

PENNSYLVANIA DEPARTMENT OF HEALTH

HIV PLANNING GROUP MINUTES

Park Inn Harrisburg West, 5401 Carlisle Pike, Mechanicsburg, PA
March 12th, 2014

Members: Wesley Anderson, Jr., Alicia Beatty, Dan Campion, Principe Castro, Melissa Davis, Doyin Desalu, Wayne Fenton, Sharita Flaherty, Linda Frank, Daniel Harris, Jeffery Haskins, Michael Hellman, Ron Johnson, Shannon McElroy, Briana Morgan, Michael Myers, Daiquiri Robinson, Tamara Robinson, Susan Rubinstein, Pamela Smith, Richard Smith, Rob Smith, Nathan Townsend, Tony Strobel, Shubra Shetty, Grace Shu, Ann Stuart Thacker, Wayne Williams

Not Present: Michael Brookins, Terrance McGeroge, Derick Wilson, Paul Yabor

Dept. of Health: Ted Danowski, Kyle Fait, Jill Garland, Nicole Graci, John Haines, Cheryl Henne, Ken McGarvey, Julia Montgomery, Benjamin Muthambi, Lisa Petrascu, Jennifer Poeschl, Robin Rothermel, Jon Steiner

University of Pittsburgh: David Givens, Daniel Hinkson, Mark Friedman

Consultants: Hila Berl

Guests: Adam Bocek, Jeanne Caldwell, Jim Ealy, Leah Magagnotti, Rob McKenna, Dave Miller-Martini, Monica Williams

Welcome & Introductions

Chairwoman Sharita Flaherty: Welcome! I'd like to call this meeting to order. As usual, we'll begin with introductions.

[HPG members and staff introduce themselves.]

Director Ken McGarvey: I'd like to offer a special thank-you to our guests here today. I'll be working on remembering everyone's names! We will be having announcements on the second day, rather than now, which is a change in the agenda to make room for some extra presentations.

[Director McGarvey reviews HPG agenda, attached.]

Chairwoman Flaherty: Do I hear a motion to approve the minutes?

[Motion called by Ms. Shannon McElroy and seconded, approved by assent.]

Dr. Linda Frank: I'd like comment about the agenda, in the future, can we have the task groups moved earlier in the day on either day? We don't want people having to leave early hurting the task groups.

Director McGarvey: Noted, thank you. Now we will have our discussion on the January meeting. One thing that I've learned from the years of HIV Planning that I've had is not to let hard feelings sit; so as a department we have learned lessons from our discussion of planning and presentations brought up by the January meeting. Now that the Dept. of Health is writing the plan, perhaps the details that the HPG needs may be different moving forward, and the goal is to have the HPG informed. So what steps have been taken? We have taken considerable time planning for this meeting, including the new Epi presentations. So for the PSRA questions, we have tried to focus more closely on them, but this remains a learning process and we hope to get better each time. Challenges that remain include the fact that we cannot respond to all the questions, but that things will be answered in subsequent presentations. We sent out information about the presentations, and we will try to make those supporting documents available earlier. I hope that we will also be tweaking the questions as we move through the process, and so that will help the process improve as well. We always welcome feedback.

Michael Hellman: The Epi 101 was really a wonderful review for me, and I'm sure was great for a lot of the new members, and as someone involved in adult education for twenty five years, I thought it was a great summary and that the PSRA questions really fit well with that presentation.

Melissa Davis: Here is some background for the PSRA questions - the source document the questions are based on is the Part B manual. So while this is a learning process, and I too hope we can tweak and improve the questions moving forward, I just want to point out that these are things CDC and HRSA expect us to be thinking about and we didn't just pull them out of the air.

Briana Morgan: My thanks to Ken for spearheading this discussion this morning. I would like to ask that the committee be given as much Epi data in writing as possible. Is there a reason we can't download the whole profile at once?

Ken: Thank you all. I know Sara Luby couldn't be here, and Ben [Muthambi] is not here yet, either, but that they would be happy to hear these suggestions and discussion.

Now, part of what we have to do each year is a membership survey. This is a required document for HRSA and CDC and it helps them see if and how we are reflective and inclusive. All people in the room should fill this out, even guests, just mark if you are a voting member – if you are at the table here – or not.

[Surveys are distributed and then collected by Pitt Staff.]

Sharita and I have been talking and we are going to move a few things around here since we are running ahead of schedule and our next presenter, Benjamin, is not here. So, we will now do announcements instead.

First, I can tell you that we have 31 members, but still have room to grow. Our membership committee is looking at least one more application currently, and it is on an ongoing basis, so please recommend anyone you think would be a good fit. Also, please remind those you know that our meetings are open to the public. I'll now invite our division staff to report.

