MEETING AGENDA

Thursday, December 12, 2019
2:00 p.m. – 4:30 p.m.

- Call to Order
- Welcome and Introductions
- Approval of Agenda
- Approval of Minutes (*November 14, 2019)*
- Report of Co-Chairs
- Report of Staff
- Public Comment
- Presentations:
    - SafeHouse – *Ronda Goldfein*
    - HIPC Research Involvement & Ethics – *Tiffany Dominique*
- Discussion Items
- Action Item:
    - HIPC Code of Conduct
- Committee Reports
    - Executive Committee
    - Finance Committee – *Alan Edelstein & David Gana*
    - Nominations Committee – *Michael Cappuccilli & Sam Romero*
    - Positive Committee – *Jeanette Murdock & Kenya Moussa*
    - Comprehensive Planning Committee – *Gus Grannan & Gail Thomas*
    - Prevention Committee – *Lorett Matus & Clint Steib*
- Old Business
- New Business
- Announcements
- Adjournment

HIV INTEGRATED PLANNING COUNCIL

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

The next HIV Integrated Planning Council meeting is scheduled for
Thursday, January 09, 2020 from 2:00 – 4:30 p.m. at the
Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107

HIV Integrated Planning Council
Meeting Minutes of
Thursday, November 14, 2019
2:00 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Daniel Angelis, Susan Arrighy, Juan Baez, Timothy Benston, Allison Byrd, Michael Cappuccilli, Keith Carter, Mark Coleman, Lupe Diaz (Co-Chair), Alan Edelstein, David Gana, Pamela Gorman, Gus Grannan, Janice Horan, Gerry Keys, Kailah King-Collins, Richard LaBoy, Tyrell Mann-Barnes, Marilyn Martinez, Lorett Matus, Kenya Moussa, Sarah Nash, Erica Rand, Samuel Romero, Clint Steib, Zsofia Szep, Gloria Taylor, Terrell Coleman (Co-Chair), Gail Thomas, Jacquelyn Whitfield

Guest: Chris Chu (AACO), Leonette Epps-Norris, Andrew Youssef, Ronald Lassile, Renne Cirillo, Victoria Johnson, Javontae Williams (AACO)

Absent: Sade Benton, Evette Colon-Street, La'Seana Jones, Brian Langley, Jeanette Murdock, Nhakia Outland, Joseph Roderick

Excused: Katelyn Baron, Janielle Bryan, Sharona Clarke, Roberta Gallaway, Sharee Heaven (Co-Chair), Peter Houle, Dena Lewis-Salley, Steven Zick

Staff: Briana Morgan, Mari Ross-Russell, Nicole Johns, Sofia Moletteri

Call to Order:
L. Diaz called the meeting to order at 2:03 PM.

Introduction:
L. Diaz asked for introductions of name, pronouns, and area of representation as well as a favorite Thanksgiving side dish.

Approval of Agenda:
L. Diaz presented the November 2019 Planning Council meeting agenda for approval. **Motion:** D. Gana moved, G. Thomas seconded to approve the agenda. **Motion passed:** all in favor.

Approval of Minutes (*October 10, 2019*):
L. Diaz presented the October 2019 meeting minutes for approval. **Motion:** K. Carter moved, D. Gana seconded to approve the October 2019 meeting minutes. **Motion passed:** all in favor.

Report of Co-Chairs:
L. Diaz reported that she went to the Philly AIDS Walk and saw many Planning Council members. She thanked everyone for attending and supporting the walk. She also reported that S. Heaven would not be at the meeting today.

C. Terrell reported that the HIV Surveillance Report had been released. He explained that the council would soon receive a copy of the report.

Report of Staff:
N. Johns reported that the office would be crafting a special project for the Positive Committee's 20th anniversary. The specificities of the project were to be determined, but the project would tell a story in some sort of artistic way. The committee was seeking volunteers who wanted to help and/or had artistic ability they could volunteer.

