Thursday, June 20, 2019

2:00 – 4:00PM

Office of HIV Planning 340 N. 12th Street Suite 320

Philadelphia, PA

Call to Order/Introductions

Approval of Agenda

Approval of Minutes (*May 16, 2019*)

Report of Staff

Report of Chair

Action Item: Priority Setting

Old Business

New Business

Review/Next Steps

Announcements

Adjournment

PLEASE TURN ALL CELL PHONES TO SILENT.

The next meeting of the Comprehensive Planning Committee is ***August 15, 2019 from 2 to 4 pm*** *at 340 N. 12th Street, Suite 320, Philadelphia, PA 19107.* ***Please refer to the Office of HIV Planning calendar of events for committee meetings & updates (www.hivphilly.org). If you require any special assistance, please contact the office at least 5 days in advance.***

COMPREHENSIVE PLANNING COMMITTEE

MEETING AGENDA

Philadelphia EMA HIV Integrated Planning Council (HIPC)
Comprehensive Planning Committee
Meeting Minutes of
Thursday, May 16, 2019
2:00 p.m. – 4:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Keith Carter, Mark Coleman, Maisaloon Dias, David Gana, Pamela Gorman, Gus Grannan, Gerry Keys, Brian Langley, Nicole Miller, Joseph Roderick, Eran Sargent, Gail Thomas

Absent: Terry Flores-Sanchez, Janice Horan, La'Seana Jones, Jeanette Murdock, Adam Thompson, Lorrita Wellington

Excused: Peter Houle

Guests: Melvin Anderson, Jessica Browne (AACO)

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

Call to Order/Introductions:
D. Gana called the meeting to order at 2:06 p.m. The group then introduced themselves.

Approval of Agenda:
D. Gana presented the agenda for approval. **Motion:** G. Keys moved, B. Langley seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes:
D. Gana presented the March meeting minutes for approval. **Motion:** K. Carter moved, G. Keys seconded to approve the March 2019 meeting minutes. **Motion passed:** All in favor.

Report of Staff:
N. Johns reported that the Positive Committee would be holding a special meeting on the evening of Tuesday, June 18 from 6 – 8 p.m. She noted that the meeting would feature two guests, including Dr. Kevin Moore, who would discuss how to take care of one's own mental health, and a presentation from ACT UP about an upcoming symposium. She asked anyone planning to attend to RSVP. She explained that they hoped to provide an opportunity to participate in the Positive Committee for people who are unable to attend during the day.

N. Johns reported that the next Brown Bag program would be held at lunchtime on Friday, June 7. She stated that the event would be an introductory workshop around gender and sexuality terminology, so that the Planning Council could have a shared framework. She stated that shared language was important. She noted that the target audience was Planning Council and HIPC meeting attendees.

DRAFT

N. Johns stated that one option was to move forward with the sources and weights as they were, since all data have limitations. She explained that the committee could also decide that they do not want to move forward as previously planned, which would require developing an alternate plan. She further explained that they had originally wanted to complete this process before the allocations meetings in July, since the priority setting results could inform the allocations process.

M. Coleman asked about barriers to mental health services, including health insurance coverage for those services. He further asked if there was enough funding available for mental health services. N. Johns replied that no system was funded to the level it would have to be to meet the need. She explained that part of the work of the Planning Council was to look at these needs and gaps, and use that information to develop a service system that addresses those needs and gaps.

N. Johns returned to the priority setting process, asking the group if they would like to proceed as previously planned. M. Ross-Russell stated that they would need to determine whether they would like to move forward with priority setting, even knowing about the limitations in the data. She reminded those present that there would be no perfect data set, but that they could combine the data they have collected over time with the expertise of the people in the room. She noted that, if they chose to do something else, they would need to identify what that something else would be.

G. Keys suggested that they continue with what they have, because it was important to complete the priority setting process before the allocations meetings. She noted that they would never have all of the data that they wanted, but that they could make good decisions with what they did have.

P. Gorman stated that case managers were co-located with clinical sites at Part A providers in New Jersey. She explained that these providers previously did not believe it was necessary to complete case management intake through the Client Services Unit since case management services were co-located with medical care. She noted that AACO did want New Jersey to provide the same information that was being provided in the rest of the EMA, so AACO and New Jersey would be working together on this moving forward. She added that this was only beginning this year. N. Johns noted that this would then be a more complete data set moving forward. P. Gorman stated that she thought the current priority setting process was very helpful, and that they have been getting some very good information. She went on to say that she really liked the way their process and progress have been going.

The group unanimously agreed to approve the service priority setting worksheet. N. Johns stated that they would conduct the priority setting process in June. She noted that she would plug the first three numerical figures into the spreadsheet before the meeting, so the group would have more time to discuss the subjective scoring for the fourth factor during the meeting. She noted that everyone's vote would be factored into the final score for the Community Voices factor, and that the meeting would include the opportunity for members to share why they were voting a certain way and to change their scores if they so chose.

DRAFT

N. Johns stated that the Executive Committee had also discussed this issue, and that they had suggested that M. Ross-Russell invite Planning Council members to volunteer for the workgroup again. She noted that they discussed the possibilities moving forward, which included tasking various committees with racial equity-related tasks or having the Comprehensive Planning Committee take the work on in the fall. She stated that the Executive Committee endorsed the idea of working on racial equity, but that the methods would depend on whether they had enough participants for a separate workgroup. She noted that this was important work, so they would need to figure out how to do it. She added that the invitation to participate in this workgroup was a standing invitation.

