

Zoom Virtual Meeting July 21, 2022- 9:00 a.m.

Planning Council Meeting

MINUTES

Attendees:

Bruce Garner	Daniel D. Driffin	Masonia Traylor
Planning Council Chair	Planning Council 1st Vice-Chair	Planning Council 2nd Vice-Chair
Tim Young	Anthony Merritt	Nicole Roebuck
Priorities Chair	Evaluations Vice-Chair	Quality Management Chair
Darby Ford	Jeff Graham	Frederick Carter
DHE	Public Policy Chair	DHE
Steven Liburd	Jeff Cheek	Larry Lehman
Someone Cares, Guest	DHE, Recipient	Council Procedures Chair
Katherine Lovell	Bridget Harris	Sandra Vincent
Membership Chair	DHE	Project Officer
Kenny Clement	Gene Farber	Moya Van Rossum
		Administrative Coordinator
Brandon Pruitt	Zina Age	Faith Miller
PC Member	Aniz, Inc	Administrative Coordinator
Jennifer Gilbert	Milon Davis	Deborah Bauer
Open Hand Atlanta	Fulton County	Ryan White Part D
Joey Helton	Karen Cross	Hermeyone Bell
PIHC	PIHC	PIHC
Dana Bevan	Tina Adamson	Jenetter Richburg
PC Member	AHF	
Sharmin Anwer	Chris Dunn	Darie L.K. Wolfson
Atlanta Legal Aid		GMH
Katrina Barnes	Greg Smith	Melanie Thompson
Grady IDP	Here's to Life	
A'Lexius Culpepper	Andrea Steward	LaTonya Morrissette
AHF-Lithonia	St. Joseph's Mercy Care	AID Atlanta
Leanne Bryant	Aleta McLean	Kennedi Lowman
Grady	Open Hand Atlanta	Thrive SS
Reginald Goddard	Harvinder Makkar	Tarai Kemp Brown
FCBOH	DCA	Open Hand Atlanta
Lindsay T	Penny DeNoble	Alecia Head
Adewale Adesanmi	Pamela Phillips	Katherine Barbera
DHE	DHE	AHF
Bobbi Curry	David Reznik	Jon Greaves
	Oral Health Task Force Chair	
Summer Lewinson	Stacey Coachman	Kristi Thomas

PIHC	FCBOH	
Tiffany Lawrence	Chanel Scott-Dixon	Justin Smith
DHE	Grady IDP	
Freda Jones	Carol Chateau	Laura Carter-Williams
LOTUS		
Jonathan Harris	Kevin Taylor	Reggie Dunbar II
Georgia House District 139	DHE	PC Member
Karen Grice	Heather Wademan	James Woods III
	PIHC	
Leroy Braxton	Brandon Russell	

Call to Order/ Opening Remarks- Bruce Garner, Chair

The Planning Council Meeting of the Metropolitan Atlanta HIV Health Services Planning Council was called to order at 9:04 a.m. by Bruce Garner, Chair.

Adoption of Agenda

A motion was made to adopt the agenda by Jeff Graham. David Reznik seconded the motion. The motion carried.

Approval of Minutes

A motion was made to approve the minutes from the May 19, 2022 meeting by Hermeyone Bell. Joey Helton seconded the motion. The motion carried.

Planning Council Update - Sandra Vincent, Project Officer

The Project Officer began by acknowledging the meeting packets were distributed late the night before. Along with Moya Van Rossum, a Planning Council Administrative Coordinator, they were on the phone with IT until late the night before due to the meeting packet being suspended in the Outlook email server. The entire system was rebooted, and Ms. Vincent thanked Moya Van Rossum for being there with her as the both were trying to make "magic" happen.

The Priority Setting and Resource Allocation meeting will commence after this meeting. This is an annual event which is governed by the Priorities Committee. It is part of the responsibility of the Planning Council. This Planning Council meeting, only votes received from voting members are counted. At-Large members are equally important, but for the purpose of this process only voting members are allowed to vote, and in order to guarantee that that takes place at the time that the Priorities Chair and Vice-Chair go over this process, an excel spreadsheet was displayed on the screen to help conduct a roll call. The Project Officer recorded the votes so that they would have an official vote for HRSA as well as for the purpose of transparency with this Body. The Priorities Committee Chairs will over the Priorities process.

At the top of the agenda is a logo that says: "Training in Motion." This is an ongoing training process, implemented by the Planning Council, whereas they go through the different cycles of the Planning Council, they will be reviewing different components of what they do in the form of training, so everyone becomes accustomed with the information at the time that it is utilized.

