

MEETING AGENDA

Friday, April 03, 2020

12:00 p.m. – 2:00 p.m.

Call to Order

Welcome/Introductions

Approval of Agenda

Approval of Minutes (*November 21, 2019*)

Report of Staff

Discussion Items:

- Suggestions/Commentary on HIPC Zoom Meeting
- Current Barriers/Experience with Remote Work

Action Items:

- Allocations Preparation
- April 2020 Committee Meetings
- Expiring Memberships and New Applicants

Old Business

New Business

Announcements

Adjournment

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

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org



Philadelphia HIV Integrated Planning Council
Executive Committee
Meeting Minutes of
Thursday, November 21, 2019
12:00-2:00p.m.

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

Present: Michael Cappuccilli, Lupe Diaz, Alan Edelstein, David Gana, Gus Grannan, Sharee Heaven, Loretta Matus, Sam Romero

Absent: Jeanette Murdock, Gail Thomas, Kenya Moussa

Excused: Clint Steib

Staff: Briana Morgan, Mari Ross-Russell, Nicole Johns, Sofia Moletteri

Call to Order: B. Morgan asked someone to chair. L. Diaz volunteered and called the meeting to order at 12:12 PM.

Approval of Agenda: L. Diaz presented the agenda for approval. **Motion:** M. Cappuccilli motioned, S. Romero seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes (August 15, 2019): L. Diaz presented the previous meeting's minutes for approval. **Motion:** D. Gana motioned, A. Edelstein seconded to approve the August 15, 2019 meeting minutes. **Motion passed:** All in favor.

Report of Staff:

B. Morgan reported that OHP was currently working with AACO for the EHE (Ending the HIV Epidemic) plan. G. Grannan asked which applications they were currently working on. B. Morgan said that they were currently creating the draft plan due to the CDC by the end of December. J. Williams would be reporting at HIPC. This is for the implementation of the CDC four-year plan. The application is due before the plan's finalization.

M. Ross-Russell reported that there is another CDC application, as well as a SAMSA EHE plan about to come out. B. Morgan added that the CDC application about to come out is for the implementation of the 4 year plan. L. Matus mentioned that she had heard about funding for FQHCs from HRSA. M. Ross-Russell said that that had already happened—six FQHCs are going to be funded under the third pillar (Prevention Pillar) of EHE. \$250,000 would be given to six FQHC (federally qualified health centers) for testing and PrEP. B. Morgan added that PrEP was a large emphasis with EHE.

M. Ross-Russell explained that the issue with PrEP is that HRSA dollars cannot cover it, but there would be the 200,000 prescriptions made over a 11 year period that people can apply for through Walgreens and CVS. The individuals receiving the prescriptions must be uninsured. G. Grannan commented that it was similar to RWHAP for PrEP since RWHAP is a payer of last resort.

L. Matus commented that there is a NOFO (Notice of Funding Opportunity) for Rapid ART (Antiretroviral Therapy) start in RWHAP, a second for AIDS Education and Training Center National Clinical/Consultation Center, a third for data integration quality and technical assistance, and one

called Target HIV for medical assistance. B. Morgan reported that there would be more EHE updates during the HIPC meeting, and the Executive Committee would have more updates at their next meeting as well.

B. Morgan added that J. Williams would be working with HIPC for the community engagement portions of EHE. AACO and HIPC would coordinate times to work together in 2020. M. Cappuccilli asked if EHE discussion would focus solely on Philadelphia. M. Ross-Russell responded the EHE funding is only for Philadelphia, but appropriate and applicable strategies would be implemented throughout the EMA. She explained that the Integrated Plan covers the whole EMA but will be implemented around the EHE. The two are funded differently but will have overlap. M. Ross-Russell said the Integrated Plan would also look into how to expand ideas and strategies from the EHE to the rest of the EMA.

Discussion Items:

—Tobacco Use as a Barrier—

B. Morgan directed attention to the CBH (Division of Community Behavioral Health) email about the tobacco use. C. Terrell wrote a blurb at the top, but the rest was language directly from CBH. M. Ross-Russell said that when HIPC originally looked at the policy around tobacco use ban, they thought it was only related to inpatient facilities. When they found out that it also existed for outpatient substance use treatment, the Planning Council wanted to address this barrier to care.

