

# MEETING AGENDA

## *VIRTUAL:*

*Thursday, December 12th, 2024*

*2:00 p.m. – 4:30 p.m.*

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (October 10th,2024)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Discussion Item
  - FAQ
- ◆ Action Items
  - Reallocation Request
  - Positive Committee RW Definitions
- ◆ Committee Reports:
  - Executive Committee
  - Finance Committee – Alan Edelstein & Keith Carter
  - Nominations Committee – Michael Cappuccilli & Juan Baez
  - Positive Committee – Keith Carter
  - Comprehensive Planning Committee – Gus Grannan & Debra Dalessandro
  - Prevention Committee – Desiree Surplus & Clint Steib
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107  
(215) 574-6760 • FAX (215) 574

VIRTUAL: January 9th, 2025 2:00pm to 4:30pm

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

## Staff Directory

Mari Ross-Russell - Director, Finance Committee, Executive Committee  
Email: mari@hivphilly.org

Tiffany Dominique — Prevention Committee  
Email - tiffany@hivphilly.org

Debbie Law — Nominations Committee  
Email - debbie@hivphilly.org

Sofia Moletteri— Comprehensive Planning Committee, Poz Committee, Website  
Email: sofia@hivphilly.org

Kevin Trinh — Minutes & Attendance  
Email: kevin@hivphilly.org

**Philadelphia HIV Integrated Planning Council**  
**Meeting Minutes of**  
**Thursday, October 10th, 2024**  
**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:** Nicole Adams, Juan Baez, Veronica Brisco, Michael Cappuccilli, Keith Carter, Debra D’Alessandro, Jose DeMarco, Lupe Diaz (Co-chair), Alan Edelstein, Pamela Gorman, Gus Grannan, Sharee Heaven (Co-chair), Nafisah Houston, DJ Jack, Eugene JacquescoleyGerry Keys, Alecia Manley, Loretta Matus, Patrick Mukinay, Juju Myahwegi, Erica Rand, Carolynn Rainey, AJ Scruggs, Stacey Smith, Clint Steib, Desire Surplus, Adam Williams, Shakeera Wynne

**Excused:** James Ealy, Dorsche Pinsky, Mystkue Woods

**Guests:** Ameenah McCann-Woods (DHH), Dena Lewis-Salley, Avis Scott (DHH), Maddison Toney (PADHH)

**Staff:** Tiffany Dominique, Sofia Moletteri, Kevin Trinh

**Call to Order:** L. Diaz called the meeting to order at 2:01 p.m.

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

**Approval of Agenda:** L. Diaz referred to the October 2024 HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. **Motion:** M. Cappuccilli motioned; G. Grannan seconded to approve the October 2024 HIPC agenda via a Zoom poll. **Motion passed:** 18 in favor, 3 abstained. The October 2024 HIPC agenda was approved.

**Approval of Minutes (*September 12th, 2024*):** L. Diaz referred to the September 2024 HIPC meeting minutes and asked for a motion to approve. E. Rand and A. Williams said they were excused for the meeting but marked as absent. K. Trinh made note of this. **Motion:** G. Keys motioned; M. Cappuccilli seconded to approve the amended September 2024 HIPC minutes via a Zoom poll. **Motion passed:** 17 in favor, 4 abstained. The amended September 2024 HIPC meeting minutes were approved.

**Report of Co-Chairs:**

L. Diaz reported that C. Steib was invited to the Mayor’s Office of LGBTQ Affairs. He said he would like to use his position to advocate for LGBTQ+ health issues, and he welcomed ideas from the HIPC members that he could forward to the Mayor’s Office.

L. Diaz reported on the last Pennsylvania State HIV Planning group (HPG) meeting that happened on October 1st and 2nd. They had met virtually where the state HPG had decided to adopt some language from HIPC’s Rules and Regulations to update their own protocols.

Next on L. Diaz's report was the announcement that M. Foster would become the next head of the PA Division of HIV Health (PADHH). M. Toney said that M. Foster would take their position as the head starting next week.

In L. Diaz's final announcement, she said her agency, the AIDS Care Group, was selected for the Special Projects of National Significance (SPNS) Grant.

### **Report of Staff:**

T. Dominique reported M. Ross-Russell would be absent from a HIPC meeting for the first time in 25 years. Secondly, she said they were beginning to plan how the meetings would be scheduled for the rest of the year. Lastly, she reported they had an Executive Committee meeting and it was decided that K. Trinh would be working on a HIPC Frequently Asked Questions (FAQ) which was to be displayed on the Office of HIV Planning website. This was suggested by HIPC members as both a recruitment and retention tool for HIPC. They hoped to unveil the FAQ by the beginning of next year and invited the members to send questions for the FAQ.

