided which services were funded using Ryan White funding, and the Finance Committee led this process during allocations. He stated that AACO contracted with agencies providing HIV services, and they were required to follow the Planning Council's allocations. He said that any changes from the allocations above 10% on the part of the recipient required the approval of the Planning Council.

T. Alexander explained that allocations were made based on documented need. He stated that a minimum of 75% of the Ryan White Part A grant total must be allocated to core medical services, and 25% maximum to supportive services. He said that allocations were conducted in 3 regional meetings, and all Planning Council members could vote in each. He stated that the council members at the allocations meetings could make instructions to the recipient for more information, or for the recipient to provide a certain service, direct it to a particular area, or conduct a needs assessment. He stated that the Finance Committee reviewed the allocations proposals prior to these meetings.

T. Alexander noted that the recipient presented quarterly and year-end spending reports to the Finance Committee and Planning Council. K. Baron stated that the Finance Committee met on the first Thursday of every month. She encouraged members to stay up-to-date on meeting dates by checking the calendar on the OHP's website.

Report of Staff: M. Ross-Russell noted that J. Hayes would be leaving the Office of HIV Planning at the end of July, as she'd be relocating outside of Philadelphia. J. Hayes thanked the OHP staff and HIPC for the opportunity of working with them over the past 3 years.

Public Comment: None.

Action Items:

- **Planning Council Bylaws**

K. Baron said that the Executive Committee had met several times in the past few months. She stated that they'd discussed HIPC bylaws. She noted that the bylaws had been presented to the Planning Council for review. She said the Executive Committee had discussed how to ensure that all participants in the HIPC were represented in the co-chair structure. She noted that the Planning Council had previously had 2 co-chairs. She stated that the Executive Committee had discussed the co-chair structure further and how to modify it moving forward.

Motion: The Executive Committee moved to extend the current co-chair terms until September 2018, at which time all of the positions would be open for nomination and election at the same time.

Discussion of the Motion

K. Baron said that the extension would put all co-chairs on equal footing. She said the Planning Council could consider who they'd like to represent them as integration proceeded. She added that the group needed to consider what a "consumer" was, as it could mean different things coming from care and prevention angles.

Motion passed: 15 in favor, 0 opposed, 4 abstained.

K. Baron stated that Section 4 in the bylaws that referred to unaligned consumers. She stated that the Executive Committee proposed changing "volunteer" to "consulting relationship" in Section 4 to

appropriately reflect the fiscal relationships of consumers. She said that this wording kept with the Ryan White Part A Manual and the Public Health Service Act.

Motion: The Executive Committee moved to update the definition of unaligned consumer by eliminating “volunteer” and replacing it with “consulting relationship.” **Motion passed:** 13 in favor, 0 opposed, 5 abstained.

K. Baron said that the group would now vote on the bylaws as a whole.

Motion: T. Dominique moved, P. Houle seconded to approve the bylaws as amended. **Motion passed:** 14 in favor, 0 opposed, 4 abstained.

- **Priority Setting**

A. Thompson said that the Comprehensive Planning and Needs Assessment Committees had used 5 factors for priority setting, including unmet need, the consumer survey, the care continuum developed by the CPC, Affordable Care Act (ACA) Essential Health Benefits, and a new factor called Community Conscience. He stated that all participants in priority setting looked at objective data, and voted a 1, 5, or 8 on the Community Conscience factor depending on whether they felt the 4 previous factors captured the real need for the service. He said that 1 reflected no concern, 5 reflected some concern, and 8 reflected great concern that the service was not adequately captured by the other factors.

A. Thompson stated that the scores for each category were tallied and the services were ranked accordingly. He noted that the CPC had to justify large moves of the service category in the priority order (3 spaces or more) on the Ryan White application. T. Dominique asked why there was variation in the number of members voting on each service. A. Thompson explained that there were sometimes abstentions. K. Baron added that there had been 2 separate priority setting meetings, with different numbers of attendees. B. Morgan said that some abstentions were deliberate, and some occurred when members stepped out of the room.

