

**Philadelphia HIV Integrated Planning Council  
Prevention Committee  
Meeting Minutes of  
Wednesday, April 27, 2022  
2:00-4:00 p.m.**

Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 320, Philadelphia PA 19107

**Present:** K. Carter, G. Grannan, Kailiah King-Collins, Loretta Matus (Co-Chair), Erica Rand, Clint Steib (Co-Chair), Desiree Surplus, Adam Williams

**Guest:** Toyin Olubiyi (AACO), Javonte Williams (AACO)

**Staff:** Sofia Moletteri, Mari Ross-Russell, Elijah Summers

**Call to Order:** C. Steib called the meeting to order at 2:23pm

**Approval of Agenda:** C. Steib presented the April agenda for approval. **Motion:** G. Grannan motioned, D. Surplus seconded to approve the April 2022 agenda. **Motion passed:** 3 in favor, 1 abstained.

**Approval of Minutes (March 23, 2022):** C. Steib presented the previous meeting's minutes for approval. **Motion:** G. Grannan motioned, D. Surplus seconded to approve the March 2022 meeting minutes. **Motion passed:** 3 in favor, 1 abstained.

**Report of Co-Chairs:**

C. Steib reported that the meeting would end early today in order for members to attend the Learning CHATT. It was a peer learning session with other members of Planning Councils in different EMAs. He stated that it could be beneficial to the committee to attend and see what was happening in other EMAs.

**Report of Staff:**

No Report.

**Discussion Items:**

***–Integrated Plan Checklist–***

M. Ross-Russell updated the Prevention Committee regarding a meeting with the Recipient on April 19th to review the integrated plan guidance. In addition to discussing next steps, the roles, and expectations of OHP. This was due in part because the last integrated plan was crafted by OHP with input from HIPC members. There were a lot of meetings to determine the goals and objectives, and what those activities were. OHP staff worked with the Recipient

to look at the indicators and measurable outcomes and together they brainstormed ideas around the differences between the current version of the integrated plan and previous version. M. Ross-Russell reported that although the document was due in December 2022, it was not a lot of time.

M. Ross-Russell reported that Philadelphia was one of 48 counties that was funded to do an Ending the Epidemic Plan (EHE Plan). The first pillar was “Treat” and was about providing care. She stated that when looking at the HIV National Strategic Plan, in essence, they were talking about ensuring that individuals who know their status and/or do not know their status were actually provided with the necessary care and have access to care and treatment. The pillars in both plans were essentially the same and just had different language associated with them. Within the body of this checklist there were also places to have discussion around outcomes.

M. Ross-Russell reported that it was taking the preexisting plan and looking to expand upon and improve it to make sure it was representative of the nine counties. She stated that the executive summary was similar to the previous plan. It was an overview of what needed to be done and how to do it. M. Ross-Russell reported that the second section was community engagement and included those who were involved in the planning process. For example, the role of the Planning Council, the role of the members, whether or not a member was working with their various partners, and in this case those were New Jersey and Pennsylvania. She stated that New Jersey wanted to work together on this plan and that it was unclear about Pennsylvania’s involvement until after Dr. Brady met with them.

M. Ross-Russell reported that community engagement included how much an individual was engaged, how to engage more people, and how to have other members of the community participate in this process. The city of Philadelphia has a strategic plan as well as the EHE Plan. M. Ross-Russell reported that the next section was contributing data sets and was about the information that was already available, including the resource inventory. The resource inventory was a document and its purpose was to list all of the potential providers of services for care and prevention regardless of their funding stream within the nine counties. M. Ross-Russell reported that the resource inventory had an epidemiologic snapshot and the different funding streams that were coming into the area.

M. Ross-Russell reported that the needs assessment was the next section, which included any that have already been conducted and OHP had needs assessments that already exist in the EHE Plan. It was her hope that by the time of submission there would be an ample number of responses from the community survey that could be included. M. Ross-Russell reported that the next section was the situational analysis, which could pick up on what occurred in the EHE Plan. She stated the goals, objectives and outcomes that already existed in the EHE Plan,

and it was possible to update these goals, objectives and the measurable outcomes.

M. Ross-Russell explained further in order to give more context; in the previous plan, the goals and objectives, and the pillars were essentially identical. Meaning the primary overarching goal, which was testing, care, treatment, prevention, making sure that populations have access, etc. Those were the overarching things that existed in the previous plan. The primary difference was that the previous plan happened before Philadelphia had an EHE Plan. Now in Philadelphia there were 6 pillars rather than the primary 4. The fifth pillar being workforce enhancement and pillar zero was making the system more accessible. The final section was the planning approach and what individual's roles and responsibilities were in the drafting of the document itself.

M. Ross-Russell reported that the letter of concurrence was to come from the Planning Council related to whether or not the HIV Integrated Planning Council concurred with the written document. L. Matus asked if the Prevention Committee should take this document by sections between now and its due date. M. Ross-Russell answered affirmatively and explained that it would be completed in sections at least for the planning process. Based on history the feds would come and fill in certain sections. Additionally, once we know what exactly the Recipient would like included we could build from there.

M. Ross-Russell reported she had a meeting with the Recipient in the beginning of May and expected to have a much clearer understanding of what AACO wanted in the Integrated Plan. K. Carter asked when the due date was. M. Ross-Russell answered that the completed plan with all of its pieces was due December 30, 2022. She added that this document and its process were interesting because it had an end date of 2026 whereas most other plans had an end date of 2025.

**Other Business:**

None.

**Announcements:**

J. Williams reported that Dr. Toyin was a new staff member from AACO as a clinical prevention associate. She's a physician who has worked at AACO for the past two years on the NHPS project. Now she would be helping AACO to coordinate their clinical prep program, as well as clinical testing or testing in clinical settings. A. Williams reported that the AHS wing of the Department of Health was hiring both an HIV Community Health Worker, HIV Rapid tester, and HIV Case Manager. He posted links to the jobs in the chat for those who were interested.

**Adjournment:**

C. Steib asked for a motion to adjourn. K. Carter motioned to adjourn. L. Matus seconded the motion. The meeting was adjourned at 2:55 p.m.

Respectfully submitted,

Elijah Sumners

Additional Materials

Integrated Plan Checklist