Comprehensive Planning Committee
Meeting Minutes of
Thursday, January 16th, 2025
2:00 p.m. – 4:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Keith Carter, Debra D'Alessandro (Co-chair), Pamela Gorman, Gus Grannan (Co-chair), Gerry Keys, Patrick Mukinay, Shakeera Wynne

Excused: Clint Steib

Guest: Suzan Abdallah, Wenbo Fan, Laura Silverman (DHH)

Staff: Sofia Moletteri, Tiffany Dominique, Kevin Trinh

Call to Order: G. Grannan called the meeting to order at 2:11 p.m.

Introductions: G. Grannan asked everyone to introduce themselves.

Approval of Agenda:
G. Grannan referred to the January 2025 Comprehensive Planning Committee agenda and asked for a motion to approve. **Motion:** K. Carter motioned; G. Keys seconded to approve the January 2025 Comprehensive Planning Committee agenda via Zoom poll. **Motion passed:** 5 in favor, 1 abstained. The January 2025 Comprehensive Planning Committee agenda was approved.

Approval of Minutes (*November 21st, 2024*):
G. Grannan referred to the November 2024 Comprehensive Planning Committee minutes. G. Keys said her attendance was not recorded in the last meeting. **Motion:** K. Carter motioned; G. Keys seconded to approve the amended November 2024 CPC meeting minutes via Zoom poll. **Motion passed:** 4 in favor; 1 abstained. The amended November 2024 CPC minutes were approved.

Report of Co-chairs:
G. Grannan informed the members that those who did not receive their appointment letters were unable to vote in the HIPC. He then said the bylaws did not specify voting was barred from recommended members in the subcommittees. S. Moletteri said it would be fine for recommended members to vote on the agenda and the minutes, but only full HIPC members should vote in Priority Setting. They still wanted recommended members to include their thoughts in the upcoming discussion. G. Grannan apologized for the inconvenience caused by the delay on the letters and emphasized that they valued the input from the recommended members. S. Moletteri explained that they would start setting priorities next week, at which point they hoped recommended members may be officially appointed.

Report of Staff:
None.

Presentation:
-Priority Setting Decision Process -
S. Moletteri said they would spend the next few months conducting their Priority Settings process. The last Priority Setting was in 2022 and it was their first time conducting it virtually. They hoped that they could improve upon that process this year.

The Priority Setting was a data-driven process in which they ranked services in terms of importance. Priority Setting would help guide the allocations meetings, for both decisions around funding and recommendations to DHH. However, it was important to note that funding would not determine how service priorities were set. They assured the group that there were no financial consequences for setting certain services as a low priority. Priority Setting was a federal requirement for Ryan White (RW) funding as a way to identify essential services.

In 2022, it had taken CPC 4 meetings to review all 28 services. S. Moletteri said if they had applied a similar time frame to their current process, they would complete the process in May and be in time for the Allocations meetings in July.

Priority Setting was usually completed every 3 years, but they had anticipated that it would become an annual process according to the RW Part A Manual. The three databases that helped determine priority ranking were Client Services Unit (CSU), Medical Monitoring Project (MMP), and the Consumer Survey. S. Moletteri said these databases were chosen because they had a reputation of reflecting the community utilization and need of services. S. Moletteri reminded the committee that their input would be weighted the highest when deciding which services would be designated a priority. All four scores - CSU, MMP, Consumer Survey, and Community Voices would be combined as a way to determine the final priority list.

CSU (through the Division of HIV Health) was an EMA-wide service. This 24/7 hotline allowed people to primarily access Medical Case Management (MCM), and schedule medical appointments for those newly diagnosed, lost to care, or relocating to the EMA. CSU provided information and referral services for other DHH-funded programs. They were also the center point for where grievances were processed. Because of its nature, CSU collected service need at intake.

The Consumer Survey was created by the Office of HIV Planning. The information that they would use from the survey in order to rank priorities was the percentage of PLWH who needed but didn't get a service in the last 12 months. The survey asked questions regarding a person's access to services. G. Grannan asked if the providers of these services had PrEP services. T. Dominique said they had asked providers to give the survey to people with lived experience. She said it was unlikely the survey respondents would have received PrEP.

MMP was a surveillance system that oversaw which service needs were unmet for PLWH in Philadelphia. The service was maintained through a database called the eHARS Surveillance Database. Data for MMP was collected through surveys and medical record abstraction.

The committee would be ranking the services on a 1, 3, 5, and 8 point score. 1 was the lowest rating which signified the service was not mentioned. A service that received an 8 signified that it was a service that was critical to client care.