B. Morgan reported that there were two new blog posts regarding housing on the OHP Website. One was an interview with S. Heaven regarding HOPWA and RWHAP housing services and the other discussed Housing First model.

Public Comment:
None.

Presentations:
—Census 2020 Overview (Victoria Johnson)—
V. Johnson thanked the Planning Council for having her and said she was honored to be part of the meeting. She offered some background information regarding her education and explained that she had a special connection to the HIV epidemic and was very passionate about the subject. She used to teach political science and was currently living in Philadelphia. Though she was retired, she took up work for the census due to the upcoming Decennial. Since it only happened every ten years, she wanted to be part of the process.

V. Johnson explained that the Decennial is a nonpartisan project to account for people, demographics, language, etc. She directed everyone's attention to the folder containing more information about the census. She acknowledged a program that was focused on educating teachers/students about the census and its importance. She also mentioned that they were hiring many individuals to go door to door. People do not answer the door to or generally trust strangers, so they were depending on use of familiar, neighborhood faces. A major focus for the year is children since that was a difficult population to account for. In 2010, they spent $10 billion and still had an undercount. She reported that undercounting can result in a loss of money in municipalities for a whole decade until the next Decennial.

G. Grannan asked whether those with criminal history would be considered for hire. V. Johnson responded that she wasn't positive, but there was information on background checks in the folder as well as other information about the jobs. She added that if the application is flagged because of a criminal record, the applicant may be asked to give an extra statement for reconsideration. She reported that there were currently many positions open as an enumerator. For these positions, individuals can work as much or as little as they want – it would be a temporary job that could last until July of 2020.

V. Johnson informed the council that census data is highly secure and that the cybersecurity had been revamped. She gave a brief breakdown. The census had 10 questions total. Individuals can call in their information, and there would be a code for identification mailed in March 2020. Information could then be entered online or mailed in. There would also be computers dedicated to the census in public spaces. This would help with accessibility and reaching more of a population.

M. Martinez asked how census was going to help with housing. V. Johnson responded that all public programs were funded with census data and would therefore be impacted. D. Angelis asked how

census data would help homeless individuals and how those recording census data reached the homeless population. V. Johnson explained that the procedure for outreach to homeless populations, otherwise known as temporary unsheltered populations, was a separate and very detailed protocol. Community organizations and committees determine where temporarily unsheltered individuals congregate, relying on feedback from appointment representatives and teams. For example, the committees focus on food banks, soup kitchens, etc.

V. Johnson noted that many individuals do not trust the government with their information and therefore do not complete the census. She acknowledged that the census had never been a perfect instrument but that personal information was secure.

V. Johnson referred to the "2020 Census" slide on the accompanying 2020 Census Overview PowerPoint. For background information, the U.S. Constitution mandates the census in Article 1, Section 2 and acts as a way to apportion seats in the U.S. House of Representatives. It worked to conduct redistricting at the federal, state, and local levels and distribute over $675 billion federal dollars to state and local governments. As mentioned earlier, the census provides statistical support for grant applications and help community planning for future needs.

V. Johnson referred to the "2020 Census Goal" slide, explaining that the goal was to count everyone once, only once, and in the right place. They would achieve this goal by maximizing outreach through traditional and new media, offering and encouraging people to use the secure online response option, and providing fieldworkers with handheld devices for collecting Census data. They would be utilizing automated systems for recruiting, training, and payroll. She further explained that the Census would also work on identifying duplicates by only counting people where they are on April 1st. She said that if they find duplicates, the system is designed to clean it up.

V. Johnson read the "Our Timeline" slide. She explained that the first portion of the timeline, in-field address canvassing, started in August 2019 and ended in October 2019. Group quarters would be held from February 2020 – July 2020, Census Day would occur April 1, 2020, and internet self-response would be ongoing from March 2020 – July 2020. Nonresponse Follow-up would be from April 2020 – July 2020. She added that gentrification had heavily altered Census data and that if respondents did not answer, someone would likely visit for them to complete the data.

