MEETING AGENDA

VIRTUAL:
Thursday, September 9, 2021
2:00 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes *(August 12, 2021)*
- Report of Co-Chairs
- Report of Staff
- Action Item:
    - Extension to the Ad-Hoc Recruitment Workgroup Plan
- Discussion Item:
    - HIPC Co-Chair Nominations
    - Next Steps for Prevention Committee Recommendations
    - Ad-Hoc Recruitment Related Work
        - Youth Organizations List
        - Interview-Style HIPC Introductory Video
- Committee Reports:
    - Executive Committee
    - Finance Committee – *Alan Edelstein & David Gana*
    - Nominations Committee – *Michael Cappuccilli & Sam Romero*
    - Positive Committee – *Kenya Moussa & Gracie Bornes*
    - 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: September 14, 2021 from 2:00 – 4:30 p.m.

HIV INTETRATED PLANNING COUNCIL

VIRTUAL: HIV Integrated Planning Council
Meeting Minutes of
Thursday, August 12, 2021
2:00 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Elise Borgese, Keith Carter, Mark Coleman, Lupe Diaz (Co-Chair), Alan Edelstein, Dave Gana, Gus Grannan, Sharee Heaven (Co-Chair), Gerry Keys, Kate King, Kailah King-Collins, Tyrell Mann-Barnes, Marilyn Martinez, Lorett Matus, Desiree Surplus, Nicole Swinson, Evan Thornburg (Co-Chair)

Guests: Ameenah McCann-Woods (AACO), Juju Myahwegi (AACO), Javontae Williams (AACO), José de Marco, Mike Frederick, Afrah Howlader, Sterling Johnson, Olivia Kirby, Kaleef Morse

Excused: Juan Baez, Mike Cappuccilli, Debra D'Alessandro, Pamela Gorman, Samuel Romero

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

Call to Order: L. Diaz called the meeting to order at 2:04 p.m.

Introductions: L. Diaz asked everyone to introduce themselves with their name and area of representation in the Zoom chat box.

Approval of Agenda: L. Diaz referred to the August 2021 HIPC agenda S. Moletteri distributed via email and asked for a motion to approve. **Motion:** K. Carter motioned, A. Edelstein seconded to approve the August 2021 Planning Council agenda. **Motion passed:** 87% in favor, 13% abstaining. The August 2021 agenda was approved.

Approval of Minutes (*June 10, 2021*):
L. Diaz referred to the June 2021 HIPC minutes S. Moletteri distributed via email. L. Diaz asked for a motion to approve the June 2021 minutes. M. Martinez asked to amend the minutes, noting that she was excused for this meeting. **Motion:** K. Carter motioned, D. Gana seconded to approve the amended June 2021 meeting minutes via a Zoom poll. **Motion passed:** 81% in favor, 19% abstaining. The June 2021 minutes were approved.

Report of Co-Chairs:

S. Heaven reported that she and L. Diaz had never attended every allocations meeting until this year. She said it was interesting to see how each of the three regions approached their decision-making.

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Report of Staff:

M. Ross-Russell reported that there was a new staff person, E. Sumners, who would soon take on the role of Community Planning Support Coordinator. E. Sumners said he was looking forward to working with everyone. L. Diaz and K. Carter welcomed him.

Public Comment:

None.

Action Items:

—Regional Budget and Directives—

A. Edelstein introduced himself as co-chair of the Finance Committee. To refresh everyone's memory, the Finance Committee was a committee of HIPC charged with conducting the annual allocations process. In the past month, they conducted a series of three meetings for each of the EMA's three regions. NJ Counties were first (Burlington, Camden, Gloucester, and Salem Counties), PA Counties were next (Bucks, Delaware, Chester, and Montgomery Counties), and Philadelphia County was last. When HIPC was first established, Philadelphia accounted for the greatest number of PLWH (People Living with HIV) within the EMA. They found that discussions around funding tended to dominate while the concerns of the PA counties and NJ Counties were pushed back. Therefore, to give proper attention to all three regions, HIPC decided to separate the three regions out. Along with proper attention, HIPC felt the needs were different for each of the three regions and that allocations decisions should reflect that.

He explained that HIPC could choose whether or not to approve the budgets and directives as decided in the allocations process. If approved, they would be sent to AACO (AIDS Activities Coordinating Office), and AACO would allocation funds accordingly. In the last couple of years, HIPC started conducting meetings so that each region would have two. The first meeting was informational to provide participants with service needs, trends, and other data. Then, participants could participate more fully in the second meeting which decided budgets and directives. In this process, they were assisted by OHP staff and A. McCann-Woods from AACO. They answered questions and helped prepare the materials. Before he got into the decisions, A. Edelstein asked if there were any questions. There were none.

