HIV INTETRATED PLANNING COUNCIL

MEETING AGENDA

VIRTUAL:
Thursday, December 8, 2022
2:00 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes *(November 10, 2022)*
- Report of Co-Chairs
- Report of Staff
- Presentation:
  - 2Q Expenditure Report
  - HIV Low Health Literacy Guide
- Committee Reports:
  - Executive Committee
  - Finance Committee – *Alan Edelstein & David Gana*
  - Nominations Committee – *Michael Cappuccilli & Juan Baez*
  - Positive Committee – *Keith Carter*
  - Comprehensive Planning Committee – *Gus Grannan*
  - Prevention Committee – *Lorett Matus & Clint Steib*
- Any Other Business
- Announcements
- Adjournment

Please contact the office at least 5 days in advance if you require special assistance.
The next HIPC meeting is
VIRTUAL: January 12, 2023 from 2:00 – 4:30 p.m.

VIRTUAL: HIV Integrated Planning Council
Meeting Minutes of
Thursday, November 10, 2022
2:00 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Juan Baez, Mike Cappuccilli, Keith Carter, José deMarco, Lupe Diaz, Alan Edelstein, Pamela Gorman, Gus Grannan, Jeffery Haskins, Sharee Heaven, Gerry Keys, Greg Langan, Dr. Marilyn Martinez, Lorett Matus, Shane Nieves, Erica Rand, Clint Steib, Desiree Surplus, Evan Thornburg, Adam Williams

Guests: Diamond Jack, Ameenah McCann-Woods (AACO), Dr. Kathleen Brady (AACO), Evelyn Torres (AACO), Blake Rowley, Mike Frederick, Mike Valentin (AACO)

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

Call to Order: S. Heaven called the meeting to order at 2:04 p.m. She welcomed everyone and asked them to introduce themselves in the chat.

Approval of Agenda:
S. Heaven presented the November 2022 Planning Council agenda for approval. **Motion:** Mike made a motion to approve the November 2022 agenda, G. Keys seconded to approve the amended agenda. **Motion passed:** 11 in favor, 3 abstained .

Approval of Minutes (*October 13, 2022*)
S. Heaven presented the October 2022 meeting minutes for approval. **Motion:** C. Steib motioned to approve the October 2022 meeting minutes, M. Cappuccilli seconded. **Motion passed:** 15 in favor, 3 abstaining.

Report of Co-Chairs:

S. Heaven reported that there would be a Philadelphia's Realtor's Lunch and Learn. This would be a forum for people to talk to realtor's about trends around homeownership and application processes within Philadelphia.

She reminded that everyone was appreciated on the Planning Council. They were currently deciding whether they would stay virtual or go hybrid. She asked that everyone stay encouraged.

S. Heaven also reminded everyone that if they were considering running for HIPC co-chair, it was sometimes difficult to remain impartial within the position. In order to facilitate, co-chairs needed to ensure they were not swaying the room one way or another. They could not input their opinion. Both her and L. Diaz would switch back and forth with co-chairing depending on their workload. It was difficult to remain unbiased, but it was important so there could be fair conversation.

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Lastly, S. Heaven reported that M. Ross-Russell was a little under of the weather today.

Report of Staff:

S. Moletteri reported that the Consumer Surveys were completely entered. Now they just had to perform data analysis and cleaning. OHP would keep the council up to date with where OHP was in the process.

Secondly, she reported that OHP was looking to talk a bit about hybrid meetings. The Executive Committee had a meeting about how they would approach hybrid and in-person meetings. The committee decided it would be best to administer a survey to understand everyone's comfort levels with hybrid, in-person, and/or the continuation of virtual meetings. She would put the survey up as a Zoom poll. For those that were not joining the meeting virtually and might prefer in-person, the office would be reaching out individually. They would bring the results back to Executive Committee.

