

**HIV Integrated Planning Council
Positive Committee
Monday, August 13, 2018
12-2 pm**

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

Present: PH (13), PA(1), NJ(6)

Guests: Ihojanna Santos (AACO), Tahira Tyler (AACO)

Staff: Nicole Johns, Stephen Budhu

Call to Order: N. Johns called the meeting to order at 12:18pm. She explained she would facilitate the meeting until J. Murdock arrived. K. Carter was unable to attend the meeting. Those present then introduced themselves and participated in an ice breaker activity.

Approval of Agenda: N. Johns presented the agenda for approval. **Motion: J.W. moved, M. C. seconded to approve the agenda. Motion Passed: All in favor.**

Approval of Minutes: N. Johns presented the minutes for approval. **Motion: J. W. moved, G.T. seconded to approve the minutes. Motion Passed: All in favor.**

Report of Chair: None

Report of Staff: N. Johns stated the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) is having a “Healing Justice and HIV” webinar from 2-3pm Tuesday, August 21, 2018. The webinar will talk about the systematic dehumanization of PLWH. Within the webinar homophobia and stigmatism will be explored. Following the webinar there will be a discussion on Facebook live. To register visit the UCHAPS website: <https://www.uchaps.org/events>

N. Johns informed the committee HRSA HIV/AIDS Bureau (HAB) invites you to apply for the Building Leaders of Color Bootcamp Leadership Training. The Bootcamp Leadership Training (BLT) is an intensive two-and half-day training aimed at increasing the leadership and training skills for people of color living with HIV (POCLWH). The content of the BLT is designed to build the capacity of POCLWH in developing leadership skills in community-level leadership, advocacy, and structures of involvement for community engagement in the Ryan White HIV/AIDS Program (RWHAP). The BLT will be held on September 17-19, 2018 in Rockville, MD. HAB is seeking to recruit 20 participants for the BLT session. Participants accepted into the BLT will have their travel, hotel and meal costs provided.

She stated representatives from the Client Services Unit will be present later on in the meeting to answer any questions the committee had about services.

M.C. asked if the committee would still be producing a newsletter. N. Johns replied yes, if the project is continued by the committee the OHP will help with the technical aspects of the newsletter. At this time the committee has not written content to be placed in the newsletter so one has not been produced in a while. M.C. stated J. Murdock and he have been discussing some ideas that can be used in a future newsletter. N. Johns encouraged the group to create content for the newsletter.

Action Items: None

Discussion Items:

- **Allocations Review**

N. Johns reviewed the regional allocations decisions with the Committee. She explained each region proposes three budgets: level-funding, 5% increase and 5% decrease. The level-funding budget is based off of the percentage of PLWH in the region.

For the **PA Counties region**, they decided on the following:

level-funding budget: The Planning Council members who were present moved to allocate \$60,107 into medical transportation and substance abuse treatment equally. Other categories will remain at the level of the original level funding budget.

5% increase budget: The Planning Council members who were present moved to allocate the 5% increase into the substance abuse (50%), foodbank/home-delivered meals (25%), and DEFA for housing (25%) categories, respectively. All other service categories will be kept at the new level-funding budget.

5% decrease: The Planning Council members present moved to do a proportional decrease from the original level-funding budget across all funded categories.

South Jersey

level -funding budget: The Planning Council members who were present moved to allocate \$8,400 proportionally across the 7 funded categories.

5% increase: The Planning Council members who were present moved to proportionally increase all funded service categories with the 5% increase from the new level-funding budget level, except for foodbank/home-delivered meals. The foodbank/home-delivered meals will be kept at the new level-funding budget (held harmless).

5% decrease: The Planning Council members who were present moved to proportionally decrease all categories from the original level funding budget level, except for Medical Transportation. The Medical Transportation service category would be kept at the original level funding budget level.

Philadelphia

level-funding budget: The Planning Council members who were present moved to allocate an additional \$250,000 in the substance abuse (outpatient) service category. To fund the allocation a proportional decrease will be taken from the core services, except for mental health. Mental health and the funded supportive services will remain at the original level-funding budget level.

5% increase: The Planning Council members who were present moved to allocate \$100,000 of the 5% increase into psychosocial support, and to do a proportional increase from the new level-funding budget across the service categories with the remaining 5% increase.

5% decrease: The Planning Council members who were present moved to do a proportional decrease across the service categories from the original level-funding budget, while holding DEFA for housing and mental health harmless.

The committee asked about the food banks in South Jersey. They asked why the food bank service category was not receiving an increase in the 5% increase budget in South Jersey. N. Johns reminded the committee the food bank/home-delivered meals category has been underspent in South Jersey over the past few years. At the South Jersey regional allocations meeting there was an Instruction to the Recipient to assess the situation with the food vouchers.