S. Moletteri reported that the PA State HPG had also discussed term limits at their meeting. They reminded the HIPC members that many of their members were reaching their term limits and they needed experienced members to hold leadership positions in the subcommittees. They invited members to ask questions or reach out about becoming more involved in HIPC. They also reported that C. Steib was nearing his term limit for the PA State HPG. They had hoped that someone from HIPC would take over the position to ensure HIPC would have continued representation on the state HPG.

T. Dominique reminded all those in attendance that new members would be allowed to vote in the meeting, but recommended members could not until they were accepted by the Mayor's Office. She said that recommended members were allowed to participate in discussion and they welcomed all recommended members to share their experiences.

### **Presentation Item:**

#### ***-Second Quarter Spending Report-***

A. McCann-Woods reported that after reconciliation of the total invoices forwarded to the Recipient (DHH) for processing through September 30th, 2024, they indicated that there was 12% or \$1,406,120 underspending of the total award, including Minority AIDS (MAI) funds.

She reminded the HIPC members that though the Recipient had worked with Subrecipients to ensure timely submissions of monthly invoices, spending trends in the report were still premature and would become more clear in the second half of the contract period.

The spending report would review spending from each region and the Systemwide spending starting with Philadelphia County. Philadelphia had underspending in Outpatient Ambulatory Services (O/AHS), Medical Case Management, Drug Reimbursement, Mental Health, Oral Health, Substance Abuse (Outpatient), and Transportation services. O/AHS had an underspending of \$399,919 or 17% due to delayed spending on operating expenses and leveraging other funding sources for the same service. Medical Case Management was underspent by \$570,163 or 30% because of staff vacancies. Drug Reimbursement services were

underspent by \$46,687 or 20% due to decreased utilization. This was impacted by clients using the Special Pharmaceutical Benefits Program (SPBP). Mental Health was underspent by \$17,116 due to staff vacancies. Oral Health was underspent by \$29,145 or 14%, and this was due to delayed spending on operating expenses. Substance Abuse (Outpatient) services were underspent at \$53,342 or 21% because of staff vacancies. Transportation was underspent by \$4,106 or 71% due to delayed spending on operating expenses and leveraging other funding sources for the same service category.

Philadelphia County had overspent their budget in Emergency Financial Assistance (EFA), EFA-Pharma, EFA-Housing, Food Bank, Housing Assistance, and Legal or Other Professional Services. EFA was overspent by \$16,532 or 72%, EFA-Pharma by \$59,062 or 55%, EFA-Housing by 83.225 or 34%, and Food Bank services by \$64,057 or 65%. Each of these services were overspent due to higher utilization and using carryover funds from the previous quarter. Housing Assistance was overspent by \$15,322 or 11% due solely to higher utilization. Legal or Other professional Services were overspent by \$15,322 or 11%. This was the result of the provider leveraging other funding sources for the same service. A. McCann-Woods said this would level out by the end of the contract period.

In the PA Counties, there was underspending in O/AHS, MCM, Mental Health services, EFA-Pharma, Food Bank services and Transportation services. O/AHS was underspent by \$49,077 or 12% due to delayed spending on operating expenses and leveraging other funding sources for the same service. MCM was underspent by \$116,645 or 17% as a result of staff vacancies. Mental Health services were underspent by \$14,479 or 32% because of vacancies. EFA-Pharma was underspent by \$42,804 or 69% due to decreased utilization. Food Bank was underspent by \$7,267 or 18%. This was due to delayed spending on operating expenses. A. McCann-Woods said they still needed to purchase food vouchers and supplies. Transportation services were underspent by \$121,448 or 51% as a result of delayed spending on operating expenses, leveraging other funding sources for the same service, and decreased utilization.

Moving onto overspending in the PA Counties, Oral Health, EFA, Housing Assistance, and Legal/Other Professional services had overspent their budgets. Oral Health services were overspent by \$92,593 or 98%. This was due to increased utilization and was expected to level out by the end of the contract year. EFA was overspent by \$8,486 or 63% due to higher utilization and utilizing carryover funds. Housing Assistance was overspent by \$11,863 or 37% as a result of higher utilization. Legal/Other Professional services were overspent by \$2,104 or 20%. A. McCann-Woods said this would level once they had leveraged other funding sources.

The New Jersey Counties had underspending in O/AHS, MCM, Mental Health, Oral Health, EFA-Housing, and Mental Health services. O/AHS was underspent by \$116,032 or 21% due to delayed spending on operating expenses and leveraging other funding sources for the same category. MCM was underspent by \$25,712 or 12% due to vacancies. Mental Health services were underspent by \$13,951 due to delayed spending on operating expenses. Oral Health services were underspent by \$19,320, and this was due to both delayed spending on operating expenses and leveraging other funding sources for the same category. EFA-Housing was underspent by \$19,570 or 36% due to continuing decreased utilization.

