Philadelphia EMA HIV Integrated Planning Council (HIPC)
Comprehensive Planning Committee
Meeting Minutes
Thursday, August 15, 2019
2:00 p.m. – 4:00 p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: Keith Carter, Mark Coleman, Lupe Diaz, David Gana, Gerry Keys, Clint Steib, Gail Thomas (Co-Chair)

Guests: Jessica Browne (AACO)

Staff: Nicole Johns, Briana Morgan

Call to Order/Introductions:
G. Thomas called the meeting to order at 2:10 p.m. Those present then introduced themselves.

Approval of Agenda:
G. Thomas presented the agenda for approval. **Motion:** G. Keys moved, D. Gana seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes *(June 20, 2019)***:**
G. Thomas presented the June 20, 2019 meeting minutes for approval. **Motion:** D. Gana moved, G. Keys seconded to approve the June 20, 2019 minutes. **Motion passed:** All in favor.

Report of Staff:
None.

Report of Co-Chair:
None.

Action Item:

- **Co-Chair Elections**

  N. Johns reported that the committee needed another co-chair. She explained that M. Dias had been elected earlier that year but moved to another city. She noted that committee co-chair nominations were available to any Planning Council member in good standing. The group agreed to table the election until their next meeting.

Discussion Items:

- **Priority Setting Debrief**

  N. Johns reminded those present that they conducted priority setting at their last meeting, and that the results were then approved by the Planning Council. She explained that the group would discuss their process and results *(see – attached handout)*, noting that that any services that were highlighted in yellow had moved at least three slots in the ranking.

N. Johns asked those present what they liked about the process. G. Keys said that she liked the process and thought it went smoothly. She stated that the scorecards for voting had worked well and prevented any pressure that people should vote a certain way. She said the explanation of the service categories went well. She stated that they wanted the public to come, but that each year, they had attendees who had not been to any previous meetings and interrupted with questions that had been answered before. She noted that she thought this would remain the same in the future. L. Diaz agreed that this could be burdensome. She stated that she did try to remind people that priority setting was part of a larger picture, and that she recommended that people who wanted to be more involved join the Planning Council. G. Keys explained that only coming to the one priority setting meeting made it hard to fully participate.

N. Johns explained that this happened every time they did priority setting, but that the Council kept their meetings open to the public. She said that they could require attendees to come to an additional meeting before they could participate in a decision-making process, which is not something that had ever happened before. She explained that the Planning Council ultimately voted on anything that came through committee, so the committees were open to full participation from community. She noted that any problematic decisions could then be checked by the Planning Council.

M. Coleman asked for the definition of public comment. N. Johns replied that anyone was allowed to participate in discussion in committees, and in the Council. She noted that there was a specific time in the Planning Council meeting that was designated for public comment, and that anyone could address the Council during this time. She stated that co-chairs could limit discussion to keep things on track, based on time and other criteria. K. Carter stated that they were open to hearing from community members, but that they needed to keep things relevant to the discussion. L. Diaz said that part of the job of the co-chairs was to ensure that they address everything on the agenda in order, and to complete their business at every meeting.

The group then reviewed the priority list. M. Coleman stated that there were a lot of people who did not have housing, and that it was important that they prioritize that. N. Johns noted that housing was ranked at #1. D. Gana stated that housing would be better addressed at HOPWA meetings, since Ryan White could not provide permanent housing. K. Carter added that they could only provide temporary housing, up to 24 months. He explained that housing was a constant issue, and that they were doing the best they could with what they had. D. Gana added that the cost of living had been increasing, and HOPWA dollars were not going as far.

N. Johns redirected those present to the list, reminding them that there had been some significant changes. L. Diaz pointed out the rise in mental health and substance abuse services, noting that this made sense since they were in the middle of an opioid crisis. She stated that she liked seeing this, because it reflected the issues they were seeing. N. Johns stated that she had included a sentence in the Part A application about the changes in their priority list due to the opioid crisis and changes in the life cycle of PLWH. L. Diaz stated that she had just noticed the drop in health education/risk reduction. N. Johns replied that they

had talked a lot about definitions, and that it would make sense for a category to fall to the bottom since other services were going up. K. Carter stated that there had been a change in the "community voices" factor, and that they had very specific criteria this time.

