

Thursday, August 15, 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 (*June 20, 2019*)

Report of Staff

Report of Chair

Action Item: Election of Co-Chair

Discussion Items:

Priority Setting Debrief

Allocations Debrief – Identify areas for assessment/inquiry

Planning for 2019-2020

Old Business

New Business

Review/Next Steps

Announcements

Adjournment

**COMPREHENSIVE PLANNING COMMITTEE
MEETING AGENDA**

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.

**Philadelphia HIV Integrated Planning Council
Comprehensive Planning Committee**

**Meeting Minutes of
Thursday, June 20, 2019**

2:00-4:00p.m.

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

Present: Alan Edelstein, Clint Steib, David Gana, Dena Lewis-Salley, Eran Sargent, Gail Thomas, Gerry Keys, Gus Grannan, Janice Horan, Jeanette Murdock, Keith Carter, Lupe Diaz, Mark Coleman, Pamela Gorman, Sharee Heaven

Absent: Joseph Roderick, La'Seana Jones, Lorrита Wellington, Nicole Miller, Terry Flores-Sanchez

Excused: Peter Houle

Guests: Ameenah McCann-Woods, Jessica Browne

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

Call to Order/Introductions:

G. Grannan called the meeting to order at 2:06 PM. G. Grannan let the committee know he volunteered to chair the meeting with G. Thomas. Everyone went through introductions.

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

Approval of Minutes (May 16, 2019): G. Grannan presented the minutes for approval. **Motion:** David moved, D. Lewis-Salley seconded to approve the May 16 meeting minutes. **Motion passed:** All in favor.

Report of Staff:

N. Johns reminded everyone of the allocations meetings on the orange calendar for July—NJ Allocations will be held July 16th, Philly is July 18th, and PA is July 23rd. Everyone must RSVP so there are enough supplies and lunch. M. Ross-Russell announced that she is still looking for volunteers to explain four services at the Planning Council meeting: Info and Referral, Local Aids Pharmaceuticals, Mental Health, and Nutritional Counseling. M. Ross-Russell explained that they are looking for people to give an overview of what those services are in order to help planning body members prepare for allocations. N. Johns also reported that the last Positive Committee meeting about mental health was very successful, and the committee will probably do more of those quarterly.

Report of Chair:

No report of chair.

Action Item: Priority Setting (Accompanied by Priority Setting Review PowerPoint)

N. Johns talked about the process and explained the handouts. N. Johns mentioned the priority spreadsheet with compiled data for service categories, letting the committee know that M. Ross-Russell would be updating the spreadsheet in real time. The key difference with the spreadsheet this year is that there is one less factor. The accompanying PowerPoint has simplified service category definitions. N. Johns pointed out the three different cards [1, 5, 8]. 1 is the lowest score you can give a service (the service is important), 5 is middle tier (the service is needed), and 8 is the highest (the service is critical). The group would score based on three indicators: Engagement, Retention, and Viral Suppression. N. Johns explained that the Philadelphia EMA HIV Care Continuum and Services handout is another informational source to help with the voting process with core services in blue and support services in orange. M. Coleman asked about the Gaps and Services handout—what is significant about the highlighted portions? N. Johns answered that the yellow highlight indicates a higher need and is for emphasis. N. Johns went to the Continuum of Care (second slide) to remind people of numbers. Then, she flipped to the third slide to note the barriers, going through each to remind the audience about barriers working against engagement, retention, and viral suppression. N. Johns mentioned that 439 people were included in the CoRECT study. N. Johns turned to the 4th slide to talk about Key Considerations regarding PLWH.

- **Ambulatory Outpatient Care**

Refer to Ambulatory Outpatient Care Slide. N. Johns read the definition from the slide and the consumer survey to the group. N. Johns explained that the median age for survey respondents is 52. N. Johns noted how some services may not be needed for everyone, but they are critical if someone does need them, e.g. child care.

D. Lewis-Salley asked if prevention services were not offered by providers. N. Johns replied that on average, only 1/3 of prevention interventions were offered by providers. D. Lewis-Salley then asked about the source of the information provided. N. Johns said that OHP conducts the consumer survey every 5 years, with this specific survey having 392 responses from all over the EMA. Other information on the slide may come from AACO or Ryan White data. N. Johns mentioned that the definition's source is simplified definition from HRSA.

