MEETING AGENDA

VIRTUAL:
Thursday, January 20, 2022
2:00 p.m. – 4:30 p.m.

- **Call to Order**

- **Welcome/Introductions**

- **Approval of Agenda**

- **Approval of Minutes** *(November 18, 2021)*

- **Report of Co-Chairs**

- **Report of Staff**

- **Discussion Item**
  - Priority Setting

- **Other Business**

- **Announcements**

- **Adjournment**

Comprehensive Planning Committee

Please contact the office at least 5 days in advance if you require special assistance.

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Philadelphia HIV Integrated Planning Council
Comprehensive Planning Committee
Meeting Minutes of
Thursday, November 18, 2021
2:00-4:00 p.m.

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

Present: Keith Carter, Debra D'Alessandro, Lupe Diaz, David Gana, Gus Grannan (Co-Chair), Pamela Gordon, Gerry Keys

Guest: Jessica Browne (AACO), Michael Baldino-Kelly (AACO)

Staff: Beth Celeste, Julia Henrikson, Mari Ross-Russell, Sofia Moletteri, Elijah Sumners

Call to Order: G. Grannan called the meeting to order at 2:08 p.m.

Approval of Agenda: G. Grannan presented the November 2021 Comprehensive Planning Committee agenda for approval. **Motion**:K. Carter motioned, L. Diaz seconded to approve the November 2021 agenda. **Motion passed**: 4 in favor, 1 abstained.

Approval of Minutes *(October 22, 2021)*: G. Grannan presented the October 2021 meeting's minutes for approval. **Motion**: D. Gana motioned to approve with an amendment, K. Carter seconded to approve the November 2021 meeting minutes. **Motion passed**: 4 in favor, 1 abstained.

Report of Co-Chairs:

G. Grannan has no report.

Report of Staff:

M. Ross-Russell stated that the Comprehensive Planning Committee, HIPC, and OHP staff had a heavy list of follow-up items for the new year which included the Consumer Survey, priority setting, and allocations especially now that we were in a multi-year funding cycle. Also, the integrated plan and she thanked the committee in advance for their input and opinions as the planning body moved forward.

Discussion Items:

--Consumer Survey Materials and IRB Submission--

G. Grannan asked if there was a timeframe for the IRB submission and believed they operated on a two-month cycle. S. Moletteri stated that the date for November submission was tomorrow November 19th and the next was January 14th, 2022. OHP has the public facing materials complete, but the Spanish language translation was not yet completed. If the translated materials were not needed then submission would go on without issue, and if they were necessary OHP would submit them in January. M. Ross-Russell stated that there were a couple of things that needed to be completed prior to submission. In her reading of the IRB requirements it stated that all materials related to the submission were due at the same time, but Dr. Brady said there was a possibility that we might be able to submit without the Spanish translation. She continued that the submission date was November 19th, but the panel would meet in December, she was under the impression that the Spanish translation needed to be included. There was a program through the City's translation services that OHP should have access to, but at this time she was unsure of the turn-around time. There were also things that Dr. Brady would have to sign off on before submission because this particular survey was an evaluation survey and would be exempt from a lot of the IRB's requirements, so after tomorrow's submission OHP should know.

S. Moletteri asked if there were any more questions regarding the survey submission. G. Grannan wanted to make sure the timeframe was at the top of everyone's mind during this meeting to incentivize completing the survey. K. Carter asked if there was anything the Comprehensive Planning Committee could do to support and how does a later submission reprioritize other goals of the committee? M. Ross-Russell stated that her idea of next steps would be to send everything into the IRB once OHP has all of the materials and to begin putting together the survey packets, and all of the other things associated with it. Additionally, the vast majority of what has to be completed would be to work toward putting everything together in the interim until OHP gets the formal approval from the IRB. That being said, OHP still needed to contact providers, and we still need to know how many surveys to send and how they would like us to set it up, and would they be willing to work with HIPC in this undertaking. There were also things like flyers and posters that would need to be sent to organizations so that community members could scan the QR code for access to the survey.

M. Ross-Russell stated that OHP would still need to contact providers, ask them how many surveys they need, flyers and posters that go into organizations and those still need to be worked out as a part of the plan. Due to this being an evaluation survey, M. Ross-Russell did not foresee an issue with the submission getting accepted, but there were small details that needed to be accounted for upon submission. Today's meeting she hoped to get that accomplished.

S. Moletteri asked the group whether they wanted to go over the survey online first or review public facing materials. G. Grannan asked how much was left to review on the survey? S, Moletteri said none and the committee decided to go over the public facing materials first. S. Moletteri presented the flyer with QR code that, once scanned, would take consumers to the online survey through a secure link.

