

HIV Planning Group Meeting Minutes
 Park Inn Mechanicsburg
 5401 Carlisle Pike, Mechanicsburg, PA 17050
 July 12, 2017

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.

Topic/Discussion	Action
Call to Order DOH Co-Chair Jill Garland called the meeting to order at 9:04 AM	Meeting commenced at 9:01am
<p>Introductions HPG Members, staff, and guests introduced themselves.</p> <p>Members Present: Aaron Arnold, Dr. Teresa Lowery, Mike Hellman, Leah Maganotti, Miriam DeGroat, Chris Garnett, Lou Ann Masden, Jess Netto, Rob Pompa, Sharita Flaherty, Janae Tyler, Michael Witmer, John Easter, Jamal Jackson, Clint Steib, Christopher Kupchik</p> <p>[Members Absent: Steven Nazario]</p> <p>Planning Partners Present: Marilyn Blasingame (MAAETC), John Haines (SPBP Advisory Council), Nicole Johns (Philly HIV Planning), Trisha Mader (Mental Health), Nicole Risner (Medical Assistance), Joanne Valentino (HOPWA), Michelle Rossi (STD Program), Jamie Durocher (TB Program), Dr. Godwin Obiri (HIV Surveillance), Barbara Quinn (Drug & Alcohol), Gregory Seaney-Ariano (RW HRSA Part A Grantee), Nicholas Slotterback (Education), Richard Wenhold (Corrections)</p> <p>[Planning Members Absent: Dr. Charlie Howsare/Viral Hepatitis, David Saunders/Office of Health Equity]</p> <p>Guests: David Miller-Martini, Karen McCraw, Liza Conyers, Paul Colson, Jeremy Sandberg, Cheryl Bumgardner, Susan Goldy of Valley Health Council of Central PA</p> <p>Department of Health Staff: Jill Garland, Julia Montgomery, Sara Luby, Monisola Malomo, Cheryl Henne, Marijane Salem-Noll, Christine Quimbly, Aleisha Conners, Kyle Fait, Cindy Findley, Sean Hoffman, Janine Strick</p> <p>University of Pittsburgh Staff: David Givens, Sarah Krier, Brian Adams, Daniel Hinkson</p>	Began at 9:02am

<u>Review of July 12th & 13th Agenda</u> Jill Garland	Began at 9:07am
<u>Approval of May Meeting Minutes</u> Jill Garland	Began at 9:25am Motion to approve: Mike Helman Second motion: Leah Maganotti
<u>Announcements/Updates</u> Division of HIV Disease DOH: Mari Jane Salem-Noll (Prevention Section): <ul style="list-style-type: none"> Public Health program administration position (Mari Jane’s old position) is still in process filling that position. They held one round of interviews and decided to repost the position. Hopefully I can introduce the new person at the next meeting. Just released an alert in HIV Testing Newsletter to remind our healthcare providers the importance of routine testing in health care settings. Staff working on end of year response to the End of Year CDC report. Due by end of July with only two action items. We received our Integrated HIV Prevention and Surveillance funding opportunity announcement. We are working with surveillance Dr. Obiri to respond to that. No big surprises in the announcements. There’s a category C demonstration project, STD data to prep data program, that we will talk about tomorrow. 11 strategies under category A that we have to respond to. Some of the things we are currently doing like testing, partner services, linkage to care, social media and outreach and some things we expected, like prep initiatives and molecular clustering. That is due September 13th so staff will be working on that over next couple of months on that. We’re expecting a slight increase in funding but don’t have the exact numbers. We were not cut, and the slight increase in prevention funding made us happy. Julia Montgomery (Care Section): <ul style="list-style-type: none"> There is the HRSA federal funder Ryan White Part B not yet received final notice of award so far only partial funding. By end of July we should have final award so we will know what we have for the remaining of federal grant period April 1st through March 31st. Last month Jill, John Haines and myself participated in the integrated health systems integration meeting in Arizona based around integrating health systems. The meeting was grouped by like states and prevalence. Lots of good info on data to care and other various topics. More of a brainstorming session and what are we doing in our state and sharing that. Philadelphia sent a representative as well because Part A’s were also invited. As you heard, care has a new staff person Janine Strict, Program Admin for Clinical Quality Improvement Program. Welcome her as this is her first week with the division. 	

