

# MEETING AGENDA

*VIRTUAL:*

*Thursday, June 10, 2021*

*2:00 p.m. – 4:30 p.m.*

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (*May 13, 2021*)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation:
  - Mental Health and Addiction Treatment for PLWHA – *Kevin Moore*
- ◆ Discussion Items:
  - Literature Review on HIV and Aging
  - PC Budget
- ◆ Committee Reports
  - Executive Committee
  - Finance Committee – *Alan Edelstein & David Gana*
  - Nominations Committee – *Michael Cappuccilli & Sam Romero*
  - Positive Committee – *Jeanette Murdock & Kenya Moussa*
  - Comprehensive Planning Committee – *Gus Grannan*
  - Prevention Committee – *Lorett Matus & Clint Steib*
  - Ad-Hoc Recruitment Workgroup
- ◆ Any Other Business
- ◆ Announcements
- ◆ Adjournment

**Please contact the office at least 5 days in advance if you require special assistance.**

The next HIPC meeting is

**VIRTUAL: TBD**

**VIRTUAL: HIV Integrated Planning Council**  
**Meeting Minutes of**  
**Thursday, May 13, 2021**  
**2:00 p.m. – 4:30 p.m.**

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

**Present:** Susan Arrighy, Juan Baez, Elise Borgese, Michael Cappuccilli, Keith Carter, Debra D'Alessandro, Alan Edelstein, David Gana, Pamela Gorman, Gus Grannan, Sharee Heaven (Co-Chair), Gerry Keys, Kate King, Marilyn Martinez, Loretta Matus, Erica Rand, Sam Romero, Clint Steib, Desiree Surplus, Evan Thornburg, Adam Williams

**Guests:** Chris Chu (AACO), Ameenah McCann-Woods, Javontae Williams (AACO), Tonya Cooper, Mike Valentin, Mike Frederick

**Excused:** Allison Byrd, Lupe Diaz (Co-Chair), Meghan Gannon

**Staff:** Beth Celeste, Debbie Law, Mari Ross-Russell, Sofia Moletteri, Julia Henrikson

**Call to Order:** S. Heaven called the meeting to order at 2:08 p.m.

**Introductions:** S. Heaven asked everyone to introduce themselves via the chat box.

**Approval of Agenda:**

S. Heaven referred to the May 2021 HIPC agenda S. Moletteri distributed via email and asked for a motion to approve. **Motion:** D. Gana motioned, K. Carter seconded to approve the May 2021 Planning Council agenda. Motion passed: 89% in favor, 11% abstaining. The May 2021 agenda was approved.

**Approval of Minutes (April 08, 2021):**

S. Heaven referred to the April 2021 HIPC minutes S. Moletteri distributed via email. S. Heaven asked for a motion to approve the March 2021 minutes. **Motion:** G. Keys motioned, K. Carter seconded to approve the April 2021 meeting minutes via a Zoom poll. Motion passed: 90% in favor, 10% abstaining. The April 2021 minutes were approved.

**Report of Co-Chairs:**

S. Heaven reported that L. Diaz was not able to attend the meeting today. She also reported on the Emergency Broadband Benefit for qualifying low-income households. She would include the link to apply within the chat so everyone could review further. Additionally, she explained that the city had many upcoming initiatives, e.g. eviction defense classes, rental assistance, etc.

**Report of Staff:**

M. Ross-Russell notified the council that her audio on Zoom might have feedback. She reported that OHP and Executive Committee participated in the HRSA Site Visit process, and she would expand upon its finding later in the meeting.

M. Ross-Russell also reported that HIPC would begin its allocations process soon and would need to start preparation. She would discuss the allocations process more heavily during the June 2021 meeting, Allocations, she noted, would likely occur in July 2021. Additionally, it was likely that the city offices would open after July 4, 2021. For OHP, this meant that they would return to the office full time. However, she was still waiting for the official notice. S. Heaven added that city offices might fluctuate between in-office and remote work. This decision would be on an office-by-office basis. M. Ross-Russell thanked her.