S. Moletteri ended the poll and read the results: 2 said they would like to attend in-person, 10 said they would like to continue virtually, and 11 said they would sometimes attend in-person and sometimes virtually.

Presentation:

—Integrated Plan 2022-2026—

E. Torres introduced herself, saying that she worked at AACO and had delivered a presentation on the plan two previous times. This would be the last presentation.

E. Torres referred to the slide titled "Background."

She next looked at the slide titled "Integrated Plan Table of Contents." She said the other sections were background that led to how they got to their goals and objectives. Today, they would focus on Section V: Goals and Objectives. Additionally, the pillars for Diagnose, Prevent, and Respond were specific to Philadelphia, since a vast majority of Prevention funding was to be used in Philadelphia. Other departments of health were responsible for prevention activities in within the suburban counties since they received other funding for this. AACO reviewed their Integrated Plans and incorporated them into the plan when appropriate.

She next read the "Section V: 2022-2026 Goals and Objectives" slide. Please refer to this slide for more information. As for what was changed, AACO finalized the outcomes and their percentages. They also added activities which were essential for achieving the goals and objectives. Today, the group would not review the plan with activities included, but they should have received a draft document via email with said activities. They also incorporated the HIPC's recommendations.

E. Torres looked at the slide titled "Incorporated Recommendations (1)." She read this slide which included how AACO addressed the recommendations within the plan. Regarding the

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recommendation for Treat – Goal 2, E. Torres said that AACO was excited about the proposal for collaboration with PA State's Department of Health to pursue the implantation of a transitional housing program with an intensive MCM component. RW Part A dollars could not be used for HOPWA through HUD, so this was an important proposal. The current HOPWA list was around 267 people with an average wait of 8 years. The state was seriously considering 48-month transitional housing with an intensive MCM component. Individuals would not be expected to leave transitional housing until they could acquire permanent housing with the intensive assistance of MCMs. They were hopeful that this would be finalized soon. PA dollars would not cover NJ counties, but if they were granted this funding, they could gain lessons and look to this model for Part A funding.

E. Torres next read the slide titled "Incorporated HIPC Recommendations (3)." They also received feedback from other stakeholders as well as the CSU helpline. They also looked at the MMP (Medical Monitoring Project) which interviewed PLWH. They also looked toward the NHBS (National HIV Behavioral Surveillance) for information which was prevention focused. This examined priority populations such as PWID, heterosexuals at high risk for acquiring HIV, MSM, and transgender individuals. They interviewed people from these populations in cycles based on the population.

E. Torres addressed the Incorporated HIPC Recommendations (2) slide. She explained how the rest of their recommendations represented by the main bullet points were incorporated within the plan. The slides addressed how this was performed within the plan.

On slide 8, "Diagnosis—Goals," E. Torres said that they incorporated a great majority of the suggestions for this goal. She would now discuss how the goals and objectives changed. She read the two goals on the slide. They moved the third goal which addressed strengthening the HIV workforce.

She read the next slide that looked at Diagnosis, Goal 1 objectives. She reminded everyone that this was very specific to Philadelphia due to the way funding flowed.

She next read the slide for Goal 2 under Diagnosis. She emphasized that they could not hope to end the HIV epidemic without looking at health disparities under different populations. She explained there was importance in addressing syndemics and mentioned the following activity under Objective 1: implement HIV Viral Hepatis service integration since HIV and specifically Hep C were interrelated.

E. Torres next looked at the slide titled "Treatment – Goals" noting that these were all very ambitious.

As for the next slide, she looked at the objectives under the first goal of the Treat pillars. She also read Goal 2 objectives on the following slide. They took into account the importance of housing, transportation, and other basic needs (e.g. food insecurity, education) under the activities for Goal 2 objectives. Lastly, she read the Goal 3 objectives under Treat. Please refer to these slides for more information.

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She next looked at the slide titled "Prevent – Goals" and read the goals.

