

## PENNSYLVANIA DEPARTMENT OF HEALTH

## HIV PLANNING GROUP MINUTES

Park Inn Harrisburg West, 5401 Carlisle Pike, Mechanicsburg, PA  
January 14<sup>th</sup>, 2015

**Members:** Wesley Anderson, Jr., Alicia Beatty, Adam Bocek, Jeanne Caldwell, Dan Campion, Principe Castro, Melissa Davis, Wayne Fenton, Sharita Flaherty, Chris Garnett, Daniel Harris, Jeffery Haskins, Lou Ann Masden, Briana Morgan, Daiquiri Robinson, Tamara Robinson, Susan Rubinstein, Grace Shu, Richard Smith, Rob Smith, Nathan Townsend, Tony Strobel, Shubra Shetty, Ann Stewart Thacker, Wayne Williams, Paul Yabor

**Not Present:** Doyin Desalu, Linda Frank, Ron Johnson, Shannon McElroy, Ken McGarvey, Pamela Smith, Derick Wilson

**Dept. of Health:** John Haines, Kyle Fait, Jill Garland, Cheryl Henne, Sara Luby, Julia Montgomery, Benjamin Muthambi, Lisa Petrascu, Robin Rothermel, Mari Jane Salem-Noll, Brad VanNostrand, Christine Quimby

**University of Pittsburgh:** David Givens, Daniel Hinkson, Sarah Krier, Tony Silvestre

**Guests:** Sarah Gallup, Susan Goldy, Mary Hess, Leah Magagnotti, Shirley Murphy, Michael Strickland, Susan Thompson

### **Welcome & Introductions**

Chairwoman Flaherty: [9:06am] Welcome to a new year with the Pennsylvania HIV Planning Group [HPG]! We will all go around the room and introduce ourselves.

[Introductions]

Now I'd like to specifically welcome our four new members. We'll offer them a chance to say a few words, if they'd like, about their goals and hopes for the year, keeping in mind especially the continuum of care.

Lou Ann Masden: I'm here from the north central AIDS coalition. I want to be able to bring back information from the state level to our region and to our clients. I am looking forward to serving and seeing where I fit in, especially as we move towards greater parity in our continuum.

Chris Garrett: I recently moved from Philadelphia to Pittsburgh, I'm looking forward to continuing to doing the work I'm doing for people with HIV and hope to contribute as a member of this important group.

Jeanne Caldwell: I'm from the northwest region, 23 years now, I'm passionate about care for people with HIV and specialize in rural care. I'm so glad to be here and looking forward to serving on a committee and learning and taking that information back to our region.

Adam Boeck: Hello, I'm a community advocate from south York. I joined the committee to have an impact to statewide planning and contribute my voice to serve people with HIV.

Julia Montgomery: As you've noticed, Ken [McGarvey] cannot be here today; he's undergoing some minor oral surgery. He would rather be here, obviously, but the three of us will try to fill his shoes for this meeting. We will be holding the orientation here in this room, and each subcommittee will meet upstairs. Announcements will be held until tomorrow. Any member or guest is welcome to sit in on the orientation, though the subcommittees will be doing important work. We will all reconvene here at 3pm before the meeting adjourns, after which there will be a get acquainted gathering.

Briana Morgan: Regarding subcommittees, I hope that we can have a structure subcommittee discussion after lunch with anyone that wants to attend.

Chairwoman Flaherty: So I hear a motion to change the agenda to 1pm -2:15 to have a structure discussion with all returning members who are interested.

Susan Rubenstein: I agree, and would like to clarify that it's for all interested members – not required for all members?

Melissa Davis: I second that.

[Vote: Motion Passes]

Chairwoman Flaherty: the motion passes. So we will have this discussion, and then reconvene as an entire group. Before we break for our subcommittees, we'll discuss the Minutes. Are there any changes or corrections?

Hearing none, do I have a motion to approve?

