

DRAFT

Pennsylvania Department of Health

HIV Planning Group Meeting

July 10-11, 2024

Location: Best Western

800 E. Park Drive, Harrisburg, PA 17101

Wednesday, July 10, 2024

<u>Time</u>	<u>Topic/Discussion</u>	<u>Actions</u>
9:03 – 9:09AM	<u>Meeting Call to Order:</u>	Rob Pompa, Kyle Fait
9:09 – 9:19AM	<u>Attendance and Meeting Concerns:</u> -Rob asked that the group work on parking lot issues. It was suggested that questions are written and collected at the end to be addressed. Sarah passed out cards for any questions to be recorded and asked at the end of the day. Sonny also stated that more time needs to be made for parking lot questions. Theresa asked that “Parking Lot” questions be renamed “Garden” to establish the growth that happens from the questions. -Kyle reminded everyone to complete the surveys. Rob indicated that not enough surveys have been completed and emphasized they need to be filled out -The next meeting is set for August 28, 29 at the Marriot in Lancaster, followed by November 20, 21 in Harrisburg. The proposal is to hold 3 meetings here at Best Western and 1 meeting at the Penn Harris.	

	<p><u>HPG Members Present:</u></p> <p>In-person:</p> <p>Sonny Concepcion Lupe Diaz Carlos Dominguez Nicola D’Souza Sharita Flaherty Andre Ford Natasha Gorham Anne Papandreas Rob Pompa Shenika Rose Ginger Scaife Rachel Schaffer Gary Snyder Clint Steib Teresa Sullivan Satina Thomas Michael Tikili</p> <p>Online:</p> <p>Shane Cobert Katherine Haar</p> <p><u>PA Department of Health/Division of HIV Health Present/Guests:</u></p> <p>Mari Jane Salem-Noll Kyle Fait Kendra Parry John Haines Michelle Rossi Sara Reyes Robert Smith Jessie Hoffmaster Jeremy Sandberg Ken McGearvey Cheryl Home Jon Steiner Tiana Warner</p>	<p>Attendance was recorded for members present in the room and those participating online.</p>
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	<p>Allison Prim Jan Davis Kaitlin Sanati Nicole Feighner Jacqueline Brenner</p> <p>-With the introduction of the movable camera equipment, Sonny asked for virtual participant feedback on the new set up.</p>	
<p>9:20AM</p>	<p><u>Review of May Meeting Minutes:</u></p> <p>-Rob asked if there were any corrections for May’s meeting notes. No corrections were suggested by Community Reps.</p>	<p>Sonny Concepcion motioned to approve minutes Gary Snyder seconded. Minutes Approved.</p>
<p>9:21 – 9:43AM</p>	<p><u>Announcements</u></p> <p>-Rob apologized to Sharita for events that transpired in the aging group meeting. Rob expressed concern with the direction of the group in feeling disrespected and unseen. Several group members added to the conversation. It was proposed that Pitt explore the possibility of using funds to bring on a mediator to enhance the group’s communication and cohesiveness.</p> <p>-David stated that both the Steering Committee and the HPG Protocols work group asked about Community Representatives 3-year terms. According to previous meeting minutes, those people whose terms were expiring were extended automatically due to Covid’s extenuating circumstances. There is also the stipulation that some individuals are unable to reapply for 1 year. The concern is that many individuals will leave the group at the same time due to these extensions. The Pitt team maintains records and the application process for applicants and asked the group</p>	

for their interpretation of past meeting minutes for clarification.

Sonny asked what day or in what year the decision was made for these extensions. And Sonny interpreted the extensions for December 2025, not 2024, and would also like clarification.

Gary stated that the HPG meeting in question is September 7, 2022. The protocol was decided that those community representatives who joined in 2020 and 2021 to be granted two-year extensions.

Andre asked for clarification that according to the language in the proposal, representatives would essentially be given 5 years total.

David indicated that upon hearing the language of the minutes, that the calculations of those in their first term is not correct, but those in their second term, their calculations are correct. David indicated that those who received emails that they are not eligible to reapply, are correct, but all others will receive another email after David has had a chance to go through the roster again.

David also asked everyone to fill out the membership link required for federal guidelines.

Sonny asked that once it is determined who is leaving the group, that recruitment efforts center on finding those individuals more directly affected by HIV.

David indicated that membership applications are available now, and anyone looking to help with recruitment should contact the Pitt team.

Rachel wondered if it would be possible to have the current representation numbers by the next meeting after information is gathered through the survey.

David indicated it is on the agenda for the next meeting to look at the current HIV representation of the HPG and the HIV representation when those representatives leave.

-John said 2 project managers will be added to the team for the HIV prevention related contracts by the next Townhall meeting.

	<p>-Sonny asked where the community co-chair was because that role must be filled to progress with the meeting. Andre recommended Gary to fill the position temporarily. Michelle was the acting division co-chair. Members indicated they did not know this change had taken place. Mari Jane explained that managers were rotating to fill the role temporarily to learn the duties before Mari Jane retires.</p>	
9:43 – 10:15AM	<p><u>Activity/Team Building Activity</u></p> <p>-Paul led the activity for those attending in person.</p>	Facilitated by Paul Kabera
10:18 – 10:31AM	<p><u>Stakeholder Engagement Update</u></p> <p>-Paul presented a slide presentation about community engagement and stakeholder engagement. Shekinah asked if the Conversation Cafes questions will vary by region. Paul said the questions will be the same for all groups, however if new questions come up, then a focus group could be formed to address those demographics. Paul plans to go to rural communities and already has ongoing calls with community agencies. Paul currently has 8 planned, but more could be added if needed. Rachel asked if North Central had representation yet for the Cafe's and if not, was volunteering for that role.</p> <p>-Theresa asked what the process looks like and will the 50 and over population be covered. Paul said the community agency will gather the people interested in participating and will determine the date to hold the event. That agency can host it in their space, or Paul has the funds to pay for space at a hotel or conference center. Paul will provide the marketing materials to the agencies, and the agency will be responsible for distributing them. Paul also said that although it was not planned, all the individuals at the Conversation Cafe held at Shepherd Wellness Community were comprised of those 50+.</p> <p>-Andre asked how long the Conversation Cafes last. Paul said for about 2 hours.</p>	Presentation by Paul Kabera

Andre also asked if more than \$25 compensation is possible. Andre also felt that Community Reps of the HPG should be present at each of the Conversation Cafes.