She read the Goal 1 and objectives under Prevent on the next slide. On the next slide, she looked at the Goal 2 objectives for Prevent. They were looking at vending machines for PWID. They were also taking with Emergency Departments and RW providers to have them to distribute syringes. Jefferson was already doing this, so they had a good model to follow. She last looked at Goal 3 under Prevent and read all the objectives on this slide. Please refer to these slides for more information.

The last pillar was Respond—she read the two goals under this pillar on the "Respond – Goals" slide. She next read the Goal 1 objectives under the Respond pillar. She noted that they met quarterly with other health departments to ensure that they were coordinating efforts and intervening with all identified HIV clusters. She next looked at the Goal 2 objectives on the following slide. Please refer to these slides for more information.

E. Torres next addressed the "Workforce Development" slide. They believed that all strategies could be achieved through a trained workforce. This was essentially a goal under all pillars. Please refer to this slide for more information on how workforce development would be achieved. She said their radical-customer-service approach would allow them to flip the script to look at how to fix the system instead of putting all the onus on the patient.

A. Williams noted that there was a welcome shift toward opt-out testing. However, Rapid testing training was difficult to access for programs not immediately AACO-funded. He asked if there would be an increase in training to accommodate the increased need of rapid testing. E. Torres said that the emphasis from the CDC was opt-out, lab-based testing. She said that their prevention funding came specifically to Philadelphia, and there was prevention training series for rapid testing in the community. The new emphasis was opt-out testing in different medical settings. She added that through NHBS, they saw that MSM were often coming into care—the problem were the missed opportunities. DExIS showed that people were going to receive other services and providers missed the opportunity for HIV testing, especially those going in for STI testing.

A. Williams asked for clarity around the opt-out testing, saying that this shift toward opt-out meant a shift away from resources for rapid testing. Additionally, AACO would only support only AACO-funded programs for training. E. Torres said they were required by the CDC (based on their prevention funding) to provide prevention services such as community-based HIV testing and opt-out testing. They could possibly allow others from outside of Philadelphia to attend trainings, but their prevention money only covered the Philadelphia area. PA and NJ counties received their own state funding for prevention.

As for community-based HIV testing, E. Torres said that they moved toward providing low threshold sexual health services in Philadelphia at four provider sites. They found that those coming in for STI concerns were not being tested for HIV. Therefore, they were trying to offer HIV testing in a low threshold sexual health and holistic sexual health model. She said that HIV testing could be stigmatizing, so they were more-so looking at ways to offer opt-out and incorporate HIV testing in other services.

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A. Williams reiterated the concern for a lack of resources for HIV rapid testing since some may be opposed to bloodwork. He emphasized the need for high quality training for rapid testers since he felt this was a huge barrier to prevention. He asked if there would be a deficit in rapid tester trainings. E. Torres said they could offer training through AHS, but AACO would give priority to funded organizations. They could also try to provide training for individuals outside of the system.

B. Rowley asked for agencies that were clinic-based, since there was an initiative to move more toward rapid initiation of treatment and prevention, what mechanisms were in place to make this move. Additionally, how would they evaluate the successes and movement and offer support. E. Torres said that they received EHE money, so they started with medical providers in Philadelphia and were then expanding outward into the EMA. They had started iART in Philadelphia for those newly diagnosed and came up with a measure. They were going to start to look at the success through this measure. So far, it was shown that iART worked over delayed response. They would expand this out to other medical providers within the EMA for initiation of ART within 96 hours.

E. Torres said they had also started with the community-based prevention providers, they would have to refer someone newly diagnosed with 96 hours so they could get iART. B. Rowley said he would be happy to help with anything Gilead could do to help with the initiation of this.

J. Haskins noted that the HIPC had often discussed HIV and aging. He asked if in their client base, what percentage of PLWH 50+ they were seeing in their clinics. E. Torres said that she said over 50% of PLWH were 50+, though she did not have the exact percentage of clinic visits from PLWH 50+. J. Haskins said at Philadelphia FIGHT, he would love to help support and collaborate with the state and city for aging PLWH. He would be in touch. K. Carter said that this aging population would continue to grow and last time he checked, about 58% of PLWH were 50+.