Monkey Pox Discussion- Dr. Melanie Thompson Reference Attachment following Minutes

Dr. Melanie Thompson shared a visual presentation on Monkey Pox. She began by explaining that Monkey Pox is a cousin of smallpox in the orthopox virus genus. It was originally seen in monkeys, and now it is endemic in 9 to 12 African countries, and has been for many years. It was discovered in humans in 1970 in Congo and is now most common in Nigeria. There are 2 clades of monkey pox. The West African is less severe with less than 1% fatality rate in Africa. Congo causes more severe illness but the monkey pox outside of Africa is the West African type, and there have been no deaths so far. It was first seen in the US in humans in 2003 and was transmitted by African rodents and pet prairie dogs.

Monkey Pox has been reported in over 60 non-African countries, about 15,000 global non-African cases. About half of those are in Europe. In the United States, there were 2,323 confirmed cases at the time of this meeting. The highest caseloads are in Spain and UK, but this changes day to day. Dr. Thompson displayed a map of Georgia which had 158 cases and was 5^{th} in the country among States with the highest number of cases and 3^{rd} among States when population is accounted for. This was a very old slide from 9 days prior from the Department of Public Health, about monkey pox in Georgia. She pointed out that in Georgia, 57% of individuals at this time were black and almost all were gay and bisexual men. (Possibly a 100% at this particular point in time. There was no data on trans individuals.)

Dr. Thompson explained ways to contract the Money Pox virus is skin to skin contact, sores in the mouth that cause transmission through saliva, and vaginal, anal and rectal sores that cause transmission during sex. There is not a lot of data suggesting large respiratory droplets associated with close face to face contact, can potentially transmit but this is not aerosol transmission as we see in Covid and is not easy to get that way. They do see that the virus lives on contaminated materials like betting clothing, eating utensils. In one study, live virus was found for 10 days after contamination. The good news: it's killed by wet cleaning with disinfectants bleach, Clorox, and Lysol disinfectant wipes. Please see the EPA website to be see what disinfectants are appropriate.

Monkey Pox is infectious as long as the lesions are present. Even scabbed lesions can transmit the virus. Mammals can be infected i.e., cats and dogs, so don't pet your pets. If you have Monkey pox, they may be able to transmit the others, and the pet prairie dogs did.

The end incubation period is from one to 3 weeks, there's sort of a typical syndrome with fever headaches, muscle aches, backaches, and lack of energy. One patient thought they had Covid but tested negative. Other symptoms are swollen lymph nodes, which are common yet unusual for Covid. It may be painful or itchy. Monkey pox can be more severe in children, pregnant persons, but also people with immune system depression, potentially including people with HIV and low CD4 counts or uncontrolled virus. Remember, people with monkey Pox may also have other STIs.

Rash can begin up to 3 days after the onset of fever. Sometimes people don't have fever it and it can last 2 to 4 weeks. It may begin on the face for other parts of the body, including in the genital and analogous area the rash evolves. It may start as little flat dots moving on to pimples and then blisters, and then pus feel full filled with pustules, and then scabbing over, and the scabs dry up and fall off and again. It can be in the mucus membrane and highly infectious at all stages.

Testing requires swabbing a lesion. There is no blood test, no rapid point of care test yet, and healthcare professionals have to use full PPE, high-quality masks, gowns, gloves, and eye protection, to do the swabbing. The test can be sent to any Georgia DPH and is free. The good news also is that commercial labs, like Quest and Lab core, are now providing the test. It is not free, but it can be billed to insurance. Please be aware of out-of-pocket costs.

To prevent Monkey Pox, Dr. Thompson suggests avoiding close skin to skin contact with people who have a rash of any sort. Don't touch it. Unfortunately, kissing, hugging, and cuddling with people who have a rash can be contagious. Do not share eating utensils or cups with a person who has Monkey Pox. Handling bedding, towels and clothing requires PPE. Dr. Thompson shared a slide with more tips for caring for a person who has Monkey Pox in the household now. Public health strategies are very important. If sores are present, get tested and isolate until the test results are back and are negative. If they're positive or if someone is not able to get a test, and there are lesions, isolate until the scabs of the lesions have fallen off, and there's healthy new skin underneath which may take 3 to 4 weeks. Protect members of the household and inform partners immediately and share the contact with contact tracing through public health.

Smallpox vaccines can protect against monkey pox. There are 2 types of smallpox vaccines. The genius is the one that they're currently giving. It's only available through public health right now. It does require 2 doses for full protection, and it is safe for people with HIV and other immune conditions. The old smallpox vaccine is not safe for people with HIV. This vaccine can be given before exposure to prevent infection or early after exposure to prevent or lessen disease severity, so post-exposure prophylaxis. Because vaccines are in current supply, they are being prioritized for these contacts for post-exposure, prophylaxis, but also for gay and bisexual men, probably trans individuals, who have at least 2 partners in 14 days. Please follow your county health department websites and social media because these events pop up quickly, and the online registration fills up fast.

