

Philadelphia: HIV Integrated Planning Council
Meeting Minutes of
Thursday, June 8th, 2023
2:00 p.m. – 4:30 p.m.

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

Present: Juan Baez, Keith Carter, Michael Cappuccilli, Lupe Diaz (Co-Chair), Jose DeMarco, Alan Edelstein, Monique Gordan, Pamela Gorman, Gus Grannan, DJ Jack, Greg Langan, Loretta Matus, Shane Nieves, AJ Scruggs, Clint Steib, Desiree Surplus, Evan Thornburg (Co-Chair), Mike Valentin, Adam Williams

Guests: John Curran, Ameenah McCann-Woods (DHH), Keli McLoyd, Kevin Pham, Blake Rowley, Maddison Toney

Excused: Allison Byrd, Debra D'Alessandro, Sharee Heaven (Co-Chair), Gerry Keys

Staff: Beth Celeste, Tiffany Dominique, Debbie Law, Sofia Moletteri, Mari Ross-Russell, Kevin Trinh

Call to Order: L. Diaz called the meeting to order at 2:05 p.m.

Introductions: L. Diaz asked everyone to introduce themselves.

Approval of Agenda: L. Diaz referred to the June 2023 HIV Integrated Planning Council agenda and asked for a motion to approve. **Motion:** K. Carter motioned; M. Cappuccilli seconded to approve the June HIV Integrated Planning Council agenda via a Zoom poll. Motion passed: 10 in favor, 2 abstained. The June 2023 HIV Integrated Planning Council agenda was approved.

Approval of Minutes (May 11th, 2023):

L. Diaz referred to the May 2023 HIV Integrated Planning Council minutes. S. Nieves said they wanted to amend on page 8 and inserted in the chat that this was closer to what they had said “S. Nieves said that listening to other individuals' perspectives was important to critically examine language use. They said they had never heard of the term "injector" but they had heard of terms such as "junkie, etc." used culturally and appropriately by members of the community or in a stigmatized fashion by people outside of the community.” **Motion:** K. Carter motioned; C. Steib seconded to approve the amended May 2023 HIPC meeting minutes via a Zoom poll. Motion passed: 13 in favor, 3 abstained. The amended May 2023 HIPC minutes were approved.

Report of Co-Chairs:

L. Diaz reported that the Pennsylvania HIV Planning Group (HPG) convened in May in King of Prussia. She mentioned that members were allowed to voice their concerns to the HPG members on the first day of the town hall. On the second day, the HPG conducted their own business. L. Diaz asked C. Steib and S. Moletteri if they were willing to share their meeting experiences.

C. Steib recalled that they had discussed the new Integrated Plan during his subcommittee meeting. S. Moletteri attended the Innovation and Intersectional Subcommittee meeting, which focused on a social media campaign to promote and normalize pre-exposure prophylaxis (PrEP) in Allegheny County and other areas. Meeting participants found that many people were uninformed or misinformed about PrEP. They also discussed the upcoming national survey on stigma scheduled for December and expressed a desire to include more questions about HIV and disability in the survey. Another topic of discussion was the Rural Outreach Project, which utilized dirt bike races to promote education about HIV, Hepatitis C, and Opioid Use Disorder.

Report of Staff:

M. Ross-Russell mentioned that the Nominations Committee was working on mechanisms to promote and enhance the experience of both new and veteran members. The previous Nominations Committee discussions had led to the idea that new members should have a means to contact staff members for questions or concerns. M. Ross-Russell provided HIPC members with the email addresses of each staff member and encouraged them to reach out if they had any inquiries.

One of the annual responsibilities of the HIPC was allocations. M. Ross-Russell reminded the HIPC that the allocations meetings were scheduled for the upcoming month. She described the process as a three-period cycle with three meetings per week. More information about the allocations meetings would be sent to HIPC members soon. She mentioned that the meetings typically took place from Tuesday to Thursday during the second, third, and fourth weeks of July. Additionally, she noted that the allocations preparation information had been posted on their website, hivphilly.org. She urged HIPC members to contact staff members if they had any questions or concerns.

M. Cappuccilli informed the HIPC that any member could request a partner or mentor to discuss the allocations proceedings. He explained that members could speak to a staff member, who would then pair them with a veteran member.

