Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of
Wednesday, January 23, 2019
2:30-4:30p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Keith Carter, Mark Coleman, Dave Gana, Gus Grannan, Lorett Matus, Nhakia Outland, Erica Rand, Eran Sargent, Clint Steib, Jeanette Murdock

Excused:

Absent: Joseph Roderick, Zora Wesley

Guests: Antar Bush (AACO), Blake Rowley, Caitlin Conyngham (AACO), Jen Mainville

Staff: Nicole Johns, Briana Morgan, Dustin Fitzpatrick, Mari Ross-Russell

Call to Order: C. Steib called the meeting to order at 2:38 p.m.

Welcome/Moment of Silence/Introductions: C. Steib welcomed Prevention Committee members and guests. A moment of silence followed.

Approval of Agenda: C. Steib presented the agenda for approval. **Motion**: D. Gana moved, J. Murdock seconded to approve the agenda. **Motion passed**: All in favor.

Approval of Minutes (*November 28, 2018*): C. Steib presented the minutes for approval. **Motion**: J. Murdock moved, D. Gana seconded to approve the November 28, 2018 minutes. **Motion passed**: All in favor.

G. Grannan noted his name was spelled incorrectly, it should be Grannan not Gannon in the November 28, 2018 minutes.

Special Presentation:
CLUB 1509 – A. Bush (AACO)
A. Bush introduced himself as the Program Coordinator for CLUB 1509 and introduced E. Sargent as the Education Coordinator for CLUB 1509. A. Bush informed the Committee members that he would have to leave early and any unanswered questions can be directed to E. Sargent.

A. Bush began his presentation and explained that 1509 is a program funded by the CDC, which addresses the social determinants for individuals who are HIV negative that may be at high risk of becoming HIV positive. He provided examples of social determinants such as housing, food insecurity, transportation, primary care, and health insurance. A. Bush stated that people participating in 1509 are given a navigator and a navigator

assistant. A. Bush showed members a diagram of ideally how someone enters the program and explained that they take referrals from other agencies. He explained that it starts with HIV testing. If they test positive they go in to the RW system where there are programs for them to take advantage of. He further stated if they are negative, they previously would leave the clinic; now there is a program to help persons to stay negative, especially if they show high-risk behaviors.

A. Bush explained that 1509 leverages the RW system to provide care and support for HIV positive gay and bisexual men and trans women of color. He stated that 1509 enhanced focus on linkage to care for positive individuals through existing testing programs. He informed the members navigators help individuals retain care. He explained that negative individuals are assessed for PrEP. A. Bush informed the Committee that the navigators recently went through training to assess participants for mental health and substance abuse issues.

The CDC grant allows resources for linkages to services for MSM of color and trans women of color. A. Bush informed members that CLUB 1509 provides comprehensive services with a holistic approach. He stated that these services are including, but not limited to, PrEP and PEP, intensive adherence and retention support, enrollment in health coverage, linkage to employment and education opportunities, housing referrals, one on one goal setting and counseling, rapid linkage and engagement with the RW care system. A. Bush explained that some people will just utilize the counseling and support.

G. Grannan asked if 1509 screens for mental health and substance abuse. A. Bush explained that 1509 is a client-centered program and if they assess that there are some concerns with substance abuse, then it is up to the client to decide if they are ready for treatment. He added that 1509 would help them navigate through the process.

J. Murdock asked if the program is for anyone or if there is a specific population that they work with. A. Bush responded that it is not just for MSM and trans women of color, but it is targeted to them. He explained that all the navigators and the navigator assistants specialize in working with these specific populations. He clarified that if a cisgender, Black women seeks services with them they are not going to deny her.

A. Bush explained where to find 1509 sites, which are Action Wellness, PDPH Ambulatory Health Services, Bebashi, the COLOURS organization, Kensington Hospital, Mazzoni Center, and Philadelphia FIGHT. He explained that some of these locations have the ability to assist more clients, but the rest of them have one navigator and one navigator assistant. E. Sargent stated that only the seven locations on the slide are part of the program, but A. Bush emphasized that they do get referrals from other agencies for individuals who may benefit from these services. C. Steib asked if Ambulatory Services are the City Health Centers. A Committee member responded that it is Health Centers 2,3,4,6, and 10.

A. Bush showed the Committee data from Year Three and informed the members that they are currently on Year Four. A. Bush stated that looking at “Referrals Needed”, a

decline occurs. “Referred” declines even more. He informed members the only thing that does not decline is the PrEP category. A. Bush stated that what they learned in this process is that a lot of people just sought PrEP from their initial conversation with their navigator. E. Sargent explained that when people are initially referred to the Navigation team, it comes via a PrEP referral, which typically comes through testing. She further explained that through the testing team, a brief sexual history is given to determine if they are high risk. She stated that they do a more extensive assessment through the initial conversation where some needs for other services may come up, such as housing referrals.