G. Grannan called for a vote. Out of 13 votes: **1:0 5:2 8:11**

- **Medical Case Management**

Refer to Medical Case Management Slide. N. Johns read the definition and accompanying data. C. Steib mentioned that MCMs also make sure clients are enrolled in Ryan White Care.

G. Grannan called for a vote. Out of 13 votes: **1:0 5:2 8:11**

- **Dental Care**

Refer to Dental Care Slide. N. Johns read the definition and the consumer survey data. N. Johns noted the high demand for dental care. Penn and Temple appointments are at high demand, and individuals usually have to wait 3 months unless you have an “emergency.” K. Carter said that it’s easier to get appointments at these locations when the dental students are in session. P. Gorman added that access to dental can be difficult because of transportation. G. Grannan asked if you can get free dental care at Rutgers, and P. Gorman responded yes. J. Murdock proposed that when looking at health centers, many patients don’t see the importance of dental care until

something is genuinely wrong, especially PLWH. M. Coleman suggested that case managers should ask if their clients if they have been to the dentist. D. Gana asked the group if it is critical for engagement, retention, and viral suppression. E. Sargent responded, saying that she believes oral health actually has a huge impact on HIV/overall health.

G. Grannan called for a vote. Out of 13 votes: **1:0 5:5 8:8**

D. Lewis-Salley thought that even if dental were accessible, many people may not think to access it. She also mentioned that people who may not keep up with dental care can still be virally undetectable. L. Diaz pointed out that people often ignore toothaches, and then they turn into infections which cannot easily be taken care of because of status.

- **Local Pharmaceutical Assistance**

Refer to Local Pharmaceutical Assistance slide. N. Johns read the definition and data to the group. N. Johns said that it depends on their service history, but they would have access to care through VA. However, not every veteran gets all medical care through VA, but they should be eligible for SPBP or others eligible to most people. P. Gorman asks if local pharmaceutical assistance is being funded by Part A. N. Johns affirms this and adds that the purpose of the program is short term immediate access, not an extended way to get medication.

G. Grannan called for a vote: Out of 13 votes: **1:0 5:9 8:4**

- **Mental Health**

Refer to Mental Health Slide. N. Johns read the definition and data to the group, noting the significance of the number of people. A member asked if mental health would be the same as behavioral. A. Edelstein responded that behavioral health is composed of mental health and substance use. Nicole said that in this case, the focus is solely on mental health since substance use is a separate service in Ryan White Part A. M. Coleman asked generally about the undiagnosed regarding substance users and individuals with mental health issues. G. Grannan said these can be intersecting sects. A. Edelstein said that self-medication is often used (substance use) for mental health issues. L. Diaz pointed out that Philly has a higher percentage of people with mental health issues than the rest of the country.

G. Grannan called for a vote: Out of 13 votes: **1:0 5:0 8:11**

- **Medical Nutrition Therapy**

Refer to Medical Nutrition Therapy Slide. N. Johns noted that this particular service is performed by a nutritional professional. N. Johns read the slide's information to the group.

G. Grannan called for a vote: Out of 13 votes: **1:7 5:5 8:1**

- **Substance Abuse Treatment (Outpatient)**

Refer to Substance Abuse Treatment Outpatient slide. N. Johns read this the information aloud. M. Coleman asked about safe injection sites and use of new syringes. G. Grannan responded that safe injection sites would provide new ones, but PWID unsupervised may reuse or not reuse depending on the drug and how often it is injected. He also explained there is not an official supervised consumption site in Philadelphia. K. Carter talked about clean syringes and how there is access to them. The group mentioned that Philadelphia has the single biggest syringe exchange in the country. K. Carter asked about substance use treatment and how it is paid for. N. Johns said that it is covered by insurance, but it can be limited for outpatient, places, and number of

visits. She also stated there is a general shortage of licensed mental health and substance use treatment providers.

G. Grannan called for a vote. Out of 14 votes: **1:0 5:5 8:9**

- **Early Intervention Services**

Refer to Early Intervention Service slide. N. Johns noted the high percentage of concurrent diagnoses in PA suburbs. N. Johns then read the data aloud. A. Edelstein said that individuals in suburban counties wait until they are symptomatic and possibly have AIDS. B. Morgan mentioned that the concurrency rate has gone up in the PA counties in the past 3-4 years. It has gone down in NJ counties and Philly. N. Johns mentioned that PWID new HIV diagnoses have gone from a 58% increase to an 84% increase. P. Gorman asked about Part A funding for early intervention. N. Johns said this had not been funded it since 2013. M. Ross-Russell said that this has to do with the definition (the four parts of early intervention need to be in play), the fact that routine testing is supposed to occur among Part A providers, and how there are limited CDC funds for testing.