Presentation:

-Substance Use Trends by Opioid Response Unit-

K. McLoyd introduced herself as the Deputy Director of the Opioid Response Unit (ORU) from the Managing Director's Office. She indicated that she was present to inform the HIPC about trends in Philadelphia's opioid use situation and the city's response to this issue. She prefaced her remarks by stating that her expertise did not lie in HIV-related topics, but she could direct any questions to colleagues with knowledge about HIV. K. McLoyd acknowledged that drug use had been a deeply personal issue for many and noted her over twelve years of experience in the field of drug addiction. In her previous role at the Treatment Research Institute, she and her team had authored the first American Society of Addiction Medicine (ASAM) clinical guideline for opioid use disorder.

K. McLoyd provided an overview of the Opioid Response Unit (ORU), which was established through an executive order in 2018. She explained that the ORU operated within the Managing

Director's Office to coordinate various city departments. Recognizing the existence of different information silos within city government, the ORU was positioned outside the Managing Director's Office to facilitate better coordination with other departments and prevent siloing. The ORU collaborates with the Department of Public Health, Department of Commerce, Office of Public Property, Office of Homeless Services, Philadelphia Police Department, Philadelphia Fire Department, and other organizations.

The ORU operated based on twelve strategic initiatives, and K. McLoyd explained that these initiatives emphasized preventing overdose, supporting treatment and harm reduction for individuals with chaotic substance use, and aiding impacted communities in recovery.

The ORU oversees four strategy workgroups that revolve around community support, public safety, prevention, and treatment. K. McLoyd mentioned their support for communities affected by the overdose crisis and highlighted the varying openness of different communities to identify as people who use drugs. She explained that while some people were more forthcoming about discussing their drug use, others were more hesitant. This diversity posed challenges when allocating resources and services to those in need.

K. McLoyd then proceeded to discuss public safety and drug use. She acknowledged that public safety was a significant concern in relation to the narcotics trade. She then expressed her opinion that it was important to remember that those involved in the narcotics trade were distinct from individuals who used drugs. She acknowledged the complexity of this topic. Moving on to prevention, she highlighted that the ORU was dedicated to preventing the development of substance use disorders in younger generations and reducing drug-related deaths. She emphasized their promotion of harm reduction and stressed that while drug treatment was an option, it shouldn't be the sole option.

The upcoming slides would describe the ORU's 2023 Action Plan. Within the plan, the ORU's prevention objectives were to develop and implement a data-driven Citywide Strategic Harm Reduction Plan targeting overdose prevention education, increasing awareness and utilization of Naloxone and Fentanyl test strips, offering supportive services to families, and enhancing the distribution of harm reduction supplies. K. McLoyd noted varying patterns of drug use across the city, and stated that the ORU would concentrate its efforts on specific zip codes where drug use was prevalent. She highlighted the need for diverse responses due to the differences among communities. To support these varied communities, the ORU aimed to sustain an Alternative Response Unit (AR-2) and expand their services to include an emergency medical service (EMS) component. Moreover, they intended to develop a culturally tailored curriculum and engagement materials based on the Citywide Strategic Harm Reduction Plan.

A. Williams inquired about the provision of fentanyl test strips by the ORU. K. McLoyd responded that her office supplied fentanyl and xylazine tests, as well as Narcan and wound care supplies. Additionally, she explained that their data indicated that individuals who could benefit from fentanyl strips often didn't identify as people who used drugs and didn't recognize the utility of such tools.

Moving to the next slide, K. McLoyd expressed enthusiasm about launching a new mobile methadone program. The program's goal was to expand access to and increase Medical Assistance Treatment in prisons. The aim was to ensure inmates received appropriate and consistent dosages during their time in prison and upon release. Another pilot program being conducted by the ORU was mobile wound care vans, tested for a duration of 100 days to expand wound care services. K. McLoyd mentioned that they were exploring increased physical health reimbursement and collaboration with a federally qualified health care center (FQHC) to make mobile wound care sustainable.

The ORU's plans for 2024 included scoping a contingency management model, which was the only evidence-based practice they had for addressing stimulant use. She pointed out that stimulant-involved overdoses were increasing sharply according to ORU data.

