

**Philadelphia HIV Integrated Planning Council**  
**Comprehensive Planning Committee**  
**Meeting Minutes of**  
**Thursday, October 17, 2019**  
**2:00-4:00p.m.**

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

**Present:** Sade Benton, Keith Carter, Mark Coleman, Dave Gana, Pamela Gorman, Gus Grannan, Gerry Keys, Jeanette Murdock

**Absent:** Lupe Diaz, Janice Horan, La'Seana Jones, Dena Lewis-Salley, Marilyn Martinez, Erica Rand, Joseph Roderick

**Excused:** Evette Colon-Street, Peter Houle, Gail Thomas

**Guests:** Jessica Browne (AACO), Sharita Flaherty, Julie Pelham, Renee Cirillo

**Staff:** Mari Ross-Russell, Nicole Johns, Sofia Moletteri

**Call to Order/Introductions:** G. Grannan called the meeting to order at 2:07 PM. He asked everyone to introduce themselves with their pronouns, which part of the EMA they represent, and their favorite candy or treat.

**Approval of Agenda:**

G. Grannan presented the agenda for approval. **Motion:** D. Gana moved, G. Keys seconded to approve the agenda. **Motion passed:** all in favor.

**Approval of Minutes** (*September 19, 2019*) G. Grannan presented the previous meeting's minutes for approval. G. Keys mentioned that her attendance was inaccurate. **Motion:** D. Gana moved, K. Carter seconded to approve the September 19, 2019 meeting minutes. **Motion passed:** All in favor.

**Report of Staff:**

N. Johns reported that AACO released a health advisory yesterday, October 16<sup>th</sup>, regarding the HIV outbreak among PWID. She explained that there were 71 newly diagnosed cases in 2018 which was a 115% increase in infection rate. AACO had put out a reminder that harm reduction services can decrease outbreak rate and people who are at risk should be getting tested.

She reported that PA Health Law Project would be having a Community Health Choices listening session on Wednesday, October 23<sup>rd</sup>. The session would be RSVP only and from 9:30 AM – 12 PM. Afterwards, there would be a meeting of consumer subcommittee of Community Health Choices open to the public. N. Johns pointed out that both events would be excellent opportunities to listen to what others have to say as well as speak up about any concerns.

**Report of Chair:**

None.

**Action Item:**

**—Election of Co-Chair—**

N. Johns recalled the last Comprehensive Planning Committee meeting, wherein no members were nominated to run as co-chair. However, the group had suggested G. Grannan as a nominee. G. Grannan agreed to take the position if the group were to vote him in. By raise of hands, the group made a unanimous decision for G. Grannan to take on the role as Comprehensive Planning Committee co-chair.

**Discussion Items: *Housing Models***

N. Johns reminded the group about the importance of keeping discussions and decisions data driven. The committee would review data from two local studies about housing needs of PLWH. There were copies of the reports available for in-depth review.

The objective of the meeting was to understand and review the requirements for housing in RWHAP, review the needs assessment data, and then break into groups for further discussion.

**—Review of Terms and Needs Assessment Data—**

N. Johns directed everyone's attention to the Housing Objective within the Integrated Plan. N. Johns explained how Objective 2.4 aimed to increase the percentage of PLWH retained in HIV care who are stably housed. It would follow three strategies: Strategy 2.4.1: Continue to support homelessness prevention activities by providing direct emergency financial assistance for rent and utilities; Strategy 2.4.2: Continue and expand access to transitional and long-term housing for PLWH by increasing EMA capacity to house homeless and housing-insecure PLWH and investigating feasibility of RW funded Housing First project; and Strategy 2.4.3: Provide services that combat economic and individual barriers to housing by ensuring medical case managers assess and address housing instability when developing and reviewing care plan.

Regarding Ryan White service definitions, N. Johns reviewed both Housing Services, Housing Assistance and Emergency Financial Assistance (EFA). Housing Assistance provides transitional, short-term or emergency housing assistance to enable a client or family to gain or maintain outpatient health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. (Refer to the Housing Assistance slide on the Housing for PLWH PowerPoint for more details.)

The other category is Emergency Financial Assistance (EFA), and N. Johns explained that this service category sometimes overlapped with Housing Assistance. Under EFA, RWHAP provides limited one-time or short-term payments to assist a client with an urgent need for essential items or services necessary to improve health outcomes. Refer to the Emergency Financial Assistance slide on the Housing for PLWH PowerPoint for more details.