G. Grannan called for a vote. Out of 14 votes: **1:3 5:6 8:5**

- **Home Health Care**

Refer to Home Health Care slide. N. Johns primarily pointed out how home health care would be more for medical therapies and care. N. Johns read the slide and data aloud.

G. Grannan called for a vote. Out of 14 votes: **1:5 5:7 8:2**

- **Home and Community Based Services**

Refer to Home and Community Based Services slide. N. Johns said this is somewhat similar to the previous service but includes help around the house. N. Johns read the slide and information.

G. Grannan called for a vote. Out of 14 votes: **1:8 5:5 8:1**

- **Hospice Services**

Refer to Hospice Services slide. N. Johns read the slide and information aloud. D. Gana noted that this does not impact engagement, retention, and viral suppression. The group seemed to agree.

G. Grannan called for a vote. Out of 14 votes: **1:13 5:0 8:1**

- **Emergency Financial Assistance**

Refer to Emergency Financial Assistance slide. N. Johns indicated that this is a one-time need and not something people get over long periods of time. N. Johns then read the slide aloud. G. Grannan asked N. Johns to clarify if this money can be used to pay a mortgage. N. Johns said it cannot. D. Lewis-Salley pointed out that this is the DEFA grant.

G. Grannan called for a vote. Out of 14 votes: **1:0 5:5 8:9**

- **Medical Transportation**

Refer to Medical Transportation slide. N. Johns read the information aloud. D. Lewis-Salley asked who supplies the transportation. N. Johns answered that regarding Ryan White, it could be transit, providers, or tokens given. B. Morgan said that sometimes providers will give you Septa two trip passes. L. Diaz noted that transportation issues will differ between the city and suburban

counties. M. Coleman asked about Lyft and Uber and whether providers use them for suburban counties. N. Johns said some do.

G. Grannan called for a vote. Out of 14 votes: **1:1 5:5 8:8**

- **Housing Assistance**

Refer to Housing Assistance slide. N. Johns read the slide aloud. N. Johns explained that this is definitely a high need based on the data and past discussions. D. Lewis-Salley asked how this is different from DEFA. N. Johns responded that this is different because it does not just cover first and last month's rent or utilities. This is to support temporary and transition housing services. S. Heaven said it is for short term rent and mortgages. M. Ross-Russell said that rental assistance might occur at any point during rental period unlike DEFA, which is just first and last month's rent. S. Heaven explained that Ryan White is separate from DEFA which is separate from HUD housing. S. Heaven continued, informing everyone that all this information is less confusing in "real circumstance," because case managers deal with most of those details. N. Johns reminded everyone not to focus on the financial portion as much, and she also wanted everyone to think about services' potential and what they *can* do, not just their current functions. K. Carter presented the following question to the group: how much of a critical need is housing to keep people virally suppressed?

G. Grannan called for a vote. Out of 13 votes: **1:0 5:4 8:9**

- **Food Bank/Home Delivered Meals**

Refer to Food Bank/Home Delivered Meals slide. N. Johns read this portion aloud.

G. Grannan called for a vote. Out of 14 votes: **1:1 5:7 8:6**

- **Legal/Other Professional Services**

Refer to Legal/Other Professional Services slide. N. Johns read this slide aloud for the group. M. Coleman mentioned community legal service and was wondering if PLWH have access to this.

N. Johns said this is not covered by Ryan White, but everyone has access to this.

G. Grannan called for a vote. Out of 14 votes: **1:6 5:7 8:1**

- **Outreach Services**

Refer to Outreach Services slide. N. Johns read the slide aloud and emphasized the three activities that make up outreach services. M. Coleman asked why local organizations in high risk areas have funding decreases. N. Johns explained that HIPC used to fund outreach services, but due to funding decreases and looking at the outcomes of outreach services, the HIPC decided not to fund it. She also explained that over the last several years, public health programs have been slashed. A. McCann-Woods added on that there are services where activities are overlapping, so it is common that services are actually providing the three activities of outreach services as well. It may not be funded as a separate service, but outreach is still occurring.

G. Grannan called for a vote. Out of 14 votes: **1:4 5:5 8:5**

- **Respite Care**

Refer to Respite Care slide. N. Johns read the slide aloud to the group. N. Johns explained that there may be centers to go to or that individuals may come to the client's residence. G. Grannan said that these survey samples are PLWH and receiving Ryan White. N. Johns responded that, yes, this is the case.