M. Cappuccilli asked if there had been positive feedback from the committee as the process proceeded. A. Thompson said that there had. K. Baron stated that the group had felt the Community Conscience factor provided valuable input.

M. Cappuccilli asked the co-chairs to explain to new members why priority setting was done and how it connected to allocations, if at all. M. Ross-Russell explained that the Planning Council was legislatively mandated to prioritize the service categories and allocate funds to those service categories. She stated that priority setting was based on documented need of everyone living with HIV in the EMA. She said the priority setting process was voted on by the Planning Council and was based on agreed upon weights and factors. She noted that the process was open to the community and all Planning Council members. She stated that the participants in the meetings discussed each service and voted on them for the Community Conscience factor. She explained that the Planning Council was legislatively mandated to have a process for ranking services based on community needs, but the process varied by jurisdiction. She added that allocations were based on documented need along with service utilization data and other funding available from federal and state sources. She noted that allocations did not necessarily match service priorities. She said that allocations could be based on cost of a service, need for a service, or number of clients served. She stated that the Planning Council had chosen to prioritize all services funded by HRSA, but not each of those services were currently funded in the Philadelphia EMA. M. Ross-Russell noted that priority setting and allocations took into account some of the same data and issues facing the community, even though they were not directly linked.

M. Cappuccilli asked if priority setting would be done every year. M. Ross-Russell replied that the Planning Council had decided, as part of their written process, to prioritize services every 1-3 years. She stated that priority setting could be done more frequently in response to major shifts. She noted that future changes in administration or policy may motivate the group to prioritize services on an annual basis. She added that allocations were carried out annually.

T. Dominique said that there were 12 services in the priority list that had shifted more than 3 spaces. She asked if this was typical. M. Ross-Russell replied that it was not. K. Baron pointed out that the process had been changed since last time priority setting was done. M. Ross-Russell stated that major shifts in priority ranking sometimes happened in response to external events.

M. Cappuccilli asked if the group felt they had good input and data from all 3 areas of the EMA. A. Thompson stated that the consumer survey went out to all areas of the EMA. He added that the continuum and essential health benefit were not based on jurisdiction. He pointed out that unmet need data, measured by the CSU, may be inconsistent between different areas of the EMA. K. Baron noted that the CPC had looked at any disparities in available data and made attempts to obtain comprehensive data for each area. She said that updated data was regularly incorporated into the process. M. Ross-Russell added that the recipient had provided service utilization data, which was broken out regionally.

Motion: The Comprehensive Planning Committee moved to approve the service priority list, as outlined on the handout. Motion passed: 15 in favor, 0 opposed, 4 abstained.

- **FY 2017-2018 Allocations**

M. Ross-Russell directed the Planning Council to the allocation example spreadsheet in their packets, which was based on the previous year's allocations process. She stated that the first page laid out the EMA-wide allocation. She noted that there was currently \$150,000 allocated in health insurance premium/cost-sharing assistance in Philadelphia. She said that this category would be addressed in the reallocation request later in today's meeting.

M. Ross-Russell noted that the EMA had received a \$400,000 decrease in its funding for Ryan White Part A formula and Minority AIDS Initiative (MAI) for fiscal year 2017. M. Ross-Russell explained that they had received their award very recently. K. Baron noted that the fiscal year had begun on March 1, 2017.

M. Ross-Russell stated that the second page of the allocations examples spreadsheet was for NJ. She stated that NJ's funding would decrease \$37,076, given the notice of grant award. She stated that NJ had voted, in the event of a funding decrease, to take 75% of that decrease out of case management and 25% out of transportation and distribute the rest of the funding proportionally. She continued to the Philadelphia example allocations spreadsheet. She said that Philadelphia had voted for a proportional decrease to all service categories in the event of a funding cut. She explained that each category would be decreased in proportion to the overall funding in each of the categories. She noted that the cut in funding to Philadelphia totaled \$208,525. She stated that the PA counties made the same request for a proportional decrease across all funding categories for the \$44,510 decrease.

