Philadelphia: HIV Integrated Planning Council
Meeting Minutes of
Thursday, April 13, 2023
2:00 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Ahmea Branch, Michael Cappuccilli, Keith Carter, Jose Demarco, Lupe Diaz (Co-chair). Alan Edelstein, David Gana, Gus Grannan, Julie Hazzard, Sharee Heaven, Niash Houston, Diamond Jack, Gerry Keys, Greg Langan, Coty Murphy, Shane Nieves, Erin Nipps, Luis Otano, Erica Rand, Desiree Surplus, Kim Thomas, Evan Thornburg (Co-chair), Maddison Toney, Adam Williams

Guests: Anna Thomas-Ferraioli (DHH)

Excused: Allison Byrd, Debra D'Alessandro, Monique Gordan, Pamela Gorman, Jeffrey Haskins, Lorett Matus, Blake Rowley, Clint Steib

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

Call to Order: L. Diaz Called the meeting to order at 2:05 p.m.

Introductions: L. Diaz asked everyone to introduce themselves.

Approval of Agenda:
L. Diaz referred to the April 2023 HIV Integrated Planning Council agenda and asked for a motion to approve. **Motion:** M. Cappuccilli motioned; G. Keys seconded to approve the April HIV Integrated Planning Council agenda via a Zoom poll. **Motion passed:** 12 in favor, 1 abstained. The April 2023 HIV Integrated Planning Council agenda was approved.

Approval of Minutes (*March 9th, 2023*):
L. Diaz referred to the March 2023 HIV Integrated Planning Council minutes. **Motion:** G. Grannan motioned; G. Keys seconded to approve the March 2023 HIV Integrated Planning Council meeting minutes via a Zoom poll. **Motion passed:** 11 in favor, 4 abstained**.** The March 2023 HIPC Minutes are approved.

Report of Co-chairs:
S. Moletteri and C. Steib had decided to report on the PA HIV Planning Group (HPG) meeting starting last month. S. Moletteri reported the State Opioid Response (SOR) grant. The purpose of the grant was to provide technical assistance and capacity building for drug and treatment providers in the state of PA. She estimated that in mid-December 2022, 31 sites had actively engaged with the grant. Some sites had chosen to pause or conclude their participation in the grant.

She said part of the work at HPG involved providing vaccines for Hepatitis A/B and providing HIV test kits. S. Moletteri said by June, the HPG would know if the funding for the grant would

continue. S. Moleterri said she contacted the HPG to ask how many of the 31 sites were under the HIV Integrated Planning Council's (HIPC) eligible metropolitan areas (EMA). She promised to keep the HIPC informed. S. Moleterri said the next HPG meeting would occur in May at the DoubleTree Hotel in King of Prussia from 3 pm to 7 pm. L. Diaz said that members could travel to the meeting from the city by Route 124 bus.

L. Diaz gave her report on the two HPG projects. These two projects were called Project Silk and Project Glow. She said Project Silk was a statewide youth initiative program targeting young LGBTQ+. C. Steib had told L. Diaz that the program was similar to the Philadelphia Youth Advocacy (YAP) program.

Report of Staff:
M. Ross-Russell said their next few meetings would be replete with data and information as they prepared for the 2024-2025 fiscal year allocations process. She said they had to finalize the current fiscal year's allocations and review the third-quarter spending report. M. Ross-Russel said any information not covered in the third-quarter spending report would be covered in the year-end report. She said since the staff members from the Division of HIV Health were at the End the Epidemic (EHE) meeting, she would present the third-quarter spending report. Additionally, M. Ross-Russell said they may receive their year-end report next month.

Presentation:

-EHE Update-
A. Thomas-Ferraioli introduced herself as the EHE Advisor from the Philadelphia Division of HIV Health (DHH). She would give an overview of the DHH EHE Coordination Team, Philadelphia, Community plan, Community and Provider Consultations, and processes for providing feedback on the draft plan.