S. Moletteri stated that the Spanish version was essentially the same, there was not a QR code

yet because the translated Consumer Survey was not yet complete. M. Ross-Russell asked if L. Diaz would be able to help with the translation if they sent her the materials and she obliged. M. Ross-Russell asked if members remembered an activity through the Poz committee where they were given a puzzle piece as a way to symbolize their participation was important in the overall goal of HIPC. G. Grannan asked if there was a translation that was more relevant to the Spanish-speaking community because "puzzle piece" would be hard to translate due to it being idiomatic English. L. Diaz suggested that the materials be sent to different Spanish-speaking members because there were different dialects present. M. Ross-Russell asked if it was helpful to also send out the English version? L. Diaz answered affirmatively.

S. Moletteri asked how the group liked the English flyers and the messaging? K. Carter asked if the message was the same, but the pictures and layout would be different? S. Moletteri answered yes and asked if the committee was comfortable with the English public facing materials? The group answered yes. S. Moletteri continued that there would also be a raffle for fifty (50) $25 CVS gift cards for those who complete the survey. D. Gana said that he felt that this was a fair way to increase participation. D. Alessandro asked if the survey could only be mailed in? S. Moletteri answered that at the end of the online survey there was a separate surveymonkey form where someone could digitally sign up to enter the raffle with relevant information (i.e. preferred method of communication, contact information, etc.). J. Browne asked regarding the "fine print" where it said "your contact information will just be held for the purpose of this drawing" but then there was a question about "I want to be notified of a chance to participate in future focus groups" S. Moleterri answered that, yes they would not be signed up for any news, promotions, or emails but agreed that the last sentence negated the clause. D. D'Alessandro said there could be an opt-out section to make it so that they would not be signed up for future focus groups. G. Grannan added that opting-out was to just not retain an address, he further suggested if you do not want us to retain your information, opt-out.

M. Ross-Russell stated that in the past people who have completed the Consumer Survey have been willing to participate in focus groups and when they were a specific population, and if OHP had not reached that population before it would try to work through providers. For example, if we were to ask about Case Management, there have been times where a single organization sent people into focus groups to give more positive reviews which ultimately skewed data. Within surveys if there was a pattern of bad services separate from providers this would hopefully give the most honest answers from individuals about their quality of service. M. Ross-Russell said they gave forms to those that want to be included, but sometimes they include contact/ address information.

S. Moletteri asked if the group would like to review the Spanish language raffle and said they would send the document to the aforementioned council members. L. Diaz made a change to the grammar of the second paragraph of the flyer.

S. Moletteri reported that CPC had the idea of a plantable business card with a puzzle piece which went with the puzzle symbolism OHP has been discussing. It has 4 QR codes in the

corners of the flyer with the message "You are an important piece of the puzzle!" J. Browne asked if these were going to providers or directly to consumers? G. Grannan asked if the vendor had instructions in Spanish? S. Moleterri answered that they were unsure because there was only English available on the vendor's website, but that was something that could depend on which organizations received the packets and what populations they served and creating all-Spanish instructions for those.

J. Browne asked if these packets were going to the providers who were then giving them to consumers or was this direct to the consumer? M. Ross-Russell answered it was going to both groups because OHP will send out mailing packets, with a self-addressed return envelope. The packets can be given out in the office or online, and the survey tool will have a QR code to complete online. S. Moletteri stated that there was not anything about other languages on the seed packet vendor's website and that it would be best to call them directly.

S. Moletteri presented the survey as it stands to the committee, before edits were made it would take 20-30 mins, but the predicative length given by surveymonkey said it would take about 30-40 mins given the new questions added. The sections were broken down into smaller parts to eliminate endless scrolling and one required question per page to be answered in order to move on in the survey, it would ultimately help to encourage engagement. P. Gorman suggested adding "I prefer not to answer" to the questions online because the survey would not allow you to continue without selecting an answer and some people may not want to give certain personal information out. S. Moletter agreed and made a note to change it. M. Ross-Russell added that when the survey was set up in SPSS she will add "no response" as an additional variable for every question, but agreed "prefer not to answer" should be added.

M. Ross-Russell asked if anyone would like to beta test the survey it could be sent to members. K. Carter, D. Gana, P. Gorman, J. Browne, and G. Grannan offered to take the online survey in order to report back to the group any bugs or misspellings and have it back to OHP staff by Friday EOD before submission.

--Comprehensive Planning December Meeting--

G. Grannan asked if there were pressing issues that needed to be addressed before the end of December? M. Ross–Russell answered that OHP staff can give updates based on submissions throughout the month. S. Moletteri stated that the meeting would be the 16th of December. G. Grannan asked if we cannot meet in December and would be in January, how close would it be to MLK Day? S. Moleterri said the January meeting would be the 20th, MLK Day was Monday the 17th. K. Carter offered to help OHP staff by coming into the office to help with the dissemination of materials for providers. M. Ross-Russell said she would have to verify with AACO that non-staff would be permitted in the office.