K. Carter asked if there was a financial limit for EFA. N. Johns affirmed that there was, but it is determined locally and can change. Currently, the maximum amount per person is \$2,500 in a 12 month period.

M. Ross-Russell explained that the \$2,500 can be split up however needed in the 12 month timeframe. Every time the money is needed, however, there must be documented need. N. Johns agreed and explained that the full amount resets after 12 months from the last time it was accessed.

M. Ross-Russell warned that a housing voucher that includes utilities will prevent use of EFA for utilities.

N. Johns discussed housing need in the EMA. Refer to the Local Data on Housing Need slide for a full scope on housing need. She then read data from the consumer survey, explaining that the data is collected by getting in touch with individuals via their providers. Refer to the Consumer Survey slide for specific details.

N. Johns suggested that it was important to think about the average income of PLWH and the market rates for rent. Thinking in monetary values can offer context and allow for more understanding around the disparity. She also reminded the group that the data provided was for all counties in the EMA, so the numbers are averages and can differ from county to county.

N. Johns next read from the From Metreux 2017 slide regarding Medical Monitoring Project (MMP) data. Refer to this slide for study details. N. Johns emphasized how MMP only included those who are receiving care and have support.

N. Johns then read the Metreux 2017 slide regarding Client Services Unit intake data. Refer to this slide for study details. She explained that this data set consisted of individuals who were entering care, reentering care, and trying to get into Medical Case Management (MCM).

She read aloud the PLWH in Shelters from the Metreux 2017 slide. Refer to this slide for more information. G. Grannan commented on the lack of shelters for single women in Philadelphia. S. Flaherty responded that it is very common for women to be with children in shelters. N. Johns agreed that it is common, but it may be a good idea to look further into capacity, since single women may not have a lot of shelter options.

From the Metreux 2017 Study data, N. Johns identified five groups at increased risk for homelessness and need for housing support: transgender women, African Americans, people with a history of incarceration, people leaving institutional settings, and people on public assistance and disability.

N. Johns then read the From Ghose slide. Refer to this slide for more information. She explained that even if housing is temporary for RWHAP, it still provides support and connects individuals to more opportunity for permanent housing. D. Gana mentioned how HOPWA prioritizes only individuals who have AIDS and are homeless. Individuals cannot access HOPWA housing if they are simply HIV positive. HOPWA considers many factors such as mental health to also determine prioritization. K. Carter agreed and said that this is because HIV is no longer documented as a disability.

G. Grannan mentioned how many shelters require a consent forms for random drug testing. P. Gorman asked if individuals were charged for their stay at a shelter, because she knew that this was the case in New Jersey. G. Grannan said that shelters no longer charged in Philadelphia. J. Murdock said that some places take and hold the money for future use when the individuals moves out of the shelter. She noted incidents where shelters take the money but don't have it when individuals move out. G. Grannan said that people sometimes have to go with lawyers to the shelters to get their money back.

N. Johns noted how in the Ghose Study, it was identified that providers are hesitant or do not house people who are drug users. This is because providers reported not wanting to "reward" drug users

with housing. However, such strict policies regarding drug usage often caused issues with people's belongings, medications, etc., when in a shelter.

N. Johns then read the Housing Terms slides to the committee—refer to these two slides for more information. She commented on how the ultimate goal of housing assistance is to make sure people are eventually able to attain permanent housing. J. Murdock commented on the issue with transitional housing wherein people are technically not considered homeless if someone is assisting them. For example, if someone was temporarily sleeping on another person's couch, they would not be considered homeless and therefore would not be able to receive housing services. The group agreed that this was a barrier.

M. Ross-Russell reemphasized the importance of housing, pointing out how it is always at the top of the list for both priority setting and needs assessment. The issue, she recognized, is that transitional/short term is the only available housing under RWHAP, and there are strict limitations/guidelines. She mentioned how there is an application from the EHE (Ending the HIV Epidemic) that may provide greater flexibility. Such flexibility may be greatly beneficial for housing, depending on the amount of funding Philadelphia receives.

After reviewing the definition for the Housing First Model, M. Ross-Russell reviewed the Rapid Rehousing definition. Refer to second slide of Housing Terms for more information. She noted that the OHS (Office of Homeless Services) had an 80% success rate with rapid rehousing for getting people into permanent housing. She explained that the group had plenty of time to plan what they wanted do for Allocations of next year, 2020.

N. Johns asked everyone to break out into two groups based on the color of the pre-distributed stickers. Green sticker group would discuss EFA, and the blue sticker group would discuss Housing Assistance. N. Johns said not to worry about money at the moment, since they have months to hammer out the details. N. Johns pulled up the last PowerPoint slide which presented brainstorming questions to help guide the group discussions.

