

MEETING AGENDA

VIRTUAL:

Thursday, January 11th, 2023

2:00 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (December 14th)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation
 - Service Standards
 - Roles and Responsibilities
 - Third Quarter Spending Report
- ◆ Action Item
 - Reallocation Request
- ◆ Committee Reports:
 - Executive Committee
 - Finance Committee – Alan Edelstein & Adam Williams
 - Nominations Committee – Michael Cappuccilli & Juan Baez
 - Positive Committee – Keith Carter
 - Comprehensive Planning Committee – Gus Grannan & Debra Dalessandro
 - Prevention Committee – Desiree Surplus & Clint Steib
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107

(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

The next HIV Integrated Planning Council meeting is

VIRTUAL: February 8th from 2:00 p.m. to 4:30 p.m.

Please contact the office at least 5 days in advance if you require special assistance.

Staff Directory

Mari Ross-Russell - Director, Finance Committee
Email: mari@hivphilly.org

Tiffany Dominique — Prevention Committee
Email - tiffany@hivphilly.org

Debbie Law — Nominations Committee
Email - debbie@hivphilly.org

Sofia Moletteri— Comprehensive Planning Committee, Poz Committee, Website
Email: sofia@hivphilly.org

Kevin Trinh — Minutes & Attendance
Email: kevin@hivphilly.org

Beth Celeste — Reception
Email: beth@hivphilly.org

Philadelphia HIV Integrated Planning Council
Meeting Minutes of
Thursday, December 14th, 2023
2:00 p.m. – 4:30 p.m.

Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: James Ealy, Keith Carter, Lupe Diaz (Co-Chair), Sharee Heaven (Co-Chair), Adam Williams, Desiree Surplus, Erica Rand, Fatima Thompson, Gerry Keys, Gus Grannan, Michael Cappuccilli, Jose DeMarco, Veronica Brisco, Mystkue Woods, Nafisah Houston, Juan Baez, , Sterling JohnsonGreg Langan, AJ Scruggs, Jerome Pipes, Evan Thornburg (Co-Chair), Debra D'Alessandro

Guests: Kathleen Brady (DHH), Ameenah McCann-Woods (DHH), Nakia Lancaster (Health Center 1, Javontae Williams (DHH), Emily McNamara (DHH)

Excused: Clint Steib, Evelyn Torres, Pamela Gorman, Alecia Manley

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

Call to Order: S. Heaven called the meeting to order at 2:08 p.m.

Introductions: S. Heaven asked everyone to introduce themselves.

Approval of Agenda: L. Diaz referred to the December 2023 HIV Integrated Planning Council agenda and asked for a motion to approve. **Motion:** K. Carter motioned; S. Nieves seconded to approve the December 2023 HIV Integrated Planning Council agenda via a Zoom poll. Motion passed: 12 in favor, 2 abstained. The December 2023 HIV Integrated Planning Council agenda was approved.

Approval of Minutes (November 9th, 2023): L. Diaz referred to the November 2023 HIV Integrated Planning Council meeting minutes and asked for a motion to approve. S. Nieves said they were not marked present when they were in attendance. **Motion:** G. Keys motioned; K. Carter seconded to approve the amended November 2023 HIV Integrated Planning Council minutes via a Zoom poll. Motion passed: 12 in favor, 6 abstained. The amended November 2023 HIV Integrated Planning Council meeting minutes were approved.

Report of Co-Chairs:

S. Moletteri attended the Pennsylvania HIV Planning Group and offered an update on the meeting she attended virtually. She said the meeting attendees discussed protocols and ByLaws. L. Diaz said she had an emergency in Boston that she needed to resolve and she could not attend the meeting.

Report of Staff:

M. Ross-Russell reported that the phone lines at the Office of HIV Planning (OHP) were disconnected due to electrical issues. She then said she wanted to address the 4 questions that were asked in the previous HIPC meeting. She introduced Dr. Brady, the director of the Division of HIV Health (DHH), who would be answering the question as a representative of the city.

The first question asked why DHH was focused on collaborative work at the state level and not reinforcing their work within the infrastructures of city agencies. Dr. Brady explained that they had wanted to improve the collaboration between the New Jersey and Pennsylvania Health Departments. She said DHH only had jurisdiction of the Philadelphia region and collaborating with the state health departments would allow them to monitor and gather data on the progress of the Diagnose and Prevent Pillar in those regions. She assured the HIPC members that they were working to improve HIV testing and prevention across city agencies. She clarified that this was not explicitly said in the Integrated Plan because they wanted the Integrated Plan to focus on all the regions as a whole rather than exclusively Philadelphia.