She said the DHH EHE Coordination Team had diverse individuals funded directly for EHE activities and other activities related to EHE. She said that Philadelphia was one of the Phase 1 jurisdictions. A. Thomas-Ferraioli said a Phase 1 jurisdiction was different from an EMA. She said Phase 1 jurisdictions were counties rather than a region. The United States Department of Health and Human Services (HHS) chose these counties because they deemed them to have the highest number of diagnosed HIV cases in 2017 when the program was created. She said there were 48 Phase 1 locations.

On December 1, 2020, the Philadelphia Department of Public Health's DHH released its EHE plan. A. Thomas-Ferraioli said they could find this plan online in English and Spanish on the HIPC's website. During 2019, DHH consulted community leaders and service providers to develop the initial plan to end HIV in Philadelphia. She said they aimed to reduce new HIV transmissions by 75% by 2025 and 90% by 2030. A. Thomas-Ferraioli said they were currently consulting leaders and providers for another update to the plan.

She turned to an infographic displaying the progress toward the EHE goals from the DHH website. She said they currently had 470 new HIV transmissions per year in 2017. The infographic showed that if they had reduced the rate of new diagnoses by 75%, they would have

118 new diagnoses per year. If they had reduced new transmissions by 90%, DHH estimated that the rate of new diagnoses would be 47 new transmissions per year by 2030.

A. Thomas-Ferraioli compared the federal EHE plan with the Philadelphia Community Plan. The Philadelphia Community Plan was a 5-year strategic plan. It aimed to serve those living with HIV and those at risk of acquiring HIV. The plan shared four central pillars or goals with the Federal EHE plan and a 5th local pillar. The 5th pillar was health equity, an important goal to ensure progress in diminishing the epidemic. She said she would review the 2020 Philadelphia Community Plan's goals and the key activities to achieve them.

The first pillar was the diagnosis pillar. The goal was to ensure 97% of people living with HIV in Philadelphia would know their HIV status by 2025. To achieve this goal, DHH hoped to increase HIV testing in medical settings such as primary and urgent care, emergency departments, and prison intake. They also aimed to increase the availability of testing through community-based programs. The plan would target key vulnerable populations with increased frequency in testing. The final strategy of the diagnosis pillar would be to implement a status-neutral approach to linkage with realignment and expansion of key personnel. DHH would also approach linkage to HIV medical care or PrEP with a status-neutral approach.

The key activities DHH used to achieve these objectives DHH aimed to provide HIV testing for disproportionately impacted communities. They promoted self-test ordering on PhillyKeeponLoving.com. A. Thomas-Ferraioli said that DHH was also adding pharmacies to the list of options for HIV testing.

The second pillar was treatment. DHH planned to virally suppress 95% of PWLH in Philadelphia by 2025. This pillar had four strategies. The first strategy was to treat the PLWH rapidly and effectively to reach sustained viral suppression. The second strategy was to link these individuals with HIV to care and treatment, including rapid-start treatment programs. The plan would seek innovative and effective ways to re-engage the locally estimated 3,000 individuals who were aware of their HIV status but were not receiving care and treatment. The last strategy was to support those already in care who have yet to achieve viral suppression in controlling the virus. There were two key activities in the treatment pillar. The first activity was EHE HIV Care, and the second activity involved the implementation of Immediate Antiretroviral Therapy (iART) at EHE and the Ryan White Part A-funded programs. The EHE engagement and re-engagement program had six subrecipients. They were Pennsylvania and the University of Pennsylvania Hospitals, Temple University Hospital, Jefferson Health, Einstein Hospital, and the Children's Hospital of Philadelphia. The EHE engagement and re-engagement programs aimed to engage and re-engage PWLH in the City of Philadelphia to treat HIV and improve viral suppression. Agencies participating in the program were required to conduct core activities such as responding to data, participating in data-to-care activities, expanding low-barrier service delivery initiatives, providing iART, and expediting linkage to HIV care. A. Thomas-Ferraioli then explained the definition of iART. She said that iART was the initiation of ART within 96 hours of diagnosis. She said this was an evidence-based practice that had prevented patients from being lost to care. She noted that iART started with the first reactive test, not a confirmatory one. EHE-funded providers were required to develop a protocol using a checklist of components necessary to ensure relatively uniform care across providers. She said they were also required to

create protocols iART and a rapid restart for those returning to care. The providers would implement and approve the protocol by 3/1/23. They began reporting data on time from the first reactive test to treatment on 3/1/23.

