Philadelphia HIV Integrated Planning Council
Comprehensive Planning Committee
VIRTUAL: Meeting Minutes of
Thursday, June 18, 2020
2:00p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Gus Grannan, Alan Edelstein, David Gana, Keith Carter, Coleman Terrell, Pamela Gorman, Jeanette Murdock

Guests: Jessica Browne (AACO), Caitlyn Conyngham (AACO), Javontae Williams, Jerry Coleman, Thamara Jean Louis, Tonya Cooper, Allison Maurer, Debra D'Alessandro, Caitlyn Congyham, Blake Rowley,

Staff: Beth Celeste, Debbie Law, Mari Ross-Russell, Nicole Johns, Sofia Moletteri

Call to Order/Introductions: G. Grannan called the meeting to order at 2:03 p.m. He asked for names, pronouns, and how everyone's week has been. He asked everyone to respond in the chat box.

Approval of Agenda: G. Grannan presented the agenda for approval via Zoom chat. **Motion**: K. Carter motioned, D. Gana seconded to approve the agenda. **Motion passed**: All in favor.

Approval of Minutes: (*February 20, 2020*) G. Grannan presented the previous meeting's minutes for approval via Zoom chat. **Motion**: J. Coleman motioned, K. Carter seconded to approve the February 20, 2020 meeting minutes. **Motion passed**: All in favor.

Report of Staff:

M. Ross-Russell reported that there were preparation materials for allocations up on the OHP website, listed under the allocations tab. HIPC would soon receive emails related to the scheduled allocations meetings. She asked the committee to review the preparation materials online and to email OHP with any questions about services/process.

M. Ross-Russell said that because OHP is conducting virtual meetings, individuals participating in the process should identify themselves before they speak for documentation purposes.

Report of Chair:

G. Grannan noted that this was the first CPC meeting since February 2020.

Public Comment:

None.

Discussion Items:

—Ending the HIV Epidemic (EHE Update)—

G. Grannan introduced the EHE Update discussion item. J. Williams explained that the EHE plan survey tool and latest version of the EHE plan were available on the EHE subdomain of the OHP website. The Spanish version and survey tool for the plan would also be up at some time in the future. Regarding any additional information, J. Williams explained that CPC, Prevention Committee, and HIPC had reviewed the EHE plan and all strategies/activities to offer feedback. All comments were considered, and if possible, included in the latest EHE plan.

M. Ross-Russell explained that the following discussion would address how the full Planning Council could support EHE — especially Pillar 2 — through the allocations process. G. Grannan asked if there were any questions about the allocations process and how it relates to the EHE plan. There were none.

M. Ross-Russell explained that the EHE Workgroup would investigate how HIPC could further support the EHE plan. She explained that the EHE application requested a higher award than what was given. Therefore, the EHE Workgroup would look at the "care" component of Pillar 2 to assess which ways it could be supported by Ryan White Part A funds. Pillar 2 topics were consistent with needs assessment information and past CPC discussions. In an email, M. Ross-Russell noted that CPC was asked to look at the previous meeting minutes as well as the EHE plan to see how the plan and past discussions would fit into the allocations process.

—Recommendations for Allocations Process—

N. Johns explained that S. Moletteri pulled together some of the highlights from the CPC EHE discussion in February 2020. This list included the following: Rapid ART Initiation (supporting MCMs to help patients begin immediate ART); Online availability and accessibility of posted evening/flexible hours from providers (more access to provider information online); Behavioral Healthcare, Representation of communities served / cultural competency; Addressing transportation barriers for medical appointments and other necessary services (Pillar 2, Strategy 3, "Supportive Services"); Supporting short-term housing with RWHAP.

Regarding the EHE plan, G. Grannan asked about potential gaps people may see in Rapid ART and how they could be bridged to reduce viral load within the City of Philadelphia. What is in the way of that now, and how can RWHAP support and address this?

N. Johns asked if it would be helpful to look at Pillar 2 on the shared Zoom screen to help guide the discussion. The group said it would. G. Grannan asked about Rapid ART practice within the City of Philadelphia. C. Conyngham said that AACO only has data for 50% of people newly diagnosed with HIV, but most people are not started with ART within three days. There appears to be a significant gap within their data. She noted that AACO knows patients have better care outcomes (by staying in care and suppressing viral load more quickly) if there is use of Rapid ART.