**Public Comment:**

None.

**Action Items:**

***—Final Allocation for FY2021—***

A. Edelstein asked to scroll to the bottom of the document to review the allocations language. He explained that there was a change in the composition of PLWH (People Living With HIV) from NJ counties, PA counties, and Philadelphia. The prior year, the percentage of the share of PLWH within the EMA (Eligible Metropolitan Area) was 71.179% in Philadelphia, 16.142% in PA Counties, and 12.679% in NJ Counties. Philadelphia now held a 71.05% share of the epidemic, PA Counties held 15.87%, and NJ held 13.08%. This meant that there was a decrease in funding for both Philadelphia and PA Counties and an increase in NJ Counties.

A. Edelstein felt it would be helpful to review their budget plans before they reviewed the allocations spreadsheets. M. Ross-Russell explained that the budget decisions were crafted by HIPC in July 2020. A. Edelstein added that they were officially approved by the full Planning Council in August 2020. He explained that the spreadsheets M. Ross-Russell created were in accordance to HIPC's approved budget plans.

HIPC found out, A. Edelstein explained, that there was a total increase in the service allocations award by 1.654%. Therefore, within Finance Committee, they determined that the most applicable budget plan for each of the three regions would be the level funding budget plan, since the increase in award was closer to level funding than a 5% increase.

He reviewed the verbiage for the NJ Counties Level Funding Budget plan: "\$69,578 from the New Level Funding Budget is to be moved into EFA-Housing and all other funded service categories are to stay at the previous Level Funding Budget." He explained that NJ Counties saw an increase in funding due to the heightened percentage share of the epidemic.

Within the PA Counties, they received a decrease of \$47,589 in funding due to the changes in composition of the epidemic. He reviewed the verbiage for the PA Counties Level Funding Budget plan: "All funded service categories are to be proportionally decreased based on the New Level Funding Budget which includes the decrease of \$47,589."

In Philadelphia, they received a decrease of \$21,990 in funding due to the changes in composition of the epidemic. He reviewed the verbiage for the Philadelphia Level Funding Budget plan: "30% or \$96,471 is to be taken from EFA-Pharma to offset the \$21,990 decrease from the New Level Funding

Budget, the remaining \$74,481 is to be added to EFA-Housing, and the remaining service categories stay the same.”

M. Ross-Russell reiterated that the spreadsheets were reflective of the level funding budget language. The Systemwide spreadsheet was also included in the packet because HIPC needed to approve all allocations. Systemwide included administrative, I&R (Information & Referral), QM (Quality Management), PC (Planning Council) budget, etc. These services came off the top of the final award before the service dollars. In other words, after Systemwide was considered in the budget, then they worked with service allocations.

She said that the change in funding for Philadelphia amounted to a \$182,031 increase. Within the PA Counties, there was slight reduction in service funding amounting to a \$1,139 decrease. In the NJ Counties, there was an increase in funding that amounted to \$106,394 total. The total change in service dollar amount for formula and supplemental RW (Ryan White) Part A (not including MAI) amounted to a \$287,288 increase based on a level funding budget.

M. Ross-Russell defined MAI (Minority AID Initiative), noting that it provided additional funds to TGAs (Transitional Grant Areas) or EMAs based on the difficulties/disparities identified with service provision to minority populations. She reported that MAI funding decreased by \$81,344.

M. Ross-Russell noted that there was a change of a \$287,288 increase for formula and supplemental. The total change of award was an increase of \$340,565 was the total grant award amount. This total change also included MAI.

M. Ross-Russell reviewed the first spreadsheet which was the level funding budget scenario for Philadelphia. The level funding budget for the previous year was \$12,225,838 and increased to \$12,407,869 for the current year, or a \$182,031 difference. The first, black column represented funding percentages for each service for the prior allocations decisions, while the last, blue column represented percentages for the current year’s allocations decisions. There was a slight change in these percentages.

