

**DRAFT**

**Pennsylvania Department of Health  
HIV Planning Group Townhall Meeting  
May 1 - 2, 2024**

**Location: Woodlands Inn and Resort  
1073 PA-315 Wilkes Barre, PA 18702**

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**Wednesday, May 1, 2024**

<b><u>Time</u></b>	<b><u>Topic/Discussion</u></b>	<b><u>Actions</u></b>
3:23PM – 3:27PM	<b><u>Welcoming Remarks:</u></b>	Presented by Mari Jane Salem-Noll, Rob Pompa, Kyle Fait
3:27 – 3:30PM	<b><u>Overview of Process and Explanation of Agenda</u></b>	Presented by David Givens
3:30 – 3:40PM	<b><u>Presentation:</u></b> Integrated HIV Prevention and Care Plan, the HIV Planning Group, and You!	Presented by David Givens
3:40 – 3:48PM	<b><u>HPG Members Introductions:</u></b>	Speakers: HPG Representatives and Guests
3:48 – 3:57PM	<b><u>Open Floor for Questions:</u></b>  -Audience member asked” how often does the HPG meet?” David answered: 4 regular meetings and 2 townhall style meetings.  -Clint asked what subcommittees do. David answered: Evaluation committee assures activities are implemented appropriately. Innovation and Intersection address new concerns.  -Sonny explained the recruitment process and purpose of the HPG  -Mari Jane discussed the Integrative Care Plan and community members' input	Speakers: David Givens, Sonny, Clint, Mari Jane Salem-Noll
3:58 – 4:13PM	<b><u>Presentation:</u></b> Wilkes Barre Health Department:	Presented by Kady McGlynn, Paul Baloga, Debbie Regina
4:13 – 4:27PM	<b><u>Open Floor for Questions:</u></b> -Sonny asked if there are any demographics that are unique to this area.	

	<p>Kady answered they have a large population of childhood poverty in the area. They have residents from Latino countries, Ukraine, Hati, and Dominican Republic.</p> <p>-Rob asked how many diagnoses have been made in the last year and what are the department's biggest challenges? Debbie answered last year they had 3 new diagnosed within their clinic, but 8-10. Debbie noted that the most challenging part was getting partners information from clients.</p> <p>-Rob asked about the linkage to care and barriers to receiving care. Debbie answered that connecting to care has not been a problem. Another member recognized Caring Communities agency as a viable option for case management services.</p> <p>-Audience member asked about specific challenges faced by new immigrants in the area and the barriers that the health department is facing. Kady answered that the language barrier is a challenge for some immigrant groups more than others, specifically the Haitian Creole population. Kady also indicated the cultural differences surrounding the acceptance of the seriousness of the diagnosis is challenging. Sonny suggested using religious/spiritual leaders to help overcome the language and cultural barriers in some way that doesn't violate HIPAA. Kady indicated that because of HIPAA that is not a current viable option unless those individuals are tied to the organization.</p> <p>-A question in the chat asked if the agency worked with those returning home from the prison system and if they face housing challenges. Kady confirmed her agency has gone into the county correctional facility system and linked clients to services, but that those specific clients left the area. Debbie answered that they have not had housing issues recently with Luzerne County Correctional Facility.</p>	
4:27 – 4:48PM	<p><b>Presentation:</b> PA Dept of Health: Bureau of Communicable Diseases: Division of HIV Health, Division Overview</p>	Presented by Tyler Bate
4:48 – 5:00PM	<p>-Audience member asked what emergency financial assistance through the Ryan White service division could be used for. Presenters answered that it could be used for things such as temporary rental assistance or utility bills. Audience member asked how long it takes to receive assistance. Presenter said once an intake is completed through a participating agency, it could be immediate, it depends on the client situation. Funds cannot pay for things like car tires, but can help in other ways to free up money used by the individual to buy such things on their own. The wait time to see a provider varies, some may have same-day openings, others, may be a few weeks out, but once the intake is completed, services can be quite immediate if need be.</p> <p>-Audience member asked where clients who need housing assistance</p>	

