MEETING AGENDA

VIRTUAL:
Thursday August 18, 2022
2:00 p.m. – 4:00 p.m.

- ◆ Call to Order

- ◆ Welcome/Introductions

- ◆ Approval of Agenda

- ◆ Approval of Minutes *(June 16, 2022)*

- ◆ Report of Co-Chairs

- ◆ Report of Staff

- ◆ Action Items
    - o Priority Setting Finalization

- ◆ Other Business

- ◆ Announcements

- ◆ Adjournment

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

The next Comprehensive Planning Committee meeting is
VIRTUAL: Thursday, September 15, 2022 from 2:00 – 4:00 p.m.
Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

Philadelphia HIV Integrated Planning Council
VIRTUAL: Comprehensive Planning Committee
Meeting Minutes of
Thursday, June 16, 2022
2:00-4:00p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Keith Carter, Debra D'Alessandro, Lupe Diaz, Pamela Gorman, Gerry Keys, Hemi Park, Adam Williams

Excused: Gus Grannan (Co-chair)

Staff: Sofia Moletteri, Mari Ross-Russell, Elijah Sumners

Call to Order/Introductions: K. Carter offered to chair the meeting. He called the meeting to order at 2:11 p.m. and asked everyone to introduce themselves via the chat.

Approval of Agenda: K. Carter referred to the June 2022 CPC agenda S. Moletteri distributed via email and asked for a motion to approve. **Motion:** L. Diaz motioned, G. Keys seconded to approve the June 2022 CPC agenda. **Motion passed:** 100% in favor. The June 2022 CPC agenda was approved.

Approval of Minutes (*May 19, 2022*): K. Carter referred to the May 2022 CPC meeting minutes distributed via email. K. Carter called for a motion to approve the May 2022 minutes. S. Moletteri noted that LogistiCare was supposed to be one word. **Motion**: A. Williams motioned, D. D'Alessandro seconded to approve the amended May 19, 2022 meeting minutes. **Motion passed:** 5 in favor, 1 abstaining. The May 2022 CPC minutes were approved.

Report of Co-Chair:

None.

Report of Staff:

M. Ross-Russell reported that the Consumer Survey had 152 online responses. The office was still in conversation with USPS to receive the surveys they were holding. She found out where the mail was being held and where to take the payment. She would report how many paper surveys were being held. As far as regional breakdown, 9% of surveys were from PA Counties, 26% were from NJ Counties, and Philadelphia held about 50%. There were some surveys that were outside of the EMA. They would close the survey June 30th. Any surveys that were mailed to the office they would accept (due to issues with the USPS), but they would close the online survey on this date.

Next month, she reported, would be busy since they would begin the allocations process. Any additional detail would be provided in the future.

A. Williams asked if they should be concerned about the place outsourced that was holding the mail. He asked if there the same amount of confidentiality. M. Ross-Russell said no, the sealed envelopes were returned unopened and confidentiality was no issue. The outsourced company dealt with overseeing the business reply mail account. A. Williams asked for a name for the company holding the responses, and M. Ross-Russell said she did not remember the name, only the location to send the payment.

A. Williams requested that in the future, the HIPC request information about who was handling their information. M. Ross-Russell clarified that the mail was being held by the post office—the company that was processing the account and dealing with the money was separate from the post office location.

S. Moletteri said she had a report regarding Priority Setting that had to do with the Allocations process, so she would just wait to report until after their discussion item.

Action Items:

—*Priority Setting*—

S. Moletteri said there were 7 more priorities to review, so they would have this as their last month. As a reminder, they were to vote on these priorities, as their votes counted toward the Community Voices portion. They could vote each service as a (1) not critical for vulnerable populations and emergent need, (5) critical for vulnerable populations and emergent need, or (8) priority for vulnerable populations and emergent need.

Child Care

K. Carter introduced the first service, and S. Moletteri review the slide aloud. The first service was Child Care. Please refer to the Priority Setting PowerPoint for the month of June 2022 for information presented on the service. She added on that it was mostly licensed professionals that were covered under this service. Though informal child care could be included, it was not the most common due to liability.

D. D'Alessandro asked if there was a gender response rate data for the Consumer Survey data, since most of the data collected in the 2017 results was likely from men. S. Moletteri responses that she did not have the 2017 gender breakdown for this child care-related question readily available. However, she noted that within the new Consumer Survey, a lot of the responses she saw coming in were currently women. They had not yet made it through all of the surveys, however, so that could change. M. Ross-Russell said she could look at the 2017 breakdown, adding that the usual percentage was 35%-40% female respondents.

