**HIV Integrated Planning Council**
**Meeting Minutes**
**Thursday, March 8, 2018**
**2-4pm**

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

**Present:** Juan Baez, Katelyn Baron, Henry Bennett, Mark Coleman, Lupe Diaz, Tiffany Dominique, Alan Edelstein, Gus Grannan, Sharee Heaven, Peter Houle, Gerry Keys, Lorett Matus, Dorothy McBride-Wesley, Jeanette Murdock, Christine Quimby, Ann Ricksecker, Joseph Roderick, Samuel Romero, Terry Smith-Flores, Clint Steib, Coleman Terrell, Gail Thomas, Melvin White, Jacquelyn Whitfield.

**Excused:** Kevin Burns, Jen Chapman, Pamela Gorman, La'Seana Jones, Nicole Miller

**Absent:** Johnnie Bradley, Keith Carter, Martha Chavis, David Gana, George Matthews, James Tarver, Adam Thompson, Leroy Way, Lorrita Wellington

**Guests:** Chris Chu, Jeff Funston, Ronald Lassiter, Silvana Mazzella, Ameenah McCann-Woods, Judith Peters, Laura Taylor, Steven Zick

**Staff:** Antonio Boone, Nicole Johns, Debbie Law, Mari Ross-Russell, Briana Morgan, Stephen Budhu

**Call to Order**: K. Baron called the meeting to order at 2:06pm. Those present then introduced themselves.

**Approval of Agenda:** K. Baron presented the agenda for approval. She stated the agenda needed to be updated. "Allocation Request" needed to be added under the "Action Items" section. "HOPWA" under the "Discussion Items" section will be removed. K. Baron presented the updated agenda for approval. **Motion:** M. White moved, T. Dominique seconded to approve the agenda. **Motion Passed:** All in favor.

**Approval of Minutes:** K. Baron presented the minutes for approval. **Motion:** M. White moved, C. Steib seconded to approve the minutes. **Motion Passed:** All in favor.

**Report of Chair: Co- Chair attributes**

K. Baron stated the Executive Committee recommended the HIPC should record attributes what they felt were necessary for the next HIPC co-chair. Ideas will be recorded on Post-it notes during the meeting and Post-its will be collected at the end of the meeting. K. Baron stated ideas would be shared in the HIPC's April meeting. K. Baron thanked the council for their participation.

**Report of Staff:** N. Johns informed the committee the consumer survey was complete. Copies are available in the office or online at www.hivphilly.org.

**Special Presentation: Medication Assisted Treatment— Silvana Mazzella, *Prevention Point Philadelphia***

S. Mazzella introduced the term "medication-assisted treatment (MAT)" to the council and its definition. MAT is the use of medications in combination with counseling and behavioral therapies to provide a holistic approach to the treatment of substance use disorders.

S. Mazzella explained the goals of the presentations were:

- Increased understanding of what is happening nationally and locally with respect to opioids and overdose
- Increased understanding of what is being done locally to reduce opioid use, improve access to opioid treatment, and, most importantly, reduce fatal and non-fatal overdose
- Increased understanding of addiction and dependence, particularly opioid addiction and dependence, and what is unique about opioids
- Increased understanding of stigma, its role in reducing access and increasing mortality, and how we can work to reduce stigma
- Increased understanding of evidence-based treatment modalities
- Increased understanding of what the EMA and planning partners can do to reduce stigma, improve access to substance use treatment, improve outcomes, and reduce fatality

S. Mazzella briefly reviewed "HIV infection and risk of overdose: a systematic review and meta-analysis"[1] by Green, T. C., Mcgowan, S. K., Yokell, M. A., Pouget, E. R., and Rich, J. D. The meta-analysis reviewed the non-HIV-related mortality rate in PLWH. The article suggests there is increased risk of overdose mortality in PLWH who use opioids, and it suggests opioid overdose is a leading cause of non-HIV-related mortality in PLWH. The meta-analysis pooled results from 46 prior studies. Authors noted the results varied but preliminary findings suggest there is a potential underlying mechanism to increased PLWH mortality when they use opioids. Additional study is needed to properly identify the mechanism.

