Meeting Agenda

VIRTUAL:
Thursday September 15, 2022
2:00 p.m. – 4:00 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes *(August 18, 2022)*
- Report of Co-Chairs
- Report of Staff
- Presentation
  - Non-Medical Case Management
- Discussion Items
  - Topics from 2022 Allocations
  - Committee Workplan from 2022-2023
- 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, October 20, 2022 from 2:00 – 4:00 p.m.
Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
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Philadelphia HIV Integrated Planning Council
Comprehensive Planning Committee
Meeting Minutes of
Thursday, August 18, 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, Pam Gorman, Gus Grannan (Co-chair), Gerry Keys, Clint Steib, Adam Williams

Excused: Desiree Surplus

Guests: Sanzida Anzuman (AACO)

Staff: Beth Celeste, Sofia Moletteri, Mari Ross-Russell

Call to Order/Introductions: G. Grannan called the meeting to order at 2:11 p.m. He introduced himself and asked everyone to introduce themselves with name, area of representation, and how they were feeling today.

Approval of Agenda:
G. Grannan presented the agenda for approval. **Motion**: K. Carter motioned, G. Keys seconded to approve the agenda via a Zoom poll. **Motion passed**: 6 in favor, 1 abstaining.

Approval of Minutes (*June 16, 2022*) G. Grannan presented the previous meeting's minutes for approval via Zoom poll. **Motion**: G. Keys motioned, L. Diaz seconded to approve the June 16, 2022 meeting minutes. **Motion passed**: 5 in favor, 2 abstaining.

Report of Chair:
G. Grannan reported that they were now finished the allocation process. He thanked everyone who participated in the process.

Report of Staff:

M. Ross-Russell reported that during September, October, and November, they should expect the recipient to provide information around the Integrated Prevention and Care Plan.

As for the Consumer Survey, they were around 250 surveys both mail and online. This was not the response rate they wanted, but they were still able to do analysis. She would do preliminary data analysis first and the more advanced analysis would be performed by AACO. There would be a write up that would then be included in the EPI profile and the Integrated Plan. By the end of the calendar year, they were hoping to have this completed.

Action Items:

—Priority Setting Finalization—

M. Ross-Russell said the Priority Setting results were displayed on the screen. The highlighted services were the ones that changed and needed an explanation. Some changed might be due to alterations in how data was weighted and problems that may have arisen because of the pandemic.

S. Moletteri viewed the Priority Setting spreadsheet. She noted that all service categories highlighted in yellow had a change in ranking of greater than 3 from the year 2019 to 2022. All of the service categories were listed in order of 2022 ranking. They would need to review all of the highlighted categories and explain why they re-ranked the service categories. As M. Ross-Russell mentioned, she said some rankings may have changed because of how they re-weighted MMP and CSU data. They did not change the weights for the Consumer Survey numbers, however, because they were using the same data from the 2019 process. The results of the pandemic could have also contributed to re-ranking. G. Grannan asked if the highlighted categories accounting for increase *and* decrease in ranks greater than 3. S. Moletteri answered affirmatively.

S. Moletteri explained that under the "Community Voices" section, there was a fluctuation in voting members since they continued the process over multiple meeting dates. They had to split up the process this way due to the virtual setting. They could either vote the service category 8 (priority service), 5 (critical), or 1 (non-critical). The next column over titled "score before %" was the average score based on everyone's votes. The average score was then weighted at 40% since the Community Voices portion made up 40% of each service category's final ranking. MMP, CSU, and Consumer Survey each made up 20% of the final ranking. Therefore, all four portions added up to the 100% to create the final ranking for each service category. S. Moletteri went through Transportation, the service category ranked at #1, as an example.

K. Carter asked about the new weight scale and if she could run the 2022 numbers through the old MMP and CSU weights. S. Moletteri said she could do this, just not on the spot. She could send these numbers to anyone who was interested as a way to compare old and new rankings. G. Grannan asked for more detail about the alteration in weights for MMP and CSU data. S. Moletteri reminded the group that they changed percentage range for each of the numbers: 1, 3, 5, and 8. They did this because there were too many of one ranking reported for both MMP and CSU. By changing the ranges, there was more of an even distribution for services ranked 1, 3, 5, and 8.

