VIRTUAL: HIV Integrated Planning Council
Meeting Minutes of
Thursday, May 12, 2022
2:00-4:30 p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Juan Baez, Mike Cappuccilli, Debra D'Alessandro, Jose Demarco, Lupe Diaz (Co-Chair), Alan Edelstein, Pamela Gorman, Gus Grannan, Julie Hazzard, Sharee Heaven (Co-Chair), Sterling Johnson, Gerry Keys, Kailah King-Collins, Shane Nieves, Hemi Park, Erica Rand, Sam Romero, Clint Steib, Desiree Surplus, Evan Thornburg (Co-Chair), Adam Williams

Guests: Ameenah McCann-Woods**,** Sharita Flaherty, Greg Langan

Excused: David Gana, Keith Carter, Kaleef Morse

Staff: Beth Celeste, Debbie Law, Mari Ross-Russell, Sofia Moletteri, Elijah Sumners

Call to Order: L. Diaz called the meeting to order at 2:04 p.m.

Approval of Agenda: S. Heaven presented the May 2022 HIPC agenda for approval. **Motion**: G. Keys motioned, M. Cappuccilli seconded to approve the May 2022 agenda. **Motion passed**: 12 in favor, 2 abstained.

Approval of Minutes *(April 14, 2022)*: S. Heaven presented the previous meeting's minutes for approval. **Motion**: G. Keys motioned to approve the minutes, K. Carter seconded to approve the April 2022 meeting minutes. **Motion passed**: 9 in favor and 5 abstained.

Report of Co-Chairs:

S. Heaven reported that on May 2nd a new housing program began in the City of Philadelphia aimed to help first-time home buyers in the city with a grant up to $10,000.

Report of Staff:

M. Ross-Russell reported that OHP was extending the survey end date through the end of June. There have been 70 surveys returned in the mail and after an email from Dr. Brady 23 more providers have requested survey packets.

Discussion Items:

–Trauma Informed Care Presentation–
D. Moore-Young introduced herself to the Planning Council and stated how trauma has permeated through most of social service jobs and those who were not equipped to identify other's trauma may be to the detriment of the worker.

D. Moore-Young reported that on average 7 out of 10 adults have reported a traumatic event in their lifetime and that number increased exponentially when people work in a trauma-ridden environment. Working with folks with traumatic experiences meant that as a function of your job a person could be exposed to traumatic material. Those who have not done the work to heal from previous trauma often linked to childhood trauma, that exposure could be retraumatizing. A lot of times trauma was defined by the experiences of the client, but it included those performing the services as well.

D. Moore-Young reported that SAMHSA (Substance Abuse Mental Health Administration) defined trauma as individual results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on an individual's functioning and mental, physical, social, emotional, or spiritual well-being. The focus on the event rather than the person helped change language surrounding mental health and specifically their response to trauma.

D. Young quoted Sandy Bloom's definition of trauma where she gave both an informal and formal definition. The former being "when bad things happen and you do not get over it/ heal," but it can weaken or minimize the effects of trauma. The more formal definition is emotional and psychological trauma occur when an extraordinary event happens leaving one feeling helpless, vulnerable, and unsafe simultaneously. A life event could make someone feel bad, sad, etc. but the feeling of trauma makes one feel the three aforementioned helpless, vulnerable, and unsafe feelings. D. Moore-Young cited Kimberley Crenshaw's definition of intersectionality and the importance of naming the specific problem in order for others to see and recognize it as a real problem.

D. Moore-Young defined secondary trauma as "the stress resulting from helping or wanting to help a traumatized or suffering person. Working in an environment where you collect life data with stories of traumatic events. Through this collection without the proper trauma-informed training one would carry the trauma of the people they work with. There were potential traumatic events such as abuse, loss, and chronic stressors that affect the individual in different ways. For example, people living below the poverty line have higher chances of heart disease or someone being LGBTQ+ have higher rates of suicide than their cis-hetero peers. Historical trauma included stories and historical events passed down through culture.

