

MEETING AGENDA

VIRTUAL:

Monday, December 6, 2021

2:00 p.m. – 4:00 p.m.

- ◆ Call to Order

- ◆ Welcome/Introductions

- ◆ Approval of Agenda

- ◆ Approval of Minutes (*July 1, 2021*)

- ◆ Report of Co-Chairs

- ◆ Report of Staff

- ◆ Discussion Items
 - Monitoring the Administrative Mechanism Form

- ◆ Other Business

- ◆ Announcements

- ◆ Adjournment

EXECUTIVE COMMITTEE

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

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Philadelphia HIV Integrated Planning Council

Executive Committee

Meeting Minutes of

Thursday, July 1, 2021

12:00-2:00p.m.

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

Present: Gracie Borns, Lupe Diaz, Alan Edelstein, David Gana, Gus Grannan, Sharee Heaven, Loretta Matus, Kenya Moussa, Sam Romero, Clint Steib,

Staff: Mari Ross-Russell, Sofia Moletteri, Julia Henrikson

Call to Order: L. Diaz offered to chair the meeting, calling the meeting to order at 12:10 p.m. She skipped the introductions since everyone was familiar with each other.

Approval of Agenda: L. Diaz presented the July 2021 Executive Committee agenda for approval.

Motion: D. Gana motioned, G. Grannan seconded to approve the July 2021 agenda. **Motion passed:** 88% in favor, 13% abstaining. The July 2021 Executive Committee agenda was approved.

Approval of Notes (March 2, 2021): L. Diaz presented the previous meeting's minutes for approval.

L. Diaz asked to fix a small typo; S. Moletteri said they would. **Motion:** D. Gana motioned, G. Grannan seconded to approve the amended March 2021 meeting minutes. **Motion passed:** 75% in favor, 25% abstaining. The March 2021 Executive Committee minutes were approved.

Report of Staff:

M. Ross-Russell reported that the Integrated Plan guidance had just been released the previous day. It was due the end of next year – December 2022. The RW (Ryan White) Part A application was also released and due October 6, 2021. She noted how the Integrated Plan guidance would overlap with Priority Setting and the Consumer Survey. Since it had reached the third year, the Priority Setting process was mandated. 2021/2022, she explained, would be an intense year with many overlapping processes. She determined that the Integrated Plan guidance, as expected, included NHSP (National HIV Strategic Plan) and EHE (Ending the HIV Epidemic) goals though it was not explicitly specified within the guidance. The guidance required a Situational Analysis similar to the Philadelphia EHE plan. Following the Philadelphia EHE plan for the Integrated Plan would allow for consistency in goals throughout the counties.

S. Moletteri reported that the hivphilly.org website now had an updated allocations page. There were still two materials missing, including the service category booklet. These would be posted soon. There were flyers to distribute (to advertise the allocations process and increase participation), a PowerPoint to walk people through the process (which would be helpful for new members or as a refresher), a worksheet/checklist for preparation, and funding and priority materials (CSU, MMP, funding charts, etc.). Allocations would be in July 2021. It would start off with New Jersey on July 13th. The first meeting would be to review data and discuss plans. The second meeting would be an optional Q&A. The final meeting would involve budget discussion and final decisions, including directives.

Discussion Items:

—Rapid Distribution of Funds Form—

M. Ross-Russell explained that during the Site Visit, HRSA wanted the HIPC to evaluate and report on the Rapid Distribution of Funds annually. HRSA recommended the development of a checklist. S. Moletteri drafted a form for the Finance Committee.

A. Edelstein said that this was presented by M. Ross-Russell last month. The responsibility of evaluation fell under the purview of the Finance Committee, but the committee did not want to usurp the Executive Committee and automatically assign the responsibility to themselves. The committee decided to receive a final decision/approval from the Executive Committee regarding responsibility of items on the form.

A. Edelstein said that the Finance Committee also discussed the issue of monitoring HIPC's budget, reviewing this within the quarterly reports from AACO. The Finance Committee would also like to do this, but they wanted a formal decision from the Executive Committee since this was not something they had done in the past.

M. Ross-Russell mentioned a Google group made up from RW EMA staff across the country. She had connected with the group and asked for their Monitoring the Administrative Mechanism forms. Included in the meeting packet was a form from Minnesota. The committee could choose to look over the form and adapt some language to their EMA. A. Edelstein suggested delegating this responsibility to the Finance Committee. D. Gana noted that the HIPC and Minnesota forms were similar and only had formatting difference.

