Meeting Agenda

VIRTUAL:
Thursday November 17, 2022
2:00 p.m. – 4:00 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes *(October 20, 2022)*
- Report of Co-Chairs
- Report of Staff
- Discussion Items
  - Concurrence with 2022-2026 Integrated Plan
- 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, December 8, 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

Comprehensive Planning Committee

Philadelphia HIV Integrated Planning Council
Comprehensive Planning Committee
Meeting Minutes of
Thursday, October 20, 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, Pamela Gorman, Gus Grannan (Co-Chair), Clint Steib, Adam Williams

Guests: Jessica Browne (AACO), Sanzida Anzuman (AACO)

Excused: Gerry Keys

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

Call to Order/Introductions: G. Grannan called the meeting to order at 2:18 p.m. He asked everyone to drop their introductions into the chat with their name, area of representation, and whether they had any upcoming plans for Halloween.

Approval of Agenda: G. Grannan presented the October 2022 agenda for approval. **Motion**: K. Carter motioned, Adam seconded to approve the agenda via a Zoom poll. **Motion passed**: 4 in favor, 1 abstaining.

Approval of Minutes (*September 15, 2022*): G. Grannan presented the previous meeting's minutes for approval via Zoom poll. **Motion**: K. Carter motioned, D. D'Alessandro seconded to approve the September 15, 2022 meeting minutes. **Motion passed**: 4 in favor, 2 abstaining.

Report of Chair:

No report.

Report of Staff:

M. Ross-Russell reported that OHP staff was still in the process of entering surveys.

Today, she reported that the CPC would also offer comments for the care portion of the Integrated Plan. The recipient was looking for a fast turnaround for the comments since the due date was coming up soon. G. Grannan asked if they would just review each of the section headings. He also asked for a forecasted date for when the whole plan would be available. M. Ross-Russell responded that AACO hoped to present the almost-finalized plan during the November HIPC meeting since the plan itself was due December 8th. She further explained that there was a group that met every week review and work on the plan. K. Carter asked if HIPC members would have to submit their comments by Friday. M. Ross-Russell said yes. G. Grannan asked if they were accepting individual comments. M. Ross-Russell said she could only answer regarding the request for comment from the HIPC members.

Discussion Items:

— Substance Use Services in NJ Counties —

S. Moletteri explained that this presentation on Substance Use Services was requested by the CPC. They had wanted more insight into service delivery and funding in the area. S. Moletteri noted that she was not an expert, simply gathering information. If anyone had any comments or additions, she asked that they feel free to chime in. Please refer to the PDF presentation titled *Substance Use Services in NJ Counties* for more detailed information.

A lot of this data was from Substance Abuse and Mental Health Service Administration (SAMHSA) Other data was from the NJ Department of Health website, specifically the Division of Mental Health and Addiction Services (DHMAS) portion.

She next addressed the slide titled SAMHSA funding for FY2021. Broken up, the total Substance Abuse Funds ($202,759,136) were funneled into three different areas: Substance Abuse Prevention & Treatment Block Grant ($121,555,899), Substance Abuse Prevention ($7,597,862), and Substance Abuse Treatment ($73,605,375). As for the Block Grant, these funds were used for populations of focus such as PWID, pregnant women, and women with dependent children. There was also an emphasis on prevention for people who did not need substance use treatment services.

S. Moletteri read the next slide titled "funding." This was how agencies obtained their funding. She explained that the Fee-For-Service (FFS) network was to ensure utilization and promote client retention since the services were not bundled and the providers were reimbursed per service provided.

S. Moletteri next read the slide titled "initiatives" which were initiatives specifically listed under the FFS network. The MAP program was funding appropriations from DMHAS, Department of Corrections, and the State Parole Board which focused on community-based substance use treatment for parolees and inmates. For the HIV/AIDS and Substance Abuse initiative, she noted that the NJ website may not have been completely updated since she was led to an error page when looking into the initiative itself.

She next looked at the slide titled "7 Harm Reduction Centers." The NJ website stated that there were 7 of these syringe access programs within the State of NJ. This only included one within the EMA and the rest seemed to be within the northern NJ counties.

She next looked at the "Substance Abuse Facilities" slide which contained 2020 SAMHSA data. This data from here on out would be from the SAMHSA website. The 2020 data they would look at contained information for facilities and the 2021 data they would look at after this contained client data. Please refer to this slide for more information on funding and type of substance abuse facilities.

She next read the slide titled "Outpatient vs. Residential." Most of the facilities were outpatient. Please refer to the slide for more details on outpatient/inpatient facilities and facility payment options.

S. Moletteri looked at the next slide titled "Services/Programs Offered by Facility." She explained that these were programs/services and the percentage represented the percentage of facilities offering that specific service or program. These numbers were not representative of the amount of clients

served. She bolded the HIV-related information. This included programs for the following: HIV testing (27.2% of facilities offered this), HIV Education, Counseling, or Support (63.2% of facilities offered this), HIV Medications (7% offered this), and a program for Clients with HIV or AIDS (30.8% offered this). Fortunately, she able to find the number of programs that specialized in HIV/AIDS, but she was not able to find the figure for PLWHA served. If they would like to look at the other programs, she was offering a link for people to follow and look at the SAMHSA data more in depth.