-Clint asked if there is an upper limit on how many people can participate in the Conversation Cafes.

Paul said 24 is the current cap, but it is possible to add more to the roster to account for those who do not show up.

Online, Miriam Bakewell asked if the Northeast region had any organizations partnering. Paul said he currently has a contact in that region but asked Miriam to reach out to work together.

-A Community Rep present indicated they were working with Hamilton Health Center as the host, REACH/ UPMC, Alderes, and Alderhouse.

-Rachel asked how long will it take to write the new IHPCP. David said planning has begun. More formal updates are forthcoming. Another community rep indicated that the federal guidelines allow time for it to be done earlier in the year.

A community rep asked for clarification that the next one will be submitted in 2026. David confirmed it will be, with a mid to late spring 2026 approval.

-Shekinah asked if the implementation plan correlates back to the 3 questions asked in the Conversation Cafes.

Paul stated that the questions in the Conversation Cafes mirror the desired outcomes.

-Michael asked if the state could pay for transportation to the meetings.

Paul said that is not a possibility at this time. Mari Jane followed-up that the state cannot reimburse non-commonwealth individuals. The allotments cannot be extended to non-employees. However, regional grantees may be able to get bus passes to distribute if transportation is a barrier.

	<p>Cheryl stated it may be helpful to work with regional grantee managers to try partner with them for transportation issues.</p> <p>-Ann works with those 13-24 years old and asks if holding a Conversation Cafe targeted to this age range is possible. Paul would like to talk more about how to implement it.</p> <p>-Paul asks for approval of the implementation plan. Theresa moved to approve, Clint seconds it. However, Mari Jane stated that the Community Co-Chair is needed for the vote. Mari Jane asked for the vote after lunch.</p>	
<p>10:53 – 10:55AM</p>	<p><u>Defunding of SSP in Kensington:</u></p> <p>-Shekinah stated Mayor Sherrell Parker is cutting \$900,000 of funding from Safe Syring Programs. Shekinah stated that the SSP was wanted in the Kensington community based on resident feedback. Mayor Parker is not against SSP's but feels that private funders will fill in the gaps. It is unclear if that is the case, but it can be assumed based on previous research, that unsafe practices will increase without this program. It is unclear what the plan is moving forward. Dr. Brady will be involved in the process, it is unclear how exactly. Shekinah contacted Mari Jane and the Steering Committee to notify them about what was at stake with the SSP funding cuts. Shekinah asked for meetings with Mari Jane and members of the Division, to discuss how the HPG can support SSPs.</p> <p>Mari Jane indicated this afternoon's meeting will be a good opportunity to express your thoughts to the Secretary Deputy.</p>	
<p>11:00- 11:05AM</p>	<p><u>Co-Chair Concerns:</u></p> <p>-Sonny said the Community Co-Chair seat is currently empty and must be filled to continue the meeting. When many group members leave in December, there may not be individuals to fill in if the Community Co-Chair is absent, and Sonny felt it should be discussed.</p> <p>Gary indicated that this will be addressed in the Protocols discussion.</p>	

	<p>Dialog progressed about how to best handle the situation and how to proceed. Andre asked that the group take a break and handle the concern later.</p>	
<p>11:05 – 11:15 AM</p>	<p><u>Break</u></p>	
<p>11:15 – 11:48AM</p>	<p><u>HPG Subcommittees:</u></p> <p>Evaluation Subcommittee July Update:</p> <p>-Gary discussed updates on documents presented to Community Reps concerning expanding status neutral capacity across the commonwealth.</p> <p>-Michelle Rossi covered the document topics pertaining to the Division.</p> <p>SNNLP Update: Pilot training is scheduled for July 31/August 1. Two county and municipal health departments and two Ryan White subgrantees will participate in the pilot. A 6-month pilot will begin August 1, with meetings and interventions throughout the pilot to improve the program. The participants are Allentown and Bucks County Health Departments, the REACH clinic in Harrisburg, and the Co-County Wellness Services in Reading. Sonny wants to know how this program will translate into rural areas because it was developed for cities. Michelle agreed that it is problematic for rural regions. Michelle stated that rural providers did not participate in the pilot, and Sonny volunteered for his agency to participate. Michelle offered that because SNNLP can be offered virtually, it may help with transportation issues in rural areas.</p> <p>Andre asked what would work better in rural areas. Michelle admitted that because this is a pilot program, they don't yet know what will work. Natasha said that the regions have quarterly meetings, and it could be brought up in that venue. Michelle agreed.</p> <p>-Gary asked who will run the capacity training once it is out of the pilot stage. Michelle stated that it will be HPCP staff.</p>	<p>Led by Gary Snyder and Michelle Rossi</p>

Sonny also asked who exactly will be doing the training. Sonny was concerned that the trainer should have real world experience to understand what goes on in the street. David stated that elements from past training and feedback have helped drive this process. Michelle mentioned that MAATEC and the CDC offer training that could be used to supplement as well.

