

**Philadelphia HIV Integrated Planning Council
Comprehensive Planning Committee
VIRTUAL: Meeting Minutes of
Thursday, August 20, 2020
2:00p.m.**

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

Present: Clint Steib, David Gana, Gerry Keys, Gus Grannan, Keith Carter, Marilyn Martinez, Pamela Gorman, Roberta Gallaway, Sharona Clarke, Susan Arrighy

Guests: Debra D'Alessandro, Jessica Browne (AACO), Michael Bates, Blake Rowley, Renee Cirillo

Staff: Beth Celeste, Nicole Johns, Sofia Moletteri

Call to Order/Introductions: G. Grannan called the meeting to order at 2:02 p.m. and introduced himself as CPC co-chair. He asked everyone to introduce themselves in the Zoom chat box with their name and pronouns. N. Johns reminded attendees that they could participate in subcommittee voting whether they were members of HIPC or not.

Approval of Agenda: G. Grannan presented the August 2020 agenda for approval via Zoom poll. **Motion:** K. Carter motioned, G. Keys seconded to approve the agenda. **Motion passed:** 80% in favor, 20% abstaining.

Approval of Minutes: (*June 18, 2020*) G. Grannan presented the previous meeting's minutes for approval via Zoom poll. N. Johns reminded everyone that their last meeting they had an EHE update and prepared for allocations. **Motion:** K. Carter motioned, D. Gana seconded to approve the June 18, 2020 meeting minutes. **Motion passed:** 63% in favor, 38% abstaining.

Report of Chair:

G. Grannan reported that the allocations meetings have been completed, and this meeting is essentially the outcome of that completion. G. Grannan asked if any attendees needed an allocations recap. M. Bates asked for more information about allocations. G. Grannan said that there were a series of budget decisions made depending on funding from federal Ryan White funding sources. The grant first goes through the recipient (AACO) to distribute throughout the EMA in accordance with Planning Council decisions. Along with divvying up the money for services/regional counties, the Council was also responsible for making directives that would give extra direction for service delivery. The process is to ensure that the community can direct the way HIV services operate.

Report of Staff:

N. Johns thanked everyone, noting that participation numbers have been high. She asked that anyone who has feedback about their allocations experience, should email her

(nicole@hivphilly.org) or M. Ross-Russell (mari@hivphilly.org). N. Johns reported that she is planning trainings to help people who may be new to the community planning process. The first one would be on the annual planning cycle, and they would be every Friday from 12-1:30 p.m. She reminded the group that staff was still working from home. If anybody needed to get in touch with staff, send personal emails or generally email info@hivphilly.org.

Public Comment:

None.

Discussion Items:

COVID-19 Survey Tool Review—

N. Johns explained that COVID-19 has largely impacted PLWH and the service delivery system. This exact impact is still unknown. The recent allocations process planned for March 1, 2021, and discussion heavily revolved around how COVID-19 would affect service delivery in the future. Therefore, the Council has decided to do a COVID-19 survey to gauge how PLWH have been affected. N. Johns added that AACO and OHP staff worked together to add the questions in the Medical Monitoring Project (MMP) about COVID-19 to the HIPC survey, because each would reach different populations and then responses could be compared. N. Johns noted that some of the HIPC survey questions have changed and that she would walk the committee through these changes. She also acknowledged that CPC had original questions of their own on the survey as well.

N. Johns said that the survey would be completed through Survey Monkey. To keep the survey short, there were not any questions about symptoms, because such questions are not applicable to HIPC's main concerns (service delivery, income fallout, etc.). For question 4, "Lost wages from your work for one week or more because of COVID-19," G. Grannan suggested changing "wages" to "income."