The third pillar was prevention. DHH aimed to reduce HIV transmissions in Philadelphia by 75% in 2025 and 90% in 2030. They planned to increase access to pre-exposure and post-exposure prophylaxis (PrEP and nPEP) for priority populations. They looked to ensure access to syringe services, provide harm reduction services, and link to substance use disorder treatment. To prevent new transmissions, they planned to provide HIV prevention activities for those at risk, such as perinatal HIV prevention. A. Thomas-Ferraioli said that the PEP hotline was a new development. She said the PEP hotline was a 24/7 line to expedite linking patients to PrEP services. She explained PrEP was a medicine that could prevent HIV if started within three days of exposure. She said the medicine must be taken for 28 days and that timing was essential for the greatest chance of prevention. She noted that occupational exposure should be managed through an employer.

DHH planned four key activities to support the prevention pillar. To bolster prevention strategies, DHH looked to create a PEP Center of Excellence for on-call access to nPEP, provide virtual PreP services through TelePrEP, and access to sexual wellness services to increase access to harm reduction services. DHH provided sexual wellness services intended to reach those who experienced service barriers. DHH provided sexual wellness services for HIV, STI, and reproductive health at Bebashi, Congreso, Courage Medicine, and the Mazzoni Washington West Project. A. Thomas-Ferraioli then explained what TelePrEP was and how it could help the community. She said TelePrEP allowed eligible community members to receive PrEP without meeting a doctor in person. She said they could find more information on TelePrEP on PhillyKeepOnLoving.com.

A. Thomas-Ferraioli reminded the HIPC that there was an outbreak of HIV due to people sharing syringes. She said that DHH had responded to this outbreak by establishing walk-in HIV treatment services at Prevention Point Philadelphia. She reported that about 20% of participants used injectable HIV medication, an alternative to taking HIV medication in pill form. In addition to HIV medication, DHH distributed more syringes to discourage sharing. A. Thomas-Ferraioli said DHH had cooperated with providers and communities to raise awareness of an HIV outbreak. They created and distributed information sheets in Spanish and English to educate the community about the outbreak.

Health equity was a key issue with DHH and A. Thomas-Ferraioli. She said DHH had aspired to create an environment where all community members could access services and resources without barriers. DHH formed the Health Equity Institute to educate providers about communities that faced discrimination and teach them how to provide equitable and accessible services. The training was monthly meetings led by E. Thornburg. DHH created the Health Equity Assessment Plan. In the plan, DHH helps providers identify practices that need to be changed. Providers then make a plan to implement the changes. DHH monitors the outcomes of the changes.

A. Thomas-Ferraioli highlighted some upcoming events on aging and HIV. The first event was an Aging with HIV Symposium on May 23 at the DoubleTree Hotel. There would be virtual options for those who could not attend in person. A planning committee of PLWH would be hosting the event. A. Thomas-Ferraioli said she would email the HIPC staff information on registering. She said the event is for community members and providers. DHH also conducted a series of focus groups with older adults about aging with HIV. She said these focus groups would be starting in Fall 2023. They would present their findings at a symposium in late 2023.

A. Thomas-Ferraioli said DHH had been doing EHE community consultations. She said they presented on March 27 with the Elder Initiative, March 30 with Prevention Point, and April 11 with the Attic. She said the subsequent two consultations would be open to the public. The next available consultation would occur on April 20 with black Philadelphians impacted by HIV at Bebashi. She said the following consultations afterward were still being scheduled and would be with the Hispanic and Latino/x/e Philadelphians affected by HIV at Congreso. She said this meeting would be primarily conducted in Spanish with some English translation.
She encouraged the HIPC members to request more information from her.