K. McLoyd detailed that, as part of their public safety plan, the ORU was implementing post-arrest, pre-arraignment physical and behavioral health support, recognizing the window of opportunity between arrest and arraignment for offering assistance. The public safety plan also aimed to execute drug market interventions in the East Division to disrupt open-air drug markets, working with local, state, and federal law enforcement agencies. Additionally, they planned to expand the East Division Police Assisted Diversion (PAD) to accommodate more individuals, thus supporting processing and service delivery for PAD arrest referrals. K. McLoyd emphasized the intention to ensure safety and security in public spaces in coordination with the Nuisance Business Task Force, covering areas like the Free Library of Philadelphia, parks, and recreational programming.

The following slide provided details of the ORU's community service support plan. K. McLoyd proudly announced the distribution of the first two payments from the opioid settlement fund designated for Philadelphia, a result of collaboration with community members to establish the Opioid Settlement Community Prevention Fund. The feedback received led to the decision that the community should lead the way in determining how the funds were utilized. She mentioned a forthcoming press conference to announce the plan and expressed excitement about working with non-profit organizations involved in distributing the funds. She encouraged members of the HIPC connected to non-profit organizations to apply for funding, with more funds anticipated in the fall.

K. Carter inquired about the total amount of the settlement funding. K. McLoyd indicated that the Opioid Settlement Community Prevention Fund was around \$3.5 million. Additionally, special considerations were made for areas with significantly increased overdose rates to ensure equitable use of the funding. A dedicated pool of funding was reserved for Kensington, North Philadelphia, and citywide areas. She mentioned receiving numerous applications from the Kensington area, but expressed disappointment in not receiving enough from North Philadelphia to meet the funding cap. K. McLoyd speculated that this lack of applications could be due to stigma surrounding drug use within that community. She noted the challenge of garnering the same level of attention for drug use as gun violence, even though both were pressing issues.

J. DeMarco mentioned that prevention sites had been proven effective in saving lives and directing individuals toward treatment. He asserted the need for an executive order to address

the escalating numbers of HIV transmissions and overdose-related deaths. K. McLoyd acknowledged the benefits of overdose prevention sites. She mentioned that while the mayor and his administration supported such centers, the state government was less receptive and had introduced legislation to ban overdose prevention centers statewide.

K. McLoyd returned to the topic of community support. She stated that settlement funds were used to expand housing opportunities and improve access to various city resources, including Housing Smart Re-Entry, Progress Haven 2, Rapid Rehousing: Street to Home, Shallow Rent: Home \$200, and OUD/Serious Medical Need.

The ORU aimed to implement a culturally competent community engagement plan focused on the 2021 target overdose (OD) zip codes, aligned with the Prevention Strategy group's 2023 Citywide Harm Reduction Plan. K. McLoyd noted that resource distribution wasn't equitable across the city. While resources were allocated to address the overdose situation in areas like Kensington, other places lacked similar access. A solution to this was the weekly Kensington-based Wellness Resource Fair in 2023. K. McLoyd elaborated that these fairs allowed community members to meet with providers regularly. She expressed interest in expanding this fair to other communities.

J. DeMarco inquired about the demographics of overdose deaths. K. McLoyd promised to delve into this topic later. The following slide featured a video titled "What is the Drug War? With Jay-Z and Molly Crabapple." K. McLoyd mentioned she didn't have time to show the video during the presentation, but explained that it explored the history of the War on Drugs and its lasting impact, particularly the effects of the crack epidemic on urban centers like Philadelphia. She tied these effects to incarceration rates, involvement with child welfare, and educational institutions. She emphasized the importance of understanding this context in relation to stigma and community reluctance to accept harm reduction resources and treatment. She underlined that resources used today to support people who use drugs were historically employed to incarcerate them.

The subsequent presentation topic was overdose trends in Philadelphia. K. McLoyd noted that the data presented was not the most recent, as the medical examiner's office was still reviewing some data not yet ready for public release. However, she disclosed that they anticipated over 1,400 overdose deaths, an increase from the 1,296 overdose deaths in 2022.

The next slide introduced a line graph comparing the number of deaths from drug overdoses to those caused by homicides. K. McLoyd confirmed J. DeMarco's statement that drug overdoses caused more deaths than homicides. She clarified that the graph wasn't intended to pit overdose deaths against homicides in a contest, but rather to emphasize treating drug overdoses with the same seriousness as gun violence. She attributed this situation to factors like Philadelphia's drug access and historical issues such as redlining. The subsequent slide featured a graph comparing overdose death rates in different cities in 2019. K. McLoyd pointed out that Philadelphia had the highest death rate in that year. She acknowledged racism as a significant contributing factor. The following slide highlighted zip codes with the highest overdose death rates. While Kensington

had the highest number of overdose deaths, Tioga and Frankford also experienced significant rates. She indicated that upcoming 2022 city data on overdose deaths would likely demonstrate an increasing rate in Southwest Philadelphia zip codes like 19143, 19139, and 19148. She reiterated the priority of ensuring resources available in Kensington were also accessible in these areas, aiming for an equitable response.