A. Edelstein explained that, for each region, HIPC made a plan for three budgets scenarios: a level funding budget scenario, a 5% increase scenario, and a 5% decrease scenario. The regions also had the option to submit directives to the recipient (AACO). If they were in an in-person meeting, he said, it would be easier to follow along with the documents. Typically, and with hard copy documents, they would be able to review the summary and spreadsheets simultaneously. The spreadsheets represented the actual dollar amounts by service category while the summary sheet contained funding decisions in written language. He felt that the spreadsheets could be somewhat confusing, so they would mainly focus on the summary language. A. Edelstein explained that they could feel free to see the spreadsheets if they wanted to look at the actual dollar amounts.

DRAFT

For each of the regions, he would review the summary and then make a motion for approval of the budget decisions by the Full Council as recommended by the Finance Committee. Previously, the Finance Committee had reviewed and approved to recommend the budget scenarios for each of the three regions. The Finance Committee voted to move all of the decisions forward to HIPC with a recommendation that HIPC approve them. Therefore, HIPC would review and vote on the three regions as well as the Systemwide and MAI (Minority AIDS Initiative) budgets.

The award amount for each region, he mentioned, was affected by their share of the epidemic as compared to each other. Therefore, the PA Counties were awarded an increase in their budget due to an increase of PLWH within the region. Dollars were removed from NJ Counties and Philadelphia due to a decrease in composition/share of the epidemic relative to the PA Counties.

—New Jersey Counties—

A. Edelstein read the NJ Counties budget decisions and directives which are as follows:

Funding Decisions:
- ***Level Funding Scenario****: All funded service categories are to be proportionally decreased based on the reduction of $16,950 within the New Level Funding Budget.*
- ***5% Increase Scenario:*** *All funded service categories are to be proportionately increased based on the New Level Funding Budget increase of $113,364.*
- ***5% Decrease Scenario:*** *All funded service categories are to be proportionally decreased by $137,899 with the exception of EFA-Housing and Mental Health Therapy/Counseling which are to be held at their FY2021 Level Funding Budget amounts.*

Directives to the Recipient:
- *AACO is to report back to the Comprehensive Planning Committee with progress and updates on the currently implemented EFA-Housing Model.*
- *In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.*
- *Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.*

Motion: A. Edelstein motioned to approve the NJ Counties Funding Decisions and Directives to the Recipient, as recommended by the Finance Committee.

A. Edelstein stated that they could now have discussion on the motion. D. Gana reiterated that there was a difference in the dollar amount for the level funding budget since NJ now held a lesser share of the HIV epidemic relative to the PA Counties. He added that there had been a significant increase of PLWH in the PA Counties. A. Edelstein agreed, noting that a level funding budget was not always going to be the same amount. K. Carter clarified that they were not voting on specific counties but the region as a whole.

M. Ross-Russell referred to the NJ Counties spreadsheet. She pointed to the bottom of the spreadsheet, explaining that this table listed the share of PLWH by region and the correlating

DRAFT

dollar amounts. She compared 2018 vs 2019 numbers for PLWH by region. She explained that the funding "followed the epidemic." You could see the breakdown and percentage of PLWH for Philadelphia, PA Counties, NJ Counties, and the EMA as a whole. In total, the amount of PLWH within the EMA increased. When looking at the specific regions, you could see shifts in the numbers and percentages. A. Edelstein noted that the data from the "2018 PLWH" column informed last year's decisions. Data from column "2019 PLWH" would inform this year's decisions. When comparing 2019 to 2018 data, there was around a 2% increase of PLWH in the PA Counties and ~0.10% decrease in the NJ Counties.

There was no further discussion. A. Edelstein called for a roll call vote on the motion.

Vote:

L. Diaz: abstaining
G. Grannan: in favor
M. Martinez: in favor
A. Edelstein: abstaining
E. Borgese: in favor
K. Carter: in favor
D. Gana: in favor
D. Surplus: in favor
G. Keys: in favor
K. King: in favor
L. Matus: in favor
S. Heaven: abstaining
K. King-Collins: in favor
E. Thornburg: abstaining
N. Swinson: in favor

Motion passed: 11 in favor, 4 abstaining, 0 opposed. The NJ Counties FY2022 budget decisions and directives were approved.