After review of the meta-analysis S. Mazzella displayed a graph of overdose death by type of opioid. Data was from 2000-2015, collected by the CDC. She noted deaths related to heroin and other synthetic opiates like fentanyl or tramadol have increased over the period, while methadone related deaths have remained stable over the 16-year period. She noted the risk of methadone overdose is low and methadone is commonly used for medication-assisted treatment.

S. Mazzella reviewed a chart that tracked the sale of opioids by prescriptions from 2001-2017. The sale of opioids and rate of prescriptions have increased over the period, and the chart accounted for oxycodone, hydrocodone, fentanyl, and morphine. Morphine was used as a baseline comparison in sale and drug potency. Hydrocodone had the lowest potency equivalence to morphine at 1:1, while fentanyl had the highest at 75:1.

S. Mazzella displayed a map of non-fatal opioid-related overdoses in Philadelphia. The map highlighted the Kensington, lower north, and upper north Philadelphia region as the epicenter for opioid-related overdoses. The map did not distinguish what opioid overdoses were linked to, but S. Mazzella suggested the majority of overdose events could be attributed to fentanyl or other synthetic opioids.

S. Mazzella displayed a graph of fentanyl related overdose events versus non-fentanyl-related overdose events. The graph incorporated events from 2003-2016. Data showed the increase of fentanyl related events over time; in 2016 fentanyl related overdose events were greater than 50% of all recorded over dose events. G. Thomas asked for clarity on the figure. S. Mazzella explained the red bars in the chart refer to non-fentanyl related over dose events, the blue ones refer to fentanyl related over dose events. In 2003 fentanyl was observed in less than 5% of events, in 2016 it was observed in about 57% of overdose events.

S. Mazzella reviewed the continuum of drug use with the council. Types of drug use include:

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3329893/

- Recreational
- Situational
- Habitual, Daily
- Addiction
- Chemical dependence

She explained addiction was commonly thought as a habit, but over the years perception about addiction has changed. Studies have shown addiction is more of a disease rather than a habit and people with addictions may have chemical dependence. Those who are chemically dependent can only release dopamine[2] when they have the drug.

S. Mazzella explained drug use has both biological and psychological aspects associated. Withdrawal is often thought of as a physical symptom but there are mental aspects that are tied in. In physical withdrawal people may have sweats, nausea, headaches, and etc. In mental withdrawal people may undergo personality changes, experience phantom pain, and have issues with self-esteem.

S. Mazzella informed the council that people who use drugs may be dependent on the drugs but not addicted, or vice versa. She stated drug use does not necessarily lead to addiction and there is a spectrum that varies for drug use. "Substance use in general is so heavily stigmatized, this leads to hiding drug use. Substance use, and what some people have to do to survive during their addiction, can be traumatic. The stigma of substance use can be traumatizing, and substance use treatment is also stigmatizing. Many people hide their interest in treatment or are told that entering substance use treatment with MAT is continuing their addiction. The stigma of substance use and recovery can lead to reduced access to treatment. The stigmatization of medication assisted treatment, and particularly methadone, contributes to decreased access to treatment, increasing the trauma of opioid dependence and overdose risk."

S. Mazzella explained addiction to opioids differ from the addiction of other drugs. Opioid use is often coupled with addiction and chemical dependence. Because of chemical dependence people can become addicted to opioids with 6 days of use. People with a chemical dependence may go into withdrawal after 2 hours of nonuse. Due to growing rates of addiction treatment beds are becoming scarce. Those who may have been lucky enough to receive treatment for their addiction and have had repeated unsuccessful treatments are often labeled as "frequent-flyers". "Frequent-flyers" in past may have been denied new treatment, but that was changing for the better.

S. Mazzella reviewed the benefits of inpatient and outpatient care. She explained inpatient care was the gold standard but the number of available beds were limited. With outpatient services Prevention Point administers methadone and services are offered daily. She noted a doctor needs to be present when treatment was administered. Both inpatient and outpatient care offer the following services:

- Full mu receptor agonist-methadone
- Full antagonists- naloxone-naltrexone
- Partial agonist/antagonist- buprenorphine
- Drug free inpatient and outpatient
- Self-help and 12 step programs

S. Mazzella reviewed the types of MAT treatment.

2. Dopamine is a neurotransmitter that helps control the reward and pleasure within the brain Dopamine also helps regulate movement and emotional responses, and it enables us not only to see rewards, but to take action to move toward them

