

HIV Integrated Planning Council
Thursday, September 13, 2018
2-4 pm

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

Present: Juan Baez, Katelyn Baron, Henry Bennett, Kevin Burns, Keith Carter, Mark Coleman, Maisaloon Dias, Lupe Diaz, Tiffany Dominique, Alan Edelstein, David Gana, Pamela Gorman, Gus Grannan, Sharee Heaven, Janice Horan, Peter Houle, Gerry Keys, Nicole Miller, Jeanette Murdock, Nhakia Outland, Christine Quimby, Erica Rand, Joseph Roderick, Samuel Romero, Eran Sargent, Jason Simmons, Coleman Terrell, Adam Thompson, Lorrita Wellington, Melvin White, Jacquelyn Whitfield, Steven Zick

Excused: Johnnie Bradley, Michael Cappuccilli, Loretta Matus, Dorothy McBride-Wesley, Clint Steib

Absent: La'Seana Jones, George Matthews, Ann Ricksecker, Terry Smith-Flores, Gail Thomas

Guests: Jose Bauermeister, Chris Chu, Evette Colon-Street, Caitlin Conyngham, Dennis Flores, Marie Jackson, Ronald Lassiter, Wendy Sweigert, Courtney Williamson

Staff: Nicole Johns, Briana Morgan, Stephen Budhu

Call to Order: S. Heaven called the meeting to order at 2:11pm. Those present then introduced themselves and participated in an ice breaker activity.

Approval of Agenda: S. Heaven stated the agenda needed to be revised to add "Transportation Reallocation" under the "Action Items" section of the agenda. S. Heaven presented the updated agenda for approval. **Motion:** K. Carter moved, J. Whitfield seconded to approve the agenda. **Motion Passed:** All in favor.

Approval of Minutes: S. Heaven presented the minutes for approval. **Motion:** K. Carter moved, J. Murdock seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Chair: S. Heaven stated the co-chairs did not have an official report, but she wanted to take this time to recognize two members who will be stepping down from the Planning Council. She recognized K. Burns and A. Ricksecker for their participation in the HIPC over the past years, they are two of the longest serving members, she wished them well going forward.

S. Heaven presented K. Burns with a certificate of recognition. She explained A. Ricksecker could not be present today, but her certificate will be mailed out by the Office of HIV Planning.

Report of Staff: N. Johns informed the council that M. Ross-Russell is out of the office for the next couple weeks. She will be happy to answer questions or phone calls on behalf of M. Ross-Russell.

Special Presentation: *Dr. Jose Bauermeister, Secret Shoppers*

J. Bauermeister greeted the council. He explained his research is geared towards MSM youth and the goal is to identify gaps or barriers in HIV testing. He explained his research conducts "mystery shopping" visits to obtain information about testing services. He explained that "mystery shopping" comes from the business sector where entities who provide services are graded on their ability to provide them. Entities are graded unbeknownst to them so interaction with clients is completely candid.

J. Bauermeister stated in the Detroit metropolitan area, Innovative Technologies has launched the “Get Connected” App. The app was created for the purpose of helping agencies improve their service deliveries to young MSM. The app is essentially a randomized control trial that matches users to the highest ranked sites for HIV testing. Currently, the app is only available for use in Detroit, but it will become available in more regions soon.

J. Bauermeister explained “mystery shoppers” used a participant observation approach that synergizes the Standardized Patient Method (SPM) used for medical training and Mystery Shopping strategies used in commercial marketing. “Mystery Shoppers” evaluate HIV/STI testing services in relation to the requirements and recommended guidelines in their city.

J. Bauermeister shared the mystery shopping data from Philadelphia with the council. He stated within Philadelphia, 70 sites were identified. Two “mystery shoppers” visited each site at different times of the day. The location, services provided, and hours of 53 sites were able to be confirmed. Of those 53, 30 were listed as “viable”. For Philadelphia there were 9 eligible shoppers who were all cis-gender MSM between the ages of 19-24; mean age was 21. 66% of shoppers were Black males, non-Hispanic. Shoppers were trained in standard CTR procedures and how to enable optimal self-efficacy during site visits. Also, they were instructed to be honest about themselves and their behaviors during visits. Shoppers completed a survey immediately after each visit that included an open-ended feedback.