—Pennsylvania Counties—

A. Edelstein read the PA Counties budget decisions and directives which are as follows:

Funding Decisions:

- ***Level Funding Scenario****: All funded service categories are to be proportionally increased based on the increase of $299,524 within the New Level Funding Budget.*
- ***5% Increase Scenario:*** *Working from the New Level Funding Budget, the 5% increase of $153,550 is to be split in half and distributed evenly between Mental Health Therapy/ Counseling and Housing Assistance.*
- ***5% Decrease Scenario:*** *Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally increased by $135,701.*

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Directives to the Recipient:

- *In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.*
- *Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.*
- *Ascertain the need for increased mental health services in the PA counties, including surveying existing mental health providers and their accessibility.*
- *Evaluate the need for home healthcare services and various non-RW funding streams that may be available.*

Motion: A. Edelstein motioned to approve the PA Counties Funding Decisions and Directives to the Recipient, as recommended by the Finance Committee.

There was no discussion on the vote. A. Edelstein called for a roll call vote on the motion.

Vote:

L. Diaz: abstaining
G. Grannan: in favor
A. Edelstein: abstaining
E. Borgese: in favor
K. Carter: in favor
D. Gana: in favor
D. Surplus: in favor
G. Keys: in favor
K. King: in favor
L. Matus: in favor
S. Heaven: abstaining
K. King-Collins: in favor
E. Thornburg: abstaining
N. Swinson: in favor
T. Mann-Barnes: abstaining

Motion passed: 10 in favor, 5 abstaining, 0 opposed. The PA Counties FY2022 budget decisions and directives were approved.

—Philadelphia County—

A. Edelstein explained that the level funding amount from Philadelphia was decreased due to a reduction in the share of PLWH within the region. He read the budget decisions and directives which are as follows:

Funding Decisions:

- ***Level Funding Scenario****: All funded service categories are to be proportionally decreased based on the reduction of $282,573 within the New Level Funding Budget.*

DRAFT

- ***5% Increase Scenario:*** *Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally increased by $323,692.*
- ***5% Decrease Scenario:*** *Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally decreased by $929,400.*

Directives to the Recipient:

- *Increase access to and awareness of transportation options to medical and social service care; Request more information on transportation services provided and their utilization to determine improved health outcomes.*
- *Ascertain the average wait time for people to be connected to Case Managers.*

Motion: A. Edelstein motioned to approve the Philadelphia County Funding Decisions and Directives to the Recipient, as recommended by the Finance Committee.

L. Diaz asked if there was any discussion on the motion. M. Coleman asked for clarification around underspending trends in Philadelphia, especially around substance use. He asked if it was possible to postpone the funding decision until they had more information on underspending under this category. M. Ross-Russell responded that the quarterly discussion on underspending (from AACO) had not yet been presented. They had information on last year's underspending, however, which was no longer in process. Currently, they were discussing budget decisions for 2022/2023. M. Coleman asked if the opioid epidemic was considered within the budget decisions. M. Ross-Russell responded that Substance Use Treatment (Outpatient) was included in their discussions as a service they funded. There had been past discussions and considerations around this, and they could continue to keep track of the spending trends throughout the year as underspending reports came forward. A. Edelstein noted that A. McCann-Woods of AACO helped to explain spending trends and the reason behind under or overspending. He added that, if there was other, outside funding for a service category, RW was a payer of last resort. Therefore, the other dollars would be used first which might affect RW spending (causing underspending).

J. de Marco asked if the decrease in Philadelphia level funding was due to a decrease in the total population of PLWH within the county and, if so, what demographic faced the most decrease in PLWH. M. Ross-Russell answered that the funding was based on the share of the epidemic between the three regions. Each region held a certain percentage of the total, 100% of PLWH within the EMA. She said she could offer a demographic breakdown in the chat or offline if he would like. J. de Marco said he would like to know more about the breakdown offline.

There was no further discussion. A. Edelstein called for a roll call vote on the motion.

Vote:

L. Diaz: abstaining
G. Grannan: in favor
A. Edelstein: abstaining
E. Borgese: in favor
K. Carter: in favor
D. Gana: in favor

DRAFT

D. Surplus: in favor
G. Keys: in favor
K. King: in favor
L. Matus: in favor
S. Heaven: abstaining
K. King-Collins: in favor
E. Thornburg: abstaining
N. Swinson: in favor
T. Mann-Barnes: in favor
M. Coleman: in favor

Motion passed: 12 in favor, 4 abstaining, 0 opposed. The Philadelphia County FY2022 budget decisions and directives were approved.

