

MEETING AGENDA

VIRTUAL:

Thursday, May 12 2022

2:00 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (*April 14, 2022*)
- Report of Co-Chairs
- Report of Staff
- Discussion Item
 - Trauma Informed Care Training
- Committee Reports
 - Executive Committee
 - Finance Committee – *Alan Edelstein & David Gana*
 - Nominations Committee – *Juan Baez & Mike Cappuccilli*
 - Positive Committee – *Gracie Bornes & Kenya Moussa*
 - Comprehensive Planning Committee – *Gus Grannan*
 - Prevention Committee – *Lorett Matus & Clint Steib*
 - Ad-Hoc Recruitment Workgroup
- Other Business
- Announcements
- Adjournment

HIV Integrated Planning Council

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

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**HIV Integrated Planning Council
Virtual Meeting Minutes for
Thursday, April 14, 2022
2:00-4:30 p.m.**

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

Present: Juan Baez, Mike Cappuccilli, Keith Carter, Jose Demarco, Lupe Diaz (Co-Chair), Alan Edelstein, David Gana, Gus Grannan, Jeffery Haskins, Julie Hazzard, Sharee Heaven (Co-Chair), Gerry Keys, Kailah King-Collins, Greg Langan, Loretta Matus, Kaleef Morse, Shane Nieves, Hemi Park, Erica Rand, Clint Steib, Desiree Surplus, Evan Thornburg (Co-Chair), Adam Williams

Guests: Mike Frederick, Ameenah McCann-Woods, Javontae Williams (AACO), Melanie Mercado

Excused: Debra D'Alessandro, Pamela Gorman, Sterling Johnson

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

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

Approval of Agenda: L. Diaz presented the April 2022 HIPC agenda for approval. **Motion:** K. Carter motioned, M. Cappuccilli seconded to approve the April 2022 agenda. **Motion passed:** 11 in favor, 2 abstained.

Approval of Minutes (March 10, 2022): L. Diaz presented the previous meeting's minutes for approval. **Motion:** G. Keys motioned to approve the minutes, K. Carter seconded to approve the March 2022 meeting minutes. **Motion passed:** 11 in favor and 3 abstained.

Report of Co-Chairs:

No Report.

Report of Staff:

M. Ross-Russell provided an update to HIPC's request for trauma informed care training. She did not receive information pertaining to a possible trainer until yesterday and it was too short notice to have someone conduct training for this meeting. When the details (i.e. fees, their availability, etc.) were finalized then the training could be conducted. S. Moletteri reported that OHP has not received any more requests from providers in the Survey Monkey and asked if any present HIPC members wanted to help distribute the Community Survey. This included, but was not limited to, online and in-person distribution of the survey. A link was put into the chat function of Zoom for those who were interested. M. Ross-Russell stated that so far, OHP had received 14 responses from the 104 emails that were sent to providers.

K. Carter asked if it was possible to send out a reminder to the providers about the importance of

their participation and completion of the survey. M. Ross-Russell stated that she would follow-up with Dr. Brady regarding the appropriate next steps. She continued that so far there were 42 online responses. C. Steib pointed out that some of the organizations could be holding on to the completed surveys so there might be an influx once groups start returning them to OHP. He also asked if there was an end-date for the survey. M. Ross-Russell answered that originally it was the end of May, so in about 6 weeks from this meeting, and that may be extended depending on the response rate.

C. Steib proposed to the group that because case managers are responsible for Ryan White certifications of their clients it would behoove HIPC to introduce the survey to them at this juncture. K. Carter added that Ryan White recertification for clients was done every 6 months and SVBP certification was about once per year. M. Ross-Russell stated that she would talk to Dr. Brady to determine the options available and go from there. She continued that while 42 responses may not appear to be a lot, it does mean that someone spent time completing the survey and that was a good thing. Additionally, it was entirely possible to receive an influx of hardcopies in the mail.

L. Diaz asked what the goal number was for returned surveys. M. Ross-Russell answered that OHP would like to have an increase over the last completed survey which was 391, 301 physical surveys and 90 completed online in both English and Spanish. M. Ross-Russell stated she would like to have a sample of over 400 respondents. There were a possible 2,500 hardcopy surveys to be sent to providers and she hoped that the online survey would have an increase from the last round of surveys.

K. Carter asked how the mask mandate was affecting OHP staff and the operations of the office. M. Ross-Russell answered that due to rising Omicron variant numbers things like in-person meetings have been placed on hold. Specifically due to members being at greater risk of health complications, so OHP was mindful of that as conversations surrounding hybrid meetings continued.

Discussion Items:

–Budget Review Process–

A. Edelstein reported that HIPC members were aware of the Project Officer and their comments and one of those pertained to the Planning Council being more involved in the budget process for the Office of HIV Planning specifically. They wanted the Planning Council to be involved in the preparation of the budget, to review the budget, and the approval of the budget. Discussion surrounding the comments have been to determine what might be the best way to facilitate these changes.

A. Edelstein reported that the budget amount for OHP was initially tied to the level, 5% increase, and 5% decrease allocation budgets, which were subsequently approved by the Planning Council. He stated that in the summer during allocations there were three budget scenarios agreed upon: level, 5% increase, and 5% decrease. In short, the amount that would be allocated for the Planning Council was contingent on how much the overall allocation was for the entire EMA. A. Edelstein continued that when the allocations were approved and voted on by the Planning Council, the OHP budget was also approved as part of the system wide allocation.