-Kim from MAAETC provided a brief update and will provide a more detailed outline that will be sent out. The MAAETC has provided 116 training courses that have included status neutral and have 6023 attendees. Of the 116 training courses 87 have been open to all health care professionals. The other 29 courses were offered for specific closed trainings. They have received their NGA and planning is currently happening. There are currently 18 training courses planned until the end of the calendar year that will include status neutral.

Gary asked for clarification that of the 116 training courses included status neutral, but that was not the primary focus. Kim indicated that some were status neutral focused, others just incorporated some content.

Gary asked that Kim get clarification on how many trainings were specific to status neutral.

-Rachel asked how updates to the pilot program will occur. Michelle said the participants in the program will meet with them monthly to discuss progress and status. Problems will be addressed in an ongoing status. Participants will be asked if any new training is needed.

-Gary said strategy 1A will be covered tomorrow.

-Gary and Rachel met with Kyle to discuss the flow. In the September Townhall Day 2, 5D will be covered, and in November, 4D and 5F from the 5-year plan will be covered. Gary said a multiyear plan was developed to include everything in the 5-year plan. The hope is that by the end of 2025 all the strategies and activities are covered, and then in 2026 there is time for review and recommendations.

	<p>I & I July Updates: Intervention Concepts for Reducing Intersectional Stigma in HIV Healthcare Settings: Stakeholder Generated Concepts Using Human-Centered Design</p> <p>-I & I group members introduced themselves.</p> <p>-Sarah wanted to check in with the I & I committee to verify that the HPCP was still continuing to support the group in a way that was beneficial. Sarah will provide updates on the Aging Survey at tomorrow’s meeting. The presentation for today was originally planned to be presented in the winter but was pushed back. It outlines the year long process to develop 8 intersectional stigma concepts. Sarah has a much more detailed report that can be shared with any Community Rep that is interested in more information. The hope is that these concepts can be implemented to different agencies, and with the current purchasing order, to partner with a health care setting to implement the paid aspects. The goal of the presentation is to build awareness about this work. It will be presented to the HPG in September and Kyle suggested that the presentation be given to each of the regions. Sharing the report and mobilizing is the goal for right now.</p> <p>-Teagan reiterated that there is a summary report that was previously been sent out to the group, but it can be sent out again to anyone who requests it.</p> <p>-Sarah added that the research literature on intersectional stigma reduction shows a multilevel approach is needed to make actual changes. The pilot will be tailored with each agency to use at least three of the intervention concepts.</p> <p>- A Community Rep had questions about the Stakeholder registry: why four regions were selected. Teagan said that originally the focus was only on three regions. The stigma survey showed these three regions reported the highest from the stigma survey, but then it was opened up to any area. The group reached out through various agencies and avenues, and it ended up that it was not statewide representation.</p> <p>-Another Community Rep question was about the number of clients surveyed.</p>	<p>Presented by Teagan O’Malley and Sarah Krier</p>
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Sarah answered that 14,121 clients living with HIV were asked about their experience of stigma. Teagan added that clients had the option to disclose how much and what information they chose to identify. Some individuals also represented multiple membership in the various groups. Teagan acknowledged that the way the chart is set up may be a little misleading as far as representation. Teagan suggested that the chart be changed to more accurately reflect those participating, but that efforts were made to assure they gathered input from clients and those in leadership roles.

Sarah briefly explained the process of participating in a human centered design study as an intensive process.

Teagan said they tried to adapt to everyone's technological needs and reach out to individuals who may not have been able to participate online.

-A Community Rep asked a question about how clients are participating to allow them to express their concerns.

Sarah answered that in the pilot, they will be aware of the possible concerns that individuals may not share, and they will make an effort to work with agencies and clients to have a collaborate nature. They were mindful that there were some clients who did not want to share in a large group and wanted to participate individually, and so they worked with these clients to make them feel more comfortable.

-Sarah reminded the group that it was suggested by Mari Jane that this subcommittee could make recommended changes to this survey. Sarah referenced specifically the concept that the Stigma Taskforce be composed of clients, leadership, and staff to create a collaborative space for all levels to give their input. Routine client experience feedback would be especially helpful in the process as well.

-A Community Rep brought up that clients may not feel comfortable providing feedback that will go back to the agency. It is important to provide a space for them to be able to speak about their experience without fear of speaking in front of the agency.

-Sarah indicated they would continue the conversation at tomorrow's meeting.

11:48 – 12:52 PM	<u>Lunch</u>	
12:52 – 1:37PM	<p><u>SSP State Update:</u></p> <p>-Michelle reconvened the meeting and introduced Jill Garland, Bureau Director, Cindy Finley, Deputy Secretary for Public Health Programs, Kristen Rodak Executive Secretary for Public Health</p> <p>-Theresa thanked the guests. Theresa discussed the harm reduction of HIV and other substance abuse concerns with clean needles. Theresa emphasized clean needles save lives, but Mayor Parker plans to reduce funding. What are the available options to reduce harm? Kristen answered that the department is trying to reduce harm through legislation to legalize syringe exchange programs. The Drug Surveillance and Misuse Prevention Program is focused on harm reduction. Kristen emphasized that they want to save lives and they can be creative in some ways to use funds to save SSP's. Kristen also said the HPG can help through advocacy for legislation for SSP program.</p> <p>-Rob asked if Theresa has met with Mayor Parker. Theresa has not met with the mayor. Theresa discussed how homelessness, education, and money are the biggest barriers to success. Theresa feels a volunteer team of family and those directly affected need to go out into Philadelphia and other counties to help on the streets. Treatment programs are too short for actual recovery and those affected need more tools. Theresa also emphasized that these are people, not just numbers. Rob also added that there is an added stigma around homophobia and transphobias as well as racism. These systemic issues add to the problem.</p> <p>-Andre said that the mayor went to Kensington and vowed to help. We need to allow the mayor to go through her process and the self-governing body of Philadelphia will oppose it. The Center for AIDS research at the University of Pennsylvania has the same conversations about community member buy in. We need time to get out and educate</p>	

everyone about the program, and we need to fund it or it won't happen.