<p>5:00 – 5:03PM</p>	<p>are sent.</p> <p>Presenter stated that they do have payer of last resort in the area, but they do not send clients to facilities knowing they are already unable to take them. They send clients where there is room; hotels if needed. Placement depends on the client’s needs and situation. Audience member requested presenter keep Trauma Informed language in mind when answering questions. Presenter apologized, restating thought and added that their region was one of the first to advocate for clients to have hotels as viable options. Audience member asked what rules need to be followed to be permitted to stay in a hotel. Presenter stated that no extra guests are permitted in the rooms. Clients that have required police presence, or clients that destroyed/damaged hotel property are generally not permitted back. The agency tries to accommodate clients as much as possible, finding housing options for clients and even their pets.</p> <p>Audience member shared that he utilized these services in the past and their provider no longer permitted hotels.</p> <p>Chat member Michael Whitmer indicated that it depends on the region if they provide this service. Audience member commented that case managers are crucial to care and success.</p> <p>-Presentation slides continued and concluded</p>	
<p>5:21 - 5:32PM</p> <p>5:35 – 6:01PM</p>	<p><b><u>Presentation:</u></b> Northwest Regional Overview:</p> <p>-In the chat, Theresa asked what psychosocial supports are provided. Miriam answered that it differs from mental health, but it can include support groups or in home counseling.</p> <p>-Chat member asked if peer psychosocial groups are utilized. Miriam confirmed there is a Project TEACH (treatment, education, activist, combating HIV) program that is undergoing some changes and rebranding, but that it consists of peer collaboration and assistance to clients.</p> <p>-Audience member asked about dental services. Amanda stated that dental services are offered either in-house through various agencies or agreements with providers, allowing clients to get treatment regardless of insurance coverage. Amanda stated that vision coverage is also now incorporated into their housing screening process.</p> <p>-Audience member asked about known gaps in service, or areas to be improved. Amanda indicated a lack of funding to pay for necessities for clients (clothing, household goods), mental health services, as well as drug and alcohol treatment services that are available within a timely manner.</p> <p>A case manager in attendance thought there were deficits for Spanish speaking mental health services, indicating only 1 Spanish speaking counselor meant a 2–3-year waitlist. They also felt another challenge was that those the people seeking assistance want to work but are</p>	<p>Presented by: Miriam Bakewell and colleague</p>

	<p>unable without a Social Security card or work visa.</p> <p>-Audience member asked if there were any solutions for services for clients with hearing impairments. Presenters indicated there is no solution now; services assisting these clients do exist, but they need to be expanded. Additionally, there are some funding sources to help clients get hearing aids. Employment services were also suggested to be expanded in the future.</p> <p>-Audience member asked if the presenter has worked with anyone with HIV within the agency. Presenter affirmed that a few individuals have disclosed it in the agency.</p> <p>-Audience member encouraged presenters to support their staff members who have HIV to prevent those staff from feeling targeted by others. Audience member indicated a need for an HIV support system for those working in HIV care to address the vicarious trauma that occurs from working in the field.</p> <p>-Audience member asked how patients get medication. Presenter said when the client has been enrolled in medical care and case management, they are set up to receive their medications that day or the next day through local pharmacies.</p> <p>-Another presenter also stated that they do not know about the HIV status of the individuals they work with, but that they encourage the Project TEACH program mentioned earlier.</p> <p>-Audience member mentioned a workgroup focused on employment may be helpful.</p> <p>-Audience member mentioned 340B funding for pharmacy. Presenter indicated that there are programs to help diffuse the cost, but they have constraints.</p> <p>-Theresa in the chat mentioned that there are different TEACH programs: women TEACH, faithful TEACH, Youth TEACH, Amazing Alumni TEACH, and TEACH outside.</p>	
<p>6:02 – 6:16PM</p>	<p><b><u>Townhall Open Floor for Questions:</u></b></p> <p>-Audience wanted to know what is being done to reduce mental health service wait times  Presenter indicated that there is a lack of qualified candidates in the area. There are open positions that are not being filled. The criteria is being reevaluated to see if qualifications need to be adjusted.  Mari Jane asked for clarification that are a lack of mental health professionals in general as well as a lack of bilingual professionals.  Mari Jane also asked to receive clarification that there are no inpatient beds in the area. Presenters indicated that a facility recently closed, which left only one provider with 10 beds. The presenter</p>	