Pointing to the Pennsylvania Area Census Offices map, V. Johnson noted that offices were located in places where people responded the least as an effort to bolster response rates. K. Carter asked about individuals with disability who may have trouble accessing/completing the census. She responded that there are people and small organizations that deal with such situations.

V. Johnson addressed cybersecurity as a major barrier. She explained that by law, Title 13 of the U.S. Code, US Census information could not be released to identify any individuals (only aggregate statistics). She added Census Bureau workers swore to protect information and would be fined up to $250,000 and/or up to five years in prison for violation. V. Johnson said their technology was secure and without cyber threats. She warned, however, that there were reports of an organization administering a fake Census. She reminded that committee that Census workers would never ask for birthday information, bank account information, or other highly personal details.

—Ending the HIV Epidemic (EHE) Update (Javontae Williams)—
J. Williams introduced himself as the coordinator for the Ending the HIV Epidemic (EHE) Planning Process. C. Terrell mentioned that J. Williams was new to AACO and would be coming to council

meetings regularly to report on EHE. J. Williams offered the committee some of his personal and educational background. He started his career out as a nurse and later went into Public Health to turn his focus to HIV in the last 2—3 years.

J. Williams clarified that EHE did not mean completely eradicating the epidemic, as that is nearly impossible. He mentioned infection rates for HIV are much higher than that of other infections. He explained that reason for this involved systemic oppressions that keep HIV to the backburner. Therefore, EHE did not mean eradication as much as it meant an opportunity to bring the HIV epidemic to the front as a priority.

J. Williams noted that the goal of EHE was to reduce at least 75% of new HIV infections in least 5 years and 90% in 10 years. He then read off the four pillars of EHE: (1) Diagnose all people with HIV as early as possible after infection, (2) Treat the infection rapidly and effectively to achieve sustained viral suppression, (3) Prevent people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections, and (4) Response rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.

On the subject of the (3) Prevention Pillar, he regarded PrEP as an effective tool for prevention that needed to be publicly emphasized. He then acknowledged that within the (4) Respond Pillar, providers sometimes act as a barrier for getting access to care. He added that the CDC was entering a 1 year planning grant for EHE. He also mentioned the HRSA EHE grant, explaining that it was specific to RWHAP and PLWH.

J. Williams mentioned a main goal to EHE—increase capacity for immediate linkage, re-engagement and provision of immediate ART in Philadelphia—and its strategies: (A) Expand central capacity of AACO (CSU) for linkage to medical care; provide rights-based consumer education; (B) Develop low threshold, immediate access HIV treatment for key populations/areas; (C) Provide resources for changes in the RWHAP system that have failed the community; and (D) Address social determinants of health: large request for housing funds (e.g., rapid rehousing). He added that for Strategy (D), there was a large request made for housing, as it is known that those with unstable housing do not tend to prioritize their own health.

J. Williams then noted that current RWHAP programs need some clarification and/or updates. First, it needed to be clarified that RWHAP and EHE funds are public health funds, not a type of insurance. Second, patient populations for each clinic as well as provider-specific barriers needed to be identified. Lastly provider-driven approaches needed to be identified since patient populations and different clinics have different needs.

He explained that AACO was looking at surveillance data to identify patients in care but not virally suppressed, as well as patients who had fallen out of medical care in the past 5 year. They would retrieve information about out of care patients through not only HIV medical practices but also institutions receiving RWHAP public health funds.

G. Thomas mentioned how each patient may have specific issues, and J. Williams responded that the goal was to figure out broader, system-wide issues before anything else. G. Thomas noted a system-wide issue wherein providers can often have a high turnover from employees getting burnt out.

In regards to interventions, J. Williams explained that the Recipient and providers would work together to do the following: expand weekend and evening hours, expand comprehensive MCM in

clinical settings, employ more Community Health Workers and Behavioral Health Consultants, practice tele-psychiatry, practice managed problem solving, and intervene through other evidence-informed activities. He emphasized the importance involving mental health in the interventions since depression and HIV often co-occur.