S. Moletteri said they should review each of the ranks that changed more than 3. A. Williams suggested going in order.

S. Moletteri said Transportation was rated #1 in 2022 and was rated #7 in 2019. Emergency Financial Assistance was rated #2 in 2022 and #6 in 2019. K. Carter asked to look at the largest changes first. S. Moletteri said that Legal Services faced the largest jump—it used to be #17 and was now #5 in 2022. G. Grannan asked if they had a breakdown for agency responses. M. Ross-Russell said there was only one funded legal service office in the EMA. K. Carter asked if the increase in need was because people were getting more help with their taxes. G. Grannan added that the stimulus checks may have required more legal help. M. Ross-Russell said that legal services also provided support with housing and rent, so this could be a factor. G. Grannan agreed, saying that this could also be the case for Substance Use Treatment (Residential). He stated that residential was not the most effective, but pandemic factors might have caused an increase in need. K. Carter asked if residential treatment would be so individuals could have temporary shelter. G. Grannan agreed, but adding that there were better and cheaper ways to get people shelter. M. Ross-Russell added that there were so few residential treatment facilities available and that they did not currently fund residential.

S. Moletteri said when they were discussing the rankings, they should be discussing why they chose to rank each service category higher or lower. While utilization did come into play within CSU and MMP, the current idea was to discuss why, in the Community Voices section, they chose the ranking they did.

C. Steib asked if it was possible to look through the meeting minutes to see why each of the rankings were changed. S. Moletteri said she could bring these up and go in order, starting with the first Priority Setting minutes in March. This was the first meeting, so they only reviewed three services after looking over the finalized Priority Setting materials.

The first service category was Housing Assistance. This did not face a change greater than 3. Next, K. Carter noted that Dental Care stayed the same. MCM did not face a large change. Ambulatory Care also did not see a large change in ranking. April 2022, they reviewed Local Pharmaceutical Assistance which had a change in 1 ranking. Next, they looked at Mental Health which also had a change of 1.

They also looked at Nutritional Services which was now ranked at #15 in 2022 (2019, the ranking was #21). S. Moletteri pulled up the April 2022 meeting minutes. Within this meeting, they discussed utilization of the service. There was also discussion about the aging population of PLWH and how this service might have more utilization. K. Carter said as people aged and developed more comorbidities, nutritional service increased in importance. Because of the aging population of PLWH, he felt nutrition would become priority.

K. Carter asked if they needed to explain the changes in ranking for the HRSA writeup. S. Moletteri said they would—OHP could refer to the minutes, but it was important to go over shifts now so they could have a condensed version of priority explanations and so everyone was on the same page when they brought the priorities to HIPC. M. Ross-Russell said they were on a continuing application, and she was not sure whether they would have to include an explanation of priority shifts. Expectations around the application were still unclear.

K. Carter asked if other jurisdictions were seeing shifts in their priorities. M. Ross-Russell said every jurisdiction did their Priority Setting process differently, be it a TGA or EMA. The result, therefore, is that everyone's priorities were unique and based on different elements. She typically only looked at other EMAs' priorities with similar populations, competing needs, etc.

Early Intervention services (EIS) was next, which increased by 7 in ranking from #23 in 2019 to #16 in 2022. S. Moletteri reviewed the minutes, explaining that the group discussed the importance of early intervention in tandem with PrEP and identifying those who are at high risk. C. Steib suggested that this was a priority because of it being a centerfold in the EHE plan. M. Ross-Russell said that EIS was not currently funded. She said the elements of this service overlapped with others, however EIS was the combination of services rather than a standalone service. M. Ross-Russell read the definition of EIS from the Ryan White PCN #16-02. Just as C. Steib and S. Moletteri said, she noted that EIS and its prevention goals and intentions were in line with the EHE and NHAS (National HIV/AIDS Strategy). C. Steib concurred that this explained the jump in ranking for this service.

S. Moletteri stated the next service, Home Health Care, decreased by 5 (#17 in 2019 and #22 in 2022). When reviewing the minutes, S. Moletteri noted the discussion around how it used to be a higher priority but no longer had the same amount of need. K. Carter said there were other funding streams that could help with Home Health Care. S. Moletteri added that there was discussion around people living longer and healthier lives, leading everyone to voting the services as "1" or not critical. K. Carter said this made perfect sense—the service was needed but not critical.

