

MEETING AGENDA

Thursday, January 9, 2020

2:00 p.m. – 4:30 p.m.

- ❖ Call to Order
- ❖ Welcome and Introductions
- ❖ Approval of Agenda
- ❖ Approval of Minutes (*December 12, 2019*)
- ❖ Report of Co-Chairs
- ❖ Report of Staff
- ❖ Public Comment
- ❖ Presentations:
 - Social Determinants of Health – *OHP*
- ❖ Discussion Items
 - Ending the HIV Epidemic (EHE)
- ❖ Action Item
- ❖ 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

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, February 13, 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, December 12, 2019
2:00 p.m. – 4:30 p.m.**

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

Present: Juan Baez, Sade Benton, Allison Byrd, Michael Cappuccilli, Keith Carter, Mark Coleman, Lupe Diaz (Co-Chair), Alan Edelstein, David Gana, Pamela Gorman, Sharee Heaven (Co-Chair), Gerry Keys, Brian Langley, Loretta Matus, Sarah Nash, Erica Rand, Samuel Romero, Gloria Taylor, Coleman Terrell (Co-Chair), Gail Thomas, Jacquelyn Whitfield

Absent: Susan Arrighy, Timothy Benston, Janielle Bryan, Sharon Clarke, Evette Colon-Street, Janice Horan, Peter Houle, La'Seana Jones, Kailah King-Collins, Richard LaBoy, Marilyn Martinez, Kenya Moussa, Nhakia Outland, Joseph Roderick, Steven Zick

Excused: Daniel Angelis, Katelyn Baron, Roberta Gallaway, Tyrell Mann-Barnes, Jeanette Murdock, Clint Steib, Zsafia Szep

Guests: Ameenah McCann-Woods (AACO), Desiree Surplus, Debra Strunk-Ross, Faith Mole, Jen Mainulle, Ronald Lassiter, Terrence Spencer, Amanda Ocasio, Debra D'Alessandro

Call to Order:

S. Heaven called the meeting to order at 2:11 PM.

Introduction:

S. Heaven welcomed everyone and asked them to introduce themselves with their names and areas of representation.

Approval of Agenda:

L. Diaz noted that the HIPC Research Involvement & Ethics agenda item would be postponed for a later date. L. Diaz then presented the December 2019 Planning Council agenda for approval with the proposed amendment to remove the Ethics presentation. **Motion:** K. Carter motioned, M. Cappuccilli seconded to approve the agenda with amendment. **Motion passed:** all in favor.

Approval of Minutes (November 14, 2019)

L. Diaz presented the November 2019 meeting minutes for approval. **Motion:** K. Carter motioned, G. Keys seconded to approve the November 2019 meeting minutes. **Motion passed:** all in favor.

Report of Co-Chairs:

C. Terrell reported that the 2018 surveillance report was accessible as a hard copy at the office. B. Morgan said OHP posted about the report on social media and would add the electronic version to the website.

S. Heaven reminded everyone to use nameplates for other members and guests to recognize each other. She reported that it was mandatory for members to join and attend a subcommittee. She noted that some had not yet joined subcommittees. To sign up for a subcommittee, let S. Moletteri know so attendance could be taken. She also reminded members to let the office know if they were going to be absent or taking a leave of absence. She directed attention to the meeting minutes which differentiated between

members that were absent and excused. She added that members do not have to go into great detail about why they cannot attend, but they should let the office know basic information to take into consideration.

L. Diaz reported that she is the Philadelphia Representative for UCHAPS (Urban Coalition for HIV/AIDS Prevention Services). C. Terrell added that it is a coalition of CDC HIV directly funded sources that work together to give input and feedback for prevention issues. L. Diaz reported that UCHAPS was disbanding but no end date had been announced.

Report of Staff:

N. Johns reported that the Positive Committee would be creating a special project to celebrate its 20th anniversary. There were fliers in the office. People who have been part of the Positive Committee in the past or present should consider contributing to what was determined to be a “storytelling” project.

Public Comment:

None.

Presentations:

—*SafeHouse (Ronda Goldfein)*—

L. Diaz introduced R. Goldfein who is part of the AIDS Law Project of Philadelphia, providing free legal services to PLWH. R. Goldfein noted that the AIDS Law Project is still thriving, and they are currently providing free legal services to their client, SafeHouse. She recognized Philadelphia as a city particularly impacted by the opioid crisis, losing about 3 to 4 people per day to opioids.