D. Angelis acknowledged that a main issue within the mental health practice is that the providers do not mirror the populations they serve. For example, a therapist lacking perspective may strongly encourage a patient to partake in inpatient treatment without considering how it may affect other aspects of that patient's life. J. Williams responded that it was important for all professionals to have cultural humility as well as intersectional approaches.

M. Martinez said that there are also barriers for the providers, themselves, especially ones which may involve insurance. J. Williams agreed and said that the community listening sessions should be coordinated in such a way that would guarantee a large amount of public participation and input.

J. Williams continued to explain that EHE would involve the initiation rapid ART (antiretroviral therapy) in order to reduce treatment delays and loss to follow-ups. He also noted that rapid ART has demonstrated shorter times to viral suppression and improved rates of retention in care. It would be an important part of EHE as something that is safe, efficacious, and uses most of the same regimens recommended as initial treatment in existing DHHS guidelines.

He then turned his focus to social determinants of health, listing homophobia (internalized and external), housing, and transportation as the most prominent. He explained that homophobia has a strong impact on health in Philadelphia which can show via internalized homophobia or even via providers that may neglect asking certain sexual health questions. Transportation was also a social determinant, and AACO had already noted that LogistiCare for medical assistance had many issues. He encouraged individuals to report their complaints with services to AACO to follow up with process to document and aggregate the complaints.

G. Grannan questioned why drug use was not a social determinant of health given that HIV was so prevalent among PWID. He felt that the stigma around PWID was similar to sex work and homophobia. J. Williams agreed but added that such populations often crossover with MSM. G. Grannan understood, but noted that some individuals do sex work outside of their orientation.

C. Terrell emphasized the importance of targeted outreach for sex workers and PWID but explained that it can be difficult to achieve. He said that AACO was currently working to address system failure through quality improvement—the goal was to improve upon providers and systems to make sure they can properly address all populations. He reiterated that RWHAP is not insurance and is in place so individuals do not have less access to care due to insurance reasons. AACO wanted to ensure that providers had funds in their budgets to cover uninsured individuals. He noted that insured clients often have low viral suppression, so RWHAP should be used to supplement where insurance fails.

K. Moussa commented on how attitudes around discussing sexual health can be barriers, and people may often be scared or ashamed to admit that they are sexually active. Because of this stigma, people may distance themselves from their HIV status. She suggested training providers on how to speak about sexual health. J. Williams agreed that those hard conversations are ultimately barriers that need to be addressed.

C. Steib pointed out that a forgotten population regarding PrEP are women who have been sexually assaulted, pointing out that he had seen an overwhelming amount of such cases in the ER. He thanked J. Williams for the presentation, and asked if AACO had a plan for HIV prevention. J. Williams responded that the current presentation was mostly about treating and did not represent the full, comprehensive plan. He would attend future HIPC meetings with more information about the other EHE pillars. He also would be coordinating with the Office of HIV Planning for feedback and distribution of information. The EHE draft to the CDC was due by December 30th and requires documentation of sustained community engagement for a year.

C. Terrell reminded the counsel that the EHE is for Philadelphia, but successful EHE strategies would be implemented EMA wide.

Action Item:

—***Reallocation Request***—

M. Ross-Russell announced that the reallocation requests had already been reviewed by the Finance Committee. A. Edelstein added that the Finance Committee was bringing forth the request with a recommendation for approval.

A. Edelstein read the reallocation request aloud:

> The current 2019-2020 contract year ends February 29, 2020. The administrative mechanism employed by the HIV Integrated Planning Council has proven very effective in mitigating underspending at the conclusion of the contract year.
>
> Proactively, the Recipient is requesting permission to reallocate any remaining underspending to the following direct service categories: (1) Emergency Financial Assistance, (2) Food Bank/Home Delivered Meals, (3) Medications, (4) Oral Health Care, and (5) Medical Transportation Services.

