

Ryan White Part A Planning Council (RWPC) of the Philadelphia EMA

Meeting Minutes

Thursday, March 9, 2017

2:00-4:00p.m.

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

Present: Juan Baez, Katelyn Baron, Henry Bennett, Michael Cappuccilli, Keith Carter, Cheryl Dennis, Lupe Diaz, Alan Edelstein, Tessa Fox, David Gana, Pamela Gorman, Sharee Heaven, Peter Houle, Gerry Keys, Sayuri Lio, Nicole Miller, Christine Quimby, Ann Ricksecker, Samuel Romero, Adam Thompson, Leroy Way, Lorrita Wellington

Excused: Tre Alexander, Bikim Brown, Kevin Burns, Karen Coleman, Andrena Ingram, Nurit Shein

Absent: Ralph Bradley, Edward Campbell, Mark Coleman, Christina Hoegel, Abraham Mejia, Joseph Roderick, Carlos Sanchez, Kyle Tucker, Melvin White, Deanne Wingate

Guests: James Breinig, Carla Fields, Clint Steib, Amir Simon, Ricardo Colon (AACO), Chris Chu (AACO), Gus Grannan, Kevin Day, Angella Yap, Clera King

Staff: Mari Ross-Russell, Nicole Johns, Briana Morgan, Debbie Law, Antonio Boone, Jennifer Hayes

Call to Order: K. Baron called the meeting to order at 2:06p.m.

Welcome/Introductions/Moment of Silence K. Baron welcomed RWPC members and guests. Those present then introduced themselves.

Approval of Agenda: K. Baron presented the agenda for approval. **Motion: L. Diaz moved, L. Way seconded to approve the agenda. Motion passed: All in favor.**

Recap of Previous Meeting: K. Baron reported that at their last meeting the Planning Council voted on a reallocation request and partial grant award allocations. They also heard an epidemiological update from AACO's Kathleen Brady and reviewed a letter from the Comprehensive Planning Committee on health insurance premium/cost-sharing assistance. Subcommittee co-chairs presented their standard reports.

Approval of Minutes (February 9, 2017): K. Baron presented the minutes for approval. **Motion: A. Thompson moved, L. Diaz seconded to approve the February 9, 2017 minutes. Motion passed: All in favor.**

Report of Co-Chairs: None.

Report of Staff: B. Morgan stated that a recent email newsletter had been sent out by the OHP. She said that it contained a link to the Planning Council application, Consumer Survey, and information about planning body integration. She asked that anyone who needed to update their email address contact her after the meeting.

M. Ross-Russell pointed the group to a save-the-date sheet in their packets about an upcoming webinar. K. Baron noted that there was an event in Washington, D.C. at the time of the webinar.

Public Comment: None.

Special Presentation:

- **Client Services Unit (CSU) Report** – *Ricardo Colon, AACO*

R. Colon stated that he'd leave cards for the CSU's health information helpline on the side table. He read the CSU mission statement. He stated that the CSU advocated on behalf of those who needed special support and reinforced clients' capacity for self-reliance and self-determination through education, collaborative planning, and problem solving. R. Colon noted that the CSU was the key point of entry for new clients, providing intake services to HIV-positive individuals requesting case management services.

R. Colon stated that medical case management (MCM) was the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. He said that clients called into the CSU, and CSU staff made an initial assessment of service needs and helped clients to develop a comprehensive, individualized care plan. He said that MCM provided HIV treatment counseling and client-specific advocacy. He noted that case managers met with clients face to face every 6 months to conduct a reassessment of their needs and care plan.

R. Colon distinguished between MCM and non-medical case management. He stated that non-medical case management facilitated access to care or other supportive services. He reviewed MCM services in the EMA. He noted that approximately \$8.45 million was allocated to MCM in Ryan White Part A/B and Minority AIDS Initiative (MAI) Funding. He stated that 21 subrecipients were funded throughout the EMA including Community Based Organizations (CBOs) and AIDS Service Organizations (ASOs).

R. Colon stated that additional responsibilities of the CSU included information and referral services for all AACO-funded programs. He added that the CSU processed individuals' requests for subsidized housing, took feedback about funded providers, and was responsible for the Local Case Management Coordination Project.

R. Colon mentioned the CSU Health Information Helpline¹. He said it was open from 8am-5:30pm Monday through Friday and provided services in Spanish and French.