G. Grannan called for a vote. Out of 14 votes: **1:11 5:2 8:1**

- **Psychosocial Support Services**

Refer to Psychosocial Support Services slide. N. Johns read the slide aloud to the group with the accompanying data. G. Grannan wanted to point out that this category used to not be part of Ryan White Part A funding, but they funded it this year. G. Grannan said that there may be a small obligation because of this new funding decision. D. Gana reminded the group that this portion isn't about funding, so the money aspect should be disregarded. N. Johns mentioned that part B pays for this. L. Diaz noted that people say they benefit a lot from support groups.

G. Grannan called for a vote. Out of 14 votes: **1:0 5:7 8:7**

- **Health Education/Risk Reduction**

Refer to the Health Education/Risk Reduction slide. N. Johns read the information of the slide aloud. A. Edelstein asked how this service gets provided. He suggested that maybe this all happens under medical care and medical case management. M. Ross-Russell agreed and added that health education and risk reduction are not usually stand-alone services. For Ryan White, you have to know a person is HIV positive or suspect that they are positive. A. Edelstein asked what a stand-alone service might look like. G. Grannan suggested at this point, clinically-centered models of service delivery map poorly onto prevention and becomes problematic to deliver within clinical restraints. The reasoning, he continued, is because one has to know or suspect a person is positive in these clinical settings. He added that we should look at where clinical services have fallen short. A. McCann-Woods responded, expressing that this is not necessarily a service joined with medical services—this may look like group level interventions about education, adherence, etc. for people who are positive or affected. P. Gorman said that as a HIV care provider, they are required to do risk assessments under Ryan White. N. Johns added that the committee should think about this as a stand-alone service. M. Ross-Russell answered that under Part B, there is actually a popular funded program.

G. Grannan called for a vote. Out of 14 votes: **1:5 5:6 8:3**

- **AIDS Drug Assistance Program**

Refer to the AIDS Drug Assistance Program slide. N. Johns said that there are instances where part A is allowed to fund ADAP. She then read the ADAP slide to the group.

G. Grannan called for a vote. Out of 13 votes: **1:0 5:2 8:11**

- **Child Care**

Refer to the Child Care slide. N. Johns read the definition and data aloud from the slide. N. Johns reminded the group that this is for intermittent child care for when there are medical appointments. This portion also includes grandchildren or other family members taking care of children.

G. Grannan called for a vote. Out of 13 votes: **1:8 5:5 8:2**

- **Health Insurance Premium and Cost-Sharing Assistance**

Refer to the Health Insurance Premium and Cost-Sharing Assistance slide. N. Johns read this slide aloud to the group. M. Coleman asked about the uninsured people in the survey. N. Johns said there were not a lot.

G. Grannan called for a vote. Out of 14 votes: **1:1 5:10 8:**

- **Linguistic Services**

Refer to Linguistic Services slide. N. Johns read the definition and data aloud.

G. Grannan called for a vote. Out of 13 votes: **1:7 5:3 8:3**

- **Non-Medical Case Management**

Refer to Non-Medical Case Management slide. N. Johns read the definition and data aloud.

G. Grannan called for a vote. Out of 13 votes: **1:3 5:7 8:3**

- **Rehabilitation Services**

Refer to Rehabilitation Services slide. N. Johns read the definition and data aloud.

G. Grannan called for a vote. Out of 13 votes: **1:9 5:4 8:0**

- **Substance Abuse Services (Inpatient)**

Refer to Substance Abuse Services Slide. N. Johns read the definition and data aloud. M. Coleman asked if this is for halfway houses. N. Johns said it is just for inpatient treatment facilities.

G. Grannan called for a vote. Out of 13 votes: **1:1 5:7 8:5**

- **Referral for Health Care and Supportive Services**

Refer to Referral for Health Care and Supportive Services slide. N. Johns read the definition and data aloud.

G. Grannan called for a vote. Out of 13 votes: **1:3 5:4 8:6**

Old Business:

None

New Business:

None

Review/Next Steps:

N. Johns explained that the results will go to Planning Council in July, and she will email the results to the group.

Announcements:

D. Gana said that next Thursday, July 27th, there is a free health screenings on 38th and Lancaster Ave.

Adjournment: The meeting was adjourned by general consensus at 4:20p.m.

