

HIV Planning Group Meeting Minutes
 Best Western Premier Central Hotel and Conference Center
 800 E. Park Drive, Harrisburg, PA 17111
 February 12th, 2020~~19~~

Because HPG meetings are audio recorded, specific language will only be noted here for:

1. Individuals giving a formal report or specific announcement
2. Individuals requesting to be noted “for the record”
3. Policy and procedure decisions
4. Motions/votes
5. Recognitions, thanks, etc.

Once approved by the HPG as part of the minutes, all recordings will be available on Stophiv.org in the HPG Planning section.

Time	Topic/Discussion	Action
9:02am	<u>Call to Order:</u> Community Co-Chair Rob Pompa called the meeting to order	The meeting commenced
9:02am-9:07am	<u>Video of Idina Menzel’s “At This Table”</u>	
9:07am-9:20am	<p>Members Present: Christopher Benson, Jessica Burdick, Dominique Carollo, Shane Cobert, Sonny Concepcion, Liza Conyers, Carlos Dominguez, Sharita Flaherty, Natasha Gorham, Michael Hellman, Victor Hurdle, Ella Kaplan, Michelle Kohler, Leah Magagnotti, Daniel Pipkin, Robert Pompa, Roy Spearman, Clint Steib, Michael Tikili, Greg Valdisera, Michael Witmer</p> <p>Members Absent: Saudia Broadnax, Daphne Curses, Courtney Franklin, Cornelius Holmes, Shannon McElroy, Dane Stratford, Ethan White</p> <p>Planning Partners Present: Drug & Alcohol (Anne McHugh), Office of Health Equity (Mary Ellen Travers, Melissa Ramirez), MAAETC (Marilyn Blasingame), Medical Assistance (Kim Wentzel, Nicole Risner), OMHSAS/Mental Health (Doris Gascot), PA-CHC (Cheryl Bumgardner), Philly RW Part A Grantee (Sharron Goode-Grant), TB Program (Jamie Durocher), Viral Hepatitis (Lauren Orkis), HIV Surveillance (Monisola Malomo), STD Program (Matthew James)</p> <p>Planning Members Absent: Corrections, Department of Aging, Disability Services, Education, HOPWA, Philly HIV Planning, SPBPAC</p> <p>Department of Health Staff: Jill Garland, Kyle Fait, Cheryl Henne, Mari Jane Salem-Noll, Jonathan Steiner, Godwin Obiri, Wendy Sweigart, Kendra Perry, Lisa Irwin, Michelle Rossi, Quiana Davis, Sean Hoffman, Monisola Malomo</p>	

	<p>University of Pittsburgh Staff: David Givens, Sarah Krier, Brian Adams, Corrine Bozich, Maura Bainbridge, Michael Zolovich, Teagen O'Malley</p> <p>Guests: Ken McGarvey (Community Member), Jeremy Sandberg (PEHTI), Jonathan Branch (GLO), Tiana Warner (MAAETC), Shana Colon (Hamilton Health Center), Ann Ferguson (ACG-Part C and D), Sara Luby (Allies for Health + Well Being)</p>	
<p>9:20am-9:24am</p>	<p><u>Agenda Review: Goals for February Meeting</u> Rob Pompa</p> <p>For the February meeting:</p> <ul style="list-style-type: none"> ● The HPG will share updates on HIV prevention and care. <ul style="list-style-type: none"> ○ All attendees are welcome to share updates on news, trainings, and events across the commonwealth so that the HPG, DOH, and HPCP can utilize and disseminate the information to larger stakeholder communities across PA. ○ The HPG will receive an update on the status of its 2020 membership to maintain transparency with our HPG recruitment and composition, and to support reflective HPG membership ● The HPG will conduct New Member Orientation. <ul style="list-style-type: none"> ○ The HPG will review its history, mission, goals, member roles, and mentors to welcome and support new members and planning partners, and to provide guidance and education about the important work and function of this planning body. ○ The HPG will conduct icebreakers to foster camaraderie for the work ahead, and to help the members understand the many experiences and strengths everyone brings to the table. ○ The group will review the current state of Epidemiological Surveillance in PA to learn about the importance of HIV data in the planning process and the Integrated Plan. ○ The HPG will learn about travel guidelines and policies for community members to ensure safe and smooth travel and reimbursement for community members. ● The HPG will discuss the intersection of HIV and related, high priority health issues. <ul style="list-style-type: none"> ○ The HPG will discuss how Intersectional Planning works, why it is important, and choose what issues to investigate in 2020 to help develop recommendations for the 2021 Integrated Plan and improve outcomes and experiences for people all across PA. ● The HPG will continue to monitor and improve the Integrated HIV Prevention and Care Plan through subcommittee work. 	