C. Steib agreed with the Finance Committee taking on these tasks. He asked if the Finance Committee, after reviewing the form, would report back to HIPC or the Executive Committee to keep them up to date. A. Edelstein answered they would likely report back to HIPC. If there was some serious concern regarding the checklist, the Finance Committee could bring it to the Executive Committee before HIPC. C. Steib and G. Grannan were in favor of this process.

S. Heaven suggested, as a formality, they bring the process to a vote.

Motion: A. Edelstein motioned that the Executive Committee delegate responsibility of the Monitoring the Administrative Mechanism form to the Finance Committee, C. Steib seconded.

C. Steib asked if it would be up to the Finance Committee the template they would use. A. Edelstein said that this was probably the case unless there were any objections. L. Matus said she had no objections but asked that the Finance Committee let them know that the form was complete.

L. Diaz asked if they were allowed to vote in the Executive Committee since they were small. M. Ross-Russell said yes, and no one had to abstain.

M. Ross-Russell suggested completing the form annually in May, because this was when HIPC received the final expenditure report. This would be the simplest way to ensure processes were complete with an understanding of final expenses. S. Moletteri asked if they needed to include a timeframe within the motion. M. Ross-Russell felt this was a good idea. A. Edelstein and G. Grannan agreed.

Amendment: L. Diaz amended the motion to include the timeline as follows: The Executive Committee would delegate responsibility of the Monitoring the Administrative Mechanism form to the Finance Committee which is to be completed annually in May, A. Edelstein accepted the amendment to his motion.

Vote:

A. Edelstein: in favor
L. Diaz: in favor
David: in favor
C. Steib: in favor
L. Matus: in favor
G. Grannan: in favor
S. Romero: in favor
K. Moussa: in favor
S. Heaven: in favor

Motion passed: The delegation of responsibility to the Finance Committee to take on the Monitoring the Administrative Mechanism form was approved. All in favor.

A. Edelstein asked to make another motion.

Motion: A. Edelstein motioned that the Finance Committee would review the HIPC budget and the Monitoring the Administrative Mechanism form, reporting back to the Executive Committee if there were concerns, C. Steib seconded.

Vote:

A. Edelstein: in favor
L. Diaz: in favor
David: in favor
C. Steib: in favor
L. Matus: in favor
G. Grannan: in favor
K. Moussa: in favor
S. Romero: in favor
S. Heaven: in favor

Motion passed: The responsibility of Finance Committee to report back to Executive Committee with any concerns regarding the HIPC budget and the Administrative Mechanism form was approved. All in favor.

—Bylaws Language and Quorum—

M. Ross-Russell noted that there were two sections within the bylaws that needed to be discussed. During the HRSA Site Visit, language within the bylaws around a required 20% quorum of participating individuals who were PLWH (people living with HIV) was mentioned. The consultants noted that the way language was written implied that people would have to disclose their status as part of the meeting to meet quorum publicly.

M. Ross-Russell said that OHP (Office of HIV Planning) staff and HIPC co-chairs knew who the PLWH were within the meeting, and they could get an idea without having people disclose their status publicly. However, since this was an unofficial process, the Executive Committee needed to revisit the bylaws and consider making the language less restrictive. Typically, the council used “goal” language to avoid restrictiveness, but such language might still force people to disclose their status. L. Diaz agreed. M. Ross-Russell said the language was initially put in place to promote inclusivity and involvement of PLWH within HIPC processes. However, this was now an issue of privacy. If they kept the language, they would need to look into how to document quorum on record.

M. Ross-Russell asked how they wanted to go about this. D. Gana said that, as part of the open application process for HIPC, people were asked about their HIV status. If an applicant who was a PLWH was accepted to the council, the office might have a list of PLWH that they could review during meetings. OHP staff could officially determine that they had PLWH as representatives within the meetings. M. Ross-Russell agreed that staff knew of the PLWH within the council—however they did not keep a formal list. She added that noting the amount of PLWH participating publicly walked a fine line. L. Diaz said that a formal list might get misplaced, seen by others, etc., and could cause a problem with confidentiality.

