

VIRTUAL: HIV Integrated Planning Council
Meeting Minutes of
Thursday, August 13, 2020
11:00 a.m. – 1:00 p.m.

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

Present: Alan Edelstein, Allison Byrd, Clint Steib, Coleman Terrell (co-chair), Daniel Angelis, Dave Gana, Dena Lewis-Salley, Erica Rand, Gus Grannan, Gerry Keys, Juan Baez, Kailah King-Collins, Keith Carter, Kenya Moussa, Loretta Matus, Lupe Diaz (co-chair), Mike Cappuccilli, Samuel Romero, Sharee Heaven (co-chair)

Guest: Ameenah McCann-Woods (AACO), Blake Rowley, Chris Chu (AACO), Javontae Williams (AACO), Jeffrey Haskins, Jennifer Shinefield, Michael Bates, Renee Cirillo, Thamara Jean Louis, Tonya Cooper

Staff: Beth Celeste, Debbie Law, Nicole Johns, Mari Ross-Russell, Sofia Moletteri

Call to Order: S. Heaven called the meeting to order at 11:05 a.m.

Welcome/Introductions: S. Heaven asked everyone to introduce themselves in the Zoom chat box.

Approval of Agenda:

S. Heaven referred to the August 13, 2020 HIPC agenda S. Moletteri distributed via email. **Motion:** D. Gana motioned, D. Lewis-Salley seconded to approve the August 2020 Planning Council agenda via a Zoom poll. **Motion passed:** The agenda was approved by majority rules: 17 in favor, 4 abstentions.

Approval of Minutes (June 11, 2020)

S. Heaven referred to the June 11, 2020 HIPC minutes S. Moletteri distributed via email. D. Gana noted that he needed to be added as “present” to the minutes. **Motion:** A. Edelstein motioned, K. Carter seconded to approve the June 2020 meeting minutes with D. Gana’s amendment via a Zoom poll. **Motion passed:** The amended June 2020 minutes were approved by general consensus: 14 in favor, 6 abstentions, 0 opposed.

Report of Co-Chairs:

S. Heaven thanked everyone for their involvement and dedication to the council. C. Terrell reported that AACO received money from the CDC for EHE implementation. They received \$2.3 million for the City of Philadelphia and an additional \$450,000 to expand HIV services in the STD Clinic at Health Center 1. AACO also recently distributed an application for their Shallow Rent Program. Case managers are to help with the application process. If someone is unable to access a case manager for an application, call (215) 985-2437 to contact the Client Services Unit for linkage with a case manager/help with application. The program covers \$2,500 rent for 3 months or \$5,000 for 6 months if needed. In all, a total of \$5,000 is not to be exceeded within the year for this program. C. Terrell emphasized that the program was only for assistance with rent, not mortgages. The funds are for people who can verify COVID-19 related loss of income, and it cannot be used if the client has used other public housing assistance.

Report of Staff:

M. Ross-Russell reported that next month, they would begin the process for HIPC co-chair nominations. L. Diaz’s term as co-chair is ending this fall. The Executive Committee would also need to meet this or next month to finalize and discuss applications/nominations/recruitment and accessibility related to the HIPC process. HIPC was also approaching fall membership nominations. She reminded the group that HIPC postponed the spring nominations process to be carried over to fall nominations. M. Ross-Russell

encouraged members to reach out to others who may be interested in applying. In order to reach epidemic reflectiveness, HIPC was also looking to increase membership for men and YMSM.

N. Johns reported that the Positive Committee was actively seeking community members from the HIPC who were no longer in attendance after meetings went virtual. The Positive Committee was having weekly check-ins. If anyone was interested, she asked that they email her at nicole@hivphilly.org.

Public Comment:

None.

EHE Update:

J. Williams said that AACO was still working on the EHE plan for Philadelphia. He said D. Gana and K. Carter participated in the LGBTQ town hall for aging PLWH. J. Williams was invited to speak about the aging population as well as the EHE plan.