After review of the regional allocation budgets N. Johns reviewed the Instructions to the Recipient from the regional allocations meetings.

1. HIPC instructs the Recipient to sustain internal activities to address HCV/HIV co-infection, with annual report backs to HIPC.
2. HIPC instructs the Recipient to assess the provision of sexuality and sexual health education among Part A provider sites.
3. HIPC instructs the Recipient to use the increase in funding under Substance Use Treatment Outpatient to implement Medication Assisted Treatment within RW-funded clinical care setting/s.

From the PA allocations:

HIPC instructs the recipient to investigate the feasibility of flexible options for Medical Transportation for core medical services and to explore the possibility of including support services in that expanded model.

From New Jersey allocations:

1. HIPC instructs the Recipient to expand the network of Medical Transportation subcontractors to include agencies contracted with Medicaid and/or Medicare in South Jersey counties.
2. HIPC instructs the Recipient to assess Medical Transportation services for PLWH in Salem County, particularly for travel outside the county.
3. HIPC instructs the Recipient to assess the impact of policies and procedures on access to food vouchers in South Jersey.

From the Comprehensive Planning Committee

1. HIPC instructs the Recipient to develop and implement on-demand alternative/s for RW clients who are at immediate risk of missing an appointment with a RW core medical services due to lack of transportation to the appointment.
2. HIPC instructs the Recipient to conduct a communication/marketing campaign throughout the EMA to ensure that service providers and clients know the Health Information Hotline is available for information about services, as well as a proper channel for grievances and complaints. Communication should include all RW providers, RW clients, and other outside stakeholders throughout the EMA.
3. HIPC instructs the Recipient to conduct an assessment of medical case managers' knowledge of EMA service system and common referrals in order to ensure that all RW MCM clients receive accurate and timely assistance in securing needed services, referrals and access to health insurance benefits and other benefits and entitlements.

N. Johns noted the allocations process was modified and asked the committee for their feedback. The committee stated they felt the process was more inclusive and that their voices were incorporated in the planning process.

N. Johns reminded the committee Planning Council applications are available within the office or online. She encouraged the committee to apply for Planning Council membership and reminded them if they become Planning Council members they would be able to vote during HIPC meetings.

- **Upcoming Outreach**

N. Johns stated the HIPC is trying to extend outreach, in the upcoming months there will be listening sessions that are geared to PLWH. N. Johns asked the committee if they have any ideas or suggestions that should be brought up during these listening sessions. M. C. suggested domestic violence in the LGBTQ community should be addressed. D.S. suggested the grievance procedure should be reviewed. People may be unaware of an agency's grievance process, and thus grievances may be underreported. N. Johns stated this issue has been brought up before, the best thing to do is to contact the Client Services Unit at AACO and present your complaint to them. She noted the CSU have received a relatively low number of formal grievances.

M. C. suggested the Recipient should create an information sheet that explains how to file grievances, what to expect, an explanation of the grievance process, and a list of services available to you.

N. Johns asked the committee what is the best days or times for the listening session as well as possible venues. She explained the listening sessions would focus on the South Jersey and PA Counties. G. T. stated the best days are Fridays or Saturdays, and the committee agreed.

Client Services Unit (CSU)

I. Santos greeted the committee and explained she is part of the CSU at the Recipient. G.T. asked the process to switch doctors. I. Santos replied to switch doctors it depends on your insurance, you can contact your insurance provider. The CSU can provide information about available providers.

The B.L. asked about case management. He explained his case manager of 5 years has moved and he was switched to another case manager that he did not like. The problem is he wished to stay at the same agency he was accustomed to. I. Santos explained usually the agency could handle your case if you wish to stay at the same agency.

M.G. asked about the housing program at AACO. He explained he received housing through the former housing program and was curious if he had to reapply with a different agency. I. Santos explained as long as housing is sustained there is no need to reapply for housing. She noted there is a new program CEA-BHRS that has taken over the housing wait list from the former AACO housing program.

R. R. stated his case manager has not contacted him in a few years. He asked if he should be worried the case manager has not contacted him. He explained he went through his case manager to receive medication, but has not needed to use case management in a while. I. Santos replied not everyone needs case management, but yearly contact is required from those who are enrolled in case management.

I. Santos thanked the committee for their questions and stated she would stick around the meeting to answer more personal questions on a one-on-one basis.

Old Business: None

New Business: None

Announcements: M.C. announced the LGBTQ Elder Initiative is hosting a training on Wednesday, August 15, 2018. The training is called "The Doctor Is In: Exercising, Eating Well, and Aging Healthfully" and it focuses on nutrition tips and tricks for the aging population.

Adjournment: Meeting Adjourned by consensus at 1:45pm.

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar