

Integrated HIV Planning Council

Meeting Minutes

Thursday, April 13, 2017

2:00-4:00p.m.

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

Present: Tre Alexander, Juan Baez, Katelyn Baron, Henry Bennett, Kevin Burns, Michael Cappuccilli, Keith Carter, Mark Coleman, Lupe Diaz, Tiffany Dominique, Alan Edelstein, Tessa Fox, David Gana, Pamela Gorman, Sharee Heaven, Peter Houle, Loretta Matus, Nicole Miller, Jeanette Murdock, Christine Quimby, Ann Ricksecker, Joseph Roderick, Samuel Romero, Clint Steib, Coleman Terrell, Gail Thomas, Adam Thompson, Leroy Way, Paul Yabor

Excused: Jen Chapman, Karen Coleman, Gerry Keys, Sayuri Lio

Absent: Bikim Brown, Cheryl Dennis, Gus Grannan, Abraham Mejia, Carlos Sanchez, Nurit Shein, Lorrita Wellington

Guests: James Breinig, Francis O'Neill, Chris Chu (AACO), Ricardo Colon (AACO), Ameena McCann-Woods (AACO), Coleman Terrell (AACO), Sarina DiBianca, Johnnie Bradley, Rob McKenna (HRSA), Clera King

Staff: Mari Ross-Russell, Nicole Johns, Briana Morgan, Antonio Boone, Jennifer Hayes

Call to Order: K. Baron called the meeting to order at 2:09p.m.

Remarks from AACO Director: C. Terrell stated that he was the executive director of AACO. He congratulated the group for proceeding with integration of their prevention and care planning bodies, and for volunteering to participate in the planning process. He emphasized the importance of the community planning process. He stated that community planning would be particularly relevant in the coming months and years, and he added that integration was an important step.

Welcome/Introductions/Icebreaker Activity K. Baron welcomed RWPC members and guests. Those present then introduced themselves. They then participated in an icebreaker activity.

Approval of Agenda: K. Baron presented the agenda for approval. **Motion: L. Way moved, J. Murdock seconded to approve the agenda. Motion passed: All in favor.**

Recap of Previous Meeting: K. Baron reported that at their last meeting the Planning Council heard a report on client services from Ricardo Colon and Sebastian Branca of AACO. They approved a letter to the Pennsylvania Department of Health on behalf of the Comprehensive Planning Committee and discussed a name for the integrated planning body. They also heard standard subcommittee reports. The HPG reviewed the priority setting process and discussed the co-chair structure for the integrated planning body. They also discussed names for the integrated body.

Approval of RWPC Minutes (March 9, 2017): **Motion: L. Diaz moved, L. Way seconded to approve the March 9, 2017 minutes. Motion passed: All in favor.**

Approval of HPG Minutes (March 22, 2017): **Motion: C. Steib moved, P. Yabor seconded to approve the March 22, 2017 minutes. Motion passed: All in favor.**

Report of Co-Chair: T. Alexander stated that, in the future, after the report of co-chairs, there would be an educational session about the planning body, its operations, and subcommittees. K. Baron encouraged members to ask any questions they may have.

Report of Staff: N. Johns stated that the consumer survey was closing on Monday. She stated that 345 surveys had been received as of today. She said that approximately 2800 paper surveys had been distributed. She noted that the OHP was in the process of hiring an intern to help with data analysis for the survey.

Public Comment: None.

Special Presentation:

- **Creating Digital Bridges to HIV Prevention** – *José Bauermeister, Penn PSTAR (Program on Sexuality, Technology, and Action Research)*

J. Bauermeister gave a brief personal history. He stated that he focused on building HIV prevention programs for youth using community-based principles. He said he was working on these programs with partners in Detroit.

J. Bauermeister stated that a National Institute of Mental Health (NIMH) task force was developed in 1991, and it found that HIV was a consequence of behavior and not identity. He said that programs and strategies had been developed to reduce risk behavior since that time. However, he read another quote that encouraged that people with HIV and HIV both be viewed within their social context. He stated that his work focused on developing comprehensive care.

J. Bauermeister noted that the burden of HIV was increasing among people of color. He reviewed the reasons for these trends, who it affected the most, and how efficacious and effective programs can be built that are also scalable. He stated that one-on-one counseling was currently the standard of care, but best practices still needed to be developed. He said that one-on-one counseling needed to be tailored to each individual. He explained that his work used technologies to reach individuals.