N. Johns continued to read the COVID-19 survey questions. Regarding getting HIV medications through the mail (questions 5 & 6), G. Grannan suggested a broader question that would include other reasons. For example, COVID-19 may have been a barrier to accessing medications, but so could any issues with the Postal Service. K. Carter said treatment disruption might be better wording for these questions as well. N. Johns noted that if the wording was changed in some of the questions, they can no longer compare MMP and the HIPC survey. It may be best to add questions or add clarity to any questions if needed. G. Grannan mentioned how he heard of some patients' lab results going missing. Previously, this had been a rare occurrence, so this may be important to investigate.

N. Johns continued to read the rest of the questions until she reached the questions in blue font. She explained that these questions were developed by CPC and OHP. K. Carter noted that Question #13 asks the respondent to explain their issues with accessing transportation, medications, or food. This would be an opportunity for people to clarify why they had trouble accessing medication and if it is because of the mail as G. Grannan mentioned earlier.

D. D'Alessandro asked about Question #14 regarding medical case managers question and if the question should specify "HIV" medical case manager. K. Carter agreed that they want to specifically note "HIV" case managers. G. Grannan asked if the explanation should exclude "if yes" so anyone can explain their experience regardless of their answer for questions #13 and #14. G. Grannan noted that people can have multiple case managers which is sometimes the issue.

D. D'Alessandro added that Question #14 about an HIV case manager should have "I don't have an HIV MCM" as an option. M. Martinez suggested a specific question about an issues with Logistic Care for transportation. K. Carter mentioned how Logistic Care has presented problems in the past. He asked about going to the recipient for a grievance form for clients. N. Johns said that Logistic Care has a complaint process, but that clients can also call into AACO if they have issues with Logistic Care so grievances can be documented.

M. Bates asked about contact tracing and how the city was doing with the process. N. Johns said that she could not speak to this. D. D'Alessandro said that Health Federation has been working with the COVID-19 Containment Unit (CoCo Unit) and they are still working on the hiring process for contact tracers. Therefore, some cases have been prioritized because of staffing and ability.

J. Browne asked if this survey was also available in Spanish. N. Johns said that the office should be able to have the survey translated.

N. Johns asked if Question #27 (Including you, how many people lived in your household during the COVID-19 outbreak? "Lived in your household," means anyone staying in your home for more than 1 week) had value to the group. P. Gorman said that she wasn't sure the question was applicable for housing needs. N. Johns suggested that the question might speak more to social isolation and loneliness/mental health. P. Gorman asked if there is room for someone to tell OHP that they have couch surfed. N. Johns said this answer would be captured under the question, "Did you ever move in with other people even for a little bit?" N. Johns said that they could put Question #27 in the "parking lot" and come back to it if needed.

For the income question #30, D. D'Alessandro, said that the numbers might be confusing and strange since they are not in increments of 5. N. Johns said that they could not change it so the data could be compared to MMP. However, they could switch it so that annual numbers are first since they are rounder numbers.

G. Grannan suggested the answer "I don't know" to the question about type of health insurance. D. D'Alessandro asked if there was a question about people being responsible for any children. She said that since kids may not be in school right now, this is especially an important question. N. Johns asked if the group wanted a question specifically about children or taking care of people in general (e.g. a child, a parent/grandparent, someone who is ill, etc.). G. Grannan said that the question can be about acting as a caretaker generally and ask the respondent to specific the relationship or nature of the care. D. D'Alessandro said that adding the ages of children might also be helpful. P. Gorman suggested making the question about caretaking a yes/no with a "please explain" section. C. Steib said that the question should also ask how many people the respondent has in their care.

G. Grannan said that taking care of children is very important, but care for elders can also be equally as much of a barrier. Therefore, he felt the question should include all ages for caretaking. K. Carter said the question can simply ask the ages for people in care, including children. N. Johns said that she could also look at the MMP tool for caregiving questions to find phrasing that would summarize the data the committee wants to collect. N. Johns said that they could have an informal meeting about the survey if needed. OHP has to submit the survey to IRB though it will likely be exempt. She said she could provide an update via email about the survey and IRB to gauge whether or not the committee wanted to have another survey-related meeting.