J. Bauermeister listed the criteria for a site to be listed as a “high-quality HIV testing experience”. He stated a site would need to have the following:

- HIV test experience took one hour or less
- Clinic was LGBT-friendly
 - Clinic has signs or printed materials to welcome or address LGBT people
 - Clinic’s forms used LGBT-inclusive language
 - Staff were friendly and sensitive to your identity
- Your privacy and confidentiality were maintained
 - Clinic staff kept your personal information confidential
 - Your privacy was maintained in the waiting room
 - Confidentiality was explained (verbally or in written form) before your test
- You received comprehensive services
 - You heard about PrEP
 - Clinic had information about PrEP
 - Provider discussed PrEP with you
- You received pre- and post-test HIV counseling
 - Pre-test:
 - Introduction and orientation to the session
 - Preparation for and administration of rapid HIV test
 - Brief risk screening
 - Post-test:
 - Delivery of results

- Development of a care, treatment, and/or prevention plan based on results
- Referral and linkage to medical care, social, and emotional services
- Provider asked why you came for an HIV test
- Provider offered to help set safer sex goals
- Provider offered risk reduction options that fit with your sexual behavior
- Provider explored other relevant risks (e.g., IPV)
- You got safer sex education
 - Provider made sure you knew how to use a condom
 - Provider helped you find a condom and lubricant that you liked

J. Bauermeister presented the aggregate data from the “mystery shopper” visits. He explained agencies were graded in the following categories from A-F scale, however; he would not be presenting grades for individual sites. Sites were mailed their individual grades. The data that will be presented is an average of all the site visits within Philadelphia. He stated the average visit was 30 minutes, clinic environment received a 72% grade LGBTQ visibility received a 43% grade, medical form inclusivity received a 53% grade and last confidentiality received an 86% grade. T. Dominique asked how “clinic environment” is defined. Is it when a client enters the building or when the client enters the agency? She explained many agencies are housed in buildings that are multi-agency. J. Bauermeister replied “clinic environment” is defined when a client enters the agency.

J. Bauermeister finished up site data review by sharing qualitative data from the “mystery shopper” site surveys. He shared quotes from shoppers that praised sites and some that suggested room for improvement.

P. Houle asked of the cities that have been “mystery shopped” which city performed the best overall. J. Bauermeister replied all cities performed quite similarly. He shared an anecdote that explained some of the downfalls of testing within the system. J. Bauermeister explained that the system faces similar issues across the board. Obviously, funding is an issue that is ongoing. He explained universally testing sites need to be catered more towards young people. Also, agencies should focus on distributing lube as well as condoms. Lube is often overlooked and is quite expensive compared to condoms, therefore many young MSM may not think to purchase it.

K. Carter asked if the time of day affects the site performance, e.g.; lunch time or end of the day. J. Bauermeister stated the data does not suggest that there are noticeable changes in performance based on the time of day. He acknowledged there may be limitations to the data.

T. Dominique asked if the shoppers’ sexual behaviors have changed throughout the experience. Has PrEP awareness increased in the shoppers? J. Bauermeister explained shoppers in Atlanta have linked to PrEP from shopping.

E. Sargent asked if the “mystery shoppers” are still accepting new shoppers. J. Bauermeister replied in Philadelphia, “mystery shopping” is completed, the city of Houston is next.

K. Carter asked were agencies graded about based on their bilingual services. J. Bauermeister replied only when agencies are marketed towards certain ethnic backgrounds, like Hispanic.

K. Baron asked if agencies were shopped that are nested in a hospital. J. Bauermeister replied ERs were not shopped, but other agencies nested in hospitals were shopped if they administer rapid testing.

J. Bauermeister concluded his presentation and introduced his colleague D. Flores. He explained D. Flores will be talking to the council about an ongoing study at CHOP.

D. Flores greeted the council and stated he used to be part of the Part A Planning Council in Atlanta. He explained he is part of the nursing staff of the Adolescent Initiative at CHOP. He noted traditionally when parents have the quintessential “birds and the bees” talk it is geared towards the hetero-normative spectrum, the talk never includes an alternative sexuality spectrum. He explained he is looking to recruit parents of queer teenage children aged 12-15 to participate in focus groups. The idea is to share ideas about how they talk to their children about sex. How safe sex is discussed and what resources are used for discussion.

D. Gana asked is the focus group just for Philadelphia. D. Flores stated the recruitment for focus groups in being done in Delaware, New Jersey and Pennsylvania.

K. Carter asked if the study goes beyond the scope of MSM cis-gendered males. D. Flores stated the funding is geared toward cis-gendered MSM, but he hopes the scope can be expanded in the future.