The second question asked why the Philadelphia Department of Health Ambulatory Health Centers (AHS) were not listed on the PhillyKeepOnLoving website. She said AHS resources were included in the Pre-Exposure Prophylaxis (PrEP) directory on the PhillyKeepOnLoving website. She said AHS services were not included in the testing section on the website because they did not offer free walk-in HIV testing to everyone. A. Williams said this was incorrect and said that AHS allowed for an exception for rapid tests. He said rapid tests were provided without an appointment regardless of being a patient. A. Williams wondered why the city no longer supplied free rapid tests to health centers. Dr. Brady said they no longer supported rapid testing in clinical sites because the CDC did not recommend it and they needed to focus their limited resources on solutions with higher success rates.

The third question was related to how information on rapid tests was presented by DHH. It was noted that laboratory tests were often used as confirmatory tests and this had skewed the data to show they had a greater efficacy rate. Dr. Brady replied that most people screened were not positive for HIV and that 4th generation HIV tests were less expensive than rapid tests. A. Williams said it was easier to convince people to take a rapid test rather than draw blood for a clinical test. He was concerned they were trying to remove rapid tests and other community tests. Dr. Brady once again emphasized that they had limited resources and wanted to focus their efforts on solutions that their data showed the greatest success.

The fourth question asked DHH to expand on its relationship with Health Center 1. Dr. Brady replied that it was a conflict of interest for DHH to discuss with HIPC members about funding specific agencies. She could only say that DHH was working with many organizations to increase the rate of referral to PrEP.

S. Johnson asked how DHH was preventing spikes in cases of HIV. Dr. Brady said DHH was using syringe services, condom distribution, and other methods. She was pleased to announce that these services were preventing HIV transmission and their data reflected that. She said they were also observing increased viral suppression rates and hoped this trend would continue. She said if there was a spike in a certain population, she was confident they had the tools and ability to quickly respond to it.

A. Williams said many were at high risk at the health centers. He said it was easier to convince individuals to opt for a rapid test. Dr. Brady said if individuals were at high risk, they went in-person to take a lab test to ensure the results were accurate. A. Williams explained how many patients were unwilling to complete their lab work. Dr. Brady said she had experience in this situation and hoped that medical practitioners would guide people in the health centers to complete their lab testing. A. Williams somewhat agreed. However, he noted that people were not actively seeking out HIV testing. However, when at a health center, they could be identified as high-risk and referred to an opt-out rapid test which clients were much more receptive to than a lab-based screening. She reassured A. Williams they were not removing community-based screening and were only aiming to frugally use the funding to end the epidemic as quickly as possible.

Presentation

-STD Control at Health Center 1-

N. Lancaster introduced herself as the HIV Prevention Coordinator at Health Center 1 (HC1). She showed the HIPC a 5-minute video detailing an overview of receiving services at Health Center 1. She said the video could be found on the Take Control Philly website. She said Health Center 1 has become more receptive to the community's voice through the services it provided such as Opt-out HIV testing, PrEP, nPEP, and DoxyPEP. Health Center 1 was a categorical STI/D clinic that offered walk-in availability and no fee or insurance for visits. N. Lancaster said HC1 provided PAP smears and services for symptomatic and asymptomatic patients. N. Lancaster clarified that HC1 was not part of the network of primary care clinics that AHS runs. They do not offer primary care services. She said they rely on their partnerships for these services.

She then reviewed the data they had collected. Starting in 2015, HC1 began offering PrEP. She said they observed an increase in clients who were men who had sex with men (MSM). She said they were also observing an increase in the number of clients who identified as Hispanic/Latine/Latinx and other people who may not identify English as their primary language.

N. Lancaster said HC1 needed HIPC's support for additional funding to build and maintain infrastructure for STI testing and HIV preventive services in the city of Philadelphia. They asked for a letter of agreement or support. She also asked HIPC to advise and assist them in their identification of community partners to supplement the services that they did not offer in the clinic and vice versa. They were also looking for feedback to HC1 leadership regularly.

J. DeMarco asked if they saw injection drug use at HC1. N. Lancaster said there were some clients who were injection drug users but not many. J. DeMarco asked if they had data on transmission rates. N. Lancaster replied that she did not have the information at that time and she could return with that information after speaking to her medical director. She asked for J. DeMarco's email address so she could follow up with the information.

-Midatlantic Training Center AIDS Education and Training Center (MAAETC)-

D. D'Alessandro said she was coming to the HIPC to request a letter of support for the MAAETC for continued funding for the next 5 years starting on July 1st, 2024. D. D'Alessandro was a member of HIPC, the Director of Public Health Training and Technical Assistance at the Health Federation, and the Regional Coordinator for the eastern region at MAAETC. She provided an overview of the organization. The organization was founded in 1988 by the Ryan White Act and supported the region's hospitals, community health centers, and other health and social service providers in HIV services. She then described the new definitions from HRSA regarding the new AETC grant cycle. She then listed the services that MAAETC provided. Some of these services included Didactic Training, technical assistance and capacity building, and clinical training and consultation.

