
Comprehensive Planning Committee

Meeting Minutes of

Thursday, June 20th, 2024

2:00 p.m. – 4:00 p.m.

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

Present: Keith Carter, Gerry Keys, Gus Grannan (Co-Chair), Clint Steib, Debra D’Alessandro (Co-Chair)

Guest: Ameenah Mc-Cann-Woods, Kian Waddell, Melanie Mercado-Miller, Anna Lauriello, Laura Silverman

Staff: Sofia Moletteri, Tiffany Dominique, Mari Ross-Russell, Kevin Trinh

Call to Order: G. Grannan called the meeting to order at 2:06 p.m.

Introductions: G. Grannan asked everyone to introduce themselves.

Approval of Agenda:

G. Grannan referred to the June 2024 Comprehensive Planning Committee agenda and asked for a motion to approve. **Motion:** K. Carter motioned; D. D’Alessandro seconded to approve the June 2024 Comprehensive Planning Committee agenda via Zoom. Motion passed: 7 in favor. The June 2024 Comprehensive Planning Committee agenda was approved.

Approval of Minutes (May 16th, 2024):

G. Grannan referred to the combined May 2024 Comprehensive Planning Committee minutes. **Motion:** K. Carter motioned; G. Keys seconded to approve the May 2024 CPC meeting minutes via Zoom. Motion passed: 5 in favor. The May 2024 CPC minutes were approved.

Report of Co-chairs:

G. Grannan reminded the committee that they would not be meeting in July due to the allocations meetings. D. D’Alessandro asked if they would be meeting in August. S. Moletteri replied they generally met in August, but it depended on what was planned for their agenda.

Report of Staff:

S. Moletteri said they were in the process of preparing the materials. They said the allocations meetings would be starting on July 9th with the New Jersey meetings. S. Moletteri said they should expect a follow up email soon with the registration links for the meetings. S. Moletteri said the committee members were expected to sign a confidentiality form and a conflict of interest form.

Presentation:

-Recipient Response to CPC Questions-

S. Moletteri said the committee had questions and comments while they were preparing for allocations in the last meeting. A. McCann-Woods, a representative from the Recipient/Division of HIV Health (DHH), had been invited to the meeting to report the Recipient's response to the questions.

The first question considered how sexual health history was gathered for those over the age of 50 years old. This included STD screening such as oral, urine, and rectal tests for people living with HIV for all ages. A. McCann-Woods answered the question by saying that the Recipient had required Outpatient Ambulatory Health Services to capture Syphilis, Gonorrhea, Chlamydia and HCV screenings in CAREWare (CW) on an annual basis. Gonorrhea screenings were broken out by site. It was required that the percentage of patients with each of these screenings be reported to DHH on a bimonthly basis. The committee also wanted to know how the Recipient trained providers to increase provider trust and create a comfortable space for clients to discuss sensitive topics. A. McCann-Woods said the Recipient had a unit specifically designed to train case managers on how to interact with clients. She said they had a Case Management and Technical Assistance Coordinator who assured that the topics were covered in previously held training. She said they had not historically trained medical providers. Furthermore, she said they had presented to medical providers about sexual health. She said these meetings often included education about sensitive topics and taking an affirming sexual health history as part of the Sex Med Conference.

The next CPC question asked how the Recipient ensured that all necessary vaccines were being offered to people over the age of 50. A. McCann-Woods said the Hepatitis B vaccine was being recorded in CAREWare to help providers determine who may be eligible for the vaccine. She said the Recipient was planning to look at whether CAREWare required data entry and performance metrics. She said they may need to be revised to better capture medical needs of PLWH over 50 and that they would be considering vaccines in this discussion.

The next question involved offering PrEP and other preventative services like testing for people over 50 years old. A. McCann-Woods said all providers funded for community based testing received feedback reports that included the average age of clients tested. DHH had included a surveillance report of the age of diagnosis and other factors. A. McCann-Woods highlighted that in 2022, 13.6% of new HIV diagnoses were among people who were ages 50+. The next question asked how people who were 50+ years old had best learned and accessed necessary information. This was a previous directive. A. McCann-Woods said they were still collecting this information and would be ready in July for the allocations meetings.

The CPC were also interested in supporting the post-incarceration population. The committee wanted this population to be connected to services like housing and skill training. They had also wanted to know how care was given at local and state-level jails. A. McCann-Woods said that DHH has a working relationship with Philadelphia County Jails. Individuals who were to be released can opt-in to receive help from an organization that would ensure continuity of care including access to services like HIV care. Individuals would be linked to a case manager or navigator. She said further research was required to learn about the quality of care at both the

state and local-level jails. She then asked the committee additional questions about care at local and state levels. S. Moletteri said they were in touch with another organization to present more information about this topic. D. D'Alessandro asked whether the National Health Behavioral Survey (NHBS) had surveyed people who were over 50 years old. A. McCann-Woods said the survey focused on different populations at a time and she would look into whether they could survey people who were over 50 years old. T. Dominique said HRSA released more funding to help those with HIV expunge their sentences.

The CPC requested that DHH offered more training for providers to have more engaging conversations on substance use with clients. The goal of the request was to increase provider trust. A. McCann-Woods said, as mentioned above, DHH provided many trainings for various topics, including substance use.

The committee members wanted DHH to touch upon provider weekend/evening hours. They requested DHH conduct a needs assessment for client hours of availability and ensure that extended hours were being advertised. A. McCann-Woods said expanded operating hours were implemented as part of their End the Epidemic plan. She said additional funds were only available to Philadelphia and that the New Jersey and PA County providers were encouraged to expand their operating hours with their current Part A funds. She added that since 2022, providers who had the capacity to expand hours have done so. In August 2023, the Recipient completed an update on all Ryan White outpatient/ambulatory sites. She said all sites now provided telehealth options. She then said patients had a variety of ways to learn about expanded hours and telehealth. She listed the different ways in which providers made clients aware of their options.

Another idea generated from the CPC in the last meeting was requesting DHH to investigate how case managers were providing information to clients. A. McCann-Woods said case managers disseminated information through phone encounters, text messaging, the United States postal service, and in-person communication. During comprehensive assessments, services available to clients were discussed on a regular basis through monthly check-ins and consumer feedback groups. It was required that clients be informed of services at each encounter. All medical case manager/client encounters were tracked and monitored through progress notes written in data, assessment, plan format (DAP). A. McCann-Woods said this information can be made available upon request.

K. Carter asked if A. McCann-Woods could discuss walk-in hours. A. McCann-Woods said they had clinics with walk-in hours. She said they had agreements with their providers to give immediate aid to those who were newly diagnosed. D. D'Alessandro said whether the provider allowed walk-in appointments depended on the provider's situation such as staffing and scheduling.

Action Item:
-Co-chair Election-

S. Moletteri reminded everyone of the co-chair election process. They said there was only one nominee: G. Grannan. The committee waited for any other volunteers who would be interested in running. No other members had volunteered.

G. Grannan gave a speech where he said he was honored to serve as the co-chair.

The committee voted to re-elect G. Grannan as Co-Chair with 3 votes in favor.

Other Business:

None.

Announcements:

None.

Adjournment:

G. Grannan called for a motion to adjourn. **Motion: D. D'Alessandro motioned, K. Carter seconded to adjourn the June 2024 Comprehensive Planning Committee meeting. Motion passed: Meeting adjourned at 2:54 p.m.**

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- June 2024 CPC Meeting Agenda
- May 2024 CPC Committee Meeting Minutes