	<p>stated that they thought the facility was only accepting private insurance clients. Guisinger will have an inpatient facility, but it has not opened yet.</p> <p>Audience members commented on the lack of mental health services across the country in addition to just this area.</p> <p>-Provider indicated that case managers asked for trauma informed care training. In June the agency will be offering a 1-day, 8-hour workshop to address this need.</p> <p>-In the chat Michael Whitmer asked if there was a way to remove the master's degree requirement.</p> <p>Provider indicated they have expanded the skills and experience needed for case managers and other positions but believes that the requirements for licensure are set by the state. State requirements will be researched and followed up with the HPG.</p> <p>Audience member indicated it is a liability issue to hire individuals who are not properly trained in these mental health positions.</p> <p>-Audience member asked if the mental health positions that are not being filled are grant funded and if they have prescribing duties with them.</p> <p>Presenter said that services within Ryan White have staff able to prescribe mental health medications.</p> <p>Audience member asked if a grant could be sought to hire staff with prescriber capabilities.</p>	

### Thursday, May 2, 2024

<b><u>Time</u></b>	<b><u>Topic/Discussion</u></b>	<b><u>Actions</u></b>
9:00 – 9:02AM	<p><b><u>Meeting Call to Order and Impressions of Day 1:</u></b></p> <p>-Discussion on May 1 was productive and helpful but more HIV positive persons needed to participate</p> <p>-Representation from prevention, direct providers, and regional grantees</p>	<p>Rob Pompa called the meeting to order.</p> <p>Rob and Mari Jane Salem-Noll gave their impressions of day 1.</p>
9:03 – 9:10AM	<p><b><u>Attendance and Meeting Procedural Concerns:</u></b></p> <p>-Members participating online were reminded to use the chat feature to participate.</p> <p>-Attendance for the meeting consists of 14 members. A quorum of 14 needed to vote was discussed.</p> <p>-Pitt staff will take over the distribution list.</p>	<p>Kyle Fait led procedural concerns.</p> <p>Attendance was recorded for members present in the room and those participating online.</p>

	<p>-Group’s goal to meet in each region of the state will be reached in August. At the conclusion of the upcoming Townhall in August, each region of the state has been represented.</p> <p><u>HPG Members Present:</u>  In-person:  Liza Conyers  Sonny Concepcion  Lupe Diaz  Carlos Dominguez  Natasha Gorham  Rob Pompa  Miguel Rodriguez  Ginder Scaife  Rachel Schaffer  Gary Snyder  Clint Steib  Satina Thomas  Michael Witmer</p> <p>Online:  Emma Seagle  Papandreas, Anne  Haar, Katherine  Michelle Troxelle  Teresa Sullivan</p> <p><u>PA Department of Health/Division of HIV Health Present:</u>  Mari Jane Salem-Noll  Kyle Fait  Kendra Parry  John Haines  Michelle Rossi</p> <p><u>Guests/DOH/Online participants:</u>  Reyes, Sara  Smith, Robert  Margraf, Jessica  Hoffmaster, Jessie  Clarke, Michelle  Schatz, Cameron  Sharon Whitebread  Orkis, Lauren  Sabolcik, Kimberly  Mackey Friedman</p>	
9:10 –9:11AM	<b><u>Review of March 27 and 28 Meeting Content</u></b>	Kyle Fait led review

<p>9:11– 9:13AM</p>	<p><b><u>Approval of March 27 and 28 Meeting Minutes:</u></b></p> <p><b><u>Corrections:</u></b></p> <ul style="list-style-type: none"> <li>-Lupe Diaz was not in attendance at the last meeting.</li> <li>-Best Western was listed as location but it was the Hilton</li> <li>-Katherine Haar was in attendance but was not listed.</li> </ul>	<p>Sonny moved to approve minutes; Liza Conyers seconded. Approved.</p>
<p>9:13 – 9:31AM</p>	<p><b><u>Questions/Announcements:</u></b></p> <ul style="list-style-type: none"> <li>-Gary asked if there are any updates on the HIV website Mari Jane indicated that there are ongoing meetings with the legal and IT departments at DOH for guidance on how to pay for subscriptions, but the website is currently functional. No plan is currently in place as a backup if funding is not secured. Pitt team is responsible for detailing when subscriptions are up and the corresponding costs. Sonny suggested that a proactive plan be formulated in the event funding falls through.</li> <li>-MAAETC Presentation is missing. And ATP was not present at the Townhall the day prior.</li> <li>-Recruitment assistance for the medical monitoring project is suggested by Michelle Clark. The program begins June 1.</li> <li>- Theresa Sullivan wanted to announce that the AIDS Education Month registration is now open. It will take place on June 27<sup>th</sup>. Links are also provided for the 2024 HIV Education Summit.</li> <li>-The Jewish Healthcare Foundation is seeking a letter of support from the HIV planning group for their initiative to end the HIV epidemic in Pennsylvania and has provided materials to review for the group’s opinions. They will attend the July HPG meeting to provide more formal information.</li> <li>-Kyle indicated a need for feedback on meeting a location site for next year. This year, two HPG meetings were held at Best Western, two at the Hilton in Harrisburg. Parking expenses make the Hilton costs prohibitive at this point. Planning for next year's venues needs to include facilities with free parking. Costs need to stay under 50,000. At this point, several scheduling options exist. Best Western is an option for all four meetings if one or one and half day meetings are conducive. Another option would be to hold two meetings at Best Western and two at the Penn Harris. Prior concerns about Penn Harris seem to have been resolved at the SPBP Advisory Council meetings. The last option would be to hold 3 full-day meetings at Best Western and hold the fourth at the Penn Harris. It was suggested that a survey be developed for group input on venue and schedule options.</li> <li>-A request was made for the MMP information to be sent out.</li> </ul>	<p>Kyle Fait led discussions</p>