New Business:
None.

Next Steps:
N. Johns asked those present to invite a friend to priority setting, as well as the Positive Committee evening meeting, Brown Bag workshop, and HIPC social. D. Gana asked if they would have tokens available for consumers for the priority setting meeting. M. Ross-Russell replied that she would look into this.

Announcements:
D. Gana announced that the LGBT Elder Initiative had a new group called "Thrivers," for people who were not just long-term survivors, but were thriving. He stated that this month's topic would be "Living on a Dime," and would be about how to stretch money and use the resources that a person has. He noted that there was a flyer on the board in the conference room.

G. Grannan announced that June 2 would be International Whores Day.

D. Gana thanked M. Dias and G. Thomas for stepping into the co-chair positions.

Adjournment:
Motion: G. Keys moved, D. Gana seconded to adjourn the meeting at 3:03p.m. **Motion passed:** All in favor.

Respectfully submitted,

Briana L. Morgan, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes of March 21, 2019
- Service Priority Setting Worksheet 2019
- HIPC Priority Setting April 2019 Gaps in Service as Reported by Consumers by Percent
- Racial Equity Workgroup Purpose and Scope
- OHP Calendar

DRAFT

Gaps in Service as Reported by Consumers by Percent

Service Reported as Needed	PDPH CSU Need at Intake (n=1,903)	Medical Monitoring Project (n=166)	EMA Consumer Survey (n=392)
Medical Care	32.8	4.2	3.8
Medications	23.1	1.5	3.8
Treatment Adherence	45.5	1.9	9.9
Dental	3.4	45.1	11.2
Home Health Care	1.8	N/A	11.2
Mental Health	18.5	9.7	10.5
Case Management	N/A	15.7	5.9
Substance Abuse Treatment	5.6	2.7	8.7
Food	18.9	6.5	9.9
Housing	51.7	16.0	15.1
Transportation	25.4	12.5	11.2
Support Group/Psychosocial Support	5.6	8.0	9.4
HIV Education/Risk Reduction	9.2	N/A	N/A
Non-Medical CM (Benefits Assistance	32.5	18.4	N/A
Health Insurance/financial support	18.9	N/A	12
Language Translation	3.1	0.0	10.5
Patient Navigation/Care Outreach	N/A	2.3	7.9
Nutritional Counseling	1.1	N/A	10
Legal Services	3.6	N/A	13
Emergency Financial Assistance	11.2	N/A	18
Home and Community-based Services	N/A	N/A	12
Early Intervention	N/A	N/A	N/A
Rehabilitation (physical)	N/A	N/A	11
Hospice	0	N/A	11
Respite Care/Adult Care	N/A	N/A	11
Child care	N/A	N/A	10
Information & Referral	N/A	N/A	N/A

Service Priority Setting Worksheet 2019

Each service category will be scored according to these factors and scales using the sources noted for each factor. For the Community Voices factor each individual will vote their conscience (as informed by EMA data and committee deliberations) and the service category scores will be tallied by the average of those scores.

Factor	Definition	Scale
Consumer Survey (20%)	Percentage of consumers who said they used or "needed but didn't get" in the last 12 months, in the 2017 Consumer Survey. The sample is geographically representative of the EMA and includes PLWH who have engaged in the RW system.	1- no mention 3- >9 5- 9.1-17.9% 8- 18%
Medical Monitoring Project (20%)	Medical Monitoring Project data captures unmet service needs for PLWH in care. It is a representative sample of PLWH in HIV care. The data sample if Philadelphia only.	1 – no mention 3 – > 22.5% 5 – 22.6 - 44.9% 8 – 45%
Client Services Unit- Need at Intake (20%)	Self-reported service need to Client Services MCM intake. These individuals are re-entering or entering the RW service system. The data sample is not EMA-wide- Philadelphia and PA counties with very few NJ.	1 – no mention 3 – >25% 5 – 25.1-51.6% 8 – 51.7%
Community Voices (40%)	This factor seeks to quantify community experience/expertise of delivering and receiving HIV services in relationship to emergent needs and issues, vulnerable populations, community knowledge, and other EMA data.	1- this service is important to ensure engagement in care, retention in care and/or viral suppression 5- This service is needed to ensure engagement in care, retention in care, and/or viral suppression 8- This service is critical to ensure engagement in care, retention in care and viral suppression.

Information & Referral Services
Ambulatory Outpatient Medical Care
Health Education Risk Reduction
Care Outreach
Linguistic Services
Substance Abuse (outpatient)
Health Insurance Premium Assistance & Cost Sharing
Substance Abuse (Inpatient)
Medical Transportation
Psychosocial Support
Childcare
Non-Medical Case Management
Medical Case Management
Mental Health
Direct Emergency Financial Assistance
Other Professional Services (includes Legal)
Housing
Nutritional Therapy
Early Intervention Services
Treatment Adherence
Food Bank/Meals
Oral HealthCare
Home Health Care
Home and Community-based Health Services
Rehabiliatative Services
AIDS Drugs Assistance Program
Local Drug Assistance

Diagnosed
Linked to Care
Retained in Care
Viral Suppression/Prescribed ART

Any remaining core and or supportive service not shown above was intentionally left out because it does not support clients along the cascade