Meeting Agenda

VIRTUAL:
Wednesday, June 30, 2021
2:30 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes *(May 26, 2021)*
- Report of Co-Chairs
- Report of Staff
- Discussion Item
    - Rephrase Recommendations for Allocations
- Action Item
    - Prevention Committee Directive Language
- Other Business
- Announcements
- Adjournment

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

The next Prevention Committee meeting is
VIRTUAL: TBD

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HIV Integrated Planning Council
Prevention Committee
Wednesday, May 26, 2021
2:30 PM – 4:30 PM
Office of HIV Planning 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: Elise Borgese, Keith Carter, David Gana, Gus Grannan, Lorett Matus (Co-Chair), Nhakia Outland, Desiree Surplus, Adam Williams

Guests: Javontae Williams (AACO)

Excused: Clint Steib (Co-Chair)

Staff: Beth Celeste, Debbie Law, Mari Ross-Russell, Sofia Moletteri, Julia Henrikson

Call to Order: L. Matus called the meeting to order at 2:36 p.m.

Welcome/Introductions: L. Matus asked everyone to introduce themselves and say whether they preferred warm weather or cold weather.

Approval of Agenda:

L. Matus called for a motion to approve the May 26, 2021 agenda distributed via email. **Motion:** D. Gana motioned, K. Carter seconded to approve the May 2021 agenda. **Motion passed:** 88% in favor, 13% abstaining. The May 2021 Prevention Committee agenda was approved.

Approval of Minutes *(February 24, 2021):*

L. Matus called for a motion to approve the February 2021 meeting minutes. A. Williams noted that on page 5 of the meeting minutes, his mention of community distrust of medical and pharmaceutical industries was due to a legacy of racism. He asked for this to be made clear within the minutes. **Motion:** G. Grannan motioned to approve the amended meeting minutes, D. Gana seconded to approve the amended February 2021 meeting minutes. **Motion passed:** 90% in favor, 10% abstaining. The amended February 2021 Prevention Committee minutes were approved.

Report of Co-Chairs:

L. Matus welcomed everyone to the meeting, and reported that there was conflicts in schedules which delayed the meeting for two months.

Report of Staff:

M. Ross-Russell reported that the HRSA (Health Resources and Services Administration) Site Visit was one of the conflicts for Prevention Committee scheduling, since the Site Visit occurred during the week of Prevention Committee. After the Site Visit process, HIPC needed to revise their process for how they reported on Monitoring the Administrative Mechanism for Rapid Distribution of Funds. This was a legislative requirement. Additionally, HIPC (HIV Integrated Planning Council) needed to start reviewing the PC (Planning Council) Support budget. The Finance Committee met and worked

on a plan to review the budget during their next meeting with the personnel line collapsed. They would continually review the budget on a quarterly basis.

L. Matus asked if the Finance Committee plan would satisfy the HRSA requirements from the Site Visit. M. Ross-Russell said that it likely would but was not certain until they heard back from the PO (Project Officer). A. Williams asked about the Site Visit experience as a whole. M. Ross-Russell said that, typically, a Site Visit worked as a way to indicate which processes could work more efficiently and smoothly. A. Williams asked if it was federal. M. Ross-Russell responded affirmatively.

Action Items:

—Recommendations based on DExIS—

J. Henrikson explained that the recommendations within the meeting packet were compiled from Prevention's prior conversation around DExIS (Demonstrating Expanded Interventional Surveillance). They were to review the language together and bring it to the full council if it proved to be appropriate language for a formal recommendation. They could also discuss what they would like to do with the language, be it recommendation or not.

J. Henrikson suggested they discuss the recommendations line by line. L. Matus read all three of the recommendations:

> "(1) HIV tests are to be offered alongside STI tests. If an HIV test was not offered jointly with an STI test, positive STI test results are to be followed by an HIV test. (2) Providers are to offer take-home HIV test kits if a patient refuses an on-site, in-person HIV test. (3) If a patient is to receive a negative HIV test result, the provider is to offer and discuss PrEP with the patient."