9:31 – 9:35AM	<p><b><u>Employment Work Group Updates:</u></b></p> <p>-Temple and the Office of Vocational Rehabilitation are working collaboratively with the group.  A draft survey was sent out for pilot testing, and changes are being made, but another pilot test is needed and will then need approval. Temple in conjunction with OVR is conducting needs assessments for people with immunodeficiencies like HIV and long Covid. 20 individual interviews will be conducted instead of focus groups, and protocols for the structure are currently in development. Within the survey that is currently being piloted, individuals will have the option to select pain research and provide their name. The 20 individuals will come from this list. The findings will go into the CSNA report to Temple who will present it to OVR.  The group meets every other Tuesday from 11AM-12PM if anyone is interested in joining.</p>	Presented by Liza Conyers
9:36 – 9:43AM	<p><b><u>Aging and Disabilities Work Group Updates:</u></b></p> <p>-The current vision of the aging workgroup is to gather information about chronological age, disease progression and disability. The primary focus is on those over 50 years of age, and then chronological aging. They are also focused on working with the providers.</p> <p>-Pitt staff supports the group by reviewing and providing literature for the group. They will continue to review data for individuals who are over 50. The next step is to review materials on individuals who are chronologically aging. This means those who are not over 50 years of age but have lived with HIV for years. This includes perinatal infections. Recommendations will be then relayed to the HPG.</p> <p>-There is also a representative from the Department of Aging now participating in the group.</p>	Presented by Sharita Flaherty and Michael Whitmer
9:44 – 10:32AM	<p><b><u>Presentation:</u></b> The Pennsylvania Housing Opportunities for Persons with AIDS Program (HOPWA):</p> <p>-Three HOPWA programs exist in PA that receive HUD funding: Philadelphia HOPWA(includes Philadelphia County, Bucks, Montgomery, Chester Delaware), Pittsburgh HOPWA(includes Allegheny, Beaver, Butler, Armstrong, Washington, Westmoreland, and Fayette) and the PA HOPWA program are covered by all the remaining except for White County which falls under New Jersey. 54 counties are covered (including 18 metropolitan areas) and divided into 6 regions which align with the Ryan White program.</p> <p>-A question was asked if criminal records and credit scores were determining factors for the program.  Monica stated that criminal records and credit score are not factors in qualifying for the program. Some programs do require two forms of income verification (tenant based). The program is checking if</p>	Presented by Monica Woodring