The New Jersey Counties had overspending in Food Bank services, Legal/Other Professional services, and Transportation services. Food Bank was overspent by \$13,902 due to higher utilization. Legal/Other Professional services were overspent by \$8,224 or 19% due to higher utilization – this would be leveled out by leveraging other funding sources. Transportation services were overspent by \$27,740 or 33% due to higher utilization.

Most of the Systemwide services were underspent due to vacancies. Information and Referral was underspent by \$66,841 or 21%. Quality Management was underspent by \$58,969 or 21%. Systemwide underspending. Capacity Building was underspent by \$52,342 or 21%. Grantee Administration was underspent by \$144,411 or 23%. Planning Council Support was underspent by \$56,342 or 21%. She reminded the council members that vacancies were often the result of cumbersome hiring practices at the Recipient level. She assured the members that all underspending would be reallocated to other direct service categories.

A. McCann-Woods reviewed the spending for MAI Systemwide Allocations. MCM services were underspent by \$319,368 or 49%. Quality Management Activities were underspent by \$7,395 or 69%. Both were underspent due to vacancies.

***-Update on Carryover 2023 Directives-***

During 2023, there were directives that DHH could not fully address. A. McCann-Woods was invited to present to HIPC DHH's update on the directives.

A. McCann-Woods read the directive first from New Jersey as stated:

Increase access to and awareness of telehealth options to medical and social service care; request more information on telehealth services provided and the circumstances of its Use.

A. McCann-Woods addressed how the recipient and providers were raising awareness around telehealth availability. She said medical and social service staff work individually with patients to communicate all services including telehealth to reduce barriers to care. Patients also heard about telehealth while they waited on hold when making phone calls. Regarding access to care, telehealth appointments were routinely offered when needed and schedules could be adjusted to make accommodations. Clients were given access to all print materials.

As for the PA Counties' directives, they asked DHH to ascertain the need for increased mental health services. A. McCann-Woods said DHH found among 35% of clients across subrecipients screened positive for depression and anxiety. A. McCann-Woods listed the barriers to care which included transportation, insurance, and stigma. DHH had responded to these challenges by providing clients with transportation services and informing them of their insurance benefits such as Medicare, Medicaid, and the Special Pharmaceutical Benefits Program.

Philadelphia County had four directives. The first directive was stated as follows:

Review which services are most utilized and needed by PWH 50+ years old; encourage outreach to said population to ensure they are informed about funded services.

A. McCann-Woods presented the HIPC members with a table of services that were most utilized and needed by PWH 50+ years old. O/AHS was the most utilized service. This was followed by MCM and Food Bank services. Regarding outreach, the Recipient held their second annual HIV and Aging Symposium on May 24, 2024. The symposium's content focused on long term survivors and a training track for medical case managers. The Recipient held focus groups with PWH 50+ years old alongside an academic partner. The findings of this focus group were still under review. DHH was also developing an aging readiness checklist that was to be used by subrecipients to assess the needs of PWH 50+ years old. A. McCann-Woods also mentioned there was a web-based search tool on the PhillyKeepOnLoving that included all resources available to PWH and would be coming soon.

The second directive from Philadelphia was as follows:

Increase food access and awareness of Food Bank services especially those that are culturally relevant; request more information on Food Bank services provided and their utilization to determine improved health outcomes.

A. McCann-Woods reminded the members that she had presented this information at the November HIPC meeting. Five subrecipients had received Ryan White Part A funds for Food Bank services. A. McCann-Woods reported that food services were diverse and ranged from food vouchers to supermarket-style shopping. Subrecipients were implementing culturally relevant and appropriate food banks services such as language access and dietary considerations. Clients were given brochures to raise awareness of food banks and those given access to food banks were assessed to ensure access to entitlements such as SNAP and WC.

A. McCann-Woods read the third directive as stated:

Ensure subrecipients are disseminating information on the availability and coverage of EFA funding so clients can access this service.

A. McCann-Woods reported that the primary way to provide disseminated awareness of EFA services was through MCM. All medical case managers were required to complete a rigorous training process with the MCM Coordination Project through which they were introduced to the EFA service category. It was required that each MCM program designate at least one person to complete further training with PHMC to carry out EFA services. A client's needs were given priority during the comprehensive assessment with their assigned medical case manager. A. McCann-Woods reminded the committee of the upcoming search tool that would be created on the PhillyKeepOnLoving website to inform clients on available resources. Clients also had the option to speak with the Client Services Unit (CSU) through online chat, phone, or email. CSU could provide short term case management until the client was assigned a medical case manager.