—Philadelphia EMA (Systemwide)—

M. Ross-Russell explained that, for the Systemwide funding, she looked at the 2021/2022 total award amount of $20,702,179. Systemwide categories came off the top, meaning $3,238,605 of the total award would be removed before allocating funds to direct service categories.

For the Systemwide level funding budget, the scenario would carry over the current level funding budget to the next year. This meant there were no changes in the budget into the next funding year from the current year.

In the case of a 5% increase, all Systemwide categories would be proportionally increased by a total of $1,035,109. In an increase scenario, the total Systemwide allocation would be $3,400,535 which would be taken off of the total award amount of $21,737,288. This would leave $18,336,753 for service dollars to be shared throughout the three regions.

M. Ross-Russell explained that QM (Quality Management) Activities could not exceed 5% of the total award and Grantee Administration could not exceed 10%. Therefore, the two combined could not exceed 15% of the total award amount. Thus far, the combined amount was below 15%. M. Ross-Russell stated that for the Systemwide 5% decrease scenario, the recipient requested both Information and Referral/Client Services Unit and QM Activities remain at their current level funding amounts even in the case of a decrease scenario.

Motion: A. Edelstein motioned to approve the three Systemwide budget decisions for three funding scenarios as depicted on the spreadsheets, as recommended by the Finance Committee.

There was no discussion. A. Edelstein called for a roll call vote on the motion.

Vote:

L. Diaz: abstaining
G. Grannan: in favor

DRAFT

A. Edelstein: abstaining
E. Borgese: in favor
K. Carter: in favor
D. Gana: in favor
D. Surplus: in favor
G. Keys: in favor
K. King: in favor
L. Matus: in favor
S. Heaven; abstaining
E. Thornburg: abstaining
N. Swinson: in favor
T. Mann-Barnes: in favor
M. Coleman: in favor

Motion passed: 11 in favor, 4 abstaining, 0 opposed. The FY2022 Systemwide budget decisions were approved.

—MAI (Minority AIDS Initiative)—

A. Edelstein asked for M. Ross-Russell to explain MAI. M. Ross-Russell said MAI was a form of funding in addition to Part A formula and supplemental. Formulary funding was based on the number of HIV cases and supplemental funding was based on ability to demonstrate need for funding. MAI was based on need, but it was specifically for populations that were more difficult to reach--mainly minority populations. Philadelphia was a majority-minority county, so they received MAI funding. The MAI funding amount for their current year was $1,911,469. A 5% increase or decrease scenario would result in either plus or minus $95,572.

As for administrative costs under MAI, they were proportionally increased or decreased and then taken off the top of the award. The service categories under MAI, Ambulatory Care and Case Management, were proportionally decreased and increased as well, she noted.

Motion: A. Edelstein motioned to approve the service and administrative MAI dollars for the three budget scenarios depicted on the spreadsheets for the three funding scenarios, as recommended by Finance Committee.

M. Coleman asked if there were any organizations that were funded just for MAI, or if organizations also received the other RW dollars. M. Ross-Russell said that this was a recipient question, since HIPC did not deal with specific providers. The recipient was responsible for provider contracts. M. Cappuccilli noted that HIPC could not discuss specific providers/know their funding amounts. A. Edelstein said that the most HIPC could know/discuss was the total amount of providers and how many providers existed in each region/county for each service category.

J. de Marco asked which service categories were funded under MAI. M. Ross-Russell said Ambulatory Care and Case Management. Ambulatory Care was funded at $354,396 under a level scenario, $372,116 under a 5% increase scenario, and $336,677 under a 5% decrease scenario. Case Management was funded at $1,343,926 under a level scenario, $1,411,121 under a 5% increase scenario, and $1,276,729 under a 5% decrease scenario.

S. Johnson asked more information on the breakdown of MAI money and where it would go. M. Ross-Russell said that the initial language indicated that MAI money should go to providers that served a majority-minority population. S. Johnson asked why there were only two service categories under MAI. M. Ross-Russell said that these were seen as the most needed service categories by the populations that providers receiving the funds served. This also took into consideration that there was much more funding for the other service categories through RW Part A, other RW parts, and other funding streams. MAI was specialized, extra funding.

