

**Philadelphia HIV Integrated Planning Council  
Meeting Minutes of**

**Thursday, January 11th, 2023**

**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:** Juan Baez, Veronica Brisco, Michael Cappuccilli, Keith Carter, Debra D’Alessandro, Jose DeMarco, Lupe Diaz (Co-chair), James Ealy, Pamela Gorman, Jeffrey Haskins, Sharee Heaven (Co-chair), Nafisah Houston, Greg Langan, Alecia Manley, Loretta Matus, Faith Kane, Gerry Keys, Alan Edelstein, DJ Jack, Desiree Surplus, AJ Scruggs, Clint Steib, Evan Thornburg (Co-chair), Shane Nieves, Erica Rand, Kenneth Cruz, Evelyn Torres

**Guests:** Maddison Toney (DHH), Javontae Williams (DHH), Ameenah McCann-Woods (DHH)

**Excused:** Gus Grannan

**Staff:** Beth Celeste, Tiffany Dominique, Debbie Law, Sofia Moletteri, Mari Ross-Russell, Kevin Trinh

**Call to Order:** L. Diaz called the meeting to order at 2:06 p.m.

**Introductions:** L. Diaz asked everyone to introduce themselves.

**Approval of Agenda:** L. Diaz referred to the January 2024 HIV Integrated Planning Council agenda and asked for a motion to approve. **Motion:** G. Keys motioned; M. Cappuccilli seconded to approve the January 2024 HIV Integrated Planning Council agenda via a Zoom poll. Motion passed: 19 in favor, 2 abstained. The January 2024 HIV Integrated Planning Council agenda was approved.

**Approval of Minutes (December 14th, 2023):** L. Diaz referred to the December 2023 HIV Integrated Planning Council meeting minutes and asked for a motion to approve. A. Edelstein said his name was missing from the list of people present. K. Cruz said they were also not included in the present members list. **Motion:** P. Gorman motioned; G. Keys seconded to approve the amended December 2023 HIV Integrated Planning Council minutes via a Zoom poll. Motion passed: 20 in favor, 5 abstained. The amended December 2023 HIV Integrated Planning Council meeting minutes were approved.

**Report of Co-Chairs:**

None.

**Report of Staff:**

M. Ross-Russell said they were still working under a continuing resolution from the federal government regarding the federal award. She said the Division of HIV (DHH) would be operating with a partial award. She said they were waiting for the final notice of award once the federal budgetary issues were resolved.

M. Ross-Russell reported that they would be receiving a HRSA site visit sometime in April. DHH was the primary location of the site visit, though HIPC members were also often involved to answer to roles and responsibilities of the Planning Council.

T. Dominique said she and S. Moletteri were collaborating on epidemiological infographics and would present the infographics in the next meeting. D. Law said the recommendation letters were sent to the members yesterday and the new HIPC members were fully appointed to the organization. M. Ross-Russell welcomed all the newly appointed HIPC members.

**Presentation:**

***-Service Standards-***

A. McCann-Woods defined service standards as expectations when implementing a specific service category. She said the purpose of Service Standards was to ensure that all Ryan White HIV AIDS Programs (RWHAP) service providers work off the same fundamental components of a given service category across a service area. Service Standards establish a minimal level of service or care that a RWHAP-funded agency or provider may offer within the jurisdiction. She said service standards must be consistent with applicable clinical and professional guidelines, state and regulations, licensure requirements, and the U.S. Department of Health and Human Services care and treatment guidelines.

A. McCann-Woods then spoke about how Service Standards were developed. She said it was ultimately the responsibility of DHH to ensure that the Service Standards were in place for all funded service categories. For RWHAP Part A grantees, developing Service Standards was a shared responsibility.

She then reviewed how often Service Standards had to be reviewed. They had to be updated regularly to reflect the most current nationally recognized guidelines in HIV care and treatment as well as local requirements. The Comprehensive Planning Committee (CPC), the recipient, and council members would review existing standards and make recommendations.

A. McCann-Woods then listed the service standards they would review in the future. She said Service Standards were important since they allowed a framework for which providers and the recipient could provide a minimal and consistent standard of quality of care to the client.