T. Dominique asked if there was a timeline for the focus group study findings. A. McCann-Woods replied that she was unsure but could find the answer from their End the Epidemic (EHE) advisor.

A. McCann-Woods said she had some additional questions and directives to update the HIPC members on. The first question had come from a New Jersey member who had asked to describe the Ryan White certification process. A. McCann-Woods said new patients meet case managers after intake to collect and review documents for Ryan White eligibility. The client had to have proof of HIV status, residency, income, and insurance. The next question asked how clients who weren't in case management were made aware of Ryan White services available to them. A. McCann-Woods said patients were made aware of services through print materials such as brochures. Patients were also assessed on their needs and therefore made aware of applicable services available to them. A similar question followed that asked how agencies raised awareness amongst aging populations about available services and how they handled aging populations who were not being reached. A. McCann-Woods said one Subrecipient had a center for LGBTQ aging adults. Some agencies who had not tailored their services to the aging population had expressed interest in collaborating with this center. To achieve this, DHH offered technical assistance to work closely with the center.

OHP's Consumer Survey showed that 19% of clients did not know about EFA-Housing or Housing Assistance services. The next question referenced this unawareness and asked if agencies were aware of HOPWA services and knew how to access such resources. DHH found that agencies did know about HOPWA and were able to use points of contact at HOPWA. DHH asked agencies about the housing needs of their patient population. Subrecipients reported a high demand/need for HOPWA services. The next question asked how agencies made clients aware of food services available to them. Subrecipients reported leveraging their case managers to make clients aware. The next question asked if there were barriers to food bank services. DHH found that across Subrecipients, there were barriers such as transportation. Agencies would have their case managers deliver food to clients who were unable to travel to food banks. There was a question that asked if there were barriers to the delivery of food vouchers. DHH was asked about any unmet need for mental health services and the barriers to providing mental health care. A. McCann-Woods mentioned that 35% of patients had suffered from depression and anxiety. Some barriers to care were transportation, insurance, stigma, and wait time. She mentioned that one provider ensured they were screening patients for depression annually. Another question asked about the proportion of in-person vs telehealth visits. A. McCann-Woods said about 85% of patients complete their appointments in-person. About 65% of providers offered telehealth services.

### **Committee Reports:**

#### ***-Executive Committee-***

L. Diaz said the Executive Committee had met two weeks ago and they discussed member term limits and the need to recruit more members. She said they were likely to meet again to discuss recruiting more members from the collar counties and other areas without representation.

#### ***-Finance Committee-***

M. Cappuccilli said that the Finance Committee had reviewed the 2nd Quarter Spending Report and the Directives Update.



***-Nomination Committee-***

M. Cappuccilli reported that the Nominations Committee discussed the challenge of engaging members to join the subcommittee. S. Moletteri had developed a spreadsheet of members who had not joined a subcommittee yet. The Nominations Committee members were to reach out to these members and learn about the barriers that prevented them from attending subcommittee meetings.

The Nominations Committee had decided that each of the committees would have a five minute presentation to describe their purpose and values. He hoped this could persuade members to become more involved in the subcommittees.

***-Positive Committee-***

K. Carter reported that the Poz Committee was working on the service definitions which was part of the allocations directive from July. He said they would have to meet on the third Monday as opposed to the second next month because it was a holiday.

***-Comprehensive Planning Committee-***

G. Grannan reported that the CPC met the Thursday following the last HIPC meeting. D. D'Alessandro reported that CPC had presenters from Action Wellness who presented on their Linkage and Engagement After Prison (LEAP) program and Philadelphia Linkage Program (PLP).

S. Moletteri announced that CPC would have a presentation on CAREWare next week and they would be getting ready for priority setting soon.

***-Prevention Committee-***

C. Steib reported that the University of Pittsburgh had presented their Stigma project. Their next meeting was on October 24th.

**Other Business:**

None.

**Announcements:**

C. Steib said they would be tabling at OURfest this Sunday. K. Carter announced there was an Aging Symposium at the DoubleTree Hotel on February 20th for consumers and February 27th for providers.

T. Dominique reported that G. Grannan had invited the Office of HIV Planning to present about HIPC at the Ride Cab last week. G. Grannan described the Ride Cab as the Philadelphia component of a federal study that studied outreach to people at risk of HIV transmission through drug use and how they react to certain treatments. She announced they were scheduled to table at the next stimulant conference and the AIDS walk next week.

**Adjournment:**

L. Diaz called for a motion to adjourn. **Motion:** K. Carter motioned, D. Surplus seconded to adjourn the October HIV Integrated Planning Council meeting. **Motion passed:** Meeting adjourned at 3:11 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- October 2024 HIPC Agenda
- September 2024 HIPC Committee Meeting Minutes

DRAFT