D. Moore-Young reported that there were invisible traumatic events that were just as bad as physical trauma because the body and brain hold stress differently. She described the 4 F's: fight, flight, freeze, and face as instinctive reactions to help keep people safe. Fight and flight describe the trauma response where physiological reaction to an event that is perceived as stressful or frightening

D. Moore-Young reported that "freezing" happened when senses were overwhelmed and one became stuck. "Facing it" is accepting the situation and logically thinking about how to get out of the predicament. "Fawning" was the last "F" and described people who were a part of the global majority who were targeted by institutions. Dr. Carter coined this term in 2009. This was used as a trauma response to protect. D. Moore-Young reported that the physiological impact of trauma can affect people differently; however, everyone who experienced chronic and/ or

complex trauma had a collapse of the left-side of the brain. This effectively "rewires" the brain and that part of the brain is responsible for problem solving, logic, analytical thinking, verbal functioning, organizational, memory, and safety.
S. Johnson asked if she could explain what was happening in the brain compared to what somebody's experiencing and how this could lead to not believing someone or fully understanding the scope of their trauma, and how trauma-informed care responds to those concerns? D. Moore-Young answered by stating that one of the basic tenets of a trauma-informed care practice is communication. When people do not believe someone's story, she stated that it was important to ask oneself why it matters and does this different truth prevent a person from providing them with comprehensive care. There was no reason to not provide care in this scenario.

D. Moore-Young reported that providing respectful and dignified care was also important in a trauma-informed care setting. By looking through that lens it begged the question "How can I help?" This eliminated any gatekeeping because there was no reason to hold on to resources as a provider, when that was the reason why one would serve the community in this capacity. D. Moore-Young reported real or perceived stressors could trigger someone who has experienced chronic and/ or complex trauma. She used a person who was late for a doctor appointment as an example. If that person was late and was not received well in the waiting room or was unable to see their medical provider due to their lateness it could trigger a trauma response.

D. Moore-Young reported that SAMHSA's trauma-informed practice was a strength-based practice and it was designed to be grounded in the understanding and recognizing how providers should respond to people's perceived experience of trauma both organizationally and individually. By looking at things through a trauma-informed approach, it allowed people to recognize the symptoms of a trauma response, which in turn allowed a practitioner to treat them as such. She identified that trauma has been used as a buzzword recently, the ways in which it has been misused, and how it diminished the impact of the word and the people living with trauma.

D. Moore-Young reported that another important facet of this informed response to trauma was doing so in a fully integrated way. This was understanding trauma and how to treat it. She stated that language, facial expressions, body language, ethnic and gender identity matter when cultivating a trauma-informed practice in a given situation.

Committee Reports:

–Executive Committee–

No Report.

–Finance Committee–

A. Edelstein reported that the Finance Committee met last week and discussed the Monitoring the Administrative Mechanism tool.

–Nominations Committee–

M. Cappuccilli reported that the nominations committee met before this HIPC meeting. D. Law reported during the meeting that letters of recommendation were sent to the Mayor's Office and would update the committee.

–Positive Committee–

S. Moletteri reported that the Poz Committee will meet on May 18th at 7pm, they will vote on co-chairs at this time. They planned to work on recruitment of past and new members.

–Comprehensive Planning Committee–

G. Grannan stated that CPC met last month and was still in the process of priority setting. It was the process through which they made recommendations on the upcoming service priorities that were used as part of the expenditure discussions.

–Prevention Committee–

C. Steib reported that Prevention met last month and worked on the EHE plan by working on the checklist. The next meeting will be May 30th at 2pm.

–Ad-Hoc Recruitment Workgroup–

S. Moleterri stated that there was no set date for the next Ad-Hoc Recruitment workgroup but as the group knows the Recruitment Guidelines were approved by the Planning Council.

Any Other Business:

M. Cappuccilli asked if future meetings would be hybrid or continue to be on zoom moving forward? M. Ross-Russell answered that the tentative information she received was that meetings would remain online until at least Labor Day due to fluctuating COVID-19 numbers.

Announcements:

C. Steib reported that between June 1st-30th Philadelphia Fight was hosting a virtual prevention seminar and information would be available on their website.

Adjournment:

S. Heaven asked for a motion to adjourn. G. Keys motioned to adjourn, G. Grannan seconded. Meeting was adjourned at 3:31 pm.

Respectfully Submitted,

Elijah Sumners, staff

Trauma Informed Care Presentation