Philadelphia, as stated earlier, decided to remove 30% or \$96,471 from EFA-Pharma due to consistent underspending in the service category. This reduced the service category amount to \$225,099. The ~\$96,000 was removed from EFA-Pharma as well as the \$182,021 were moved to EFA-Housing increasing the funding category to \$506,406. The other categories remained the same.

M. Ross-Russell next reviewed the PA Counties level funding budget spreadsheet. The PA Counties chose to proportionately decrease their funding categories, meaning that the funding percentages would remain the same, but actual service dollars per category would change. The PA Counties award was reduced by \$1,139 which amounted to \$2,771,469 total. The categories were proportionally decreased. Dollar amounts for the decrease were represented in the third, blue column. The percentages, as mentioned earlier, remained the same and could be seen in the fourth, blue column. K. Carter asked M. Ross-Russell to list the PA Counties funded. M. Ross-Russell explained that these were as follows: Bucks County, Chester County, Delaware County, and Montgomery County.

M. Ross-Russell said that for the NJ Counties, the final decision was to place all of the increase into EFA-Housing while all other funded service categories remained the same. The increase of \$106,396

went into EFA-Housing. The change in percentages (since there was now, proportionally, more funding in EFA-Housing), due to the shift in funding, were changed, and this could be seen when comparing the first, black column to the third, blue column. NJ Counties were as follows: Burlington County, Camden County, Gloucester County, and Salem County.

A. Edelstein thanked M. Ross-Russell for preparing the budgets and noted that the budgets were already reviewed and approved by Finance Committee. M. Ross-Russell said that after they voted on the allocations by region, they would need to review and vote on the Systemwide and MAI budgets. A. Edelstein suggested they voted on Systemwide and MAI separately.

A. Edelstein said that they would vote on approving the level funding budget scenarios for all three of the regions: Philadelphia, PA Counties, and NJ Counties. He noted that Finance Committee made a motion to recommend that HIPC vote to approve the level funding budget scenarios for all three regions.

**Motion:** A. Edelstein called for a vote to approve the three Level Funding Budget scenarios for Philadelphia, PA Counties, and NJ Counties, as recommended by the Finance Committee.

A. Williams: in favor  
S. Heaven: abstaining  
K. King: abstaining  
E. Borgese: abstaining  
C. Steib: in favor  
D. Surplus: abstaining  
M. Cappuccilli: in favor  
K. Carter: in favor  
G. Grannan: in favor  
L. Matus: in favor  
G. Keys: in favor  
E. Rand: in favor  
D. Gana: in favor  
S. Romero: in favor  
A. Edelstein: in favor  
E. Thornburg: abstaining  
D. D'Alessandro: in favor  
S. Arrighy: in favor  
M. Martinez: in favor  
J. Baez: in favor  
P. Gorman: in favor

**Motion passed:** 16 in favor, 5 abstaining, 0 opposed.  
The Level Funding Budgets scenarios were approved for Philadelphia, PA Counties, and NJ Counties.

M. Ross-Russell explained that the total award for RW Part A (supplemental and formula) was \$20,702,179. From this total amount, the Systemwide categories were removed from the top. Under Systemwide, there was Recipient Support which included: Systemwide Coordination, Capacity

Building, and PC Support. She said that Recipient Support could not exceed 10% of the total grant award. QM Activities could not exceed 5% of the total grant award.

She explained that Systemwide also included Referral for Health Care & Support Services, shown in the first row. I&R, QM, Systemwide Coordination, Capacity Building, PC Support, and Recipient Administration. Systemwide dollars totaled \$3,238,605 which reduced the total award of \$20,702,179 to \$17,463,574 for Part A service dollar spending.

M. Ross-Russell explained that MAI funds also supported QM Activities (\$22,001) and Recipient Administration (\$191,147). This meant that \$213,147 was taken off the top for MAI service expenditures and there was \$1,698,322 left for service allocations. The MAI award saw a decrease of 4.082% (\$81,344 reduction in service administration funds). Therefore, they used they used a proportional decrease of Systemwide MAI funds.

