Comprehensive Planning Committee/Prevention Committee Meeting Minutes of Thursday, October 17th, 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, D. D'Alessandro, James Ealy, Pamela Gorman, Gus Grannan, Nafisah Houston, Gerry Keys, Juju Myahwegi, Jerome Pipes, Carolynn Rainey, Desiree Surplus, Adam Williams, Mystkue Woods

Guest: Joan Boyce, Keith Burress, Kelly Canally, Briana Gibson, Tamica Gullins, Taylor Hayes, Brian Hernandez (DHH), Nicole Hurd, Naima Kimotho, Natalie Kratz, Gita Krull-Aquila (DHH), Nancy Lang, Tanya Marrow, Jon Martin, Ashlyn Nikles, Ron Powers, Gabriel Rivera, Alexis Schwartz, Christine Serowsky, Harlan Shaw (DHH), Laura Silverman (DHH), Erika Solomon, Nitzana Spigel, Sebrina Tate, Ellen Tedald, Anna Thomas-Ferraioli (DHH), Marilyn Torres, Miguel Torres, Javontae Williams (DHH)

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

Call to Order: G. Grannan called the meeting to order at 2:10 p.m.

Introductions: G. Grannan asked everyone to introduce themselves.

Approval of Agenda:

G. Grannan referred to the November 2024 Comprehensive Planning Committee/Prevention Committee agenda and asked for a motion to approve. <u>Motion: K. Carter motioned; J. Ealy</u> <u>seconded to approve the November 2024 Comprehensive Planning Committee/Prevention</u> <u>Committee agenda via Zoom poll. Motion passed: 13 in favor, 1 abstained.</u> The November Comprehensive Planning Committee/Prevention Committee agenda was approved.

Approval of Minutes (October 17th and October 23rd):

G. Grannan referred to the October 17th, 2024 Comprehensive Planning Committee minutes. <u>Motion: P. Gorman motioned; K. Carter seconded to approve the October 17th, 2024 CPC</u> <u>meeting minutes via Zoom poll.</u> <u>Motion passed: 8 in favor; 3 abstained.</u> The October 17th, 2024 CPC minutes were approved.

G. Grannan referred to the October 23rd, 2024 Prevention Committee minutes. <u>Motion: M.</u> <u>Woods motioned; D. D'Alessandro seconded to approve the October 23rd, 2024 Prevention</u> <u>meeting minutes via Zoom poll.</u> **Motion passed:** 8 in favor; 4 abstained. The October 23rd, 2024 Prevention minutes were approved.

Report of Co-chairs:

None.

Report of Staff:

S. Moletteri said they were discussing canceling the December Comprehensive Planning Committee (CPC) meeting and asked the committee members for their input. The CPC Members elected to cancel the December meeting.

K. Trinh said they had created an FAQ on the Office of HIV Planning (OHP) website for potential and new members unfamiliar with OHP or the HIV Integrated Planning Council (HIPC). He hoped to present the FAQ at the next HIPC meeting.

Presentation:

-EHE Community Plan -

A. Thomas-Ferraioli explained to the committees that DHH was unable to present the EHE Community Plan unless the committees agreed that the meeting would not be recorded. She explained that this presentation requirement was set by the city. After much discussion, G. Grannan asked A. Thomas-Ferraioli to state on record the reason why their recording was not allowed.

The recording resumed and A. Thomas-Ferraioli restated they were required to have a slideshow that was reviewed and approved by the city. Where they were currently with the EHE Plan presentation, they were requesting it not be recorded. G. Grannan asked K. Trinh to record the reason why they were not allowed to record the meeting. K. Carter suggested forwarding this issue to the HRSA project officer. D. D'Alessandro asked if they should delay the presentation until it could be recorded. K. Carter said they should continue with the meeting.

J. Williams said in the chat that the slideshow would be made public. A. Williams suggested that they not go forward with the meeting if it could not be recorded and asked for a vote. There was no motion for a vote.