J. Williams reported that there would be an EHE town hall at 5:30 p.m. tonight (August 13, 2020). The town halls had been successful thus far and saw 43 registrants at the last one. On August 27, 2020, there would be a town hall on Transgender Health Equity and EHE. Other town halls would include topics such as: Black MSM, Latinx populations, PWID (involving other service providers and the PDPH Opioid Department/Prevention Point), African American communities at large, and one on privacy and public health data.

AACO was working with Population Consultants. He explained that this meant AACO was working with non-traditional partners to help access non-traditionally represented populations. This included women, youth, transgender individuals, aging organizations, etc. Even if the service organizations do not provide HIV services, AACO was interested in getting feedback for how to reach such populations.

J. Williams mentioned the survey tool on the OHP website for EHE feedback. He asked everyone to share the survey tool, and added that AACO was going to hire a communications person to help get the word out about the EHE.

AACO was also amid building capacity at the new Field Services Unit. Chrystal Lucas was working on the Data Secure Project (mainly from Pillar 2) and Josh Kruger was acting as AACO Communications Coordinator to increase community awareness around documents and ensure the community is involved. The purpose of expansion was to help keep HIV-related issues in the limelight, especially amid COVID-19. Evan Thornburg was acting as the Health Equity Advisor to ensure they are meeting the needs of the most vulnerable populations. Evan would ensure that the language provided are appropriate/representative, organizations are being held accountable, and previous concerns about access are being addressed.

J. Williams added that structural issues also needed to be addressed. For example, medical mistrust on the patient's side is due to historic medical abuse on the provider's side. He explained that language needed to be reframed to acknowledge these systemic issues with new and more accurate language. Language needs to address that patients do not need to be "fixed" and that providers should be doing the work to better serve their community.

Action Items:

—FY2021 Allocations Budgets & Directives—

A. Edelstein said that they had three sets of allocations meetings: two for NJ, two for PA, and two for Philadelphia. Finance Committee had already met to review the plans and instructions from the three

regions and voted to bring them forward with a recommendation that the plans be approved by the full Planning Council.

—NJ, PA, Philadelphia Counties—

A. Edelstein noted that all attendees have packets with the allocations decisions. He asked that everyone read along with him.

A. Edelstein read NJ Counties allocations decisions. For the Level Funding Budget, \$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. For the 5% Increase Budget, all funded service categories are to be proportionately increased based off the New Level Funding Budget. For the 5% Decrease Budget, all funded service categories are to be proportionately decreased based off the New Level Funding Budget, leaving the increase of \$69,578 in EFA-Housing.

A. Edelstein read PA Counties allocations decisions. For the Level Funding Budget, all funded service categories are to be proportionally decreased based on the New Level Funding Budget which includes the decrease of \$47,589. For the 5% Increase Budget, the 5% increase of \$136,251 is to be moved into EFA-Housing and all other funded service categories are to be kept at the New Level Funding Budget. For the 5% Decrease Budget, EFA-Pharma is to be reduced the by 30% (\$48,404), and the remaining decrease is to be proportionately taken from all other funded service categories.

A. Edelstein read Philadelphia allocations decisions. For the Level Funding Budget, 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. For the 5% Increase Budget, the 5% increase of \$610,193 is to be moved into EFA-Housing starting from the New Level Funding Budget and the remaining service categories stay the same. For the 5% Decrease Budget, starting with the FY2020 Level Funding Budget, 30% of EFA-Pharma funds are to be used to offset some of the 5% decrease (also included the original \$21,990 which brought the offset to \$74,481). Then, all other funded service categories are to be decreased proportionately.

A. Edelstein said they would approve the budget plans for the three regions separately and review and vote on Directives to the Recipient afterwards. S. Heaven reminded everyone that since the plans were brought forth as a recommendation from the Finance Committee, they did not need to motion and would only need to vote on the budgets. They would vote by roll call.