K. Carter asked about the standard of care regarding medication for Rapid ART. B. Rowley responded that Novus ACS practices same day treatment for people who test positive. He added that the DHHS guidelines list specific types of treatments/medications that can be started on the same day. Clinicians should be aware of these lists. He suggested other clinicians look at the protocols from Novus and Philadelphia FIGHT for guidance. G. Grannan said that the council had to keep in mind that there was no set approach to Rapid ART, and medications/treatment can differ from person to person and provider to provider. The council should also consider other roadblocks that may stop people from accessing Rapid ART. B. Rowley said that there exists a clinician willingness for Rapid ART. Therefore, the council could also consider informing clinicians of the refined Rapid ART protocol.

M. Ross-Russell agreed that the barrier to Rapid ART occurs when the clinician sends someone who just tested positive away and they have to wait to get a prescription. B. Rowley sent a link in the chat for the DHHS guidelines (https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf , page 68). A. Edelstein asked from an allocations standpoint, how these different discussions fit into the allocations process.

M. Ross-Russell recounted that there are topics the Planning Council can consider supporting to assist EHE, especially care-related activities from Pillar 2. CPC considered supporting Rapid ART in their last meeting's discussion. M. Ross-Russell said that if CPC did not want to support this with allocation dollars, they could also consider a directive to the recipient. A. Edelstein asked if RWHAP was already supporting ART or if they would need to look into new initiatives or the development of new programs. How does the conversation fit into what they are already doing or what the council needs to change? M. Ross-Russell said that such questions should go through to the recipient for an answer.

C. Terrell explained that RWHAP allocations have HRSA-defined service categories while EHE does not have such restrictions. He noted that Strategy 2.1 of EHE would be included in Ambulatory Outpatient Care or may even involve other service interventions. The reason for this is that the barrier may not be strictly medical and may include behavioral health receptionists, MCMs, etc. Therefore, it is somewhat unpredictable which service category would need the money to support Rapid ART. He continued to explain that in Strategy 2.2, EHE planned to use the money from the CDC and HRSA to work with different medical providers to tailor the support and assistance. This meant that care and practices would differ from provider to provider. This ability, of course, is limited when considering RWHAP allocations, and all services are needed to help people reach viral suppression.

C. Terrell also noted that the EHE plan did not receive adequate funds for housing, though they are still fortunate to have additional funding to do innovative services and help providers even more. He noted that Strategies 2.3. and 2.4. also did not receive funding through CDC or HRSA.

N. Johns said that CPC could consider turning attention to Activity 2.3.2., since they have already talked in depth about this activity and spent more time investigating/talking to AACO about it. She added that CPC had come up with proposals/recommendations for Housing in the past which could assist with EHE.

G. Grannan noted that RWHAP funds substance use services and has strict regulations for service delivery. Due to COVID-19, he explained that regulations are changing within the City of Philadelphia in general. He asked if the recipient could measure how the service delivery of substance use services changed due to COVID-19. G. Grannan considered how such changes may present barriers while also presenting new opportunities. For example, some clinicians are visiting people's houses instead of making them come into their offices. Thinking about services in those terms could extend to clinicians offering mobile services/delivery of medications. These practices may allow providers to reach populations they have not in the past. G. Grannan asked the group to consider novel ways to deliver services to people.

P. Gorman mentioned that HRSA and the CDC had not put out the Integrated Plan guidance. She asked when they may be able to see this plan and how it would help with decision making. It may offer ideas of how individuals or wrap-around services could be more effective while offering models from HRSA and the CDC.

J. Williams said that the EHE plan would be the plan for the whole EMA in the future, and many ideas from the plan had come out of HRSA and CDC recommendations for best practices. C. Terrell said that the Integrated Plan was different and it was still unclear as to how it would continue, because of COVID-19.

K. Carter brought the discussion back to Rapid ART and also suggested they view housing as "medicine" as well—a preventative medicine. C. Terrell said it was important to look at RWHAP guidelines to see how they can support Rapid ART (possibly with a patient flow chart) as well as view outside funding to support it.