Rob stated that we are trying to go above the mayor to get support for SSP programs.

Andre said the most important part of the process is to listen to the people living in Kensington and work with them directly.

-Carlos talked about his direct experience in addition to programs and the opportunities and education that are given to people are invaluable.

-Theresa commented how the discussion is around "cleaning up" Kensington, but that will just mean moving people, not actually helping people. People need time and actual help for it to work.

-Shekinah said communities involved in the SSP data are not in that area. The legalization of SSP's needs to happen, so the focus could be on education at the state level.

-Andre said our role is to go to the residents of Kensington, listen, educate, and raise awareness. Bringing in various agencies to listen to the residence helps to build trust with that community, because the group does not currently have the answer.

-Ann discussed supporting SSP's and harm reduction measures. Ann introduced the medical model of addiction and its role in individual's needs. Housing and basic needs must be addressed before the SSP problem can be tackled. Those in the community must have their needs met before they can collaborate on any kind of project or discussion. Rob agreed that the trauma of life and substance abuse leads to generational trauma that needs to be addressed to tackle the problem directly.

-Michael stated that there are many steps and layers needed to seek approval for programs. The community programs

	<p>and interventions offered by others will take time to implement.</p> <p>-Kristen thanked the group for sharing. The problem is much bigger than just Philadelphia, as concerns like substance abuse and HIV do not stay in one area. Building off of previous comments, Kristen added that Maslow’s Hierarchy of needs is important to be healthy and successful. Housing is needed, longer drug treatment programs are needed. Kristen said she will take it back to the sister programs to see if there is anything that can be done. Additionally, the HIV team will be connected to the HPG with their resources.</p> <p>-A community rep asked what individuals or the HPG could do to help. Kristen said that government employees are unable to do or advocate for some things. Rob added that group members, although they are working in the HPG as a government funded body, do not work for the government and advocating and educating is something community reps could do. Kristen added that government employees keep their own personal voices out of their job, but the stories and information gathered by them can be shared with those in government to advocate for programs. Theresa said AIDS Watch can advocate for policy changes. Theresa reminded everyone that education is a large piece to informing legislators to get the SSP regulations passed. Kristen said they would be able to provide data that would be helpful to support the SSP legislation, even though they cannot advocate for it.</p> <p>-Lauren an online participant, offered information about the harm reduction network: phrn.org.</p>	
<p>1:37 – 1:39PM</p>	<p><u>Meeting Agenda Updates:</u></p> <p>Rob stated that summaries from the groups will be pushed to Day 2.</p>	

<p>1:39 – 2:41PM</p>	<p><u>Presentation:</u> 40 Years of the Pitt Men’s Study</p> <p>-Dr. Ho discussed his background and work with the study, as well as participating in the study. Dr. Ho discussed the overview of the HIV timeline important events. The medication changes that have occurred over time and the current regiments were outlined.</p> <p>-Michael asked if Dr. Ho had observed any trends with long covid in those living with HIV. Dr. Ho answered that a working group that looks at immersing infections is currently working to define long covid. Dr. Ho acknowledged that treatments are limited and mainly supportive in nature.</p> <p>-Rob asked why brain scans aren’t part of standardized treatment to better study how it impacts the brain. Dr. Ho said that the information gathered from standard MRI’s is limited, but that new testing and imaging could lead to more clear evidence of its impact.</p> <p>-Sonny asked about diversity within the study. Dr. Ho did not have specific numbers today. There were community champions brought in to recruit people from specific communities, but it could have been better. Dr. Ho stated that the total numbers for each group of individuals do not necessarily reflect the numbers that we should have.</p>	<p>Presented by Dr. Ken Ho, Medical Director, Pitt Men’s Study</p>
<p>2:41PM</p>	<p><u>Co-Chair Adjustments:</u></p> <p>-Rob announced that Michael T will take over the Community Co-Chair position for the rest of the day.</p>	
<p>2:41 – 3:00PM</p>	<p><u>Break</u></p>	
<p>3:00 – 3:09PM</p>	<p><u>Motion to Continue the Stakeholder Engagement Plan:</u></p> <p>-Michael called the meeting to order.</p> <p>-A question was asked about the number of Community Reps needed to proceed. It was concluded that although</p>	<p>Andre Ford motioned to table the adoption of the Conversation Cafe plan until Day 2, Sonny</p>

	<p>Community Reps left the meeting, if procedure is followed, then there are enough people to vote on the measure.</p> <p>-Andre would like to amend the plan to include designated Community Reps in the whole process.</p> <p>Shekinah asked for clarification that adding in the Reps to the plan would be a requirement.</p> <p>Andre thought that representatives of the HPG should be nominated to be included. This would allow the HPG reps to see if they observe the same things as the Pitt team.</p> <p>A Community Rep asked if the Community Reps participating in the Conversation Cafes will vary by location of the event.</p> <p>Andre said that 3-4 people could be designated to travel to the area where the Conversation Cafe is being held.</p> <p>Sonny added that this would make it difficult to cover the travel expenses, as the Pitt team cannot reimburse. Sonny indicated that travel would need to include hotel costs, meal stipends, and compensation. If the state is unwilling to pay for these, it is not possible, unless the community reps are volunteers.</p> <p>A Community Rep asked for the vote to be tabled until tomorrow to investigate the answer</p>	<p>Concepcion seconded.</p>
<p>3:10 – 4:35PM</p>	<p><u>Presentation:</u> Ending the HIV Epidemic: A Statewide initiative.</p> <p>-Richard and Emma presented a slide show detailing AIDS Free Pittsburgh.</p> <p>-Michael T felt that political power or legislation is needed and was happy to see it included in the presentation. Michael felt the program AIDS Watch in DC could be useful here, and that the Harm Reduction Network is another useful group.</p> <p>Emma responded that the program includes an advocacy subcommittee in the hopes to replicate the AFP statewide.</p> <p>-Michael W also felt the 4-pillar program is problematic as it is based on ending HIV without talking about HIV. The system does not mention remedies for poverty and housing concerns.</p>	<p>Presented by Richard Smith and Emma Seagle</p>

Emma recognized that the planned partners portion is very broad.