J. Henrikson acknowledged the "more discussion needed" portion at the bottom of the sheet, saying that they could save this for after the recommendations discussion. N. Outland suggested that when providers offered the first HIV test, they explained to the client why it was recommended/needed. The reason, she explained, was that patients might not understand the importance of an HIV test and that education behind HIV and STIs was sometimes divided. K. Carter explained that they needed to acknowledge the safety and confidentiality for sex workers, since those in that line of work might opt out of receiving an HIV test. S. Moletteri explained that the second directive was created due to this concern voiced in their prior meeting. The committee discussed anonymity and right to refuse an in-person test, so they were in favor of the at-home test as a secondary option.

A. Williams asked, if an organization did not have ability/capacity to provide at-home tests, the providers could direct the patient to the Philly Keep On Loving resource. G. Grannan added that at-home tests as an option for anonymity purposes was vital, because of the laws around HIV. Because of this, it was best that providers could directly offer the take-home tests, recording that the test was distributed without providing any patient details.

J. Williams explained that Philly Keep On Loving was Philadelphia-specific, but that the State of PA offered a similar service. He explained that the Philly Keep On Loving initiative collected mailing addresses, so it was not completely anonymous. However, AACO had partner sites for at-home test distribution e.g. Mazzoni, Angels in Motion, One Day at A Time, Philadelphia FIGHT. Minimal information was recorded for distribution of the tests. At the Health Department, they only required

gender and date of birth. The address used was that of the partner site where the individual access the test kit.

J. Williams mentioned that considering people's confidentiality was important. He also noted that linking people to care after an HIV test was part of the process, not just the person being made aware of their status. A greater amount of test-kits would increase accessibility and help PDPH gauge more accurate numbers for PLWH within the EMA. However, they also needed to consider how they could encourage people to come forward and ensure them that the care they would receive was trustworthy. G. Grannan asked about the protection of information collected by Philly Keep On Loving and if it could be subpoenaed. J. Williams said it could not, and that they were exempt since it was considered personal health information.

J. Williams said that the tests were considered a product over an HIV test. This was because for HIV tests, typically, people are linked to PrEP or care depending on the result. However, with take-home tests, since there was no ability for follow-up, the test was more so a product. Because of its nature, it would not be helpful to subpoena anyways. In terms of data, B. Hernandez from AACO was the only individual who had access. The data collected included name and address but did not contain health information or results.

L. Matus said she worked for a partner provider for take-home tests. She said her organization was not taking any patient information and did not require the patient to report back the test results. G. Grannan said that he brought this up, because lack of anonymity was a barrier to connecting people with health services. He said this was a barrier, because the law regarding PLWH was outdated.

A. Williams asked for elucidation around the law in discussion. G. Grannan explained that there was a HIV felony transmission law in PA. The law states that if someone was aware of their HIV+ status and did not make known their status to syringe sharing partners and sexual partners, etc., they could be penalized. The law was often used against PWID and sex workers. Those who unknowingly transmitted HIV did not fall into this category. J. Williams mentioned that the law was discussed, because the committee was debating the inclusion of HIV tests alongside STI tests as a recommendation. G. Grannan pointed out that the only successful defense against the law was ignorance of status.

A. Williams asked about Prevention Committee's capacity for offering recommendations specific to the issue without harming their ability to make people aware of their own status. Additionally, he said it was important that people could and felt comfortable accessing care. G. Grannan said both stigma and the law stood in the way of fulfilling EHE (Ending the HIV Epidemic Plan) goals.

N. Outland asked if there was documentation from sex workers and PWID that outlined the law as a barrier to status recognition, or if this was presumption. G. Grannan was aware of individuals who were prosecuted due to the law. Additionally, the people within his organization, Project SAFE, knew and were concerned about the law. N. Outland suggested that those who worked with/in Project SAFE and other similar organizations might be more informed than others. She suggested they get more details before making a recommendation. They could also focus more on advocacy, educating clients and connecting them to organizations that could help them if they were concerned about the law. A. Williams considered asking J. Baez or another expert before making an educated guess. K. King-Collins said when providers offered or suggested HIV tests and the patients accepted, this could

act as an educational moment. She recommended looking into social workers or patient care coordinators that could educate patients on their options and how to protect themselves.