K. McLoyd referred to the widely seen video centered around Kensington and its opioid epidemic. She noted that these videos had led many to assume that people who use drugs were only dying on the streets. However, she corrected this assumption by using a graph based on data from the Philadelphia Medical Examiner's Office, indicating that 69% of unintentional overdose deaths occurred in the victim's residence in 2021. She concluded that significant harm reduction resources were available behind closed doors.

In the past, the city had advised the public to have Narcan readily available or ensure someone who could administer Narcan was present. K. McLoyd mentioned that the ORU had found this advice ineffective for individuals who had not identified themselves as people who use drugs. Moreover, family members and friends were often unaware of a person's drug use. K. McLoyd criticized the societal norm that led to judgment for having harm reduction resources like Narcan at home. She argued that people didn't face similar judgment for having Pepto Bismol in their homes to address diarrhea. She urged the public to view harm reduction resources in the same light.

Using a graph detailing the race and ethnicity demographics of overdose deaths from 2018 to 2021, K. McLoyd reported that 42% of overdoses occurred among non-Hispanic Black Philadelphians. She anticipated that disparities seen in minorities would continue to widen. She highlighted that 2020 marked the first year where black and brown populations experienced more overdoses than the white population. She challenged the notion that people who use drugs were mainly suburban individuals who became addicted after using drugs for an injury, dying in a gutter in Kensington. She believed this narrative was a convenient and safe way of thinking.

L. Diaz mentioned that some insurance companies might refuse coverage to those with a prescription for Narcan. K. McLoyd responded that if this was the case, it constituted a legal violation that should be reported. Additionally, she noted a standing order in Pennsylvania allowing individuals to walk into any pharmacy and obtain Narcan. She acknowledged the expense of Narcan, usually priced at \$75, but mentioned the availability of coupons and places where Narcan was provided for free. For instance, the city of Philadelphia partnered with Next Distro to offer anonymous Narcan by mail. She assured that she could assist in procuring Narcan for personal use or organization purposes.

A. Williams inquired about the definition of individuals who did not identify as drug users. K. McLoyd responded that many people who use drugs are often hesitant to label themselves as such due to prevailing stereotypes. She mentioned that she would later refer to a video in the presentation featuring a person from West Philadelphia who did not identify as a drug user but had used Percs. This person only realized that Percs was an opioid when they entered prison and

experienced withdrawal symptoms simultaneously with their cellmate. K. McLoyd's point was that not everyone understands what qualifies as an opioid, and not all drugs are categorized as opioids.

E. Thornburg mentioned that she believed the Substance Use and Harm Reduction Division (SUPHR) offered Narcan training and distributed Narcan to city employees and organizations near the city, including HIPC. K. McLoyd confirmed that this was indeed the case, and her office also provided such training. She offered to conduct the training for HIPC members as well.

K. McLoyd began by stating that people have been using drugs throughout history. She noted that the higher frequency of drug-related deaths today was due to the specific types of drugs being consumed. While Philadelphia was historically associated with heroin, she explained that finding pure heroin had become more challenging. She warned against the danger of purchasing heroin, as it was often mixed with substances like Fentanyl, baking soda, and various adulterants. She directed HIPC members to examine a graph depicting different types of drugs and the corresponding number of overdose deaths from 2010 to 2021. She highlighted that Fentanyl and Cocaine were currently the predominant drugs being used. She pointed out that fewer people were dying solely from opioid overdoses; instead, most overdoses involved combinations of opioids and stimulants, or even stimulants alone. Responding to J. DeMarco's query about overdose death demographics, she revealed that overdose deaths were most prevalent among black men aged 55 to 65. She anticipated a rise in overdose deaths among black women in the future, specifically mentioning an ongoing increase in cocaine-related deaths among black women. She predicted a higher number of deaths among black and brown individuals in Philadelphia due to stimulant-only overdoses.