J. Demarco mentioned how he heard that testing would be available in pharmacies. He asked to hear more about this process. E. Torres explained that the prevention-specific dollars for Philadelphia would require a request for proposal (RFP) that would include specific actions pharmacies needed to take. The RFP was not yet closed, and dollars had not yet been awarded. She said it would help to normalize HIV testing as a routine part of healthcare. They also had AACO staff that would meet with agencies they did not fund to promote ART and HIV testing.

A. Williams noted that AACO seemed to be focusing on partnerships with private enterprise (like Einstein and telePrEP) but not strengthening existing public infrastructure. He was concerned that AACO would shift toward private services while public resources remained poor. E. Torres noted that AACO did not fund for profit agencies.

M. Ross-Russell further explained that legislatively, RW was used for non-profit organizations. For profit organizations could be funded if there were no other non-profit organizations existed for a specific service within a jurisdiction. A. Williams was still concerned over private partnerships, such as the one for TelePrEP with Einstein.

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Action Item:

—Integrated Plan 2022-2026 Concurrence—

M. Ross-Russell explained that concurrence had to do with whether HIPC agreed with the Integrated Plan materials presented. Nonconcurrence meant disagreeing with the plan. Concurrence with reservation meant that HIPC overall agreed with the plan but there were still questions/concerns. If people had reservations, they should state them. The concurrence document itself, she said, would be ultimately signed by the co-chairs. This letter was included within the final plan document.

K. Carter asked if any of the goals and objectives could be revised over the planning cycle. M. Ross-Russell said the plan was a living document, therefore, they would update, revise, and change the document between now and 2026.

A. Williams concurred with the reservation that a shift toward opt-out testing was at the expense of rapid testing and increased gaps in essential resources for rapid tester training. He agreed with a push for opt-out testing but was concerned about rapid testing resources.

S. Heaven asked if there were any further reservations. A. Edelstein said that, for the vote, those that concur with reservations needed to explain their reservations. He suggested that those that concurred with reservations go first in the rollcall.

M. Ross-Russell noted that A. Williams had stated his reservation already. They could discuss the various reservations before voting if there were reservations other than A. Williams's.

L. Diaz asked if the three co-chairs would have to abstain from the vote for concurrence. E. Thornburg said they would have to abstain unless there was a deadlock tiebreaker.

There were no additional reservations at this moment in time.

Motion: K. Carter motioned that HIPC vote to either concur or concur with reservations with the 2022-2026 Integrated Plan as presented to the council today, Mike seconded.

Vote:

D. Surplus: concur
A. Edelstein: concur with reservations as stated by A. Williams
A. Williams: concur with reservations as stated earlier
C. Steibb: concur with reservations as stated by A. Williams
M. Cappuccilli: concur with reservations as stated by A. Williams
E. Thornburg: abstain
J. Demarco: concur with reservations as stated by A. Williams
G. Langan: concur with reservations as stated by A. Williams
L. Diaz: abstain

L. Matus: concur with reservations as stated by A. Williams
S. Nieves: abstain
G. Grannan: concur with reservations as stated by A. Williams
E. Rand: concur with reservations as stated by A. Williams
S. Heaven: abstain
G. Keys: concur with reservations as stated by A. Williams
J. Haskins: concur with reservations as stated by A. Williams
K. Carter: concur with reservations as stated by A. Williams
J. Baez: concur
Dr. M. Martinez: concur

Motion passed: The HIPC voted to concur with the 2022-2026 Integrated Plan **with the reservation** that a shift toward opt-out testing was at the expense of rapid testing and increased gaps in essential resources for rapid tester training.

12 concurred with reservations, 3 concurred, 4 abstained.