K. Carter suggested HIPC/Prevention Committee act as advocates to ensure that the law catches up to the current science. They could most effectively solve the issue by changing the law. A. Williams agreed, adding that they would need legal help for this. G. Grannan said that this type of advocacy was most effective and appropriate at the provider and organizational level. As for HIPC abilities, he felt that the recommendations listed were as best as they could do for the time being. They could also invite experts to speak at HIPC on the issue. He felt that the recommendations offered a good alternative to the opt-out option for HIV tests, taking into consideration that in-person tests would not fit everyone's needs or comfort levels. Offering take-home tests would help people know their status and possibly help them access medical care.

N. Outland said the providers working with PWID and sex workers did not reach whole populations and was not necessarily representative. In turn, they should offer community education around testing and the law as well as complete a community assessment. She requested more information on how the law was known/perceived within certain communities and if it was truly perceived as a threat. She mentioned how next month was International Whore's Day and how this could exist as an educational moment.

J. Williams agreed with all of the points made. He agreed that the law might prove to be a barrier. He suggested they consider adding a recommendation for continued policy advocacy around changing this law. Even if there was a small percentage of people affected by the law, ending the HIV epidemic had now moved into the "niche" areas to address spaces where people were not receiving services. This, for all they knew, could be a reason people were not taking HIV tests.

A. Williams suggested they add a recommendation which requested the larger body to take a more serious look at the law as a barrier to testing and make recommendations to address them. L. Matus suggested that, within the recommendation, they mention how that current law continued the stigma and was contradictory to EHE goals.

K. Carter asked if they wanted to make a recommendation around advocacy. **Motion:** A. Williams motioned to add a fourth recommendation which implored HIPC to look into the law as a barrier and propose a recommendation to increase advocacy work around the law. He felt that Prevention Committee did not have enough legal expertise to address the issue fully and that the larger body could better address the topic.

M. Ross-Russell mentioned that A. Williams already motioned, so they were now discussing the motion. She restated the motion: add a recommendation to continue advocacy work around altering the HIV Felony Law to match the current science, as the current law continued stigma. In order to fully understand how the motion came about, she reiterated the discussion. For each of the recommendations, the committee discussed how the purpose behind testing was to help individuals link to care in a way that felt safe to them. People with concerns about anonymity and testing could use Philly Keep On Loving and other partners that offered take-home tests. Individuals would especially be offered a test if they tested positive for an STI.

M. Ross-Russell felt that all proposed recommendations were doable, and she wanted to focus notions and discussion so the whole committee was on the same page.

K. Carter noted that J. Williams suggested they focus on advocacy around changing the law if the committee felt it was a barrier. He agreed that they should establish this through a recommendations. He also felt strongly about the implementation of the first three recommendations, especially since STI rates were increasing as of late.

Motion cont. N. Outland seconded. J. Henrikson began to write out the motion language to bring to HIPC.

L. Matus heard no objections to adding a fourth recommendation. A. Williams said J. Williams's language around the law spoke to him, and he suggested they rephrase using some of what he said. J. Henrikson asked who/what body would focus on the advocacy. L. Matus said they would be recommending this to the council. M. Ross-Russell said it would be community-wide, not just the council. The recommendations ultimately went to the recipient. In addition, they were talking about HIPC, providers, etc.

J. Williams clarified that Prevention Committee, though he was not a member, would make a recommendation to HIPC to craft a letter for the recipient around focusing on more advocacy. They could ask to fund advocacy, work on collaboration around advocacy, etc. Prevention Committee would bring this to HIPC who in turn would bring it to the Health Department. The Health Department would then address this and gather expertise to address the law and its barriers to testing. N. Outland agreed with this direction, saying it was the most effective route. L. Matus agreed.