-Shekinah stated that as a member of AIDS Free Pittsburgh Consumer Community Advisory board member, the name AIDS Free Pittsburgh should be amended to HIV Free PA. Richard and Emma indicated that they are open to changing the name and have explored changing the name of AIDS Free Pittsburgh as well. Shekinah also asked how going statewide with the program will differ from the programs currently in place.

-Mari Jane interjected to remind the group that the purpose of the presentation is to decide if the HPG is willing to declare that it supports the Jewish Healthcare Foundation and AIDS Free Pittsburgh program in a letter to the Division. The Division would then decide how to proceed.

-Richard answered that the goal is not to duplicate the HPG. The goal is converging with all groups across the state to share information between them. There has been a breakdown of communication with some areas of PA. We know there are some people who are alone in some areas of the state. An education campaign they would initiate could make a difference to those in the state who feel unseen or unheard. That important information would then be funneled back into the HPG's work.

Andre felt that if the HPG is part of the program, the JHF use the 5-Pillar system the HPG has already adopted, rather than the 4-Pillar system they proposed. Andre also asked how this new program would differ from the HPG and why it is warranted.

Emma answered the goal is to make the program as tailored to the area as possible. Agency reps were set out to different areas of PA to gather feedback from individuals about language and imagery that could be adapted by region. Richard also added that Cambria County was very interested in the AIDS Free Pittsburgh, and they were gifted personalized advertising. AIDS Free Pittsburgh paid to have a landing pad website added that removed any specific

referral to Pittsburgh to make it specific to the region. Richard said they need to find champions and work with. Those champions in each region hear what is missing and how they can help the continuum of care.

-Andre asked for clarity that the only thing they were seeking today is a letter of support from the HPG for the proposed program. Andre also wondered when the letter would be due.

Richard confirmed they are looking for support, but that there is no proposed timeline for that support letter. Richard reiterated that the goal is to converge the groups to allow better communication and continuum of care and support. Andre suggested that they seek the support from the Philadelphia HIV Integrated Planning Council.

-More information about the group and the impact it will have, was requested before a letter of support could be given.

-Natasha viewed the proposed program as a breakdown in the silo system that currently exists within the state. Access to similar resources and similar messaging will help clients get access to programs.

Richard added that it may help improve resources for clients who are more mobile throughout the state to navigate the available resources.

-Katherine wondered if this proposed group would be able to facilitate easier access to pharmaceuticals. The example was given that after a rural pharmacy did not acquire the medication for the client, that individual had to travel from Altoona to Pittsburgh to receive their medication.

Richard said there was a similar situation in Johnstown, where they coordinated with the health system to get the medications delivered to that client.

Katherine wanted further clarification if the program would help on a broader concern of pharmacies not getting in medications or not stocking medications.

Richard confirmed that if pharmacies are brought onboard to the program that could be addressed.

Emma added that health systems could be added to the group as well to ask what barriers they see clients having.

-Shekinah wondered how much time does the JHF require.

Emma stated that nothing is set yet. It could be just two updates a year in meetings, or just 10–15-minute updates in meetings, and the rest in the written format.

-Gary expressed concern with the duplication of language used by JHF particularly concerning the EHE and 4-Pillar system. Gary asked the division why this program was requested to have its own subcommittee.

Mari Jane stated that JHF expressed interested in developing this program before Covid. But before the Division partners with them, they wanted the support of the HPG. The Division asked the JHF to involve the HPG in some capacity.

Gary asked about the Division requesting that this program be granted its own subcommittee.

Richard indicated that the language was misleading.

Gary emphasized that there are only two subcommittees for the HPG, and ad hoc subcommittees have a definitive timeline to them with set goals to achieve and then end. This proposed program does not seem to fit that format.

Additionally, if it was to be added to the subcommittees then protocols would need to be updated.

Richard asked if it was possible to vote to support the project but not adopt it as a part of the HPG. Richard was also interested in looking at the HPG's 5-Pillar system for possible changes, as they used the CDC's suggested model.

Richard stated other language choices like the use of EHE could be amended.

-Sonny wondered if they already had communication with Philadelphia about the ending the epidemic program.

Richard confirmed they are in contact with Philadelphia, but they are already taxed in many ways.

	<p>A Community Rep clarified that the reason some areas are required to have some programs is because the CDC has required it as a part of the grant money.</p> <p>-Sharita wondered if the grant is for 5 years, how is the program sustained after? Richard said the cost analysis is still being determined. To manage AIDS Free Pittsburgh, it is about 1 million, but the goal is to have the program be self-sustaining.</p> <p>-Andre asked the group for a closed session for time to discuss the proposal. A Community Rep clarified that as a group, closed sessions are not possible because the meeting is being recorded. Sonny said the HPG wants to take time to discuss the proposal by themselves without the presenters in the room and at a future date to discuss it in more detail. Mari Jane suggested that the group take some time to think about it and come up with clarifying questions for JHF.</p>	
4:35PM	<p><u>Garden</u></p> <p>-The Protocol discussion will take place tomorrow, on Day 2.</p> <p>-August 28/29 is the next HPG meeting</p> <p>-David reminded everyone to fill out the QR code survey if they are not attending Day 2.</p> <p>-Michael adjourned the meeting.</p>	