A. Thomas-Ferraioli said they would also have provider consultations. These consultations would be lunchtime remote sessions for providers to give insights and feedback on EHE efforts. The consultations would be organized by pillar. She assured the HIPC that they would do a session on health equity. The first consultation would occur on April 19 and focus on HIV care. The second consultation would occur on April 21 and focus on prevention. The third consultation would occur on May 2 and focus on HIV testing. She said registration was open. The information gathered from the consultations and meetings with the community would be used to update the EHE plan. A. Thomas-Ferraioli said they would create a draft and post it online. DHH would provide an option for the public to give feedback on the draft.

A. Thomas-Ferraioli thanked the HIPC members for inviting her to present the plan. She then asked if the HIPC members had any questions or comments. T. Dominique asked what their progress was on reducing HIV transmissions. She then asked what were the activities done in a consultation. She wanted to know if the consultations were presentations or a forum where the attendees could ask questions to the host. A. Thomas-Ferraioli answered the second question first. She said that DHH had wanted to focus on discussion-based consultations. She said they had embedded questions throughout the presentation to keep the attendees engaged. Thus, each consultation had about 45 minutes of discussion with 45 minutes of presentation. A. Thomas-Ferraioli returned to the first question. She did not have concrete figures regarding their progress but could make a rough estimate. She said that the number of new diagnoses had dipped briefly, but they would need to decrease sharply in the next two years if DHH had hoped to achieve its 2025 goals. She said that the goals were created before COVID-19 had disrupted society. T. Dominique asked if they could lower their goals and provide a justification for the new goal. A. Thomas-Ferraioli said the federal goals had remained the same. As an EHE advisor, she said DHH would strive to do everything they could to reach their goals, but they understood they had to work within the circumstances given to them. She noted that they would still try to diagnose as many people as possible because one way to reduce the number of new diagnoses was to stop testing people. She said they wanted to see an actual reduction. She said they had seen a reduction in HIV diagnoses in 2020, but they knew the reduction was caused by the

COVID-19 lockdown impacting the number of people who tested. A. Thomas-Ferraioli referenced a line graph on the Philadelphia Department of Health's website. She showed the HIPC members that they were currently seeing 332 new diagnoses per year. She said the numbers had shown they would need to reduce the number of new diagnoses to 118 per year if they were to meet the goal in 2025.

M. Cappuccilli asked how they had followed up with TelePrEP patients. A. Thomas-Ferraioli said the program was managed by Einstein Hospital. She said she was not the best person to answer logistical questions about the program. She said that her colleagues in the prevention program would be more suited to answer his question. She said if the HIPC members would visit the PhillyKeepOnLoving website, they could find more information about the topic under the section asking the person if they wanted online deliveries or advice.

G. Keys asked if a patient should be put on ART after their first diagnosis or appointment. A. Thomas-Ferraioli said the 96 hours period starts when they have their first reactive test. She said it was a priority for DHH to expedite getting a newly diagnosed person an appointment with a healthcare worker. G. Keys said that the 96-hour period did not give them much time to decide if they would want treatment. A. Thomas-Ferraioli said patient consent was a priority in their protocols. She said their choice would be respected if a patient refused treatment. G. Grannan asked if their statistics were based on the number of people who were offered treatment or if they were based on the number of people who were engaged in treatment. G. Grannan said there was an institutional push to have people placed on treatment. He asked how they had reconciled this institutional push with a person's self-efficacy who was recently diagnosed. A. Thomas-Ferraioli replied that they did survey this question during the 96 hours. She said they did not have a benchmark or incentive that rewarded or pushed providers to drive people into treatment. She said they had simply collected the information and made iART an available option. G. Keys said they knew newly diagnosed patients who had wanted additional confirmatory tests before committing to iART. G. Keys said this might take the patient past 96 hours.