[Motioned, seconded, and voted... Minutes approved as submitted.]

## **Subcommittees**

[Subcommittees meet]

[Lunch at noon]

[Returning members facilitate HPG structure discussion; Full body reconvenes at 3:10.]

## **HPG Business**

Chairwoman Flaherty: Hopefully this was a productive day for both our new and returning members.

We have a reception coming up at four pm, but now we are going to talk specifically about the structure of the HPG for the coming year and I'd like to ask Melissa [Davis] to speak about the history behind this structure.

Melissa Davis: When we met from 1 -2:15, we discussed the HPG structure. When my committee went back and continued that discussion it was clear there was a lot of confusion in how we have gotten to today. After we talked, the subcommittee asked me to talk to the full group about what this history is. You may remember that we have had two groups of new members at this point, and it's easy for old members to forget that not everyone remembers the time before that. In 2012 we had the integrated work group which was a combination of the two old groups IWG and CPG. That was when this structure – Incidence, Access, and Disparities – was developed, as it was created to mirror the national strategy goals. When the full HPG took over in 2013, the HRSA and CDC consultants helped us realize that there was no framework for how to engage stakeholders, do needs assessment, or conduct Priority Setting; these were all things that had to happen in the next year. It was at that point that the group decided to put this structure in our plan on hold while we worked through these foundational needs. So as far as where we are now, you can see how each piece is going to continue within the 'new' original structure. The membership work will continue to function as the Recruitment and Membership ad hoc committee. The five year plan that the stakeholder group created will continue functioning and moving forward via the work that the Pitt team will be doing at our behest. For Needs Assessment [NA], instead of having one major group doing it, NA will continue to function within each group as they request specific things. For the PSRA, we have a fully documented process, and recommendations about what worked and what to improve. My recommendation will be that this becomes an ad hoc group that can be ready to go in the future when the process is needed again.

All these 'new' old groups will need epi data, consumer input, needs assessment, all of these things will continue along with the great work that the committees have been doing. They aren't going anywhere, and now you know the thought process behind this shift to Incidence, Access and Disparities groups we've been talking about.

Dan Campion: Did all members get the copies of the five year plan and protocols?

Chairwoman Flaherty: Yes, Pitt was able to generate those and pass them out to all members.

Ann Stuart Thacker: How will these groups decide what to work on?

Melissa Davis: Our group discussed the idea that the steering committee can look at the HPG protocols and give a laundry list of possibilities to help the committees get started. Also, I want to point out that there may be fear – I know how things worked in the IPG – but that is not the case here. This will be the structure that the HPG has, now, and so we can continue working on things and follow through with things that have been developed over the past year or two.

Chairwoman Flaherty: We want to leave tomorrow knowing what sub-committees we have. The groups can then work together to decide what specifically they want to work on. So we do need to vote today

or tomorrow on this structure, so please review the protocols tonight and have any questions or concerns ready.

Daiquiri Robinson: I just want to point out that these protocols are all already approved by this body. We all made the commitment that this is what we are going to do, so I don't see how any additional vote is needed. We've approved these protocols many times over the past year.

Chairwoman Flaherty: We can meet as a steering committee and revise the agenda so that we discuss further clarification for each group, and everyone can read the protocols for an idea of what each group will be focused on.

Melissa Davis: I would also recommend that the steering committee draft guidance for each committee to follow so people don't walk into the group and just stare at each other.

Julia Montgomery: Yes, and remember that you will have DOH and Pitt staff assigned to help each group as well. For those of you worried about what the output for each group is, remember that there is no required output for each group this year. You are an advisory body to the Department of Health, and that will give you great latitude to focus on areas with great need. This is an exciting opportunity.

Chairwoman Flaherty: I concur that this does in fact *not* require a vote, as these protocols are already approved. We will reconvene tomorrow and discuss this further. If the steering committee can meet for ten minutes now, and then I hope we will all meet for the reception at 4pm. Are there other announcements?