Full mu receptor agonist:

- Methadone treatment
- Sits fully on brain's opioid receptor
- Long acting/release
- Slight euphoric effect

Partial Agonist/Antagonist

- Buprenorphine (suboxone)
- No euphoric effect
- Partially sits on brain's opioid receptor

Full Antagonist:

- Naloxone
- Naltrexone
- Fully blocks opioids from binding to brain's receptor
- If a person relapses they will not receive euphoric or sedative effects of the opioid

C. Steib asked how long a person would need to be treated with methadone. S. Mazzella replied there is no way to tell and some people are on methadone for life. There are some people who could use methadone after a few doses to quit cold turkey quickly while others may not be able to. Foreign studies suggest when methadone treatment is decreased over time there is chance of patient relapse. Better outcomes have been observed when steady doses of methadone have been given to patients.

G. Thomas asked how suboxone was purchased on the street. S. Mazzella explained suboxone was a prescription drug, but some people may choose to sell their dosage, generally suboxone is seldom available otherwise.

S. Mazzella explained how MAT works. She stated MAT addresses euphoria, and in many treatments the patient gets or feels little if any euphoria. She noted with methadone there is a brief euphoric effect but it was not similar effects felt while using heroin or other synthetic opioids. Patients on MAT no longer have the "crash" where they come down from their high, MAT tends to stabilize levels. Patients who receive MAT often do not experience physical withdrawal symptoms associated with drug-free treatment programs. There are some mental withdrawal issues like cravings, however. Those who seek treatment will have to go to methadone clinics and wait in line. Often these clinics have long waits but she noted MAT access has been expanding over time.

S. Mazzella concluded her presentation by offering some recommendations. She stated the Philadelphia EMA needs to destigmatize drug use. She suggested the vernacular about drug use should change. Language like "clean" that refers to sobriety needed to change, when a sober person is referred to as clean "clean" that implies they were unclean when they used drugs.

A. Ricksecker referenced the 2017 overdose death estimate by the medical coroner. She stated 1250 deaths from opioid overdose far outnumbers any number of HIV-related deaths ever recorded in

Philadelphia. She shared her opinion on the opioid epidemic and noted there was room for expansion of the MAT field across the nation not just in Philadelphia and its EMA. "It behooves us as a Planning Council to think of the amount of need and overdose deaths."

M. White asked S. Mazzella what was her opinion of safe injection sites (SIS) and how what is their progress in Philadelphia. She replied SIS are great ways to address the opioid crisis, they limit or even prevent overdose events. Great benefits have been observed in countries that have them. Philadelphia has taken a huge step by broadcasting their support of SIS, but there are many factors that need to happen before Philadelphia will have one.

**Action Items:**

- **Co-Chair Elections**

K. Baron stated this election was for the interim co-chair position. The position is until September 2018, after that time the interim chair can be re-elected if nominated.

The council began its nomination process. K. Baron nominated G. Grannan as a candidate. G. Grannan accepted the nomination. L. Diaz nominated S. Heaven. S. Heaven accepted the nomination. S. Heaven nominated L. Diaz. L. Diaz accepted the nomination.

At the conclusion of nominations each nominee shared a little about themselves and qualifications. G. Grannan informed the council he has been a long tenured member. He is part of the prevention committee and is looking for ways to expand his role as a HIPC member. He explains he works for Project Safe and is actively involved in prevention activities.

S. Heaven explained she was a HIPC member for 6 years. She is part of the Nominations Committee and was looking to move forward into a leadership role. She explained being a HIPC member has expanded her knowledge She was looking to help guide council conversations.

L. Diaz stated she was a HIPC member for 9 years and has been involved with the HIV field for almost 2 decades. She explained the co-chair role would help her give back to the community.

The candidates left the room, and the council began the voting process.

**Motion**: A. Ricksecker moved to propose the council should do a silent vote and record ballots via Post-it, A. Edelstein seconded. **Motion Passed**.

24 votes were cast, 4 abstentions. The council moved to make S. Heaven the new interim co-chair.