A. Edelstein said, when MAI dollars first became available, there was a request made by the recipient to put money into those two service categories, as they were needed the most. A. McCann-Woods agreed that this funding was for the most marginalized populations, and it was reserved for providers who served these communities almost only. K. Morse asked if HIPC determined the categories and strategies funded under MAI. A. Edelstein said HIPC responded to the need that AACO expressed based on data and gaps in need. A. McCann-Woods confirmed, saying the decision to fund the two service categories was data-driven. A. Edelstein noted that there were directives within the legislative language that defined MAI funds as funds for underreached and underserved communities. The decision to fund the two service categories was made to ensure that the directives in the legislation were met.

J. de Marco asked where they could find out which organizations received MAI funds. A. Edelstein said HIPC could not answer that question. K. Morse asked if they voted on MAI categories and strategies annually during PSRA (Priority Setting and Resource Allocation). A. Edelstein said they did not, as this was a Finance Committee responsibility. M. Ross-Russell said HIPC performed Priority Setting every three years or less—less if there was a major shift in what was going on in the EMA. This year, they considered doing Priority Setting. However, HIPC felt concern that, due to COVID-19, the pandemic would dictate responses. Other funding sources, pandemic response, etc., were in flux, so they would perform Priority Setting in 2022.

D. Gana noted that MAI funded two service categories and that anyone with a RW card could receive all RW services throughout the EMA. Therefore, clients could still receive other covered services, not just Ambulatory Care and Case Management services under MAI. MAI only indicated extra money to serve marginalized groups--not that marginalized groups could not receive all services.

There was no further discussion. A. Edelstein called for a roll call vote on the motion.

Vote:

L. Diaz: abstaining

DRAFT

G. Grannan: in favor
A. Edelstein: abstaining
E. Borgese: in favor
K. Carter: in favor
D. Gana: in favor
D. Surplus: in favor
G. Keys: in favor
K. King: in favor
L. Matus: in favor
S. Heaven: abstaining
E. Thornburg: abstaining
N. Swinson: in favor
T. Mann-Barnes: abstaining
M. Coleman: in favor
M. Martinez: in favor

Motion passed: 11 in favor, 5 abstaining. The FY2022 the service and administrative MAI budget decisions were approved.

A. McCann-Woods said that, among all subrecipient agencies, approximately 5 of them received MAI funding. These 5 agencies were located in Philadelphia County. MAI service funds were also directed toward youth populations as a special population. S. Johnson thanked A. McCann-Woods for the information.

A. Edelstein thanked everyone for preparing and explaining the materials for the Allocations process. L. Diaz applauded everyone for all of their hard work.

Discussion Items:

—Bylaw Language Regarding 20% Quorum—

L. Diaz asked if this would be an action item or a discussion item. S. Moletteri said that HIPC had not discussed this before, so they could not vote until 30 days after their first discussion. They added that they had recently changed the bylaws in May 2021. K. Carter noted that this had been discussed in the Executive Committee before bringing it to HIPC.

L. Diaz asked M. Ross-Russell for background. M. Ross-Russell reported that, as some might recall, there was a HRSA Site Visit in April 2021. As part of the Site Visit, HIPC's bylaws came up within the Site Visit conversations and there was concern about some bylaw language. M. Ross-Russell addressed the highlighted portion of the bylaws up on the screen. She explained that during the Site Visit, they mentioned that the current language indicated that participants in HIPC would have to disclose their HIV status at the beginning of meetings to ensure HIPC was meeting quorum.

DRAFT

When the bylaws were created, it was understood that the co-chairs knew who represented PLWH without requiring anyone to publicly disclose their status. From HIPC's perspective, the language existed to highlight the importance of PLWH within the whole process. However, during the Site Visit, HRSA said this meant that HIPC members would have to disclose their status in both council and committee meetings (since the bylaw language appeared under both the full council and committee sections).

D. Gana disclosed that he was a PLWH who was open about his status. However, not everyone would feel comfortable sharing their status. He did not find it fair to be a requirement that people would have to disclose their status. He felt that 20% of participants as PLWH was fair as a goal, not a mandate. K. Carter agreed, noting that a mandated 20% would box them in as a council. For example, if they were not to reach 20%, they would run into many roadblocks. Membership was always in flux, and sometimes people were unable to attend. As a council, they would do their best to maintain 20% PLWH as participants within meetings, but it was not always guaranteed.

N. Swinson agreed that having someone disclose their status during every meeting was problematic. She suggested "behind the scenes" work instead, to ensure quorum of 20% PLWH participants. K. Morse asked if, as part of Part A, if they already had a requirement to have at least 33% of members be unaligned PLWH. He questioned whether the additional requirement of 20% quorum was necessary. Additionally, he asked if the 20% quorum included aligned PLWH as well. M. Ross-Russell said 20% quorum would include all PLWH, aligned and unaligned. The 33% unaligned PLWH as members was legislative language (mandated), but the 20% quorum language was from HIPC bylaws to ensure that PLWH were voting and having representation within each council and committee meetings.