As for data and demographics, she was able to find 2021 SAMHSA data. As mentioned, she was unable to find the total number of PLWHA served, but the data that she did find contained the following information: primary substance use, gender, age, race, and ethnicity. This slide, "Data & Demographics" contained a link to the full SAMHSA data set if anyone was interested in looking at the data in depth.

All this information, she explained, would be on the OHP website.

K. Carter asked if this data was broken down by the counties or if it was the whole state. S. Moletteri said it was for the whole state.

G. Grannan recalled that S. Moletteri mentioned how almost all the syringe access programs were in Southern Jersey—he asked which county within the EMA had the syringe access program. M. Ross-Russell said it was Camden and S. Moletteri agreed. G. Grannan asked if they were funding Atlantic City. S. Moletteri said that the one in Atlantic City was included in the 7 Harm Reduction Centers. G. Grannan said that they were considering closing the Atlantic City location, so he was unsure if they were still open. S. Moletteri mentioned that the NJ was not fully updated in some parts, so she was unsure if the 7 sites was an accurate number. She would look more into the Atlantic City location and report back. G. Grannan assumed the location as still there, but he would appreciate her confirming this at a later date.

G. Grannan said he noticed that the budget numbers for the harm reduction centers did not look to be broken out. He asked if there was a sense of how much this budget was, because when he worked in Camden, the total budget was less that 1% of the HIV-related funding mentioned at the beginning of the presentation. S. Moletteri said she did not have this full number.

C. Steib asked if they could invite the NJ Counties to come to the full council and offer a presentation for the topic. This way, they could try to engage them further with the full council. S. Moletteri said this would be a great idea.

There were no further questions.

— Comments on Integrated Plan Care-Related Goals —

G. Grannan noted that the Integrated Plan was sent out to the full council and also included in the CPC meeting packet.

S. Moletteri clarified that if they submitted comments to her via email about the plan, specific names would not be attached to the comments—unless they felt strongly about including their name, then they should let her know. She was compiling everyone's comments into one document and breaking

them up between general HIPC comments and CPC, care-related comments. She would do the same with this group's commentary, in that specific names would not be attached to the commentary.

D. D'Alessandro asked if the comments needed to be in by tomorrow. S. Moletteri said, yes preferably by midday tomorrow so they could go the recipient in time. This was so they could take the comments into consideration before they presented the plan in November to the full council.

P. Gorman said she read through the entire document and felt it was very comprehensive. Her only concern was the lack of percentage in the first objective under Section 1, Goal 1. S. Moletteri said that they had to look further into this to get a final number for the percentage, but they would be doing this. J. Browne confirmed, noting that they were currently doing calculations to figure out that number.

Adam asked which sections they would be focusing on today. S. Moletteri responded that they would address the Treat and Respond sections of the plan. D. D'Alessandro mentioned that in EHE jargon, Respond was responding to new outbreaks which was different from Treat and Prevent. Like P. Gorman, she agreed that the plan was thorough and was aligned with the CPC and EHE objectives.

Adam commented on Goal 2, Objective 2 of Treat. He asked how the information was vetted and branded and what kind of weight this objective held. He said that he had encountered issues in the past around ownership of information. D. D'Alessandro asked if anyone from AACO on the call was able to respond about AACO's material review process. Long ago, it was mandated that each community funded by RWHAP have a diverse materials review committee. She knew that, historically, AACO paid mind to the materials review committee to ensure it was representative of the populations served. Anyone who received AACO funds and wanted to distribute materials, they would have to submit their materials. C. Steib clarified that the AACO materials review committee was still active. He put the contact information for the person in charge of the committee within the chat.

G. Grannan said, historically, Goal 2, Objective 2 of Treat was a mechanism used against Prevention Point. The organization's prevention documents that they put out in the past almost got Prevention Point banned at one point. This was often a political issue. D. D'Alessandro agreed, saying the committee was ultimately federally run. Adam agreed with G. Grannan's point, saying that information needed to get where it needed to go to ensure accessibility to the public. S. Anzuman said that someone from AACO would get back to him on this.

D. D'Alessandro said that within EHE, AACO was looking to push out information on the PhillyKeepOnLoving website. They needed to emphasize that not everyone had access to the internet. Therefore, they had to look to diverse mechanisms and means to get information out. K. Carter asked if they should put information in clinics, offices, etc. To offer more information, J. Browne explained how the objective under discussion included the EHE Data Dashboard and other toolkits.

K. Carter mentioned the digital divide and asked if AACO was looking into printed materials and in-person distribution. J. Browne was unaware of the plans, but she could put forth this feedback internally. S. Moletteri said she would also be writing the comments down and submitting them to AACO for review.

C. Steib said that the committee he was on for the materials review, it was specific to agencies creating their own materials for HIV prevention services—it was a requirement through their funding that they receive approval before distributing the materials. He made clear that the material review board did not include the review of any materials from AACO, but from agencies. D. D'Alessandro suggested that there be a community board of community members and providers that reviewed all information distributed, including AACO information.