Though money was not a focal point, N. Johns warned that since there are limited resources, so the groups needed to think about priorities.

### —Group Breakouts—

The groups returned from their discussions to review discussion highlights.

P. Gorman reviewed the blue group's highlights regarding Housing Assistance. She explained that the unmet needs/barriers and barriers were as follows:

Clients may simply not know that services and different resources are available. There are market issues regarding affordable housing and a general lack of housing availability. Lack of rent control and tenant protection also presents a barrier. There are often issues with relocation when housing opens up across the EMA, and there are few specialized and trained housing case managers to deal with the complexities of the housing market.

In terms of populations and geographic locations, P. Gorman reviewed what the blue group thought was best to target:

Overall, the group agreed that all populations listed in the Housing for PLWH PowerPoints are very important. The group had discussed how “aged out youth” was also a population that

needed attention. Housing needs to be health outcome based, and so other health issues and co-morbid conditions need to be assessed so individuals can be placed into appropriate housing services. The group also discussed how transgender individuals is a unique population that requires special attention since transgender individuals face more barriers to housing.

The group also discussed what an ideal program would be regarding housing services, and P. Gorman reviewed what such a program would contain:

Firstly, the group emphasized the need for appropriate training for nonmedical case managers, and ability to find agencies that can offer assistance. An ideal housing program would also perform acuity tests to determine level and type of housing needed. These different levels and types of housing should be accessible by forging connections with different agencies that provide housing such as sober and transitional houses. As an example, P. Gorman explained that people in Philadelphia may have more of a barrier for accessing housing, because they have to go to CSU Intake and get linked to a provider. In NJ, there is a hotline that identifies services for immediate connection or even a housing ambassador for individuals already linked to care. Those connected via the hotline are all housed through nonmedical case management.

As mentioned earlier, NJ, Philadelphia, and PA all have issues regarding relocation because housing is so dispersed. The group identified the need for a reasonable time frame for clients to be in RWHAP housing. P. Gorman explained that the group understood that these were barriers, but they had not yet thought up solutions. There also needed to be sustainability tools in place that could evaluate how services can be sustained and structured for optimal function. She also mentioned how RWHAP services need to have better connections to outside resources.

N. Johns reviewed the blue group's highlights regarding EFA. She explained that the unmet needs/barriers and barriers were as follows:

N. Johns explained that the group expressed concern with barriers that may come up in times of emergency. Such barriers need to be dismantled. Such barriers may include services requiring ID, documentation, and other inaccessible paperwork or documentation that those who are homeless may have misplaced or simply do not have.

The group also discussed hotel vouchers, especially those for transgender women and families. Families should always remain together.

The group also discussed time frames for covering the emergencies can differ. The group suggested an evaluation of what other programs can be utilized in such cases of emergency so housing is not compromised in such situations. Lastly, the group discussed in depth about individuals who may need more than the \$2500 limit per year. They were entertaining the idea of another reevaluation for special cases or ability to access other funding sources. In all, they decided that populations that need priority are those with lowest income. S. Flaherty mentioned how the group also emphasized the importance of connecting to youth. Since they are not legal adults, there has to be a way that they have access to services without needing adult permission/signature.

Regarding eligibility, N. Johns said that the group was planning on looking at acuity scales at the next meeting.

**Old Business:**

None.

**New Business:**

None.

**Review/Next Steps:**

None.

**Announcements:**

D. Gana announced that December 6<sup>th</sup> was the Red Ribbon award at 440 N Broad St from 5 PM – 7 PM. Among others, they would be honoring Tiffany Dominique, Sister Bernadette, Action Wellness, and Samuel Weissman. N. Johns said she would print out flyers for the event so that they would be available to take home next meeting.

N. Johns announced that there were flyers available for the listening session as well as the full research projects discussed at today.

**Adjournment:** G. Grannan called for a motion to adjourn. **Motion: J. Murdock moved, P. Gorman seconded to adjourn the October 17, 2019 Comprehensive Planning Committee Meeting. Motion passed: All in favor.** Meeting adjourned at 4:08 PM.

Respectfully submitted,

Sofia M. Moletteri

Handouts submitted at meeting:

- October 2019 Comprehensive Planning Meeting Agenda
- Meeting Minutes from September 19, 2019
- Notes for Comprehensive Planning's Conversation on Housing Needs October 2019