A. Bush explained that they learned that working as a cohesive unit provides better outcomes, such as retention. He stated that the longer the client stays may determine the other services that they may get. K. Carter inquired more about housing since members were informed in a prior meeting that AACO no longer does housing. A. Bush explained that the navigator would help them in whatever situation they are in. He explained that some shelters may have particular rules that particular populations may have challenges around. He stated that they are there to support them. A. Bush did affirm that there are not any apartments or vouchers that they can give away. E. Sargent added they are realistic and that they do not want to lead people to believe that they can provide housing, but she emphasized that the program is individualized. She stated it is more about coaching and helping participants problem-solve concerns, such as how to increase income.

G. Grannan asked if they have demographics for those on PrEP. A. Bush said that they do capture some demographic data.

M. Coleman asked why are there so many persons lost to care and if there is anything the program can do to change it. A. Bush explained to members that it can be very anxiety-provoking to make these calls for someone who does not understand how to navigate the system. He said that they give the navigators and navigator assistants specialized training to get things done in an expedited manner for the client. C. Steib asked if they are tracking adherence support and the reasons why some may stop taking PrEP. A. Bush said that it is documented if a person chooses adherence support because it is voluntary. E. Sargent stated that if they know why someone is not following up, they will document the reason why.

A. Bush showed a PrEP cascade which was divided up into the sections Screened, Referral Needed, Referred, Linked, Prescribed, and Received Adherence Support. A. Bush explained the findings were that 642 people were screened, 526 needed a referral, 523 were referred, 408 were linked, 269 were prescribed, and 235 received adherence support. He emphasized that the adherence support is voluntary so that may be why the number is so low. He described that the graph shows an overall decline pattern.

A. Bush stated that the 1509 target population reach was a total of 717 clients, with 47% of MSM of color, 7% trans people of color. A. Bush said the program’s focus for Year Four is community engagement and outreach. He explained that this is important because

they find that once people know about the program, they will take advantage of it. M. Ross-Russell asked if there was a way to break the numbers down to know who they are serving. A. Bush responded that they do have that information, but wanted to highlight how they wanted to reach this specific population more thoroughly. He stated that it is not just Philadelphia, but nationally they are having problems reaching MSM of color and trans people of color. He informed the members that the cascade looks similar to national PrEP cascades, but he stated that AACO has increased navigation for PrEP through its 1802 program.

A. Bush told members if they have other questions that they can reach out to him or E. Sargent and C. Conyngham.

Report of Co-Chair:
C. Steib mentioned an email from AACO about PrEP funding and that it is now going to be funded through the state instead of the CDC. C. Steib asked C. Conyngham if she had any more information on this. C. Conyngham said that they are trying to leverage the various prevention resources to maximize the effectiveness of these services. She further stated that it is the same program and they are receiving different awards. C. Conyngham stated that the budget aspect is not her thing and she will talk to C. Terrell about possibly addressing this at HIPC meeting.

L. Matus stated the application acceptance period for the HIPC was Thursday, February 14th. She also informed members that Friday March 1st is the deadline to submit workshops for the upcoming AIDS Education Summit on Tuesday June 11th. She stated that if members have ideas or collaborations in mind that they should contact her.

Report of Staff:
New staff member D. Fitzpatrick introduced himself.

N. Johns gave an update from the Comprehensive Planning Committee that they will be bringing the Racial Equity Workgroup proposal to the HIPC and they will ask committee members if they want to participate.

Prevention Services Initiative:
C. Conyngham said that they continue to see an increase in infections in people who inject drugs. She stated that AACO continues to work with their provider sub-recipients to expand their mobile testing. In January they changed their sites to West Philadelphia, Parkside, South Philadelphia near Broad and Snyder, different sites in Kensington. C. Conyngham said that they continue to monitor those sites.

C. Conyngham informed members that the data from the sites showed that some were really engaging the populace and were received well, while some were not meeting the population of focus. AACO gets weekly data from sub-recipients, so it is more real time as opposed to the 30 days after the date of the test. C. Conyngham noted that the last encampment will be displaced on January 31st and they are working collaboratively with their partners to service those individuals as they move. She also said they hoped to be

rolling out their PrEP campaign in Quarter One and they will be taking materials to the review committee made up community and sub-recipients. This will be done prior to and during development and she informed members to stay tuned. C. Steib asked if the Committee could see it after it goes through the review process and C. Conyngham said that they could schedule a presentation around February or March.