The next service that had a significant jump in ranking was Emergency Financial Assistance which went up 4 places in ranking and was ranked as #2 in 2022. S. Moletteri reviewed the minutes, stating that COVID-19 had a big impact on service need. This was an important service for assisting people during financial hardship that may have come up during the COVID-19 pandemic—e.g. during evictions, due to loss of income, and other such financial insecurities. C. Steib and A. Williams agreed.

Transportation was next, which jumped 6 rankings and was placed as #1 in 2022. According to the minutes, the group discussed the issues around LogistiCare. C. Steib asked if this was tied to COVID-19, because people were not taking public transportation as much. S. Moletteri agreed, saying that more individuals were using rideshare services. K. Carter added that due to violence within Philadelphia, more individuals may also feel hesitant to use public transportation. S. Moletteri said these were both good points and that rideshare services, though more expensive, were important to ensure that people could still get to appointments safely and comfortably.

Food Bank services changed by 4 in raking – from #11 in 2019 to #7 in 2022. According to the minutes, there was not a lot of discussion. She asked everyone to offer input now. M. Ross-Russell thought it was understood that food insecurity was still a major issue within the EMA, especially with the impact of the pandemic and individuals suddenly being out of work. S. Moletteri agreed, adding that there was discussion during allocations around this as well which led to a directive.

As for Legal Services, priority ranking increase by 14 places—from #19 in 2019 to #5 in 2022. S. Moletteri noted that they had already discussed the importance of this service category in the beginning of the meeting.

As for Care Outreach, this service went up 10 places in ranking—from #18 in 2019 to #8 in 2022. In the minutes, they had discussed the EHE plan and how connecting to out-of-reach populations was such a vital part of the plan. Care Outreach touches on this idea.

Respite Care also increased in ranking—from #28 in 2019 to #17 in 2022. They talked about how this could and should be provided in hospital settings and that child care can be a barrier to receiving care and clients caring for themselves.

Health Education Risk Reduction increased in ranking—from #24 in 2019 to #13 in 2022. According to the minutes, there was discussion around PrEP and the need to education those at risk for HIV. They also discussed syringe service programs and the ongoing opioid crisis. C. Steib said the service tied into EHE pillars as well.

Child Care went up by 4 places—from #22 in 2019 to #18 in 2022. They discussed the Consumer Survey and gender responsibility as it related to child care. S. Moletteri said that during the pandemic, parents were not able to send their children to school since classes were online. This likely fostered an environment where childcare was much more needed. K. Carter said that this was equally as important as taking care of elders. D. D'Alessandro agreed, and S. Moletteri said elder care was part of another service category. K. Carter agreed, adding that people would not be able to get to appointments if they could not leave a child alone at home or bring them to an appointment.

Linguistic Services, also known as Translation & Interpretation, increased by 4 rankings, going up to #12. According to the minutes, there was discussion of Language Line and how it was offered in-office. This was emphasized as a service need because the EMA was linguistically diverse. Additionally, professional services were important in case people chose not to get care because of language barrier or, in the case that a family or friend is translating, there was censorship or misinterpretation of information.

Next was Non-Medical Case Management which decreased by 5 places—from #15 in 2019 to #20 in 2022. There was discussion around how this was not funded within the EMA. P. Gorman had discussed that the State of NJ funded Non-MCM and that the difference between MCM and Non-MCM had to do with credentialing and learning requirements. A. Williams said he was still confused by this service, noting that funding this service might be helpful for more short-term crisis management. If people were adherent to their medications and their health was stable, such a service could be beneficial. C. Steib said that Health Navigators were employed by hospitals and seemed to take on this "short-term crisis management" role.

K. Carter asked if there was a new two-tier MCM system. M. Ross-Russell said that there was a revision in how MCM was provided. This was a systemwide revision. M. Ross-Russell said the primary difference between the two services was to improve health outcomes vs. improve access to services. As far as CSU, M. Ross-Russell said, their job was to ensure people's access to services. However, the vast majority of concerns went through MCM.

