

Philadelphia HIV Integrated Planning Council
Positive Committee
Meeting Minutes
Monday, May 8, 2017
12:00-2:00p.m.

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

Present: PH (13), PA (2), NJ (3)

Guests: Sarina DiBianca, Dorothy McBride-Wesley

Staff: Antonio Boone, Jennifer Hayes

Call to Order/Moment of Silence/Introductions: A. Boone called the meeting to order at 12:05p.m. He read the mission statement.¹ A moment of silence followed. Those present then introduced themselves.

Approval of Agenda: A. Boone presented the agenda for approval. **Motion: D.G. moved, J.M. seconded to approve the agenda. Motion passed: All in favor.**

Approval of Minutes (*April 10, 2017*): A. Boone presented the minutes for approval. **Motion: J.M. moved, D.G. seconded to approve the minutes. Motion passed: All in favor.**

Report of Chair: No report.

Report of Staff: A. Boone announced that he had developed a prototype of the Positive Committee brochure using previous feedback from the group. He stated that the brochure would be distributed at the AIDS Education Month Prevention Summit. He noted that the content had not changed since the last draft of the brochure, but he'd changed the design so it looked more attractive. He reviewed the changes he'd made to the brochure. He welcomed feedback from the group. He stated that the Prevention Summit would be held on June 7th.

K. Carter stated that he thought the red font was difficult to read on the navy center panel of the brochure. A. Boone said that the projector created some glare, and he'd hand out paper copies of the brochure later for some feedback.

A. Boone added that he'd also be working on the Positive Committee newsletter. He asked members to contribute articles for the newsletter. He stated that topics may include their first Positive Committee or Planning Council meeting. He said that they could also share personal stories. He noted that some personal stories had been included in the OHP blog in the past. He stated that the brochure would be used to recruit people to the Positive Committee and Planning Council.

A. Boone stated that he welcomed volunteers to help put together materials for the Prevention Summit.

¹ Mission statement: The Positive Committee supports and enhances the role of people living with HIV/AIDS to empower their participation in the decision-making process of the Ryan White Part A Planning Council and the HIV Prevention Planning Group.

Special Presentation:

- **Siloam Presentation (Sarina DiBianca)**

S. DiBianca introduced herself and D. McBride-Wesley, both staff members from Siloam. She stated that Siloam was a wellness center that had existed for 22 years. She said that integrative medicine helped people to be healthy, beyond regular medical care. She stated that Siloam helped clients to feel better about themselves through healthy cooking, yoga, reiki, massages, individual counseling, support groups, and other programs. She said that any suggestions for programs could be passed along to D. McBride-Wesley.

D. McBride-Wesley invited all participants to come to Siloam and explore their services. She stated that Siloam served PLWHA, partners, friends, caregivers, case managers, and other professionals. She noted that the Siloam Way meant that Siloam provided integrative wellness programs and services focusing on the mind, body, and spirit.

D. McBride-Wesley stated that Siloam was a welcoming and safe environment. She said that Siloam provided wholeness and wellness through alternative practices. She explained that their wellness programs included educational workshops, hands on nutrition classes (cooking class held on first and last Tuesday of the month, a program with MANNA), art therapy, emotional wellness and self-empowerment workshops, retreats, yoga, support groups, one-on-one counseling, spiritual counseling, massage, reiki, and foot reflexology. She noted that a workshop was taking place right now about sticking with HIV treatment plans. She stated that Siloam was working on an affirmation program, where participants made vision boards. She explained that retreats were offered that ranged from 1-3 days.

D.G. asked D. McBride-Wesley to explain the meaning of reiki. S. DiBianca stated that reiki was a practice of self-healing that used the body's energy. She said that reiki practitioners worked through touch or proximity to the body. She explained that the practice involved chakras. D. McBride-Wesley stated that reiki was a spiritual practice.

D. McBride-Wesley stated that Siloam offered cultural experiences like visits to Longwood Gardens, museums, and movie nights. She noted that Siloam offered volunteer opportunities and was mostly volunteer-run.

D. McBride-Wesley spoke about the Siloam culture. She reiterated that Siloam was a safe place. She stated that it was a "no judgment zone." She said it was a loving and welcoming environment, and most programs were free. She stated that retreats had a low fee, from \$30-\$35. S. DiBianca noted that all other services were free.

D. McBride-Wesley went through some pictures from Siloam programs. B.R. asked if Siloam had residential programs. D. McBride-Wesley replied that they do not. S. DiBianca said that Siloam was a term from the Bible. She read through staff members from Siloam. She stated that it was located at 1133 Spring Garden St.

D. McBride-Wesley said that anyone who wanted to participate in Siloam programs could call in for an intake. She stated that case managers could help clients get tokens for transportation to some programs. A participant noted that she was from New Jersey, so she could not benefit from the token program. D. McBride-Wesley stated that staff could help clients look into other transportation options as needed.

Discussion Items:

- **Allocations/Priority Setting/Integration Review**

A. Boone offered a basic definition of allocations. He said that allocations determined how money would be distributed throughout the 9 counties of the EMA: in the Pennsylvania suburbs, Philadelphia, and Southern New Jersey. He noted that every region had different needs. G.T. asked for a copy of the slides in the presentation. A. Boone responded that the slides would be available online.