A. Edelstein said that they would vote on approving the Systemwide budget as represented in the prepared spreadsheet. He noted that Finance Committee made a motion to recommend that HIPC vote to approve the Systemwide budget.

A. Williams asked if the ~\$17,000,000 in the spreadsheet was for service administration. M. Ross-Russell answered that the total award was around \$20,000,000 and that administrative was around \$3,000,000. This left around 17,000,000 for service allocations.

**Motion:** A. Edelstein called for a vote to approve the Systemwide budget, as recommended by the Finance Committee.

A. Williams: in favor  
S. Heaven: abstaining  
K. King: abstaining  
E. Borgese: abstaining  
C. Steib: in favor  
D. Surplus: abstaining  
M. Cappuccilli: in favor  
K. Carter: in favor  
G. Grannan: in favor  
L. Matus: in favor  
G. Keys: in favor  
E. Rand: in favor  
D. Gana: in favor  
S. Romero: in favor  
A. Edelstein: in favor  
E. Thornburg: abstaining  
D. D'Alessandro: abstaining  
S. Arrighy: in favor  
M. Martinez: in favor  
J. Baez: in favor  
P. Gorman: in favor

**Motion passed: 15 in favor, 6 abstaining, 0 opposed.**

The Systemwide budget was approved.

M. Ross-Russell next reviewed the MAI spreadsheet. MAI funded two service categories: Ambulatory Care and Case Management. Because of this, they either performed a proportional increase or decrease. Because the MAI change in funding was closer to the 5% proportional decrease, that is what was represented in the last, red column. The total amount for Ambulatory and Case Management was decreased to represent the 4.028% decrease in the MAI allocation which totaled \$1,698,322 after the decrease.

A. Williams asked if the proportion of PLWH was shifting toward the NJ region. A. Edelstein said, yes, this was shown within their last available year for statistics. A. Williams asked if PLWH within NJ Counties were exclusively receiving services in NJ or if they were also receiving services in Philadelphia. M. Ross-Russell said that as an EMA, anyone from any of the regions could traverse the EMA to receive funded services. For example, someone from the NJ Counties or PA Counties could come to Philadelphia for service provision. She explained that the HIPC ensured that the PA and NJ County providers were receiving funds, though it was true that some services clients might need were only available in Philadelphia. A. Edelstein added that the service dollars in question were going to service organizations within the three regions in the form of contracts with providers.

A. Williams voiced concern around money shifting to the NJ Counties and further burdening Philadelphia/removing necessary funds. A. Edelstein explained, that as a Planning Council, they made the decision that the service dollars would follow the epidemic. They would use the most recent statistics regarding the composition throughout the three regions to determine changes in service dollars. He acknowledged that where people lived was not necessarily where they would receive services. HIPC could feel free to revisit this decision if they ever needed to. He said added that service needs were different based on each region and was reflected within the three plans.

A. Edelstein said that they would vote on approving the MAI 5% decrease budget as represented in the last, red column on the spreadsheet. He noted that Finance Committee made a motion to recommend that HIPC vote to approve the MAI 5% decrease budget.

**Motion: A. Edelstein called for a vote to approve the MAI 5% decrease budget, as recommended by the Finance Committee.**

A. Williams: opposed  
S. Heaven: abstaining  
K. King: abstaining  
E. Borgese: abstaining  
C. Steib: in favor  
D. Surplus: abstaining  
M. Cappuccilli: in favor  
K. Carter: in favor  
G. Grannan: in favor  
L. Matus: in favor  
G. Keys: in favor  
E. Rand: in favor  
D. Gana: in favor

S. Romero: in favor  
A. Edelstein: in favor  
E. Thornburg: abstaining  
D. D'Alessandro: in favor  
S. Arrighy: in favor  
J. Baez: in favor  
P. Gorman: in favor

**Motion passed: 14 in favor, 5 abstaining, 1 opposed.**

The MAI 5% decrease budget was approved through majority rules.