	<ul style="list-style-type: none"> ○ Assessment, Evaluation, and Engagement will all review their yearly workplans and elect new Co-Chairs to foster efficient work and planning for the year. ○ The Assessment subcommittee will continue their discussion of MATP and regional transportation needs/strategies to determine if more should be included in the IHPCP around transportation needs. ○ The Assessment subcommittee will continue the HPG’s Assessment and discussion of the reported HOPWA data to determine if more information or goals on housing should be included in the new IHPCP. ○ The Evaluation subcommittee will continue monitoring the progress being made in the state for HIV-related activities in the Plan. This watchdog activity ensures that activities impacting communities and services around the state are continuing and advancing appropriately while also capturing any changes to current activities that need to be included in the next Plan. ○ The Engagement Subcommittee will review the status of Priority Setting meetings around the state, plan priority setting presentations for the year, and evaluate PS documents for consumers to ensure representative and competent dialogue with stakeholders throughout the state. 	
9:24am-9:55am	<p><u>HPG History, Mission and Structure</u> HPG and HPCP Presentation recording is available on stophiv.com under PA HIV Planning/All Planning Documents/HPG Protocols and Meeting Minutes.</p>	The presentation was accepted.
9:55am-10:13am	<p><u>HPG Member Roles, Responsibilities, & Mentorship</u> Rob Pompa Presentation recording is available on stophiv.com under PA HIV Planning/All Planning Documents/HPG Protocols and Meeting Minutes.</p>	The presentation was accepted.
10:13am-10:30am	<u>Break</u>	
10:30am-11:35am	<p><u>HPG Icebreaker!</u> HPG and HPCP</p>	Members learned more about each other!
11:35am-11:51am	<p><u>Introduction to Subcommittees and their Workplans</u> HPG Subcommittee Chairs Presentation recording is available on stophiv.com under PA HIV Planning/All Planning Documents/HPG Protocols and Meeting Minutes.</p>	The HPG reviewed the existing subcommittees and the potential for a new Engagement subcommittee.

11:51am-1:07pm	<u>Lunch</u>	
1:07pm-1:21pm	<u>What is Intersectional Planning?</u> Dr. David Givens, HPCP Presentation recording is available on stophiv.com under PA HIV Planning/All Planning Documents/HPG Protocols and Meeting Minutes	The HPG learned more about this type of planning activity.
1:21pm-2:30pm	<u>HPG Discussion: Planning Options and Needs for 2020</u> HPG Presentation recording is available on stophiv.com under PA HIV Planning/All Planning Documents/HPG Protocols and Meeting Minutes.	The HPG brainstormed topics to focus on for 2020, and discussed the merits of specific issues impacting PA.
3:20pm-4:32pm	<u>Subcommittee Breakout 1</u> HPG Subcommittees	The subcommittees worked on their specific tasks.
4:32pm-4:45pm	<u>Subcommittee Reports and Discussion</u> Subcommittee Chairs & Members <u>ASSESSMENT SUBCOMMITTEE</u> <ul style="list-style-type: none"> • The Assessment committee introduced any new HPG members in the room to current members of the subcommittee and explained the purpose of the subcommittee. • The subcommittee reviewed all the work done up to this point for the new members. • The subcommittee continued and finished its discussion of Housing and Transportation as intersectional planning topics. • The subcommittee reviewed the differences between intersectional topics and priority setting. <u>EVALUATION SUBCOMMITTEE</u> The subcommittee will make these formal recommendations to the Assessment subcommittee for activities #14 and #40 in the IHPCP: <ul style="list-style-type: none"> • Activity 14 <ul style="list-style-type: none"> ○ Address the language in the IHPCP for routine testing in clinical settings vs. identifying acute infections ○ Increase outreach by Division for routine testing by medical providers in Pennsylvania • Activity 40 <ul style="list-style-type: none"> ○ Receive a report back on testing data from Project SILK sites ○ Include previous SILK sites in replication projects 	See subcommittee reports to the left.
<u>4:45pm</u>	<u>Meeting Adjourned:</u> Rob Pompa adjourned the meeting	The meeting is dismissed for the day. All