A. Boone stated that 75% of Ryan White Part A funding had to be allocated for core services, whereas a 25% maximum could be allocated to supportive services. S. DiBianca asked what was considered a supportive service. A. Boone stated that supportive services were not directly related to medical care, but helped support clients. G.T. asked if core services included pharmaceutical services. A. Boone replied that they did.

A. Boone stated that 3 allocations meetings take place, typically in June. He stated that members would receive an email after allocations were scheduled. He said that the office provided packets and sample allocation spreadsheets with information to help participants make decisions about allocations.

A. Boone explained that 4 budgets were developed at the allocations meetings: level funding, 5% decrease, 5% increase, and 10% increase. He stated that participants would receive 4 spreadsheets for allocations: one for each region, and one for the whole EMA. He stated that proposals needed to be justified based on concrete data.

A. Boone explained that the Ryan White Part A grant award (\$21 million last year) came from the federal government. He said that it was distributed to the recipient, who offered requests for proposals (RFPs) and contracts to provide services. He noted that the Planning Council allocated the funding to service categories, and subcontracted service providers received funding accordingly.

D. McBride-Wesley asked if service providers participating in allocations had a conflict of interest. A. Boone responded that a provider did not automatically have a conflict of interest. D. McBride-Wesley asked if a list was available for funded organizations in the EMA. A. Boone stated that the Planning Council had a total for funding that was allocated to each service category, but not each provider.

A. Boone reviewed the proportions of funding allocated to each service category in the EMA. He noted that funding percentages were based on the number of PLWHA living in each region.

A. Boone reviewed the amount of funding allocated to each service category last year. He stated that each region's budget was presented to the Planning Council for final approval following the allocations meetings. He noted that only Planning Council members could vote on the region's drafts. K. Carter added that the allocations meetings were open to the public. A. Boone stated that the Planning Council could make adjustments to the budgets before voting. He noted that a version of the budgets was included in the Ryan White grant application.

J.M. asked if Planning Council members were expected to attend all allocations meetings. K. Carter stated that Planning Council members were expected to regularly attend meetings. A. Boone encouraged members to RSVP if they could not make a meeting.

A. Boone noted that all adjustments to allocations had to be approved by the Finance Committee and the Planning Council. He stated that AACO representatives were required to present a breakdown and explanation of reallocation requests that were over 10% of total funding for each service category. S. DiBianca asked if changes to one service category had to come from another. A. Boone replied that they did.

A. Boone stated that the next meeting of the Finance Committee was June 1st. He stated that allocations may be discussed at that time. He noted that the Planning Council would also be meeting on May 11th.

A. Boone reiterated that all Planning Council members could vote on allocations, and the meetings were open to the public. He added that comments and quotes from needs assessment activities were used in the decision making process. He noted that these mechanisms ensured that consumers were involved in the allocations process.

A. Boone began to review the priority setting process. He noted that the OHP provided documents, data, and presentations to assist with priority setting. He said that the process was based on concrete data. He noted that rankings on the priority setting list were not directly related to funding.

A. Boone explained that the Comprehensive Planning and Needs Assessment committees used 5 factors to determine how priorities would be calculated. He said the community consciousness factor was new. He said that it accounted for individual expertise and experiences. He explained that the consumer survey had questions about services that were needed but not attained by consumers. He said the HIV care continuum used in priority setting was determined based on the role each service played in helping people get and stay in care. D.G. suggested that anyone interested in more information attend the Comprehensive Planning Committee's meeting on May 18th. S. DiBianca asked if she and D. McBride-Wesley could join the Planning Council as individuals or as an organization. A. Boone replied that they'd join as individuals. He noted that it was required to attend the Planning Council meeting and one additional meeting a month.

A. Boone noted that the HIV Integrated Planning Council, or HIPC, was recently formed by the integration of the RWPC and HPG. He said that the group met on the second Thursday of each month. He noted that prevention topics were now addressed by the Prevention Committee.

A. Boone noted that all presentations, handouts, and meeting minutes were available online. K. Carter encouraged everyone to ask any questions they had about Planning Council operations.

A. Boone asked all participants who were interested to apply for the Planning Council. He noted that applications were available in the lobby of the office and online. He stated that tax forms were required as part of the application, and these could be filled out on the computer at the office. He stated that anyone with issues providing a home address for the tax form could ask the office for assistance.

D.G. noted that all meetings were open to the public. He explained that only Planning Council members received tokens for coming to meetings. A participant asserted that consumers who registered for meetings in advance could get transportation reimbursement, even if they were not members.

Old Business: None.

New Business: None.

Announcements:

G.T. noted that the Indego Bike Share Program was holding a class to learn to ride a bike on May 31st at the People's Emergency Center from 5:30-7:30. She said that the program was once a week for 4 weeks. She said participants would receive free access to Indego services for 6 months.

D.G. stated that on May 20th from 11am-1pm, a program would be held at Temple University's Center City campus regarding HIV and Hepatitis C treatment. He said tokens and food would be provided.

K. Carter stated that AIDS Education Month began on June 1st. He said the Prevention Summit was on June 7th. He reported that an event would be held on June 3rd for long-term survivors. He added that many other events would be held throughout the month. J.M. stated that participants needed to register for some events online.

Adjournment: The meeting was adjourned by general consensus at 1:25p.m.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- April 10, 2017 Meeting Minutes
- Siloam Calendar of Events
- OHP Calendar