

**Philadelphia HIV Integrated Planning Council  
Prevention Committee  
Meeting Minutes of  
Wednesday, May 22, 2019  
2:30-4:30p.m.**

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

**Present:** Mark Coleman, Gus Grannan, Clint Steib, Gail Thomas

**Excused:** Katelyn Baron, David Gana, Janice Horan, Loretta Matus,

**Absent:** Keith Carter, Lupe Diaz, Erica Rand, Eran Sargent

**Guests:** Caitlyn Conyngham (AACO)

**Staff:** Nicole Johns, Briana Morgan, Mari Ross-Russell

**Call to order.**

C. Steib called the meeting to order at 2:35p.m.

**Welcome/Introductions.**

The group agreed that introductions were not needed because everyone was acquainted.

**Approval of Agenda.**

C. Steib called for a motion to approve the agenda. **Motion: G. Thomas moved, G. Grannan seconded to approve the agenda. Motion passed by general consensus.**

**Approval of Minutes**

C. Steib called for a motion to approve the meeting minutes from April 24, 2019. **Motion: G. Thomas moved, G. Grannan seconded to approve the minutes. Motion passed by general consensus.**

**Report of Co-Chairs**

C. Steib reported L. Matus couldn't attend the meeting.

**Report of Staff.**

B. Morgan announced there will be a social after the June 13<sup>th</sup> HIPC meeting from 4:30-6p.m. On June 7<sup>th</sup> OHP will be hosting the second "Brown Bag" event, which will cover terminology about gender, sexuality, orientation. C. Conyngham asked if a flyer/description could be provided to share with Prevention workforce. C. Steib asked how the previous brown bag event went. B. Morgan noted that the turn out was very low. But there was a lot of interest and questions about the event, so it looks like the date didn't work out. It will be rescheduled. She also announced the Positive Committee will host an evening meeting on June 18<sup>th</sup> from 6 to 8pm about mental health and

advocacy. B. Morgan also announced that Priority Setting will be at the June 20<sup>th</sup> Comprehensive Planning Committee meeting, all are invited.

### **Prevention Services Initiatives.**

C. Conyngham reported that PDPH will have a photo booth and Philly Keep on Loving info at a few Pride events. She explained the photo booth was at Black Gay Pride and it was a huge hit. People were texted their photo and a link to the website.

C. Conyngham reported that PDPH completed the second round of PrEP provider calls to check appointment availability. The providers were offered appropriate technical assistance, where needed. She noted that the wait time is about what it is for RW appointments. She noted a few additional providers are going to be added to the PrEP provider list.

C. Conyngham noted that the DEXIS project is going to be launched this summer. She said that the project coordinator could come and share with the committee about the project. C. Conyngham explained that the project uses using healthcare and surveillance data to determine where service delivery can be improved to prevent missed opportunities. The project will focus on Black and Latino MSM, youth 13 to 24, transgender persons who have sex with men, and people who are recently diagnosed. Some interviews will be conducted as well. There will also be chart reviews – to look at where systems and providers can intervene to provide support and services. There will be three teams, internal PDPH committee, community team, and recommendations will go to policy implementation team.

### **Discussion Items:**

#### **PrEP Workgroup Report**

B. Morgan reminded the group that the committee has been working through the PrEP workgroup report over the last few months. She noted that all the comments and notes from the previous discussion have been added to the workgroup report (marked in red). She asked the group to look through the additions/changes. She added that the next step is to make a final recommendations and to have the report brought to HIPC for adoption as an addendum to the EMA's integrated plan.

M. Coleman said that he was concerned that some people in the community will be left out of the process. He noted that there are communities or providers that want to be PrEP providers or involved in the process. C. Conyngham noted that clinical providers who do PrEP are funded for PrEP navigators and some others who aren't funded but still provide standard of care. She noted that PDPH also provides technical assistance. She noted that some community-based organizations have access to training and support about how to make referrals to clinical PrEP providers. She noted that PDPH has been working with medication assisted treatment providers to expand their infrastructure around HIV testing and PrEP provision.

M. Ross-Russell noted that Gilead is going to provide Truvada as donations over the next ten years. She asked if there is any news for when and how that will roll out. C. Conyngham said that there has been little to no official communications about how those donations will be distributed. She said that she has heard that the donations will be distributed to FQHCs. She noted that there will be eligibility

to access those and that will be determined at the federal level. M. Ross-Russell explained that the End the Epidemic plan leverages the health centers so that made sense as a distribution point. C. Conyngham noted that people who are uninsured often have access to PrEP because they have a patient assistance programs. C. Conyngham noted that the donation will change over to Descovy once that drug has been approved for PrEP. G. Grannan stated that it would be good to know if subdistribution would be possible from the health centers, with concern for individuals who might not meet eligibility. C. Steib noted that the AIDS Education and Training Centers offers education for non-RW providers about PrEP, both providing PrEP and referrals to PrEP providers. He noted that other providers and doctors also provide that kind of technical assistance.

B. Morgan noted that the first thing to draw attention to is on page 5- “add link to PrEP provider list” and a note that this is for Philadelphia and not the entire EMA. She noted that the committee asked where to add inclusion of languages other than Spanish and English. C. Conyngham noted that the languages need to meet the needs of communities most impacted and can be added as the need is identified. G. Grannan noted the fastest growth in HIV is in the central Asia and eastern Europe. C. Steib noted that this concern should go down in the Discussion rather than Key Elements. B. Morgan noted that the language can be changed to read “the campaign languages should be expanded to include communities currently impacted”. M. Ross-Russell noted that French might be the next logical addition because of the West African communities in West Philadelphia. B. Morgan noted that the language should be updated to reflect PrEP Monitoring and Evaluation Plan to say “transgender individuals”.