Discussion Items:

HIPC Mission, Vision, Values

B. Morgan explained what happened at the last HIPC meeting and referenced the HIPC Mission, Vision, and Values handout. B. Morgan stated that the HIPC wants the individual Committees to examine it and identify changes they may want to make. B. Morgan informed members that at the last meeting, some members stated that the current Vision and Mission Statements are more focused on PLWH and not as much on prevention. She highlighted that the Shared Values section does mention more prevention initiatives, but she suggested the Committee take a few minutes to look over it.

B. Morgan asked the Committee for any additional reactions. C. Steib informed other members that they talked about adding an "at-risk" part in the Vision Statement. He suggested it could be like "We envision that every person with HIV disease or at high risk of acquiring HIV". C. Steib also suggested that prevention services are not really listed in the Shared Values section, stating that the only mention of it he examined is in the fourth value in parentheses. M. Ross-Russell stated that something about ending the epidemic should go somewhere in there. C. Steib informed members that this was written before the HIPC integrated and that is why the language is lacking prevention topics. L. Matus asked if the former HIV Prevention Group (HPG) had anything similar to what the HIPC has and M. Ross-Russell stated the last time HPG had something similar was years ago and prior to the CDC changing their purview. C. Steib said that this is their opportunity to be included and asked the Committee if they had any ideas. B. Morgan informed the members that it would be helpful to have some feedback in the next couple weeks to help guide the other Committees. C. Steib informed the Committee that they can look at some other suggestions made in the minutes for last HIPC meeting.

B. Morgan stated that at the last meeting, a member brought up putting shorter words or phrases in the Shared Values section. E. Sargent asked how they should send feedback. B. Morgan responded that it is whatever members feel comfortable with; it can be either email or phone. She gave members her email, which is briana@hivphilly.org or they can call the OHP number. C. Steib asked for additional questions or input and members had none.

Priority Setting

N. Johns said they are talking about priority setting because it has not been done since the HIPC has become an integrated body. N. Johns informed members that the handout for the HIPC primer may be helpful to those members who have not participated before. She described it as a simple overview of the priority setting and resource allocation process. She explained that there is a list of RW services listed on the back and stated that she would give a brief overview.

N. Johns informed the members there are two important things to note. One is that it is very different than the annual allocations, even though they are related. She said that when talking about prioritizing services, that they do not consider money unless it comes up tangentially. She provided examples such as if they are discussing whether RW is the only place where people can get something or if they are talking about health insurance. She stated that the second important thing is that the HIPC decided not to do it annually and they changed it to do it every 1 to 3 year. The Comprehensive Planning Committee traditionally has lead the process and she informed the members that anyone on the council is welcome to participate.

She explained over time, the process has changed a lot. She further stated that in the past, it really used to be a subjective experience. They would collect data over time and assign priorities in order based on discussions. She informed members that it really depended on who was in the room and what information they had. The HIPC felt that it was too subjective and changed the process to be more data driven. N. Johns stated now they are considering that they went too far with objective measures because there are some things that cannot be quite captured by data around these communities. She informed members that they may not be capturing information on newly emerging trends or lived experiences. She explained that the Comprehensive Planning Committee is going to be doing half data driven and half utilizing that data and applying it to lived experiences and collecting qualitative information.

N. Johns stated that the list of prioritized services is important because it gets utilized in a variety of ways. She stated that it goes to their RW application to HRSA and the list informs, but does not dictate, where funding is allocated. She also explained that it will be utilized in Comprehensive Planning Committee conversations and is very prominent for explaining why they do what they do in the RW system. M. Ross-Russell explained that when they shift services around they have to explain why those services changed ranks. She further stated the reason they wanted the Prevention Committee involved in the process is because it is important to explain the relationship of RW services to care and prevention.

C. Steib asked how to move forward as a Committee and N. Johns responded that they should attend the Committee meetings in which the decisions are going to be made, which will most likely be in March or April. She informed members that the Comprehensive Planning Committee will be meeting Thursday, February 21st, and they will be talking about what things are going to be considered and the categories they have set out for the priority setting process. She invited members that were interested in knowing more about the process to come to the February Comprehensive Planning Committee meeting before it goes to the HIPC. N. Johns informed members if they cannot attend the meeting that they can contact her or the co-chairs of the Comprehensive Planning Committee, A. Thompson and T. Dominique, with their concerns. C. Steib asked the members if they would like to discuss more on this before the March Comprehensive Planning meeting and members agreed they should have a meeting prior to that.