A. Thomas-Ferraioli said she had heard there was a directive from HIPC about iART. M. Ross-Russell said there was specific language HIPC asked to be added around iART to be consistent with the most recent research. She said there was much discussion about whether it was a wise decision to start someone on ART while they were waiting for blood tests to confirm their HIV status. S. Moleterri sent the relative language to the HIPC members: "In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded." S. Moleteri said that the second half of the language indicated some situations where iART was inappropriate, such as if the patient had refused treatment. A. Thomas-Ferraioli said DHH had frequent discussions with providers regarding the protocols increasing access to iART. They agreed that the system barrier should be removed but they should also respect patient efficacy. S. Nieves asked if the 96-hour period had started from the date of diagnosis of the rapid test or the first reactive test. A. Thomas-Ferraioli said it was the date of the first reactive test.
A. Thomas-Ferraioli sent her contact information to the HIPC members. She then thanked HIPC for inviting her to the meeting.

Discussion Item

-Third Quarter Spending Report-
M. Ross-Russell said they had chosen to keep the discussion about the third-quarter spending report and the year-end separate. M. Ross-Russell was concerned that having discussions and the epidemiological report in one meeting would overwhelm the HIPC members. She anticipated the federal budget would be approved, and they would formalize the allocations for the fiscal year 2023-2024.

M. Ross-Russell referred to the breakdown of the third-quarter spending. M. Ross-Russell said the breakdown may have included carry-over funding. The breakdown also included the funding from Minority AIDS Initiative (MAI), Systemwide spending, and MAI Systemwide expenditures. M. Ross-Russell explained that carry-over funding were funds that had been left unspent in the previous fiscal year and needed to be spent in the current fiscal year. She explained that every time they are unspent funds, DHH must request that the funds be carried forward to the next fiscal year.

M. Ross-Russell said she would review each region's spending. In Philadelphia, there were unspent funds in ambulatory outpatient care, case management, drug reimbursement, mental health therapy, oral health, and substance abuse treatment. M. Ross-Russell said ambulatory outpatient care had underspent funds due to late invoicing in institutions such as hospitals. M. Ross-Russell said that case management had unspent funds due to late invoicing and open staff positions. She said having open positions gave the budget an appearance of underutilized funds when the organization was understaffed. M. Ross-Russell said that drug reimbursement and mental health services were underutilized. She believed this was due to people being uncomfortable in public spaces due to COVID-19. She said oral health was not underspent by a great deal and would likely be more utilized by the end of the year. M. Ross-Russell said that substance abuse treatment had been underspent by 19%. She expected that would change by the end of the year, given that drug use was becoming more prevalent. A. Edelstein asked if fear of COVID-19 had still affected transportation use. M. Ross-Russell confirmed that COVID-19 had still affected the number of people who used transportation.

In the previous Finance Committee meeting, M. Ross-Russell noticed overspending in emergency financial assistance, housing assistance, and food bank/home-delivered meals. She said she had followed up to ascertain why the funding had exceeded the budgeted amount. After investigating, M. Ross-Russell reported that these services had exceeded the budget because the budget had included carry-over funds from the previous fiscal year.

M. Ross-Russell said there was no underspending in legal services. She said there was a slight underspending in transportation services. She had heard that SEPTA would be raising their prices on transportation services.

M. Ross-Russell reviewed the third quarter spending for the PA counties. She said there was not much underspending in the counties. She said there had been late invoicing and that the underspending would be used by the end of the year. Unlike the other regions, she said there had been unspent funds in emergency financial assistance services. She was told that the services had been underutilized in the PA counties. She said she had anticipated that this would change soon.

She said there were no unspent funds in legal services. She said transportation services had been over budget as they had expected.