- Staff in Care and SPBP were wrapping up 2016 Ryan White progress reports to HRSA by end of July. Joanne Valentino is our housing opportunity for PLWHA Manager she is wrapping up 2017 plan to submit for 2017 funding due this week.
- HIV division staff are working with the bureau of epidemiology program to develop a Data to Care Program and working to hire a contracted program manager to lead that effort.
- Staff are completing funding amendments to July 2017-June 2018 regional grant agreements. These amendments are to increase funding to Ryan White eligible services.

Cheryl Henne (SPBP Program Manager):

- NASTAD is holding their Prevention and Care TA session next week in Virginia. SPBP will have numerous representatives there.
- We also have a HRSA reverse site visit in August put together by HRSA to help newer staff run through legislation requirements and program intent. For SPBP we will be sending our data manager – he’s been here for a few months; his name is Sean. Our fiscal coordinator Lindsey Pitin and some folks from Care will also be attending.
- Our SPBP customer service line is transition for customer service reps. The state has taken a contract with a new provider – Genysis. Trying to look for opportunities built into process as we convert – like the ability for logs to be incorporated into our screens so we do not have to pull up different screens. Also making things much more accessible. They will have more immediate access to info from initial call, the ability to have opportunity to enter SP or SS number and reach a customer rep; the screen will populate and be there. Again, just a little time saver. It will not see or feel any different to consumers, case managers or clinicians, whoever is calling – but the caller will be asked to provide SP or SS number. If they do not have that info, the call will still go through. We’re looking at the cost that this will be to our program and what timeframe, but basically it will be a seamless process for clients.
- For the program itself, we do a memorandum of understanding (MOU) with the Department of Aging for utilization of claims processing vender and for our application processing. Our MOU is not complete we are waiting on internal things to put that into place – no interruption to services is expected. Waiting on new account to be set up for program will talk more about that in presentation. Julia already mentioned close out activities. Looking to expand Kyle’s role to see and work with him more also.

Sean Hoffman (SPBP Data Manager):

- Data manager for SPBP been approached by care managers to keep track of clients enrollment periods. To make sure there is no lapse in coverage. We are working on a process for care managers can send in minimum requirements and SP number and birthday and I will return their clients end dates so they can stay on clients to make sure they are enrolled. We are testing – he will manage data and password on that. Please ask if you have any questions or want more information.

Monisola Malomo (Epi DOH):

- We are still working on obtaining Medicaid data and HRSA info. We are hoping the merger with DOH and Department of human services will help us to get Medicaid data.

HIV Prevention and Care Project (HPCP):

David Givens: (University of Pittsburgh)

- Update from our announcement last meeting is we are currently seeking a Project Coordinator to assist the programs in our project. We received a very large number of qualified applicants and are starting first round of interviews. This is DJ Stemmler's old position.
- We have our mid-year update on internet outreach program – a number of components:
 - M4MHealthySex.org website received 2000 PA based visitors between January-June. 880 followers on Facebook.
 - Seven Health Alert messages went out to 2006 Pennsylvanians on crucial health topics around HIV and STD.
 - The main component is online sex health educator for first half of 2017 our team had 671 individual one-on-one conversations with people around PENNSYLVANIA who had medically based questions around HIV and STD. 90% received direct referrals. 673 people were in rural-double for that period for 2016.
- A new HIV detection test – Department of Infectious Diseases and Microbiology – based on research of many works of volunteers thru Pitt Men's Study (PMS). This TZA test is 70X more sensitive turns takes less blood, less expensive and turns around in one week. Early clinical trials were conducted with Pittsburgh/Western PA volunteers. Can read more about it in provided handout. This may well be a big component in several important efforts related to HIV for years to come.
- If anyone wants documents to be mailed instead of emailed or being available on the box please let us know – can work with you in terms of what method document transfer you are comfortable with we will make that happen.

Sara Krier: (University of Pittsburgh)

- Acceptance Journeys Pittsburgh is a project that I supervise and Brian Adams works with; is a social media campaign that strives to reduce LGBT stigma at a community level. It is a Photo Story project where we collect stories of non-LGBT people about their love and acceptance of an LGBT member. The program was first piloted in Milwaukee and we have been working on it a few years now. I came to Harrisburg last November for a presentation for LGBT History Month and it was suggested that the Capital Building would be a good venue for this exhibit. We were up here for the National AIDS Testing Day so we had a small reception and the Exhibit. We were in the Senate Solarium. I had never been to the Capital Building and it was a really moving experience. Other groups like One PA and Apprentice Day came from communities throughout Pennsylvania and saw our exhibit.