Thursday, July 11, 2024

<u>Time</u>	<u>Topic/Discussion</u>	<u>Actions</u>
9:00 – 9:05AM	<p><u>Welcoming Remarks:</u></p> <p>-Rob welcomed everyone back and provided Community Rep updates on those who left or are leaving early today. The meeting was called to order.</p>	Led by Rob Pompa
9:05 – 9:20AM	<p><u>Announcements:</u></p> <p>- Rob stated that yesterday was a difficult day for many reasons. After feeling unheard and disrespected by Community Reps of the HPG it was unclear how Rob would be moving forward with the group. Several group members joined in on the dialog and agreed that the tone of yesterday’s meeting was not as inviting as it had been in years past. A few group members also mentioned the possibility of bringing in a professional group facilitator to mediate the group.</p> <p>-The vote on the engagement plan was deferred to today.</p> <p>-Also, the agenda needs amended to include the Protocols discussion from yesterday.</p> <p>-Gary added for clarification that the Stakeholder Engagement discussion and vote needs to take place, then a Work Groups update, and finally the Protocols discussion.</p>	Led by Rob Pompa
9:20 – 9:48AM	<p><u>Stakeholder Engagement Discussion:</u></p> <p>-Sarah began the Stakeholder discussion, and also added that as part of the purchase order, consultants can be hired for specific tasks. Mari Jane and Theresa were asked for any feedback and input for the facilitators mentioned earlier in the discussion.</p> <p>-Sarah addressed a question Andre had yesterday about incentivized Conversation Cafes. Sarah spoke with the</p>	Andre makes the motion that they approve the Stakeholder Plan with the proposed changes that HPG members attend. Michael seconded.

<p>admin at Pitt about paying for specific tasks that Pitt needs help with. After speaking with Kyle, Sarah thinks that HPG Reps could fall under this category. Time would be compensated for travel as well as helping Paul plan and facilitate the Conversation Cafes. Sarah asked if anyone had received payment for helping facilitate a group or attending a meeting and what it was called.</p> <p>Andre said some are considered honorariums or experts in the fields but that it is still a work in progress. The University of Pennsylvania called it a stipend for travel so that it was not taxable. Taxes are an area of concern. Sonny worked with groups that the CDC subcontracts with, and they call it a consulting fee and individuals get a 1099 form.</p> <p>Rob added that individuals living with HIV may not want to have the 1099.</p> <p>Theresa added that those who have a fixed income may be challenged with this tax complication.</p> <p>Rob added that adding that taxable income may change clients SNAP benefits, housing assistance, virtually everything.</p> <p>Sarah will research this and get back to the group.</p> <p>-Sarah addressed some concerns from the group about the Stakeholder Engagement Plan. Sarah stated that the plan is for Paul to reach out to the Community Reps in the area where the Conversation Cafes are being held. The available Community Reps could be determined on a case-by-case basis. Adding the Community Reps to the discussions will lead to a more in-depth conversation.</p> <p>For the first meeting in Harrisburg, Michael volunteered to attend.</p> <p>Andre agreed that adding the Community Reps will increase the value of the discussions with their engagement.</p> <p>-Carlos asked whoever is in that area will go the cafe's but what if no one is in that area.</p> <p>Sarah answered that it will probably be answered on a case-by-case basis to get Conversation Cafes covered.</p>	<p>Motion approved.</p>
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Additionally, if travel will be covered, it may open new possibilities

-Shekinah is concerned that there are not enough people to draw from or enough time to schedule Community Reps to attend the Conversation Café.

Sarah answered that Paul will work with the Community Reps to make sure that there is someone in attendance.

Paul supports the idea of Community Reps attending the Conversation Cafes, however, if a Community Rep is unable to attend a Conversation Café, the event will still take place without the Community Rep.

-Michael W said the definition of Community Rep could be expanded beyond the borders of the HPG to include anyone affiliated with the Ryan White organizations.

Sarah said that there is no approval to have outside individuals attend. Everyone who attends as a participant is incentivized.

Sonny asked Sarah to look into the situation and get back to the HPG with possible solutions.

-Katherine asked if anyone else was from the Southcentral region.

-Sarah said that Paul has made several contacts, and they will take these suggestions and add it to the plan.

Michael does not think that an honorarium is needed for part B or part C and does not want that to hold things up for the first Conversation Café.

-Clint participating online, agreed with Shekinah's points.

-Sarah asked if the proposal could go up for a motion for the approval of the Conversation Cafes.

Michelle asked for clarification that if Community Reps are unable to attend the Cafes that the meeting still is held.

This was confirmed.

	<p>There was lengthy dialog between HPG members about how best to word the amendment to the proposal as outlined on the document created in the meeting:</p> <p>HPCP will invite HPG Community Reps for all Conversation Cafes to answer questions. Cafes can continue if Reps are unable to attend.</p> <p>HPCP will be able to offer an honorarium to all HPG Community Reps to support their involvement.</p> <p>Trust that the staff will include people living with HIV in the Cafes and utilize best practices for community engagement.</p>	
	<p><u>Attendance:</u></p> <p><u>HPG Members Present:</u></p> <p>In-person:</p> <p>Sonny Concepcion Carlos Dominguez Nicola D’Souza Sharita Flaherty Andre Ford Natasha Gorham Katherine Haar Rob Pompa Shekinah Rose Ginger Scaife Rachel Schaffer Gary Snyder Teresa Sullivan Satina Thomas Michael Tikili Michael Witmer</p> <p>Online:</p> <p>Lupe Diaz Anne Papandreas Emma Seagle Clint Steib</p>	<p>Attendance was recorded for members present in the room and those participating online.</p>