Brianna Morgan: We have passed out a draft list of recommendations from the NA committee based on the marvelous work that Pitt did around rural linkage to care. So please take those with you tonight and read them! Any questions? Thank you!

Chairwoman Flaherty: So our homework for tonight: please read the 5.3 section of the protocols, the 1-5 year stakeholder engagement plan, and then the recommendation document that the Needs Assessment group just passed out.

Julia Montgomery: Thank you everyone for your attention today, and we stitched some money together for a reception, so we hope you can come back and join us.

Chairwoman Flaherty: meeting adjourned [3:45pm].

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### **Welcome & Announcements**

Chairwoman Flaherty: Welcome back, everyone. Hope everyone did their homework and is ready for the new day! [9:00am]

We do have some follow up business regarding the minutes; so I'd like to open up the minutes again for any corrections for the November minutes.

Grace Shu: Ken knows that I was here in November; I left at ten, and when I came back the meeting was over. I had a personal situation I needed to attend to. So I should not be marked absent.

Also, I would like to invite anyone who would like to attend the governors' inauguration. I have known the lieutenant governor for decades, so I can submit your name. Everyone must be in the Senate chamber by ten am, and after the swearing-in there will be a reception. So let me know, please.

Chairwoman Flaherty: So I hear a motion to amend the meeting minutes as stated.

[Motion approved.]

As a reminder, if you ever have any questions about anything with the minutes or logistics for anything about the meeting, please feel free to come to me, Ken [McGarvey], or David [Givens].

We will now have announcements.

Cheryl Henne/Special Pharmaceutical Benefits Program [SPBP]: We had reported a position filled at the last meeting, but we are now looking to fill that position again. We hope to have that filled permanently very soon.

Healthy PA went into effect Jan 1, which affects us as a payer of last resort. John will tell us more about how that impacts us.

John Steiner: We are screening applicants to see if they qualify for Healthy PA. If people have not applied but meet all criteria, our plan is to allow for three months of SPBP and provide info on how to apply for Healthy PA, and after that period they will need to supply us with the rejection letter from Healthy PA – at which time they would be reenrolled in SPBP for the full term in SPBP... or they will enroll in Healthy PA and no longer be in need of SPBP. All persons with HIV should be enrolled automatically in the 'high risk' Healthy PA plan, though we have heard that some people are being incorrectly enrolled in private or 'low risk' healthy PA plans. We will be working on a case by case basis to ensure that all people get the correct coverage and stay ensured. We hope to have this process in place by February.

Jeanne Caldwell: If a person is given three months of temporary SPBP coverage and is found ineligible, will they have to go through that whole process again when the next re-enrollment period – after six months - comes?

John Steiner: No, they will be set for the whole year. Like every person, they will need to reapply just once per year.

Tony Strobel: The problem we are seeing is that there is a gap in coverage while people are being switched around between plans, particularly if people are incorrectly put in the wrong plan temporarily...

John Steiner: They would still have coverage...

Tony Strobel: but it's less complete coverage that is costing people real money.

John Steiner: I understand that, but that is unfortunately something beyond our control. People will have to work any reimbursements out with Medicaid.

Sheryl Henne: What we can advise for people filling out applications, or people helping clients fill out applications – sometimes, in some cases people aren't indicating their status and that's what is initially causing the problem and incorrect assignment.

Wayne Williams: We see people filling out forms correctly – we're helping them fill them out! - and they are still temporarily placed incorrectly. More importantly, though, we are having cases where people

are being placed in private insurance companies, and those companies are telling clients they won't pay for prescriptions and that the clients should continue filling prescriptions through SPBP.

Cheryl Henne: That would be a serious problem. Please get us a copy of that letter – that should not be happening.

Wayne Williams: I will. Thank you, Cheryl.

Director Robin Rothermel: We have seen at the DPW level that there have been some glitches with people not rolling over for mental health coverage, or are matriculating into the wrong category, and I would just say to please keep bringing those issues to the DPW.