J. Bauermeister introduced a number of ongoing projects. He stated that the Get Connected trial was developed by youth in Michigan. He said the program was supported by research and was recently picked up by the National Institutes of Health (NIH). He stated that Philadelphia, Atlanta, and Houston would be adopting the project as well. He said another project matched users to providers based on their history and needs, and allowed providers to see their own ratings. He added that the myDex program helped young people to learn effective ways of dating. He stated that OutsmartHPV encouraged young people to get tested for HPV. He added that iCon was another program currently in development.

J. Bauermeister described 3 generations of HIV and technology research and their progress toward augmented reality. He noted that not much research had been done about HIV prevention and technology. He stated that integration of care and prevention could help move this research forward. He said that there was not much evidence that social media worked for HIV prevention. He noted that one size did not fit all in terms of technology for HIV prevention. He said that algorithms and computer simulation software could be used to track individual needs. He noted that users in his project were assigned a profile, which allowed them to receive a tailored message that promoted HIV prevention practices. He said that tailored interventions like these worked in many different areas aside from HIV.

J. Bauermeister introduced the Socioecological Approach to using technology for health interventions. He stated that different aspects of peoples' environments determined the appropriate interventions for them. He noted that technologies did not always meet all users' needs based on their context.

J. Bauermeister stated that the Get Connected program was intended to facilitate HIV and STI screening, with PrEP referral now incorporated. He noted that people were particular about their medical care. He said that all HIV testing sites were not equal. He explained that, in Michigan, a secret shopper model had been adopted as part of Get Connected. He said youth from the community had been trained on standard of care and CDC testing guidelines. He stated that they then went to community providers to be tested and give feedback on their experience. He said 46 testing sites in the area were included in the study, and 7 sites were excluded.

J. Bauermeister reviewed the checklist that was developed for Get Connected that helped to gauge each testing site's appropriateness for different clients. He stated that LGBT visibility was a priority, including representative images, accurate language, comfortable waiting rooms, and others.

J. Bauermeister stated that the study in Michigan had found differences between community-based HIV-only facilities and comprehensive public health centers. He stated that HIV-only locations had better results on several measures than locations that provided comprehensive HIV and STI testing. He read a series of quotations from secret shoppers on the project to demonstrate the diversity of their experiences at different provider organizations. He noted that the clinics were provided technical assistance on the basis of the reports.

J. Bauermeister stated that the Get Connected program data was used to develop a mobile app. He explained that the app took into account multiple factors to provide tailored content to users. He stated that secret shopper scores were incorporated into site selection algorithms. He provided a case study of a user of Get Connected.

J. Bauermeister said that the front page of the Get Connected site provided facts about a variety of STIs. He noted that listing myths was sometimes confusing for users. He stated that some users said they appreciated walkthroughs of various types of STI testing. He said that quotes from youth were provided in the app. He stated that it also offered support for talking to providers. He noted that users were presented with lists of agencies that were more individually tailored based on their use patterns. He stated that users were given a list of 7 questions they could ask their testers during counseling, testing, and referral to improve their experience.

J. Bauermeister stated that Get Connected was piloted with a group of 103 people. He said that the app was well-received. He stated that 1/3 of the sample had gone to get tested after using the program. He stated that 1 person had tested HIV positive and 2 had tested positive for STIs, and they were referred for treatment. He noted that the project was going to be expanded to other cities and tested with larger sample sizes. He said that PrEP referral was being added to the project.

J. Bauermeister stated that providers were given the results of their secret shopper visits. He said that 2/3 of agencies opted in to receive their results. He added that some agencies were very supportive of the program. He stated that, in the future, agencies would be permitted to opt out.

J. Bauermeister reiterated that the app was being redesigned for Philadelphia, Atlanta, and Houston. He stated that testing agencies would also be scored by secret shoppers in these cities. He said that every site that was visited would have an opportunity to receive a standardized report on the shoppers' experiences. He said that the app was also being redesigned for other interfaces.

J. Bauermeister showed the group a mock testing site report. He stated that the reports listed reviews of clinic characteristics and recommendations for improvement.

J. Bauermeister reviewed some other programs he was working on. He noted that Fitbits, Apple watches, and other sensors were forms of augmented reality. He noted that some psychological data demonstrated that some physiological responses were related to risk behavior. He added that sensors and their relation to medication adherence were currently being tested.

J. Bauermeister stated that meeting peoples' different needs over different times in their life was important when developing technologies.

J. Bauermeister stated that the MyDEX program was developed for youth who believed they were HIV-negative, and was intended to assist them in developing healthier dating behaviors. He said aspects of the program behaved like Snapchat, or a choose-your-own-adventure story.

J. Bauermeister continued to the next program, iCON. He explained that iCON was a life skills app for 15-24 year old men and transgender women in Detroit. He stated that it was currently being tested and funded in other areas of the country. He stated that young men who were attracted to the same sex and living in Philadelphia were being recruited to work as mentors in the program.