A. Edelstein asked if abstentions were included in quorum count. M. Ross-Russell said they were. A. Edelstein concluded that they were above the quorum requirement.

C. Steib said that K. Carter pointed out a higher number of abstentions than usual and that most abstentions were typically from the co-chairs. M. Ross-Russell said that most of the abstentions, aside from co-chairs, were from new members. C. Steib asked if this was telling, adding that they should take more time to review and build understanding around the budgets and allocations process. M. Ross-Russell said she could time set up a time for this and help in any way needed.

A. Edelstein said that if there were a training session for individuals, he would be happy to participate. S. Heaven noted that if an individual was unclear on what they were voting for, it was good to abstain. Now they could plan for an additional review.

***—Changes to Bylaws—***

S. Heaven noted that the altered bylaws were sent out to members via email. M. Ross-Russell explained that this discussion was visited HIPC after the Executive Committee reviewed the bylaws and decided to change its language, specifically language around co-chairs (Article IV: Officers). The discussion was to change the language from “shall be” to “goal.” Previously, the language was: “At least one Co-Chair (either community or governmental) shall be HIV-positive. It is the goal of the Planning Council that at least one of the elected Co-Chairs is HIV-positive.” The bylaws were altered to remove the sentence containing “shall be.” Additionally, it was requested that throughout the document, “consumers” was changed to “People Living With HIV.” This was discussed and put forth within the March 2021 meeting.

The process for changing bylaws was as follows: the changes were proposed within the bylaws, they wait a minimum of 30 days for comments, and then they voted to approve the altered bylaws. They could not vote on the bylaws during the April 2021 meeting (after their discussion in March 2021), because the meetings were less than 30 days apart. M. Ross-Russell asked if anyone had any questions.

A. Williams asked about the quorum language within Article VII, Section 2., which stated that at least 20% of quorum shall be PLWH. M. Ross-Russell said that this had come up in the past. She explained that the language was initially included to honor that participation from PLWH within HIPC was vital. The language included in the bylaws mandated the 20% quorum of PLWH. She said that staff knew people’s statuses due to (1) review of applications, (2) individuals’ personal disclosures, and (3) Poz Committee attendees. In many cases, Co-Chairs might also know

individuals' if the individual had chosen to disclose their status. A roll call vote where people were asked to disclose their status would be problematic, as it might force people to disclose their status against their will. She said that they could choose to change the language so that each committee could have its own language around quorum. She said that they could work on this change and present it to the Council after the 30-day waiting period. K. Carter agreed.

**Motion:** K. Carter made a motion to adopt the new bylaw language which altered Article IV: Officers and changed “consumers” to “People Living With HIV” throughout, C, Steib seconded.

A. Williams: in favor  
S. Heaven: abstaining  
K. King: in favor  
E. Borgese: in favor  
C. Steib: in favor  
D. Surplus: in favor  
M. Cappuccilli: in favor  
K. Carter: in favor  
G. Grannan: in favor  
L. Matus, in favor  
G. Keys, in favor  
E. Rand, in favor  
D. Gana, in favor  
S. Romero, in favor  
A. Edelstein: in favor  
E. Thornburg: abstaining  
D. D'Alessandro: in favor  
S. Arrighy: in favor  
J. Baez: in favor  
P. Gorman: in favor

**Motion passed:** 18 in favor, 2 abstaining, 0 opposed.  
The new bylaw language was approved and adopted.

C. Steib asked, since the bylaws changed “consumers” to PLWH, if the Positive Committee was interested in changing their committee name to be more aligned with bylaw language. D. Law suggested that a name change would be better achieved in-person. S. Moletteri explained that the Positive Committee did have any official vote, but they unofficially refer to themselves as Poz Committee. K. Carter said that since attendance was down, he felt they should wait on any official discussion around the name of the committee.