R. Colon reported that, as of last week, 21 people were on the CSU waitlist. He said that this was a significant improvement relative to the past. He noted that the waiting list was followed by CSU intake workers, and emergency and priority populations were immediately referred to MCM. He stated that CSU workers facilitated HIV medical appointments for all clients who were currently out of care.

A. Ricksecker asked if MCMs went with clients to medical appointments. R. Colon stated that MCMs accompanied clients to appointments once a year. C. Fields asked for more information about the housing situation in Philadelphia and how AACO helped people to secure housing. R. Colon replied that he'd provide more information about housing later in his presentation.

R. Colon reviewed intake data from the CSU. He began by reporting intake demographics by gender, mode of HIV transmission, and insurance type. He noted that the waiting list for Section 8 housing in Philadelphia was currently closed. He noted that the AACO Housing Services Program (HSP) was funded by the Philadelphia Division of Housing and Community Development (DHCD). He said the HSP received \$0 from Ryan White funds.

R. Colon stated that the HSP provided centralized intake for applicants from Philadelphia and Delaware counties seeking permanent rental assistance. He noted that HSP was the main referral source for housing sponsors providing Housing Opportunities for People With AIDS (HOPWA) and HIV/AIDS Shelter Plus Care (S+C) housing. He stated that HPS had 8 housing sponsors and 686 housing slots between HOPWA

¹ 800/215-985-2437

and S+C. He noted that 72% of housing was tenant based, meaning that clients could choose an apartment at fair market value, and 28% was project based.

R. Colon noted that there were 400 applicants on the HSP waitlist as of 3/7/17. He stated that the wait time for homeless individuals was 18 months or more, and the wait time for all other applicants was 8 years or more. He noted that, when the mortality rate for HIV was higher, there was more turnover for housing services. C. Fields asked if there was a specialized waiting list for people with particular medical conditions. R. Colon said there was not, but that people experiencing homelessness and other emergencies were bumped up to the top of the list. He noted that, as the S+C spots were filled up, people who were homeless were prioritized for HOPWA. He stated that the City was considering having one point of entry for housing. He said that clients would apply, and would be placed in whatever housing program they qualified for.

A. Thompson asked if clients could accept housing support without being in medical care. R. Colon replied that applicants had to provide CD4 and viral load counts to be eligible for housing. He stated that most people who used the housing program were in MCM.

R. Colon stated that all AACO-funded recipients needed to have a grievance process, which was shared with clients. He said that clients had the option of calling the Health Information Helpline with their feedback about the program.

M. Cappuccilli asked what situations bumped people up on the housing waiting list. R. Colon replied that these included homelessness, domestic violence, and family situations that put children at risk. C. Fields asked if AACO investigated shelters for abuses. R. Colon stated that all clients should be treated with dignity and respect. He said that any reports from consumers about abuse at homeless shelters were followed up on and taken very seriously.

- **Quality Management and MCM Services Report** – *Sebastian Branca, AACO*

S. Branca said he was the director of the AACO Information Services Unit. He stated that quality management included quality assurance, outcomes monitoring and evaluation, and continuous quality improvement. He said that performance measures were collected from providers, and the ISU collected high-quality data to continually improve access to high quality clinical HIV care. He stated that programs with repeated problems would be assessed for quality improvement purposes.

S. Branca stated that, in accordance with the National Goals, initiatives were being directed at all stages of the care continuum to promote retention and viral suppression. He stated that, in the past, providers were asked to do quality improvement projects to develop strategies for increasing numbers on diagnosis and linkage. He noted that the data-driven process at the provider level could be challenging, due to small sample sizes. He said that it was hard to tell if changes were effective. He noted that there was a new prevention coordinator at AACO. He said that she would be looking at the prevention system as a whole and identifying patterns for system-level interventions, like capacity building, training, and resources.

S. Branca moved forward to a slide on AACO's Quality Improvement (QI) process. He said that AACO collected and monitored data to assess client outcomes at a local and system level. He said that data was collected every 2 months and fed back to providers, who were challenged to develop improvement strategies. He stated that providers received a report on trends measured in comparison with aggregates of system-level performance. He added that each program in the EMA was ranked based on their performance against other providers in the system. He said assessments of medical services last year focused on women's health, site-specific STD screenings, and disparities in care among transgender patients. He added that AACO also provided individual technical assistance (TA) for providers.