T. Dominique asked if the user profiles in the apps changed dynamically, for instance, after a user had been tested. J. Bauermeister stated that when the app was opened, it asked if anything had changed in users' lives.

J. Bauermeister said he could be contacted at bjose@upenn.edu.

D. Gana asked if the programs J. Bauermeister had discussed would be rolled out in the Philadelphia EMA or just in the city of Philadelphia. J. Bauermeister replied that the programs were only going to be available in Philadelphia County. T. Alexander asked if the program was available in Spanish. J. Bauermeister said it was not, though he was advocating for translation. He stated that some of the youth navigators in the iCON program spoke Spanish. He added that two-spirit people were also being sought to work with Native American adolescents.

M. Cappuccilli noted that he had read an article today about the increase of syphilis in Philadelphia, partially attributed to apps like Grindr. He said the article compared the increase to the spread of STIs in bathhouses. J. Bauermeister stated that many programs and studies about risk behavior were now recruiting through Grindr and other apps. He stated that he did not completely blame STI and HIV risk increases on apps. He said apps reflected that some people had difficulty connecting with others for sex and relationships. He stated that there was some public-private discussion about promoting public health messages through apps, but there was often a disconnect in the goals of the app developers and public health organizations.

T. Dominique stated that some of these apps were allowing users to indicate their HIV status and whether they used PrEP in their profiles. J. Bauermeister said that some public health organizations attempted to make accounts for testers. He stated that one app charged a fee to testers who wanted to make accounts for public health promotion purposes. He said that there had been conversations with app creators suggesting changes that may promote public health, with varying degrees of success.

Action Items:

- **Reallocation Request** – *Finance Committee*

A. Edelstein stated that, at the last Finance Committee meeting, the recipient had presented a reallocation request affecting the NJ region. He said that the recipient had received a notice of partial grant award for Part A funding, at 70% of the formula award and 40% of Minority AIDS Initiative (MAI) funding. He stated that the final award was pending.

A. Edelstein stated that the Planning Council had authorized the recipient to issue partial awards to providers based on the last year's level funding allocations. He noted that, on September 8th, 2016 the NJ Department of Health announced that it had restructured its grant programs. He stated that this change reduced funding to outpatient ambulatory medical care and increased support for medical case management. He said the NJ region requested the reallocation of Part A funds to continue meeting outpatient medical care needs for clients in the NJ region.

A. Edelstein stated that there was less of a need for medical case management funding (MCM) out of Part A in NJ following these DOH funding shifts. He stated that the recipient was requesting that funding formerly allocated to MCM be shifted to mental health services. He stated that the Planning Council had previously approved a request from the recipient to move a total of \$147,183 or 24% of allocated funds for MCM to both outpatient ambulatory health services and mental health services.

A. Edelstein reported that the recipient requested that the reallocation made in September remain in place for FY2017-18 after the receipt of the final notice of grant award.

Motion: The Finance Committee moved that the Planning Council approve the recipient's reallocation request, as specified in the handout.

Discussion on the motion

A. Ricksecker asked for confirmation that NJ shifted distribution of their state funding, and therefore requested a redistribution of Part A funding to cover resulting deficits. A. Thompson gave further explanation for the shifts in the state of NJ. He noted that the state had funded health insurance premium/cost-sharing assistance (HIPCSA), which reduced the need for state funding for outpatient/ambulatory medical care. He said that, in response, the state had eliminated any funding for that category, though providers did not receive much advance notice of the change. He stated that not all clinics had been able to take advantage of the HIPCSA program. He said that some clinics were not prepared for the shift. He noted that the state now provided funding for MCM, which used to be funded by Part A.

A. Edelstein stated that the reallocation was intended to continue funding based on a decision that was already made by the Planning Council. M. Ross-Russell explained that partial award allocations were always based on the level funding budget. She stated that the current reallocation was intended to continue a previous reallocation request approval. P. Yabor asked if any funding from the state had been returned to outpatient/ambulatory medical care. A. Thompson said it had not.

P. Yabor asked if ambulatory care still existed as a service category in NJ. K. Baron stated that it was a fundable service category under Ryan White Part A. A. Ricksecker asked where the reallocation request had originated. R. Colon stated that subrecipients in NJ asked for the change in September. A. Edelstein stated that providers initiated the request and communicating it to the recipient, who then brought it to the Finance Committee for consideration. He said that AACO contracted directly with NJ providers.