- **Reallocation request:**

A. Edelstein explained this action item comes from the Housing Opportunities for People with AIDS (HOPWA) discussion in the Finance Committee. As a result of the discussion the Finance Committee recommended a reallocation to cover HOPWA funding cuts to Philadelphia and Delaware Counties.

L. Taylor explained the Housing for Urban Development (HUD) is the parent entity for HOPWA. Based on a new housing formula there will be cuts to the HOPWA program. The first cut is scheduled for July 1, 2018 and it may be for $1 million. Over the next 3 years it is estimated that HOPWA cuts will reach $3 million. To offset this cut the Finance Committee is recommending the HIPC submit a proportional decrease from all funded categories to allocate $232,000 to DEFA. The $232,000 is HOPWA's

contribution to the DEFA service category. This funding will help to sustain housing for approximately 130 families, funding will not be used for new housing.

A. Edelstein referenced conversation from the March Finance meeting. He explained the HIPC has previously approved a 2.5% decrease budget, he suggested another 1.35% proportional decrease in the EMA will cover the reallocation request of $232,000 into the DEFA service category. The request is being made because no other funding opportunities have been identified at this time. He noted the request is asking for a reallocation of funds before the final Ryan White Grant award was known.

C. Terrell stated the Recipient supports the request for $232,000 to sustain housing but was not in favor of the proportional cut to the budget. He recommended the HIPC shifts money within the DEFA category, move the $232, 000 out of the emergency medical and pharmaceutical program and put it into DEFA for housing assistance. If a proportional budget is passed the Recipient would need to redo service contracts for its subrecipients. A. Edelstein asked how to proceed since the original motion has been amended. M. Ross-Russell stated the Finance Committee would still need to present its original recommendation then the alternative recommendation would need to presented. H. Bennett asked for clarity on the recommendations. A. McCann-Woods stated the reallocation could sustain housing for those 130 families. M. Ross-Russell explained the $232,000 reallocation into the DEFA for housing is to offset some of the housing cuts. The $232,000 is HOPWA's contribution to DEFA. A. Edelstein explained the reallocation request was for DEFA funding, the funding would be moved from DEFA pharmaceutical to DEFA for housing. H. Bennett explained he was concerned with the program accessibility. L. Taylor explained the $232,000 would be used to sustain housing for families. With the funding reallocation there will be more funding in the DEFA category which is accessible to the EMA's consumers. T. Smith-Flores asked how South Jersey DEFA applicants would be affected. L. Taylor explained people within the EMA (including south Jersey) can apply for a DEFA grant through PHMC. With the reallocation of $232,000 this will add more funds to DEFA and potentially anyone living in the EMA can benefit. T. Smith-Flores stated there has been a lack of information on how to apply for DEFA for at least 5 years. Since New Jersey does not participate in a DEFA program how can people living in New Jersey EMA counties apply for the program if no information has been made available? K. Baron stated the question was valid and will be revisited in future meetings.

A. Edelstein presented the original motion as presented by the Finance Committee.

**Motion**: Finance Committee moved, Vote: 0 in favor, 17 opposed, 4 abstentions. **Motion failed.**

A. Edelstein presented the recommendation presented by C. Terrell to move $232,000 out of Emergency Medication to DEFA for housing assistance.

**Motion:** A. Edelstein moved, T. Dominique seconded to approve the motion.

A. Ricksecker asked how the council could review the spending within the Part A categories. M. Ross-Russell explained Part A spending was provided in the meeting packet via a spreadsheet.

C. Terrell stated there is a $1 million cut expected to housing; the HIPC does not have the funds to allocate to cover the entire cut. A. Ricksecker agreed and noted this was the first of many cuts. Difficult decisions will have to be made in the upcoming fiscal year(s) about housing and other services.

**Vote**: 17 in favor, 0 opposed, 4 abstentions. Motion passed. The HIPC will move $232,000 from DEFA pharmaceutical into DEFA for housing.

After the motion passed T. Dominique asked what the plan is for the additional $768,000 of the funding cut. L. Taylor stated the OHCD has been looking for other funding sources. None have been identified at this point in time. C. Terrell stated with funding cuts there may be repercussions; to A. Ricksecker's earlier comment the HIPC may not be able to allocate funds to cover all the future cuts to HOPWA.