G. Grannan asked if the entity C. Steib mentioned reviewed all publications whether funded by AACO or not. C. Steib said he was unsure about unfunded agencies. D. D'Alessandro said that those not funded by AACO did not need to go through the same materials-review process. However, her question was whether funded agencies that were using *separate* funds for their materials still needed to have them reviewed.

M. Ross-Russell said this was about federal funding and that the restrictions associated with the language were trickling down. Some language was carryover, and some language existed in both HRSA and CDC requirements around information. She believed that this objective, Objective 2 of Goal 2 under Treat, was to speak to the fact that there were people that did not know about certain services available to them. Therefore, the intention of this objective was, in part, to ensure that providers and clients had this information to engage in care. She felt this objective was to make information available at the provider level in case people did not have access to technology. K. Carter asked if this included providers having updated information on their website. M. Ross-Russell said she could not say if there were specific contractual requirements for providers' individual website. However, this often came down to provider capacity for updating the website in a timely fashion. D. D'Alessandro mentioned how people should call into AACO's CSU line to offer feedback on whether a website was updated enough.

C. Steib suggested that materials review would be an interesting topic to cover for HIPC.

G. Grannan said that the situation around Prevention Point had not really changed. Most harm reduction agencies had political difficulties and funding constraints with distribution of information, such as information around sex work. Submission of written materials was often a stumbling block, because such materials could be seen as endorsing criminalized occupations or actions.

K. Carter asked if condom distribution was occurring in correctional facilities. D. D'Alessandro said that condoms were considered contraband in most all correctional facilities and that Philadelphia's was one of the few that allowed for it. K. Carter said, then, the question was how to change the mindset of individuals to encourage important information and resources to reaching the public. C. Steib said there was also the question of how AACO enforced reviewal of materials from agencies before they went to the public.

C. Steib suggested changing PLWDH to PLWH in Goal 2, Objective 2 under Treat. J. Browne said that PLWDH stood for People Living with Diagnosed HIV and that "diagnose" was important to data when looking at this specific objective. Adam suggested more clarification around this within the plan. D. D'Alessandro suggested a glossary at the front of the document. G. Grannan said they could also define it after its first appearance.

K. Carter asked how they measured Goal 3 of Treat. J. Browne said they looked at disparities in a few ways. One way, they would use the RWHAP data submitted every year (such as viral suppression, retention, etc.). Each objective had a couple of tasks that were more clearly measurable.

K. Carter said for Goal 3, Objective 1, he felt this was more geared toward Black and Brown individuals and was curious to know how they could measure this. J. Browne said that for this, they would look at viral load suppression and break out the data by gender, race, ethnicity, risk factor, insurance status, and age.

D. D'Alessandro asked what the funding cycle was for the next three-year period. M. Ross-Russell said that the Integrated Prevention and Care Plan was written jointly by the CDC and HRSA and that the plan cycle was 2022-2026. M. Ross-Russell continued, noting that HRSA's funding cycle was for more programs that Part A and was March 1st – February 28th. CDC could include programs in addition to EHE and their cycle was January 1st – December 31st. The EHE period, however, was slightly different which she thought started on September 1st. J. Browne said these timeframes depended on the grants in question. D. D'Alessandro agreed that grants had completely different timeframes and that this could be confusing.

K. Carter said that the Respond portion was about AACO identifying clusters – therefore, he was unsure how they could offer commentary on this. M. Ross-Russell said that Respond involved looking at clusters for certain populations, such as PWID. Once they located a cluster, they would identify individuals, get them to care, etc. The idea of this portion was to identify individuals who wanted to be identified and to get information and raise awareness within certain populations. C. Steib said that Respond also include Partner Services which included interviews for those newly diagnosed with HIV. K. Carter said responding was difficult when so much connection happened online. D. D'Alessandro said the PDPH was luckily aware of this and the Partner Services had ways to identify and connect with online profiles.

C. Steib said he had mentioned the introduction of a fourth objective under Goal 1 within Prevent. It might be repetitive, but he suggested an objective that discussed increasing uptake of ART in terms of U=U. This was mentioned under diagnosis, but he felt that it would make sense under Goal 1 of Prevent as well. This reiterated that viral suppression was a method of prevention. K. Carter agreed, suggesting that the message of U=U is emphasized and viral loads are defined and explained.

Other Business:

None.

Announcements:

D. D'Alessandro announced that Prevention Point recently had their 30th Anniversary and that José DeMarco had received an award. He and other activists from ACT UP were part of Prevention Point's origin.

Adjournment: G. Grannan called for a motion to adjourn. **Motion:** K. Carter motioned, D. D'Alessandro seconded to adjourn the October 2022 Comprehensive Planning meeting. **Motion passed:** all in favor. The committee adjourned at 3:28 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- October 2022 CPC Meeting Agenda
- September 2022 CPC Meeting Minutes
- DRAFT Integrated Plan Goals & Objectives