D. D'Alessandro agreed that Non-MCM was confusing as a service category. A. Williams asked if not funding Non-MCM created barriers to access for people with need for brief interventions in non-medical scenarios. S. Moletteri suggested that they receive a presentation on Non-MCM to further understand how the service looked in practice. K. Carter agreed that this presentation would be helpful since MCM may create unnecessary barriers. S. Moletteri suggested that because they did not fund or have enough information on the service category as of this moment, it went down as a priority. Everyone agreed. A. Williams suggested this might be a higher priority if they had more information on the service category. As of now, they did not have the specifics to rank it any higher.

The next service category, Rehabilitation Care, increased from #27 in 2019 to #21 in 2022. The utilization was not available since it was not covered under RWHAP. M. Ross-Russell said the name for this service was somewhat confusing, since this was more aligned with physical therapy, not substance use rehabilitation. S. Moletteri noted that the majority of participants voted the service as "1" or not critical. She also noted that some of the services shared the same rank (because they got the exact same score), so this could have influenced an increase in ranking. Either way, the service was still toward the bottom of the list of priorities.

As for Substance Use (Residential), the ranking increased by 6—it was #12 in 2019 and #6 in 2022. All seven participants voted the service as "8" or priority. There was discussion on how utilization of the service decreased. They also talked about how a residential substance use facility within the EMA had closed down and that extra support may be needed. There was also mention about how people should be met with immediate care when ready to receive help. G. Grannan agreed that support needed to be offered as soon as people were ready to reach out. However, this mode of treatment was known to be ineffective. Very few people who had gone through residential treatment could achieve abstinence which was the goal of residential substance use treatment.

K. Carter asked if it was difficult to make the distinction, from a staff perspective, between people seeking shelter versus those actually looking to obtain abstinence. G. Grannan said there were success stories for nearly every method of substance use treatment. However, these stories were more dependent on the individual rather than the mode of treatment. He felt housing individuals safely and offering replacement therapy was more effective than residential substance use treatment. Efficacy also depended on the substance in use. For example, residential treatment was not effective for those using opioids.

G. Grannan felt hesitant to prioritize Substance Use (Residential) and put money toward this service. K. Carter suggested that residential treatment was often a push from family and friends rather than the individual, themselves. G. Grannan said this was often the case, yes. His suspicion, he added, was that the

need was more for residential care rather than substance use treatment. A. Williams asked for clarification on residential care. G. Grannan responded treatment with accompanying housing. A. Williams suggested this was more of a housing issue. D. D'Alessandro felt the proven model of Housing First was what needed more attention. G. Grannan agreed—housing collocated with abstinence-based treatment was not the most effective method.

M. Ross-Russell said that even though they may feel the provision of the service was questionable, it still came down to the discussion they had as a group. They must also remember that they did not put money toward the service. There were not many facilities that existed within the EMA that offered this service, and the one facility closing down may have led to a higher ranking. She reminded everyone that they also proposed the Housing First model as a committee to AACO.

S. Moletteri said they would now vote to bring the priorities to the HIPC with recommendation for approval.

Motion: K. Carter motioned to bring the 2022 Priorities to the HIPC with CPC's recommendation for approval, A. Williams seconded.

Vote:

G. Grannan: in favor
K. Carter: in favor
D. D'Alessandro: in favor
A. Williams: in favor
G. Keys: in favor
P. Gorman: in favor
C. Steib: in favor

Motion passed: 7 in favor. The 2022 Priorities are approved.

Other Business:

D. D'Alessandro noted that within the last meeting they discussed MPV and the creation of a possible letter. She asked who was working on the letter. K. Carter explained that the Positive Committee was doing this work.

Announcements:

D. D'Alessandro announced that the Health Federation would have a program in September around wound care. All were open to attending the virtual program. K. Carter asked if G. Grannan was participating. D. D'Alessandro said he was not, and G. Grannan added that the program was more clinician-based.

Adjournment: G. Grannan called for a motion to adjourn. **Motion:** K. Carter motioned, D. D'Alessandro seconded to adjourn the August 2022 Comprehensive Planning meeting. **Motion passed:** all in favor. The committee adjourned at 4:02 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- August 2022 CPC Meeting Agenda
- June 2022 CPC Meeting Minutes
- 2022 Priority Setting List