M. Ross-Russell said that there was research that showed that abstinence from substance use had been correlated with cessation of smoking. However, M. Ross-Russell said that the Planning Council felt tobacco use was actually a helpful tool when first abstaining from substance use. Therefore, they felt that if it was mandated to stop both substance use and tobacco use, patients would feel hesitant to participate.

N. Johns noted that inpatient facilities mandate all cessation of tobacco use, but outpatient facilities just don't allow tobacco use on campus. M. Ross-Russell said that it is important to note that outpatient facilities don't mandate cessation, but it would still be an issue for patients who are at the facility for long intervals of time. L. Diaz commented that her organization does not allow smoking on campus but does have a designated area across the street. L. Diaz added she did not think patients would stay long if they did not have that designated smoking area. M. Ross-Russell agreed and said that such an area would be important if patients were not allowed to leave campus during their stay. G. Grannan mentioned that CBH may make the rules for smoking, but it may also be a zoning issue as well.

N. Johns reminded everyone that the council had suggested making a statement saying that tobacco use should not be a barrier to someone accessing RWHAP services. After HIPC makes a statement, AACO could put it forth. G. Grannan commented about how tobacco use, especially smoking, is part of the drug use ritual as well as the drug cessation ritual. G. Grannan continued to explain that providers should be helping their patients change behavior. This means providers should be using a behavioral change theoretical model which would not ask for smoking cessation before a client is ready.

M. Cappuccilli asked if OHP would draft the statement and N. Johns replied that the Executive Committee could craft the statement and have it be similar to a directive. G. Grannan suggested language for the statement: "tobacco use shall never be a barrier to accessing RWHAP funded services." He acknowledged that some may feel as if the statement implies that RWHAP is

advocating for tobacco use. However, he emphasized that rather than advocating, it only acknowledges that patients should be able to address their substance use issues when they are ready. G. Grannan asked if RWHAP pays for people who are court mandated, and M. Cappuccilli responded no. G. Grannan said that a lot of substance use treatment is court mandated.

L. Matus asked if the “access” to service covers the full act of “receiving” service. N. Johns suggested taking out “access” to broaden the language. S. Romero pointed out that the purpose of the statement is to ensure that every individual can take their own path to wellness and cessation. M. Ross-Russell said that it was universally recognized that tobacco use was dangerous, but the Council is just eliminating the decision patients must make between quitting tobacco use and receiving treatment.

G. Grannan suggested that the CBH health statement was using facts in a misleading way and that people have a longer time to change their smoking behavior because no single cigarette can be fatal. Behavior change exists on a longer timeframe for smoking. L. Diaz agreed that tobacco use is less pressing with long-term effects versus the potentially fatal, short-term effects of drug use. A. Edelstein said that in reality, providers cannot track patients using tobacco when they leave the premises anyways.

M. Ross-Russell repeated the statement without “access” in the language: “tobacco use shall never be a barrier to RWHAP funded services.”

L. Diaz called for a vote to bring the tobacco use directive to the Planning Council with a recommendation for approval:

8 in favor, 0 opposed, 0 abstaining.

B. Morgan said that he directive would go to HIPC at the next meeting.

—Codes of Conduct—

B. Morgan directed attention to other jurisdictions’ Codes of Conduct. There were URLs at the bottom of the documents if any committee member wanted to look further into the pages. She reminded everyone that at the last meeting they discussed how the council only had bylaws regarding removing an individual from a meeting. Furthermore, the bylaws are limited and only refer to guests or members, not cochairs.

B. Morgan pointed out the Miami-Dade Code of Conduct as a good example for the full planning body and cochairs. She then noted that the Boston EMA Code of Conduct handout focused more on responsibilities of individual members but included how people are supposed to act during meetings. The orientation booklet one, she pointed out, is about conduct at HIV Planning Council meetings, e.g. how to listen, contribute, and disagree. She suggested that the page on the last part of the orientation booklet was a self-assessment that may be good information for new members.

M. Cappuccilli asked if anything this detailed had ever be mandated in HIPC. B. Morgan said no and that such formal procedures only occur with reason. She added that the Codes of Conduct were not uniform across jurisdictions. M. Cappuccilli asked if a lack of clear rules was a problem that needed to be solved immediately. L. Matus answered, explaining that the process was more preemptive. L. Diaz thought it might be good for heated discussions for when people may talk out of turn and accidentally trigger or offend others.