- **Allocations Procedure Review**

A. Edelstein stated this conversation also comes from the Finance Committee. He explained traditionally the HIPC submits 4 different budgets for their EMA Ryan White Part A allocations process: 5% decrease, level funding, 5% increase and 10% increase. For fiscal year 2018 HRSA did not allow the submission of the 10% increase budget. At this point it is not known if HRSA will accept a 10% increase in the future. Due to this the Finance Committee recommended that the HIPC amends its processes to no longer require the submission of the 10% increase budget. Processes can be amended after they are voted on, unlike by laws there is no 30-day comment period before changes go into effect. If HRSA accepts a 10% increase budget submission in future the HIPC could vote to amend the process again. A. Ricksecker asked if this was a time saving recommendation. A. Edelstein replied a grievance could be filed against the HIPC if this process was not updated, it could be seen as the HIPC not following its own processes.

**Motion:** The Finance Committee moved to no longer submit a 10% increase budget, **Vote:** 18 in favor, 0 opposed, 4 abstentions. **Motion Passed**.

**Discussion Items:** None

**Report of the Committees:**

**Comprehensive Planning Committee**— Tiffany Dominque and Adam Thompson, Co-Chairs

N. Johns stated Comprehensive Planning Committee will meet March 15, 2018 from 2-4pm.

**Executive Committee**

K. Baron informed the council the Executive Committee met in February and discussed retiring the Needs Assessment Committee since they have been meeting with the Comprehensive Planning Committee since 2016. B. Morgan stated this would be a bylaw change if the council decided to retire the committee. A 30-day comment period would be observed before the change would take in effect after majority vote.

K. Baron stated the committee also discussed the allocations process, which was just voted on, co-chair structure, and officer attendance. No final recommendations have been made for co-chair structure or officer attendance policy.

**Finance Committee**— Alan Edelstein and David Gana, *Co-Chairs*

A. Edelstein stated no further report.

**Needs Assessment Committee**— Gerry Keys, *Chair*

K. Baron stated Needs Assessment still meets with Comprehensive Planning.

**Nominations Committee**— Kevin Burns and Michael Cappuccilli, *Co-Chairs*

L. Diaz stated she chaired the meeting due to the absence of both co-chairs. The committee was unable to review member status and new HIPC applications because there was not voting quorum. The committee will look to reschedule in March.

L. Diaz invited all to attend Nominations meetings and stated the committee is looking for new members.

L. Diaz informed the council the Philly Gay News (PGN) published an article[3] about the HIPC she encouraged all to visit the PGN's website to review the article.

**Positive Committee**— Keith Carter and Jeanette Murdock, *Co- Chairs*

A. Boone stated the Positive Committee will meet Monday, March 12, 2018 from 12-2pm. He invited all HIPC members to attend and to feel free to bring members of the community who may be interested.

**Prevention Committee**— Lorett Matus and Clint Steib, *Co- Chairs*

L. Matus stated the committee is reviewing baseline data for integrated plan. The committee is looking to identify a PrEP work group chair. C. Steib suggested Nominations Committee members could attend the PrEP work group and recruit new members. The PrEP work group usually has great attendance; announcements about membership have been made in past meetings.

T. Smith-Flores stated in reference to recruitment she wanted to attend the Nominations meetings. She explained she wanted to sit in the March meeting of the Nominations Committee but she was informed she was not able to attend since the committee was reviewing membership. L. Diaz replied the Nominations Committee meetings are open to all generally but when the committee is reviewing membership applications and membership status the meetings are committee members only.

**Old Business:** none

**New Business:** None

**Announcements:** B. Morgan announced aidsvu.org now has state level PrEP data.

**Adjournment: Motion:** J. Whitfield moved, T. Dominique seconded to adjourn the meeting at 3:45pm. **Motion Passed:** All in favor.

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes

3. http://www.epgn.com/news/local/13090-integrated-planning-council-gives-annual-hiv-data-report

- OHP Calendar
- Allocation Processes
- Integrated Plan excerpt about housing
- HRSA service definition for Emergency Financial Assistance
- HRSA service definition for Housing Services
- 2016 Service Utilization by Part A category
- EMA wide Expenditure categories across Ryan White Grant



3. http://www.epgn.com/news/local/13090-integrated-planning-council-gives-annual-hiv-data-report