Jill Garland/Prevention Section: We did receive the CDC notice of grant award, and it was a significant reduction from what we were expecting. Testing, condoms, prevention with positives will not be affected, but other marketing and other category A will be reduced. On the other hand, our Category C was actually increased. That's Project SILK in Pittsburgh, working with LGBTQ African American youth. So some of the Category A things you heard about yesterday in your subcommittees, like Acceptance Journeys, is directly related to the population with Project Silk, and so we hope to fund some of that through that channel.

I'd also like to welcome Mari Jane to our office, she isn't here today but you may have met her yesterday, and she will be working closely with the municipal health offices and capacity building, among other things.

I will be attending a NASTAD [National Association of State and Territorial AIDS Directors] conference soon about how the Affordable Care Act will be impacting testing and prevention. We will have the chance to network with other jurisdictions and high impact prevention options.

Paul Yabor: Is this open for anyone to attend?

Jill Garland: I believe that this NASTAD meeting is by invitation only, unfortunately. It only has room for states' program directors and prevention directors. But I will be happy to bring what I learn back to the group.

Julia Montgomery/Care Section: Please remember to hold your questions until we can get a mic to you so your comments will be recorded. So for CARE, we will be having an open position. We were contacted by HUD that their jurisdiction had changed for 2014, and neither Philly nor PA had been made aware of that. The counties of Bucks, Chester and Montgomery were carved out of HUD area – MSA – in doing so the funding for services was offered to Bensalem township. They declined those funds in late October for all of 2014 and contacted Ken and said they'd like our department to oversee those funds. We politely declined, since the year was almost over, and we wanted Philly to continue to run the area. But we learned that there was legislation that required PA to talk it over or the funds would be lost. So now we are managing the area and trying to figure out how to reimburse Philly for services they have been providing all year. Bucks, Chester and Montgomery Counties already have contracts in place, and so this boils down to an administrative figuring-out of how to get the money where it needs to go.

There will be no changes or affects to clients, and we are going to make sure of that. HOPWA services statewide – everywhere except Philly – currently only fund case management. We feel that HOPWA is and should be housing. This new area was using their HOPWA money for other support services, and we feel that those should in the future be paid for with Ryan White Part B funds. So after April funding will shift but services should not be really affected.

Ann Stuart Thacker: We went through this several years ago with HUD, and it was just paperwork for us, too. There was no impact on clients with us, either.

Paul Yabor: Will this shift of HOPWA services free up more money for housing?

Julia Montgomery: Because this is a new section of the state for us, we will need to receive and evaluate the new data of who the people are and what services they are receiving. It is our hope that the clients there are receiving the services they need, but if there is a waiting list we hope – and the goal for all of PA – is that there is no wait list anywhere in the state.

Wayne Williams: So can we assume that these new people – areas – will be monitored more closely to see if that they are getting the services they need?

Julia Montgomery: Our office does not oversee Philly services of HOPWA. We will be giving the Philly authority moneys for Bucks, Chester, and Montgomery counties, and expect them to monitor that.

Nathan Townsend: I know that there is a small waitlist for Bucks County.

Julia Montgomery: If there is a waitlist, it may continue until we can get the new grant with our new expectations in place in June. We have also been invited to meet with all those agencies receiving Part C and Part D Ryan White funding next week across the state to begin collaboration to make sure everyone is working together to serve clients throughout the state.

David Givens/University of Pittsburgh: Our only announcement for today is about the Box. As you all know we maintain this cloud access storage and collaboration tool for all HPG members; accordingly, if you are a new members please see me and we'll confirm we have your preferred email address so we can get you set up with access. Similarly, if there are any returning members having issues or questions, let me know and we will be happy to work with you around that as well.

Chairwoman Flaherty: Are there other announcements at this time, from members or guests?