A. Edelstein said that as recommended by the Finance Committee, the full Planning Council would now vote to approve the three budgets made at NJ counties allocations meetings. S. Heaven called for a vote:

A. Edelstein- abstain ; A. Byrd- yes ; C. Steib- yes ; C. Terrell- abstain ; D. Angelis- yes ; D. Gana- yes ; D. Lewis-Salley- yes ; E. Rand- yes ; G. Grannan-yes ; J. Baez- yes ; K. King-Collins- yes ; K. Carter- yes ; K. Moussa- yes ; L. Matus- yes ; L. Diaz- abstain ; M. Cappuccilli- yes ; S. Romero- yes ; S. Heaven- abstain

Motion passed: The three New Jersey Counties allocations budget decisions as recommended by the Finance Committee were passed by general consensus: 14 in favor, 4 abstaining, 0 opposed.

A. Edelstein said that as recommended by the Finance Committee, the full Planning Council would now vote to approve the three budgets made at PA counties allocations meetings. S. Heaven called for a vote:

A. Edelstein- abstain ; A. Byrd- yes ; C. Steib- yes ; C. Terrell- abstain ; D. Angelis- yes ; D. Gana- yes ; D. Lewis-Salley- yes ; E. Rand- yes ; G. Grannan-yes ; J. Baez- yes ; K. King-Collins- yes ; K. Carter-

yes ; K. Moussa- yes ; L. Matus- yes ; L. Diaz- abstain ; M. Cappuccilli- yes ; S. Romero- yes ; S. Heaven- abstain

Motion passed: The three Pennsylvania Counties allocations budget decisions as recommended by the Finance Committee were passed by general consensus: 14 in favor, 4 abstaining, 0 opposed.

A. Edelstein said that as recommended by the Finance Committee, the full Planning Council would now vote to approve the three budgets made at Philadelphia counties allocations meetings. S. Heaven called for a vote:

A. Edelstein- abstain ; A. Byrd- yes ; C. Steib- yes ; C. Terrell- abstain ; D. Angelis- yes ; D. Gana- yes ; D. Lewis-Salley- yes ; E. Rand- yes ; G. Grannan-yes ; J. Baez- yes ; K. King-Collins- yes ; K. Carter- yes ; K. Moussa- yes ; L. Matus- yes ; L. Diaz- abstain ; M. Cappuccilli- yes ; S. Romero- yes ; S. Heaven- abstain

Motion passed: The three Philadelphia Counties allocations budget decisions as recommended by the Finance Committee were passed by general consensus: 14 in favor, 4 abstaining, 0 opposed.

A. Edelstein explained that these budgets were for the fiscal year that starts March 1, 2021.

A. Edelstein asked if the directives were all grouped together. N. Johns explained that all three regions passed the EFA-Housing directive and only the PA Counties passed a second directive. A. Edelstein read the directives for the three regions. For all three regions, AACO is to implement the EFA-Housing model as expressed in the recommendations from the Comprehensive Planning Committee and is to report back to CPC with progress and updates. As a specific directive for PA Counties, AACO is to perform a needs assessment of needed resources for the provision of telehealth, especially the assessment of barriers/issues for providing clients with phones. A. Edelstein proposed an amendment that “providing clients with phones” be changed to “all forms of connectivity.”

A. Edelstein said that as recommended by the Finance Committee, the full Planning Council would now vote to approve the three regions Directives to the Recipient with the proposed amendment. S. Heaven called for a vote:

A. Edelstein- abstain ; A. Byrd- yes ; C. Steib- yes ; C. Terrell- abstain ; D. Angelis- yes ; D. Gana- yes ; D. Lewis-Salley- yes ; E. Rand- yes ; G. Grannan-yes ; J. Baez- yes ; K. King-Collins- yes ; K. Carter- yes ; K. Moussa- yes ; L. Matus- yes ; L. Diaz- abstain ; M. Cappuccilli- yes ; S. Romero- yes ; S. Heaven- abstain

Motion passed: The three regions Directives to the Recipient as recommended by the Finance Committee, including the proposed amendment, were passed by general consensus: 14 in favor, 4 abstaining, 0 opposed.