		members were invited to the hotel restaurant for more HPG fellowship!
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	<p>Guests: Ken McGarvey (Community Member), Jeremy Sandberg (PEHTI), Tiana Warner (MAAETC), Shana Colon (Hamilton Health Center), Rebecca Gesier (Lancaster General Health), Samantha Rockhill (RCP Frankel)</p>	
<p>9:02am-9:06am</p>	<p><u>Summary of Nov. Meeting</u> Dr. David Givens, HPCP</p> <p>In the November meeting:</p> <ul style="list-style-type: none"> • The HPG met to inform and update the committee and guests on HIV prevention and care. <ul style="list-style-type: none"> ○ Presented updates on news, trainings, and events across the Commonwealth so that the HPG, DOH, and HPCP could utilize and disseminate the information to larger stakeholder communities across PA. • The meeting examined the intersection of HIV and related high priority health issues. <ul style="list-style-type: none"> ○ The HPG received reports from both the Medical Assistance Transportation (MTAP) and a panel of regional grantees on transportation for HIV services throughout the state. ○ The HPG and the Assessment subcommittee will use the data and reports to review the current state of transportation resources for PLWH. The Assessment subcommittee will, if necessary, develop recommendations for the 2021 Integrated Plan or ongoing Division activities. • The HPG advanced its important work around monitoring and improving the Integrated HIV Prevention and Care Plan through subcommittee work. <ul style="list-style-type: none"> ○ The Assessment subcommittee continued the HPG’s Assessment and discussion of HOPWA’s reporting and activities to determine if more information, monitoring, or goals on housing should be included in the new IHPCP. ○ The Evaluation subcommittee continued monitoring the progress being made in the state for HIV-related activities in the Plan. This watchdog activity ensures that activities impacting communities and services around the state are continuing and advancing appropriately while also capturing any changes to current activities that need to be included in the next Plan. • The HPG reviewed their plans for continuing and expanding its work in 2020. <ul style="list-style-type: none"> ○ The HPG reviewed examples of the HPG workplan, subcommittee structures, and subcommittee roles for 2020 to prepare for the new planning year and the development 	

	<p>of the new IHPCP, and to function optimally for the tasks that lie ahead.</p> <ul style="list-style-type: none"> ○ The HPG reviewed and discussed the 2020 Orientation materials to best welcome and support new members and planning partners in 2020 and beyond! 	
9:06am-9:07am	<p><u>Approval of November Meeting Minutes</u> Correction</p> <ul style="list-style-type: none"> ● On page 13 of the November 2019 meeting minutes, it states that Rob Pompa adjourned the meeting. Rob was not in attendance at that time and Mike Hellman adjourned the meeting. The minutes will be changed to reflect this. 	The minutes were approved after the change was recognized.
9:07am-10:52am	<p><u>Announcements</u></p> <p>Division of HIV Disease</p> <ul style="list-style-type: none"> ● Mari Jane Salem-Noll (Division) <ul style="list-style-type: none"> ○ We are starting to get Department of Corrections (DOC) data monthly, which is a good thing. We have been asking for this for quite some time. We are going to be looking at that data to see how meaningful it will be to us. We might switch to getting it quarterly instead of monthly. Because we got this far with the DOC, we are going to explore some additional collaboration, such as seeing if there is a way to make sure individuals have a smooth transition or warm introduction to forensic case managers in the Ryan White program once they are released. ○ Jill's Division Director position should be filled soon. Interviews have started and the position should be filled by the next HPG meeting. ○ We have a new position: Public Health Program Manager that was created for monitoring and Evaluation. This position will be responsible for all our contracts, grants, procurement processes we're involved in, and working with data. We have three data managers that will be reporting to this section position. A candidate was recommended, and they will hopefully be on board by the next HPG meeting. ○ Godwin Obiri presented at the Health Advisory Board to explain the benefits of changing PA HIV reporting standards. This board unanimously passed the approval to change the regulations for Complete Reporting. The regulations are now with the office of General Counsel. If the HPG wanted to submit a letter of support to General Council, it might help! 	