Discussion Items:

—Response Letter from the State of PA—

M. Ross-Russell reported that they received a response from the State of PA regarding the PLWH prevalence numbers. She had a brief discussion with Dr. Brady about the response, but they had not yet discussed the next steps. M. Ross-Russell found the response somewhat confusing. The letter reported that the State of PA had changed their process and reached out to AACO asking for an explanation. However, M. Ross-Russell was previously under the impression that each state managed their own surveillance since HIV was a reportable disease. The states collected their own data and HIPC/AACO would then receive the data from the states for each county within the EMA external to Philadelphia. Currently, county's health departments reported data to their respective state's health department.

M. Ross-Russell's other concern, she said, was that surveillance data was usually delayed. 2019 data was usually available in 2020, for example. The numbers from year to year were concerning, generally. She would have to further discuss the response and next steps with Dr. Brady.

A. Edelstein said he had read the response letter, clarifying that this was a response to Finance Committee's letter. He felt the response letter was putting too much onus on AACO. M. Ross-Russell said since the letter somewhat concerned AACO, she felt it best that AACO and Dr. Brady respond to this as well. A. Edelstein agreed but added that this would be beneficial to discuss within the Finance Committee next steps around this letter. It could offer the opportunity to be more responsive and increase communication between HIPC and the State of PA. First, they could wait for Dr. Brady's input and the look at next steps in Finance Committee and then bring it to the HIPC. Everyone agreed with this plan of action.

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L. Diaz asked if the numbers in question remained the same. A. Edelstein said the letter seemed to reference newly updated numbers after re-reviewing the data analysis steps. M. Ross-Russell was unsure about the specific years and numbers addressed in the letter, because it was ambiguous and only referenced 2022 estimates. A. Edelstein said he was confused with the response. M. Ross-Russell agreed, saying the letter stated that the process had changed, but it lacked a fuller explanation that could clear up any confusion. Additionally, the PA numbers reported online were inconsistent with the numbers the state reported to the HIPC.

M. Cappuccilli asked if by the December Finance Committee meeting M. Ross-Russell will have spoken to Dr. Brady and could report back on this. M. Ross-Russell said yes. J. Haskins said he was at the HPG group in Harrisburg for a bit, and he always had issues with the epidemiological reports from the state. He suggested that they request clearer and more concise responses from the State of PA in the future.

—Request for Concurrence for PA State Plan—

M. Ross-Russell said she had received an email from the person overseeing the planning process for the Sate of PA. They asked if it was possible that HIPC provide a letter of concurrence for the state's plan. She explained that AACO had offered three presentations on their local Integrated Plan. However, the HIPC had not received a presentation or copy of the PA State plan. The plan was due on December 9th. She was unsure if a letter of concurrence was required—she could not find this in the guidance. The goals and objectives from both NJ and PA were provided to AACO as part of their planning process.

M. Ross-Russell said there was someone from the HIPC who also attended HPG. A. Edelstein said that there used to be a HPG member sitting on the HIPC. This would logically be the person who would have presented the plan. M. Ross-Russell had not participated in the planning process for HPG in a few years, so she could not speak to where they were in the process. However, if the State of PA required a letter of concurrence for their plan, NJ would have sent notice as well. She had not received anything from NJ.

C. Steib explained that he was a member of the HPG. When they had voted for concurrence on the state level, he felt that there was little communication between Philadelphia and the State of PA regarding their plans. This caused disruption in the vote for concurrence. HPG was under the impression that an AACO member was the representative for the HIPC—however, this person did not attend HIPC meetings. He was overruled because the majority concurred with the plan, but there was concern around lack of communication.

A. Williams asked if the State of PA had already moved on with the plan. C. Steib said yes and that everything had been approved and they would be receiving the final draft either this week or next week. A. Williams felt it was amiss that the State of PA did not involve the HIPC's input on their plan, especially considering HIPC's percentage per capita. M. Ross-Russell was unsure about the level of coordination between the City of Philadelphia and the State of PA, but this could have happened.

