

**HIV Integrated Planning Council
Prevention Committee
Wednesday, October 3, 2018
2:30-4:30pm**

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

Present: Mark Coleman, Gus Grannan, Loretta Matus, Erica Rand, Clint Steib

Excused: Keith Carter, David Gana, Janice Horan, Nhakia Outland, Joseph Roderick, Zora Wesley

Absent: None

Guests: None

Staff: Briana Morgan, Stephen Budhu

Call to Order: L. Matus called the meeting to order at 2:34pm. Those present then introduced themselves.

Approval of Agenda: C. Steib presented the agenda for approval. L. Matus stated the agenda needed to be updated to include the standing agenda item "PrEP Work Group". C. Steib presented the updated agenda. **Motion:** G. Grannan moved, M. Coleman seconded to approve the updated agenda. **Motion Passed:** All in favor.

Approval of Minutes: C. Steib presented the August 23, 2018 minutes for approval. **Motion:** E. Rand moved, G. Grannan seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Chair: C. Steib informed the committee he attends the PA HPG meeting regularly. He stated the state HPG met last in September, and they discussed HIV testing in the collar counties. Within the meeting HIV testing data within the suburban PA counties was presented by a state epidemiologist, and a representative from Pennsylvania Expanded HIV Testing Initiatives (PEHTI) was present to answer questions. He added the HIV testing data that was presented during the meeting would be available at www.stophiv.org in the upcoming weeks.

C. Steib reminded the committee they had formulated a few questions that they wished to ask representatives from both Partner Services and the county health departments. He stated he asked some of the questions that were discussed, on behalf of the Prevention Committee. Specifically, he inquired about the spatial analysis of testing/testing by zip code. C. Steib stated the state PADOH requested that the Office of HIV Planning submitted all questions from the Planning Council via email, but they did provide some brief answers. He explained the PADOH acknowledged gaps in testing; entities such as prisons and schools do not have to report the number of tests administered. Only the number of positive tests need to be reported. This may contribute to the relatively low number of tests in the PA counties. He added the PADOH acknowledged transportation was also an issue for testing in some areas of PA.

M. Coleman asked about the housing availability in the PA collar counties. B. Morgan replied the PA counties receive separate funding for housing than Philadelphia. Due the change in the HOPWA housing funding formula, the PA counties may receive an increase of funds while Philadelphia and Delaware Counties may receive a decrease. Also, there is more of a demand for housing in Philadelphia County compared to the counties outside of it.

Report of Staff: B. Morgan stated Office of HIV Planning staff will attend the Prison Summit, on Friday, October 5, 2018. The office will have a table and she invited all to attend. The goal is to recruit new members for the Prevention and Positive Committees.

B. Morgan reported two members of the NJDOH are retiring in the near future. She explained both officials will be retired as of January 1, 2019. She added the new deputy commissioner for the NJDOH has been appointed since the summer and has attended the state HPG meetings; however, the deputy commissioner has admitted to no prior knowledge of HIV planning activities.

B. Morgan stated the Executive Committee will discuss UCHAPS representation when they meet in the October. She explained the requirements for representation are the individual must be a past, current or future chair of the HIV Integrated Planning Council.

Action Items: None

Prevention Service Initiatives: None

Discussion Items:

- **Committee Meeting Dates**

B. Morgan stated the committee is scheduled to meet again in October, Wednesday the 24th. Unfortunately, on the 24th there will be no staff support for the meeting. She asked the committee if they still wished to meet twice in October, or should they reconvene in November. Whilst on the topic of committee meeting dates, B. Morgan suggested the committee should discuss its December meeting. The meeting is scheduled for December 26, the day after Christmas, and it may not be wise to expect great attendance that day. B. Morgan suggested the committee may want to consider alternative dates for its December meeting. She added in November, the committee is scheduled to meet the week after Thanksgiving, so that should not be a problem.

L. Matus suggested the committee should move its December meeting to December 19 instead of December 26. She suggested the committee should consider postponing its regularly scheduled October meeting, for the 24th. The committee stated if they did not meet again in October they would not meet until November 28. The committee felt this was too long a time between meetings, and they looked for alternative dates for an October meeting. C. Steib suggested the committee could meet October 31, instead of the 24th. He mentioned he was concerned with attendance if the committee changes its meeting date for October. B. Morgan mentioned many people equate the fourth Wednesday of the month with the last Wednesday of the month. In this case October has 5 Wednesdays, but members may have assumed that the committee would be meeting on Wednesday, October 31st, anyway since it's the last Wednesday of the month. The committee agreed.