M. Ross-Russell asked if anyone felt strongly about changing Article VII: Section 2. language from “shall” to “have as a goal.” K. Carter suggested that “have as a goal” would be more beneficial since it would not box them in. M. Ross-Russell explained that the 20% quorum of PLWH language was mentioned within the HRSA Site Visit. The Site Visit consultant asked whether HIPC performed a rollcall to determine whether they reached quorum. Those in the Executive Committee did not approve of the idea of a rollcall vote. S.

S. Heaven said that when there was language within the bylaws such as “shall” and “must” versus “goal,” it could become problematic within site visits and auditing. S. Heaven said that some language was sometimes intentionally left broad for these purposes. This language might enforce a rollcall instead of trusting, that as a committee, they were able to determine this quorum themselves. K. Carter added that the bylaw language could be a barrier to membership since it might force people to disclose their status. Additionally, he said that HRSA added to stigma when they did not include Poz Committee as a committee and instead looked at them as “clients.” S. Heaven thanked K. Carter for speaking up.

D. Gana said that Executive Committee was invited, which included Poz Committee chairs. However, the Poz Committee did not have active chairs at the moment. K. Carter said that the co-chairs were still not included within the list. Additionally, D. Gana said that he was continuously talked over within the HRSA meeting. He mentioned that he would like to see more involvement from the Poz Committee chairs, however, and K. Carter agreed.

M. Ross-Russell said that it might be beneficial to discuss the proposed bylaw changes more in depth within the Executive Committee. They could discuss the discussion associated within the Poz Committee as well as the changes within Article VII: Section 2. However, she noted that there was not much consistency in participation from Poz Committee co-chairs.

S. Heaven asked if they would have a further discussion with Executive Committee and later return to HIPC. M. Ross-Russell said yes. A. Williams agreed that a quorum of 20% PLWH as voting participants was impossible without outing people’s status. He asked if they could consider mandating a delegation from the Poz Committee. K. Carter said that Poz Committee could look into this

**Presentations: =**

***—4Q Spending Report—***

A. McCann-Woods introduced herself, adding that she would reporting on the 4Q Spending Report which ended in February 28, 2021. She directed attention to the PowerPoint slides which would list amount and reasons for underspending. She explained that reconciliation of total invoices forwarded to AACO for processing through February 28, 2021 indicated six 6% (\$1,302,142) underspending of the total overall award (including MAI funds). She informed the committee that hospitals and the two fiduciary entities (PHMC and UAC) inherently had cumbersome fiscal processes which resulted in delays submitting invoices and budgets. This was exacerbated by COVID-19 and remote work.

A. McCann-Woods reviewed Philadelphia underspending. Substance Use Treatment (Outpatient) was underspent by \$84,086 due to vacancies (hiring freezes at hospital/university settings), leveraging other funding sources, and sluggish invoicing due to COVID-19. EFA-Pharma was underspent by \$94,256 due to decreased utilization. She noted that underspent funds for EFA-Pharma had been reallocated. EFA-Housing was underspent by \$97,436 due to underutilization. She said that some of this was related to COVID-19 and that the recipient had expanded access to the service by way of eligibility. Moreover, additional COVID HOPWA funding had been meeting housing needs. Housing Assistance (Shallow Rent Program) was underspent by \$92,199 due to underutilization, some of which was related to COVID-19. Just like with EFA-Housing, she explained that the

recipient expanded access to the service by way of eligibility. Food Bank was also underspent by \$58,273 due to leverage other funding sources and some underutilization due to COVID-19.

A. Williams asked about the underspending for Substance Abuse Outpatient in Philadelphia, specifically the sluggish invoicing. A. McCann-Woods explained that did not apply to 4Q but that vacancies had been a large part of underspending. Aside from hiring freeze, there were complications with onboarding certified counselors. Additionally, there were other funding streams that would be leveraged before RW dollars.

A. Williams asked for more detail on underspending and what this meant for service categories. A. McCann-Woods responded that if money was underspent, it was recaptured and reallocated. When AACO saw underspending, they worked diligently to reallocate the dollars to other services. She explained that this did not impact direct service to clients. For example, if a provider had a vacancy, other counselors at the location could take on the clients until someone new was hired. The underspending indicated that the salary for the vacant position was not used, but service delivery was not impacted.

