

**Philadelphia EMA HIV Integrated Planning Council (HIPC)  
Comprehensive Planning Committee  
Meeting Minutes of**

**Thursday, May 16, 2019**

**2:00 p.m. – 4:00 p.m.**

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

**Present:** Keith Carter, Mark Coleman, Maisaloon Dias, David Gana, Pamela Gorman, Gus Grannan, Gerry Keys, Brian Langley, Nicole Miller, Joseph Roderick, Eran Sargent, Gail Thomas

**Absent:** Terry Flores-Sanchez, Janice Horan, La’Seana Jones, Jeanette Murdock, Adam Thompson, Lorrita Wellington

**Excused:** Peter Houle

**Guests:** Melvin Anderson, Jessica Browne (AACO)

**Staff:** Nicole Johns, Briana Morgan, Mari Ross-Russell

**Call to Order/Introductions:**

D. Gana called the meeting to order at 2:06 p.m. The group then introduced themselves.

**Approval of Agenda:**

D. Gana presented the agenda for approval. **Motion:** G. Keys moved, B. Langley seconded to approve the agenda. Motion passed: All in favor.

**Approval of Minutes:**

D. Gana presented the March meeting minutes for approval. **Motion:** K. Carter moved, G. Keys seconded to approve the March 2019 meeting minutes. Motion passed: All in favor.

**Report of Staff:**

N. Johns reported that the Positive Committee would be holding a special meeting on the evening of Tuesday, June 18 from 6 – 8 p.m. She noted that the meeting would feature two guests, including Dr. Kevin Moore, who would discuss how to take care of one’s own mental health, and a presentation from ACT UP about an upcoming symposium. She asked anyone planning to attend to RSVP. She explained that they hoped to provide an opportunity to participate in the Positive Committee for people who are unable to attend during the day.

N. Johns reported that the next Brown Bag program would be held at lunchtime on Friday, June 7. She stated that the event would be an introductory workshop around gender and sexuality terminology, so that the Planning Council could have a shared framework. She stated that shared language was important. She noted that the target audience was Planning Council and HIPC meeting attendees.

N. Johns reported that the Planning Council would host a social following their June 13 meeting. She stated that this would be a good time to bring a friend or colleague who would be interested in learning more about the HIPC.

B. Morgan reported that the Office of HIV Planning (OHP) would have a table at the upcoming HIV Prevention and Education Summit, and invited those present to stop by.

### **Report of Chair:**

- **Co-Chair Election**

D. Gana stated that there were vacancies for two Comprehensive Planning Committee co-chairs, and asked if anyone was interested in the opportunity. N. Johns noted that D. Gana was only filling in temporarily. M. Ross-Russell explained that being a co-chair involved facilitating Comprehensive Planning Committee (CPC) meetings, attending Executive Committee meetings, and working with OHP staff to plan for meetings. She went on to say that OHP staff were available to assist the co-chairs. M. Dias asked about the time commitment for co-chairs. M. Ross-Russell replied that they would need to attend the CPC and HIPC meetings, as well as quarterly Executive Committee meetings. N. Johns stated that there may be a couple of emails between meetings, but that would be all. M. Ross-Russell noted that committee members could nominate themselves or someone else for the co-chair positions.

G. Thomas volunteered to run for co-chair. M. Ross-Russell noted that they would ideally have two co-chairs in the event that one co-chair was unavailable for a meeting. The group then discussed potential nominees. M. Dias volunteered to run as well.

The group approved G. Thomas and M. Dias as co-chairs by general consensus.

### **Discussion Items:**

- **Finalize Priority Setting Process**

N. Johns reminded those present that the group had been working to finalize its priority setting process at its last meeting in April. She asked the group to review the service priority setting worksheet (*see – attached handout*). She noted that the top three factors in their worksheet (Consumer Survey, Medical Monitoring Project, and Client Services Unit Need at Intake) were evenly weighted at 20%, while Community Voices was weighted at 40%. She stated that this worksheet would be completed for each service category.

N. Johns reminded those present that two new pieces of information had come to the committee's attention in March. She noted that they had learned that CSU data only captured a handful of clients in New Jersey, due to case management intake processes in New Jersey. She explained that there was concern that New Jersey was not represented in this data source. She next stated that there had been additional concern because the Medical Monitoring Project (MMP) data only included Philadelphia residents. She concluded that the committee had not reached a conclusion as to how they would like to proceed in the face of these limitations, noting that the Planning Council had used these data sources for many years.

N. Johns stated that one option was to move forward with the sources and weights as they were, since all data have limitations. She explained that the committee could also decide that they do not want to move forward as previously planned, which would require developing an alternate plan. She further explained that they had originally wanted to complete this process before the allocations meetings in July, since the priority setting results could inform the allocations process.

M. Coleman asked about barriers to mental health services, including health insurance coverage for those services. He further asked if there was enough funding available for mental health services. N. Johns replied that no system was funded to the level it would have to be to meet the need. She explained that part of the work of the Planning Council was to look at these needs and gaps, and use that information to develop a service system that addresses those needs and gaps.

N. Johns returned to the priority setting process, asking the group if they would like to proceed as previously planned. M. Ross-Russell stated that they would need to determine whether they would like to move forward with priority setting, even knowing about the limitations in the data. She reminded those present that there would be no perfect data set, but that they could combine the data they have collected over time with the expertise of the people in the room. She noted that, if they chose to do something else, they would need to identify what that something else would be.