R. McKenna asked how funds had been lost in NJ. A. Thompson stated that providers relied on reimbursement from Part B to deliver their services. He added that the lack of notice to providers about the funding change had impeded some of their operations. P. Gorman said that NJ had assumed that Part A would cover ambulatory care and the state would cover MCM. She said that this decision was only made in consultation with EMAs that resided in the state of NJ, with the exclusion of the Philadelphia EMA. She added that the shift of funding into MCM was unnecessary given the amount of MCM funding already available through Part A.

A. Thompson said the state didn't believe the shift in funding was an error. He stated that there were communication issues between different parties involved.

A. Ricksecker suggested that the group urge NJ to consult with the Philadelphia EMA about these kinds of changes in the future. C. Terrell noted that NJ had been more communicative with AACO recently.

R. McKenna asked if the amount of the reallocated funds was equal to the amount of funding that the Part B program eliminated. P. Gorman said it was not. K. Baron said that the reallocation plan on the table had already been approved last year. A. Edelstein said that an allocation plan had also been approved for the recently-received partial award. He stated that the reallocation proposed continuing the allocations at the level they were approved when the total notice of grant award was received. K. Baron asked if the reallocation was approved at the allocations meeting in July. A. Edelstein said it was not. He noted that the amount was reallocated in September. He stated that the reallocation request was intended to continue September's reallocation proposal after the notice of grant award was received.

A. Edelstein informed the group that the recipient brought changes of + or - 10% in any of the funding categories to the Finance Committee for approval. He stated that the Finance Committee decided whether or not to bring the request to the Planning Council with a recommendation that they approve it. He said that the Finance Committee attempted to clarify the request and all involved issues when presenting the request at Planning Council meetings. He thanked the group for their questions.

Motion passed: 21 in favor, 2 opposed, 3 abstained.

T. Alexander encouraged all Planning Council members to attend Finance Committee meetings in the future.

- **Name of Integrated Planning Body**

T. Alexander asked the group to propose names for the integrated planning body. Here were the names proposed:

- HIV Health Services Planning Council
- The HIV Planning and Care Group
- HIV Continuum Planning
- The HIV/AIDS Colloquium
- The HIV Integrated Body
- HIV Integrated Planning Council

T. Alexander stated that a vote would be taken on all 6 suggestions, and a runoff would be held between the top 2. M. Cappuccilli asked recipient representatives if "Philadelphia" needed to be in the group's name. Representatives expressed no strong opinion. K. Baron pointed out that a longer name specifying the region could be used when a formal name was needed.

Following a vote, T. Alexander stated that the name HIV Integrated Planning Council and HIV Health Services Planning Council were the top 2 contenders. He said there would be a runoff vote.

With a vote of 15 to 7, T. Alexander stated that the group would now be called the "HIV Integrated Planning Council."

Executive Committee

No report.

Finance Committee – *A. Edelstein and D. Gana, Co-Chairs*

A. Edelstein invited new members to attend the Finance Committee.

Needs Assessment – *G. Keys, Chair*

K. Baron said the Needs Assessment Committee was meeting with the Comprehensive Planning Committee this month.

Comprehensive Planning Committee – *A. Thompson, Chair*

A. Thompson said the group had received a response to their letter to the PA Department of Health. He explained that the state agreed that health insurance premium/cost-sharing assistance (HIPCSA) was important and could not be funded by a city or EMA alone. He said that the state provided a list of mechanisms for potentially funding HIPCSA, including Philadelphia Planning representation on the PA HPG and recipient representation on the PA HPG. He stated that other mechanisms were also listed for state-EMA partnership on HIPCSA.

K. Baron invited all Planning Council members to attend the next Comprehensive Planning Committee meeting.

Positive Committee – *K. Carter, Co-Chair*

K. Carter stated that the Positive Committee had heard a presentation on HIV and Hepatitis C. He said the group would be meeting again on May 8th from 12-2pm.

Nominations Committee – *M. Cappuccilli and K. Burns, Co-Chairs*

M. Cappuccilli noted that 4 members had been added to the Planning Council. C. Steib asked if there would be an HIV Prevention Committee. K. Baron said there would be. C. Steib stated that the Prevention Committee wanted to meet the same time as the HPG meeting. D. Law said it would be up to the group to decide when the Prevention Committee met. M. Ross-Russell said the HPG had met the 4th Wednesday of each month.

Old Business: None.

New Business: None.

Announcements: R. Colon said he would no longer be representing the recipient at Planning Council or Finance Committee meetings. He said Ameenah McCann-Woods would be filling his role.

P. Yabor said he had been appointed to the reorganized state HPG. C. Steib said he had as well.

Adjournment: Motion: J. Murdoch moved, G. Thompson seconded to adjourn the meeting at 4:00p.m.

Motion passed: All in favor.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- March 9, 2017 Meeting Minutes
- Reallocation Request (AACO)
- OHP Calendar