Paul Yabor: ACT UP will be working to engage Governor Tom Wolf's transition team, and we'll keep you updated on his positions and initiatives around HIV accordingly.

Shirley Murphy: Just want to remind the members here we do have a webinar every Wednesday at AETC, and you can see what we've archived and what's coming up. We cover a variety of topics that may be useful to your teams around the state.

Chairwoman Flaherty: we will now move into an over of travel guidelines by Lisa Petrascu. This is important information for everyone, and there may be changes so please give her your full attention.



You can also see the full schedule on our agenda here. Please also remember that our check-out here is at 11 am and we'll have a break before then. Instead of the subcommittee item after lunch we have adjusted that to discuss and finalize our 'old – new' structure we discussed yesterday.

Briana Morgan: We will also need to look at the NA recommendations at some point.

Chairwoman Flaherty: Yes, that will be part of that discussion. Ok, now we will have Lisa come forward.

## **Travel Guidelines**

Lisa Petrascu: Before we begin, I'd like to give special recognition to Dan Hinkson and our Pitt team for keeping everything running with microphones and copies. We are very grateful for all his work keeping our meetings functioning. I understand he is sick today so we wish him well.

[Travel Guidelines Presentation]

Chairwoman Flaherty: Thank you Lisa. Now we will take a ten minute break – we will reconvene here at ten forty five.

## **HIV Epidemiology Presentation**

[Ben Muthambi: Introduction to HIV Epidemiology]

Chairwoman Flaherty: We will now break for lunch; even though we did not finish, please feel free to ask any questions to Dr. Muthambi during lunch. We will meet back here afterwards.

[Break for lunch]

Chairwoman Flaherty: Welcome back. We do have one other announcement that was overlooked earlier – Cheryl?

Cheryl Henne: The SPBP advisory council meeting on the 29<sup>th</sup> is open to public. This month it will just be a conference call, though; please contact us for details of you'd like to be in on that.

## **Subcommittee Discussion and Meetings**

Chairwoman Flaherty: At this point we'd like to open up the floor for discussion on the implementation on the subcommittee structure. We reviewed the protocols, 5 year plan for stakeholder engagement, and the NA recommendations.

Nathan Townsend: I motion to move ahead with the implementation.

Chairwoman Flaherty: So I hear a motion to implement the approved structure.

[Motion seconded and approved unanimously, one abstention]

Chairwoman Flaherty: Now it was identified that we are in need to activate another ad hoc group – the protocols ad hoc group. This requires just two or three members as outlined in the protocols.

Julia Montgomery: If we don't have any volunteers at this time, since there is no pressing need at the moment we can just put it on hold until we identify a need. That seems to be the consensus here.

Chairwoman Flaherty: Since there was no discussion, I'm assuming everyone has at least some idea of each group, so please feel free to check out each group in our breakout rooms. Please elect a co-chair, and start discussion of goals for each group. Before that happens, though, I'd like to call Brianna [Morgan] up to discuss the NA recommendations so they can be incorporated into those discussions as well.

[Needs Assessment Recommendations Presentation]

Brianna Morgan: We are recommending that the HPG adopt these as formal recommendations to pursue over the year. I'm sure that the Department is pursuing many of these already, and so for those it would be the HPG just supporting the ongoing process, whatever that might mean.

Alicia Beatty: Can you clarify what it means if you say we are going to adopt the recommendations, but that some recommendations might not be feasible?

Brianna Morgan: That's a good question. As you know, we can't tell the Department what to do; we are an advisory body. We can recommend all of these and assist as the Department sees feasible.

Susan Rubenstein: I see that some of these are very feasible for our council. For example, number 7, 10, 12.

Melissa Davis: I remember that yesterday it was said we would identify recommendations that might best go with specific subcommittees.