	<ul style="list-style-type: none"> • Mari Jane Salem-Noll (Prevention Section) <ul style="list-style-type: none"> ○ Godwin and Mari Jane are working on End of year (EOY) reporting. This tells the CDC what we accomplished for 2019. ○ We submitted an annual progress report (APR) in September that tells the CDC what we did from January to June, requests funding for 2020, and tells them how we plan to spend it. Component A for this report had no negative findings back from the CDC! We did have to submit some responses for Component B, our demonstration project. ○ We are in the process of closing out our CDC grant that ended in December. We have to get all the invoices from 2019 processed and paid so that we can submit a final federal report at the end of March. This is important because it tells us how much money we did not spend that we can spend in 2020. The CDC has allowed us to spend whatever money we did not spend in 2018 and 2019 to spend in 2020, but it must be within the scope of the 2020 budget. If it's not, we must do a formal carry over request and justify why we want to go beyond the scope of the 2020 budget. ○ Quiana Davis is our new clerk typist! We are happy to have her on board. She has been wonderful so far! She will be handling the travel so please connect with her going forward. ○ Three new positions were approved for Prevention: one related to cluster investigations and two related to Data to Care. A fourth position will also be added for integrated HIV and Hep C testing and they will work with Lauren Orkis. ○ We currently have all nine health departments up and running for Data to Care and we're looking to expand in the regions. We'll be reaching out to regional grantees to build relationships with their sub-recipients so that we can get more providers involved and we can expand data to care outside the nine health departments. ○ Kendra Perry has been hired as our Capacity Building Coordinator. She's been working on a six-month schedule for trainings. Mari Jane and Kendra are finding there are many registrations for trainings and with a lot of no-shows. Please know, going forward, that there's going to be registration for trainings and they would appreciate it if the people who register follow through and attend. It costs a lot of time, money, and effort to reserve rooms or hotels 	
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and schedule these trainings. If you or a member of your staff must miss a training that you registered for, please let Kendra know at least a day in advance if possible.

- We're currently coordinating a site visit in Pittsburgh with the CDC Prevention Project Officer. He wants to meet Pitt staff, Department staff, and one of our testing providers.

- Cheryl (Care Section)

- We had a HRSA site visit—HRSA is our other federal funder. This was a comprehensive visit, so they were with us for three days and dove into every aspect of the program. They looked at fiscal elements, systems, and met with staff and interviewed them. The point of the visit was to see services on the ground in PA and see how we as a state are monitoring our regional grantees and delivering services.

- HRSA also met privately with individuals who are receiving service through the REACHH program. This was an opportunity for folks to talk directly to our federal funders about what is and is not working.
- HRSA did point out that we do not have the Medicaid back-billing component in place, where if we pay for a medication that could have been paid for through Medicaid, and then an individual becomes eligible for Medicaid, we are responsible for going back to Medicaid to recoup that money we spent since Medicaid benefits are retroactive. We are on the cusp of this being fully automated.
- HRSA also cited us for time and effort. If someone is fully funded in our program, are they also working on Clinical Quality Management (CQM) efforts or core efforts? What about administrative capacity or service delivery?
- Concerns were raised around service standards.
- They cited us for CQM since we do not have a fully functional program, but they know we are on the cusp of having one.
- They did express the need for improvement around the department's responsibility for planning. We typically work with the regional offices. They felt that there was still too much responsibility at the regional level as far as those services and determining what services occur where. It's not something that we want to completely remove from the regions, but it's something we want to partner more on and have the ultimate say.