Cheryl Henne: SPBP has no specific updates, our general activities are continuing. Our outreach specialist is now visiting regions, so if you have the opportunity, please introduce yourself.

Julia Montgomery: For Care, we have a new project officer starting on Monday. The staff member is from the liquor control board, so has experience with forms and such. We are busy doing annual monitoring of the grantees, with only four left to go. Our old Ryan White Part B project officer has moved on, and we are working on filling that position full time; we have a temp officer right now.

Jill Garland: We have a new staff member as well. That was a gap for some time, and Greta Anderson just started this Monday. One of her responsibilities will be arranging travel and logistics for our meetings that Lisa has been doing for us. We hope that this will just get smoother and smoother as we continue moving forward, and a big thank-you to Lisa for filling this need for us. We are now at full staff capacity. We are also monitoring county health departments, fee-for-service testing providers, and will be doing this for several months. Lisa is finalizing the contract for the meeting facility with the Park Inn. We did finally get a bid for April – December, so our meetings will continue to be here for the rest of the year and 2015.

We did get our technical review back, which I sent out to all of you, and we did have some areas that have been identified as deficiencies. These are in testing, linkage, and partner services and we do have some responses already complete. We have received a corrective action plan, and so our responsibility now is to reemphasize our plan and in some areas enhance those plans.

David Givens: For Pitt, I can update the committee that our offices have been very busy since the new year. We have received a large number of requests for various capacity building, technical assistance, and other trainings, and our specialists Deb Dennison and Scott Arrowood have been very busy with that. SILK's work with youth continues strong, and we are scheduling meetings in Lancaster for next month to meet with some of the Spanish speaking and disability resources in PA with our new staff members DJ Stemmler and Luis Archilla. Also, you may note that Sarah Krier is not with us today; I am happy to report that her wife gave birth to baby Eliza in mid-February and they are all doing very well.

Alicia Beatty: In the president's new budget, we learned that Part D will be wiped away and merged with Part C. We are struggling against that as a Part D community. The questions, as we see them, are: who is going to take care for children? Pregnant positive women, positive teens? There are 109 projects across PA that would be affected by this, so keep us in your thoughts and please consider partnering with us to stand up to this. It would take effect in July 2015.

Director McGarvey: So hypothetically, Part C could continue to fund those services?

Ms. Beatty: Yes, but it is the emphasis on family centered care that we are concerned about.

Ms. Morgan: We have had an update on the city Epi for Philadelphia, and I'll let everyone know when that becomes available. We are having a Ryan White access event in Philly coming up, too.

Rob Smith: The Pittsburgh Regional Health Initiative will be releasing a hospital re-admission brief; but if anyone is interested in seeing that sooner I can email it to them.

Dr. Frank: We did a program last night for the AETC and Academy of HIV Medicine and I'd like to thank Cheryl Henne and Rob McKenna for being there. There were a number of members here who were present last night, as well. We are doing a program in June on the aging HIV community. I am interested in recommendations for topics or speakers on that. Every year, we do a summit for every state in March, but despite having funding cut we will be having a summit again this year in the fall. We are forming a planning committee for that, so if you'd be interested in being on that let me know.

Susan Rubinstein: In talking about the requirement that Part C groups be involved in this group, we will be sending out a survey to all Part C and Part D groups to see how we can work together and get better representation around this table and also collaborate on issues pertinent to our groups.

Dr. Shu: Talking about illegal immigrants, how has Part D has served them in the past? Will Part C groups take over this responsibility? We don't want them suing us, you know.

Beatty: I don't know that answer specifically, but I cannot imagine that they would not, and I cannot imagine that prenatal care and family care will not continue to be priorities. Every woman is entitled to care in community centers regardless of legal status.

Announcement: Bucks Villa (Bucksvilla.org) has openings for low or no income housing if anyone knows folks.

Dr. Shubra Shetty: Do you accept folks on hospice care?

Answer: They have to pass the daily living assessment, but we do have had people who are coming from hospice. But they do have to be able to take care of themselves on a basic level. We have behavioral health, supportive services, all that.

Jeffery Haskins: I work with mental health in Philly; we deal a lot with behavioral health in Philly, so I have cards if anyone would like them.

Announcement: UPMC receives Part B, C, and D funding, and we will continue to be providing all the same services that we currently offer. I hope that this will be the trend across the state, and I'd like to point out too that the overall funding for Part C is actually increased by 4 million dollars.

Rob McKenna: Please note, too, that this proposed change is not final until approved by Congress, so you do have some time before it becomes final, and it may change in the meantime.

Dr. Shu: If you have requests or comments for the governor, please get them to me. I will be visiting him in his residence on the 27th.

Director McGarvey: Ok, thank you all. It seems we still have time before Benjamin is ready so we can cover more items off our agenda tomorrow – we will now cover the goals of comprehensive planning.