A. Williams asked to sort the answer by gender identity rather than sex at birth. M. Ross-Russell said the new survey was much more inclusive that the last—S. Moletteri agreed, noting that there were some nonbinary responses this time around. M. Ross-Russell reported that for the 2017

survey, 34.6% identified as female, 63.3% identified as male, 1.3% identified as transgender, and 0.3% identified as gender nonconforming.

There were no further questions or discussion. S. Moletteri put up the poll for priority setting results.

K. Carter called for a vote for Child Care priorities.
Out of 7 votes:

1 (non-critical): **2**   5 (critical): **3**   8 (priority): **2**

Health Insurance Premium and Cost-Sharing Assistance (HIPCSA)

S. Moletteri presented on HIPSCA. Please refer to the Priority Setting PowerPoint for the month of June 2022 for information presented on the service. S. Moletteri added that the 138% FPL in 2019 $17,237 and was $17,775 in 2021. K. Carter asked if this was per individuals, and S. Moletteri responded affirmatively.

P. Gorman asked if the FPL of 138% was allowed for Medicaid in PA, and S. Moletteri and M. Ross-Russell said yes.

K. Carter called for a vote for HIPCSA priorities.
Out of 7 votes:

1 (non-critical): **2**   5 (critical): **3**   8 (priority): **2**

Linguistic Services

S. Moletteri presented on Linguistic services. Please refer to the Priority Setting PowerPoint for the month of June 2022 for information presented on the service.

A. Williams reminded everyone that they lived in the most linguistically diverse areas of the country. When linguistic services were not available, people might often end up in dangerous situations where a translator might be censoring the person. This was inclusive of sign language services. Based on his past professional experience, he said that these services were utilized highly and to a great success.

K. Carter asked how people knew that these services were available. A. Williams said there was a language line accessible for all Ryan White recipients. Recipients could call in and request the language line, but sometimes there were on-site individuals who were bilingual and assisted in translation services. K. Carter said at UPenn there were students who were assigned patients to translate for the entirety of their studies.

K. Carter called for a vote for Linguistic Service priorities.

1 (non-critical): **1**   5 (critical): **2**   8 (priority): **4**

Non-Medical Case Management

S. Moletteri presented on Non-MCM services. Please refer to the Priority Setting PowerPoint for the month of June 2022 for information presented on the service.

A. Williams asked if MCMs often fell into the category Non-MCMs and if the services overlapped under the same job category. M. Ross-Russell said MCMs were core services and Non-MCMs were support services. The current system did not fund Non-MCM, and they only paid for MCM. K. Carter asked if an acuity scale was still used to determine need. M. Ross-Russell said this all fell under MCM, and so even if a client had a lesser need, they would still work with their MCM as opposed to a Non-MCM.

K. Carter asked why Non-MCM existed if it was not used. M. Ross-Russell said all EMAs were different. P. Gorman offered an example, explaining that the State of NJ funded Non-MCM. The difference between Non-MCM and MCM, she said, was credentialing and the period of time for service provision. Non-MCM may provide services for a few months during entry to care. Non-MCM could be health coaches, for example, and did not have as extensive learning requirements.

A. Williams said oftentimes in MCM, clients would need help with housing or utilities, but otherwise, their health was stable. If health was stable, he felt it might be valuable to explore the value of Non-MCM support. K. Carter added that Non-MCM could also assist with individuals with lower health literacy levels that needed help filling out forms.

K. Carter called for a vote for Non-MCM priorities.
Out of 6 votes:

1 (non-critical): **3**   5 (critical): **3**   8 (priority): **0**

Rehabilitation Services

S. Moletteri presented on Rehabilitation services. Please refer to the Priority Setting PowerPoint for the month of June 2022 for information presented on the service.

K. Carter asked for utilization on this service. M. Ross-Russell noted that patient utilization data was not available since this service was not covered under RWHAP.

K. Carter called for a vote for Rehabilitation Service priorities.
Out of 7 votes:

1 (non-critical): **5**   5 (critical): **1**   8 (priority): **1**

Substance Use Services (Residential)

S. Moletteri presented on Substance Use (Residential) services. Please refer to the Priority Setting PowerPoint for the month of June 2022 for information presented on the service. S. Moletteri provided extra information, explaining that within Philadelphia Residential Substance Use service uptake decreased by about 1,000 patients from 2019. Individuals participating in any Behavioral Health service went down about 6,000 from 2019 (24,509 individuals in 2020). Participants in Outpatient Substance Use Services also went down about 1,500 since 2019 (15,054 in 2020). She reminded everyone that these numbers were from the City of Philadelphia, not for Ryan White, specifically. There was no explanation of why numbers decreased. A. Williams suggested the decrease in service utilization was due to COVID-19.