L. Diaz stated that child care services had also been dropping lower. N. Johns agreed, noting that it had been toward the bottom for several years. L. Diaz asked if this was because they had never funded the service. N. Johns replied that this service had received two scores of 1 in the Medical Monitoring Project (MMP) and Client Services Unit (CSU) columns. She suggested that they revisit this under the allocations portion of the agenda. L. Diaz noted that care outreach had also dropped a lot, noting that she wondered if the loss of a champion of the service on the Planning Council had made a difference.

K. Carter pointed out that non-medical case management also dropped significantly. N. Johns agreed, noting that they had focused more on the definition this year. She explained the new medical case management model had not yet rolled out at the time of the last priority setting process in 2017. She concluded that they had had a different conversation at the time. G. Thomas asked what health insurance premium/cost-sharing assistance was. N. Johns replied that it was money to pay for health insurance. M. Coleman asked for clarification on non-medical case management. N. Johns explained that this was referrals not focused on medical outcomes, and they did not fund this category in their system. She noted that medical case managers handled anything that non-medical case managers would in the Philadelphia EMA's system.

G. Thomas noted that she needed some helpline cards because other organizations did not have them. J. Browne noted that she could pick them up from AACO.

N. Johns added that priority setting did not dictate funding priorities, but that the priority list did help the Planning Council when they were making decisions about services. She noted that priority setting was a legislatively-required activity of the Planning Council.

- **Allocations Debrief – Identify areas for assessment/inquiry**

N. Johns stated that she would be going through the notes from the allocations meetings, explaining that the group could use this information to inform their meetings and discussions for their next update to the Plan as well as Ending the HIV Epidemic preparations. She went on to say that they had had some extensive conversations about transportation, noting that they wanted to ensure that no one missed a medical appointment due to transportation. She explained that they looked at substance abuse services as well, including syringe access. She added that substance abuse had come up in all the meetings.

N. Johns stated that there had been a lot of concern about access to substance abuse treatment for people who are uninsured, and that there had also been a lot of talk about medication-assisted treatment (MAT). She noted that the Planning Council had also allocated funding to MAT in Philadelphia the previous year. She stated that there had been questions about how transportation was provided in different locations, and concern about the new SEPTA cards making it hard for people to use the system. D. Gana noted that they had been able to get one-way trip cards from SEPTA, which were better than the two-way trips since two-way

trip cards had to be used the same day. G. Thomas noted that she had had experiences where the cards had been used already. N. Johns suggested that she follow up with the organization that had provided the cards.

N. Johns noted that the group in the suburbs talked about difficulty with access to mental health services. B. Morgan added that they had specifically talked about a gap in mental health providers with the ability to prescribe medications, noting that people could often see therapists but did not have access to a prescriber. D. Gana stated that there was also an issue related to access to nutrition counseling in the PA suburbs.

The group then discussed ambulatory care. N. Johns noted that there was not a Ryan White medical provider in Bucks County, nor was there a federally-qualified health center (FQHC). She stated that there was a lack of dental providers who would treat PLWH in the counties. She noted that everyone in the EMA could access Ryan White services anywhere in the EMA.

M. Coleman asked if the counties outside of Philadelphia were aware of the opioid crisis. N. Johns replied that they were aware, although funding for substance abuse services worked differently in these counties, and came through the state. K. Carter noted that there was a lot of conversation about this in Bucks County, and B. Morgan agreed that these conversations had been happening with the general public for several years. The group then discussed contrasts in attitudes to opioids in Philadelphia as opposed to outlying counties.

N. Johns stated that there had been a question about how child care was provided within the EMA, and specifically in Southern New Jersey. She noted that she had done some basic research, and that the provision of child care was provided in an ad hoc process at each organization. She explained that, in some places, someone who worked at a provider would take care of a baby while a parent or grandparent was at the appointment. She noted that she was going to talk to providers who were seeing women of childbearing age to ask how parental responsibilities were affecting access to care.