M. Ross-Russell added that staff knowing PLWH within the council was not a satisfactory answer for HRSA. A. Edelstein said if they did not make the 20% quorum, they would have to notify the chairs. He felt that 1/3 of the membership quorum for voting was okay, but adding the 20% quorum for voting PLWH might be difficult. C. Steib asked if the part about quorum of 20% PLWH could be removed from the bylaws. M. Ross-Russell said that having language within the bylaws that was more generic was beneficial. 1/3 quorum was something HIPC could always attain, and they only needed more than 1/3 when they were using Special Rules of Order to vote on virtual meetings. She explained that the 20% quorum of PLWH would be difficult to document while still accounting for confidentiality.

L. Diaz asked if the language around quorum of PLWH was from HRSA or CDC. M. Ross-Russell said neither: it was added to the bylaws because there were individuals who felt strongly about such language which emphasized the participation of PLWH since the services they were discussing were for PLWH. In the past—when the language was officially made—there were people within the Executive Committee who felt that this language would be restrictive. However, they passed the language to demonstrate support for the idea. S. Heaven suggested that the idea now was to have community involvement as their goal. The language had caused concern during the Site Visit, and HIPC/OHP had no way of recording quorum of PLWH without having a list. The discussion around confidentiality suggested that the bylaws worked against the safety and privacy of PLWH. They still wanted community involvement, but they needed to keep members who were PLWH’s privacy and personal lives in mind.

D. Gana agreed, noting that when they presented the language alterations to HIPC they should emphasize the need for community involvement and acknowledge its importance. This was about confidentiality over everything. L. Diaz asked if they could add language which indicated the importance of inclusivity and participation from PLWH. M. Ross-Russell said that this could be done on the HIPC website description to emphasize community. They could also make a mission statement for the website. S. Heaven, S. Romero, and C. Steib agreed.

A. Edelstein noted the similar section later on in the bylaws that required 20% quorum of PLWH within committees as well. He said that committees had an even smaller number of attendees, so it would be easier to breach confidentiality in these cases. L. Diaz said that it might also be harder to meet this goal in a smaller setting. S. Heaven asked if they should vote as Executive Committee to remove the language or if they should bring it to a vote at the HIPC meeting. L. Diaz suggested voting to bring it as a recommendation to the Full Council. G. Grannan asked, if they were going to continue with this decision, that they give the Positive Committee some sort of role. Ultimately, he felt removing the language was removing leverage/a negotiation tool that PLWH had within the council. Therefore, they should ensure Positive Committee's involvement.

M. Ross-Russell referred to page 3 of the bylaws listing compositions of the Planning Body—this portion include the language requiring 1/3 of membership be PLWH. She said that it listed, as a goal, that 50% of members be PLWH and a minimum of 1/3 membership. She said that, going back to the 20%, there was a balance between ensuring that PLWH could participate and mandating that they disclose their status as a means to participate.

D. Gana agreed, though he felt that they would not need to discuss this with the Positive Committee. He felt that the goal of HIPC was to ensure that PLWH's voices were heard within HIPC. K. Moussa said that active participation of PLWH was certainly the goal, so they needed to ensure that those from the Positive Committee were not silenced or being silent so that progress could be made. D. Gana said that oftentimes, the Positive Committee had been in the position where they could be heard, since HIPC-wide projects would begin within the Positive Committee.

G. Grannan said that if he were a PLWH, language ensuring that PLWH had leverage on the council would be a good tool to have, so they needed to acknowledge this aspect. S. Romero felt this was not so much of a tool and more of a strategy and that such language would be more substantial as a mission listed for the council. The language would have just as much of a presence without being binding in a way that would hinder the provision of services to the community. A. Edelstein reiterated that the reason they would remove the language was not because they did not agree with it, but because it was not practical to monitor and document regarding confidentiality.

D. Gana agreed, adding that keeping track of PLWH would be a deterrent for any potential new members. Keeping in the goal of 50% membership of PLWH was good to keep in, but anything that required strict monitoring and potential breaches of confidentiality would deter new members. G. Grannan ultimately agreed that they should remove the language.

L. Diaz felt that disclosing HIV status in order to vote might cause people to opt out of voting or coming to meetings, generally. A. Edelstein wanted to avoid this. L. Matus stated that the council had a rigorous nominations process which prioritized the voices of PLWH. M. Ross-Russell noted that the council had fallen below 33% membership of PLWH as a result of COVID-19. OHP and Nominations Committee were paying attention to this and looking into how to ensure more participation from PLWH.