- **Goal 2 Baseline Data**

B. Morgan asked the committee to review the integrated plan base line data excerpt. She reminded the committee it has previously reviewed baseline data for goal 1 of the plan. Today the committee will be reviewing the baseline data for goal 2: increase access to care and improve health outcomes for people living with HIV.

B. Morgan began baseline data review with strategy 2.1.1: reduce individual and programmatic barriers to care. Before review, B. Morgan reminded the committee that all baseline data is from 2016. She stated for

this strategy the number of ARTAS clients were used as a data measure. In 2016, ARTAS had 438 clients, of which 302 clients were linked/reengaged in care.

L. Matus asked if all of the 438 ARTAS clients were Ryan White clients. B. Morgan replied no, not all ARTAS clients are Ryan White clients. C. Steib asked how a gap in service is defined. B. Morgan replied a gap in care is identified as a failure to attend two medical visits outside of 90 days of each other during a calendar year.

B. Morgan reviewed the baseline data for strategy 2.1.2: reduce systematic barriers to timely linkage to care. She explained the data measure for this strategy was the number of co-located HIV testing sites. In 2016, 65 clinical sites also offer HIV testing. Baseline data counts the number of testing sites. C. Steib asked if the baseline data included the number of mobile testing facilities. B. Morgan replied the baseline data most likely does not account for mobile testing, the plan data can be updated in the future to include mobile testing numbers.

M. Coleman referenced the number of co-located sites. He asked about the testing systems in prisons. Specifically, the services available to those need language services. He explained the community has voiced its concerns with the inadequate services that are available in prison settings. He implored the committee to look to improve testing in the prison system. C. Steib acknowledged the issues with testing in the prison system. He explained there are language barriers as well as issues with stigma. He stated he has done a training for the HIV testing staff for the Philadelphia prison. From his experience from the training(s), the prison staff stated there is in a language barrier, for sure. Also, the stigma of HIV is very real and it results in lowered testing numbers.

B. Morgan mentioned the number of Memorandums of Understanding (MOU)s/protocols was also thought to be a good data source to measure this strategy. At this time though, AACO has not collected that information. The committee discussed MOUs briefly. G. Grannan stated at times MOUs are vague, and shared his experience with them. C. Steib briefly discussed how his agency handles MOUs. He explained MOUs are reported to AACO annually and he suggested the committee could request that data to include as a data measure.

B. Morgan moved the review to the strategy 2.1.3: reduce individual barriers to Ryan White services for newly diagnosed individuals. Under this strategy there are 2 activities. The first activity: disseminate information about Ryan White services for newly diagnosed individuals. She explained at first the best data measure was thought to be the quantifiable activities of the AETC, but at this time nothing reported by the AETC fits; this is actually not the responsibility of the AETC. For the second activity: continue provision of centralized medical case management intake the data measure is the number of clients linked to medical case management. In 2016, 1,887 clients were linked to case management using central intake. In 2016, there were 6,017 medical case management clients.

B. Morgan reviewed the baseline data for objective 2.2: increase the percentage of people with diagnosed HIV infection retained in care. Under this objective there are three strategies and she began the review with strategy 2.2.1: reduce individual barriers to retention in HIV care. The data measures for this strategy are number of providers with co-located services, the percentage of clients screened for mental health and substance use at intake, the number of clients re-linked and the number of clients who are virally suppressed. In 2016, there were 16 clinical sites that also have supportive services. 93% of Ryan White clients were screened for mental health, and 93% were screened for substance use. 302 ARTAS clients were linked to care and 84.1% of Ryan White clients were undetectable in 2016.

B. Morgan briefly reviewed baseline data for strategies 2.2.2 and 2.2.3. She noted there are no current data measures for 2.2.3. She explained in regards to 2.2.2: reduce programmatic and provider barriers to retention in HIV care, the best data source was thought to be the Client Services Unit's grievance data. She explained unfortunately many client grievances do not get escalated to that level so there was no data to report. Other activities under 2.2.2 used TA units (3 of trainings) as a data measure. Dr. Bauermeister's data on cultural competency (this was suggested by the Comprehensive Planning Committee), and the number of enrolled Ryan White clients who are eligible for services. In 2016, 12,710 Ryan White clients were eligible for services, about 91%.