J. de Marco said he used to attend HIPC meetings. At first, he said that they were to have 50% of PLWH on the council to ensure that PLWH maintained control of service distribution. M. Ross-Russell responded, explaining that 50% PLWH on the council was a goal, and 33% was the legislative language. S. Johnson felt that 20% was a reasonable requirement, but 50% was a good goal. M. Ross-Russell agreed that HIPC felt 20% was reasonable as a requirement, especially since co-chairs and staff had an idea of attendees' status. However, disclosing in any case was difficult. For reasons of confidentiality, OHP tried to ensure that PLWH would never have to write down or list their status anywhere.

S. Johnson asked why the procedure for guaranteeing quorum had to be so formal. M. Ross-Russell explained that since it was in the bylaws as "shall" as opposed to "goal" language, they would have to have solid proof they were following the written language. S. Johnson suggested that there might be a mechanism to maintain confidentiality they could turn to. S. Heaven agreed but said that during other committee conversations, they were unsure how to create a formal process for 20% quorum without breeching confidentiality. K. Carter added that, because of the confidentiality piece, they wanted to change the language from "shall" to "having a goal."

T. Mann-Barnes asked if they could amend the bylaws. L. Diaz responded affirmatively. K. Morse said that there was a long-standing national conversation around the decline in membership on planning bodies of unaligned PLWH. As the epidemic evolved, PLWH were

DRAFT

working and busy, making it harder to commit to membership. Part of the Reauthorization work for legislation was to revisit the 33% requirement. S. Johnson felt that the "goal" should be a higher percentage. M. Martinez said this was very difficult to achieve. K. Carter agreed.

Motion: D. Gana motioned to amend the bylaw language to change Article V: Section 1 from "of which at least twenty percent (20%) *shall*…" language to "of which *it is the goal* that at least 20% be People Living with HIV," K. Carter seconded.

S. Moletteri explained that HIPC would have 30 days to discuss and then vote on the amended language.

S. Johnson felt it was strange to have a goal of 50% of PLWH on the council as well as another goal of 20% PLWH participation. K. Carter explained that the 50% goal referred to overall membership while the 20% goal referred to participation in any given meeting. He added that they were trying recruitment efforts as best as they could, but getting consistent participation from volunteers was difficult. S. Sterling said he knew a lot of people who did not want or were not able to attend meetings consistently. K. Morse said that engagement, input, and feedback of PLWH did not have to be exclusive to the Planning Body table—there were also other, innovative ways to do this. J. de Marco said he knew at least two people who might want to participate in HIPC.

D. Gana reviewed the second portion of the bylaws as well.

Motion: D. Gana motioned to amend Article VII: Section 2 from "of which at least twenty percent (20%) *shall*…" language to "of which *it is the goal* that at least 20% be People Living with HIV," K. Carter seconded

Committee Reports:

—Executive Committee—

L. Diaz had no further report, as they had already discussed the bylaws.

—Finance Committee—

A. Edelstein had no further report, as they had already voted on the allocations decisions.

—Nominations Committee—

S. Heaven reported that Nominations Committee met earlier today (Thursday, August 12th), and that the co-chairs were not able to attend. The committee discussed attendance and applications which they would review later this month. They also discussed upcoming nominations for the HIPC co-chair in October 2021.

S. Heaven said that those who applied to the council would likely receive meeting invitations and be contacted by D. Law to ensure that they were still interested in participation/applying. D. Law

DRAFT

reported that HIPC had received 10+ applications. OHP would send out additional notice for terms expiring and up for renewal in the fall. M. Ross-Russell added that the submission of a tax clearance was applicable to everyone, Philadelphia resident or not.

K. Carter asked about individuals unable to attend because of digital divide-related barriers. D. Law said OHP/Nominations Committee noted each person with technological-related attendance issues. They would see how they could work with each individual. Some members had fallen out of contact, so they were trying to reach people in any way possible.

—Positive Committee—

S. Moletteri reported that the Poz Committee would start looking into how they could fit into the Ad-Hoc Recruitment Workgroup Plan, especially Goal 1. There were many responsibilities that the Poz Committee could take on within the plan, e.g. the creation of a resource guide for Case Managers which included Digital Divide-related resources. Additionally, the committee would discuss more about a Mental Health panel that addressed COVID-19 and Social Isolation. Meeting in person, unfortunately, would still not be possible.