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ They praised the fiscal structure and our tracking processes of the rebates. They were also impressed with our data relative to SPBP and the effort of the department to integrate across all programs. They also praised our staff. ▪ HRSA also loved the integration of the EPI data into our work and how we use it as part of the allocation process. ▪ We are waiting for the final report which should hopefully take 30-45 days. That report will be shared once received. After that, we have 30 days to respond with how we will improve based on their recommendations. ○ Our carryover request went to HRSA at the end of January. This is a place marker. We anticipate a much smaller carryover than we originally anticipated since we have to spend our rebates first. We're getting better at figuring out how much we need to spend. ○ CQM is on the cusp of being rolled out. CQM is the efforts that we put in place to review data and review our programs, and we use it to validate whether or not the services are accomplishing the things that we intended them to. And if not, perhaps what are some of the issues that need to be addressed to improve? ○ HOPWA funding announcements are due at the end of February, as far as what our allocation is. Joanne Valentino is working on two federal reports: one summarizing the activities from the previous year, and another that tells what the funds will be used for going forward. Also, her monitoring season is about to begin. • The Special Pharmaceutical Benefits Program (SPBP) <ul style="list-style-type: none"> ○ The case management portal is finally up, running, and functional! John Haines has worked very diligently to get it out. It's doing well, so far. We're in the process of making sure case managers are "vetted" (AKA making sure case managers are truly recognized by their entity and that they have access to the correct records). It's becoming more of an automated process as we move forward. We have already received suggestions for improvements and ideas on what kind of information can be disseminated through the portal, so we will be looking at those as well. ○ The Federal Poverty Level (FPL) rate changed as of 1/15/20. It's now \$63,800. The additional family allowances for SPBP moved to \$22,400. 	
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- 340B certification is completed 340B is a US federal government program that “requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices.” It provides protections to hospitals’ different structures that serve individuals who may not be able to pay.
- The SPBP Advisory Council advises John Haines, who chairs the group, and the department on things such as program focus as well as the formulary itself. The group is made up of 24 individuals, including individuals on SPBP, SPBP case managers, clinicians, DOH staff, etc. The group meets four times a year, two times in person, and two times during conference calls. Reach out to John Haines at c-johaines@pa.gov or look them up on stophiv.com for more information or to apply for a seat.
- Wendy Sweigart – (Program Administrator for Care Section)
 - We currently have an opening for an assistant administrator. Please refer any interested parties to her.
 - We are kicking off the Department of Health monitoring with our contracted regions. We did our first in January and have the rest scheduled through October. We are trying to be more interactive. Part of that effort is having a client luncheon at every region, which has been amazing so far, to find out what the needs really are right from the folks receiving the services. We are also conducting staff interviews and executive director calls to make the process more interactive all around.
 - We have the renewals for the regions that have contracts for 2021. We have one completely through the process, one is in process, and then we’ll work to get the others moving along as well.
 - Last year we started doing regional meetings relatively quarterly. We have a regional meeting coming up in March where representatives from all the seven regions will come into Harrisburg for a few days of information sharing, updating, and so on.
- Kendra Perry (Capacity Building Coordinator)
 - We’re looking to host an HIV Summit in the fall in Harrisburg, probably at the end of September. Look out for verbiage on that to start spreading the word. Thank you to Kyle Fait for all his help on this.

Bureau of Epidemiology

Dr. Godwin Obiri

- Reporting Regulations
 - The reporting regulations we have requested to change are now with the office of General Counsel. We started this process of re-writing the reporting regulations back in 2009, so we are glad to see that this process is moving forward.
 - This is a significant step forward. Current PA HIV regulation requires only reporting CD4 viral loads that are less than 200. These revised regulations would allow the department to receive reports on both viral loads greater than 200 and undetectable viral loads. It's important we receive all of these numbers so we can assess our improvements in HIV treatment as well as areas we might still need to improve in.
- Pregnant women and viral load
 - At the September meeting, it was mentioned that there was a trend for viral suppression in pregnant women. Many pregnant women had achieved viral suppression up until the delivery of their baby and then they lost their viral suppression.
 - The suspicion is that women who have new babies pay more attention to the babies getting the proper care. It might also possibly be due to post-partum depression.
 - Dr. Obiri and his team are diligently looking into this data and possible reasons for this trend.
 - Susan Thompson - *"There is a case management organization called Action Eight. They have special perinatal case managers. These case managers meet women, late in their prenatal care and meet them before they leave the hospital after their delivery. And their sole purpose is to support the woman and the child. So they make sure that the woman is able to give the medication to the child and that the woman is able to take medication herself and they stay with her for a year and they do all the things that the case manager for early childhood care should do. And this has really helped with that transition because they can work on barriers for women taking medications and things like that. And the Philadelphia health department has data that shows the effectiveness of this program."*
 - Rob Pompa – *"They presented at one of our events and they made it so that a baby and a mother can be seen by the same doctor in the same room. This may also help with what Dr. Obiri is seeing in the data."*

- Dr. Obiri – *“Thank you! Anything we can do to encourage treatment will be helpful.”*

Pitt (HPCP)