G. Keys suggested that they continue with what they have, because it was important to complete the priority setting process before the allocations meetings. She noted that they would never have all of the data that they wanted, but that they could make good decisions with what they did have.

P. Gorman stated that case managers were co-located with clinical sites at Part A providers in New Jersey. She explained that these providers previously did not believe it was necessary to complete case management intake through the Client Services Unit since case management services were co-located with medical care. She noted that AACO did want New Jersey to provide the same information that was being provided in the rest of the EMA, so AACO and New Jersey would be working together on this moving forward. She added that this was only beginning this year. N. Johns noted that this would then be a more complete data set moving forward. P. Gorman stated that she thought the current priority setting process was very helpful, and that they have been getting some very good information. She went on to say that she really liked the way their process and progress have been going.

The group unanimously agreed to approve the service priority setting worksheet. N. Johns stated that they would conduct the priority setting process in June. She noted that she would plug the first three numerical figures into the spreadsheet before the meeting, so the group would have more time to discuss the subjective scoring for the fourth factor during the meeting. She noted that everyone's vote would be factored into the final score for the Community Voices factor, and that the meeting would include the opportunity for members to share why they were voting a certain way and to change their scores if they so chose.

- **Preparations for Regional Allocations**

N. Johns stated that this would be an opportunity to consider how the group's discussions in preparation for the priority setting process would help them in the allocations process. She reminded the group that they were responsible for making allocations decisions for about \$20 million in Part A funding. She stated that the committee spends a lot of time looking at need, and asked the group to reflect on the data they had reviewed about need over the past year. She explained that it was their responsibility as a community to be the experts on service needs. She reminded those present that the Integrated Plan and the Epidemiologic Profile were excellent resources.

M. Ross-Russell stated that the recent presentations and discussions in the Planning Council were part of assessing needs and identifying what was happening in their community. She explained that all of this information would impact how they would make decisions about allocations. She also reminded those present that this information would combine with individual expertise so that the Planning Council could make the best decisions possible. She noted that this was the reason why there were required representation categories on the Planning Council – because members had deep levels of knowledge about specific subject areas. She concluded that they wanted to ensure that the priority setting and allocations processes were as representative and as thorough as they could possibly be. She added that nothing was written in stone, that things could change, and that they could change anything as long as they were able to explain it. G. Keys stated that it was very important for community members and consumers to participate. She explained that they often would get comments after the process was completed, but that people had the opportunity to participate in the process. D. Gana replied that they should be sure to announce this at the Positive Committee. M. Ross-Russell stated that people needed to participate in order for their voices to be included. D. Gana agreed, adding the saying, “Nothing about us without us.”

**Old Business:**

- **Racial Equity Workgroup**

M. Ross-Russell stated that the Racial Equity Workgroup was announced at the Planning Council once again, and that no one had volunteered to participate. She went on to say that N. Johns had attended a Pennsylvania HIV Planning Group meeting that included a presentation from the PA Office of Health Equity. She stated that she would have a call with this office on May 29. She explained that it might be helpful to have them come talk to the Planning Council about what they are doing at the Commonwealth. She went on to say that the committee needed to define what they meant by “racial equity,” so it could be helpful to have a group that is already working on this come to speak with the Planning Council. She suggested that the Planning Council revisit the workgroup after that presentation.

M. Ross-Russell reminded those present that the request for a workgroup had come about after a community member had made a public comment during a Planning Council meeting regarding racial equity in services. She explained that the committee had then taken this a step further, and had wanted to look at racial equity within the Planning Council. She noted that OHP staff had looked to the PA Office of Health Equity for assistance, since they had not had any volunteers for the Racial Equity Workgroup.

N. Johns stated that the Executive Committee had also discussed this issue, and that they had suggested that M. Ross-Russell invite Planning Council members to volunteer for the workgroup again. She noted that they discussed the possibilities moving forward, which included tasking various committees with racial equity-related tasks or having the Comprehensive Planning Committee take the work on in the fall. She stated that the Executive Committee endorsed the idea of working on racial equity, but that the methods would depend on whether they had enough participants for a separate workgroup. She noted that this was important work, so they would need to figure out how to do it. She added that the invitation to participate in this workgroup was a standing invitation.

**New Business:**

None.

**Next Steps:**

N. Johns asked those present to invite a friend to priority setting, as well as the Positive Committee evening meeting, Brown Bag workshop, and HIPC social. D. Gana asked if they would have tokens available for consumers for the priority setting meeting. M. Ross-Russell replied that she would look into this.

**Announcements:**

D. Gana announced that the LGBT Elder Initiative had a new group called “Thrivers,” for people who were not just long-term survivors, but were thriving. He stated that this month’s topic would be “Living on a Dime,” and would be about how to stretch money and use the resources that a person has. He noted that there was a flyer on the board in the conference room.

G. Grannan announced that June 2 would be International Whores Day.

D. Gana thanked M. Dias and G. Thomas for stepping into the co-chair positions.

**Adjournment:**

**Motion:** G. Keys moved, D. Gana seconded to adjourn the meeting at 3:03p.m. **Motion passed:** All in favor.

Respectfully submitted,

Briana L. Morgan, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes of March 21, 2019
- Service Priority Setting Worksheet 2019
- HIPC Priority Setting April 2019 Gaps in Service as Reported by Consumers by Percent
- Racial Equity Workgroup Purpose and Scope
- OHP Calendar