Dr. Thompson brought awareness of the treatment for Monkey Pox called TPOXX. It is an antiviral available only from the

CDC. It's an oral treatment for 14 days but it also comes as an IV for people with severe disease but also people who may be at high risk of severe disease. TPOXX can be used if infections include the mouth, the eyes, genitals, or the anorectal area.

Dr. Thompson suggests that as a community there's a lot they should be doing. They need more education for community and for care providers, one stop shopping for information about access to testing and vaccines, and to ensure equality and fight stigma. In her opinion, testing needs to be free from commercial labs in terms of no out-of-pocket costs for individuals and people who need to isolate and not go to work need government subsidies to help them do that. They also need new money for additional workforce and for support for Ryan White clinics.

She pointed out that this disease is affecting almost exclusively gay and bisexual men, but it is not a gay or bisexual disease. Soon people will see cases outside of the gay, bisexual, and trans communities.

Action Item:

Priorities Committee Presentation- Timothy Young, Chair and Daniel Driffin, Vice-Chair Reference Attachment following Minutes

Chair Timothy Young presented on the PRSA, Priorities Resource Setting and Allocation that includes the list of available priorities, defines resources, and the allocation funds.

Action Items:

Motion to approve Non-MAI

2,835,898.00 MAI - 2021 22,843,203.00 Non- MAI 2021 25,679,101.00 Total Est. Award

Motion: Daniel Driffin **Second:** Brandon Pruitt

Motion carried with 30 in favor and none against.

The Chair of the Planning Council thanked the Chairs of the Priorities Committee for all the hard work they put into the PRSA for this year. He also thanked the Planning Council staff for all of the work they dis to support the Committee. The Project Officer acknowledged Darby Ford from the Recipient's Office for her great data contributions as well.

Assessment Committee- Bruce Garner on behalf of Jeanette Nu'Man, Chair

The Chair and the entire Committee thanked Chair, Jeanette Nu'Man for all the hard work that she has done over many years, he advised that she has been a dedicated servant of this cause and she has asked to retire as Chair of the Assessment Committee.

Comprehensive Plan Committee - Daniel D. Driffin, 1st Vice-Chair

The Planning Council and the Department of HIV Elimination, the Georgia Department of Public Health Office of HIV have begun the process of the next iteration of the Integrated Care Plan. This is the HIV prevention in care strategic planning document for the next 5 years from 2022 through 2026. Listening sessions will commence by the end of the month. An email will be sent out to groups of interest. They will provide a report after their next meeting.

Consumer Caucus – Sandra Vincent for Timothy Webb, Chair No update.

Council Procedures Committee-Larry Lehman, Chair

The Chair Larry Lehman thanked Priorities for all their hard work and announced that Council Procedures would like to get the Committees involved in a workgroup meeting with the Recipients on August 22^{nd} and have their Council Procedures meeting on August 29^{th} .

Evaluations Committee- Daniel Driffin, 1st Vice-Chair on behalf of Barry Sermons, Chair

The Evaluation Committee is composed of the Chair, Barry Sermons, Vice- Chair, Anthony Merritt, and a core of dedicated members. They meet virtually, the last Monday of each month at noon. Their next meeting will be July the 25^{th} , as they prepare to approve this year's survey to be reported out in September. The Vice-Chair announced that the Chair was not

in attendance because he was being married. Everyone on the Planning Council wished Mr. Sermons congratulations on his marriage.

Housing Committee- Eric Thompson, Chair

No update.

Membership Committee-Kathrine Lovell, Chair

The Membership Committee meets on July 22nd at 12 pm. The Chair has drafted a work plan for 2022.

Public Policy Committee- Daniel Driffin, 1st Vice-Chair on behalf of Jeff Graham, Chair

The Committee had 135 people sign the ADAP addressed to the Department of Public Health. DPH has added the new medications to the ADAP formulary and the U.S house has finalized its budget. Ryan White Part A is flat funded but there is a \$125 million increase for the Ending the HIV Epidemic Plan and there is also an increase of \$650 million for HOPWA.

Priorities Committee-Tim Young, Chair

The Chair thanked the Planning Council Staff and Daniel Driffin, vice-Chair of Priorities, for all their assistance with Priorities.

Quality Management Committee- Nicole Roebuck, Chair See Workplan attachment following Minutes

The Chair advised that the QM Work Plan has been finalized it has been signed and she will be providing it to the Council and the QM Committee. The Committee has reviewed all the standards of care and in November they will be reviewed and monitored again. Also, DHE provides sites that will take place this year to monitor compliance with the agency's standards and performance measures. The next QM Committee meeting will be on Aug 4th, 2022.