Planning Partners

John Haines (SPBP)

- Updates on SPBP -On July 1, 2017 SPBP began paying Medicare Part C Premiums in addition to the drug coverage for Medicare Part D, but this is add-on medical coverage to the clients who are in qualified Part C Plans.
- We updated our overview and Medicare Part C and D Premiums and the plan list and drug formularies on the website July 1, 2017.
- Begin paying commercial Health Insurance Premiums for qualified clients who are uninsured. We hope to roll this out in the fall by October 1, 2017 with effective dates in January 2018.
- Looking in future project next year is to allow individuals to remain in SPBP that have prescription benefits in Medicaid plans and provide wrap around coverage. We are working through internal process between us and Department of Human Services and Medicaid program to make sure SPBP is payer of last resort. Medicaid also says that they are payer of last resort. So we're working to resolve those issues.
- As of last week, SPBP treated 100 clients for Hepatitis C. There were 304 paid claims and for a total cost of 4.5 million dollars. A few are still on treatment. With a 97% plus effectiveness rate, most patients were cured of Hepatitis C.
- The next SPBP Advisory Council Meeting is a Conference call Thursday July 27th from 10AM to Noon.

Cindy Findley (Director of the Bureau of Communicable Diseases):

- I went to the Acceptance Journey Display and the pictures do not do it justice. It was beautiful, held in the Solarium in the capital on a nice sunny day. I liked that there was a notebook there, for people to reflect on; bravo!
- I wanted to make mention of an old announcement that will bring a little clarity. Director Karen Murphy departed the department tail end of June to take an opportunity in the private sector. As many of you may have experienced when you have a leadership change there is anxiety and "geez, we have to get our education and preparedness hats on to educate this new leader." Fortunately, Dr. Rachel Levine is now acting Secretary of Health in Pennsylvania. That took place July 1st the day after Dr. Murphy left so the consistency of leadership is strong. She is a strong advocate and she has been with this administration since the beginning. I am confident to say it is business as usual.

Philadelphia Planning:

Nicole Johns (Office of HIV Planning):

- Quick update for what we are doing for the Philadelphia EMA. Now is a very busy time for the newly integrated Planning Council, which is why Mari is not here. They are having a meeting tomorrow to adopt their new bylaws and approving the list of priorities for EMA and planning for allocations for the three regions. We do it regionally there because we have nine counties.
- Waiting on feedback on integrated plan and starting on the monitoring of the plan hopefully will have more detail on that for the next meeting.

Gregory Seaney-Ariano: (Philadelphia Department of Public Health)

- Prevention we recently had our continuation application, which we use for state and federal funds. As a result of that we are going to be shifting some of our behavioral interventions to biomedical interventions focusing on PrEP enhancement and viral suppression. This wasn't an RFP, but our continuation application we complete every year summarizes what we have been doing.
- We are busy working on CDC application, which is different since it has the capacity to combine surveillance with prevention with and FOA.
- We have in June launched our "Love Your Brother" campaign. I only have one copy to pass around for everyone to look at. It aims to increase condom and PrEP use among ongoing and high risk for exposure to HIV and Syphilis. Target is MSM ages 16-39, with two or more partners in six months, particularly black and Latino MSM.

Community Members:

Mike Hellman:

- I'd like to call for a moment of silence for one of our community members who passed away after our last meeting, Paul Yabor. He was a real advocate for the people and city of Philadelphia, and I appreciated being his friend.
- I respect what we do here and I know we have a lot to do, but consumers are really in survival mode right now. I think we need to wake up. I know we have an agenda, I know we have things to do. I know we are trying to understand what's happening. When I look at information in the paper and I follow the health law project sent out announcements yesterday. This paper I am sending around is less than two weeks old and things are constantly changing. They are trying to do a point to point comparison of health plans. This affects everyone, every consumer. Not just the clients – but you as Part B and C providers you're hopefully seeing every client. This is an example of what's going on with your consumers. My question is, are you listening to consumers? Are you reaching out to them? Today they have consistent medical care, but in this world we have to be aware of everything going on. All the social security's disabilities for HIV positive people are going to be reviewed. Every single one of them. That is coming up. That is scary. Today they have a stable income, what happens when that changes? What happens if you can't pay your bills, keep your electricity on, gas, water, phone? Are you reaching out to your clients? What about Medicare and Medicaid? If you don't have Medicare or SSI or SSDI – you don't have health insurance. How do you get it? Are you ready to cover all of those consumers? What about pre-existing conditions? Are they going away? What we read so far, yes they are. Medical care? What if I can't afford medical care? What about medications? What if the formulary is drastically cut? Maybe I'll get HIV meds but I have a ton of other things going on. Maybe I can't afford those medications. Today I have what I need, but what if I lose all my income now? I need wraparound services – what about if part B goes away? That means all of your jobs go way. That's scary. Today we have a stable income tomorrow we might be homeless. And if we are homeless we can't get medication, we can't get care. So we are just dead. So we need to wake up. We need to think about how can we do that. We have some wonderful people around this room. I really respect what we do – and this is an opportunity to talk about how can we help consumers.

Epidemiology:

Dr. Godwin Obiri (Epi DOH):

- At our last meeting, I mentioned we are on verge of publishing our HIV surveillance annual report; we just received approval on that report. It is now available for anyone and will be going on website by end of next week. I do have two copies today.

Community Members:

Aaron Arnold: (Prevention Point)

- Some of you may remember it has been an ongoing topic, syringe service policies in PA. Prevention Point Pittsburgh and other providers across the state has been trying to change those policies so we can offer those services above board, outside of counties they have local approval to do so. Its' been a hard road frankly and it seems like that policy is stuck. Strategy is to talk to all the local representatives. At least get them to think about the issue but representatives, even those in Pittsburgh, say "oh we never thought about it". Through SANPA (syringe access network of Pennsylvania) we've created some educational materials to use to talk to consumers or tabling opportunities. One pagers: information like why syringe decriminalization is essential for the public health responses to the opioid epidemic to expand. Some examples of fill in your representative and sign the letter, 'take action now' sheets. I can email them or bring them to the next meeting.

Marilyn Blasingame: (MAAETC)

- I put some resources out from AETC about our infectious disease miniseries about seven short webinars less than 20 minutes, about HIV and STD prevention and treatment. It's a way to make sure your up to date on this information and a good resource if you have new staff members to get educated on these topics quickly. Links to other resources we have available and please contact us with more questions.
- Event in fall, we are doing a Venango community engagement event and clinical conference developed with the Venango Drug Overdose Task Force in September 21, 2017. Save the date flyers in the back. We would like to do this is other parts of the state.
- We're also planning a two-day conference in State College in second week of October as a result of a content and training needs assessment virtual meeting three weeks ago. We get information from people on the ground about their needs in terms of training.

Dr. Teresa Lowery: (Clinical Coordinator from Reading Hospital Center for Public Health)

- Reading hospital 4 or 5 months ago started a program for transgender care. Up until that time I had nowhere to send my transgender patients: only Lehigh, Hershey or Philly. Patients were buying hormones online and injecting themselves. Initially, the clinic was met with a bit of resistance. It was difficult to get specialist to see my patients. One of the department chairs, new to the

OB/GYN department, decided to take this on. They were interested in providing hormonal therapy and care. So right now Women's Health Care Center at Reading Hospital is taking that on. So at least in Berks and Schuylkill counties we now have a place to welcome transgender clients.

Planning Partners:

Nicholas Slotterback: (Pennsylvania Department of Education)

- I am working with 15 priority school districts and Philadelphia with 1308 DASH grant. We had a presentation for our 15 school districts, Philadelphia school district, and also CDC, At Pittsburgh Youth, and National Coalition. Four STD directors were in attendance and participated in the presentation.
 - Strategy 1. Surveillance we gather data from Youth at Risk Behavior Survey and School Health Profiles to look at where they are when they started with the grant and now. Have received weighted data for both.
 - Strategy 2. We work with school based STD and HIV prevention, exemplary education with sexual health education programs and comprehensive sexual health curriculums 6- 12 grades –and sexual health services for on and offsite for our 15 priority districts.
- Safe and Supportive Environment is working with the LGBT youth community, general population, and policy work around those three strategies.
- So some of the partners we are working with are DOH, Office of Safe Schools from PA Department of Education, Advocates for Youth, National Coalition of STD Directors, APA, West Chester University with the Center for Healthy Schools, Temple University (who are the evaluator), PA Partners for Healthy Youth from Temple University, Hamilton Health Center. Past four years schools have received \$25,000 to work towards improving their sex health education programs providing services to their students. We're now in the surveillance stage. This is our fifth year and we are looking to make this a statewide imitative.
- We will start having regional trainings to replicate.