A. Edelstein explained that AACO typically asked for reallocation requests in February. However, this year, the Recipient felt that they could more effectively project underspending. Because of this, there should hopefully be less underspending because of proactive moves on the Recipient's part.

He said that if there is under or overspending of more than 10%, it would have to come back to HIPC for approval, and any smaller reallocations would limited to the services listed within specific parameters. G. Grannan asked if the list of services on the request form were ranked. A. Edelstein responded that they were not, but the reallocated dollars would be based on need.

L. Diaz questioned Oral Health Care's listing on the request. A. Edelstein said that in prior years, the language on the requests was not so limited. However, the Finance Committee decided to take away broad language and only identify specific services. C. Chu responded that some underspent dollars typically get reallocated to Oral Health Care, so they decided to add that service to the list.

A. Edelstein called for a vote to approve the EMA FY 2019-2020 Reallocation Request:

14 in favor, 0 opposed, 3 abstaining
Reallocation Request Passed

Committee Reports:

—Executive Committee—
None.

—Finance Committee—
M. Ross-Russell explained that A. McCann-Woods could not make the meeting, and M. Ross-Russell would be presenting in her place. For background she said that the Underspending Report is presented to the Finance Committee to review. HIPC then reviews the report to monitor the Recipient and ensure dollars are being spent according to allocations. She noted that the report is fairly incomplete, as AACO has only collected 6 months' worth of invoices to present.

She noted that reconciliation of total invoices forwarded to AACO for processing through August 31, 2019 indicated less than sixteen-percent (16%/$1,882,320) underspending of total overall award (includes MAI funds). She said that hospitals, university systems, and fiduciaries tended to submit invoices a bit later.

M. Ross-Russell explained that A. McCann-Woods decided to focus on main areas of underspending and associated reasons. She said that they break everything down regionally and that is how information is typically presented.

M. Ross-Russell reviewed the Underspending in Philadelphia slide—refer to this slide for the underspending information. She explained that leveraging of other funding sources occurs because RWHAP is a payer of last resort.

M. Ross-Russell reviewed the Overspending in Philadelphia slide—refer to this slide for the overspending information.

M. Ross-Russell reviewed the Underspending in PA Counties slide—refer to this slide for the underspending information. K. King-Collins asked about the vacancies for Substance Abuse Treatment - Outpatient. M. Ross-Russell explained that this represented vacancies in staffing.

M. Ross-Russell reviewed the Overspending in PA Counties slide—refer to this slide for the overspending information.

M. Ross-Russell reviewed the Underspending in NJ Counties slide—refer to this slide for the underspending information. She added that Food Bank is still under review. HIPC had noted a high need for food in NJ, yet there was underspending due to low utilization. Therefore, the service was still under review by AACO.

M. Ross-Russell reviewed the Overspending in NJ Counties slide—refer to this slide for the overspending information.

M. Ross-Russell reviewed the Minority AIDS Initiative (MAI) slide—refer to this slide for the underspending information.

M. Ross-Russell reviewed the Systemwide Allocations slide—refer to this slide for the underspending information. She stated that late invoicing was the primary the reason for underspending.

G. Taylor asked about vacancies for Capacity Support. C. Terrell said that capacity building is mostly due to the Case Management Training Initiative and support for new Behavioral Health Consultants. G. Taylor asked about vacancies and why they are so common if money is underspent. M. Ross-Russell said turnover can be high for certain positions, and if employers do not hire for a position, they cannot invoice for it. M. Ross-Russell added that the underspending was representative up until August 2019, so the third quarter report will show true underspending while some will already be offset by reallocation requests.

K. King-Collins asked about late invoicing and if that was an issue because of lack of staffing or a poor process. C. Terrell said that late invoicing happens with larger institutions that float staff and money. Smaller organizations typically do better with invoicing. K. King-Collins asked about the process behind late invoicing and its effect on the Recipient. C. Terrell responded that there are program managers who inform AACO what is likely to happen with the invoicing before they actually receive it.