We have several ["Expectations for Committees," "'Crosswalk' of CDC and HRSA Planning Requirements," and "Dept. of Health and Human Services memo"] documents here. Because we are an integrated group, we report to both HRSA and CDC. There has been a lot of movement from both

groups, and it is clearly a process in motion. We are actually ahead of the game in some respects, so CDC and HRSA are kind of catching up to give us guidance. PA last submitted an update on planning in 2012. We thought at the time that we would need to update in 2017. We do have to do a letter of concurrence every year for CDC. The HRSA side had at the time wanted a plan – SCSN – in 2012. So we thought the new one would be due in 2015. Now, what we are doing here is a combined effort for all of these reports and the stringent HRSA guidance. There are a lot of separate pieces of guidance here, and the crosswalk that our consultants have created was very helpful... but now we have new updates for you from Hila.

Hila: The crosswalk was created for you, and then HRSA said let's make it for everyone! That is the letter that you have here. The crosswalk will remain an internal document and a negotiation document between agencies. So publicly there will be two documents for now for 2015. The most important update is about the crosswalk. You are ahead of the game in integration, but many are right behind you. Some parts of the crosswalk are not official yet, and some may still be changed. For example, you can see on page three, Part B, and page 5, working with grantee; this was being written in Part A language and copied into Part B. So now it is a planning body that sets the priorities and recommends allocations for allocation of funds. The planning body will now give greater guidance to the grantee based on data from community and CDC – qualitative as well as quantitative.

Director McGarvey: So these are clearly living documents, and we will keep you apprised as changes are announced. And finally, we see now that RW Part A & B plans are now due again in 2016. So that updates our timeline there as well. So for right now, that does not change our timelines as they are, we should still be set to write the plan at the end of the year.

And now Benjamin is ready, so I'll turn things over to him.

Dr. Muthambi: [see presentation, "Epi of HIV in PA"].

[Break for lunch, 12pm-1pm.]

[Dr. Muthambi resumes Epi presentation at 1:03, concludes at 1:35.]

Questions:

Mr. Hellman: for trends of diagnosis, we saw data reported for 2013, and some other slides were from 2011, and then trends of death were reported at 2012. What is going on with this data, and are these slides comparable?

Dr. Muthambi: Some things get updated each year, and others from the Epi profile are frozen at 2011. Should we withhold more recent info? We elected to show the updates because it is an ongoing process, so it will always be getting new data. But also there are no real outlying data points that would suggest radical changes or discrepancies that I can see.

Ms. Beatty: For perinatal infections, please consider also showing the great strides PA has made reducing infections, rather than just showing women as vectors of disease.

Dr. Muthambi: Well said, and we are currently doing a much more thorough analysis of this subset, so we will take that into account.

If there are no other questions, may I be excused now, please?

Director McGarvey: We will now move right into our testing and condom distribution presentation.

[1:37 pm, Presentation by John Steiner and Nicole Graci, with Ms. Garland, Ms. Montgomery, and Dr. Muthambi, "Testing, Condom Distribution, partner services..." and "Part 3: Opt-Out Screening in Healthcare settings..."]

Dr. Frank: The number of healthcare settings: Where are they? Is there a map of just the healthcare settings? Are they hospitals?

Ms. Garland: Yes, they are on the list here. Many are state health centers or STD clinics. There are a few correctional facilities – the CDC classifies them as healthcare settings - and a few hospitals or other types of clinics that offer testing.

The non-healthcare settings are like community groups, care groups...

Dr. Frank: So can we get a list of all these sites?

Ms. Garland: Yes, we can email that list to the HPG.

Ms. Davis: I would like to point out that different regions and communities use their funding differently.

Mr. Hellman: As far as interventions, do you have to be in case management to be referred to services across county lines, or to refer for training?

Ms. Morgan: ARTAS was a part of the prevention CDC funding, so it's for Philadelphia only.

Ms. Davis: We funded a single provider to be the ARTAS provider for our region since we are small, and the linkage piece is what has been time consuming and getting the referral network to work smoothly.

Richard Smith: The providers in our region did not apply for it. They felt that they had few losses to care, and so didn't engage ARTAS. Has the state thought about centralizing ARTAS providers and then having things outsourced that way?

Ms. Montgomery: Yes, we have thought about that, but we have been given pause by the huge logistical problems and the immediacy of the ARTAS system that kind of system would raise.

Ann Thacker: Another thing is the nature of the environment that offers ARTAS. Most are healthcare settings, and so already do testing and prevention and care. It is much more sensible to do them there than in smaller settings.

Ms. Montgomery: And keep in mind, too, that if you have received that training you may be able to roll out some services and receive funding for that.

Chairwoman Flaherty: Before we break for the day, we do want to remind you all of the feedback form if you'd like to provide any feedback. The Epi presentation was presentation #1 and the condom distribution, partner services, and linkage to care was #2.