Dr. David Givens

- Normally we give updates on our work here, but this meeting I just wanted to introduce our project and the team here. We are contracted by the Division of HIV Disease to not only facilitate HPG and SPBP Advisory Council meetings, but to do many other projects as well. Dr. Mackey Friedman and his team in our office started the Project SILK diffusion in Pittsburgh which has now expanded to Allentown and Harrisburg. We send out capacity building trainers for HIV prevention-based trainings all over the state. We perform online outreach on many different social media platforms and apps, We run websites and social media that promote specific interventions, stigma reduction, and we run www.stophiv.com, the state’s main website for everything HIV Planning.
- Please see the brochure and chart handed out at the meeting or at <https://tinyurl.com/HPCPPitt2020> to see all the work we do as a project. You can also visit our website at www.hivpreventionandcareproject.com

Announcements from the Philadelphia Area

Sharron Goode-Grant (RW Part A Grantee)

- We will be posting our draft around Ending the HIV Epidemic on www.hivphilly.org for public view and feedback. AAECO has already shared the draft plan with funded service agency and we had executive directors put in their input on the plan. We’d like to thank the PA Department of Health and Mari Jane directly for all of the feedback that was provided after they reviewed the plan. AAECO will be collecting geographical information from partners outside the EMA and the feedback may be considered.
- The Philadelphia Department of Health is planning on doing an Undetectable = Untransmittable (U=U) campaign later this year.

Community Members

- Mike Hellman
 - *“California passed laws late last fall regarding pharmacists being able to dispense PrEP without the prescription. So why can't we do this for Pennsylvania? So working with Rob, I put together a paper kind of laying out what it looks like nationally. It has EPI data from Pennsylvania and outside Pennsylvania. I passed that off*

to my pharmacist who happens to be the chair of the Pennsylvania Pharmaceutical Association. They've been discussing this even before we brought it up. We have talked about doing legislation. They feel it's too long a process, so we're going to request a meeting with Dr. Levine and ask for an emergency declaration. I don't know what that call is going to look like at this point. Many of the pharmacists, especially those under SBBP, already do HIV testing, so they have a counseling background. The issue is going to be making sure liver functions are correct and that individuals aren't HIV positive at the time they are put on PrEP. So that's in the works and I wanted to let you know about it and I will keep you updated."

- *Rob Pompa – "You're doing a great job with that, Mike. Who knows what will happen. But I thought that was very cool you going to Dr. Levine. Thank you."*

- **Liza Conyers**

- *"I wanted to talk about The Pennsylvania Expanded HIV Testing Initiative (PEHTI) which is run through Penn State's college of education. We do outreach and we're always looking for new collaborations to provide education about how to do the testing. We can provide free test kits to clinics that serve individuals who are uninsured, or clinics who serve a range of people, so we can help them work through the process of setting up a home testing initiative. We can also integrate hepatitis C testing. There may be some clinics that you know that are either doing one or the other that may be in need of more testing.... We travel all across the state and we meet with people individually and try to find out their needs.... We particularly want to get into areas where people are least likely to get tested"*
- *Going back to Dr. Obiri's comments about concurrent diagnosis, it's really our mission to get in and try to prevent that as much as possible... We'll talk with anybody. I mean anybody who has any ideas. Maybe you're not with a clinic, but maybe you go to a clinic and you notice, "Oh, they don't do testing" ... So please, if you have any ideas we'll take them, we'll take them seriously, and we will do what we can to expand opportunities.... We're not just about only working with people to get them test kits, but also people who are interested and want to get a testing program implemented."*