Respectfully submitted,

Sofia Moletteri, staff

Handouts distributed at meeting:

- Meeting Agenda
- Meeting Minutes May 16, 2019
- HIPC Priority Setting June 2019 Gaps in Services as Reported by Consumers by Percent
- Service Priority Setting Worksheet 2019
- Philadelphia EMA HIV Care Continuum and Services

Philadelphia EMA Planning Council FY 2017 Priority Setting Tool

Service Category	Rank 2019	Rank 2017	Medical Monitoring Project	20%	Consumer Survey	20%	Client Services Unit	20%	Members voting	Community Voices			score before %	Committee Consensus	40%	Service Category Total Score	Service Category Total Percentage
										8	5	1					
Possible Score (Scale varies by factor) 8, 5, 3, 1																	
Housing Assistance	1	2	5	5	5	8	8	13	13	9	4	0	7.08	2.83	6.43	80.38%	
Medical Case Management	2	5	5	3	3	8	8	13	13	13	0	0	8.00	3.20	6.40	80.00%	
Dental Care	3	1	8	5	5	3	3	13	13	8	5	0	6.85	2.74	5.94	74.23%	
Ambulatory Care	4	3	5	3	3	5	5	13	13	11	2	0	7.54	3.02	5.62	70.19%	
Mental Health Therapy/Counseling	5	12	3	5	5	3	3	13	13	11	2	0	7.54	3.02	5.22	65.19%	
Emergency Financial Assistance	6	14	1	8	8	3	3	14	14	9	5	0	6.93	2.77	5.17	64.64%	
Transportation	7	4	3	5	5	5	5	14	14	8	5	1	6.43	2.57	5.17	64.64%	
Substance Abuse Treatment (Outpatient)	8	21	3	5	5	3	3	14	14	9	5	0	6.93	2.77	4.97	62.14%	
AIDS Drug Assistance Program (ADAP)	9	16	3	3	3	3	3	13	13	11	2	0	7.54	3.02	4.82	60.19%	
Psychosocial Support Services	10	13	3	5	5	3	3	14	14	7	7	0	6.50	2.60	4.80	60.00%	
Food Bank/Home-Delivered Meals	11	10	3	5	5	3	3	14	14	6	7	1	6.00	2.40	4.60	57.50%	
Substance Abuse Treatment (Residential)	12	21	3	5	5	3	3	13	13	5	7	1	5.85	2.34	4.54	56.73%	
Local Pharmaceutical Assistance	13	15	3	3	3	3	3	13	13	4	9	0	5.92	2.37	4.17	52.12%	
Health Insurance Premium & Cost Sharing Assistance	14	7	1	5	5	3	3	14	14	3	10	1	5.36	2.14	3.94	49.29%	
Case Management (non-medical)	15	5	3	1	1	5	5	13	13	3	7	3	4.77	1.91	3.71	46.35%	
Translation & Interpretation	16	17	3	5	5	3	3	13	13	3	3	7	3.54	1.42	3.62	45.15%	
Home Health Care	17	24	1	5	5	3	3	14	14	2	7	5	4.00	1.60	3.40	42.50%	
Care Outreach	18	11	3	3	3	1	1	14	14	5	5	4	4.93	1.97	3.37	42.14%	
Legal Services	19	9	1	5	5	3	3	14	14	1	7	6	3.50	1.40	3.20	40.00%	
Information & Referral	20	20	1	1	1	1	1	14	14	8	4	4	6.21	2.49	3.09	38.57%	
Nutritional Services	21	19	1	5	5	3	3	13	13	1	5	7	3.08	1.23	3.03	37.88%	
Child Care Services	22	18	1	5	5	1	1	13	13	2	5	6	3.62	1.45	2.85	35.58%	
Early Intervention Services	23	26	1	1	1	1	1	14	14	5	6	3	5.21	2.09	2.69	33.57%	
Health Education Risk Reduction	24	8	1	1	1	3	3	14	14	3	6	5	4.21	1.69	2.69	33.57%	
Home & Community-based Health Services	25	27	1	5	5	1	1	14	14	1	5	8	2.93	1.17	2.57	32.14%	
Hospice Services	26	25	1	5	5	3	3	14	14	1	0	13	1.50	0.60	2.40	30.00%	
Rehabilitation Care	27	27	1	5	5	1	1	13	13	0	4	9	2.23	0.89	2.29	28.65%	
Day or Respite Care	28	29	1	5	5	1	1	14	14	1	2	11	2.07	0.83	2.23	27.86%	