G. Grannan said he was hesitant to recommend the language, as it was not clear to him what latitude the recipient had in terms of advocating on a specific law. He was also unsure what nonprofits could do about the law. M. Ross-Russell said that federal funds could not be used to lobby, only for advocacy. K. Carter said they could make the recommendation increase advocacy. Hopefully this would a trickle-down effect that would bring more attention to the issue. J. Williams noted that, with EHE being the galvanizing plan to bring stakeholders together, there was an ongoing effort to make an EHE collaborative. With the addition of this conversation, it might be a smart idea to bring politicians into the discussion. They could make this a reality, and if it came as a recommendation to the recipient, it would be appropriate. They were offering a directive to bring the stakeholders together to discuss the issues around the law. Since Prevention Committee had a conversation about the law several times, showing it was a real concern, this could be a prime opportunity to make the directive clear.

N. Outland commented on how she kept hearing "community," but there was more discussion around communication within the system, not with the actual people affected by the law. J. Williams clarified that there were multiple epidemics and communities, and he was talking about the people in power as a specific community who could enact change. N. Outland said that she was discussing community in general, and she felt they needed to do better work at reaching clients and criminalized populations. She added that they needed to do better work reaching out to more niche organizations instead of focusing on the Health Department or the same organizations and they usually did. For example, she was part of the creation of a Comprehensive Sex Education Bill, and she felt this team would be interested in participating in this law-related advocacy.

J. Williams agreed with N. Outland, however, he was talking about a narrowly-focused recommendation about the law. A. Williams asked if N. Outland agreed that the "table" was HIPC. Since HIPC was a public meeting, he suggested they bring representatives from the populations in

discussion to the table. He noted that his motion was to ensure that the conversation around the law as a barrier was brought to light since it affected prevention, outreach, education, etc. The motion, itself, could help bring more people to the table and address her concerns. N. Outland responded that this was not being stated directly and that advocacy could not be done without community involvement. G. Grannan explained that his organization was mostly composed of people actively engaged in sex work. Because of his deep involvement within the community, he felt he truly represented and tried his best to represent this community. His work within the Prevention Committee, he explained, was driven by his resolve to give those in sex work and other criminalized populations a voice. K. King-Collins noted that the committee wanted to hear the actual voices from these communities as well. G. Grannan had no issue inviting others into the discussion, he just wanted to make his expertise known. K. Carter suggested that everyone had the same idea in mind and were actually in agreement.

A. Williams agreed that they needed more perspectives within the conversation. Regarding the motion itself, he felt that this was a great first step to trying to connect to these perspectives. L. Matus expressed favorability towards what J. Henrikson had written down as a recommendation. However, she felt that they should draft a 4(b) as well that highlighted a need for representation from communities that the law directly and indirectly affected. This way, she said communit(ies) could extend past just HIPC and Prevention Committee.

M. Ross-Russell agreed with L. Matus. However, the nature of the legislative and CDC language outlined HIPC as a body which had many members who represented several communities broadly to participate in the process and give voices to as many experiences/perspectives as possible. Recommendations, goals, activities, etc. move towards inclusivity. She said the fourth recommendation would start the conversation so they could bring in more individuals to the conversation, because it demonstrated Prevention Committee's/HIPC's intent. She reminded them that this was the beginning of the process, not the end.

She added that everyone who participated in the process tended to represent more people than just themselves. They were constantly adding onto a dialogue that had been formed through the council throughout the years. Everyone in the council had a specific type of expertise and value. They tried their best to be reflective and as inclusive as possible, and they recognized that they had limitations.

M. Ross-Russell read aloud J. Henrikson's fourth recommendation language. The language is as follows: "Increase advocacy work around altering the HIV Felony Law to match the current science, since the current law, as is, perpetuates stigma and is not consistent with the EHE plan."

L. Matus asked if this was their current motion. A. Williams said it was. G. Grannan asked to add "federal" in front of EHE. He recognized that there was a city EHE plan, but the law went outside of just Philadelphia and was a state law. This law, he wanted to make clear, was interfering with federal funding and goals. He felt that this was a strong argument.