C. Steib concluded that the Executive Committee was in agreement to remove the language. He asked if they should take this conclusion to the Full Council. A. Edelstein confirmed. C. Steib asked how the Positive Committee felt about bringing the motion to remove the language forth to the Full Council. He asked if they would discuss this with the Positive Committee prior. K. Moussa said she would inform the Positive Committee. M. Ross-Russell asked if the Positive Committee co-chairs were okay with disclosing their status. G. Borns and K. Moussa said they were comfortable

disclosing their status but that there might be others who were not. G. Borns stated that people should not have to disclose to participate.

S. Heaven asked the Positive Committee co-chairs if they could go straight to HIPC for a vote, or if they should bring the discussion to the Positive Committee first. K. Moussa and G. Borns said that it would be best to bring the discussion to the Positive Committee first. M. Ross-Russell stated that they would not have a HIPC meeting in July due to the allocations process. The process within HIPC was that, to alter bylaws, the change would be proposed and the council would have to wait 30 days before voting.

A. Edelstein said that there needed to be more discussion within the Positive Committee. If they needed to move at a slower pace to accomplish this, that might be beneficial. M. Ross-Russell said regardless of which way it went, they would have a 30-day waiting period.

S. Moletteri stated that the Positive Committee was meeting on Monday, July 12th. L. Diaz said they could first discuss the bylaw alterations during the August Planning Council meeting. G. Grannan suggested the Executive Committee vote on the proposed change as a recommendation to the Planning Council during their August meeting.

Unofficial Motion: G. Borns motioned to discuss, with HIPC, the alterations to the bylaws regarding 20% quorum of PLWH who are members as presented by the Executive Committee, G. Grannan seconded.

M. Ross-Russell said that, while G. Borns was a co-chair, she was not a member of HIPC and could not make a motion.

Motion: K. Moussa motioned to discuss—with HIPC—the alterations to the bylaws regarding 20% quorum of PLWH who are members as presented by the Executive Committee, G. Grannan seconded.

Amendment: G. Grannan amended the motion, adding that they would first discuss the alterations with the Positive Committee, K. Moussa accepted the amended motion.

Vote:

A. Edelstein: in favor
L. Diaz: in favor
C. Steib: in favor
D. Gana: in favor
L. Matus: in favor
G. Grannan: in favor
K. Moussa: in favor
S. Romero: in favor
S. Heaven: in favor

Motion passed: The motion to discuss the alterations—with the Positive Committee and then HIPC—the alterations to the bylaws regarding 20% quorum of PLWH who are members as presented by the Executive Committee was passed. All in favor.

—*Recommendation Language from Prevention Committee*—

M. Ross-Russell referred to the language on the screen, noting that this was recommendation language from the Prevention Committee. C. Steib asked M. Ross-Russell to recall and start the discussion for the Prevention Committee. M. Ross-Russell said that as they began moving toward allocations and finalizing the year end, the Prevention Committee wanted to send language directly to the recipient that would not “fit” as part of allocations. The recommendations came from DExIS (Demonstrating Expanded Interventional Surveillance) and EHE components.

The draft recommendations were as follows:

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.*
4. *Increase advocacy work around altering the HIV Felony Law to match the current science, since the current law, as is, perpetuates stigma and is not consistent with the federal and local EHE plan, particularly when addressing HIV testing in “Pillar 1: Diagnose.”*

She continued to explain that Prevention Committee noted the high numbers of people testing positive for STIs. There were people who had come in on multiple occasions who had an STI and did not receive a follow-up HIV test. The language was inspired by the EHE Situational Analysis. Also as part of the discussion, the Prevention Committee noted that some individuals would be uncomfortable with receiving an HIV test. Such individuals might be part of criminalized populations who were aware of the HIV Criminalization Law in PA: if someone knew was aware of their status, it would be a felony to engage in risky behavior no matter their treatment. Additionally, some people might not feel comfortable taking an HIV test on-site, so the Prevention Committee recommended offering a take-home kit so people could test themselves anonymously. Lastly, if an individual had a negative HIV test, there was a discussion about offering PrEP as a preventative measure.

The fourth recommendation, she said, the committee was still workshoping.

The Prevention Committee recommended that the language first go to the Executive Committee, since the Prevention Committee wanted to eventually present the language to the recipient as either a letter or another similar medium. They felt the language needed to first come to Executive Committee before HIPC to determine the most effective mechanism for presentation to the recipient.