***- HIPC Roles and Responsibilities-***

M. Ross-Russell started the presentation by defining community planning as a deliberate effort to involve the community of a geographically defined population in an open public process designed to improve the availability, accessibility, and quality of healthcare services in their area as a means of improving its health status. She said community planning must provide broad representative mechanisms for identifying community needs, assessing capacity to those needs, allocating resources, and resolving conflicts.

One of the HIPC's roles was to determine which services would be funded as part of the allocations process. The HIPC works with the recipient and the community to determine the service needs of PLWH within the EMA. To this end, the HIPC provides multiple opportunities

for input and representation from community members who are PLWH. At least 33% of the HIPC must be PLWH.

M. Ross-Russell then described the Planning Cycle. She said the award first came from HRSA and goes to the Chief Elected Official (CEO). For Philadelphia, the elected official was the mayor of the city. She said this may be different for other eligible metropolitan areas (EMAs). M. Ross-Russell then spoke about planning councils and how they were unique. To be considered for funding, EMAs must have at least 2,000 HIV/AIDS cases within the past 5 years. Besides EMAs, there were also transitional grant areas (TGAs). These were put in place after 2006 and are not required to have a planning council but do need a planning body. TGAs must have between 1,000 and 1,999 HIV/AIDS cases within the past 5 years. In 2013, the Division of Metropolitan HIV/AIDS Program (DMHAP) strongly urged TGAs to maintain Planning Councils as described in the legislation.

She then described the purpose of the planning councils and why they were unique. Many federal programs required community advisory bodies but planning councils had the power of decision making. Some planning bodies require consumer/community input but rarely 33% of voting members.

M. Ross-Russell then presented the members with a chart of the roles and responsibilities of the CEO/Mayor, Recipient/DHH, and the HIPC. The chart showed how each role differed and overlapped with each other.

M. Cappuccilli asked if she could explain how funding was divided among each region of the EMA. M. Ross-Russell said it was determined by region during the allocations process. Funding was granted based on the share of the epidemic in each region. M. Ross-Russell estimated that Philadelphia received 71% of the funding while 16% went to the PA Counties and 13% went to the New Jersey Counties. M. Ross-Russell said these numbers were subject to change based on each region's share of the epidemic.

M. Cappuccilli asked if PLWH could receive services outside of the region they lived in. M. Ross-Russell said that they could. She explained it was decided long ago to separate the EMA into different regions because they may have different needs but the federal government views the EMA as one geographic area wherein clients could travel throughout to receive services.

### ***-Third Quarter Spending Report-***

A. Edelstein said A. McCann-Woods would present the Third Quarter Spending Report that was presented in the Finance Committee meeting the week before. A. McCann-Woods thanked A. Edelstein for the introduction and proceeded with the report. She said processing through November 30th, 2023, indicated a 12% or \$2,152,513 underspending of the total over award including Minority AIDS Initiative (MAI) funds. She said underspending was largely due to staff vacancies. Furthermore, underspending in carryover funds was not fully calculated because it was disbursed directly to subrecipients whose spending hasn't fully been reconciled through November 30th, 2023. These subrecipients only had 6 months to spend these funds. She added that their hospital sites and the fiduciary entities (PHMC and UAC) had cumbersome fiscal processes which resulted in delays in submitting invoices and budgets.

A. McCann-Woods reviewed underspending in Philadelphia. Outpatient Ambulatory Health Services were underspent by \$608,107 or 17%. This was due to vacancies and late invoicing. Drug Reimbursement was underspent by \$220,041 or 63%. This was due to late invoicing and could be influenced by decreased utilization. Oral Health Services were underspent by \$32,763 or 11%. The cause was late invoicing. Substance Abuse Services (Outpatient) were underspent by \$91,996 or 24%. This was due to vacancies and late invoicing. Medical Transportation was underspent by \$1,434 or 16%. A. McCann-Woods explained that this was due to late invoicing and clients leveraging other funding sources. A. McCann-Woods then spoke about overspending in Philadelphia. Emergency Financial Assistance (EFA) was overspent by \$11,581 or 33%. This was due to higher utilization and carryover funds being utilized first. EFA-Pharma was overspent by \$187,332 or 115%. She said this was due to higher utilization and carryover funds being utilized first. EFA-Housing was overspent by \$42,577 or 12% due to higher utilization. Food Bank was overspent by \$50,011 or 33% due to carryover funds being utilized first.