C. Fields noted that she was affiliated with the Positive Women's Network (PWN). She asked if AACO had met with women's organizations about women's and transgender issues. S. Branca stated that AACO coordinated with Access Matters, which provided women's health services. He noted that Philadelphia FIGHT representatives attended a recent meeting with AACO that featured guest speakers on women's health. He said that AACO also consulted with other experts on women's health. He noted that HRSA had recently released new performance measures that were not good for women's health. He said a guest speaker had presented on the weaknesses with the measures. He noted that AACO would like to get feedback from stakeholders in the community. A. Ricksecker noted that the Planning Council was partially directed toward collecting consumer feedback. She stated that the OHP Consumer Survey was currently being conducted. She said that the Consumer Survey had questions specific to women's issues.

S. Branca discussed outcome monitoring in the EMA. He said AACO representatives posed as patients several times a year and contacted medical providers attempting to make an appointment. He stated that the profile of the patient fit someone who was out of care for many years, uninsured, with no income, who was a poor self-advocate. He said that AACO wanted to ensure that patients who were poor self-advocates would be taken care of. He stated that the most common problem identified was unclear communication about sliding scale fees. He added that outcome monitoring also included disparities in care. He stated that some disparities existed among transgender people as well as other target groups. He said that AACO would be working with providers to address disparities in the coming year.

S. Branca noted that AACO collected 25 measures for medical services. He stated that 2 measures had been added about Hepatitis C. He said that 7 measures about MCM were collected. He added that there were 3 oral health measures, which were very robust.

S. Branca stated that there was a strong emphasis on feedback in the QI process. He noted that provider feedback quickly highlighted trends, strengths, and needs. He added that data visualization was a strong element of provider feedback. He added that benchmarking contextualized data and assisted in prioritizing Quality Improvement Plans (QIPs).

S. Branca explained that QIPs focused on MCM and outpatient/ambulatory health services. He said that the grantee provided feedback to providers on all plans and asked for revisions when poor performance did not improve. He said that, in 2016, AACO reviewed 84 QIPs. He noted that the EMA had defined key measures and set automatic thresholds for QIPs. He noted that programs may still select other measures for improvement in addition to any required QIPs. He displayed a bar graph demonstrating the high performance improvements when QIPs were brought to bear on a problem.

S. Branca noted that his next slide was presented at the recent AACO Executive Directors' meeting, which used data from HRSA. He said that Philadelphia's performance in retention had remained stable in the last 5 years, while viral suppression had climbed. He said that, among all EMAs, Philadelphia ranked 5th for retention in care. He added that, among large EMAs, Philadelphia had the 2nd highest outcome on retention. He added that Philadelphia ranked 6th among all EMAs for viral load suppression.

S. Branca stated that AACO wanted to ensure consumer voices were heard in the QI process. He noted that consumers participated in QI teams or committees, and AACO received input from Consumer Advisory Boards (CABs) during key stages of a QI process. He stated that consumer focus groups and client surveys were also used. He acknowledged that consumers needed to be incorporated better at a systems level, and AACO was currently working on improving this. He said that AACO was contacting other EMAs for feedback. He noted that AACO had hired a staff member to investigate the question as well.

C. Fields noted that many area providers who received Ryan White funding had a CAB. She asserted that all organizations who received Ryan White funding should have a CAB to stay in touch with consumers. R. Colon stated that organizations that provided MCM were required to have a CAB. A. Thompson asked if providers specifically needed a CAB or if other consumer feedback mechanisms were acceptable as well. R. Colon stated that they were encouraged to have a CAB. S. Saunders asked if people who were in the Ryan White program did better in care than those who were not. S. Branca replied that they did. K. Baron stated that the slides for K. Brady's annual epidemiological overview were available online. A. Edelstein asked if good performance helped the EMA to secure more funding from HRSA. S. Branca said it did.

C. Fields said that many women were not in HIV care. S. Branca stated that 15% of people who were diagnosed with HIV were not in care. C. Fields asked how AACO was reaching out to African American clients. S. Branca stated that many providers had their own programs for community outreach.

H. Bennett asked for more information about the difference between subsidized housing and Section 8. S. Heaven said Section 8 was income based and HSP was not. H. Bennett asked if consumers could access both programs. S. Heaven stated that she'd explain more about the program after the meeting to anyone who was interested in more information.