	<p><u>PA Department of Health/Division of HIV Health</u> <u>Present/Guests/Online:</u> Mari Jane Salem-Noll John Haines Michelle Rossi Theresa Sullivan Jeremy Sandberg Godwin Obiri</p>	
<p>9:49 – 10:03AM</p>	<p><u>Jewish Healthcare Foundation Discussion:</u></p> <p>-Before the Protocols discussion, Michelle asked if the HPG group was in favor of supporting the JHF’s EHE statewide collaborative plan as laid out on Day 1. Andre and Michael both indicated they needed more information. Michael indicated clarification is needed before extending that support. David informed the group that in past meetings (thought to be 2018) the HPG was in favor of a statewide group, and protocols need to be reexamined if that is still the case. Mari Jane again reiterated that not all the details are outlined yet, and the Division did not want to move forward unless the HPG supported the initiative and JHF leading the initiative. Michael W is not ready to commit to JHF and a separate conversation is needed to discuss their role. Exploring the idea and outlining the details may help determine if the group supports the idea of the statewide initiative as well as JHF. There were many Community Reps having back and forth dialog. Andre asked that this discussion be tabled until the next meeting.</p>	<p>Andre motioned that the discussion of the HPG supporting JHF statewide initiative be tabled until a future meeting. Gary seconded.</p>
<p>10:03 – 11:00AM</p>	<p><u>Protocols Discussion:</u></p> <p>-Gary led the presentation about the proposed changes to language of the protocol document.</p>	<p>Presentation led by Gary Snyder and Rachel Schaffer</p>

-Sharita asked that there be specific language in 7.1.3.b allowing attendance to count if the Community Rep is attending in person or virtually.

-Rob asked how the open seats will be filled and recommended that the open representative seats be filled by those who have lived experience. Rob felt the rules for Community Rep qualifications need to be revisited since they were constructed so many years ago.

Andre said that that type of discussion is for the Working group, not the current Protocol discussion, but that it will be discussed.

David added that it is on the agenda for August.

Rob also said that those who are in their first year of membership are highly recommended to attend in person to learn more about the process.

Michael T agrees that participating in person is better as well as hearing from everyone as opposed to a group facilitator style.

A Community Rep felt that it was important that it should not be mandated to attend meetings in person the first year as it holds the new member to a standard that is different from other HPG members. They stressed that it is important, and recommended in-person attendance, but again, not mandated.

Andre asked for the discussion to be examined at a different time.

7.1.3a language was documented in the meeting to include "in-person attendance for the first year of membership is highly recommended."

-Rob asked what will be done if a Community Rep does not feel comfortable and begins to miss meetings.

Andre said the chair should reach out to the person missing the meetings to investigate what is happening.

7.1.3.c draws attention to attendance and increases transparency.

Shekinah asked if a document could be made public with attendance for the group, and it would help keep people accountable.

Rachel said that it would need to go through Protocols, but that information is already available through the meeting minutes. A lengthy discussion between members occurred about this topic.

Andre asked that the discussion be continued later as it is a process discussion, not Protocol.

Rob asked if the Pitt team could keep track of the number of meetings attended by each member and document it in the minutes.

-Michael Whitmer, participating online, asked what does “representation” mean.

David wondered if it was representation as in the individual was representing an employer/tied to employment. If the person then lost their job, they would no longer meet the criteria for which they originally joined.

7.1.5 - Sharita said there needs to be someone else to go to for complaints besides the Community Co-Chairs, in the event the problem the Community Rep is experiencing is with the Community Co-Chair.

Andre said they would then go to the Division Co-Chair. A back-and-forth dialog took place concerning the chain of commands.

7.1.5 language was proposed to add, “In the event that a complaint is alleged against the Community Co-Chair, the complaint should be addressed to the Division Co-Chair who will bring the complaint to the Steering Committee (excluding the Community Co-Chair).”

Lupe, participating online, asked what would happen if the complaint is about someone on the Steering Committee.

Gary answered that the protocol would be followed as written.

David wondered if the online question was asking if there were allegations about the Steering Committee member, would that person then be excluded from the process?

Language was adopted to address the concern. “If an allegation is made against a member who is on the Steering Committee, the initial complaint review would be made with the Steering Committee excluding the alleged member.”

Sonny asked a question about State Reps having too much representation over HPG members on the Steering Committee.

Gary said the Steering Committee would have a discussion not an actual vote. It will look at both sides of the allegations and decide how to proceed.

Sonny felt that we need parameters around the Steering Committee decision, as it is now, it will lead to ambiguous ways of interpreting it.

Another Community Rep said they thought Sonny was trying to explain that if the Steering Committee will need to make decisions, and their decisions will affect the HPG in a

	<p>greater way than outside entities, so the HPG should have a bigger stake in it.</p> <p>Sonny agreed with these comments and added that if the complaint is about someone from the State, the group can make recommendations to remove the person, but ultimately it is not their decision.</p> <p>Gary stated that the Steering Committee could dismiss the concern or pursue it further. If the Steering Committee decides to pursue it, the Community Rep is notified by the Co-Chairs in writing and their membership is suspended pending the outcome. Once the Steering Committee tries to mediate, the body of the HPG ultimately makes their decision about what to do, because they can vote to remove the Community Rep.</p> <p>A Community Rep said there needs to be an objective way to determine if something moves forward or not so it is not a “popularity” contest.</p> <p>Andre then suggested that complaints go directly to the body instead of going to the Steering Committee.</p> <p>The Community Rep said they were not sure if that was an appropriate compromise.</p> <p>Andre then added that a complaint could be taken directly to the body if they are not satisfied.</p> <p>Language was added to say, “Complainants may request to submit their complaint to either Co-Chair or the Planning Coordinator anonymously.”</p> <p>Gary said that a mediator could be brought in by the Planning Coordinator or at the request of the group.</p> <p>Theresa agreed that a mediator would be able to objectively evaluate the situation to determine fair outcomes.</p> <p>Language was added to say, “...which may include mediation by the Steering Committee or at the request of the Steering Committee and/or Division, an external mediator selected and retained by the Planning Coordinator.”</p>	
<p>11:00 – 11:18AM</p>	<p><u>Break</u></p>	
<p>11:18 – 11:23AM</p>	<p><u>Protocols Discussion:</u></p> <p>-Because there was no Community Co-Chair, Andre recommended Shekinah to Chair temporarily. Clint seconded that recommendation.</p> <p>-The remaining protocols will be pushed to the next meeting.</p>	<p>Andre motioned for Shekinah to Chair the meeting temporarily, Clint seconded. Motion passed.</p>