K. Carter described a play area at an organization in the PA Counties. He asked if there were liabilities involved. N. Johns agreed, noting that there was special liability insurance to get. K. Carter asked if children could go into appointments with their parents. N. Johns replied that it depends on the provider, and that this was not an equitable system. B. Morgan noted that there were a lot of grandparents raising small children, particularly in the face of the opioid crisis, so many older people may require child care as well. G. Thomas noted that public assistance would only provide child care for people who were working. K. Carter asked if they needed to identify the total number of people with HIV who need child care. N. Johns replied that this was part of what they needed to consider. J. Browne stated that AACO did not have complete figures on that, although it might be listed as another barrier to care. N. Johns stated that the consumer survey asked if people support anyone else with their income, but they have never asked about children. K. Carter asked if they could ask about children in future surveys, and N. Johns agreed. N. Johns stated that they could also do a survey just about this topic. K. Carter stated that some people also take care of older relatives. N. Johns agreed, noting that there were existing services for disabled and elderly

people who need care. She stated that they could ask people if their caring responsibilities were preventing them from accessing care. She explained that they could look at the impact of caregiving, although the impact would be different in terms of who they were caring for. J. Browne stated that, in the future, AACO might be able to look to the Data to Care Initiative for relevant data.

K. Carter asked if they were seeing an increase in Hepatitis C among babies. N. Johns replied that there were programs around pregnant people who have Hepatitis C to prevent transmission.

N. Johns stated that they would also get more information about what was being provided under "other professional services."

N. Johns stated that there were also always issues around housing and direct emergency financial assistance (DEFA). She stated that there had also been increases in utilization in oral health care in New Jersey, and that there were only so many providers who would provide the service.

N. Johns stated that they had also talked about access to translation and interpretation in real-time when trying to access services. She noted that interpretation was supposed to be available, but was not always provided. K. Carter asked how this process worked. J. Browne stated that the CSU used Language Line when needed, and that they included preferred languages when referring a new client to a medical case manager. She explained that, ideally, the medical case manager would then use the Language Line or attend the medical appointment with the client. N. Johns stated that a real-life scenario might involve a person coming into an organization, and providers having a difficult time identifying the language that person is speaking. She stated that there could also be issues around whether information is conveyed accurately in medical settings. J. Browne noted that this applied to a small number of clients coming through intake. She added that the Language Line was often hard to figure out. G. Thomas asked if they should do a survey. N. Johns replied that translation of a survey into multiple languages was resource-intensive, and that it can be difficult to reach the populations who would use it.

- **Planning for 2019 – 2020**

N. Johns suggested that the committee use its next meeting to plan for the next year, due to time. She noted that they could consider the true gaps related to a lack of prescribers in mental health services.

M. Coleman asked if care outreach provided funding for organizations to pass out condoms. N. Johns replied that care outreach helped PLWH get into care. She noted that these activities provided through different service categories.

K. Carter stated that they should talk about syringe access and disposal both inside and outside of Philadelphia. He explained that people should be able to pick needles up without a risk of going to jail. N. Johns stated that syringes had to be transported to a location that would dispose of them. G. Keys noted that some people put used syringes in bleach bottles.

K. Carter stated that he also had some questions about safer injection sites. N. Johns noted that she had reached out to Safehouse to see if they would like to come speak with the Planning Council. K. Carter stated that they needed to be able to get people clean supplies to prevent transmission of Hepatitis C and HIV.

Old Business:
None.

New Business:
None.

Review/Next Steps:
None.

Announcements:
M. Coleman announced that Philadelphia FIGHT and partner organizations would be reading names of people who died of overdoses at the federal courthouse the following Monday.

Adjournment:
The meeting was adjourned by general consensus at 4:00 p.m.

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from June 20, 2019
- Philadelphia EMA Planning Council Priority Setting Tool
- 2019 – 2020 Planning Calendar
- OHP Calendar