M. Ross-Russell said they would have a project officer meeting on November 27th so they could discuss this situation as well as the situation with the recommendation letters. She promised she would make their project officer aware of their concerns. She also stressed that minutes are also a record and that they would be provided for this meeting. And since the slides would be made available the information was still being provided to the members.

B. Hernendez was the CDC EHE Prevention Coordinator. N. Kimotho was the HRSA EHE Project Coordinator. They were the DHH staff members who would be presenting the plan and receiving feedback. They requested committee members hold their questions until the end of the presentation.

The purpose of the meeting was to kick-off the EHE Advisory Group. The presenters described the EHE Advisory Group as a platform whose purpose was to provide feedback on the development of EHE programming in Philadelphia. This group would be composed of EHE community stakeholders, EHE funded providers and HIV prevention & care providers.

DHH wanted to use this meeting to present and receive feedback on their EHE Community Plan. The Plan was first launched on December 1st, 2020 with the goal of decreasing new HIV infections by 75% by 2025 and by 90% by 2030. The Plan would be centered around the EHE Initiative's pillars: Pillar Zero, Diagnose, Treat, Prevent, and Respond.

After presenting a timeline for which they would upload a draft of the plan online for public comment, the presenters described each pillar and the implemented activities and the activities they had planned to implement.

Pillar 0 was added locally to Philadelphia. It aimed to prioritize the promotion of health equity through systems and social structures. Pillar 1 was the Diagnose Pillar. The goal of Pillar 1 was to have 95% of people living with HIV (PLWH) know their status by 2025. The goal was to increase this number to 98% by 2030. Pillar 2 aimed to increase PLWH viral suppression to 92% by 2025 and 98% by 2030. The third pillar aimed to ensure at least 50% of those with a PrEP indicator would receive treatment and those 100% of those seeking nPEP would find it. The goal of pillar 4 was to identify and respond to active HIV transmission clusters and HIV outbreaks.

The presenters listed the ongoing challenges they would be facing in the future. These challenges included cuts to the budget, low PrEP uptake among Black and Latinx MSM, cisgender women, and PWID, establishing relationships with Philadelphia schools, structural and systemic issues that hinder iART and re-engagement protocols to be successfully implemented, identifying more agencies to partner with, especially in hard-to-reach communities, and a programming dependent on federal appropriations.

Upon completion of the presentation, G. Grannan felt that the presentation was not helpful due to the restrictions on recording. He felt upset that DHH could not properly complete their work or gather meaningful feedback from the group due to city restrictions. Additionally, there was still a lack of clarity on why the restrictions were placed on the presentation. M. Ross-Russell said she understood that the presentation's purpose was to be informational. J. Williams understood G. Grannan's frustrations and wanted the presentation to be a forum about the EHE Community Plan. He said DHH committed to implementing the suggestions from HIPC and the rest of the community and would like feedback on what they were doing well and what could be improved upon.

A. Thomas-Ferraioli said in the chat that she emailed the slideshow to OHP staff so they could make it live on the OHP website. K. Carter reminded the committee that they were still recording the meeting through the meeting minutes. G. Grannan was concerned, as co-chair, that he was responsible for this meeting not adhering to their bylaws. He received little notice that they would not be allowed to record the meeting. K. Carter said he understood G. Grannan's feelings, but urged him to continue with EHE feedback and recognize the council's role. G. Grannan had asked to have the municipal communication that led to recording restriction and was denied this information. Additionally, he mentioned that A. Williams had called for a vote to delay the presentation until they were able to publicly share it twice and was ignored. G. Grannan suggested that A. Williams left the meeting likely due to his objection to the situation.

Unfortunately, he felt this presentation was not productive since it was undercut due to political reasons.

S. Moletteri said they understood how G. Grannan felt and agreed that the initial approach could have been refined. However, HIPC was not breaking protocol or going against bylaws, as the meeting recording was only internal for both OHP record and minute-taking purposes. The meeting was still considered on-record through K. Trinh's minute-taking. The meeting was also still considered open to the public, and S. Moletteri noted that the meeting was shared wildly and was accessible through the OHP website. They recognized the committee members present and the large number of guests present, thanking them for attending. Overall, a vote would not make sense since they were still in line with HIPC bylaws. M. Ross-Russell said she would be responsible for any fallout from the meeting instead of G. Grannan. She assured the committee that they would be contacting their project officer and making all materials, including the slideshow and the meeting minutes, available. G. Grannan thanked M. Ross-Russell and said he trusted her to handle the situation.