	<ul style="list-style-type: none"> • Leah Magagnotti <ul style="list-style-type: none"> ○ Clarion is doing a 40-question survey geared towards those who provide some sort of service to individuals living with HIV. They're looking for strengths, challenges, and the survey should be ready for email distribution, some sometime in the next few weeks. They're offering some individuals one-hundred-dollar gift cards to take the survey. You'll be receiving some more information by email if you are interested in the survey. ○ They next survey Clarion will do will be from the perspective of an individual living with HIV. • Sharita Flaherty <ul style="list-style-type: none"> ○ The Bucks County Department of Health is looking to hire a Public Health Nurse. We really want someone whose interest and main focus is STD and HIV and who can help integrate those ideas since we're really trying to focus on HIV Navigation Services and getting high-risk negatives tested and helped. We also want to make sure these individuals are getting help from someone who is passionate and knowledgeable about these topics, rather than someone who maybe isn't or might not be comfortable talking about them. ○ The position is on www.indeed.com and www.buckscounty.org. Please let Sharita know if there is anybody who comes to mind who might be interested in this position. • Rob Pompa <ul style="list-style-type: none"> ○ Our agency is doing a testing event in collaboration with the black male and female fraternity at a local university for Black AIDS Awareness Day. We usually get a good turnout. I'm very excited for that. ○ Will hold an AIDSNET Regional MSM Task Force Prevention event on April 27th. We'll be focusing on trans care, health and wellness, stigma, and trauma informed care. ○ We offer CME and CEUs in collaboration with our friends at the Philadelphia MAAETC. "Pride and Prejudice: Language Matters" is the full title and it focuses on the idea that language matters. • Michelle Kohler <ul style="list-style-type: none"> ○ I'm with the Positive Women's Network. We're a national body that is designed by women living with HIV for women living with HIV and we work to empower and 	
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educate women who are living with HIV but also providers about what women need and what we can do and to bring power back to the communities. Please reach out if you would like more information.

- We are having an event in the Lehigh Valley, collaborating with many community organizations including the Hispanic Center, Turning Point, which is a domestic violence shelter, and some other community organizations.
- HIV/AIDS awareness day is March 10th
- Daniel Pipkin
 - Allies for Health + Wellbeing is always looking for collaboration and is interested in expanding outside of Allegheny County. If you know any interested parties, please let us know.
 - Allies for health + wellbeing is also hiring for both Case Management and a Peer Navigator for community health departments.

Planning Partners

- Jamie Durocher (TB Program)
 - *“In our newly issued TB manual there is a chapter on HIV testing...as I mentioned yesterday, the CDC recommends that individuals who are newly positive for HIV be tested for TB and individuals who are newly positive for TB be tested for HIV...It was through the discussions at this group’s meetings that led me to include a section on trauma informed care, which is of course Rob’s passion. I think it’s easy to understand the trauma experienced by individuals diagnosed with HIV, and certainly on the TB program side, the individuals who are coming to this country from other countries and the trauma they face just in dealing with their situation and coming here. So I wanted to thank the group for creating awareness.”*
 - Please reach out to Jamie if you would like to see what she has put together.
- Michelle Clark (Medical Monitoring Project)
 - Need 10 more interviews to make our April 15th benchmark goal. At least 10 percent of the interviews have been done in person and the rest by phone.
 - The biggest issues we have found are usually around transportation and individuals not even knowing they have a case manager they can tell their issues to. At least a third of people didn’t know where to find resources in their area.

- We just hired a part time contractor, Johalice Leon, who speaks Spanish. They have been a huge help and in shortening interviews the interviews.
- Cheryl Bumgardner (PA-CHC)
 - Our federal insurance navigation grant dropped off this year, but we did get the state grant. All of our health centers do have a certified insurance navigator that can help anyone to navigate the insurance aspects. So if you reach out to a health center in Pennsylvania, tell them you're interested in learning more about navigating the insurance. They should have someone that can help you.
 - Our health centers are in the process of collecting their 2019 uniform data measures, one of which is a linkage to care for persons diagnosed for the first time with HIV that then were followed up for treatment within 90 days. We should have that data by the middle of this year to share.
- Marilyn Blasingame (MAAETC-Pittsburgh)
 - Between Susan Thompson and myself, we cover the entire state.
 - In January we hosted a webinar on mental health and adolescence. Although it already happened, this and many other webinars are archived in our site if you're interested. Topics range from safety planning for suicidality among adolescents, decreasing stigma and improving health outcomes that highlighted a program in Baltimore that is similar to Project SILK, and addressing mental health needs of sexual and gender minority youth, which had a really great speaker from Baltimore that kind of focused on a lot of the social aspects of stigma.
 - Coming up we have Roberta Laguerre-Frederique, a doctor in Philadelphia who is presenting on PrEP and adolescents at the end of February. And then in March we're focusing a lot on outbreak response, so we have an update from Scott County, Indiana from their department of health is going to talk about this initial outbreak that happened there a few years ago and how they are doing now. We'll also talk about the current outbreak in West Virginia.
 - Many more things coming up! See everything we're doing at www.maaetc.org
 - We've had a couple colleges and universities offer PrEP services, so please reach out if you're interested in partnering for that.
- Susan Thompson (MAAETC-Philadelphia)