As a way to prepare for the "Community Voices portion" - where the committee would rank the services themselves - they would review the Epidemiological infographics created by S. Moletteri and T. Dominique, the Care Continuum Data, Consumer Survey findings, Medicaid/Medicare data, and the Recipient Considerations.

S. Moletteri asked if there was any data they would like to add to their considerations. D. D'Alessandro requested that they use National HIV and Behavioral Surveillance (NHBS) data. They had recently completed a study on the trans population and D. D'Alessandro said this may have been the last time the population would be surveyed for four years. G. Grannan said they should remember that historically the government did not have a good track record of handling trans issues. T. Dominique said they would be receiving an update on CSU, MMP and the National HIV Behavioral Surveillance (NHBS) in April. The committee was glad to hear that this new information would be released before they had to make their recommendations to the Recipient in July.

T. Dominique announced the Prevention Committee would have a meeting on February 26th on Transmasculine persons. She said this population was often overlooked and did not receive enough discussion.

S. Moletteri presented the committee with the service rankings from 2022. Transportation Services, Emergency Financial Assistance, and Housing Services were some of the services that were rated highly. T. Dominique reminded that the Priority Setting was being conducted for the EMA as a whole rather than a singular region.

S. Moletteri presented the method for determining the 1, 3, 5, & 8 rankings amongst CSU, MMP, and Consumer Survey data so there was an even distribution of rankings. The following verbiage was provided:

> How did we find out how far each service need is from the overall average (the typical value) for each dataset?
>
> We are using something called a z-score. Without having to learn specifics, a z-score helps compare and contrast how the services are relative to each other. It tells us how far above or below the average a service is, measured in a consistent way.

A positive z-score means the service is reported as a need more than average and a negative z-score means the service is less needed than average.

Using z-score helps us rank the services in a way that accounts for disparities in the data. This is important because the data is not evenly spread – for example, many services are either not mentioned or have lower percentages, while a few services have much higher percentages. Using a standardized formula helps us to see the data in a balanced & logical way so we don't end up with too many services in the same category. Z-score "levels the data playing field."

After figuring out how much each service strays from the average, it has been determined that the following rankings work best and create a fair spread of 1, 3, 5, and 8.

1- This is the lowest rating which signifies there is either no mention of the service or that it deviates -0.5 or more below the average.

3- This is rating signifies a medium, or average priority. It should be prioritized as much as any other services. That is why these services are right around the average, deviating 0.3 at most from the average.

5- This rating signifies that a service is definitely needed by clients to ensure proper care. That is why these services are well above the average, deviating at most 1.3 from the average.

8- This rating signifies that a service is critical to client care. That is why these services are well above the average, deviating at least 1.4 from the average.

D. D'Alessandro suggested having an abstract to explain the Priority Setting Process and the decisions that were made. She said this would be useful for new members and others who were joining the meeting. S. Moletteri said they could have a slide in the next Priority Setting that would better explain the score ratings they were using.

K. Carter emphasized the importance of participation in the Consumer Survey. He said the more people/providers who participate, the more precise understanding they would have of the community's needs. S. Moletteri said they would try to have more providers reach out to potential participants in the next survey.

K. Carter reminded the committee that the OHP had a FAQ section on their website that could answer questions that the members may have. He said the committee should send additional questions that could be added to the FAQ. K, Carter and D. D'Alessandro suggested that they could have an option to have an in-person meeting. D. D'Alessandro said she could offer space at the Health Federation. T. Dominique said they were still having some challenges and reminded them that they were able to conduct the Priority Setting virtually before. She said she would bring their concerns back to M. Ross-Russell. She said she understood their concerns and wanted to facilitate in-person meetings while still making sure everyone could meet safely.

Other Business:
G. Grannan thanked the members for attending the meeting. He hoped that the new members would return to the next meeting.

Announcements:
K. Carter said the DoubleTree Hotel was hosting the Aging With HIV Symposium on February 20th for consumers and the 27th for providers. The committee discussed whether they should reschedule the next CPC meeting since the next CPC would fall on February 20th.

D. D'Alessandro, as a private citizen, not representing her employer, announced that there would be a People's March on Saturday at Dilworth Park.

S. Moletteri asked if they would like to have the CPC meeting on February 19th since the meeting would conflict with the Aging Symposium. Everyone agreed. They said they could also send a doodle poll to confirm with all the CPC if they would want to move the meeting to a day earlier.

Adjournment:
G. Grannan called for a motion to adjourn. **Motion:** K. Carter motioned, D. D'Alessandro seconded to adjourn the January 2025 Comprehensive Planning Committee meeting. **Motion passed:** Meeting adjourned at 3:50 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- January 2025 CPC Meeting Agenda
- November 2024 CPC/Prevention Committee Meeting Minutes