The HIPC then reviewed the spending in the New Jersey counties. M. Ross-Russell said there was underspending in case management services were staffing related. She said underspending in ambulatory care and oral services was due to late invoicing. She said there was underspending in oral health services due to underutilization. M. Ross-Russell said there was about 80% underspending for emergency financial assistance and food bank/home-delivered meals. She said this had differed from the other regions and contacted the recipient to learn why New Jersey had significant underspending in these categories. At that moment, the recipient did not have an answer and said they would investigate why there was underspending. She said there was underspending in transportation services in New Jersey. M. Ross-Russell said she was told that underspending from the previous year was forwarded to transportation services in New Jersey, resulting in underspending in the current year.

M. Ross-Russell then reviewed the systemwide expenditures. She said the recipient provided these services. She said the only service not provided by the recipient was planning council support. She described planning council support as expenses related to the office such as operational costs including gas and electricity. She also had two positions that had been open for six months. She said information and referral services had been underspent due to open staff positions. She said quality management activities had underspending for the same reason. She then said systemwide coordination had overspent their budget. She said the capacity building category had unspent funds. She did not know why there were unspent funds for capacity building. She said grantee administration had underspending due to open staff positions. M. Ross-Russell said she would not review the expenditures for MAI.

Action Item

-FY2021 Prevalence Data-

A. Edelstein referred to page 13 of the May 2023 HIPC meeting minutes. He said HIPC previously had issues with the prevalence data that was given. A. Edelstein recounted the events leading to the meeting. HIPC had asked for new data since the data they had initially given was deemed inadequate. The State of PA had promised HIPC they would send new data in early March. The State of PA could not provide new data in early March. They then promised to deliver a new dataset by the end of March. A. Edelstein then reviewed the decision to divide the 9 regions into 3 areas. HIPC members were worried that if the data were inaccurate, some counties would not receive the needed resources. The existing allocation policy dictated that they would use the latest prevalence data. The Finance Committee members had proposed using the average prevalence data of the last ten years. According to the Bylaws, the Finance Committee must announce the policy and allow for discussion for 30 days. Then the proposal to change the Bylaws would be forwarded to the HIPC for approval.

A. Edelstein said the issue was that the original prevalence data showed 500 people missing from the previous year. HIPC contacted the State of PA for an explanation. A. Edelstein said the data had recorded the patients' location at the time of diagnosis rather than their current address. A. Edelstein said the other issue with the data set had stemmed from a lack of Enhanced HIV/AIDS

Reporting System (eHARS) cleaning. A. Edelstein asked M. Ross-Russell to explain what data cleaning was.

M. Ross-Russell described data cleaning as a process where a person reviewed the data regularly because it was understood it periodically needed an update. She gave an example of a situation where data cleaning was needed. She said that individuals move to different locations, as a result the dataset needed to be checked regularly to ensure that the data accurately reflected the number of PLWH within a given area. This ensured adequate resources are provided to their client base. She said the CDC was the repository where states would input information into a database called eHARS. M. Ross-Russell stressed that the information the states had inputted into the database must be accurate because it determined if the prevalence data reflected the region's population. M. Ross-Russell said that the prevalence data that the State of PA had given them had an issue where there were 500 people in one year, and the 500 people were missing the following year. M. Ross-Russell said the other issue with the dataset was that the dataset was an open/dynamic dataset instead of a closed one. M. Ross-Russell said an open dataset was one where information was added or changed. A closed dataset had a start date when information was collected and a set date for information would no longer be entered. A. Edelstein reminded the HIPC members that it was also crucial that the data reflected the current address of the population.

A. Edelstein said the Finance Committee sought Dr. K. Brady's input on the new data from the State of PA due to her expertise. Dr. K. Brady replied that she had approved and that the HIPC could move forward with their allocations process. A. Edelstein then referred to the Language as Recommended by the Finance Committee document. He said they would initially use the alternative method of average ten years of prevalence data. However, Dr. K. Brady's approval of the new data meant they could forgo the alternative method. A. Edelstein said the Finance Committee was to use the most recent prevalence data from 2021 as the basis for the allocations process. The new draft allocations were that Philadelphia would receive 66.92% of funding, the Pa counties would receive 19.96% of funding, and the New Jersey counties would receive 13.12%, Philadelphia would receive a decrease of $446,324 in funding. It would receive $11,890,477 for the upcoming year. The Pa counties would see an increase of $421,970 in their budget and would receive a total of $ 3, 546, 532. The New Jersey counties would see an increase of $24,354, resulting in a total of $2, 333, 187 for their upcoming budget. The HIPC was cautioned that they were still awaiting the final award amount for HRSA at which point the award amounts would change.