M. Ross-Russell asked G. Keys if not having the survey translated into Spanish would be a factor in the submission's approval. G. Keys answered that as long as the English version was

submitted on-time that the translation could be "pending" because most organizations outsource to a professional service.

G. Grannan asked what was the best way to go about prioritizing a December meeting? P. Gorman said she was ok with meeting in January unless there was a need to meet beforehand. G. Grannan stated that most people were fine with skipping December and having the next Comprehensive Planning meeting on January 20, 2022. The group reached a consensus and agreed that January 20th worked for the next meeting.

Other Business:

No other business.

Announcements:

K. Carter announced that the CFAR Awards are December 1st, 2021 at noon. D. Gana said he would send the link to OHP staff to send to the full council for those who would like to attend. G. Grannan stated December 17th was the Day of Silence for Violence Against Sex workers. K. Carter stated the Biden Administration received a $42 million award to help the homeless population in Philadelphia and they want feedback from the community if anyone was interested S. Moletteri has the link and would send it out to those who were interested.

Adjournment:

G. Grannan asked for a motion to adjourn. K Carter motioned to adjourn. D. D'Alessandro seconded the motion. The meeting was adjourned at 3:40 p.m.

Respectfully Submitted,

Elijah Sumners, staff

Priority Setting and Resource Allocations

The planning council uses needs assessment data as well as data from a number of other sources to set priorities and allocate resources. This means the members decide which services are most important to people living with HIV in the EMA or TGA (priority setting) and then agree on which service categories to fund and how much funding to provide (resource allocations). In setting priorities, the planning council should consider what service categories are needed to provide a comprehensive system of care for people living with HIV in the EMA or TGA, without regard to who funds those services.

The planning council must prioritize only service categories that are included in the RWHAP legislation as core medical services or support services. These are the same service categories that can be funded by RWHAP Part B and RWHAP Part C programs. (See page 22 for a list of service categories eligible for RWHAP Part A funding.)

After it sets priorities, the planning council must allocate resources, which means it decides how much RWHAP Part A funding will be used for each of these service priorities. For example, the planning council decides how much funding should go for outpatient/ambulatory health services, mental health services, etc. In allocating resources, planning councils need to focus on the legislative requirement that at least 75 percent of funds must go to cover medical services and not more than 25 percent to support services, unless the EMA or TGA has obtained a waiver of this requirement. Support services must contribute to positive medical outcomes for clients. Typically, the planning council makes resource allocations using three scenarios that assume unchanged, increased, and decreased funding in the coming program year.

The planning council makes decisions about priorities and resource allocations based on many factors, including:

- Needs assessment findings
- Information about the most successful and economical ways of providing services
- Actual service cost and utilization data (provided by the recipient)
- Priorities of people living with HIV who will use services
- Use of RWHAP Part A funds to work well with other services like HIV prevention and substance abuse treatment services, and within the changing healthcare landscape
- The amount of funds provided by other sources like Medicaid, Medicare, state and local government, and private funders—since RWHAP is the "payor of last resort" and should not pay for services that can be provided with other funding.

Service Priority Setting Worksheet 2022

Each service category will be scored according to these factors and scales using the sources noted for each factor. For the Community Voices factor, each individual will vote their conscience and scores will be tallied by the average of those scores.

Factor	Definition	Scale
Consumer Survey (20%)	Percentage of consumers who said they used or "needed but didn't get" in the last 12 months in the (2022?) Consumer Survey.	1- 0-15% 3- 16-30% 5- 31-45% 8- >46%
Medical Monitoring Project (20%)	Medical Monitoring Project data captures unmet service needs for PLWH in care. It is a representative sample of PLWH in HIV Care.	1- no mention 3- 1-20% 5- 21-50% 8- >50%
Client Services Unit- Need at Intake (20%)	Self-reported service need to Client Services MCM intake. These individuals are re-entering or entering the RW service system.	1- no mention 3- 1-20% 5- 21-50% 8- >50%
Community Voices (40%)	This factor seeks to quantify community opinion/expertise of delivering and receiving HIV services in relationship to emergent needs and issues, vulnerable populations, community knowledge, and other EMA data.	1- not critical to vulnerable populations or emergent needs at this time. 5- This service is critical for vulnerable populations and emergent needs 8- this service is a current priority need for vulnerable populations and emergent needs

Philadelphia EMA Planning Council FY 2019 Priority Setting Tool

			Medical Monitoring Project (MMP)	Consumery Survey	Client Services Unit (CSU)	Community Voices						Service Category Total Score	Service Category Total Percentage