D. D'Alessandro then provided information about the Philadelphia MAAETC which was based at the Health Federation of Philadelphia. The site serves 17 counties east of Harrisburg, East Central, and Northeastern PA. The other half of the state was covered by the Pittsburgh MAAETC which was based at the University of Pittsburgh, School of Public Health. They serve 50 counties in Western and Central Pennsylvania.

D. D'Alessandro then reviewed the MAAETC goals for the application. The goals were to continue collaboration with DHH on training needs of Ryan White-funded HIV Case providers. They also looked to provide HIV and HCV clinical preceptorship. They looked to hold a bi-monthly prison discharge planning meeting in Philadelphia. They aimed to respond to individual training needs of Eastern Pennsylvania providers and to develop training addressing the intersection of HIV and other health issues.

D. D'Alessandro provided consultation lines and web resources that the HIPC members could use. She said she would forward the presentation slides so they could have access to the information.

A. Edelstein asked if HIPC had a policy regarding requests from organizations for letters of support. M. Ross-Russell answered she would need to check if it was in their ByLaws or if it was a separate policy. She said that they usually do not write letters of support because HIPC would lack knowledge of the organizations' activities. A decision was then made to have each organization come to a HIPC meeting to present information on what the proposed activities entailed. It was also decided that a letter would be generated that showed the HIPC members acknowledged the request and were aware of it. A. Edelstein asked if there was language that said they would collaborate with the organization if the funding was approved. J. Williams answered the questions regarding the Health Center 1 request. He said the Health Center 1 request was asking for a letter of concurrence from DHH. He was reminded that the End the Epidemic Initiative was formally ending next spring and the federal government wanted to separate out the Health Center 1 component. He said DHH was being asked to collaborate and support this. He said they also needed a letter of support from HIPC. He said the collaboration was Health Center 1 bringing the proposal to HIPC and receiving feedback on clinic infrastructure and outreach to the community.

M. Ross-Russell asked when the application for MAAETC was due. D. D'Alessandro said they needed the letter of acknowledgment by January 8th because the application was due February

4th. M. Ross-Russell said the last letter of acknowledgment they had produced was from around 2007 for Public Health Management Corporation for substance abuse treatment and HIV treatment. A. Edelstein was concerned that if they wrote the letter, they would need to write a letter for every organization that submitted a request. J. Williams said that technically Health Center 1 was a part of the Department of Public Health and was technically the recipient.

L. Diaz asked about next steps. M. Ross-Russell said they would need to draft the letter of acknowledgment for MAAETC and then have it signed by all of the co-chairs. She then said she needed more clarity for HC1 to know if they needed to produce a letter of concurrence, support, or acknowledgment. L. Diaz asked J. Williams to contact M. Ross-Russell to provide clarification to M. Ross-Russell after the meeting.

During the committee reports, J. Williams informed HIPC that the HC1 presentation was for a letter of support and not a letter of concurrence. He said he would email M. Ross-Russell the specific funding request from the notice of funding opportunity.

Committee Reports:

-Executive Committee-

L. Diaz said they have not yet met and would decide on a date to meet soon.

-Finance Committee-

None.

-Nominations Committee-

M. Cappuccilli said the committee had met earlier and discussed the letters of acceptance. He then asked the HIPC members for their patience since the letters' approval was delayed due to the mayoral transition. He reminded HIPC that the Orientation would take place on January 10th and would be virtual.

-Positive Committee-

S. Moletteri said the Positive Committee had not met this month due to the holidays.

-Comprehensive Planning Committee-

G. Grannan said the Comprehensive Planning Committee would not be meeting due to the holidays.

-Prevention Committee-

D. Surplus announced that they were still looking for a new co-chair to take C. Steib's seat.

T. Dominique said the Prevention Committee had a presentation on the Center of Excellence in November. T. Dominique reminded HIPC that they would not be meeting due to the holiday schedule.

Other Business:

None.

Announcements:

L. Diaz announced that K. Carter, A. Scruggs, and J. DeMarco got an award for World AIDS day.

Adjournment:

L. Diaz called for a motion to adjourn. **Motion: M. Cappuccilli motioned and J. DeMarco seconded to adjourn the December 2023 HIV Integrated Planning Council meeting. Motion passed: All in favor.** The meeting adjourned at 3:47 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- December 2023 Agenda
- November 2023 Meeting Minutes

DRAFT

Office of HIV Planning

HIV Integrated Planning Council: Finance Committee

Ryan White Part A

Recipient 2024-25 Reallocation Request

Philadelphia Region

January 4, 2024

A Philadelphia Region provider of Substance Abuse Services has experienced decreased utilization over the course of several funding cycles. Conversely, they've had to contend with a growing waiting list for Mental Health Services of their patient/client population of People with HIV. The Recipient would like to reclassify their Substance Abuse funding to Mental Health Services.

To satisfy this regional need, based on level funding the Recipient is requesting permission to reallocate funds as follows:

Philadelphia:

Decrease Substance Abuse Services by 11.7% or \$60,000.00

Increase Mental Health Services by 8.4% or \$60,000.00