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A. Edelstein asked if the PA State Plan was somewhere they could read it. M. Ross-Russell was unsure. L. Diaz said the HIPC could not concur with something they had not seen. C. Steib was unsure if the State of PA had shared their plan with AACO. M. Ross-Russell agreed, noting that they may have only shared the goals and objectives with the AACO, not the plan in its completion.

A. Edelstein suggested their final position was that they could not respond to this since they did not know what the plan was. However, from here on out, they welcomed communication from the State of PA. He suggested that in the future, they ask the State of PA to present the plan to HIPC.

G. Grannan said that, especially considering that this is solely state money, the State of PA had not asked for any input, so they needed to make a strong case that HIPC letter of concurrence was obligatory. C. Steib said that AACO did receive prevention money from the state. He added that the language for concurrence specifically mentioned the HIPC which he felt was odd and was untrue.

G. Grannan suggested that they could try to review the State PA plan within a Comprehensive Planning meeting. C. Steib's understanding was that HPG would soon have a representative sitting on the HIPC. M. Ross-Russell said that she sent a message to Dr. Brady and she responded that the letter of concurrence did not seem to be necessary.

C. Steib said that the PA State plan had already sent their plan in without HIPC's letter of concurrence, so it was clearly not required. M. Ross-Russell said that this conversation, then, seemed to be moot. C. Steib suggested that going back on the plan seemed to be moot in some ways.

—Integrated Plan 2022-2026 Concurrence cont.—

M. Ross-Russell noted that she had invited Dr. Brady into the meeting to further discuss HIPC's reservations with the 2022-2026 Integrated Plan.

Dr. Brady asked everyone what questions they had for her. M. Ross-Russell said that the HIPC concurred with the following reservation for the 2022-2026 Integrated Plan: the reservation that a shift toward opt-out testing was at the expense of rapid testing and increased gaps in essential resources for rapid tester training.

Dr. Brady responded that they wanted to increase both opt-out and rapid testing. Increasing opt-out HIV testing would happen in healthcare settings. AACO had opened a position whose role is to increase opt-out testing and PrEP in clinical settings. The person in the position went out to these clinical settings to ensure that that they were doing these two things.

Testing in priority populations was mainly funded through traditional status neutral HIV testing sites. They also had, as part of EHE funding, put money into low-threshold sexual health services. Therefore, people would receive HIV testing among other important tests such as STI tests, pregnancy tests, etc.

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A. Williams said that he did not have an issue with opt-out testing. He just had concern with the lack of resources for rapid testing and rapid tester training. Dr. Brady said they were currently putting a lot of money and effort into the low-threshold sexual health services. These funded sites focused on priority populations such as Black individuals, Latinx populations, LGBTQ+ individuals, and specific areas of Philadelphia that were typically underserved.

Additionally, Dr. Brady said in terms of testing resources, they had recently redone their tester training. There were many more trainings available, and they were extensive. The trainings were created in conjunction with UPenn workers. There were many resources for rapid tester training. They would continue to update and add more trainings. A. Williams said at AHS, they had a rapid tester that was attempting to get through to the Rapid Tester AACO program, but they were having issues. The focus and priority for training, they were told, were programs directly funded by AACO. For this reason, the rapid tester could not get in.

As for workforce development, A. Williams suggested they have continued development for rapid testers and make this language explicitly clear within the plan. Dr. Brady said that this was in the works, so it would be completely possible to include this language into the plan. They were currently slightly understaffed in the training programs, so this might have been A. Williams's issue. However, they would try to prioritize funded programs. They have recorded many trainings and would like to make them available online.

A. Williams updated the group that the tester at AHS had ultimately been admitted to the AACO rapid tester training program.

M. Ross-Russell said concurrence with reservation was based on the discussion about training. Therefore, she was wondering where the group currently stood now. A. Williams felt it should still be cemented in the language of the plan around continued investment in rapid training tester and resources for CBOs (Community Based Organizations).