		<p>Andre motioned for the adoption of 7.1 with the proposed changes. Clint seconded. Motion passed.</p>
<p>11:25 – 11:31AM</p>	<p><u>Workgroup Updates:</u></p> <p><u>Aging and Disability:</u> -The purpose of the group is focused on those living with HIV who are over 50 first, then they will address chronological aging and disabilities. The presentation discussed the highlights of past meetings and directions for the future.</p>	<p>Presented by Michael Whitmer, Sharita Flaherty</p>
<p>11:31 – 11:41AM</p>	<p><u>Employment:</u> -Paul presented for Liza. The presentation discussed their collaboration with Temple University to conduct an employment needs assessment. Mari Jan said the needs assessment needs to be completed and because there are so many surveys being run, there may be duplicate information. Shakina said that the I & I survey correlates to Michael and Sharita’s survey. The I & I subcommittee has been meeting every two weeks to get it finished, and Shekinah is proud of the cooperative and collaborative nature of the groups.</p>	<p>Presented by Paul Kabera</p>
<p>11:41 – 11:50AM</p>	<p><u>Continuous Quality Improvement:</u> -January of 2024 the name changed, and it is no longer Clinical Quality Improvement. -Shekinah asked why does it matter/why are they tracking if a person has utilized more than one service in 90day? Michelle answered that because they are Ryan White Part B status, they need to track why clients aren’t being retained. -Rachel said that Michelle is very open and responsive to listening. The Organizational Assessment tool was changed in response to a concern Rachel had.</p>	<p>Presented by Michelle Schlegelmilch</p>

	<p>-Michelle said that they developed a comprehensive CQI reference guide that contains prior program guides, FAQ's, HRSA related to CQI like PCN 1502.</p> <p>-Medical Case Management was the most utilized service. The change from provider level to regional level will attempt to have regional grantees to find out the discrepancy in client utilization services.</p> <p>-Theresa commented that the group she is a part of through Philadelphia fight is similar. Theresa's group focus is on education and viral load suppression.</p> <p>-Michelle ended with the CQI work group and the regional grantees do technical assistance in the first part of the year so that they are able to start with the quality improvement project right away. The representative from the Office of Operational Excellence puts it together and at an upcoming meeting, they will be asking for ideas for next year's education. Regional grantees are invited to attend those meetings as well. The annual monitoring visits have a guide with resources at the end of the document.</p>	
12 – 1:00PM	<u>Lunch</u>	
1:00 – 1:07PM	<p><u>HPG Subcommittee Updates:</u></p> <p>-Michelle called the meeting to order</p> <p>- Shekinah asked Sarah for the I & I update. At the I & I there was the presentation on the Stigma Survey and feedback. At the next meeting, recommendations of the report will be outlined. Sarah will send out the report for feedback for the fall.</p> <p>-Rachel gave an update for Evaluation.</p> <p>-Michelle detailed SNNLP update. MAATEC will provide the group with additional information via email, as the person who supplies the data is out of the office currently.</p>	
1:07 – 1:54PM	<u>SPBP Update:</u> PA Dept of Health Bureau of Communicable Diseases Division of HIV Health	Presented by John Haines

	<p>-John led the SPBP update presentation. Clint Steib asked if suboxone/methadone is covered. Clint also asked if doxyPEP is covered for STI prevention. John said that suboxone, methadone, and doxyPEP would all be covered at the in-network pharmacy providers just like any other medication.</p> <p>-Gary Syner asked if examples of contraception could be given. John specifically listed progesterone and estradiol and said that the SPBP has a drug formulary list which outlines all available options.</p> <p>-A Community Rep asked when the autoenrollment period is: beginning of the year or end? They also asked how the auto enrollment in Part D happens. Joh explained that in December a letter is sent to the newly eligible individuals. They identify the individuals. If the client does nothing, they will place them into an appropriate option. If the client wants to pick a particular plan or if they want to opt out of a plan, the client needs to contact them directly.</p> <p>-Ray asked for the website to post information about the Pitt Men’s Study.</p> <p>-Michael wondered what pharmacy number who show up if a person were to be contacted directly by them. John did not have a direct number that would call the client. John indicated that the doctor’s office would most likely be calling the client. Only if there were extenuating circumstances, would the pharmacy call the client. That would only happen from the direction of the doctors’ office.</p>	
<p>1:54 – 2:00PM</p>	<p><u>The Garden:</u></p> <p>-David reminded Community Reps that their the QR code surveys need to be completed. New membership forms were available to take and distribute to new potential members.</p>	<p>Michelle Rossi and Shekinah Rose</p>

	<p>-Michelle reminded the group that August 28-29 the Townhall meeting will take place at the Lancaster Marriot location.</p> <p>-A Community Rep asked if the new membership forms were also available on StopHIV.com. David confirmed that it is now up but asked that the dates on the forms be checked.</p> <p>With no other business, the meeting was adjourned.</p>	
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