M. Ross-Russell asked if her description accurately captured the discussion within the Prevention Committee. C. Steib agreed that this captured their discussion. In terms of presenting the language to the recipient, he said that a letter or suggestion form would be best. The recipient would then not be held to a timeline with strict accountability.

G. Grannan clarified that the proposal for a letter would cover the first three recommendations listed, not the fourth. C. Steib explained that these are not recommendations without basis—they were in alignment with the CDC’s prevention strategy. L. Diaz noted that if someone tested positive for one

or more STIs, their risk of HIV acquisition was higher. M. Ross-Russell reiterated that the recommendations were also consistent with EHE. The surprise, she said, was that there were still instances in which people were not tested for HIV after receiving a positive STI, despite the federal strategy. C. Steib agreed, noting that there were cases within EDs (emergency departments) wherein the medical staff did not offer an HIV test.

G. Grannan explained that the recommendations would not be included within allocations because they were not directly funded by RW Part A funds. The recommendations were prevention-based and not care-based. C. Steib agreed, stating that this would allow HIPC/the Prevention Committee to collect more data so that next year for allocations, they could consider rewording the recommendations to include them in the allocations process. M. Ross-Russell said, from a care standpoint, the recommendations as they stood now would not fit neatly. The only service the recommendations might fall under would be Early Intervention Services which was only covered within the Ambulatory Outpatient Care service category. If they reworded the directives as care-related activities related to RW Part A funds, they would only apply to providers receiving both care and prevention funds. Therefore, the language would not have as far of a reach and be restricted in who it applied to. Those only funded for prevention services might not be part of the mix. G. Grannan agreed, adding that some providers might only offer HIV tests and not STI tests.

M. Ross-Russell reiterated that Early Intervention Services was folded into Ambulatory Outpatient Care. C. Steib asked if this included funding for EDs. M. Ross-Russell was unsure. C. Steib said that AACO funded HIV testing within EDs. M. Ross-Russell was unsure of the specific funding stream, as it might come from CDC/other funds as opposed to RW care funds.

C. Steib asked what action the Executive Committee should take—do they look to HIPC to see if and how they draft a letter to the recipient? M. Ross-Russell explained that the process would need to come as a motion.

Motion: C. Steib made a motion to bring the recommended language to HIPC from Prevention Committee—recommendations #1-3, approved on May 26, 2021—in the form of a letter/suggestion to the recipient, D. Gana seconded.

Vote:

- A. Edelstein: in favor
- L. Diaz: in favor
- C. Steib: in favor
- D. Gana: in favor
- L. Matus: in favor
- G. Grannan: in favor
- K. Moussa: in favor
- S. Romeo: in favor
- S. Heaven: in favor

Motion passed: The motion to bring the recommended language to HIPC from Prevention Committee—recommendations #1-3, approved on May 26, 2021—in the form of a letter/suggestion to the recipient was passed. All in favor.

—*Transition to Hybrid Meetings*—

M. Ross-Russell suggested they discuss hybrid meetings, meaning meetings that were simultaneously virtual and in-person. The option of in-person was somewhat concerning, so they would have to maintain social distancing, masks, hand sanitizer, etc. She said that the office would be going back to a modified in-person schedule starting July 6, 2021. Since they had individuals who were immunosuppressed, they would have to be very strict with how participants would meet in-person to ensure that no one was at risk. There was no way to tell which individuals were vaccinated or not unless people were to disclose their vaccination status.

G. Borns said that she carried around her card to show she was vaccinated and that other people could do this as well. L. Diaz figured it was not legal to ask people's vaccination status. M. Ross-Russell said that there were likely also those not vaccinated who would come to the meetings. Maintaining participation and proceeding with processes would be important.

S. Moletteri read the minutes on the screen from the June 10, 2021 HIPC meeting around the discussion of a hybrid model. Please refer to the meeting packet for the full discussion. D. Gana referred to K. Carter's thoughts from the HIPC minutes which read as follows: "K. Carter said that those having issues with digital divide could be offered 'first dibs' for coming in person. Those who had the digital accessibility could continue meeting from home." He felt strongly about enacting this, noting that there were participants in the past who relied on receiving a beverage and a snack during the meeting. He hoped that this would not be an issue when considering the mask mandate. If people were consuming beverages or snacks, M. Ross-Russell said, they could remove their masks, but it would also defeat the purpose of the COVID-19 precautions. L. Matus suggested offering snacks and beverages as people were leaving the meeting. K. Moussa noted that it might act as incentive for people to stay the entire meeting.