A. Edelstein asked if they needed to vote to use their existing policy instead of changing it. M. Ross-Russell said they would not need to vote on the policy. She said the point of the discussion was also to make people aware of the situation. A. Edelstein asked the HIPC members if they had any questions or comments. G. Grannan asked if the data was the most recent prevalence numbers. A. Edelstein and M. Ross-Russell confirmed that they were. G. Grannan asked if they had the 2022 dataset. A. Edelstein said they did not have that data yet. He said their policy was using the most recent prevalence data that they had.

Committee Reports:

-Executive Committee-

None.

-Finance Committee-
None.

-Nominations Committee-
M. Cappuccilli said they reviewed a new format for Orientation. The format involved dividing the Orientation presentation among different speakers to increase engagement. M. Cappuccilli said the format succeeded and led to more interaction with the new members. He said they would use the new format in the upcoming Orientation.

M. Cappuccilli said they had changed the policy's language slightly and would present the new language to HIPC once they had spoken with the Office of HIV Planning staff. The policy discussed was regarding the composition of the review panel that met twice per year to evaluate new and returning membership applications.

Lastly, M. Cappuccilli said member retention was important. They discussed a new mentor program to help new members adapt to their roles and responsibilities. L. Diaz and S. Moleteri spoke about their experiences with the PA HPG's mentor program. The state HPG mentor program had its members meet in groups after the general meeting to informally discuss the topics in the session. M. Cappuccilli said they were still developing the program and would present it to the HIPC for review when they finalized development.

-Positive Committee-
S. Moleteri said they had brainstormed answers to the questions that G. Krull-Aquil had presented to the HIPC in the March 2023 HIPC meeting. She said the next meeting would be on April 10, 2023 at 7 pm, as it had been before. She said that changing the meeting time to earlier did not increase the number of members attending.

-Comprehensive Planning Committee-

G. Grannan said they had met last month. He said they had a continued presentation from DHH on their QM program. They would be hosting an election for a new co-chair. G. Grannan encouraged the HIPC members to attend the next meeting and run for election if interested. He said anyone who wanted to participate should contact a staff member for a Zoom link.
He said the next meeting would be next week at 2:30 pm on April 10, 2023.

-Prevention Committee-
T. Dominique thanked G. Grannan for chairing the last meeting. She said they had discussed the maps on the OHP website. M. Ross-Russell conducted a presentation on the map and the logic used in creating them. She asked for feedback from the committee on the maps. T. Dominique said she had yet to see new input after the meeting.

T. Dominique said they had also sent a prevention concerns questionnaire to the HIPC membership. They received 18 responses. She said they have yet to make any conclusions based

on the questionnaire. She said the questionnaire was a starting point to learn about the topics that the committee could discuss.

Other Business:
A. Williams asked if they had discussed the Braidwood Management v Becerra decision and if it was an upcoming topic. T. Dominique said they did not discuss that topic but would discuss it in the next Prevention Committee meeting.

Announcements:
T. Dominique said Pew Charitable Trust just released their State of City report. She said the report was available online. She encouraged the HIPC members to read the information.

Adjournment:
L. Diaz called for a motion to adjourn. **Motion:** G. Grannan motioned, and J. Hazard seconded to adjourn the April HIV Integrated Planning Council meeting. **Motion passed:** All in favor.
The meeting adjourned at 3:41 pm.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:
- April 2023 Meeting Agenda
- March 2023 Minutes
- Recommended Prevalence Numbers (PDF)