She explained that the epidemic is affecting Philadelphia at an alarming rate. However, in 2018, the overdose rate decreased due to Prevention Point and administration of Naloxone. The most impacted areas in Philadelphia were in Kensington, South Philly, and West Philly.

In an effort to fight the epidemic, the Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia issued a recommendation for a supervised consumption site. Though such an idea seemed radical, R. Goldfein explained that supervised consumption was already occurring whether it be officially or not. There was also international data from other safe consumption sites that reported zero deaths within the consumption sites and general decreases in overdoses. Public consumption decreased in these areas because people would rather go inside and use clean water—this meant a decrease in discarded syringes and other substance use litter. Based on data, there was also no evidence of the sites impacting crime levels. She explained that the consumption sites weren't crime fighting initiatives, they were public health initiatives. Those who accessed the consumption sites were typically from the neighborhood already.

The idea was to open an OPS (overdose prevention services) which would allow for people to consume substances in any way they wanted. The only exception was consumption via smoking due to ventilation concerns. She explained that the Mayor's Task Force endorsed and approved of the idea. The Task Force announced this at the beginning of 2018, and the city leaders said they would support and encourage supervised injection sites but they would not fund it. It would be up to providers to open a site.

R. Goldfein reported that before Prevention Point, 50% of new HIV infections were due to intravenous drug use. Now, after almost 28 years of operation, new infection due to intravenous drug use is down to approximately 5%. C. Terrell mentioned that the percentage was unfortunately increasing from 5%, but Prevention Point had still shown to have averted over 10,000 new infections in Philadelphia in the past 10 years.

R. Goldfein recalled that after reviewing possible legal barriers to opening a safe consumption site, they realized that federal law prohibited such a site. The unofficial name of the law prohibiting the site was called the "Crack House Act." The act stated that it was impermissible to own or operate a drug involved facility no matter its purpose. If violated, the violator would spend 25 years in jail, pay a \$250,000 fine, and a civil asset forfeiture. Due to the penalty, all who were interested in starting the safe consumption site were hesitant.

Those wanting to open the site asked E. Rendell, former governor of Pennsylvania and mayor of Philadelphia, if he was also interested. E. Rendell agreed, and they began to work on the SafeHouse model. M. Cappuccilli asked if they followed any models available in other parts of the United States. R. Goldfein responded that they did not, since there were no other sites in the United States.

R. Goldfein reviewed the model which was available as a handout. She noted that SafeHouse was keen on eliminating any barriers; therefore, though they offered treatment, it was not required that people accessing SafeHouse receive treatment. There were also other services onsite such as MAT (medication assisted treatment), onsite HIV testing, Naloxone, etc.

The purpose of the site was to provide a safe space while also offering a different path to those who desire to cease substance use. Every person accessing SafeHouse would go through the same process no matter how many times they visited. The individual would also leave with Naloxone every time. This part was important, because it was estimated that many PWID had gone from injecting two times a day to an average of eight times a day due to Fentanyl in drug supply.

R. Goldfein noted that they ran into issues when R. Rosenstein spoke on WHYY and threatened to arrest everyone working towards SafeHouse. Those working to open SafeHouse argued that the space did not violate the law. The sole purpose of the establishment was not centered on allowing and encouraging drug use, it was centered on saving lives. R. Rosenstein sued SafeHouse in a civil lawsuit, but everyone remained hopeful. R. Goldfein recognized how it was better to receive a ruling from the court of law to officially interpret the law for safe consumption sites. M. Cappuccilli asked for clarification around "everyone" and "they" when referring to the SafeHouse team. She responded that the "they" referred to an unofficial board for SafeHouse, consisting of Governor Rendell, herself, J. Benitez, Professor F. James, Pastor C. Mitchell.

The case went on and then there was eventually an opportunity to file an amicus brief. She described this as an opportunity for individuals not directly related to the case to weigh in on the issue. She said that over 300 individuals and organizations weighed in, mostly in the support of SafeHouse. Brief opposed was from the FOP (Philadelphia Fraternal Order of Police) and a particular neighborhood in Kensington. At the beginning of October 2019, the court issued a 50 page document ruling that SafeHouse was lawful. They decided to keep the case and ruling low profile instead of making it bigger. They figured it would be more beneficial to operate with the mayor and a driven community, focusing on ending the lawsuit opening multiple sites in Philadelphia as a city-wide response.