C. Chu said that another reason invoicing is slow is because the fiduciaries first have to receive invoices from the subsidiaries before getting back to AACO. G. Grannan asked about the large medical center closing and if it had affected invoicing. C. Terrell said the RWHAP program associated with that site is still running and patients are being taken care of.

—Nominations Committee—
None.

—Positive Committee—
K. Moussa reported that the Positive Committee confirmed ground rules and would have a December 10th evening meeting from 6PM - 8PM. The evening meeting would involve discussion and information around EHE.

—Comprehensive Planning Committee—
G. Grannan reported that the Comprehensive Planning Committee was going over specific parts of the Integrated Plan. The last meeting, they discussed housing and were planning to continue their discussions around other subjects of plan. N. Johns reported that they would continue the housing discussion for the next meeting.

—Prevention Committee—
L. Matus reported that the Prevention Committee was reviewing the comprehensive sex education and moved their meeting date to Wednesday, December 4th, from 2:30PM – 4:30 PM.

Old Business:
None.

New Business:
None.

Announcements:
None.

Adjournment: L. Diaz called for a motion to adjourn. **Motion:** J. Whitfield moved, K. King-Collins seconded to adjourn the November 2019 HIPC meeting. **Motion passed:** general consensus. Meeting adjourned at 3:51 PM.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- November 2019 HIPC Agenda
- October 2019 HIPC Meeting Minutes
- Recipient FY2019/2020 2Q Underspending Slides
- EMA: Reallocation Request
- November/December 2019 Meeting Calendar
- Census Packet (from V. Johnson)

Overdose Prevention Services at Safehouse

Registration
NO ILLEGAL DRUGS WILL BE PROVIDED

Assessment of physical and behavioral health
Offer of services
Data collection

Medically supervised consumption room	**Medically supervised observation room**	**Medical services**	**Wraparound services**
Sterile equipment	Overdose reversal and emergency care	Wound care	Referrals to social services, legal services, and housing opportunities
Fentanyl test strips	Certified peer specialists	On-site initiation of MAT (Medication-Assisted Treatment) and recovery counseling	
Overdose reversal and emergency care	Offer of services	HIV and HCV counseling, testing, and treatment	
Safe disposal of equipment		Referrals to primary care	

Check out
Additional data collection, offer of services, and naloxone distribution

S a f e h o u s e

A public health approach to
overdose prevention in Philadelphia

safehousephilly.org

P.O. Box 36788
Philadelphia, PA 19107

info@safehousephilly.org

Philadelphia EMA HIV Integrated Planning Council

Meeting Ground Rules

Proposed December 2019

Meeting rules for all attendees. The following ground rules apply to meetings of the HIV Integrated Planning Council and its committees. These rules apply to everyone attending meetings.

1. Arrive on time. Call the office at 215-574-6760 if you are running late.
2. Silence your phone. Take any phone calls in the lobby or hallway.
3. Respect others' boundaries and personal space.
4. Don't share others' personal information.
5. Speak respectfully, including volume, tone, and word choice.
6. No personal attacks. Disagreements with focus on issues, not individuals.
7. Wait to be acknowledged by the co-chair/speaker before speaking.
8. Avoid side conversations and cross talk.
9. Ask questions when you need more information.

Meeting rules for members. In addition, Planning Council members must follow these final three rules.

1. The Planning Council addresses the needs of people living with and at risk for HIV as their top priority. Members serve the needs of the community, not their own interests.
2. Members will behave in a way that reflects this responsibility to the community.
3. Every member is responsible for both following all meeting rules and speaking up to ensure that others follow them.

Violations. If an individual violates these rules:

1. First, there will be a warning with a reminder of the rules.
2. After a second violation, there will be another warning with a reminder that the person will be asked to leave if the behavior happens again.
3. After a third violation, the person will be asked to leave the meeting.