Comprehensive Planning Committee
Meeting Minutes of
Thursday, March 21th, 2024
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), Gus Grannan (Co-Chair)

Guest: Ameenah McCann-Woods (DHH), Laura Silverman (DHH), Blake Rowley, Melanie Mercado

Excused: Gerry Keys

Staff: Sofia Moletteri, Tiffany Dominique, Mari Ross-Russell, Kevin Trinh

Call to Order: D. D'Alessandro called the meeting to order at 2:15 p.m.

Introductions: D. D'Alessandro asked everyone to introduce themselves.

Approval of Agenda:
D. D'Alessandro referred to the March 2024 Comprehensive Planning Committee agenda and asked for a motion to approve. S. Moletteri said the agenda was missing the updated infographics agenda item. **Motion:** K. Carter motioned; D. D'Alessandro seconded to approve the amended March 2024 Comprehensive Planning Committee agenda via roll call. **Motion passed:** All in favor. The amended March 2024 Comprehensive Planning Committee agenda was approved.

Approval of Minutes (*February 15th, 2024*):
D. D'Alessandro referred to the combined February 2024 Comprehensive Planning Committee minutes. **Motion:** D. D'Alessandro motioned; K. Carter seconded to approve the February 2024 CPC meeting minutes. **Motion passed:** All in favor. The February 2024 CPC minutes were approved.

Report of Co-chairs:
None.

Report of Staff:
M. Ross-Russell said the HRSA site visit was scheduled for July. She said this had presented a problem since they normally would conduct the allocations meetings during this period. M. Ross-Russell said they had spoken with their project officer about the schedule conflict and were awaiting to see what would happen next.

S. Moletteri said they and T. Dominique had presented the epidemiological infographics in the last HIPC meeting. They have updated the infographics based on the feedback they received and would be uploading the infographics on their website.

Discussion Item:
-Review of Service Standards-
A. McCann-Woods continued with her presentation on the service standards. The first service reviewed was Medical Transportation Services which provided non-emergency transportation to clients so they could be retained in core medical and support services. The subrecipient was required to keep records of their trips, fuel usage, and any accidents. The subrecipient was to assure that clients had the appropriate insurance coverage and were diagnosed with HIV. The client's HIV status was to be documented in their file before receiving services. Medical Transportation must not be used for social or recreational services. Subrecipient must accommodate those in wheelchairs and other transportation needs. The subrecipient must also arrange holiday, weekend and evening transportation services when possible. Subrecipients were to assure that individuals providing direct service had at least a basic understanding of HIV. The subrecipient must also develop a database to find trends and gaps in service. G. Grannan wanted to know who was responsible for maintenance of records. A. McCann-Woods said she would provide more information on the topic later and made a note on the document for reference later.

The committee reviewed the service standards for Mental Health Services. The subrecipient was required to apply for a contract with Community Behavioral Health or subcontract with credentialed subrecipient agencies to provide treatment services. The service subrecipient credentialing compliance must be maintained to meet all standards regarding staffing credentialing files, documentation requirements, clinical supervision staff orientation, staff training, and standards regarding facilities providing mental health services.

A. McCann-Woods said the subrecipient was required to collaborate with the Consumer Satisfaction Team (CST) and other components of Behavioral Health Services to establish program quality assurance measures through the contract period. A. McCann-Woods said the subrecipient was also required to keep a record of the client and the mode of HIV transmission as well as demographic information. All records of referrals were to be kept and this record can be requested by DHH. The documentation was to be kept in a safe place. Documentation of the client's waiting status was to be kept on file. The subrecipient was supposed to attempt to connect clients to services before placing them on a waiting list.

The service standards specified that the contracted service subrecipient agency must ensure that the initial intake would be completed no later than 5 days after the client had been accepted for treatment. The subrecipient must ensure there was a written psychosocial evaluation by the third visit. The subrecipient must ensure there was a written consent contract. The subrecipient was required to move the client into inactive status when they have chosen to conclude services or if the client was non-compliant. A client was to be made aware of case status changes.

A. McCann-Woods moved to review the Mental Health Behavioral Consulting service standards. She defined Behavioral Health Integration and then read the requirements the subrecipients were to follow. She said the subrecipient was to have trained professionals with a certain degree. If the person does not have the degree, they were to be supervised by someone who did. She then listed the activities that a behavioral consultation may include. The subrecipient was to respond to clients when they were experiencing a crisis.