A. McCann-Woods reported no overspending above the 10% threshold for Philadelphia.

A. McCann-Woods reviewed PA underspending. Outpatient/Ambulatory Health Services were underspent by \$80,847 due to leveraging other funding. EFA was underspent by \$11,713 due to underutilization since requests for assistance had slowed, most likely due to COVID-19. EFA-Pharma was underspent by \$75,321 due to underutilization, noting that the underspending had already been reallocated. Transportation was underspent by \$73,209 due to leveraging other funding sources and underutilization related to COVID-19 (telemedicine). Regarding EFA-Pharma, she reminded the council that this was underutilized because it was for emergency medication. For emergency medication, clients also qualified for SPBP under Medicaid. SPBP had increased efficiency, so there was less need for EFA-Pharma (Medicaid would be used before RW funds).

A. McCann-Woods reported that within the PA Counties, Mental Health Services were overspent by \$12,800 due to higher utilization.

A. McCann-Woods reported no underspending above the 10% threshold in NJ.

A. McCann-Woods reported overspending in NJ for Transportation by \$78,333 due to higher utilization. K. Carter said this was surprising. A. McCann-Woods said she did not know how this money was spent, exactly, and it might have been on ride-shares or taxis as oppose to public transportation services.

A. McCann-Woods next reviewed the underspending for Systemwide Allocations. All of the following services were underspent due to vacancies: I&R by \$101,690, Grantee Administration by \$237,019, and Capacity Building by \$89,367. Regarding PC support underspending (underspent by \$80,302), this was due to vacancies and remote work bringing down overhead costs. Because AACO had a hiring freeze and cumbersome hiring practices, all underspending had already been reallocated to direct services.

A. McCann-Woods reported underspending in MAI under QM Activities (underspent by \$12,857) due to vacancies. A. McCann-Woods asked if there were any questions.

A. Williams mentioned the greater need/overspending for Mental Health services and overspending. However, for Substance Use (Outpatient), there was underspending in the middle of an opioid crisis. He asked for further detail on the phenomena. A. McCann-Woods said that the service was still available and being funded. However, COVID-19 thwarted much ability to offer services in person and that there was less comfort with public transportation. A. Williams said that his concern was more related to utilization. He asked if the services were still being utilized and if underutilization inform future funding. A. Edelstein responded that staff vacancies was the most common reason for underspending. Utilization, he said, was a separate issue and not always reflected in spending.

A. McCann-Woods agreed with A. Edelstein, explained that the need for the service was still there. AACO would not penalize providers—and thus, the community—for underutilization. They needed to research the service category more, noting that underutilization was likely not the fault of the provider. A. Edelstein added that COVID-19 had caused distortion in numbers and how spending reports had been atypical. S. Heaven thanked everyone for the discussion, as it provided clarity on the spending report.

#### **Discussion Item:**

##### ***—PC Budget & Monitoring the Administrative Mechanism—***

M. Ross-Russell said that these two topics were as a result of the HRSA Site Visit. They were cited on “PC Budget” and “Monitoring the Administrative Mechanism for Rapid Distribution of Funds.” HIPC needed to come up with a plan to address the two. They discussed the two topics within Finance Committee as well. In the past, HIPC expressed discomfort when reviewing the PC Budget. However, they still needed to present the budget. They could do this with personnel collapsed, presenting the budget every six month or so.

As for Monitoring the Administrative Mechanism, M. Ross-Russell explained that this was to ensure that the recipient was spending money in accordance with HIPC allocation decisions. Additionally, HIPC was to ensure that the recipient was rapidly distributing funding to providers to rapidly provide services. M. Ross-Russell said that rapid distribution of funds was also representative through reallocation requests from the recipient. This also included reviewing the RFP. When reviewing the RFP, they could be made aware of its basic contents, but they could not go into detail, since this would be a conflict of interest for provider members. The Finance Committee had reviewed this topic and suggested something akin to a form they could fill out to mark whether the recipient was following responsibilities.