K. Carter asked if a main concern was that the service would involve teaching people how to use and inject drugs. She said they would not be teaching people how to use, but they would be offering ideas on how to inject more safely to prevent overdose and infections. There would only be minor assistance, and SafeHouse volunteers and participants would not be permitted to touch anyone. M. Cappuccilli asked if there was pushback from surrounding neighborhoods. R. Goldfein said there was significant pushback, but they are trying to address the pushback head-on. They were responding to community concerns in a way that was both reasonable and understanding, hoping to explain that concerns were actually addressed through the implementation of SafeHouse.

M. Cappuccilli asked if it were possible to have buy-in without police support for SafeHouse. R. Goldfein responded that SafeHouse had support from Mayor Kenny. D. D'Alessandro asked if there was a contingency plan for dealing with federal backlash and federal agents. R. Goldfein responded that the court has ruled SafeHouse as lawful, so they were hopeful the government would not use resources of the DEA to imprison those accessing the site. D. D'Alessandro asked about the stages of appeals for the lawsuit. R. Goldfein said they wanted to get to the very end of the civil lawsuit to receive an official order that the sites are not illegal. Once SafeHouse officially opens, the federal government would then file their appeal. By that time, SafeHouse would already have statistics and other data regarding how the consumption site was helping the community as a whole. She added that in Canada, a similar process was happening wherein consumption sites were operating and simultaneously facing appeals.

K. Carter asked about the projected amount of people accessing the safe consumption site who would ultimately receive treatment. R. Goldfein said that there is some related data available for Canada, but the numbers would look different in Philadelphia. Canada has a 6 month waiting list for rehabilitation centers. Care could be more immediate in Philadelphia, and there was a hope that reoccurring visitors would forge relationships with staff and others that would encourage treatment and recovery.

A. Edelstein asked about the plans for funding the safe consumption site. R. Goldfein said they did not have funding at the moment, so it was possible that the site would not have funding after the court authorizes SafeHouse's operation. They hoped that the site would eventually be governmentally funded. M. Cappuccilli expressed concern around SafeHouse workers' medical licenses—R. Goldfein responded that there would be no licensing issues if the court ordered SafeHouse lawful.

A. Edelstein asked about liability insurance issues. R. Goldfein responded that they have an expensive insurance, but it was no different than a bar's insurance.

R. Goldstein then pointed out an editorial cartoon from the Philadelphia Enquirer, showing that consumption sites were not perfect but better than the current reality. She said the artist was unsure about how they felt regarding safe injection sites, but she was in full support after coming to a SafeHouse court hearing. The artist's main takeaway was that the purpose of the injection sites was to save lives.

M. Cappuccilli asked about staffing, and R. Goldfein said that SafeHouse was looking for volunteers. D. D'Alessandro asked how often the site would be open. R. Goldfein noted that the facility aiming to be widely accessible, so it should be open 12-14 hours a day 7 days a week. K. Carter suggested finding people who have retired to volunteer who. G. Keys asked about using on the clock city workers to help out. R. Goldfein said that the city provides wraparound services, so they are on that path to figuring out if that would work.

C. Terrell commented that syringe exchange cannot be directly funded with federal dollars, but Prevention Point has worked up to the point where city money could fund physical syringes. C. Terrell asked R. Goldfein about the projected patient flow and people served per day. She responded that they would use Prevention Point as a model, so they imagined that those accessing Prevention Point would come into SafeHouse later that day. Therefore, they had predicted volume at that scale.

Action Item:

—HIPC Code of Conduct—

L. Diaz explained that the HIPC Code of Conduct was being presented on behalf of the Executive Committee. S. Heaven and L. Diaz read the entirety of the Code of Conduct to the council. S. Heaven asked if the council had any questions. A. Edelstein suggested that the third violation have stronger

language to signify that the person in violation needed to leave the meeting. He suggested using "required" instead of "asked."

M. Ross-Russell stated the office looked at the council bylaws, and they did not address how people should conduct themselves in the meetings. The office looked into what other EMAs had in place—they realized that most all EMAs had something in place that was similar to a Code of Conduct. The Executive Committee worked on defining "respectful engagement."