The next section of the service standards was Oral Health Care. The standards required that professionals in the service have adequate hours and qualifications. The service provider was to have a comprehensive treatment plan in collaboration with the patient. Subrecipient was to ensure that an comprehensive evaluation was completed including confirmation of HIV status. The subrecipient was required to perform routine dental services. A. McCann-Woods listed the required services. The subrecipient was to have universal precautions against infection such as cleaning and sterilizing tools. This was to be documented and made available by request for DHH. A. McCann-Woods said the subrecipient was to prevent transportation as a barrier to service and was to create a schedule that services as many clients as possible. A communication system be made between the Subrecipient and the dental provider. There was to be an established protocol for processing redeemed vouchers.

A. McCann-Woods then spoke about vouchers in Dental services. She said the subrecipient was to ensure all Dental Care subrecipients in agreement with the voucher system were licensed to practice dental care. The subrecipient must ensure the voucher system be flexible, time limited, and non-transferable.

The next section was Referral for Health Care and Supportive Services. The Subrecipient agreed to direct clients to needed core medical or support services. Health Care and Support services included benefits counseling and services to help the client navigate the healthcare system. A. McCann-Woods then described the qualifications needed to provide services.

The final service the committee reviewed was Substance Abuse Treatment Services - Outpatient Care. The Subrecipient was required to have staff that met the required qualifications. She then listed the services DHH required subrecipients to provide. A. McCann-Woods described the confidentiality and consent requirements. The client would be required to sign a written consent form during intake. A. McCann-Woods then described the intake and assessment requirements. Intake was required for each client to collect information about special needs and other important information. If the provider learns that the client was in immediate danger, they are required to provide immediate action.

A. McCann-Woods described the waiting list service standards. She described how clients were put on the waiting list and how they were removed from the waiting list. She then described how records of all referrals of all mental health, case management and related services. She said appropriate documentation was to be kept in a safe place and made available to DHH by request.

-Updated Epidemiological Infographics-

S. Moletteri said they had incorporated the past feedback on their infographics. They reviewed their usage of the words “sex” and “gender” and added more accurate language such as Assigned Female at Birth (AFAB) and Assigned Male at Birth (AMAB).

S. Moletteri reviewed one of the new infographics. The infographic depicted Owner-Occupied versus Renter-Occupied Unit data. S. Moletteri said there was a trend of increasing renters in 2022. The next graph depicted how much people in Philadelphia were paying monthly in rent. The next graph would depict data stating that the median monthly household income was $3,572 after tax. The next graph stated that 34.7% of households made less than $2,284 monthly, meaning that a third of Philadelphians were utilizing 56% of their income to cover what is considered the median cost of rent.

T. Dominique referred to another new infographic which had three takeaways for the general population. She said housing availability shrinks with fewer units available and costs continue to increase with median rent at $1,281. She stated that 70% of rent in Philadelphia was $1,000 or greater a month. According to 2022 Census Data in Philadelphia, 49.2% of households were occupied by renters. She then described food insecurity throughout the EMA. She said food insecurity ranged from 5.4% in Chester County to 13.6% in Philadelphia County. She then spoke about Sexually Transmitted Infections (STIs). She said Philadelphia, Camden, and Delaware were the three counties in the EMA with the highest number of STI cases. Black individuals had the highest case rate in the areas mentioned.

The last infographics was titled “Key Takeaways from the EMA’s HIV Landscape.” S. Moletteri said the HIV incidence rate was still increasing for people who injected drugs (PWID), especially among those who were Non-Hispanic White around the ages 30-39. They noted that SSP programs had the highest rate of confirmed positive test results. S. Moletteri said that black individuals who used Ryan White services represented the largest group insured by Medicaid and were uninsured at 70% and 56% respectively. They noted that service utilization for financially supportive services had decreased since FY2019. A 2022 survey found that 1 in 10 EMA respondents had never heard of Direct Emergency Financial Assistance (DEFA). The last takeaway was on testing and concurrence. S. Moletteri said clinical testing had decreased within the EMA, likely due to COVID-19. They said the PA counties had the highest concurrence rate within the EMA. Testing in Philadelphia had decreased for those who were over the age of 50.

T. Dominique said they had condensed the information from the infographics into small summaries called “blurbs.” T. Dominique said they would be posted on their website, similar to a table of contents. If a person were to click on the blurb, they would be taken to the relevant infographic.

Other Business:
None.

Announcements:

D. D'Alessandro announced an event on sexual wellness which DHH had called Sex Med on June 14th.

Adjournment:
G. Grannan called for a motion to adjourn. Meeting adjourned at 3:56 p.m without a motion.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- March 2024 CPC Meeting Agenda
- February 2024 CPC Committee Meeting Minutes
- Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part A Recipients
- Division of HIV Health Ryan White Care Services Manual
- Updated Infographics
- Corresponding "Blurbs"