Brianna Morgan: Yes! Here is what we'd recommend for each numbered recommendation given the 'new' HPG structure:

[A=Access; I=Incidence; D=Disparities; DOH=Dept. of Health will pursue]

1 – A; 2 – A; 3 – DOH; 4 – Incidence; 5 – A or D; 6 – DOH; 7 - D; 8 - DOH; 9 A or D; 10, 11, 12 - A; 13, 14 - D; 15, 16 - I; 17, 18 - A; 19 - I; 20 - D; 21 A or DOH; 22, 23, 24 - DOH; 25 - A; 26 - D.

Ann Stuart Thacker: What happens if a lot of us go to one committee?

Chairwoman Flaherty: One thing we will be implementing with this change is that since each group is handling multiple topics, that you all be mindful of how you are breaking up into groups to balance them. So look at your fellow members when you get to a group and see if you are positioned to really do the most good. We do reserve the right to ask people to switch to ensure each group is fully equipped.

Brianna Morgan: Hearing no further discussion, I move that these recommendations be formally adopted as our HPG Recommendations to the DOH.

[Motion approved unanimously]

Chairwoman Flaherty: You will have the option to switch groups in March, but since our Pitt staff are recording attendance in each please let the chair know if you're thinking of moving later.

Jill Garland: Our staff are not going to direct or influence these groups, simply to provide support and answer questions and assist as needed. We're here to help.

## **Subcommittee Reports**

Wes Anderson/Incidence subcommittee: Wesley Anderson is the Chair, and Dan Campion the Co-Chair. They are a small but energized group and have a conference call planned.

Brianna Morgan/Access subcommittee: We hit the ground running and got a nice update from the state about some of the items. We will be looking at a statewide definition for linkage to care, and then we will look at care specialist models and a menu of models on that front. Brianna and Wayne Williams are chair and co-chair, respectively.

Melissa Davis/Disparities: As the largest committee, we deferred electing a chair until membership is finalized. However, we looked at the definitions in the protocols and in the NA recommendations to narrow down a list so that in March we will be ready to pick goals. We are in good position to start in March to define which disparities we will impact. We definitely want suggestions if you have them for the group.

Chairwoman Flaherty: So a strong start for 2015. So we do have 29 members total and 24 or 25 here today, so we are hopeful that many of them will find a home in Incidence at the next meeting. One thing we didn't address is to reiterate now is the emergency contact list and buddy system. We want to be sure that everyone here is taken care of and we can know where everyone is and that they are ok. Please let me, state or Pitt staff know if you have to leave early or anything.

Another logistical thing is to thank you for using the microphone today. You can't participate if you can't hear, and also for our recording, so thank you for all being mindful of that.

Wayne Williams: I'd like to ask, about the buddy system, how do we gauge this for people who travel or arrive late at night?

Chairwoman Flaherty: We do have a list from the travel itinerary, and so if we don't see you the next day we will come looking for you.

Jill Garland: We know who should be here, and we do check off each morning who is here with who said they would be here.

Julia Montgomery: As far as Wayne's question with no shows, please do let your emergency contact know your intentions, we could contact you and then them and hopefully everyone can get on the same page.

Wayne Williams: Could our buddy be a quicker way to handle that?

Chairwoman Flaherty: Yes, if you'd like to set that up with a buddy, please do that. This whole announcement was to get people thinking of that and providing good contact info.

Julia Montgomery: Our staff does have access to email outside of the office, so in non-emergency situations you can always just email us and we'll get those.

Chairwoman Flaherty: As far as our guest policy, just a reminder that we need to be mindful that when we invite guests, visitors are not necessarily guaranteed a meal. It did get close last year a few times since we can only feed 60 people, but we don't want any surprises for guests around that. And as always, please do let your guests know that the main table is for member seating only, that guests cannot act as representatives attending on a members' behalf, and that guests can go to, but not speak during, subcommittee work. These are all things we've agreed to in the protocols. Any other questions?

Please make sure you turn your travel paperwork in to Lisa! Thank you all for a great meeting. Hearing no objections, we are now adjourned. [2:20pm]