K. McLoyd continued by mentioning her intention to provide further explanations about opioids. She indicated that the next slide featured a video titled "OPIOIDS: A Breakdown of the Invisible Overdose Crisis in the Black Community." Although she wouldn't show the video during the presentation due to time constraints, she encouraged HIPC members to view it after the session.

E. Thornburg added that black men over the age of 50 were also experiencing a rise in new HIV transmissions. K. McLoyd concurred and added that black men were at the highest risk of heart disease and hypertension within that demographic. She emphasized that the combination of heart disease and drug use would result in a greater number of deaths. To address this, her office had reached out to cardiologists to ensure they possessed the necessary knowledge about key demographics and harm reduction resources to aid the people they serve.

K. McLoyd proceeded to define opioids as drugs used for pain control. She explained that these drugs are derived from the opium poppy flower. Examples of prescription pain relievers containing opium derivatives include Oxycodone, Morphine, Percocet, and Vicodin. Street drugs that contain opium include heroin and fentanyl.

She described fentanyl and its legitimate uses, such as pain relief for cancer patients and those at the end of life. However, she emphasized that the drugs found on the streets are not the same as those used for medical purposes. Street drugs are manufactured for circulation, and while some individuals may have previously scraped the drug off fentanyl strips, the nature of the drug market has since changed. She noted that fentanyl is now present in many different drugs, but stressed that it hasn't been found in the marijuana supply yet. While fentanyl consumption is dangerous, she also clarified that simply touching fentanyl wouldn't result in death. K. McLoyd pointed out that many individuals who use drugs but do not identify as drug users often neglect to use fentanyl test strips to verify their drugs, unlike those who openly acknowledge their drug use. This discrepancy may lead those who should be testing their drugs to feel they do not require fentanyl strips.

She then moved to a slide indicating that 94% of all overdose deaths since 2013 had fentanyl present. In drug overdoses involving pharmaceutical opioids, 77% had fentanyl. She debunked a common myth that purchasing drugs in pill form on the street is safer, asserting that individuals should assume that all street drugs are counterfeit unless the pills are in a bottle with the person's name on it.

K. McLoyd went on to define stimulants as a class of drugs that accelerate the transmission of messages between the brain and body, resulting in increased alertness. Stimulants include cocaine, amphetamines, meth, caffeine, and nicotine. Among these drugs, cocaine was highlighted as a primary driver of overdose deaths. Stimulants might be mixed with depressants like opioids or benzodiazepines. She noted that some people unknowingly consume stimulants, making it difficult to ascertain whether a person intentionally ingested drugs, underscoring the need for comprehensive resources to help such individuals.

She discussed Xylazine in the subsequent slide, describing it as an animal tranquilizer not approved for human use, also known as "tranq" or "tranq dope." K. McLoyd shared that there was significant discussion at state and federal levels about classifying Xylazine as a scheduled drug. She explained that while the drug has sedative qualities, it is not a sedative. She rhetorically questioned why someone would use Xylazine when they have access to fentanyl. She detailed that Xylazine aims to even out the crash after the heightened effects of fentanyl, which can lead to severe necrotic wounds that might not appear just at the injection site. These wounds are more prevalent in areas like Kensington and particularly impact homeless individuals due to the lack of soap and clean water. The severity of these wounds worsens without proper wound care, potentially leading to amputations. K. McLoyd disclosed that these wounds affect a person's eligibility for drug treatment, as many treatment centers refuse individuals with necrotic wounds. The city is piloting new wound care beds at treatment centers capable of handling wounds requiring IV antibiotics and providing counseling for those with substance use disorder.

Another danger of Xylazine is its lack of opioids, making overdose reversal more difficult. While opioid overdose reversal is often indicated by a person being able to stand and move after Narcan administration, with Xylazine, the indicator is the resumption of breathing. She urged

vigilance in recognizing this indicator, cautioning against excessive Narcan administration to avoid pushing the person into withdrawal and subsequent drug cravings.

K. McLoyd went on to define substance use, covering legal and illegal drugs and categorizing it as ranging from mild to severe substance use disorder and recreational use disorder. She reviewed the motivations behind substance use, including feeling good, feeling better, curiosity, and medical purposes. A pyramid-shaped chart on the next slide outlined substance use risk, with most people having no or low risk. Those with risky substance use or substance use disorder consumed the most resources due to missed workdays. She emphasized that those at the top of the pyramid would qualify as having a substance use disorder, differentiating between substance use disorder as a diagnostic term and addiction as a descriptor.