M. Ross-Russell asked if the language was included around training if the reservations would still be included.

G. Grannan mentioned that he had voted with a separate reservation. He had reservations around AACO's ability to execute parts of the second prevention goal. The concern was that a new harm reduction program would replicate an existing one. In order to not do so, AACO needed to ensure that the affected community was internally included in program planning. They had to take innovative approaches with broader-based searches for input since these communities were historically hard to reach.

Kathleen responded that AACO had released a chart around harm reduction programs and syringe services. This concern was addressed within the chart. They saw some approaches that were working in other places that they would like to replicate such as the successful syringe distribution in Jefferson. At Jefferson's Emergency Department, they surveyed individuals and found that those they were serving were not accessing syringe service programs. Therefore, this was helping to reach those they were not previously reaching. Additionally, they planned for

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several different approaches such as harm reduction vending machines, increasing syringe sales in pharmacy settings, etc. They needed more equitable syringe distribution within the city, so they needed to open other brick and mortar sites in Philadelphia in addition to Kensington's sites.

G. Grannan said this sounded good in principle, and he was curious to hear about the input from PWID. K. Carter asked if people could go to health centers such as Health Center 1 and receive syringes. Dr. Brady said not currently. G. Grannan suggested the Health Department investigate resources that already exist within the city for program planning. He wanted to ensure that input from PWID was valued adequately. He also mentioned that the city had currently lost a decent amount of its syringe access capacity within the last couple months. Dr. Brady said this was high priority and they were working on this issue regularly with all stakeholders. They wanted to ensure whatever path they continued with had the support of community stakeholders.

M. Ross-Russell asked if G. Grannan's reservation had been resolved. G. Grannan said he felt the suggestion was engaged with, but he did not consider it resolved. Dr. Brady said they could try for conditional approval. She could send revised language regarding the two reservations. HIPC could then see if the language was acceptable to them and reflected/resolved reservations.

A. Williams said he no longer had a reservation if the language for rapid tester training was included. C. Steib, J. Haskins, and K. Carter agreed that this would resolve their reservation.

M. Ross-Russell said that all those who concurred with reservation had A. Williams's reservations except for G. Grannan whose reservation was separate. If A. Williams's reservation was resolved, this would move the group toward concurrence.

M. Ross-Russell said she could send the group the updated language and then they could bring the language to CPC to look at concurrence. G. Grannan said he was willing to concur with the understanding that impacted communities working with city entities did not have a successful past. He wanted it noted that this was a large leap of faith.

Kathleen said if the revised plan did not meet expectations and resolve concerns, the letter would go back to concurrence with reservations.

M. Ross-Russell said the resolution would happen on Thursday in CPC's meeting. G. Grannan said he would concur and was willing to have conversations around his concerns outside of this meeting/the plan.

Committee Reports:

—Executive Committee—

M. Ross-Russell reported that the Executive Committee had discussed hybrid, in-person, and virtual meetings. They wanted to ensure everyone was comfortable and safe and that everyone's opinions were considered. They also discussed the technological intricacies/infrastructure of

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conducting hybrid meetings. Lastly, the Executive Committee discussed confidentiality and how they would go about this.

—Finance Committee—

No further report.

—Nominations Committee—

No report.

—Positive Committee—

K. Carter reported that they would next meet on Monday the 14th.

—Comprehensive Planning Committee—

No report.

—Prevention Committee—

C. Steib said they had not met last month and would not meeting this upcoming month.

Other Business:

None.

Announcements:

None.

Adjournment:
L. Diaz called for a motion to adjourn. **Motion:** K. Carter motioned, G. Grannan seconded. Meeting adjourned 4:41 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- November 2022 HIPC Meeting Agenda
- October 2022 HIPC Meeting Minutes
- PA State Response Letter
- Draft 2022-2026 Integrated Plan

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