B. Morgan reviewed the data measures for the three strategies under objective 2.3: increase the percentage of people with diagnosed HIV infection who are virally suppressed. She stated the data measures for strategy 2.3.1: reduce individual barriers to treatment adherence are the number of Ryan White food bank meals, and CSU intake data about food needs. In 2016, 80,481 meal units were distributed and 2.2% reported need for home-delivered meals. For strategy 2.3.2: reduce individual barriers to the ART, the data measures are the number of insured Ryan White clients, the number of ADAP/SPBP clients, number of Rx units dispensed, and the number of emergency pharmaceutical assistance clients. In 2016, 12710 of Ryan White clients were insured, there were 3,900 SPBP clients across 5 PA counties and 577 ADAP clients in the NJ counties. 2111 units of pharmaceutical assistance were used and 741 prescriptions were dispensed.

B. Morgan briefly reviewed strategy 2.3.3: reduce systemic barriers to ART. The data measure for this activity was the state formularies. 91% of FDA HIV treatments are on SPBP formulary; New Jersey has an open ADAP formulary.

B. Morgan concluded baseline data review with a brief review of objective 2.4: increase the percentage of diagnosed PLWH who are stably housed. She explained under this objective there are 3 strategies, of which strategy 2.4.3 does not have a data measure. Strategy 2.4.1: continue to support homelessness prevention two data measures, the number of housing assistance units, and the number of Ryan White-funded transitional housing units. In 2016, 27,060 housing assistance units were distributed and 120 DEFA units were distributed. No Ryan White-funded transitional housing units were distributed. For strategy 2.4.2: continue and expand access to transitional and long-term housing for PLWH, there were 3 data measures: the number of HOPWA housing slots, the number of Ryan White-funded transitional housing units, and the completion of feasibility report for a Ryan White-funded housing first project. In 2016, there were 655 tenant based rental assistances for Philadelphia and 91 in Camden. The Comprehensive Planning Committee is working on investigating the feasibility of a housing first model.

- **HIV Testing in Counties**

B. Morgan reminded the committee they talked about inviting S. Flaherty and other counterparts from the collar counties. She suggested the committee should discuss what they wanted to ask the county health officials. She stated she knows the committee wanted to ask about Partner Services within the counties but she encouraged the committee to pose core questions.

E. Rand suggested the committee should ask about timelines when they have a positive test. How long after are partners contacted, and how long does it take to link those newly positive individuals to care? The committee agreed. B. Morgan suggested the committee could ask about testing available, specifically if it differs from times listed on the county websites.

C. Steib referenced the discussion from the last meeting. He stated the committee asked for clarification on the unmet need in Bucks County. E. Rand suggested the committee could ask for a definition of unmet need and what is being done to help aid the unmet need.

C. Steib suggested the committee should also ask if there are any systems in place to help engage primary care providers with testing.

G. Grannan suggested the committee should ask if they are able to engage law enforcement in prevention-based activities, like syringe access.

C. Steib stated the committee should ask if there are any county wide campaigns for testing.

G. Grannan suggested the committee should ask if there is testing data from academic institutions.

B. Morgan asked if the committee wanted to invite the health department representatives for the November meeting. The committee agreed.

Old Business: None

New Business:

G. Grannan stated there was an announcement recently about the formation of a nonprofit from representatives from AIDS Law and Prevention Point in the hopes of starting a safer consumption site. The group is in its early stages and will begin fundraising for its goal soon. G. Grannan stated this comes in wake of the Justice Department announcing legal action against cities/individuals who sponsor safe consumption sites.

PrEP Work Group Update: C. Steib stated the PrEP work group did not meet in September 2018. They are scheduled to meet next, Wednesday, October 16, 2018 from 2-4pm.

Announcements:

M. Coleman announced October is breast cancer and domestic violence awareness month.

C. Steib announced the AIDS Walk Philly is Sunday, October 21, 2018, those who wish to partake can register online at aidswalkphilly.org.

L. Matus announced October 15, 2018 is Latino AIDS Awareness Day.

G. Grannan announced the Prison Summit is Friday, October 5, 2018 at the Convention Center from 8 am- 5pm.

M. Coleman announced Outfest is Sunday, October 7, 2018 and October is LGBTQ month.

Adjournment: Meeting adjourned by consensus at 4:23pm.

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar

- Plan Baseline Data for Goal 2