#### **Committee Reports:**

##### ***—Executive Committee—***

C. Steib said he was unable to attend the meeting. He asked if there were minutes. M. Ross-Russell said this was an unofficial meeting and they did not take minutes. S. Heaven explained that they had discussed the Site Visit, and all of the highlights from Executive Committee were presented today. She offered to talk to C. Steib offline if he needed more detail.

##### ***—Finance Committee—***

No report.

***—Nominations Committee—***

M. Cappuccilli reported that Nominations Committee reviewed the current membership, membership gaps. They strove for a maximum of 55 members, and they currently had 46 members. Like all EMAs, they had difficulty with recruiting and retaining youth. They also had membership gaps for African American/Black populations and MSM (men who have sex with men). Additionally, they needed more members from the PA and NJ counties. He said that this was an unusual year, and people had various challenges. For some members, Nominations Committee would reach out to remind members of meetings and address barriers.

***—Positive Committee—***

S. Moletteri reported that the Poz Committee met on Monday at 7:00 p.m. and discussed hosting a Quarterly Panel around Mental Health, Social Isolation, and COVID-19. Their next meeting would be June 14, 2021 at 7:00 p.m.

***—Comprehensive Planning Committee—***

G. Grannan was having issues with connectivity. S. Heaven said CPC could meet next month.

***—Prevention Committee—***

C. Steib reported that they would meet Wednesday, May 26, 2021.

***—Ad-Hoc Recruitment Workgroup—***

S. Moletteri reported that the Ad-Hoc Recruitment Workgroup last met on May 4, 2021 on Wednesday for their second time. They started to put together a plan and review it. They combined ideas from their previous meeting, Poz Committee suggestions, and the Planning CHATT LC Team (K. Carter, M. Cappuccilli, and S. Moletteri). They did not have their next meeting date planned, but she would send out a Doodle poll to find an ideal meeting date. C. Steib asked if he could be added to the Ad-Hoc Recruitment Workgroup list. S. Moletteri said yes.

**Any Other Business:**

None.

**Announcements:**

S. Heaven announced that May was Mental Health Awareness Month and people were supposed to wear green on May 14, 2021. She read a Glenn Close quote: “What mental health needs is more sunlight, more candor, and more unashamed conversation. Not all pain is physical, and not all wounds are visible.” She reminded everyone to check in on their friends, not just this May, but always. People had gone through a lot this year, and it was important to check in on others’ and your own mental health.

A. Edelstein announced, in the chat, that vaccinated individuals did not need to wear masks. M. Gordon asked how they would know who was vaccinated. A. Edelstein said they would not know

unless people disclosed their vaccination status. S. Heaven said that they would have to stay tuned and try to keep each other safe.

E. Thornburg announced that on June 11, 2021, Philadelphia would be lifting the safer at home mandate. There would still be a mask mandate. Though the CDC reported that it was safe for vaccinated individuals to be indoors and unmasked, these were announcements from the longer term studies of the initial test group. She said they were actively tracking vaccinations, and over half of the Philadelphia population had at least one dose of a vaccine. Luckily, Philadelphia had not had many issues with individuals adhering to the mask mandate.

A. Williams announced that Wednesday, May 19, 2021 was AAPI HIV Awareness Day.

M. Gordon announced that, as far as recruitment, she contacted the head of Camp Dream Catcher. When HIPC had a flyer ready, she would ensure that it reached campers who were 18+ and interested in the council.

**Adjournment:**

S. Heaven called for a motion to adjourn. **Motion:** K. Carter motioned, C. Steib seconded to adjourn the May 2021 HIPC meeting. **Motion passed:** Meeting adjourned at 4:21 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- May 2021 HIPC Meeting Agenda
- April 2021 HIPC Meeting Minutes
- FY2021 Allocations Decisions Language
- FY2021 Allocations Spreadsheets
- HIPC Bylaws