
**Comprehensive Planning Committee
Meeting Minutes of**

Thursday, May 16th, 2024

2:00 p.m. – 4:00 p.m.

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

Present: Keith Carter, Debra D’Alessandro (Co-Chair), Pamela Gorman, Gus Grannan (Co-Chair), Gerry Keys, Clint Steib

Guest: Melanie Mercakdo-Miller, Laura Silverman (DHH)

Staff: Sofia Moletteri, Tiffany Dominique, Mari Ross-Russell, Kevin Trinh

Call to Order: D. D’Alessandro called the meeting to order at 2:06 p.m.

Introductions: D. D’Alessandro asked everyone to introduce themselves.

Approval of Agenda:

D. D’Alessandro referred to the May 2024 Comprehensive Planning Committee agenda and asked for a motion to approve. **Motion: C. Steib motioned; G. Keys seconded to approve the May 2024 Comprehensive Planning Committee agenda via roll call. Motion passed: 5 in favor.** The May 2024 Comprehensive Planning Committee agenda was approved.

Approval of Minutes (April 18th, 2024):

D. D’Alessandro referred to the combined April 2024 Comprehensive Planning Committee minutes. L. Silverman said she had four corrections that she had wanted changed. The first change was on page two where G. Krull-Aquila was introduced as the “Quality Manager” instead of “Quality Management Coordinator.” On the same page, she said they had presented to the Comprehensive Planning Committee in October 2023 and March 2023 and not HIPC as it was written. She said the Work Plan was part of PCN 15-02 and the minutes had recorded the plan as part of PCN 16-02. She said in the third paragraph of the same page, the word “cynical” should be changed to clinical. K. Carter suggested changing “she said hoped” instead of “she hoped” on page 1. **Motion: K. Carter motioned; C. Steib seconded to approve the amended April 2024 CPC meeting minutes. Motion passed: 4 in favor; 2 abstained.** The amended April 2024 CPC minutes were approved.

Report of Co-chairs:

None.

Report of Staff:

S. Moletteri said they had the updated 2024 Ryan White certification guidance. They said if any of the members had wanted to receive a copy of the guidance, they could contact any of the staff members. They reminded the committee members that the Office of HIV Planning (OHP) would

be attending the Aging with HIV Symposium at the DoubleTree Hotel on May 28th. D. D'Alessandro reminded the committee that space was limited for those who wanted to attend in-person. Once the capacity was reached, they would only accept Zoom registrations.

Discussion Item:

-Allocation Recommendation Generation-

S. Moletteri described the process for allocations in July. They said the CPC generally brought forward recommendations before the meetings. The committee would be exploring various topics before concluding with a discussion on which ideas they could forward.

The first topic was the State of Aging with HIV National Survey. S. Moletteri believed that had a presentation on this topic in September. They summarized the findings from the survey. Multimorbidity and polypharmacy were noted as universal issues for those aging with HIV. Mental health concerns were on the rise. Those aging with HIV were concerned about retirement savings. Overall, those aging with HIV felt that they were forgotten and left out of conversations regarding HIV care. S. Moletteri said there were other barriers to care. Transportation, copays/coinsurance, lack of CDC-recommended routine testing for those 65+, and a lack of coordination between care and prevention needs were barriers to care. The survey concluded that a competent workforce and coordination of care was necessary to improve care and that they needed to address social determinants of health beyond clinic settings such as financial health. Safe and stable housing and more representation and self-advocacy were other suggestions listed.

The next slides would cover the 2023 HIPC Data Update they had received from DHH. The data found that out of 382 newly diagnosed individuals, 57.4% were Non-Hispanic Black (NH Black) in Philadelphia in 2022. The largest proportion of new cases were those assigned male at birth (75.4%, those aged 30-39 (35.3%) and men who had sex with men (MSM) (51%). Within the EMA, NH White individuals had seen the largest proportional increase of new diagnoses from 2019-2021. About 20% of newly diagnosed in Philadelphia and New Jersey were concurrent diagnoses. In the PA counties 25% of newly diagnosed were concurrent diagnoses. S. Moletteri said 13.8% or 2,583 people with diagnosed HIV (PWDH) were coinfectd with the highest share of Hepatitis C among people who injected drugs (PWID) and those aged 50+.

S. Moletteri said the most noted mode of transmission for transgender individuals was sexual transmission; about 80.8% of transgender women received HIV through sexual transmission, and about 77.3% of transgender men contracted HIV through sexual transmission. S. Moletteri listed data from the National HIV Behavioral Surveillance (NHBS) of social determinants that contribute to sexual transmission for transgender women. The social determinants were living below the federal poverty line, verbal/physical abuse/ discrimination, and unstable housing.

The data showed that the demographics with the largest proportion of PWDH in the EMA were those assigned male at birth (70.6%), those aged 50+ (56.9%), and MSM (39.3%). Regarding the care continuum in the EMA, S. Moletteri said the EMA remains lower on all measures than the national average. They said though the measures were lower than they would have liked, all continuum measures performed better in 2022 than in 2021. S. Moletteri then

highlighted two goals recorded by the End the Epidemic programs. These goals were highlighted because they found that the measures had not improved. The first was the goal of 95% linkage to care by 2024. S. Moletteri said they were currently at 77% for this goal. The second goal was to decrease homelessness by 50% by 2024. Homelessness had increased 9.9% in 2017 to 13.5% in 2021.

Since the city was struggling with linkage to care, S. Moletteri provided more information about this topic. Relinkage to care was lowest for transgender individuals, individuals between 25-29 years old, NH White individuals, and MSM. 53.6% of individuals who were recorded in the survey reported no accessible provider hours, scheduling issues and lack of access to popular providers.