Training and Presentation Requests
M. Ross-Russell informed the members that training on roles and responsibilities came up various times at the last HIPC meeting. She stated that the HIPC will get that training in March. M. Ross-Russell referenced the Quick Legislative Reference for HIPC Support Staff handout; she stated that it is a simplified way of looking at HIPC responsibilities in relation to the legislative language. She explained to the members that the legislative references explains what the HIPC can and cannot do. M. Ross-Russell emphasized that that it is important information for members to know because as an integrated body, the roles and responsibilities of the HIPC body is the roles and responsibilities of the Committees. When they do the training on roles and responsibilities, they will discuss the process more in depth.

B. Morgan explained that the left side is the legislative side and is important because it is the legal requirements and the other side defines what the HIPC needs to do according to HRSA guidance. M. Ross-Russell highlighted that conflict-of-interest is defined in the handout and is important to know what it means when that word is used at other meetings. She explained to members that this handout basically explains the parameters of why the HIPC does what it does. She informed members they can email or call her if they have questions.

M. Coleman inquired about who was in charge of the decision making process in reference to allocating funds. M. Ross-Russell informed members that the HIPC cannot be directly involved in decision making for the actual grant making, but can discuss the money that goes into a service category, such as medical services. M. Coleman asked that if there is not representation by specific populations or service sectors on the HIPC, how would they know about emerging trends or needs. M. Ross-Russell informed members that identified need comes out of needs assessments and research. She stated that this conversation would take part in the allocations process and the priority setting process. M. Coleman inquired how this decision about priority setting and the allocations processes came to be on the HIPC. M. Ross-Russell stated that the legislation states that the HIPC needs to base their funding decisions on documented need.

B. Morgan asked the members if there is anything else that Prevention Committee has questions about. J. Murdock suggested more training on HIPC because she sometimes does not understand the process or topics covered. C. Steib stated that it comes with time and attendance to the meetings, but agrees with J. Murdock that trainings could be beneficial. G. Grannan agreed as well and stated that not only should they be versed enough in the Committee/ HIPC, but also they should be able to bring back what they learned to their constituents. Committee members agreed. C. Steib asked OHP if it is possible to have a summary of the meeting proceedings before it has to be approved. B. Morgan stated that they have done variations, but they need to know what to look for and how to send it people. B. Morgan also agreed that training on how to give a Committee report could be helpful. M. Ross-Russell informed members that OHP staff have to figure out what they can do prior to meeting minutes being released and emphasized that anything related to the minutes has to be approved by the HIPC body. G. Grannan

suggested they could have something in tentative status to show it is not in an official form. N. Johns suggested that having a debriefing after the meeting so that people can talk about what happened in that day might be beneficial.

B. Morgan stated that it is valued that members contribute specific things they would like to be trained on since there are so many possibilities. L. Matus stated this is especially important when it comes to voting in the HIPC to understand what the vote is for. J. Murdock agreed. L. Matus also expressed interest in learning how to read the graphs and spreadsheets. C. Steib stated that it is important to be able to speak out if people do not understand something. K. Carter suggested a mentorship to have someone guide them through the whole process and C. Conyngham agreed. C. Conyngham stated that she went to a conference where they paired her up with a buddy who had been there before for her to ask questions. She also discussed how they gave a list of acronyms and how that was helpful. She suggested that everyone gets a buddy no matter how or who is joining the HIPC. E. Sargent stated that it would be helpful to have a point person to be clear on what is happening. M. Ross-Russell added that members can stop OHP staff and ask them anything and they will try to support whatever comes up. B. Morgan suggested that people can email or call OHP staff or schedule an appointment. N. Johns wrote OHP staff's contact information and their areas of expertise on the board for members.

PrEP Workgroup Update:
G. Grannan stated that the PrEP Workgroup had a meeting on Wednesday, January 16th. He said that the Workgroup was emailed the report and if anyone did not receive that and/or wants to get it, let him know. He informed members AACO has the information the Workgroup produced. He suggested making that available electronically and having a database for key words. He informed the members that the next PrEP Workgroup meeting is March 20th and that E. Aaron should be coming to the next Prevention Committee meeting and presenting the report. He told members that if they have any experiences that are not represented on the report that they should make a note of it. C. Steib suggested for the Committee to go through the report together and see if there are any recommendations to be made. M. Ross-Russell clarified that once the Workgroup has something they are happy with, then it comes to the Prevention Committee to update or suggest changes. After the Prevention Committee reviews it, they will present it to the HIPC. The final plan will be an addendum to the Integrated Plan.

Old Business:
None.

New Business:
None.

Announcements:
None.

Adjournment: The meeting was adjourned by general consensus at 4:25 p.m.

Respectfully submitted by,

Dustin Fitzpatrick, OHP Staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from November 28, 2018
- HIPC Mission, Vision, and Values
- Priority Setting and Resource Allocations Primer
- Quick Legislative Reference for HIPC Support Staff
- OHP Calendar