N. Johns said that the Positive Committee came up with simple and specific rules that co-chairs could point to for review at the beginning of meetings and when someone violates the rules. The main goal of the rules was to define what “out of order” meant. A. Edelstein recommended giving the rules to new applicants so they could sign off on the rules. S. Heaven asked if the Executive Committee would come up with the rules and then bring it to HIPC for a vote. B. Morgan said yes and that it’s impossible to hold people accountable for things that they have not agreed to. It would be best if there were mutually agreed upon rules that all the members knew about.

The committee referred to the Positive Committee Ground Rules. S. Heaven said that the last part about first, second, and third warnings and consequences was especially important. She proposed that whatever rules they came up with, they should include the last part.

M. Ross-Russell said that there was language in the bylaws enabling a cochair of HIPC to call someone out of order and tell them what the process steps are. It was written that people disrupting would be asked to leave, but B. Morgan said it doesn’t define “out of order” and mostly refers to Robert’s Rules (speaking rules) which HIPC does not strictly follow. A. Edelstein suggested moving the meaning of “out of order” more towards a behavioral meaning. M. Ross-Russell said that community planning involves intense and personal topics, therefore impassioned individuals may accidentally speak out of turn. M. Ross-Russell emphasized the importance of drawing a line that prohibits aggression, not passion.

L. Diaz said this is especially important when individuals disagree on something. D. Gana added that such rules are important for getting points across since screaming or name calling has a negative impact. L. Diaz said that the cochairs should not be the only people involved in the process and other members feel left out/dismissed. She asked how they wanted to proceed—should they look at different EMAs’ Codes of Conduct or use Positive Committee Ground Rules as a starting point?

L. Matus said she liked Positive Committee’s rules. D. Gana noted that they would only have to change the meeting time at the top of the Positive Committee rules. A. Edelstein added that the portion about confidentiality on the rules may not be needed since the meetings are open to the public. L. Matus suggested wording it differently. D. Gana read off the Houston page numbered 125 with the title “Meeting Ground Rules.” He read #8 that could be used in lieu of the confidentiality rule: All members will speak positively about the planning body in public; problems will be addressed within the group, and not with outsiders.

S. Romero said that he liked #4 in place of #8: There will be no personal attacks on anyone; disagreements will focus on issues, not individuals.

He felt that #4 was better for defusing tension at meetings. N. Johns reemphasized that the purpose of the rules is to hold people accountable for their behavior and empower members to speak up as well. L. Matus noted that #10 was similar to what N. Johns was talking about. #10 read: every member will take responsibility not only for abiding by these ground rules personally, but also for speaking out to assure that all other members abide by them.

L. Matus said #7 also touched on what N. Johns mentioned. L. Matus read #7: members will behave in a manner which reflects recognition of their responsibility to present and consider the concerns of specific communities or population groups, and at the same time consider the overall needs of people living with HIV disease and act on their behalf, not to benefit themselves. Everyone agreed that #7 would be good to incorporate into their own rules.

A. Edelstein asked about protocol for individuals with repeated offenses. L. Diaz responded that those cases should go to Nominations Committee—everyone agreed. G. Grannan asked about the legality of kicking members out and them coming back as a guest. N. Johns said that it is okay so long as there are no safety concerns. A. Edelstein clarified that guests are still held to the written rules.

M. Ross-Russell said that the bylaws were written due to certain past circumstances. The rules associated with HIPC were the same for the City Council at the time. M. Cappuccilli asked if anyone ever had ever been removed from HIPC in the past. M. Ross-Russell responded that it has not happened in a long time.

M. Ross-Russell explained that posting publicly the expectations for behavior might be beneficial. This would help with the committee reaching its goal to ensure that people act respectfully to the one another. M. Cappuccilli suggested the rules be posted on the wall in the front of the conference room.

L. Matus referred again to Hudson page 125, suggesting that #7 be the first statement, #10 would be second with the addition of “respectfully” before “speaking out,” #4 would be the third, and the Positive Committee warnings would be added last.