Possible Score (Scale varies by factor): 8, 5, 3, or 1

Service Category	Rank 2017	Rank 2019	Medical Monitoring Project (MMP) 20%	Consumery Survey 20%	Client Services Unit (CSU) 20%	Members Voting	8	5	1	score before %	40%	Service Category Total Score	Service Category Total Percentage
Housing Assistance	2	1	5	5	8	13	9	4	0	7.08	2.83	6.43	80.38%
Medical Case Management	5	2	5	3	8	13	13	0	0	8.00	3.2	6.40	80.00%
Dental Care	1	3	8	5	3	13	8	5	0	6.85	2.74	5.94	74.25%
Ambulatory Care	3	4	5	3	5	13	11	2	0	7.54	3.02	5.62	70.25%
Mental Health Therapy/Counseling	12	5	3	5	3	13	11	2	0	7.54	3.02	5.22	65.25%
Emergency Financial Assistance	14	6	1	8	3	14	9	5	0	6.93	2.77	5.17	64.63%
Transporation	4	7	3	5	5	14	8	5	1	6.43	2.57	5.17	64.63%
Substance Use Treatment (outpatient)	21	8	3	5	3	14	9	5	0	6.93	2.77	4.97	62.13%
AIDS Drug Assistance Program (ADAP)	16	9	3	3	3	13	11	2	0	7.54	3.02	4.82	60.25%
Psychosocial Support Services	13	10	3	5	3	14	7	7	0	6.50	2.6	4.80	60.00%
Food Bank/Home-Delivered Meals	10	11	3	5	3	14	6	7	1	6.00	2.4	4.60	57.50%
Substance Abuse Treatment (Residential)	21	12	3	5	3	13	5	7	1	5.85	2.34	4.54	56.75%
Local Pharmaceutical Assistance	15	13	3	3	3	13	4	9	0	5.92	2.37	4.17	52.13%
Health Insurance Premium & Cost Sharing Assistance	7	14	1	5	5	14	3	10	1	5.36	2.14	3.94	49.25%
Case Manaement (non-medical)	5	15	3	1	3	13	3	7	3	4.77	1.91	3.71	46.38%
Translation & Interpretation	17	16	3	5	3	13	3	3	7	3.54	1.42	3.62	45.25%
Home Health Care	24	17	1	5	1	14	2	7	5	4.00	1.6	3.40	42.50%
Care Outreach	11	18	3	3	3	14	5	5	4	4.93	1.97	3.37	42.13%
Legal Services	9	19	1	5	1	14	1	7	6	3.50	1.4	3.20	40.00%
Information & Referral	20	20	1	1	3	14	8	4	3	6.21	2.49	3.09	38.63%
Nutritional Services	19	21	1	5	3	13	1	5	7	3.08	1.23	3.03	37.88%
Child Care Services	18	22	1	5	1	13	2	5	6	3.62	1.45	2.85	35.63%
Early Intervention Services	26	23	1	1	1	14	5	6	3	5.21	2.09	2.69	33.63%
Health Education Risk Reduction	8	24	1	1	3	14	3	6	5	4.21	1.69	2.69	33.63%
Home & Community-based Health Services	27	25	1	5	1	14	1	5	8	2.93	1.17	2.57	32.13%
Hospice Services	25	26	1	5	3	14	1	0	13	1.50	0.6	2.40	30.00%
Rehabilitation Care	27	27	1	5	1	13	0	4	9	2.23	0.89	2.29	28.63%
Day or Respite Care	29	28	1	5	1	14	1	2	11	2.07	0.83	2.23	27.88%

CSU (2019) Data & MMP (2015-2018) Data & Rating for Priority Setting 2022

Gaps in Services as reported by Consumers and Rating for 2022 Priority Setting				
Service Reported as Needed	Client Services Unit (CSU) Need at Intake (n=2,202)	CSU Rating Based on Need Percentage	Medical Monitoring Project (MMP) (Weighted n=17,478)	MMP Rating Based on Need Percentage
Medical Care	30.5%	5	7.6%	3
Medications	26.3%	3	1.3%	3
Treatment Adherence	46.9%	8	0.6%	3
Dental Health Care	10.5%	1	23.1%	5
Home Health Care	2.5%	1	N/A	1
Mental Health Care	27.0%	3	9.3%	3
Case Management	N/A		7.9%	3
Substance Abuse Treatment	7.7%	1	2.4%	3
Food	30.3%	3	7.1%	3
Housing	46.7%	8	13.2%	3
Transportation	49.7%	8	8.5%	3
Support Group/Peer Support	9.4%	1	5.7%	3
HIV Education/Risk Reduction	9.0%	1	N/A	1
Benefits Assistance	23.3%	3	10.6%	3
Language Translation	4.3%	1	0.0%	1
Patient Navigation	N/A		4.1%	3
Weighted data for the City of Philadelphia from the 2015-2018 cycles of MMP.				