	<ul style="list-style-type: none"> ○ In addition, we currently offer three preceptors. If you know any clinicians, nurse practitioners, or anybody who needs additional training, please send them to us. We have an HIV preceptor, a Hepatitis C preceptor, and a medically assisted treatment preceptor. The idea is that a servicer can offer all three of these services, co cure hepatitis C, control HIV, and assist people who have substance abuse disorder. <ul style="list-style-type: none"> ● Dr. Lauren Orkis (Viral Hepatitis Coordinator for the Department of Health) <ul style="list-style-type: none"> ○ Thank you to some of you who applied for our Elimination Planning Committee. We were able to select 25 people for that group and we're moving forward with our elimination plan just as many other states are. ○ Beyond just the planning committee, we are also convening work groups. We are asking for input from lots of other folks on several conference calls over this winter to help us draft goals and objectives for our grants. If you're interested, please let me know! ○ We did a survey in conjunction with DDAP folks to see what happening in licensed facilities related to hepatitis C, HIV, and other infectious disease services. We found that only about half of the facilities we surveyed were doing anything around HIV testing and only about a third were doing anything around hepatitis C testing. So we have lots of room for improvement and we're working with DDAP and the department of human services to bridge some gaps. <p><u>Guests</u></p> <ul style="list-style-type: none"> ● Roseanne Scotti (Department of Health) <ul style="list-style-type: none"> ○ I am the new senior technical advisor for syringe access services. The department is working to expand syringe access programs and syringe service programs and I'll be taking the lead on that. ○ For the past 17 years I worked in New Jersey passing legislation there for syringe access services, working on criminal justice reform, reducing barriers to access to drug treatment, and more. Before that I worked at University of Pennsylvania Center for Studies of Addiction. I'm really excited to be here. 	
10:52am-11:07am	<u>Break</u>	
11:07am-12:03am	<u>Proposal and discussion for Stakeholder Engagement Subcommittee</u> Maura Bainbridge, HPCP	The HPG agreed to take a

	<p>Presentation and all discussion (noted below) recording is available on stophiv.com under PA HIV Planning/All Planning Documents/HPG Protocols and Meeting Minutes.</p>	<p>shorter 45-minute lunch to continue this important discussion. In the interest of time, they had the Membership Update presentation printouts passed out instead of the full presentation and removed the second subcommittee breakout from the agenda.</p>
12:03pm-12:48pm	<u>Lunch</u>	
12:48pm-1:06pm	<p><u>HPG Discussion on Proposed Stakeholder Engagement Subcommittee (cont.)</u> HPG</p>	<p>The HGP identified processes that will further support communication and transparency for the group. They decided to move forward with the work needed for upcoming Priority Setting sessions across PA.</p>
1:06pm-1:57pm	<p><u>HPG Review of Priority Setting Materials</u> HPG</p>	
1:57pm-2:01pm	<p><u>HPG Vote: Should the HPG perform all Priority Setting work as a group rather than having a designated subcommittee?</u> HPG Community Members</p>	<p>11 members voted yes, 2 voted no.</p> <p>The HPG will perform all</p>

		Priority Setting, townhall, and other engagement work in the full meetings for this year. The HPG workplan approved in November 2019 can accommodate this change.
2:01pm-2:39pm	<u>PA HIV Surveillance Overview & How Data Informs HIV Planning</u> HIV Surveillance Presentation and discussion (noted below) recording is available on stophiv.com under PA HIV Planning/All Planning Documents/HPG Protocols and Meeting Minutes.	The presentation was accepted.
2:39pm-3:11pm	<u>HPG Travel Presentation</u> Kyle Fait and Quiana Davis Presentation and discussion (noted below) recording is available on stophiv.com under PA HIV Planning/All Planning Documents/HPG Protocols and Meeting Minutes.	The presentation was accepted.
3:11pm	<u>Meeting Adjourned</u> Rob Pompa adjourned the meeting	The meeting was adjourned.
3:11pm-4:18pm	<u>Steering Committee</u> HPG Co-Chairs, Subcommittee Chairs, and Division and HPCP staff are asked to attend	