Action Item:

- **Letter to the Pennsylvania Department of Health – Comprehensive Planning Committee**

K. Baron directed the group to the letter in their packets. A. Thompson said that the letter was intended to seek information about how the EMA could work with the newly restructured PA HIV Planning Group (HPG) on health insurance premium/cost-sharing assistance (HIPCSA). He said that Part A had a non-voting spot in the HPG. He noted that the Planning Council had allocated \$160,000 to the program, but a cost analysis forecasted that \$1.6 million would be necessary for the program. He noted that many states were using their ADAP programs and rebate dollars to support similar programs. He stated that the conversation with the state was intended to see if they could collaborate with the Philadelphia EMA on starting a HIPCSA program. He said that the letter was intended to open the conversation. He noted that no other EMAs were supporting these programs by themselves, and most other states had HIPCSA programs. He noted that some small regions of the state provided HIPCSA using Part B grants, but they were too small to be replicated in the Philadelphia EMA.

A. Thompson said that the letter would be sent to Jill Garland and cc'ed to AACO. He said it would be signed by the RWPC co-chairs and the CPC chair. P. Houle gave positive feedback on the letter. A. Ricksecker noted that the letter asked for a response by the end of the month. P. Houle stated that the letter left the door open to follow up with another letter if the state did not provide a response by March 30th. K. Baron noted that there was a typo in her last name on the letter. She asked the group to verify the cost of the HIPCSA program. S. Branca asked if the letter could be posted on the website or distributed to the group. N. Johns stated that the changes would be made and put to a vote today.

P. Gorman asked if the mechanism the state would use to respond should be made clearer. A. Thompson said they should ask for a formal letter. A. Edelstein asked if a certified letter should be sent with a return receipt. The group agreed by consensus to send the letter in this manner. G. Grannan asked when the next PA HPG meeting would be held. N. Johns suggested changing part of the last sentence to "in writing to the care of the OHP" in order to make it clear who the letter should be sent to. K. Baron suggested changing "we hope." A. Thompson suggested changing it to "we anticipate receiving your response." N. Johns suggested "we expect." M. Ross-Russell suggested giving the new director some flexibility in the response, given she had just begun her position. She suggested "look forward to."

A. Ricksecker stated that the letter should be cc'ed to the Planning Council members. A. Thompson stated that the amendments would be made, Planning Council members would be added as a cc, and the letter would be sent as certified mail.

Motion: The Comprehensive Planning Committee moved to approve the letter, which would be sent with modifications to Jill Garland and AACO. **Motion passed:** 20 in favor, 0 opposed, 2 abstained.

Discussion Items:

- **Review Draft Bylaws – *Integrated Executive Committee***

M. Ross-Russell stated that the group originally intended to review the draft bylaws today. She noted that the Integrated Executive Committee had discussed how to best integrate the prevention components into the bylaws to facilitate a seamless integration process. She noted that the HPG was responsible for concurrence on the health department's prevention plan. She said the letter of concurrence, concurrence with reservations, or non-concurrence was signed by the HPG co-chair and the governmental co-chair each year. She said that the group had been contacting other jurisdictions to see how they handled this process after integration. She requested that the Integrated Executive Committee meet with her after the meeting and agree to a time to review the bylaws again, pending responses from other jurisdictions.

- **Name of Integrated Planning Group**

K. Baron stated that the Integrated Executive Committee had discussed naming the new integrated planning group. She said the group had provided several suggestions, including using the name HIV Health Services Planning Council, from the legislative language. She noted that the name didn't include the terms integrated, Philadelphia, or Ryan White Part A EMA. She said that whoever came up with the name that won would receive a prize. B. Morgan clarified that the HPG would be meeting a few weeks from now and would also propose some names. She stated that the integrated group that met in April would discuss the name for the body together. She suggested that members keep brainstorming.

M. Ross-Russell noted that the full name of the Planning Council was currently the Philadelphia EMA Ryan White Part A Planning Council. B. Morgan added that the HPG was the Philadelphia HIV Prevention Planning Group. A. Edelstein suggested using "Philadelphia Area" in the title since the integrated body would not cover an EMA. S. Saunders said the name Council was associated with Ryan White. He stated that the statewide body in New Jersey was referred to as the NJ statewide planning group. C. Fields suggested Philadelphia Planning Committee. K. Baron pointed out that the group had a committee structure, so this may be confusing. Another member suggested including "Health Services" in the title. C. Fields suggested putting a plus sign in the name, to refer to HIV. She suggested that this would make the name anonymous to people outside who were not PLWHA.