T. Dominique reminded the committee that J. Williams asked for feedback on the content of the presentation. K. Carter thanked DHH for their work on the Aging With HIV Symposium and believed that the event inspired other jurisdictions.

T. Dominique said the presenters mentioned there was a cut of \$800,000 to the budget and asked if they could provide more detail about it and how it would affect the surrounding collar counties. A. Thomas-Ferraioli said the HRSA funding was done county by county and that there were no cuts to HRSA funding. Where it was applicable, they had met with HIPC and other partners to learn about the community needs. J. Williams said that EHE strategies were to become the national strategy and other local places would adapt the strategies of the EHE. M. Ross-Russell said that since they could share the slideshow, they could email individuals for their feedback. A. Thomas-Ferraioli said there would be a full written document and they would have a full month for public comment/feedback. She then listed activities they were doing in the EMA regarding ART. She said they were trying to extend EHE efforts where they could.

Other Business:

G. Grannan explained that he did not want this meeting to set a precedent and that municipal policy should not supersede the bylaws. If DHH was to present something to HIPC or the committees, it needed to be public. He was concerned that presentations would only be so useful if the presenter withheld the slideshow and went off record during presentations. G. Grannan asked if an AI note-taking app was being used. S. Moletteri replied that the minutes were audio recorded and written by a person. M. Ross-Russell assured G. Grannan that they would explore all their options regarding the situation such as looking into the Pennsylvania Sunshine Laws. M. Ross-Russell said she believed that the decision to restrict recording was a last-minute decision. She was unsure about the rational for restricting the recording and would look further into this.

G. Grannan said he had respect for DHH staff but did not want to forgo his duties as a community voice or representative. M. Ross-Russell reiterated that she would meet with the

project officer regarding this issue and the issue about the membership recommendation letters. She said she would also look into the Pennsylvania Sunshine laws.

G. Grannan apologized for his emotional response to the presentation and for taking time away from feedback for the Community Plan. M. Ross-Russell said he was passionate about his duties as a representative and he should not lose this.

Announcements:

G. Grannan announced that the CPC and Prevention Committees would not be meeting in December. He asked if HIPC would be meeting in December. M. Ross-Russell said the HIPC would likely be meeting to finalize the recruitment presentations and hearing an update from the project officer. She expected January to be a busy month and said they needed to prepare for it.

D. D'Alessandro said the Health Federation was having an event on December 11th centered around managing substance withdrawal and initiating methadone in the hospital setting. She said the program was targeted towards providers but all could attend via Zoom. G. Grannan asked if they could give Xylazine to a person who was showing withdrawal symptoms. D. D'Alessandro replied that it was not approved by the FDA. G. Grannan and D. D'Alessandro agreed that it was a complicated issue.

K. Carter announced that there was an Aging with HIV Symposium on February 20th and 27th at the DoubleTree Hotel. The February 20th, consumer-focused event was hybrid (hosted virtually and in-person). The February 27th event was provider-focused and in-person only.

D. Surplus announced that ACME Pharmacy were now able to administer Cabenuva and Apretude.

J. Williams reminded the committee that World AIDS Day was coming on December 1st. He forwarded a list of events to the OHP staff and hoped they would send them out.

Adjournment:

G. Grannan called for a motion to adjourn. **Motion:** K. Carter motioned, D. Surplus seconded to adjourn the November 2024 Comprehensive Planning Committee/Prevention Committee meeting. **Motion passed:** Meeting adjourned at 4:01 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- November 2024 CPC/Prevention Committee Meeting Agenda
- October 2024 CPC Meeting Minutes
- October 2024 Prevention Committee Meeting Minutes