L. Diaz said that the first rule should be the first Positive Committee rule, but it should just say “arrive on time” without mention of a specific time. L. Diaz asked what “cross talk” was as mentioned in the third Positive Committee ground rule. D. Gana defined “cross talk” as side conversations. M. Cappuccilli noted that there is such thing as beneficial, quiet cross talk. S. Heaven contested that in those scenarios people only talk for short instances. She added that beneficial crosstalk differs from extended side conversation. As a cochair, she thought it was distracting. She asked how to gauge between “beneficial” cross talk and unproductive cross talk. L. Diaz said that if someone has questions, it should be encouraged that these people ask the questions publicly. The group agreed. L. Diaz suggested adding a bullet encouraging people to ask questions aloud.

B. Morgan said that this also involves self-regulation of the group, and other members should be able to call people out on unproductive cross talk. D. Gana said that if people have a pressing conversation, they should step outside to have it.

L. Diaz asked about the confidentiality portion and if the committee wanted to change it. M. Cappuccilli recalled that they had planned to take it out. B. Morgan considered that it might be important to include a rule that disallows any sharing of personal information outside of the group.

N. Johns suggested that the rule about staying on topic could mention the “current agenda item.” L. Matus agreed but suggested “topic” in place of “item.” N. Johns noted that emphasis for staying on topic may lead to a better direction for the New Business agenda item.

D. Gana suggested that for the “second warning,” it should be clarified that next time they are warned—the third warning—they will be asked to leave.

B. Morgan said that she could change some of the language from the Hudson page 125 Meeting Ground Rules for clarity. M. Cappuccilli reminded B. Morgan that the group favored #4, #7, #10. He felt that they were a bit wordy and supported B. Morgan changing the wording a bit.

L. Diaz asked that next time they meet they can vote on the rules. A. Edelstein reminded the group that they would not meet for three months. B. Morgan said they could reach an agreement over email and then bring the rules to HIPC for a vote. The group agreed that this would be a good idea since they wanted to enact the rules as soon as possible.

Motion: A Edelstein moved, L. Matus seconded to bring the Ground Rules to HIPC so long as there are no objections via email. **Motion Passed:** 8 in favor, 0 opposed, 0 abstaining.

—March Evening Meeting—

B. Morgan reminded the committee that in August 2019 meeting, they decided to host the first HIPC evening meeting on March 12th, 2019 from 6-8 PM. The goal was to provide an accessible and friendly environment for newcomers as well as current members. J. Williams would speak at the meeting about EHE. B. Morgan asked the committee to share any ideas for special presentations or guests with her.

A. Edelstein asked if the meeting would need the full two hours. M. Ross-Russell said that the only complication for the March meeting would be if they needed to vote on allocations. She explained that they usually don't get the allocations in March, but if they do, the meeting agenda may have to be changed to an allocations meeting.

M. Cappuccilli asked if the meeting would be until 8:00 PM or 8:30 PM. B. Morgan responded with 8:00 PM. She explained that if allocations was an issue for March, the office could give HIPC a few days' notice informing the council that time may run over.

B. Morgan emphasized that the purpose of the meeting was to provide a more reasonable time for more people in the public. S. Romero added that they can speak with J. Williams, and ask him to invite people to the meeting as well.

L. Diaz asked if they would be having a Twitter and Facebook post about the meeting, B. Morgan responded affirmatively. N. Johns mentioned the Positive Committee evening meeting Facebook post. She asked everyone to share that post for the evening meeting on Tuesday, Dec 10th.

L. Diaz said that Nominations Committee had been considering giving a presentation to HIPC and suggested adding this as a discussion item for the January 2020 Nominations agenda. M. Cappuccilli said he would talk to D. Law.

Old Business:

None.

New Business:

None.

Review/Next Steps:

None.

Announcements:

None.

Adjournment:

Motion: S. Heaven motioned, L. Diaz seconded to adjourn the November 21, 2019 Executive Committee meeting. **Motion passed:** All in favor. Meeting adjourned at 1:48 PM.

Respectfully submitted:

Sofia M. Moletteri, staff

Handouts distributed:

- November 2019 Executive Committee Agenda
- August 2019 Executive Committee Meeting Minutes
- CBH letter to HIPC around tobacco use
- Positive Committee Ground Rules
- Hudson County HIV Services Planning Council Voting Member
- The Planning Council Chair Miami-Dade HIV/AIDS Partnership
- Ryan White Part A Boston EMA HIV Services Planning Council