Director McGarvey: Thank you for your attention and service today, I know it was a long one. Relax, and we'll see you tomorrow.

Park Inn Harrisburg West, 5401 Carlisle Pike, Mechanicsburg, PA
March 13th, 2014

Members: Wesley Anderson, Jr., Alicia Beatty, Dan Campion, Principe Castro, Melissa Davis, Doyin Desalu, Wayne Fenton, Sharita Flaherty, Linda Frank, Daniel Harris, Jeffery Haskins, Michael Hellman, Ron Johnson, Shannon McElroy, Briana Morgan, Daiquiri Robinson, Tamara Robinson, Susan Rubinstein, Pamela Smith Richard Smith, Rob Smith, Nathan Townsend, Tony Strobel, Shubra Shetty, Grace Shu, Ann Stuart Thacker, Wayne Williams, Derick Wilson

Not Present: Michael Brookins, Terrance McGeroge, Paul Yabor

Dept. of Health: Greta Anderson, John Haines, Ted Danowski, Kyle Fait, Jill Garland, Cheryl Henne, Ken McGarvey, Julia Montgomery, Benjamin Muthambi, Jennifer Poeschl, Robin Rothermel, Jon Steiner

University of Pittsburgh: David Givens, Daniel Hinkson

Consultants: Hila Berl

Guests: Adam Bocek, Jeanne Caldwell, Leah Magagnotti, Dave Miller-Martini, Monica Williams

[9:02am]

Chairwoman Flaherty: Good morning. Are there any additional announcements before we begin?

Mr. Steiner: I failed to mention in our presentation yesterday that a challenge we have is that staff for partner services are not directly supervised by the Division of HIV/AIDS.

Ms. Garland: I'd like to take a moment to introduce Gretta Anderson. She will be handling all your paperwork, and itineraries for your travel, and we are helping her with receipts and things. One thing I'd like to highlight that we need is the receipt you get when you turn your rental car back in. To facilitate that, we have self-addressed envelopes here so that you can easily mail that original receipt back to us. We are very excited to have her here.

Director McGarvey: Please note again that all the members and nonvoting members that were not here yesterday must complete a membership survey, please.

Ok, now we have passed out a revised agenda, which you can see here [attached "revised agenda"]. Per the advice of the committee, we will be having our task group meetings immediate after our presentation from Dr. Silvestre which was originally scheduled for yesterday.

[Dr. Silvestre's remote presentation on Stakeholder Engagement, attached.]

Mr. Hellman: We have talked about how this process is a multiple year one – we cannot expect that every time we need input we can, or need to, reach everyone. Can you talk a little about prioritizing?

Dr. Silvestre: The committee needs to consider what groups most need to be heard and which can realistically be included. It may be that our eyes are bigger than our pocketbooks. At the same time there are realistic and inexpensive methods, like mailing to the SPBP population. If we start with each committee making lists of priorities for populations, then we start developing good plans to reach people in a measured and long term way. This is also an ongoing process as new groups may come in to play, or the prioritizations of groups may change, and so on. So our plans will need to be continually evaluated as they may evolve over time.

Mr. Hellman: Thank you. That is helpful, and I want to impress on the committee that from your decades of commitment to prevention in PA you guys know stakeholders, and that the HPG is and already knows stakeholders, too.

Dr. Silvestre: Correct, we are already stakeholders around the table, and we can think about how we can represent the plan around the state where we live.

Mr. Hellman: Two agencies that I get a lot of info from are the HIV Law group and the HIV PA Health Access Network.

Wayne Williams: For clarification – at the beginning of your presentation you listed groups like Puerto Ricans, and Mexicans, did you mean that those are included in MSM and stakeholders?

Dr. Silvestre: Yes – I was merely mentioning them as examples – I could have spent a lot of time naming groups of stakeholders – people with disabilities, Native Americans, we could go on and on. And you are exactly right that the committee here can help us identify other stakeholders and sharing your insights and how to reach them – I hope that has come through with this presentation.

Director McGarvey: So this is one thing that the task groups can talk about today. Any new members who have not chosen a group yet can bounce around and decide; otherwise we will break out to the groups now.

[Task groups meet until 12pm, when lunch is served. Group reconvenes at 1:00pm.]

Director McGarvey: As some of you may have heard by now, our friend and HPG member, Michael Myers was found in his room this morning and was taken to the hospital. At this time we've received

word, and it is my deepest regret to inform you, that he has passed away. I know that many of you were close to Michael, and that he was a good man and valued member of our committee. Our office will be handling arrangements with the hotel and with Michael's family, and we will let you know any additional information as it may become available. I think there is no reason for us to continue further today – the Steering Committee can communicate via email or phone at a later date. I am calling the meeting adjourned at this time. [1:05 pm.]