T. Dominique raised concerns about the shortage of requests for proposals in Philadelphia and inquired about areas needing attention that might be experiencing gaps in resources and education. K. McLoyd confirmed these gaps and mentioned that when presenting this information to black and brown communities, she was met with shock, indicating a need for more effective messaging. She revealed collaboration with Philly Counts, another Philadelphia government organization, to educate through door knocking, applauding their efforts during the COVID-19 pandemic. She explained that by asking people broad questions about needing help from the city, they were able to assist more individuals effectively.

Regarding safe injection sites, K. McLoyd acknowledged misinformation and recommended meeting people at their understanding while providing alternative resources. She proceeded to define risk factors for substance misuse, including developmental, environmental, social, genetic, and co-occurring disorders, highlighting that the more risk factors a person has, the higher the likelihood of having a substance use disorder.

Comparing opioid use disorder care to hypertension or diabetic care, she argued that withholding Medication for Opioid Use Disorder (MOUD) or Medication-Assisted Treatment (MAT) would be deemed cruel and unusual punishment. She advocated for their provision.

She discussed the symptoms of an opioid overdose, such as extreme sleepiness, irregular breathing, gurgling, and skin discoloration. She outlined steps to help someone experiencing an overdose, including calling 911, staying with the person until EMS arrives, and administering naloxone to reverse the overdose. She encouraged HIPC members to acquire Narcan or naloxone, even offering to demonstrate the process of obtaining it if asked.

K. McLoyd stressed the importance of guiding people toward helpful services. The subsequent slide provided information about various services. She emphasized the need for readiness, as the window for helping people is often brief. She suggested leading individuals to familiar services, even if indirectly, as long as it eventually connects them to the necessary care. For example, guiding someone needing substance abuse assistance to a homeless shelter if they trust the service could eventually lead them to the appropriate care.

Access Treatment - Community Behavioral Health's Member services - 888-545-2600
Next Distro - Free Naloxone can be obtained at Nextdistro.org
Homeless Outreach Hotline - 215-232-1984
Philadelphia Crisis Line (Suicide and Behavioral Health Crisis - 988
Mental Health and Substance Use Services - 888-545-2600 or visit CBHPhilly.org
Network of Neighbors (Trauma Support) - 267-233-4837
Information, Intervention, Recovery Support Line - 1(800)-221-6333

K. McLoyd asked if the HIPC members had any questions. A. Edelstein asked if they could have access to the slides from the presentation. K. McLoyd said that she would provide access to the slides. She acknowledged that members of HIPC were representing different organizations and offered to present at their respective organizations to better understand their various needs. A. Williams inquired whether K. McLoyd's office was affiliated with the Philadelphia Police Department. K. McLoyd clarified that they were not affiliated with the police department but did collaborate with them. She mentioned their ongoing efforts to establish a post-arrest/pre-arraignment wellness program.

B. Rowley, as someone who supports people with HIV, inquired about ways to assist organizations providing naloxone. They wondered if there were opportunities for synergy to offer combined resources, including drug treatment and pre-exposure prophylaxis (PrEP). K. McLoyd expressed interest in forming a work group with her organization to explore this. She offered to have a separate discussion with B. Rowley offline to explore potential avenues of support for the people with HIV community.

K. McLoyd encouraged HIPC members to reach out to her with any questions. The HIPC members then expressed gratitude for the presentation. She noted that the ORU would collaborate with the press, social media influencers, youth programs, politicians, and community members to disseminate the information presented today.

-End of Year Expenditure Report-

A. McCann-Woods began the presentation by discussing the 4th quarter report for the Ryan White program. She noted that the contract for this period had concluded on February 8th, 2023, and the report was a reconciliation of total invoices processed until May 31st, 2023. She mentioned that there had been a 7% underspending, which also included the Minority AIDS Initiative (MAI) funds, totaling \$1,729,442. The underspending was primarily attributed to overestimations of the funds available for expenditure during the fiscal year, as well as staff vacancies throughout the Eligible Metropolitan Area (EMA).