J. Browne asked how the survey would be advertised. N. Johns said that this is important, and that they could rely on the Planning Council to help and distribute the survey to their connections. N. Johns asked if it was okay to have another call before the survey was given to the IRB. G. Grannan said this would be okay.

—Review and Prioritization of Topics from Allocations—

G. Grannan said the committee would now review the topics from allocations. G. Grannan asked if the group wanted to put the topics in an order based on priority. N. Johns reminded everyone that the topics came from the allocations meetings. These were potential directives which the Planning Council assigned to CPC to work on throughout their planning year.

N. Johns pulled up the slide “From allocations meetings.” The list was as follows: assessing needs of elders with HIV and barriers, assessing psychosocial support services (resources available and barriers), assessing the training needs of frontline workers, and assessing/the hiring/onboarding process of MH and BH workers to reduce delays. N. Johns mentioned how these were all topics of which AACO was already addressing, which is why the topics came to the committee. This would be part of an ongoing dialogue. The topics may lead to formal directives, but for now they are for CPC to discuss.

K. Carter noted that past needs assessments had shown a lot of patients have bad experiences as soon as they walk in the door. He explained that this may be a high priority and that cultural competency training may be important for frontline workers. G. Grannan said that poor treatment from frontline workers may indicate a more structural issue with the agency as a whole. Assessing needs of frontline workers may be a good idea, but they cannot only look on the individual level of frontline workers, especially if there is a high turnover for that position. P. Gorman agreed with G. Grannan, saying this may be a more systemic issue that the committee would need to break down.

K. Carter said that frontline staff should be bilingual. P. Gorman pointed out that this is also a systemic issue: are agencies hiring staff appropriate for the communities they serve? D. D’Alessandro said that though language and cultural competency can be large barriers, the origin of this topic from allocations had to do with PrEP. Someone from the allocations meeting recalled a patient calling into an agency and asking about PrEP, but the frontline worker did not know what it was, how to help, or where to direct the patient. Therefore, she suggested the committee reframe this topic to focus on training frontline staff on “HIV 101” and available

resources/services at their agency. G. Grannan said that language barrier was an example of how issues can be agency-wide, and he agreed that HIV training also touched on such an issue. N. Johns agreed that this pointed to a larger, general issue for agencies as a whole.

B. Rowley noted that Gilead was rolling out a modular Cultural Humility and HIV Training for agencies. He said that if anyone was interested, they could contact him. C. Steib said the Human Rights Campaign, Fenway Institute had a training on gender that could be added as a resource to train medical staff and agencies. J. Browne said that barriers to care from frontline may involve training, but there may also be a myriad of other reasons that need to be uncovered and assessed (e.g. hiring policies, workload, etc.).

Moving onto the other topics, G. Grannan said that while it is true AACO funds psychosocial services—mental and behavioral health—there is also another City department which deals with such services. For this topic, he suggested the committee look at what AACO’s scope of action is. If they are looking to put the topics in order, he suggested placing Behavioral Health and Psychosocial Support Services at the end of the priority list. M. Bates suggested that the topic about the elder population be at the beginning of the list since this population is going to double and triple.

—Update on Integrated Plan/Monitoring—

N. Johns said that CPC also needed to monitor the Integrated Plan which runs through 2021. She said that their current plan is valid from 2017-2021 and that they now have a couple more years of data to consider.

—Committee Work Plan from 2020-21—

N. Johns said that they should now plan for the calendar year. She added that there is data that backs up M. Bate’s point about elders and the aging population of PLWH. New York City also just managed an in-depth needs assessment of elders which the committee could follow.

G. Grannan proposed that the committee go through with the order that M. Bates suggested. C. Steib asked if the assessment of Psychosocial Support Services would involve the onboarding for Mental Health and Behavioral Health and if they could be paired. N. Johns said that they could be, but in a technical Ryan White service category sense, they are different. Mental Health and Substance Use Treatment are separate from Psychosocial Support. P. Gorman expressed her concern for the Ryan White’s system to handle the onboarding issue and suggested that assessing needs and barriers for Psychosocial Support would be more feasible. D. Gana suggested that Psychosocial Support might need to be prioritized because of COVID-19 and social isolation.