E. Colon-Street asked why are transgender individuals not included in the focus group. D. Flores explained follow up studies will include both cis and transgender individuals, but the current funding only allows for only cis-gender MSM.

Action Items:

- **Transportation**

A. Edelstein informed the council AACO has requested a reallocation of funds into the Medical Transportation service category in the South Jersey EMA counties. He explained the Finance Committee did not review the reallocation request previously because the need was not identified before the Finance Committee was scheduled to meet in the September 2018. A. Edelstein explained the South Jersey Medical Transportation allocation is currently \$162,444 for the 2018-2019 contract year. The funding has been exhausted for this service category as of July 31, 2018. A. Edelstein explained the client transportation budget is \$110,582; \$107,917 for actual paid and outstanding expenses March through July 2018. It’s estimated that \$21,583 will be monthly expenses until February 2019. Projected expenses are \$151,084, that includes outstanding plus projected expenses through February 2019.

C. Terrell explained in the past the HIPC allocated upwards of \$350,000 into Medical Transportation in South Jersey, recently the HIPC has lowered the allocation because there was underspending in the category. M. White asked should the HIPC allocate more money into Medical Transportation in New Jersey going forward. C. Terrell replied, it appears New Jersey has been able to provide adequate services so the allocations are being spent. A. Thompson asked if the increased usage is from Medical Transportation funds being used for non-medical uses, such as support groups. C. Terrell explained that AACO is looking into what has changed and moving forward only medical visits will be allowed.

A. Edelstein asked what is the requested amount of the reallocation. C. Terrell replied the projected expenditure is \$151,084. He added the majority of the allocation could come from Recipient administrative services and also underspending that will be identified later on in the fiscal year.

Motion: A. Edelstein moved, D. Gana seconded to reallocate \$151,084 into Medical Transportation in New Jersey from underspending that has not been identified as yet. The Recipient will report back to the HIPC after sources are identified.

Discussion on the Motion:

K. Carter suggested the total should be upped since the monthly expenses of \$21,583 does not equal \$151,084 over the course of 7 months. A. Edelstein explained the amount can be adjusted once the motion is passed. Less than a 10% reallocation in a category does not need HIPC approval.

G. Keys asked if underspending from New Jersey would be used first for the reallocation. C. Terrell replied no, system wide underspending would be used, first as identified, then by South Jersey and finally other EMA funding if needed.

Vote 24 in favor, 0 opposed, 4 abstentions. Motion Passed: The HIPC will reallocate \$151,0844 into Medical Transportation in New Jersey from underspending that will be identified later on.

- **Bylaws**

B. Morgan reminded the council the Executive Committee presented recommended bylaws changes to the council in their August meeting. All bylaws changes require a 30-day comment period, before a vote can be held. At this time the 30-day comment period has concluded and the HIPC can now vote on the changes. The proposed changes are in red on the bylaws handout in the meeting packet, and refer to HIPC co-chairs section in the handout.

Motion: P. Houle moved, K. Burns seconded to approve the bylaws as presented.

Vote: 23 in favor, 0 opposed, 4 abstentions. Motion Passed.

- **Co-chair Elections**

K. Baron reminded the council they held co-chair nominations in its August 2018 meeting. Before having an election, the nominations must be open for a 30-day period. She explained that period has now concluded and the HIPC can hold an election today. She reminded the council both co-chair positions are up for election. She stated in order to stagger the terms one of the terms would need to be one year for this term instead of the regular 2-year term. All terms will remain two years after this election.

K. Baron reminded the council the current nominees are S. Heaven, L. Diaz and herself. She stated at this time she wanted to nominate G. Grannan. G. Grannan accepted the nomination.

K. Burns asked how it will be determined who takes the shorter term. K. Baron replied it would be arbitrary, the co-chairs can decide among themselves.

At the conclusion of the nominations period, each nominee shared a bio with the council before the council casted their vote. A silent vote was held and ballots were collected by OHP staff. The new co-chairs of the Planning Council will be L. Diaz and S. Heaven.

Discussion Items: None

Prevention Service Initiatives: C. Terrell stated he would be providing a brief prevention services update. He explained in Philadelphia, males make up 76% of the HIV epidemic and of that 76%, 56% are MSM. He stated as well as the HIV epidemic, the rates of STIs have increased since 2013. There has been a 31% increase in STIs over the span of that period. In 2017, chlamydia was the most reported STI, with 1.7 million reported cases. To help fight outbreak preventative services have taken a data driven approach that integrates HIV prevention services and surveillance. Prevention services include:

- Testing
- PrEP/ PEP Activities
- Transgender Community Mobilization

- Perinatal HIV Prevention
- Cluster Detection
- Outbreak Response
- Training and Special Initiatives
- Data to care

C. Terrel explained Club 1509 is a 4-year demonstrative grant and it approaching its the conclusion of its third year. From its inception, 1509 has 987 clients enrolled, 705 of them have received navigation services. Of the 705 who received navigation services, 438 were linked to care, and 357 were prescribed PrEP. Of those 357, 306 receive adherence support.