M. Ross-Russell directed the group back to the EMA-wide spreadsheet. She said that there had been a proportional decrease to MAI funding, which consisted of 2 service categories, in the amount of \$21,247. She stated that systemwide had also been cut. She summarized that Part A funding was decrease in the amount of \$376,000, and MAI was decreased by about \$24,000.

M. Ross-Russell stated that the Finance Committee had approved the allocations as outlined on the spreadsheet. She explained that the current year's allocations had to be approved before the reallocation request from the recipient could be voted on.

Motion: The Finance Committee moved to approve the allocations for FY 2017-2018 as laid out in the spreadsheet. **Motion passed:** 15 in favor, 0 opposed, 4 abstained.

- **Reallocation Request**

A. McCann-Woods stated that she represented the recipient (AIDS Activities Coordinating Office). She pointed the group to the handout that had just been distributed. She noted that it was a reallocation request for the Philadelphia region in 2017-2018. She stated that, at the February 2, 2017 Finance Committee meeting, there was a discussion about health insurance premium/cost-sharing assistance (HIPCSA). She stated that, based on research from the recipient, the cost of the program would be \$1.8 million, which was prohibitive. She stated that the current allocation for the category was insufficient to support a HIPCSA program.

A. McCann-Woods said that Ryan White Part B and AIDS Drug Assistance Program (ADAP) rebate dollars were potential sources of funding for the program. She said that the PA Department of Health (DOH) had said they'd work with the EMA to potentially fund a HIPCSA program in the future. She explained that the Planning Council and recipient would be represented on the Pennsylvania HIV Planning Group (HPG) moving forward.

A. McCann-Woods stated that the recipient requested that HIPCSA funding be reallocated to outpatient/ambulatory health services to bring the system into balance. She noted that shifts had been made in outpatient/ambulatory care and medical case management in recent years. She explained that the amount of any other moves would be less than 10%.

Motion: The Finance Committee moved to approve the reallocation request as outlined in the handout. **Motion passed:** 14 in favor, 0 opposed, 4 abstained.

M. Ross-Russell stated that a spreadsheet had been distributed reflecting the current allocations budget, as was just approved, with the reallocation applied.

Discussion Items:

- **FY 2016-2017 End-of-Year Report**

A. McCann-Woods pointed the group to the recipient 2016-2017 end of year underspending report, which had just been distributed. She said that, at the conclusion of the Ryan White 2016 contract period that ended February 28, 2017, the EMA was overspent by \$303,212 across all funded service categories, or 2%. She added that systemwide categories were underspent by \$482,135, or 15%. She noted that this represented a net underspending of \$178,923 overall. She stated that the recipient had submitted a request to HRSA to carry over underspent funds to use for food bank/home-delivered meals.

A. McCann-Woods asked participants to review the spreadsheets included in the handout, which broke out the spending totals for the year by region of the EMA. T. Dominique asked if systemwide categories covered any programming. A. McCann-Woods stated that many systemwide costs were administrative. She added that information and referral, which was included in systemwide, was a service. She added that the AACO Client Services Unit (CSU) was also included in systemwide expenditures.

M. Cappuccilli stated that the Finance Committee had pointed out a discrepancy in the use of parenthesis to denote under- and overspending. C. Chu stated that this error was noted, and the report would be corrected.

A. Thompson asked why there was underspending in systemwide allocations. C. Terrell stated that there had been shifts of personnel in quality management and administration, which caused vacancies. A.

Thompson asked if there was much greater need than had been projected for food bank/home-delivered meals in Philadelphia. He noted that there was a large amount of overspending in this category in Philadelphia and the PA counties. C. Terrell stated that the recipient was aware that there was often underspending in certain categories, like recipient staffing. He said that funding to food bank/home-delivered meals could be used quickly. C. Chu added that carryover funds were often put into food bank/home-delivered meals. D. Gana stated that the food bank/home-delivered meals category in NJ was not being utilized. K. Baron asked for more information about utilization in the category in NJ.