B. Morgan noted that on Pg 7 the group asked to include information on payment, posters and waiting room materials and expanding access to the PrEP Dropbox folder. G. Grannan asked about what payment information means. M. Ross-Russell said that she remembered that it was about what programs are available to pay for PrEP for people who are uninsured or underinsured. B. Morgan noted that it could be changed to “information on payment for medications and labs”.

B. Morgan noted that Pg 8 is about Do You Philly. She reviewed the three additions recommended by the group. She noted that the program is for young MSM of color and maybe not appropriate to add all LGBTQ youth here but in another section. C. Conyngham said that Do You Philly and Philly Keep on Loving campaigns have data on the ages of people who engage it. The PrEP monitoring and evaluation plan has PrEP uptake and media engagement as parts. These could be useful data to look at the effectiveness of programs.

B. Morgan noted that the group wanted to clarification on Club 15-09 and when it was ending (pg 10). She made those changes. She noted that the last time they met they weren’t sure what was going to be happening when funding ends. C. Conyngham responded that there are several other navigation programs funded by PDPH and PDPH is monitoring data from those programs. There are five subrecipients for PrEP navigation and four for HIV navigation services – treatment and RW services. She added that PrEP adherence and support activities are included in the HIV navigation.

M. Coleman asked about training for the navigator programs. C. Conyngham noted that the 15-09 navigators have extensive training. The other navigator programs have access to the training of the PDPH portfolio and any opportunities that come to Philadelphia. She gave examples of training in culturally component services for transgender persons and YMSM of color. She noted that navigation services are done at clinical services. The 15-09 program is about half community-based and half clinical co-location. She said that lessons learned from 15-09 was that it can be hard for outside navigators to access information at clinical sites, where integrated navigation has been more successful as a part of the care team.

B. Morgan noted that the other navigation programs can be added to the Key Elements. She noted that under discussion that the HIV-negative MSM of color will be changed to people at risk and include the example about lessons learned from 1509.

B. Morgan noted that the group wanted the hours added to the PrEP provider list (Pg 10). C. Conyngham noted that important information per each location has been added to the PrEP provider list like ages served, insurance, fees, etc. She noted that hours change more frequently and might be difficult to keep updated. She noted that the changes are asked to be reported within two weeks but that doesn't always happen. The list is updated every 6 months. C. Conyngham noted that the places with Saturday hours are included in the provider list. She noted that access to HIV treatment and prevention during non-traditional hours is not the norm. B. Morgan noted that it could be added to encourage PrEP providers to include expanded hours.

B. Morgan noted that telehealth was suggested as an addition on pg. 12. G. Grannan asked if prescriptions can be written over telehealth. C. Conyngham said what she has seen is that a meeting with a navigator to get information about PrEP. She added that there are some services that send you testing supplies and you get PrEP or birth control in the mail. The fees can be \$100-200 for the whole thing. G. Grannan noted that could be a service for counties like Salem with a lack of access to providers.

B. Morgan reviewed the remaining changes. There were no comments from the group. C. Steib asked the group if they agreed with the changes and were ready to move to this full council.

**Motion: C. Steib moved, G. Grannan seconded to take PrEP workgroup report to the June HIV Integrated Planning Council meeting for approval. Motion passed: all in favor.**

B. Morgan noted that she will add the changes discussed today into the version that will go to the Planning Council. She asked if G. Grannan and C. Steib are ready to discuss this with Planning Council on June 13<sup>th</sup>. They agreed.

### **Next Steps**

B. Morgan asked the committee what they would like to do next. She noted that C. Conyngham offered to have the DEXIS project manager to come. C. Conyngham suggested July or August might

be a good time. C. Steib noted that he had a note from last meeting: C. Conyngham could present about the HIV outbreak in people who inject drugs (PWID). M. Ross-Russell suggested the group talk about the End the Epidemic plan and the four pillars included. She noted that funding for the plan has not yet been appropriated. She noted that plans could be expected before funding has been decided. She suggested the committee start thinking about what this means for the EMA. B. Morgan noted that New Jersey is working on there End the Epidemic plan now. The group agreed to start working on that in June. The group agreed that C. Conyngham will come in July along with the DEXIS project manager.

G. Grannan said that Project SAFE is starting a needs assessment on arrest diversion. He explained that a person gets arrested and instead of their case going to court, they are offered a slate of social services in lieu of law enforcement response. If law enforcement think you fulfilled those adequately you can have charges dismissed or record tossed. He noted that people he is talking with are not being offered it. If it is offered the services are inadequate and the barriers to the services are too high. He reported that those interviews ae ongoing through the summer. He noted they are interviewing sex workers and drug users.

### **Old Business**

None.

### **New Business**

None.

### **Announcements**

M. Coleman noted that the ACLU has a pop up at the Armory today and tomorrow 11:00 to 8:00. He also noted that Pride is June 9<sup>th</sup> and the Prevention Summit on June 11<sup>th</sup>. C. Conyngham recommended people attend the opening plenary at the summit. C. Steib said that there will be youth-specific workshops and there will be several mini sessions and tabling and games. Youth 13-18 can receive community credit by coming to the summit. C. Conyngham said that PDPH is doing a workshop with Ronda Goldfein about community concerns about privacy and molecular surveillance. She encouraged everyone to attend.

### **Adjournment**

Group adjourned by consensus at 3:47p.m.

Respectfully submitted,  
Nicole D. Johns, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from April 24, 2019
- PrEP Workgroup Report
- OHP meeting calendar