K. Carter asked if there was any chance utilization would increase in the near future. L. Diaz disclosed that she was a contractor for AIDS Care Group. She said that Crozer was being sued because it closed its Substance Use Residential services. The county was looking for other agencies that could support the community. The care might be needed more because of this. A. Williams said that people need help immediately when ready to receive help. Getting timely care was priority.

K. Carter called for a vote for Substance Use (Residential) priorities.
Out of 7 votes:

1 (non-critical): **0**   5 (critical): **0**   8 (priority): **7**

Referral for Health Care and Supportive Services

S. Moletteri presented on Referral for Health Care and Supportive services. Please refer to the Priority Setting PowerPoint for the month of June 2022 for information presented on the service.

A. Williams said that he had recently worked with clients who went to access this service, yet it went to an answering machine. He asked if voting priority on the service would solve this issue. S. Moletteri said it would likely not solve the issue, though she heard the hotline was 24 hours. They could talk to the recipient about this if needed.

P. Gorman asked if they had information on how many individuals were connected to the service requested through this hotline. M. Ross-Russell said that there was a group of questions individuals were asked at intake to connect them to services. The CSU intake at need data (provided for allocations), would have information on how many individuals were connected to each of the services.

K. Carter noted that if someone did not pick up the phone, clients may never call back. D. D'Alessandro asked if the recipient had considered being available via text that could include an automated response with turnaround time. A. Williams said text massage would also be good for accessibility regarding confidentiality or those with hearing difficulties. L. Diaz added that text

message availability would also be good for those who have anxiety when speaking on the phone.

K. Carter called for a vote for Referral for Health Care priorities.
Out of 7 votes:

1 (non-critical): **1**   5 (critical): **2**   8 (priority): **4**

S. Moletteri thanked everyone for their participation.

She said that typically, 2022 Priority Setting numbers would be used in the Allocations process. The data needed to be weighted and plugged into the Priority Setting chart. CPC would then vote on the priorities and bring them to HIPC with recommendation for approval. When the priorities were finalized, they could be brought to Allocations.

However, this process would require one more meeting from both HIPC and CPC, and Allocations would have already occurred by then. Therefore, she suggested that she compile the chart, sending it to CPC via email to review, and use it as a DRAFT and not finalized version within the Allocations process. D. D'Alessandro felt this was a good idea.

D. D'Alessandro asked more details about how Priority Setting fit into the Allocations process. S. Moletteri explained that the Allocations process decided regional budget scenarios and dealt with money and directives for service categories. Priority setting information was only used to assist them in deciding how to decide their allocations. M. Ross-Russell agreed, saying Priority Setting was one of many informational materials. These two processes (Priority Setting and Allocations) were historically kept separate, because sometimes services cost more than others and require more funding despite less priority. S. Moletteri said Priority Setting was one of about ten documents provided to the individuals participating in Allocations.

S. Moletteri just wanted confirmation that a Draft Priority Setting document—after distributed to the CPC via email—had the go-ahead for use during Allocations. Everyone agreed.

L. Diaz said that in the past, once they had the priority rankings, they would look at the priorities that jumped most in ranking and discuss before voting to finalize. She asked if they would also do that this year. M. Ross-Russell explained that the highlighted priorities were those that jumped in more than three rankings from one year to the next. They would have to discuss these shifts in the body of the RWHAP application submitted to HRSA. Now that this was a multi-year application process, so they might not have to do this anymore. It was still unclear.

Other Business:
None.

Announcements:

K. Carter announced that on June 27th he would present on Understanding Your Lab for AIDS Education Month.

Adjournment: K. Carter called for a motion to adjourn. **Motion**: A. Williams motioned, D. D'Alessandro seconded to adjourn the June 2022 Comprehensive Planning Committee meeting. **Motion passed**: All in favor. Meeting adjourned at 3:29 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at meeting:
- June 2022 CPC Meeting Agenda
- May 2022 CPC Meeting Minutes
- 2019 Priority Setting Data
- Priority Setting 2022 PowerPoint Part 4