L. Diaz said that giving people who were having issues with the digital divide "first dibs" would be wise. She suggested that one of three co-chairs could also "rotate" in-person meetings to help out. D. Gana said that this would mean taking out excess chairs. Every two or three chairs, K. Moussa noted, was proper to maintain safe social-distancing measures. L. Matus asked if there would be a maximum capacity for meetings. M. Ross-Russell said that the conference room had a maximum capacity of about 120 people, but they would have to set up the room so there was six feet of distance between each seat. They could set it up accordingly so there was only one chair per table.

L. Matus asked if they could say "masks are recommended but not required." M. Ross-Russell and L. Diaz said no, because masks were required. M. Ross-Russell explained that they needed to have protective standards for those who were nonvaccinated since they were more at risk. G. Grannan asked if OHP would offer PPE (personal protective equipment). M. Ross-Russell said the office had air filters and that they would receive PPE and sanitizer. They would also clean the space and meet the standards needed. There was danger to those who were unvaccinated and the HIPC probably would not be consider fully in-person meetings until at least September. The city still needed to work out logistics and safety measures.

G. Grannan suggested not voting on the issue as the Executive Committee and allowing OHP to adapt as the epidemiological profile of COVID-19 demanded. M. Ross-Russell said that there were moving parts, and they had not talked about attendance regarding hybrid, the technology involved, etc. This would not be implemented until September at the earliest, but they should start thinking

about the possibility. C. Steib asked if HRSA gave any guidelines around hybrid meetings. He volunteered to reach out to other planning councils to investigate their hybrid models.

K. Moussa suggested that in-person would be beneficial to some since Zoom meetings be both overwhelming and tiring. G. Grannan agreed, adding that they had to consider public transit if offering an in-person option.

M. Ross-Russell reiterated that June 6th was the city start-date for offices to go back to in-person on a modified schedule. They were not requiring anything regarding vaccination status at the moment, and those in offices still needed to maintain the same kind of safety measures in place throughout the pandemic. C. Steib said he received an email about the state's planning council, announcing that they would start a hybrid model in August. He said he would keep everyone posted on how this was implemented.

M. Ross-Russell said OHP wanted input on the process and that this was a work in progress. They would further the discussion within the Nominations Committee as well as other committees. L. Diaz said they did not need to vote. She also noted that members who were caretakers of those not yet vaccinated also had to be considered in discussions. M. Ross-Russell agreed and mentioned the Delta variant. They also needed to take into consideration how other members and committees felt. If there were any concerns, issues, or suggestions, she asked that people email her.

M. Ross-Russell said she could ask the Google group what they were doing with a hybrid model so they could come up with a plan. A. Edelstein recommended a podcast by Dr. Osterholm, an epidemiologist out of Minnesota, called The Osterholm Update. The podcast focused on looking at statistics in terms of the USA and internationally while considering variant numbers. He also made recommendations for schools and meetings. He looked at new developments and might be helpful to the planning process. S. Romero sent the YouTube link to the podcast in the Zoom chat. A. Edelstein said it was also available on other platforms.

Other Business:

D. Gana congratulated L. Diaz for her successful presentation the other day around the topic of mental health.

Announcements:

L. Diaz asked which committees were meeting this month, since she knew of alterations in the schedule due to the upcoming allocations process. D. Gana said that only the Positive Committee was meeting. D. Law said she would send out an email to the Nominations Committee to gauge when they wanted to meet.

D. Gana announce that HIPC should be receiving more applications for the council because he recently met with people interested in joining.

Adjournment: L. Diaz said they would not need a motion to adjourn because they were past the meeting time. Meeting adjourned at 2:13 p.m.

Respectfully submitted:
Sofia M. Moletteri, staff

Handouts distributed:

- July 2021 Executive Meeting Agenda
- March 2021 Executive Meeting Minutes
- Assessment of the Efficiency of The Administrative Mechanism (AEAM)
- AEAM for Minnesota Council
- Recommendation Language from Prevention Committee
- Minutes from June 2021 HIPC Meeting

DRAFT

Annual Checklist for
 Assessment of the Efficiency of
 The Administrative Mechanism (AEAM)
 Completed by Finance Committee

From the RWHAP Part A Manual: *The purpose of Monitoring the Administrative Mechanism “is to assure that funds are being contracted for quickly and through an open process, and that providers are being paid in a timely manner” (p 101).*