J. Williams asked with which part of the EHE plan Prevention Committee felt the recommendation was consistent. L. Matus said it was consistent with Pillar 1: Diagnose. A. Williams added that it also stood in the way of all other parts of the plan. J. Williams agreed, but noted that directives needed a level of specificity so that they were self-explanatory. A. Williams agreed.

J. Henrikson gave them the following options as recommendations:

4(a) Increase advocacy work around altering the HIV Felony Law to match the current science, since the current law, as is, perpetuates stigma and is not consistent with "Pillar 1: Diagnose," which addressed HIV testing, of the federal and local EHE plan.

4(b) Increase advocacy work around altering the HIV Felony Law to match the current science, since the current law, as is, perpetuates stigma and is not consistent with the federal and local EHE plan, particularly when addressing HIV testing in "Pillar 1: Diagnose."

M. Ross-Russell asked which of the two examples they favored. G. Grannan preferred the second choice. N. Outland, L. Matus, K. King-Collins, and A. Williams agreed.

Motion restated for clarity: ***Motion:*** *A. Williams motioned to add a fourth recommendation which implored HIPC to look into the law as a barrier and propose a recommendation to increase advocacy work around the law, N. Outland seconded. After discussion, the language for the fourth recommendation is as follows: Increase advocacy work around altering the HIV Felony Law to match the current science, since the current law, as is, perpetuates stigma and is not consistent with the federal and local EHE plan, particularly when addressing HIV testing in "Pillar 1: Diagnose."*

Vote:

G. Grannan: in favor
L. Matus: in favor
D. Gana: in favor
A. Williams: in favor
E. Borgese: in favor
K. King-Collins: in favor
N. Outland: in favor
K. Carter: in favor
D. Surplus: in favor

Motion passed: 9 in favor, 0 opposed, 0 abstaining. The fourth recommendation concerning advocacy was added to the list of recommendations.

J. Henrikson asked if they wanted to bring the recommendations to the council all at once. M. Ross-Russell said they could table this for the next meeting if they wanted. A. Williams suggested that they vote to approve the language of all four recommendations today. G. Grannan noted that they had not discussed the "more discussion needed section." A. Williams suggested they table that section and still move forward with the set recommendation language to bring to the Planning Council. K. Carter asked if they could vote on all four at once. M. Ross-Russell said they could.

Motion: A. Williams motioned to approve the four recommendations' language to bring to the full Planning Council, G. Grannan seconded.

Vote:

G. Grannan: in favor
L. Matus: in favor
D. Gana: in favor

A. Williams: in favor
E. Borgese: in favor
K. King-Collins: in favor
N. Outland: in favor
K. Carter: in favor
D. Surplus: in favor

Motion passed: 9 in favor, 0 opposed, 0 abstaining. The four recommendations were approved to bring forth to the full Planning Council.

D. Gana asked that they change the language from "HIV-positive patients" to "people living with an HIV diagnosis" in the "more discussion needed" section.

—NHAS—

J. Henrikson noted that the next discussion focused on NHAS. K. Carter felt that the whole Planning Body needed to review the plan in depth and outline how it would affect them over the next few years.

K. Carter said that the plan listed "seven days" as a goal for Immediate ART. M. Ross-Russell highlighted the difference between their EHE plan/Situational Analysis and NHAS: NHAS listed 7 days for Immediate ART and EHE listed 96 hours. K. Carter said this was an important differentiation.

L. Matus proposed tabling the discussion until the next meeting. K. Carter said that people needed to read both plans, both the EHE plan and NHAS. They needed to ask more questions about reducing costs, making systems more efficient, how to improve patient-focused care, etc. He agreed with moving the discussion to the next meeting. L. Matus asked the office to send them a reminder to review the NHAS plan.