—Proposal of FY2021 EMAwide Directives—

A. Edelstein said that the council would now propose and vote on directives in the HIPC meeting, today. A. Edelstein read the topics brought up during the allocations meetings as potential EMA-wide directives: ensuring access to telehealth; assessment of mental health services including access, modalities, barriers; assessing needs of elders and the greying of HIV in the EMA; access to psychosocial support services including support groups; assessing needs of training frontline staff; assessing onboarding of substance use treatment and mental health staff to limit delays. A. Edelstein said that these would need to be restated in a way that would indicate what it is the Council wants the recipient to do and how to report back to the Planning Council. When the language is agreed upon, the language needs to be made as a motion, seconded, and then voted upon. A. Edelstein said that they would need to create the motions individually.

Motion: D. Angelis made a motion for a Directive to the Recipient to assess access to mental health services, barriers, and appropriateness of modalities for PLWHA across the EMA and to report back to CPC and the Positive Committee, D. Lewis-Salley seconded.

D. Lewis-Salley noted that ensuring access to mental health services also included giving more attention and thought to telehealth access. A. Edelstein agreed and pointed out the directive relating to telehealth. M. Ross-Russell explained that the mental health directive needed to clarify if it would be an assessment of the service itself or an assessment of the provision of the service. D. Angelis said it would just be an assessment of the service, not discussion of actual provision of the service. He added that there was already a directive involving telehealth for the PA Counties, and M. Ross-Russell said that the Council would have to make an entirely new, EMA-wide, directive.

K. Carter suggested taking their time with the telehealth directive and collecting more information before creating a directive. A. Edelstein asked if the Council needed to make all decisions about directives today and what the implications of not making these decisions today would be. M. Ross-Russell said that the directives go into the application as topics HIPC has identified for the recipient. She said holding any directives over for further discussion would be fine but change application language. C. Terrell said that as of recent years, this is no longer part of the application and would not need to be considered.

C. Terrell asked about the last topic, “assessing onboarding of substance use treatment and mental health staff to limit delays.” K. Carter explained HIPC discussed reviewing barriers for hiring mental health and substance use treatment staff. G. Grannan added that there was a lot of underspending for Substance Use Treatment (Outpatient) funds due to staffing issues. N. Johns noted that such assessments are topics that the recipient is researching. She added that CPC is looking to plan next year’s work and they could consider such topics as focal points. N. Johns said that New York City recently assessed needs of elders, so HIPC could borrow their process and work on such assessments as a Council this year. She reassured the Council that whether or not the directives are created today, they will be still be worked on by the recipient and the Council.

A. Edelstein asked if they should withdrawal the motion and refer the mental health directive as made by D. Angelis onto CPC. He noted that he was not discounting the mental health motion, but he wanted to ensure that the Council had a fuller understanding of the topic at hand before creating a directive.

D. Angelis said that he felt mental health as a topic was important, and he was pushing to move forward with voting on the directive. He added that the assessment of appropriateness of modalities would be especially important. He said he was willing to withdrawal his motion if there is strong opposition.

M. Ross-Russell asked for clarification on whether this assessment would simply be Ryan White based since the purview of Planning Body is Ryan White based. C. Terrell said that this assessment needed to be done. Realistically, Ryan White has a small impact on what will be funded, and most mental health is funded through Medicaid/Medicare. He added that the Department of Behavioral Health would best assess the topic at hand. However, C. Terrell added that Ryan White needed to build stronger connections with that system, and it can be done. This directive would help to make stronger connections.