—Comprehensive Planning Committee—

No report.

—Prevention Committee—

No report.

—Ad-Hoc Recruitment Workgroup—

S. Moletteri reported that the Recruitment Workgroup was also put on hold because of the allocations process. They said that they were working on a plan for the workgroup and looking to plan another meeting date in the near future. They were working to finish the plan so HIPC could meet its recruitment goals. This plan had input from Poz Committee as well as a Planning CHATT National Learning Collaborative (LC) for Retention and Recruitment. Themselves and two members of HIPC, including K. Carter, were involved in the LC.

Any Other Business:

K. Morse said that, as the former leader of the DC PB (Planning Body), he reported that they had issues with retaining committed PLWH as members/participants. They found that individuals were no longer as interested in PB participation, so they changed their model to a "community conversations" model, choosing to meet at various locations to have more informal and in-depth conversations. If there were any issues or concerns, people could come to the meetings, come to him, personally, or attend a community conversation. K. Morse said that they performed various priority settings, in the sense that they were constantly receiving feedback on service needs and priorities. The people who most often joined community conversations, he said, were PLWH who worked and could not fully commit to the PB. Additionally, people voiced that once they

DRAFT

got their needs met, they did not want to constantly feel obligated to advocate for everybody else by becoming a full-time PB member.

K. Morse said, in the NJ PB, they operated similarly to how they did in PA by going to meet people in a community conversation environment. They would need to go to clinics or other places where they could meet people where they are at, not the other way around. Participants would fill out demographic points. This is how they would uncover service standard issues and collect data to inform their decisions. He felt that 33% unaligned PLWH as PB members was a difficult number to achieve. So, instead they could look to achieve 350-some documented instances of engagement within 6 months with PLWH outside of PB meetings. He said this data was important to get what was specifically "meaningful" engagement.

K. Carter said that they had done Needs Assessments and met people where they were, but they still did not show up. He said town hall participation and suburban county meetings showed very little participation. K. Morse said that they also needed to ensure they were using approachable language. For example, "dinner and a chat" might be better received than a formal "town hall."

J. de Marco said that the language and jargon used in meetings could often be confusing for new participants. Additionally, meetings could be dull and long while participants living with HIV might not understand how PB decisions affect their lives. He said he was on the original PB, and he would be willing to work on recruitment. He said he liked the K. Morse's ideas. K. Morse said cultural flexibility and humility was the key to maximum impact.

Announcements:

None.

Adjournment:

S. Heaven called for a motion to adjourn. **Motion:** D. Gana motioned, L. Matus seconded to adjourn the August 2021 HIPC meeting. **Motion passed:** Meeting adjourned at 4:10 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- August 2021 HIPC Meeting Agenda
- June 2021 HIPC Meeting Minutes
- FY2022 Allocations Draft Decisions & Directives
- FY2022 Allocations Draft Spreadsheets

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HIV Integrated Planning Council
Ad-Hoc Recruitment Workgroup Summary
September 9, 2021

On Thursday, February 11, 2021, HIPC voted to create an Ad-Hoc Recruitment Workgroup.

The language for the ad-hoc workgroup formation is as follows:

> "HIPC will establish an ad-hoc workgroup to strategize
> recruitment efforts and **reach demographic goals**, reporting back to
> the full Planning Council with a finalized plan by **September 2021.**"

The Ad-Hoc Recruitment Workgroup is currently working on a plan containing three goals with correlating objectives and strategies/activities. The overall goal of the plan, which will exist as a living document, is to recruit members for HIPC to reach reflectiveness of the HIV epidemic within the EMA. Specifically, there is a focus on recruiting **YMSM**, **Trans Women**, and **PLWH within NJ and PA Counties**.

HIV Integrated Planning Council
Approved Prevention Committee
Recommendation Language
Thursday, September 9, 2021

Language approved by the Prevention Committee on May 26, 2021:

1. HIV tests are to be offered alongside STI tests. If an HIV test was not offered jointly with an STI test, positive STI tests results are to be followed by an HIV test.

2. Providers are to offer take-home HIV test kits if a patient refuses an on-site, in-person HIV test.

3. If a patient is to receive a negative HIV test result, the provider is to offer and discuss PrEP with the patient.

List of Youth Organizations
Prepared for the
HIV Integrated Planning Council
Thursday, September 9, 2021

The following organizations/people were suggested by or compiled from each of the following sources. These resources were compiled in order to help create and distribute effective and appropriate social media materials for YMSM (young men who have sex with men) or queer youth generally.