 * A motion was made by Jonathan Harris to extend the Planning Council Meeting for 30 minutes and seconded by Daniel Driffin. The motion carried. *

Vulnerable Populations Task Force- Daniel Driffin, 1st Vice-Chair on behalf of Barry Sermons, Chair

The mission statement of the Vulnerable Populations Task Force is to utilize the results of the needs assessment, viral load suppression and other data points through the lens of vulnerable populations in an effort to make recommendations for improvement. The Committee will utilize the needs assessment to evaluate disparities and they will publish the findings at the end of FY22. The Task Force will also create a glossary of terms so people unfamiliar with the verbiage used can follow along. The next meeting will be on August 23rd, 2022 at 1 pm. The next action item for the Task Force is voting for the next Co-Chair. They will be presenting their progress to both Quality Management and Assessment Committee in August and initiating a quality improvement project to gather additional information and ideas.

Oral Health Task Force- Dr. David Reznik

The Task Force reviewed their work plan, and their goal is to increase the number of patients that can be seen in the EMA. The Task Force has done a capacity building with PIHC which is a 9-chair facility that will be open soon. Dr. Reznik currently has a 12-chair facility, and they will get another resident to assist with some of the needs. Dr. Reznik advises that there is a potential partnership with Grady and the Fulton County Board of Health Department. The next Oral Health Task Force meeting will be held on August 9th, 2022 at 3:30 pm.

Recipient Update- Jeff Cheek, DHE Director

The Recipient advised that they have received an increase in their Ryan White Part A award in the amount of \$30,441668 million which is an 8% increase over last year's award. Also, there was an increase of 20% in the Ending the HIV Epidemic funding for \$3,975,746 and this is the 3^{rd} largest in the country. Jeff Cheek welcomes all the new staff that joined DHE team over the past few weeks. HRSA National Conference will be taking place from August 23^{rd} - 26^{th} , 2022.

Grant-At-A-Glance- Frederick Carter, DHE Accountant Reference attachment that follows Minutes

Public Forum- Masonia Traylor, 2nd Vice-Chair

The Committee advised that this past month the American Journal of Public Health published a special supplement dedicated to reducing HIV stigma and discrimination across the nation. 1st Vice-Chair, Daniel Driffin, discussed the conference that will take place in Montreal, Quebec Canada. 1st Vice-Chair Driffin and 3 colleagues created an article specifically perceiving intersectional stigma from the standpoint of race and gender sexuality.

Chair Bruce Garner advised that there are 3 or more individuals that are sitting on the HOPWA for housing for people living with Aids. The Chair wrote a letter to Atlanta Mayor Andre Dickins and he respond and agreed to meet with members to discuss the issues with HOPWA.

Adjournment

The meeting was called to adjourn at 10:44 am, motioned by Katherine Lovell and seconded by Hermeyone Bell.

ADJOURNMENT



NEXT MEETING DATE/TIME:

08/18/2022

NEXT MEETING LOCATION:

Via Zoom

Attested by:

Minutes Approval Date: 8/18/2022

METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL

Bruce Garner, Chair Daniel D. Driffin, 1st Vice-Chair Masonia Traylor, 2nd Vice-Chair bruce.garner@att.net ddriffin@gmail.com masoniatraylor@gmail.com

COMMITTEE CHAIRS AND VICE-CHAIRS

Jeanette Nu'Man Rhiannon Laramie Katherine Lovell Larry Lehman Bruce Garner **Barry Sermons** Anthony (Tony) Merritt Eric D. Thompson Nathan Townsend Jeff Graham Timothy Young Daniel Driffin Nicole Roebuck

Assessment - Chair Assessment - Vice-Chair Membership - Chair Council Procedures - Chair Council Procedures - Vice-Chair Evaluation - Chair Evaluation - Vice-Chair Housing - Chair Housing - Vice-Chair Public Policy - Chair Priorities - Chair Priorities - Vice-Chair Quality Management - Chair Quality Management - Vice-Chair Nushep@comcast.net Rhianno.Laramie@PIHCGA.org Klovell@smcmed.com Larry.Lehman@PIHCGA.org Bruce.Garner@att.net BSerm13158@aol.com itisso2@hotmail.com Eric.d.thompson@emory.edu newhopenathan@gmail.com Jeff@georgiaequality.org Tyoung30324@gmail.com ddriffin@gmail.com Nicole.Roebuck@aidatlanta.org

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CONSUMER CAUCUS AND TASK FORCES

Timothy Webb, Chair Nathan Townsend David Reznik **Barry Sermons**

Katrina Barnes

Consumer Caucus - Chair Consumer Caucus - Vice-Chair Oral Health Task Force - Chair Vulnerable Populations - Chair Timothy.Webb@aidshealth.org Newhopenathan@gmail.com DReznik@gmh.edu BSerm@13158@aol.com

PLANNING COUNCIL STAFF

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