Any Other Business:

J. Henrikson said their next meeting date was June, 23rd. However, OHP staff had a conflict and they would have to look towards an alternate meeting date. She noted that the Wednesday before and after were June 16th and June 30th. A. Williams said he was available on both dates. G. Grannan said he was available for both as well. L. Matus asked when HIPC was meeting in June. M. Ross-Russell said HIPC would meet on June 10th.

M. Ross-Russell asked if they wanted to answer on a Doodle poll or if they wanted to figure this out right now. L. Matus noted that C. Steib was missing. K. Carter asked, if they sent out the Doodle poll if it would go to all of HIPC or just Prevention Committee members. S. Moletteri said it would just go to Prevention members.

Everyone typed their preference in the chat. J. Henrikson noted that the majority preferred June 30th, so this would be their next meeting date.

Announcements:

G. Grannan announced that June 2nd was International Whore's Day. To acknowledge the day, there would be a meeting in McPherson Square—also known as Needle Park—from 4:00 – 6:00 p.m., held by Philadelphia Red Umbrella Alliance, Project SAFE, and the Night Shade Collective. A. Williams asked if they had a flyer. G. Grannan asked if he could email it to staff and have them send it out to Prevention Committee.

J. Williams announced that AACO was actively trying to put resources "out on the street" in terms of EHE dollars. They had awarded organizations from PDPH to perform low-threshold sexual health services. This was part of Pillar 1: Diagnose for testing and treatment from the EHE plan. They had awarded 3 organizations to specifically serve Black/AA (African American). LGBTQ+ specific outreach, he said, would be another award. There was also another for Southwest Philadelphia which was awarded to COURAGE Medical Services which was a new clinic. AACO would be reposting the RFP for Latinx health services on June 1st. They did not yet have any organizations, and there would be a Bidders' Conference June 10th. They needed to ensure that they were awarding dollars for specific, culturally sensitive health services.

J. Williams announced that the Community Based Testing RFP was posted. There were a fewer number of awards so they could offer more money. Typically, each organization would receive $50K-$150K, but this time, they were awarding up to $300k per organization. This was ensuring that well-resourced organizations could be successful. The way the prevention system was coming together looked like the following: they had clinical testing, community-focused testing (e.g. AA/Black and Latinx communities), and community-based populations (e.g. transgender populations, MSM (men who have sex with men), PWID (people who inject drugs), etc.). Next, they had to look at EDs (Emergency Departments), so they could bring more people on for opt-out testing. There was a lot of prevention activity, and he would keep the committee informed.

K. Carter announced that on June 5th, William Way was hosting COVID-19 testing from 9:00 – 5:00 p.m. They would either have J&J or Moderna vaccines. On June 2nd or 3rd, they would be offering the vaccine to those who were 16 years old or younger.

M. Ross-Russell announced that COURAGE was presenting on mental health at the June HIPC meeting.

K. Carter announced that the United States Conference on AIDS would be a hybrid conference. If individuals could not afford the ticket but wanted to attend, they could use HOPWA dollars.

Adjournment: L. Matus called for a motion to adjourn. **Motion:** D. Gana motioned, K. Carter seconded to adjourn the May 26, 2021 Prevention Committee meeting. **Motion passed:** The meeting was adjourned by general consent at 4:22 p.m.

Respectfully Submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- May 2021 Prevention Meeting Agenda
- February 2021 Prevention Meeting Minutes
- Recommendations from February 2021 Meeting
- NHAS Worksheet

Recommendation Language from Prevention Committee Approved May 26, 2021

1. HIV tests are to be offered alongside STI tests. If an HIV test was not offered jointly with an STI test, positive STI tests results are to be followed by an HIV test.

2. Providers are to offer take-home HIV test kits if a patient refuses an on-site, in-person HIV test.

3. If a patient is to receive a negative HIV test result, the provider is to offer and discuss PrEP with the patient.

4. Increase advocacy work around altering the HIV Felony Law to match the current science, since the current law, as is, perpetuates stigma and is not consistent with the federal and local EHE plan, particularly when addressing HIV testing in "Pillar 1: Diagnose."