As Suggested by the Ad-Hoc Recruitment Workgroup:

- **St. Christopher's Hospital for Children**
    - *Clint Steib, HIPC member*

- **Connect to Protect, CHOP**
    - *Marné Castillo*

- **BEBASHI, Youth Kiki Ball**
    - *Michael Melvin*

- **Gay and Lesbian Latino AIDS Education Initiative (GALAEI)**
    - *Provides services, support, and advocacy for all Queer, Trans, Black, Indigenous, and people of color (QTBIPOC) communities*

- **Attic Youth Center**
    - Provides counseling to queer youth and helps acquire professional skillsets

- **Valley Youth House**
    - *Philadelphia, PA*

- **Youth United for Change**
    - *Philadelphia, PA*

- **Healthy Youth Philly**
    - *Philadelphia, PA*

As Suggested by the Planning CHATT LC Team:

- **PA Youth Conference**
    - *Youth-led statewide LGBTQ+ organization*

- **See Youth Site Listing (page 3)**
    - *AIDS Education Month Resource*

Found on the OHP Resource Inventory (hivphilly.org):

- **118 entries total—across the EMA—providing health, prevention, and supportive services for youth**

- **Entries that specifically address the following: Supporting LGBTQ+ Youth**
    - *Action Wellness—Philadelphia & Chester County, PA*
    - *American Civil Liberties Union (ACLU)—Philadelphia, PA*
    - *The Attic Youth Center—Philadelphia, PA*
    - *The COLOURS Organization—Philadelphia, PA*
    - *Covenant House*[1]*—Philadelphia, PA*
    - *Mazzoni Center—Philadelphia, PA*
    - *Philadelphia FIGHT (Youth Health Empowerment Project)—Philadelphia, PA*
    - *William Way Center—Philadelphia, PA*

Offered by the recipient (AACO):

- **Mazzoni Center**
    - *Alecia Manley- Chief Operating Officer*

- **Providers funded for Trans Community Mobilization**

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[1] *Covenant House* serves youth who are homeless. Analyses estimate that 20% to 40% of youth who are homeless identify as LGBTQ+, with LGBTQ+ youth experiencing homeless at higher rates than non-LGBTQ+ youth. *Found on https://youth.gov/youth-topics/lgbtq-youth/homelessness*

Youth Site Listing from AIDS Education Month Resource:

Youth

- Abington Health Association
- AccessMatters
- Achieving Independence Center
- ASPIRA, Inc. of Pennsylvania
- Attic Youth Center
- Bethanna
- Boys and Girls Clubs of Philadelphia, Inc
- Bridge Treatment Program
- CATCH CMH/MRC
- Child Care Information Services (CCIS) of Philadelphia
- Child Care Works Helpline
- Children and Youth Services of Delaware County
- Children's Service, Inc.
- CHIP (Children's Health Insurance Program)
- CHOP (Children's Hospital of Philadelphia): Main Building
- CHOP: Adolescent Initiative
- CHOP: Special Immunology Family Care Center
- Colours Organization, Inc.
- Communities in Schools of Philadelphia, Inc
- CORA Services
- Covenant House Pennsylvania
- Crisis Response Center at Einstein-Germantown
- E3 Power Centers
- Eddie's House
- Educating Communities for Parenting
- Einstein Medical Center: Adolescent Clinic
- GALAEI
- Greater Philadelphia Health Action (GPHA)
- HAVEN Youth Group
- Horsham Clinic
- IDAAY
- Intercultural Family Services, Inc. (IFSI)
- Job Corps – Philadelphia
- Juvenile Law Center (JLC)
- Maternity Care Coalition
- Molletta Personal Care Home 2 - People R Us
- NET Community Care (formerly Best Nest)
- NORTH, Inc
- Pathways PA - Basic Center Program
- Pennsylvania Institutional Law Project
- People's Emergency Center
- Philadelphia Department of Human Services (DHS)
- Philadelphia Mental Health Clinic
- Red Shield Family Residence
- South Philadelphia Community Health and Literacy Center
- St. Christopher's Hospital for Children - Division of Adolescent Medicine
- TeamChildren
- UAC (Urban Affairs Coalition)
- United Communities South East Philadelphia
- University Community Collaborative (UCC)
- Valley Youth House (VYH)
- Young, Trans and Unified
- Youth Art and Self Empowerment Project (YASP)
- Youth Service, Inc
- Youth United for Change