D. Angelis said that he is completely aware that the assessment would only be for Ryan White, but he felt that this was a good start.

S. Heaven called for a vote to D. Angelis’s motion as seconded by D. Lewis-Salley:

A. Edelstein- abstain ; A. Byrd- yes ; C. Steib- yes ; C. Terrell- abstain ; D. Angelis- yes ; D. Gana- yes ; D. Lewis-Salley- yes ; E. Rand- yes ; G. Grannan-yes ; J. Baez- yes ; K. King-Collins- yes ; K. Carter- yes ; L. Matus- yes ; L. Diaz- abstain ; M. Cappuccilli- yes ; S. Romero- yes ; S. Heaven- abstain

Motion passed: A motion for a Directive to the Recipient to assesses access to mental health services, barriers, and appropriateness of modalities for PLWHA across the EMA and to report back to CPC and the Positive Committee was passed by general consensus: 13 in favor, 4 abstaining, 0 opposed.

A. Edelstein asked if there was a motion to delegate the rest of the topics to CPC.

Motion: K. Carter motioned to take the rest of the potential proposed directives to CPC, G. Grannan seconded. D. Gana asked if the Council was going to modify the PA directive to make it EMA-Wide. D. Gana offered a friendly amendment to remove the topic of telehealth from K. Carter's motion. K. Carter and G. Grannan agreed to the friendly amendment. A. Edelstein clarified that the motion included all issues besides telehealth and now mental health which was previously approved.

S. Heaven called for a vote:

A. Edelstein- abstain ; A. Byrd- yes ; C. Steib- yes ; C. Terrell- abstain ; D. Angelis- yes ; D. Gana- yes ; D. Lewis-Salley- no ; G. Keys- yes ; G. Grannan-yes ; J. Baez- yes ; K. King-Collins- yes ; K. Carter- yes ; L. Matus- yes ; L. Diaz- abstain ; M. Cappuccilli- yes ; S. Romero- yes ; S. Heaven- abstain

Motion passed: A motion to take the rest of the directives to CPC with a friendly amendment to exclude telehealth was passed by majority rules: 11 in favor, 4 abstaining, 1 opposed.

Motion: D. Gana motioned that HIPC modify the previous telehealth directive for PA Counties to be EMA-wide, M. Cappuccilli seconded.

A. Edelstein- abstain ; A. Byrd- yes ; C. Steib- yes ; C. Terrell- abstain ; D. Angelis- yes ; D. Gana- yes ; D. Lewis-Salley- yes ; E. Rand- yes ; G. Keys- yes ; G. Grannan-yes ; J. Baez- yes ; K. King-Collins- yes ; K. Carter- yes ; L. Matus- yes ; L. Diaz- abstain ; M. Cappuccilli- yes ; S. Romero- yes ; S. Heaven- abstain

Motion passed: A motion to modify the previous telehealth directive for PA Counties to be EMA-wide was passed by general consensus: 14 in favor, 4 abstaining, 0 opposed.

—Philadelphia EMA (Systemwide)—

N. Johns presented the budgets for Systemwide categories. A. Edelstein said the Systemwide is in addition to the previously approved allocations plans. The Systemwide is additional funding for Minority AIDS Initiative (MAI) and additional categories under Systemwide which would be incorporated into the EMA-wide plan. M. Ross-Russell said that MAI budgets are historically prorated because they only involve two services. Systemwide expenditures (including Quality Management, Capacity Building, Grantee Administration, and Planning Council support) are removed from funds at the beginning of the process. She added that Referral for Health Care includes the Client Services Unit (CSU) which is a service that is also provided Systemwide. The remaining dollars are service dollars. On the spreadsheet, she noted that there were three different projections for potential budgets: 5% increase, 5% decrease, and level funding.