After reviewing the Philadelphia County finances, A. McCann-Woods reported on the PA Counties' finances starting with the underspending. Outpatient Ambulatory Health Services was underspent by \$96,358 or 15%. This was due to late invoicing. Medical Case management was underspent by \$165,097 or 16%. This was due to vacancies and late invoicing. Substance Abuse Services (Outpatient) was underspent by \$22,973 or 14%. This was due to vacancies and late invoicing. EFA-Pharma was underspent by \$79,834 or 52%. This was due to vacancies and late invoicing. A. McCann-Woods noted that lower utilization was typical for the category. Medical Transportation was underspent by \$59,132 or 20%. This was due to late invoicing, delayed spending on operating expenses, and clients leveraging other funding sources for the same category.

The PA Counties had 4 service categories with overspending over the 10% threshold. Oral Health was overspent by \$15,583 or 11%. A. McCann-Woods explained this service tended to see overspending early on and would likely level out soon. EFA was overspent by \$6,816 or 33%. This was due to carryover funds being utilized first. Food Bank Services were overspent by \$10,856 or 17%. This was due to increased utilization. Housing Assistance was overspent by \$15,323 or 24%. This was due to higher utilization.

The committee then reviewed the New Jersey spending. Outpatient Ambulatory Health Services were underspent by \$118,156 or 14%. This was due to vacancies, late invoicing, and delayed spending on operating expenses. Medical Case Management was underspent by \$102,772 or 31%. This was attributed to vacancies and late invoicing. EFA-Housing was underspent by \$55,380 or 67%. This was due to decreased utilization. A. McCann-Woods said there were efforts to learn how NJ providers were making clients aware of the service. Regarding overspending, there was only one category that reached the 10% threshold. Medical Transportation in New Jersey was overspent by \$17,473 or 14%. This was attributed to higher utilization.

Systemwide finances typically tended to have underspending. Information and Referral, Quality Management, Capacity Building, and Grantee Administration were also underspent due to vacancies. Grantee Administration was underspent due to late invoicing. A. McCann-Woods then

reviewed the MAI budget. Outpatient Ambulatory Health Services was underspent by \$29,989 or 11%. Medical Case Management was underspent by \$120,759 or 12%. Both were underspent due to vacancies and late invoicing.

K. Cruz, who was a former program analyst, asked if late invoicing and vacancies affect whether clients were able to receive services. A. McCann-Woods said they monitored each service at the program level to ensure clients were receiving services. This included an audit of all staff. She said if there were vacancies, they could pull in other staff members from other places to support the agency or program. She said no service was interrupted due to these fiscal challenges. K. Cruz asked about strategies being used to address the vacancy issue. A. McCann-Woods said it varied from provider to provider but could include increased salary and more benefits. She said the issue was still challenging due to the difficult nature of the work. K. Cruz asked if the quality of the services has been impacted by these barriers. A. McCann-Wood said they have many ways to measure the performance of each program. She said it was generally not the quality of service that was the issue but the quality of documentation and processes.

**Action Item:**

***-Reallocation Request-***

A. Edelstein explained that DHH was requesting a reallocation of funding. The request involved a provider who was switching the type of services they were providing. The provider noticed an increase in the number of clients seeking Mental Health Services while the number of clients seeking Substance Abuse Services decreased. The recipient was seeking to reallocate funding as follows: decrease Substance Abuse Services by 11% or \$60,000.00 and increase Mental Health Services by 8.4% or \$60,000.00.

The council did not need a motion to vote on the reallocation request, as this motion was forwarded from the Finance Committee. There was no further discussion on the Finance Committee's motion.

Motion: L. Diaz called for a vote to reallocate funding from Substance Abuse Services (Outpatient) to Mental Health Services for the aforementioned provider location, as recommended by the Finance Committee.