K. Carter asked if the group wanted to address Psychosocial in September 2020/October 2020. P. Gorman said they could do this and discuss assessing needs of elders in September 2020 and then Psychosocial in October 2020. M. Bates said that the elder community is at risk during the pandemic as a more vulnerable population. P. Gorman said that in October 2020, the committee could work on Psychosocial but also address any unresolved or unfinished business from the

elder discussion. She added that the last two topics could be discussed in November 2020 or be tabled until the first two priorities are completed (elder/Psychosocial).

K. Carter suggested they discuss assessing the needs of elders in September/October 2020 and work on Psychosocial Support in November/December 2020. K. Carter said that this would give them time to gather information from other EMAs as well.

K. Carter said that the topic of onboarding is important, but it should be last on the priority list. P. Gorman agreed, saying they should first check if it is in the Ryan White purview.

D. D'Alessandro suggested that since HIPC and their assessments are separate, they should not have to look at other calendars to help with timing and topics. N. Johns said that though this is true that timing does not matter for assessment, HIPC has a lot of influence because of legislative responsibilities and roles. HIPC may not deal with agencies on the individual level, but they do have control over how the system is run and services are provided. N. Johns also reminded the group that the recent allocations decisions were for March 2021-February 2022. HIPC would not find out the budgets until February 2021 at the earliest. N. Johns said that the Council would have to approve the budgets eventually. Therefore, if CPC has any recommendations, they can bring them to the Council as well as think about what to bring to next year's allocation.

G. Grannan noted that onboarding was brought up in allocations, because there was significant underspending in Mental Health and Substance Use service categories due to onboarding. N. Johns said that AACO first needs time to collect information from agencies about onboarding. It is possible that the committee could receive information on training policies by February 2021, though they would need to make sure that this timeline is reasonable. The calendar schedule, she reminded, is also flexible and can be changed as needed.

D. Gana said that doing Psychosocial in September 2020 might be better since assessing needs of elders may take at least 4-5 months. K. Carter suggested that issues and barriers with Psychosocial first be identified by AACO in relation to COVID-19. P. Gorman said that older individuals are at extreme risk for COVID-19, and their needs are immediate. M. Bates said that this population is also often ignored within Philadelphia. He said that if there were a second wave, this population should be prioritized.

N. Johns said that they should also keep in mind that the survey tool for COVID-19 would not be usable before mid-October. The survey would more information around Psychosocial needs. Therefore, it might make sense to wait until November for more discussion so they will have more data. N. Johns said that the assessment of elders' needs and Psychosocial can be ongoing discussions. They could focus on elders' needs for a few months and take breaks and detours if needed.

G. Grannan said that Mental Health and Behavioral Health assessment of onboarding and training of frontline staff were still unplanned. N. Johns said that they have their agenda set for the next three months, so they could pencil in other topics as needed. N. Johns noted that CPC would also have to do priority setting in the spring of 2021. This process typically takes three months, so spring is already booked.

G. Grannan summarized that they would have the assessment of elders' needs for September and October of 2020, focus on Psychosocial in November and December of 2020, and leave the last two topics for January and February of 2021.

Old Business:

None.

New Business:

None.

Announcements:

G. Grannan announced that the end of the month, International Overdose Day. He asked everyone to keep PWID in mind on August 31st.

C. Steib announced that this past Tuesday, August 18th, was the 30th anniversary of the Ryan White Care Act. He congratulated everyone on 30 years of hard work.

Adjournment:

G. Grannan called for a motion to adjourn. **Motion: C. Steib motioned, D. Gana seconded to adjourn the August 2020 Comprehensive Planning Committee meeting. Motion passed: All in favor.** Meeting adjourned at 4:02 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at meeting:

- August 2020 Comprehensive Planning Meeting Agenda
- June 2020 Comprehensive Planning Meeting Minutes