Jill Garland (Director, Division of HIV Disease):

- So many of things I planned to cover have been covered by many of you.
- First, Paul was a wonderful advocate – I could not believe that email... it was very saddening. Paul was a wonderful person and he will be greatly missed. For Paul, and people like Paul, that is why we are here. I don't want to ever lose sight of that. It was a painful reminder. He was a great human being and I personally was glad to have known him.
- Other items that may not have been covered, from a federal perspective, some updates that I had received. As of yesterday, the Office of National AIDS Policy website is still not active. I don't know exactly what that means. It is not unusual during an administration change for websites to be reviewed or revised... This one has been down for some time and not certain what that means.
- But there have been some other updates: The Office of HIV/AIDS and Infectious Disease Policy website has been updated. Dr. Rich Wiliski is the director of that office. He is a longtime advocate and professional working in the Federal Department of Health and Human Services.

- I had the pleasure to hear him speak at a meeting in DC in May. The meeting was the NASTAD annual meeting. For those not familiar with NASTAD, they have recently rebranded technically, as an acronym does not stand for anything. It previously was the National Alliance of State and Territorial AIDS Directors. They have moved away from that as their brand now and now are just NASTAD because of expanding their scope to include viral Hepatitis C as well.
- This was my first annual meeting as state member of NASTAD and it was exciting to meet my counter parts from all the other states and territories. They have opened membership to include directly funded cities like Philadelphia and larger cities throughout the nation. It was exciting to be around that table with so many brilliant minds and wonderful advocates.
- Highlights to Colin Terrell in AIDS Activities Coordinating Office in Philadelphia to talk and explore ways we can increase coordination and communication in terms of what we do.
- CDC announced Integrated HIV Surveillance FOA for Philadelphia and Pennsylvania. One requirements in that FOA is to work closely with Philadelphia to discuss how services will be implemented what the geographic lines will be, what the coordination will be, between state and cities. We have a call set up with Colin on Friday to talk thru those things. One of my goals to work more closely with Philadelphia to work across the state.
- Thank you, Mike, for your materials. One thing I can say is that the president budget proposal came out, and does present concern and challenges for the work we do. With the work we do, we are certainly taking a lot of the uncertainty under consideration, like how we implement our services to ensure we can fill in the gaps that might arise. The info about ACA and ACA repeal and replace also changes daily we are keeping a close watch on that and what it means for our programs.
- Some other announcements: FDA approved a generic version of Truvada for treatment and prep. It won't be out for some time. Probably 2021. One of the two drugs has a patent in place for some time.
- Website www.aids.gov has changed its name to www.hiv.gov so you will be redirected there if you visit it.
- We are also awaiting feedback from CDC and HRSA about our integrated plan. The review has been completed, and they have met together, but the formal feedback is still pending but we will receive it in next few months.
- HRSA and CDC gotten together to fund a three-year project to support recipients and planning bodies through virtual and in person TA activities. It is called the "Integrated HIV/AIDS Planning Technical Assistance Center" (IHAPTAC). David, you may have mentioned this last time: we were invited as a planning body to participate in a webinar to highlight our experience with integrating our planning. So David do you have any comments on that?
- David Givens: Yes, and Brian can actually pull it up there so we can see it on the screen. We finally got a date set for that webinar we're participating in, and the title is, "Strategies and Lessons Learned for Consumer and Stakeholder Engagement in Integrated HIV Prevention and Care Planning." The group putting this together for the TARGET center, which is a combination of CDC and HRSA contractors, who wanted to highlight consumer and stakeholder engagement from one state and one metropolitan jurisdiction. The state they chose to highlight for its effective strategies was Pennsylvania! We will be

participating in that and the date set is July 25th. Invites include other states and jurisdictions but it is not restricted and is an open registration—you can see the link there for registering for the webinar. The one we are listening to later today is the first part of this same series. Over 1000 were on that first call and we were told we can expect similar attendance.