D. Gana noted that the planning body concerned people who were HIV-positive and negative, given the focus on care and prevention. P. Houle suggested putting a call for names on the website. M. Ross-Russell asked anyone with input to contact her. B. Morgan noted that some outreach was being done on OHP social media accounts. She welcomed Planning Council members to share posts. She stated that any suggestions for names could be sent to M. Ross-Russell. C. Steib asked if the name would be discussed at the HPG meeting. K. Baron said it would.

Finance Committee – *A. Edelstein, Co-Chair*

No report.

Needs Assessment – *G. Keys, Co-Chair*

K. Baron noted that Needs Assessment Committee met jointly with the CPC this month.

Comprehensive Planning Committee – *A. Thompson, Co-Chair*

K. Baron noted that the CPC would meet on March 16th from 2-4pm.

Positive Committee – *K. Carter, Co-Chair*

K. Carter stated that the Positive Committee would meet next Monday from 12-2pm. He said they'd be meeting with the LGBT Elder Initiative (LGBTEI), so it would not be a normal Positive Committee meeting. D. Gana said a follow-up LGBTEI event would be held on April 8th at the William Way Center. He asked the group to contact the LGBTEI to reserve their space.

Nominations Committee – *M. Cappuccilli, Co-Chair*

M. Cappuccilli said the Nominations Committee had reviewed and accepted 2 applications for membership. He noted that there were 6 consumers, possibly 2 more, who had been unable to obtain their tax certification. He said the group was now below the 33% unaligned consumer requirement. He asked everyone to help recruit consumers to join the Planning Council. He stated that the Nominations Committee was waiting on direction from the Integrated Executive Committee to revamp their application.

M. Ross-Russell explained that, given a requirement instituted during Mayor Nutter's administration, members needed to go through a real estate tax and water tax certification process in order to receive an appointment letter from the mayor. A. Edelstein asked if the requirement applied to people who did not live in Philadelphia. M. Ross-Russell stated that it applied to all members of the RWPC. S. Saunders noted that this was not a CDC requirement. M. Ross-Russell replied that the group was considered an Executive Board, so all members needed to go through the process in accordance with City policies.

C. Fields noted that she did not pay for water or taxes. M. Ross-Russell stated that the form had a spot to designate "tenant." She said the city then checked water taxes.

Old Business: None.

New Business: A. Thompson stated that he'd heard some people were recently asked at HIV medical providers if they used a condom the last time they had sex. He asked where this requirement came from. A. Ricksecker said the providers may be collecting information on CAREWare that led them to believe they were required to ask this question. G. Grannan asked if providers asked patients if clean needles were used on last injection drug use. A. Thompson said they did not. P. Gorman said that a data report had to be completed now that asked specifically about condom use. She stated that the question concerned the way that providers were discussing condom use with clients. A. Thompson suggested that providers be instructed on ways to ask this question without reinforcing the view that condoms were the best method of prevention. S. Romero said that the requirement was specific to ambulatory care and not case management. G. Grannan asked why injection drug use was being left out of data collection. P. Gorman noted that providers were asked to do risk assessments and ask about substance use. She said that clients in the Ryan White system needed to have substance use and mental health services provided if they needed them.

C. Fields asked how PrEP was being advertised. K. Baron stated that the city had a PrEP program. She said that work and studies were being done around PrEP promotion in Philadelphia. T. Fox explained that the city had a program for the CDC 15-09 grant and was trying to engage people in non-medical case management to keep high-risk people HIV negative. K. Baron stated that more information would be provided as PrEP was fully implemented.

Announcements: C. Fields said the Philadelphia Women's Network (PWN) was holding a free event at the Rotunda in West Philadelphia in recognition of Women's Month. She said the event was from 9-4 on

March 11th and childcare would be provided. She stated that light breakfast and lunch would be provided along with entertainment and information. She said the Philadelphia Department of Public Health (PDPH) would be there for discussion. She directed anyone who had questions to see her for flyers. She added that the event was free.

Adjournment: Motion: L. Way made, S. Romero seconded a motion to adjourn the meeting at 3:45p.m.
Motion passed: All in favor.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- February 9, 2017 Meeting Minutes
- Flyer: “Planning Council/Planning Body Assessment: Key Findings and Implications” Webinar
- OHP Calendar