Embedded in the budget was the allocation for HIPC support and the current percentage has been consistent for the past 15 years or more at approximately 2.4% a decrease from 2.7% at the highest. To provide additional context, initially the planning council support budget, which could not exceed 5%, was separate from the overall administrative costs. With the last reauthorization several years ago, the planning council support budget was shifted into the administrative costs giving Recipients greater input into the planning body expenditures. With the combined cost not to exceed 10%. In other words, in the past there was a separate item for planning council support, and it was limited to no more than 5% of the overall allocation with the last reauthorization. Once the funding awards were provided to the recipient, by HRSA/HAB the final administrative allocation discussions began. The past several years the pattern has been that OHP received a preliminary award and then sometime later, as late as May.

A. Edelstein reported that the planning body was responsible for the allocation of Ryan White Part A service funds systemwide expenditures must be determined first. The process begins with the development of the systemwide expenditures which are provided to the Finance Committee and OHP staff by the Recipient. The calculation for service dollars based on HIPC deliberations are incorporated into the allocation process. The systemwide expenditures are subtracted from the total award and the regional percentages are determined based on each of the three regions' proportion of the epidemic. The recipient was allowed to take 10% of the total award for admin cost and 5% for quality management. The planning support budget was part of the administrative cost allocation.

A. Edelstein reported that the 10% allocated to the recipient included systemwide coordination, grantee administration, and capacity building. Once the recipient receives the award, some discussion related to the Planning Council budget takes place. For example, this budget cycle indirect costs would be handled differently than in the past, with each funded organization needing to include the 9.2% PHMC indirect costs within the budget. This number was determined because that was where the recipient caps the number that organizations are allowed to charge for admin cost at 9.2%. As a result, discussion regarding the minimum amount OHP needed to maintain the status quo would be discussed. The status quo referred to the dollars that were needed in order to effectively conduct the activities of OHP. Further deliberations regarding the Planning Council budget may occur within this joint meeting between the Executive and Finance committees.

A. Edelstein reported that once a preliminary planning support budget was crafted by OHP staff and this was presented in a joint meeting of the Finance and Executive committees. This was new and has not been done in the past, but it would be done moving forward. There was a preliminary budget developed by OHP staff that would then be presented in a joint meeting of Finance and Executive committees and this would be a review process. Before things move to the full Planning Council, further deliberations regarding the Planning Council support budget may occur within the joint meeting, so any additional concerns may be resolved. When an award letter is sent to Public Health Management Corporation, PHMC acts as the fiscal agent for the Office of HIV Planning. When the award letter goes to PHMC a review of the budget line items for supplemental and formula would occur with the account manager assigned to OHP by PHMC. discussion about line item direct costs, personnel costs, changes needed because of various activities, increased costs, etc., happen at this stage.

A. Edelstein reported that the budget creation is historically based on a review of the general journal and the detailed general ledger. Once the budget amounts are agreed by the Finance Committee based on the joint committee budget discussion the award budget is presented to the HIPC for review, finalized and returned to the recipient. If additional discussion, negotiations or changes are needed then this happens between the recipient, fiscal agent, appropriate HIPC committee, either Finance or Executive, and OHP.

A. Williams stated before a vote he would like some discussion to better understand the parameters of the budget process. A. Edelstein stated that prior to the site review, and prior to the development of this document, the Planning Council, which included the Finance Committee, acting as an agent for the planning council did not have a specified role in the development of the budget for planning council support, which was the budget for OHP. He continued that this document inserted the Finance Committee and the Executive committee into the role of reviewing the budget while it was still being prepared. Also going back to the full planning council to approve the budget after a final version was determined. A. Williams clarified that according to the auditors, the Planning Council should have had a more active or participatory role in the changes of the budget, or the budget overall in any way. Since that was not the case, a representative was chosen somehow to make the changes.

A. Edelstein stated that these were not financial auditors and was not connected to a financial audit; rather it was connected to the site review process to determine if the planning council was in compliance with HRSA's guidelines.

Motion: From the Finance Committee for the Planning Council to be involved in the preparation of the budget, to review the budget, and the approval of the budget.

Juan Baez- In Favor
Mike Cappuccilli – In Favor
Keith Carter – In Favor
Jose Demarco – In Favor
Lupe Diaz – Abstain
Alan Edelstein – In Favor
David Gana – In Favor
Gus Grannan – In Favor
Sharee Heaven – Abstain
Gerry Keys – In Favor
Lorett Matus – In Favor
Kaleef Morse – In Favor
Shane Nieves – Abstain
Hemi Park – In Favor
Erica Rand – In Favor
Clint Steib – In Favor
Desiree Surplus– In Favor
Evan Thornburg – Abstain
Adam Williams – In Favor

Motion Passed: 15 in favor, 4 abstaining

Committee Reports:

–Executive Committee–

No Report.

–Finance Committee–

No further Report.

–Nominations Committee–

M. Cappuccilli reported that the nominations committee reviewed 7 applications and accepted 5. The next time this will happen will be in Monday the 18th of April.

–Positive Committee–

S. Moletteri reported that the Poz Committee will meet on March 21st at 7pm, last month they tried an afternoon meeting, but they found that it was better in the evening while they met online.

–Comprehensive Planning Committee–

G. Grannan stated that CPC met last month and was in the process of the priority setting.

–Prevention Committee–

C. Steib reported that Prevention met last month and discussed the integrated plan. They will be meeting again on the 27th of April.

–Ad-Hoc Recruitment Workgroup–

No further report.

Any Other Business:

None.

Announcements:

J. Williams announced changes to personnel at AACO and Coleman Terrell, who has been the acting director of the Division of Disease Control, was installed officially last week and would not be returning to AACO.

Adjournment:

L. Diaz asked for a motion to adjourn. **Motion:** K. Morse motioned to adjourn, K. Carter seconded. **Motion passed:** Meeting was adjourned at 3:00 pm.

Respectfully Submitted,

Elijah Sumners, staff

Materials included:

- April 2022 Meeting Agenda
- March 2022 Meeting Minutes
- OHP Budget Review Summary

DRAFT