K. Cruz: Abstained  
A. Scruggs: In Favor  
As Edelstein: Abstained  
A. Manley: In Favor  
C. Steib: In Favor  
D. D'Alessandro: In Favor  
D. Jack: In Favor  
E. Rand: In Favor  
E. Thornburg: abstained  
E. Torres: In Favor  
G. Keys: In Favor  
J. Haskins: In Favor  
J. Ealy: In Favor

J. Demarco: In Favor  
J. Baez: In Favor  
K. Carter: In Favor  
L. Diaz: Abstained  
M. Cappuccilli: In Favor  
N. Houston: Abstained  
P. Gorman: In Favor  
S. Nieves: Abstained  
S. Heaven: Abstained  
V. Brisco: In Favor  
G. Langan: In Favor  
D. Surplus: In Favor

**Motion: 17 in favor, 8 abstained. The motion to accept the proposal to reallocate the aforementioned funding.**

The recipient presented the HIPC with a second proposal. The recipient was requesting permission to reallocate any remaining underspending to the following direct service categories: Emergency Financial Assistance, Food Bank/Home Delivered Meals, Medications, Oral Health Care, and Medical Transportation Services. C. Steib asked how the funding was to be distributed. A. Edelstein said it was based on need.

**Motion: L. Diaz motioned for HIPC to approve the reallocation request for the aforementioned 6 service categories, as recommended by the Finance Committee.**

K. Cruz: In Favor  
A. Scruggs: In Favor  
As Edelstein: Abstained  
A. Manley: In Favor  
C. Steib: In Favor  
D. D'Alessandro: In Favor  
D. Jack: In Favor  
E. Rand: In Favor  
E. Thornburg: abstained  
E. Torres: In Favor  
G. Keys: In Favor  
J. Haskins: In Favor  
J. Ealy: In Favor  
J. Demarco: In Favor  
J. Baez: In Favor  
K. Carter: In Favor  
L. Diaz: Abstained  
M. Cappuccilli: In Favor  
N. Houston: In Favor  
P. Gorman: In Favor  
S. Nieves: In Favor

S. Heaven: Abstained  
V. Brisco: In Favor  
G. Langan: In Favor  
D. Surplus: In Favor

**Motion:** 22 in Favor, 4 abstained. The motion to reallocate funding to the stated service categories was approved.

**Committee Reports:**

***-Executive Committee-***

S. Moletteri reported that the Executive Committee would most likely meet either next Tuesday or Wednesday. They would send an email for confirmation.

***-Finance Committee-***

A. Edelstein invited the new members to join the Finance Committee.

***-Nominations Committee-***

M. Cappuccilli said they did not have a meeting today due to Orientation. He invited the new members to join the committee.

***-Positive Committee-***

K. Carter welcomed new members and invited them to join the Positive Committee.

***-Comprehensive Planning Committee-***

D. D'Alessandro said the CPC did not meet in the previous month. She then invited the new members to join the committee.

***-Prevention Committee-***

C. Steib said they did not meet last month. He said they would be meeting on January 24th. He invited the new members to join the Prevention Committee. He said they would be having a presentation from HepCAP. He then announced that hosting a virtual meet-and-greet event on Valentine's Day.

L. Diaz said if any new member wanted to join a committee, they should contact K. Trinh to add them to the committee email list.

**Other Business:**

None.

**Announcements:**

K. Carter announced that there would be a second Aging with HIV Symposium at the Double Tree Hotel.

J. Haskins, from Philadelphia Fight, announced that NMAC would be hosting an event on stigma training from January 22nd to January 26th. A. Scruggs said he was an ELEVATE Facilitator and

welcomed the HIPC members to contact them regarding additional training and more information about NMAC.

L. Diaz said the Philadelphia Inquirer was doing their voting for “Best of 2023.” She asked the HIPC members to vote for Prevention Point, Mazzoni Center, and Congreso de Latinos Unidos.

**Adjournment:**

L. Diaz called for a motion to adjourn. **Motion:** M. Cappuccilli motioned and A. Scruggs seconded to adjourn the January 2024 HIV Integrated Planning Council meeting. **Motion passed:** All in favor. The meeting adjourned at 3:51 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- January 2024 Agenda
- December 2023 Meeting Minutes