K. Carter asked M. Ross-Russell to explain MAI to people new to the process. M. Ross-Russell said that MAI is the Minority AIDS Initiative Funds which have been folded into the Part A program. They are looked at separately by HIPC. In total, Part A receives funds that are awarded based on a formula (amount of cases), supplemental (based on demonstrated need), and MAI (providing services over and above, especially for programs that serve minority populations). M. Ross-Russell said that since Philadelphia has

a majority-minority population, it can be a lot of funds. A. Edelstein added that the Black Caucuses implemented this in 1999.

A. Edelstein said that as recommended by the Finance Committee, the full Planning Council would now vote to approve the Systemwide budgets. S. Heaven called for a vote:

A. Edelstein- abstain ; A. Byrd- yes ; C. Steib- yes ; C. Terrell- abstain ; D. Angelis- yes ; D. Gana- yes ; D. Lewis-Salley- yes ; E. Rand- yes ; G. Keys- yes ; G. Grannan-yes ; J. Baez- yes ; K. King-Collins- yes ; K. Carter- yes ; L. Matus- yes ; L. Diaz- abstain ; M. Cappuccilli- yes ; S. Romero- yes ; S. Heaven- abstain

Motion passed: The Systemwide budget as recommended by the Finance Committee was passed by general consensus: 14 in favor, 4 abstaining, 0 opposed.

A. Edelstein said that they have transacted all the business. He extended thanks and appreciation for everyone participating in the various allocations meetings. He especially thanked OHP staff and the rest of HIPC. He also thanked A. McCann Woods and C. Chu for their participation form AACO.

Committee Reports:

—Executive Committee—

S. Heaven reported that they needed to schedule a meeting in the near future. L. Diaz said that they were supposed to meet every three months. M. Ross-Russell said there was a lot of business to complete, so even though they met recently, they would need to meet again soon.

—Finance Committee—

No further report.

—Nominations Committee—

M. Cappuccilli reported that there was no meeting this month.

—Positive Committee—

N. Johns reported that there have been informal Positive Committee meetings at 10 a.m. every Tuesday to talk about planning and future committee meetings.

—Comprehensive Planning Committee—

N. Johns reported that they would be meeting next Thursday at 2 p.m. to discuss all topics given to them today. They would also plan the upcoming year. M. Ross-Russell reported that CPC recently had an informal meeting to look at ways they could follow up on and research the impact of COVID-19 on PLWH. They wanted to evaluate service barriers, etc.

M. Bates asked if all meetings were open to the public. N. Johns responded that they were.

—Prevention Committee—

C. Steib reported that they have not yet met. However, he was hoping to come up with a plan to reengage and get back in track in the Executive Committee meeting.

Old Business:

C. Terrell said that regarding the approach for EHE implementation, they wanted to focus more on mental health and “flip the script” to look at system, structures, and providers. He noted that they were going to

stop looking at patients as much and more towards systemic issues and what providers can do to support their patients. They were already implementing this approach in a low-threshold provider in Kensington.

C. Terrell said that the plan is a community plan and the Health Department will provide support and directives, but partners, providers, and advocacy with partners such as Community Behavioral Health. In terms of mental health, he asked any HIPC members to reach out to provide names of groups or organizations that could be helpful with information. They could be helpful as Population Consultants.

New Business:

None.

Announcements:

B. Rowley announced that Gilead was releasing two resources: COVID and HIV (designed to help clients to understand risks), and Modular Series for Cultural Humility. Gilead would also be providing hand sanitizer, so he asked agencies to reach out if they needed any.

Adjournment:

S. Heaven called for a motion to adjourn. **Motion:** L. Diaz motioned, D. Gana seconded to adjourn the August 2020 HIPC meeting. **Motion passed:** Meeting adjourned at 12:55 p.m.

Respectfully submitted,

Sofia Moletteri, staff

Handouts distributed at the meeting:

- August 2020 HIPC Meeting Agenda
- June 2020 HIPC Meeting Minutes
- FY2021 Allocations Decisions & Directives