C. Terrell stated with increased knowledge of HIV, the system is changing to better match the needs/gaps in services. C. Terrell stated HIV testing needed to be expanded in the following settings:

- Clinical Settings (opt out HIV testing)
 - 2 emergency department programs
 - 2 adolescent care networks
- Non-clinical settings (focused testing for key populations)
 - 15 community-based organizations
- Other critical settings
 - Prison intake, STD Clinic, Philadelphia District Health Centers

C. Terrell added PrEP activities will also need to be expanded. He explained there are 6 funded PrEP navigation programs, currently. He stated the goal is to have the following:

- HIV Navigation Services in all Health Centers
- HIV Navigation Services at STD Clinics
- HIV Navigation Services at 2 Suburban Sites
- On-going PrEP provision at Health Centers and STD Clinic
- 28-day course of PEP for patients at HC#1
- Maintain up-to-date list of 42 PrEP Providers
- All providers vetted by AACO through PrEP Best Practices Anonymous Calling

C. Terrell reviewed the PDPH outbreak response plan. He stated the plan is being developed and it will feature HIV response, HCV response, and HIV/HCV response. The plan will feature monthly event detection programs. An alert will be triggered when the number of cases reported in a month exceeds 2 standard deviations of the moving 5-year average.

C. Terrell concluded his presentation by reviewing the increased number of cases nationally. Austin, IN (Scott County, IN) 215 new cases of HIV among network of PWID, Lowell and Lawrence, MA, 129 new cases of HIV among PWID and/or people experiencing homelessness since 2015, and in Seattle, WA, 8 new cases in North Seattle among Heterosexual, homeless PWID since February.

K. Carter asked if HCV baseline data could be gathered from 1509 patient intake data. C. Terrell replied HCV statistics are collected in the national NHBS study. Recently HCV trends have been increasing and the Recipient recommends the expansion of syringe access services, since more HIV cases can result in a spike in HCV cases.

Report of the Committees:

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

A. Thompson stated the committee will meet next, Thursday, September 20, 2018 from 2-4 pm. Within the meeting the committee will discuss medical case management.

Executive Committee

K. Baron stated the committee has not met in September.

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

A. Edelstein stated no further report.

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

K. Burns stated when the committee met in September, they reviewed using an online version of the HIPC application. Also, the committee reviewed applications in August and recommended 5 new members for membership, new member orientation will be in October 2018. Last the committee reviewed member attendance and demographics. The committee discussed the gaps in representation and identified the HIPC needs more representation from young Black males, those from the PA counties, and federally recognized Native American tribes.

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

K. Carter stated when the committee met in September they had a presentation by Amy Hueber, the HCV Coordinator. Within her presentation she explained the differences between the 3 types of Hepatitis, and their treatments.

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

B. Morgan informed the council the Prevention Committee will not meet in September 2018, a date is being finalized to reschedule

Old Business: None

New Business: None

Announcements: D. Gana announced the Elder Initiative is hosting a “Successful Aging with HIV” conference on Tuesday, September 18, 2018 from 12-1:30pm. The event will be held at the Church of St. Luke & the Epiphany at 330 S. 13th St, Philadelphia, PA 19107. Refreshments and lunch will be provided. RSVP is required for those who are interested.

D. Gana announced the Elder Initiative is still taking scholarship applications for LGTBQ Aging Summit in Harrisburg, PA. To apply for scholarship the applicant must be over 55. If accepted, transportation and room and board fees will be covered.

G. Grannan announced the Camden City Council has approved the syringe access program. More information about the program is soon to come in the upcoming weeks.

T. Dominique announced the Conference on Retroviruses and Opportunistic Infections is accepting scholarship applications for its 2019 meeting.

T. Dominique announced the Pasteur Institute has a free online 6-week course on HIV science. Registration for the course is now open, and she will email links to the HIPC members who are interested. For all other queries about the course follow up with her after today’s meeting.

Adjournment: Adjourned by consensus at 4:30pm.

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar
- Bylaws