- **FY 2017-2018 Quarterly Report**

A. McCann-Woods said that she had just distributed the 2017-18 first quarter underspending report. She stated that, at the conclusion of the first quarter of the 2017-18 fiscal year that ended May 31, 2017, the EMA was underspent by 35% or \$1,571,969 across all funded service categories. She noted that the figures were determined after reconciliation of three months of invoices from March through May 2017. She stated that the expenditures did not accurately indicate spending trends, because many contracts were not yet conformed. She said the report was presented in accordance with the requirement of the Finance Committee and Planning Council to assess the administrative mechanism.

A. McCann-Woods stated that the handout included spreadsheets for the entire EMA and all 3 regions. She said that the spending was broken down by service categories and systemwide categories. She noted that it also included MAI funding. She stated that services were delivered even when there was underspending or contracts were not conformed in a timely manner.

R. Nahan asked why there were two lines for Direct Emergency Financial Assistance (DEFA). M. Ross-Russell noted that the EMA was permitted to utilize DEFA to pay for medications. She stated that there were specific criteria for the local pharmaceutical assistance program (LPAP), which funded emergency medications in the past. She stated that medication assistance was now provided by DEFA. She noted that one line of DEFA referred to medications and another to other types of DEFA assistance. K. Baron suggested making a distinction in the labels to designate which type of DEFA was described by which line.

Reports of Committees

Executive Committee

K. Baron stated that the Executive Committee had met earlier this month. She said they discussed creating a leadership development program. She explained that this program would train people who wished to pursue leadership positions in the Planning Council. She stated that specifics of the program had not yet been discussed. P. Houle asked if outside agencies would assist in developing the program. K. Baron stated that this had not yet been determined. P. Houle stated that could refer the committee to an organization that provided high-quality leadership trainings.

Finance Committee – A. Edelstein and D. Gana, Co-Chairs

D. Gana noted that allocations meetings would be held this month on July 18 (PA Counties), July 20 (Philadelphia), and July 25 (NJ). He invited all to attend the meetings from 1-4pm.

Needs Assessment – G. Keys, Chair

No report.

Positive Committee – K. Carter, Co-Chair

A. Boone said the Positive Committee had met on Monday and heard a presentation about BenePhilly benefits assistance programs. He said they were also invited to participate in HIV/HCV focus groups by AACO representatives.

Nominations Committee – *M. Cappuccilli and K. Burns, Co-Chairs*

M. Cappuccilli stated that the Nominations Committee had met earlier today and was working on revising the Planning Council application. He said that applications would be reviewed soon, and encouraged all who were interested to apply.

Comprehensive Planning Committee – *A. Thompson, Chair*

A. Thompson reported that the CPC had carried out priority setting at their last meeting. He said that they'd meet next in August, and their July meeting was cancelled to accommodate allocations.

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

J. Chapman stated that the Prevention Committee had met last month. She said the group was reviewing the Integrated Plan objectives step by step. She stated that they had discussed objective 1.2, which concerned condom distribution, syringe access programs, and other prevention-related topics. She said the committee had also discussed bringing in presenters on syringe access and overdose prevention. She noted that the next Prevention Committee meeting would be held on July 26.

Old Business: None.

New Business: None.

Announcements: None.

Adjournment: Motion: D. Gana moved, L. Way seconded to adjourn the meeting at 3:26p.m. Motion passed: All in favor.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- June 8, 2017 Meeting Minutes
- Philadelphia EMA HIV Integrated Planning Council Bylaws (updates proposed May 2017)
- Philadelphia EMA Planning Council FY 2017 Priority Setting Tool
- Philadelphia EMA FY2017-2018 Allocation Examples by Region
- Recipient 2016-2017 Reallocation Request
- Philadelphia EMA FY2017-2018 Allocation Examples with Reallocation Request
- Recipient 2016-2017 End-of-Year Underspending Report
- Recipient 2017-2018 First Quarter Underspending Report
- OHP Calendar