- Jill Garland: We do kind-of have a state budget. I say kind-of, because I don't exactly understand all the processes that go along with the budget. The budget has been allowed to go into law, but as I understand it there is no revenue package to pay for budget. The good news, however, in that budget our state appropriation is level for our HIV programs. So, that is good news for us. We will keep you posted but as of right, now we feel confident we have the resources at a level funding.
- In alignment with budget unification of four agencies: DOH, Aging, D & A and Health and Human Services. The decision was made not to include Department of Aging and Department of Drug and Alcohol in that planned unification. It is our understanding the unification of Department of Health and Department of Health and Human Services is still planned to move forward, but no news about when that will happen.
- I asked Dr. Godwin Obiri to update us on reporting regulations. Dr. Obiri: We have tried to change existing HIV reporting in PA to include all CD4 and viral load results. Because of some reasons chapter 27 revisions could no move forward in our Congress. We have extracted that clause from chapter 27 and will track it separately through non-legislative means. Dr. Karen Murphy approved that and it is now in legal counsel. We are working on that now they probably have a lot of work now but put this aside – within next week or so we will put package together. Hopeful this will get us what we need - will be able to come into compliance with what CDC requires.
- Jill Garland: With the recent FOA from CDC around prevention and surveillance there are so many activities, strategies, and evaluation measures related to evaluating the continuum of care. That is way it is so important for us to data so that we can assess how we are doing with the continuum of care. Even though revising regulations is a lengthy process if we are able to move the HIV piece forward without being attached to all the other reporting regulations we are hoping we might be able to expedite it a little.
- Prevention had a meeting with the Department of Corrections. Dr. Nowell is working on revising the policy around Opt Out, HIV testing in the state correctional institutions. Changing the policy to make it uniform is good news for us.
- The manufacturer of the FC2, formerly known as the Female Condom, has a new owner. The new owner is moving toward a prescription-based model that put the FC2 behind the counter. Although technically a prescription isn't required the price puts it out of reach. It is a cost of \$240 dollars for 12 FC2 condoms. It will be sold in bulk to health departments and HIV organizations, but no word on what that price point may be yet.

<ul style="list-style-type: none"> OraSure technology and OraSure test kit is an oral fluid swab. OraSure is going to discontinue western blot kit. They are discontinuing the production of the western blot—new technologies really man it can't keep up. We are working with those sites that still use it to support their use of newer tests; we don't want to miss an opportunity to diagnosis correctly and get someone into care. 	
<p><u>Planning Partner Spotlight:</u> Michelle Rossi (STD) & Dr. Godwin Obiri (DOH Epidemiology) [A recording of this presentation will be made available on StopHIV.com]</p>	Began at 10:41am
<p><u>Pennsylvania's HIV Continuum of Care</u> Monisola Malomo [A recording of this presentation will be made available on StopHIV.com]</p>	Began at 11:04am
<p><u>Overview of Concurrence</u> Jill Garland / Marijane Salem-Noll</p>	Began at 11:31am [lunch from 12:00-1:15pm]
<p><u>Putting Plans into Action: Roles and Responsibilities for Implementing Integrated HIV Prevention and Care Plans</u> Recorded Webinar: available at https://careacttarget.org/library/ihap-webinars</p>	Began at 1:15pm
<p><u>Group activity</u> Sara Luby</p>	Began at 1:54pm [break from 2:51pm]
<p><u>Co-Chair Roles and Responsibilities</u> Sarah Luby</p>	Began at 3:08pm
<p><u>Co-Chair Nominations</u> Julia Montgomery</p>	Began at 3:25pm
<p><u>Wrap-up and end for day</u> Julia Montgomery</p>	Began at 3:30pm
[Adjourn at 3:30pm]	

HIV Planning Group Meeting Minutes
 Park Inn Mechanicsburg
 5401 Carlisle Pike, Mechanicsburg, PA 17050
 July 13, 2017

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

6. Individuals giving a formal report or specific announcement
7. Individuals requesting to be noted “for the record”
8. Policy and procedure decisions
9. Motions/votes
10. 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.