Directions: *Please complete the following form by highlighting yes, no, or N/A and offering the group responsible and any notes. “Group responsible” represents who (Council or specific subcommittee) was responsible for monitoring each item. The “Notes” section captures comments/concerns and allows the group responsible to expand upon the item listed.*

The Procurement Process:

<p>In the case of an RFP, HIPC received a presentation from and had a discussion with the recipient (AACO) around the RFP.</p> <p>NOTE: <i>HIPC is only to assess the process; the Council must not be involved in any way that might influence which agencies the recipient selects for funding. The HIPC should not be given information related to the RFP that could give provider members an unfair advantage.</i></p>		
Yes	No	N/A
Time Frame for report to Finance/HIPC: Six months prior to the RW service RFP distribution.		
Group Responsible:		
Notes:		

<p>The recipient's (AACO's) contract procurement process was efficient, effective, fair and inclusive. The RFP distribution process was wide-spread and included all areas of the EMA. NOTE: HIPC is only to assess the process; the Council must not be involved in any way that might influence which agencies the recipient selects for funding.</p>		
Yes	No	N/A
<p>Time Frame for report to Finance/HIPC: Thirty to sixty days after the RFP distribution process to accommodate the finance and HIPC meeting schedule.</p>		
<p>Group Responsible:</p>		
<p>Notes:</p>		

<p>The HIPC should be provided with an overview of the results of the RFP process from the recipient (AACO). This overview should include the number of responses to the RFP, the number of providers awarded and geographic location of the awards. NOTE: HIPC is only to assess the process; the Council must not be involved in any way that might influence which agencies the recipient selects for funding.</p>		
Yes	No	N/A
<p>Time Frame for report to Finance/HIPC: Thirty to sixty days after the RFP review and award process is completed to accommodate the finance and HIPC meeting schedule.</p>		
<p>Group Responsible:</p>		
<p>Notes:</p>		

Contracting:

HIPC received information from the recipient (AACO) about the percent of contracts fully executed within 90 days after Notice of Grant Award.		
Yes	No	N/A
Time Frame for report to Finance/HIPC: Thirty to sixty days after the award letter distribution process to accommodate the finance and HIPC meeting schedule.		
Group Responsible:		
Notes:		

Reimbursement of Subrecipients:

HIPC was informed of any obstacles to timely reimbursement. If there were obstacles, HIPC was informed of any adverse impact on clients or providers.		
Yes	No	N/A
Time Frame for report to Finance/HIPC: Quarterly, as part of the over/underspending reports.		
Group Responsible:		
Notes:		

HIPC was notified of late invoicing.		
Yes	No	N/A
Time Frame for report to Finance/HIPC: Quarterly, as part of the over/underspending reports.		
Group Responsible:		
Notes:		

Use of Funds:

The recipient (AACO) notified HIPC of a partial award/continuing resolution so HIPC could approve a budget scenario to ensure the rapid distribution of funds.		
Yes	No	N/A
Time Frame for report to Finance/HIPC: One week after Notice of Grant Award or of partial award.		
Group Responsible:		
Notes:		

The recipient (AACO) distributed funding in accordance to the approved allocation decisions made by HIPC.		
Yes	No	N/A
Time Frame for report to Finance/HIPC: Quarterly, as part of the over/underspending reports.		
Group Responsible:		
Notes:		

HIPC received regular reports on service utilization and expenditures by service category.		
Yes	No	N/A
Time Frame for report to Finance/HIPC: Quarterly, as part of the over/underspending reports.		
Group Responsible:		
Notes:		

The recipient (AACO) requested of HIPC any reallocations above the 10% threshold so HIPC could make and approve adjustments during the year. These requests were accompanied with a detailed explanation for the needed shift in funding.		
Yes	No	N/A
Time Frame for report to Finance/HIPC: As needed based on the finance and HIPC meeting schedule.		
Group Responsible:		
Notes:		

Engagement with PC/B in the planning process:

The recipient (AACO) had a staff member at each committee meeting except when asked not to attend.		
Yes	No	N/A
Time Frame for report to Finance/HIPC: At regularly scheduled finance and HIPC as well as annual allocation meetings		
Group Responsible:		
Notes:		

The recipient (AACO) implemented directives from HIPC and reported back on progress.		
Yes	No	N/A
Time Frame for report to Finance/HIPC: Six months following the start of the fiscal year.		
Group Responsible:		
Notes:		

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