Another important issue was the current outbreak among PWID. S. Moletteri listed the demographics of the outbreak in 2023. 74% of PWID affected by HIV were aged 30 and older. 71.3% of the PWID with HIV population were assigned male at birth (AMAB). 52.2% of the population mentioned was NH White. DHH noticed that there was a shift in the demographics of new diagnoses to a greater proportion of NH Black and Hispanic/Latinx PWID compared to 2021.

S. Moletteri said the following information was from a report on Substance Use in Philadelphia. They said the report mapped opioid use in Philadelphia and summarized the barriers to care for those seeking drug treatment. They listed the different barriers to care such as mandated group therapy, insurance/treatment cost, short inpatient stay, and lack of bilingual staff.

S. Moletteri said the next piece of information they would be presenting on would come from the Office of HIV's epidemiological infographics. S. Moletteri would be presenting information on their key takeaways for the EMA's HIV landscape. There would be three major key takeaways for EMA's HIV landscape.

The first key takeaway focused on PWID. The takeaway was that HIV incidence among PWID had increased throughout the years and that syringe exchange programs had the highest rate of confirmed positive test results. They concluded that more attention to testing and care was needed for this population.

The second key takeaway was that NH Black individuals accounted for the greatest share of new HIV diagnoses at 58.5% in 2022. S. Moletteri said this had correlated with insurance. In 2022, Ryan White (RW) clients insured under Medicaid, 70% of RW clients were Black and 56% of those uninsured were Black. S. Moletteri said they concluded that RW clients, especially Black clients, needed to be aware of and have access to financially supportive services.

Clinical testing had decreased in the EMA likely due to COVID-19. Consistent and targeted testing could decrease concurrence rates. The third takeaway was that PA counties have the highest concurrence rate within the EMA. In 2021, there was significantly less testing for those who were aged 50+. This was an issue because concurrence rates have risen significantly for those who were over the age of 50.

K. Carter said they should review their intake process to ensure that clients knew about the resources that were available to them. S. Moletteri said they believed they knew what was being shared with the case managers but they did not document if the clients were receiving the information. M. Ross-Russell said DHH does review their intake process and they conduct “secret shopper” calls to assess whether information was adequately provided. M. Ross-Russell said she would find more information about this topic.

S. Moletteri then reviewed their key takeaways for the EMA’s general population. The first key takeaway for the general population was that Housing availability was shrinking and the median cost of rent was increasing. The second key takeaway was that food insecurity was an issue in the EMA with Philadelphia, Salem County and Camden County bearing the highest rates of food insecurity. The third key takeaway was that Black individuals had the highest case rate of STIs in Philadelphia, Camden and Delaware Counties.

With the refresher presentation completed, they said the committee would have a discussion and potentially generate directives to DHH. They said the directives could be about specific subpopulations, geographic areas, types of organizations or how services should be provided.

The committee had a discussion and decided on the concerns, populations and services they wanted to draw allocations ideas from. As mentioned previously, the committee wanted to document how people were receiving information about available services through their case manager. They had also wanted to know whether there was a standard intake process for new case management clients besides the standard intake form. CPC members advocated strongly for having the ability to engage in comprehensive conversations around substance use in a way that was comfortable and safe to patients. They wanted the patient to feel that they could provide information without the information adversely affecting their job security, insurance and other types of benefits.

The populations that the committee wanted to focus on were people who were over the age of 50 and incarcerated individuals. They wanted to provide tests for STI (oral, urine and rectal for PLWH of all ages. They wanted to offer vaccines for those over the age of 50. The committee wanted to increase trust and comfort in providers. K. Carter and P. Gorman wanted more support for people who were incarcerated. They suggested finding more data about connecting people to care and services post-incarceration. They also wanted to have more data about care at the local-level versus state-level jail.

The committee discussed which services that they would like to see put more emphasis on. One of the services. One of the suggestions came from K. Carter who suggested offering PrEP and other prevention services especially for those who were over 50+ years old. The committee suggested removing the structural barrier of weekend and evening hours. S. Moletteri said they could add that request to the list of ideas. The committee had also wanted to know if extended hours for providers were advertised well. G. Grannan wanted to know if the provider hours were

meeting the needs of their clients. He and P. Gorman asked for a needs assessment for hours of availability.

-Co-chair Nominations-

D. D'Alessandro, one of the co-chairs of the CPC, said that G. Grannan's term as co-chair was ending soon. She said they would be hosting elections to determine the next co-chair. S. Moletteri described the process for electing the next co-chair. They said each term was 2 years and they staggered the election so they did not have elections for both co-chairs. They said they would hold nominations for co-chairs and then vote after 30 days.

K. Carter nominated G. Grannan to run for the position. G. Grannan accepted the nomination. No other nominations were made. S. Moletteri said they would send an email before the next meeting with more information about the co-chair responsibilities. Committee members could nominate themselves or another person during the 30 days between meetings.

Other Business:

P. Gorman asked if they received letters indicating that they had participated in HIPC and the subcommittees. S. Moletteri said they have an appointment letter from the mayor. P. Gorman said that letter would be acceptable. She said she was planning to upload the letter as part of a grant application. M. Ross-Russell said they may have received the letter by email or hard copy. M. Ross-Russell said she would check if she or D. Law had the letters.

Announcements:

D. D'Alessandro reminded the committee about the Aging with HIV Symposium event on May 28th at the DoubleTree Hotel.

K. Carter thanked everyone who signed the Harm Reduction letter. C. Steib reminded the committee that it was pride month.

Adjournment:

D. D'Alessandro called for a motion to adjourn. **Motion:** K. Carter motioned, C. Steib seconded to adjourn the May Comprehensive Planning Committee meeting. **Motion passed:** Meeting adjourned at 3:30 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- May 2024 CPC Meeting Agenda
- April 2024 CPC Committee Meeting Minutes