Topic/Discussion	Action
Call to Order DOH Co-Chair Jill Garland called the meeting to order at 9:04 AM	Meeting commenced at 9:02am
<p>Introductions HPG Members, staff, and guests introduced themselves.</p> <p>Members Present: Aaron Arnold, Dr. Teresa Lowery, Mike Hellman, Leah Maganotti, Miriam DeGroat, Chris Garnett, Lori Ann Masden, Jess Netto, Rob Pompa, Sharita Flaherty, Janae Tyler, Michael Witmer, John Easter, Jamal Jackson, Clint Steib, Christopher Kupchik</p> <p>[Members Absent: Steven Nazario]</p> <p>Planning Partners Present: Marilyn Blasingame (MAAETC), John Haines (SPBP Advisory Council), Nicole Johns (Philly HIV Planning), Trisha Mader (Mental Health), Nicole Risner (Medical Assistance), Joanne Valentino (HOPWA), Michelle Rossi (STD Program), Jamie Durocher (TB Program), Dr. Godwin Obiri (HIV Surveillance), Barbara Quinn (Drug & Alcohol), Gregory Seaney-Ariano (RW HRSA Part A Grantee), Nicholas Slotterback (Education), Richard Wenhold (Corrections)</p> <p>[Planning Members Absent: Dr. Charlie Howsare/Viral Hepatitis, David Saunders/Office of Health Equity]</p> <p>Guests: Karen McCraw (FHCCP), Jeff Furiton (BADHS), Rob Smith (FHCCP), Liza Conyers (PEHTI), Jeremy Sandberg (PEHTI), Paul Colson (PEHTI)</p> <p>Dept. of Health staff: Jill Garland, Julia Montgomery, Sara Luby, Monisola Malomo, Cheryl Henne, Marijane Salem-Noll, Christine Quimbly, Aleisha Conners, Kyle Fait, Cindy Findley, Diane Kennedy, Janine Strick</p> <p>University of Pittsburgh staff: David Givens, Sarah Krier, Brian Adams, Daniel Hinkson</p>	Began at 9:03am

<p><u>Community Co-Chair Elections</u> David Givens/HPCP & Jill Garland</p>	<p>Began at 9:10am. All agree to have election. Vote was held. Tie between Jamal Jackson and Mike Helman. Revote. The new Community Co-Chair Mike Helman.</p>
<p><u>Announcements / Updates</u> Dr. Godwin Obiri (EPI): we had quite a robust conversation about care continuum. We ended discussion about info about lack of lab results. I just didn't want the impression that we may not be counting our cases correctly. As far as identifying those that are infected that are doing fabulously well. Every year we have done an evaluation – 99%. Last year 99.9%. in terms of reporting of cases we are doing very, very well. The issue for us is that when you identify a person it is a lifelong disease. That is where we have a problem with identifying individuals. Thank you. Cindy Findley (DOH): We now have approval for the IHPCP to up on our website.</p>	<p>Began at 9:30am</p>
<p><u>Tasks, Overview and Examples for Subcommittees</u> David Givens/HPCP</p>	<p>Began at 9:33am</p>
<p><u>Subcommittee Breakout</u></p>	<p>Began at 10:05am [break from 10:50 - 11:05am]</p>
<p><u>Subcommittee Feedback</u> Jill Garland/Mike Helman/David Givens</p>	<p>Began at 11:06am</p>
<p><u>Overview of HRSA Site Visit Report and Response</u> Julia Montgomery and Cheryl Henne</p>	<p>Began at 11:16am [lunch from 12 – 1pm]</p>
<p><u>IHPCP Implementation and the “Five Year Spend Plan”</u> Kyle Fait [A recording of this presentation will be made available on StopHIV.com]</p>	<p>Began at 1:05pm</p>
<p><u>Reducing New Infections: Offering HIV Pre-Exposure Prophylaxis (PrEP) for Individuals with STD Recidivism</u> Steve Kowalewski / DOH STD [A recording of this presentation will be made available on StopHIV.com]</p>	<p>Began at 1:51pm</p>
<p><u>Review and Identify Action Items for next meeting</u> Jill Garland</p>	<p>Began at 2:52pm</p>
<p>[Adjourn at 3:25 pm]</p>	