B. Morgan said the current bylaws are limited to identifying those who consistently "out of order." However, in the context of the bylaws, out of order refers to the order in which people speak and raise hands. B. Morgan added that the Executive Committee drafted up the Code of Conduct by using Positive Committee's rules as a base. The Executive Committee wanted to ensure that HIPC was comfortable with the new ground rules by putting it through a vote. B. Morgan emphasized an important part of the ground rules wherein anyone on the council could enforce the rules, not just co-chairs.

M. Cappuccilli suggested printing the rules out and putting them on the wall in the front of the conference room, and G. Thomas said it could also be projected onto the wall before meetings start. A. Edelstein added that new members should be made aware of the rules at orientation, and L. Diaz responded that Nominations Committee would discuss it further.

L. Diaz called for a vote with an amendment to fix the typo in rule #6 (change "with" to "will") and change violation #3 language from "asked" to "required."

15 in favor, 0 opposed, 5 abstaining
HIPC Code of Conduct passed

Committee Reports:

—Executive Committee—

L. Diaz said there was no report since they just passed the HIPC Code of Conduct.

—Finance Committee—

None.

—Nominations Committee—

M. Cappuccilli reported that the Nominations Committee reviewed council numbers. HIPC had 44 current members: they are allowed between 35 and 55 members, so they are doing okay on membership. He reported that all new members' tax clearances went through, so all new members were officially part of the committee. He reminded everyone that they must inform S. Moletteri about any absences as well as contact her to sign up for a subcommittee. M. Cappuccilli informed all new members that D. Law was distributing an optional and anonymous survey about the orientation process.

He added that the Nominations Committee wanted to do a presentation in early 2020 for HIPC. The committee wanted to work on strategies around engaging youth.

—Positive Committee—

N. Johns explained that she would report for the committee since the co-chairs were not present. She reported that the Positive Committee had its third evening meeting on Tuesday, December 10th. J. Williams presented on EHE (Ending the HIV Epidemic), and the discussion was stigma-centered and

seemed impactful. She said that the Positive Committee would continue on its regular schedule and meeting on the second Monday in January at 12 PM.

—*Comprehensive Planning Committee*—

G. Thomas reported that they would have their next meeting on January 16th from 2 PM – 4 PM to discuss EHE.

—*Prevention Committee*—

B. Morgan reported that the committee met for a combined November and December meeting. They reviewed EPI profile overview data from EHE (Ending the HIV Epidemic). The data included information about mental health, substance use, incarceration, and other information related to HIV in Philly. The committee was working on presentations for the coming year.

Old Business:

None.

New Business:

None.

Announcements:

D. Gana announced that THRIVERS would have a Christmas party Saturday, December 14th, at the William Way Center starting at 12:30 PM. It was an RSVP event, and D. Gana said he would leave behind flyers for anyone interested.

S. Nash announced that MANNA had a new referral form and the qualifications were on the website. She said she would leave the forms in the office for anyone interested.

Adjournment: L. Diaz called for an adjournment. Council adjourned by general consensus at 3:28 PM.

Respectfully submitted,

S. Moletteri M. Moletteri, staff

Handouts distributed at the meeting:

- December 2019 HIPC Meeting Agenda
- November 2019 HIPC Meeting Minutes
- Overdose Prevention Services at SafeHouse
- Philadelphia EMA HIPC Ground Rules

January 2020

The HIV Integrated Planning Council (HIPC) and related committees meet at the Office of HIV Planning, 340 N. 12th Street, Suite 320 Philadelphia; unless otherwise noted. Dates/times are subject to change. Contact 215-574-6760 or www.hivphilly.org for details.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 OFFICE CLOSED	2	3	4
5	6	7	8	9 Nominations Committee 12-2 pm HIV Integrated Planning Council 2-4:30 pm	10	11
12	13 Positive Committee 12-2pm	14	15	16 Comp Planning 2-4pm	17	18
19	20 OFFICE CLOSED	21	22 Prevention Committee 2:30-4:30pm	23	24	25
26	27	28	29	30	31	

February 2020

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Sun Mon Tue Wed Thu Fri Sat

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2	3	4	5	6 <i>Finance Committee</i> 2-4-pm	7	8
9	10 Positive Committee 12-2pm	11	12	13 <i>Nominations Committee</i> 12-2 pm	14	15
16	17 OFFICE CLOSED	18	19	20 <i>HIV Integrated Planning Council</i> 2-4:30 pm	21	22
23	24	25	26 <i>Prevention Committee</i> 2:30-4:30pm	27 <i>Comp Planning</i> 2-4pm	28	29