Regarding the EHE money, C. Terrell noted that the Ryan White system for the EMA was a $25 million system, but the EHE HRSA funding was only $1.2 million. C. Terrell asked for suggestions on how to better provide the services that RWHAP, a payer of last resort, can do, including how to do it, where to do it, etc. A. Edelstein said the committee also had to consider if they wanted to put new dollars into other areas and where they would take money out of in such a scenario. A. Edelstein explained that Ambulatory Outpatient Care and Substance Abuse (Outpatient) have many other funding streams, so they might consider taking money out of those categories.

M. Ross-Russell asked if there was specific COVID-19 money to support housing and if there would be eventual data on the benefit of that support. She noted that such data could potentially inform the council later. C. Terrell said yes to both questions. For COVID-19 and housing, C. Terrell explained that the city was working with traditional DEFA while increasing accessibility by cutting down on regulations for applications. They were also doing forward-looking EFA to keep people in housing instead of waiting until they are evicted, acting as a preventative measure. They were also looking at the rapid rehousing program due to its proven success.

M. Ross-Russell said that CPC was having this discussion to think in terms of what was proposed in the EHE plan, what they thought it could support, what it couldn't, and what RWHAP wanted to and could support. The council needed to be flexible to properly assess if

they wanted to change protocols (through directives) or how they typically funded services. K. Carter asked about the overlap in services between EHE and RWHAP dollars. C. Terrell said that AACO was working on a document that looks across all AACO-funded services and where they fall in different parts of the EHE plan. This includes the multiple different funding services—RW Part A, Part C, and Part D, Medicaid, etc.

N. Johns said that CPC could take time over the next couple months to develop contingency plans, talk to stakeholders, and work with AACO. This way they could uncover unmet needs, changes within the system, and look for income, medical care, and housing fallout due to COVID-19. When HIPC receives the award amount for FY2021, they can find the best way to allocate and reallocate for services. They could also do a rapid needs assessment to find out more about the impact of COVID-19.

G. Grannan asked the committee to keep an eye on service delivery to understand unmet needs. M. Ross-Russell said that they were going to attempt to do a rapid needs assessment and would work with CPC at the next meeting to try to find out what that process is to support questions, decisions, and processes moving forward. They should also discuss how they can make rapid changes if necessary. M. Ross-Russell said OHP could also contact other EMAs to get more insight into what they're doing to accommodate changes related to COVID-19.

G. Grannan summarized that there are a lot of new elements to consider, though the allocations process itself will not change. He noted that they will also pay special attention to where funding is or is not based on RWHAP as well as other funding streams. N. Johns reminded the group of the specific recommendations that came from focus groups and consumer surveys available on the OHP website.

Old Business:

None.

New Business:

None.

Review/Next Steps:

None.

Announcements:

K. Carter announced that J. Williams did a wonderful job for the virtual EHE presentation with AACO.

D. Gana announced that CFAR CAB started the Red Ribbon process for year. The theme would be HIV: Next Generation, Current Advancements. They were looking for award nominees. The categories are: Researcher, Community Leader, Provider, Faith Leader, and Dale Grundy Youth

Award. The form was available online. G. Grannan asked about the deadline, and D. Gana said it was towards the end of July 2020.

D. D'Alessandro, representing the AIDS Education Center and Health Federation of Philadelphia, announced that there were upcoming trainings from the Education Center. All trainings were now in an online format until it is safe to gather in classes. There was a Case Management Institute series where RWHAP MCMs were invited. She added that the Health Federation of Philadelphia has a contract with the Division of Health and Human Services. There would be a MOP open to clinicians and nurse practitioners with credentials to prescribe medication assisted treatment. The next training would be on June 25th and there would be another in July. There was no cost to participants, and there were continuing medical education credits available. There were also HIV Preceptor trainings available for clinicians new to HIV or for those who want a refresher course. These training were offered four times a year, and the next would be in September.

B. Rowley said that Gilead would be hosting EHE considerations and treatment strategies June 25th and July 14th.

Adjournment:

G. Grannan called for a motion to adjourn. **Motion**: D. Gana motioned, J. Murdock seconded to adjourn the June 2020 Comprehensive Planning Committee meeting. **Motion passed**: All in favor. Meeting adjourned at 3:48 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at meeting:

- June 2020 Comprehensive Planning Meeting Agenda
- February 2020 Comprehensive Planning Meeting Minutes