A. McCann-Woods proceeded to provide an overview of spending in Philadelphia. The first service category discussed was Drug Reimbursement (LPAP), which had an underspending of \$138,903, accounting for 29% of its allocation. She explained that this was due to clients having faster access to Medicaid and other benefits, reducing their reliance on this service. The Substance Abuse-Outpatient category also experienced underspending of \$172,754, representing 33% of the allocated budget, due to staff vacancies. The Emergency Financial Services (EFA)

category was underspent by \$21,404 (45% of its allocation), which A. McCann-Woods attributed to the population using COVID-19 safety programs instead of this service. Similarly, underspending of \$2,455 (21% of its allocation) was noted in transportation services, but she emphasized that this did not indicate a reduced need for transportation assistance.

Turning to overspending in Philadelphia, A. McCann-Woods mentioned that EFA services were overspent by \$23,779, amounting to 100% of its allocation, attributed to higher utilization. EFA-housing was overspent by \$43,372 (17% of its allocation) due to increased utilization. The food bank and home delivered meals category experienced an overspending of \$41,408 (40% of its allocation) as a result of higher utilization and increased food costs. Housing Assistance also had overspending of \$62,729 (24% of its allocation) due to longer stays and the higher cost of living at transitional housing.

Regarding EFA Pharmaceutical services, A. McCann-Woods acknowledged an oversight in the presentation slide and requested the HIPC to disregard the information presented. Clients were utilizing other programs, such as the Special Pharmaceutical Benefits Program, to quickly access medication. Moving on to the PA Counties, underspending of \$7,181 (60%) was noted in EFA due to higher utilization. Food bank and home delivered meals in the counties were overspent by \$36,130 (100%) due to increased food costs. Housing assistance in the counties experienced overspending of \$15,431 (77%) attributed to longer stays at transitional housing and the higher cost of living.

Shifting to New Jersey's 4th quarter expenditure report, A. McCann-Woods discussed case management, which had underspending of approximately \$46,897 (11%) due to vacancies. EFA Housing had underspending of \$81,317 (76%) due to underutilization caused by similar services from other programs. Transportation also had underspending of \$83,250 (50%) because New Jersey had received carryover funds that they couldn't fully utilize.

A. McCann-Woods then reviewed underspending in systemwide allocations. Information and Referrals were underspent by \$127,866 (20%), Quality Management by \$136,291 (25%), Planning Council Support by \$93,169 (82%), and Grantee Administration by \$273,331 (22%), all of which were attributed to staff vacancies. She concluded by stating that there were no significant reports from the MAI allocations and carryover funds categories.

Committee Reports:

-Executive Committee-

None.

-Finance Committee-

M. Ross-Russell informed the group that they were preparing for the allocations meetings and had placed the allocations materials on the Office of HIV Planning (OHP) website. The meetings were scheduled as follows: New Jersey's allocations meetings would be held from July 11th to July 13th, the PA counties' meetings from July 18th to July 20th, and Philadelphia's meetings from July 25th to July 27th. The Finance Committee co-chairs would oversee these meetings, with support from the OHP staff and A. McCann-Woods.

-Nominations Committee-

The Nominations Committee, represented by M. Cappuccilli, reported on HIPC attendance. They reviewed attendance records from September 2022 to the present and emphasized that attendance records were maintained as per the bylaws' requirements. They discussed individual members' attendance and reached out to those needing encouragement to attend meetings. The committee explored the potential impact of returning to in-person meetings and also considered informal meetings as a way to keep members engaged and informed.

-Positive Committee-

K. Carter announced that their next meeting would be on June 12th at 7 pm. During this meeting, they would discuss the final allocation award and address any questions related to the allocations process.

-Comprehensive Planning Committee-

G. Grannan, from the Comprehensive Planning Committee, mentioned a joint meeting held with the Prevention Committee where they elected D. D'Alessandro as co-chair. They planned to meet again the following week to discuss the allocations process and the role of the Comprehensive Planning Committee in it.

-Prevention Committee-

C. Steib stated they would be meeting June 28th if the meeting was not interfering with allocations meeting schedule.

Other Business:

None.

Announcements:

None.

Adjournment:

L. Diaz called for a motion to adjourn. **Motion: M. Cappuccilli motioned, and G. Grannan seconded to adjourn the June 2023 HIV Integrated Planning Council meeting. Motion passed: All in favor.** The meeting adjourned at 3:35 pm.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- June 2023 Agenda
- May 2023 Meeting Minutes