	<p>individuals can budget appropriately, not to account for how all money is being spent by the client. The focus of the program is to ensure clients have safe stable housing. Some programs have more requirements because the client is receiving ongoing assistance, so assets may be considered.</p> <p>A question was asked about specific situations pertaining to assets. Monica did not get into the specific list as the requirements are being updated.</p> <p>Rob commented that the process can be quite invasive and lends itself to clients feeling more stigma.</p> <p>-HOPWA applies to individuals without income and any time a person is added to the household it will trigger a review. This member of the household does not need to be a familial member, non-relational caretakers would trigger a review.</p> <p>A question was asked as to why some regions review every 6 months not yearly.</p> <p>Monica responded that HUD requires yearly reviews, but regions are free to perform them more frequently.</p> <p>A member responded that these reviews trigger clients to feel pressure, stress, and judgement which may push them back into homelessness rather than deal with the stress of the reviews. Rob added that some clients are using funds in ways that will get them thrown out of programs and it lends itself to furthering the stigma of substance abuse and lack of health care.</p> <p>Monica added that the agencies doing reviews may be performing them due to internal issues like budgets, which have nothing to do with clients. It is up to case managers to relay to clients this reasoning to assuage client concerns. Monica stated that adding case manager training could help address potential prejudices in the review process. Monica also stated that HUD is reviewing their processes to make the program less stigmatizing.</p> <p>-A member commented that case management reaching out and checking in with clients makes a difference in feeling supported and reduces stigma.</p> <p>-A comment was made that clients need to provide feedback to agencies about the quality of case management services.</p> <p>-HOPWA only utilizes 1% of HUD’s budget but provides valuable support to clients. Requirements for more in-depth housing inspections from HUD are proposed to change October 1, 2024, to align with the national standards for physical inspection of real estate act requirements.</p>	
<p>10:55AM-11:58PM</p>	<p><b><u>HPG Subcommittees: Aging with HIV Needs Assessment May 2024 Update:</u></b></p> <p>-Paul and Naima will be support facilitators from Pitt. Naima will be the lead for the comprehensive statewide needs assessment. Teagan O’Malley and Harley Roth are assisting with the</p>	<p>Speakers: Naima Kimotho, Sarah Krier, Mack Friedman</p>

assessment. This assessment was run for three months.

-Mack Friedman joined today as he has experience working with aging, and grants with NIH pertaining to aging and HIV.

-This is the needs assessment for the HPG this year. Pitt will help with language formatting, wording literacy, the survey flow, and the non-research IRB process. Pitt will also distribute the survey and work through the incentive process. They will also collect data, incorporating feedback, and report back to the I and I and HPG with the findings while supporting the committee to develop changes based on the findings.

-Help HIV was contacted and was able to share their survey tool. They were interested in possibly collaborating for an update on their survey tool.

-The survey's purpose is still being determined but has been proposed to address the challenges of the aging population and better understand where it lacks resources. Other possible topics include what individuals need and how responsive or helpful the services are.

-The survey's distribution was proposed to take place through the SPBP, case managers, and/or social media. Using social media platforms runs the risk of individuals completing it more than once. The Stigma Survey, that was distributed using the SPBP, did not include individuals with Medicaid.

- The survey's purpose is to assess those 50 and older, but, if possible, the survey could also assess long term survivors.

-It may be possible to send the surveys to Medicaid, but the HPG would need to provide the documents, as well as any printing and shipping costs.

-Previous meeting notes were referenced for guidance on questions: Is it typical to provide compensation? Some questions need to be more service oriented to meet the needs of the clients. Questions may be taken out or formatted to streamline the survey and make sure it meets the requirements of the integrated plan. The goal was to complete and distribute it by summer.

-Pitt will send out the slides and ask for member's feedback on the survey. Once the survey is finalized, it will need approval from the DOH, then Pitt's IRB.

-Dr. Mack Freidman commented that it is possible to get "bot" responses from the survey. It will be important to screen these responses to obtain valid metrics. He also stated that there are certain resiliency and protective factors for those who are aging and living with HIV. Two other points that may be helpful to consider are

mindfulness and self-perception. Mindfulness and self-perception point to whether individuals are getting the care they need. The mindfulness aspect can be assessed using a short question scale. The scale assesses how people are accepting their conditions. He is willing to share this resource with the group. Social services are another aspect besides medical care that improves quality and satisfaction of life.

-Interviewees will be paid, but completion of the survey will not be paid unless the committee obtains funding.

-There is still no resolution pertaining to the distribution of the survey. Two-step authentication might be an option if the survey will be offered online. Case managers may be able to distribute them in-person to avoid the technology concerns. This was the format for distributing the Stigma Survey. A QR code could be utilized while clients are waiting to meet with their case managers and case managers could then help them fill out the survey if they have questions, or if clients lack a smart phone, they may be able to utilize the providers' technology to complete the survey. The QR codes could be placed in community centers, soup kitchens, and doctor's offices, to reach people where they are.

-When drafting the questions it may be helpful to avoid jargon language that clients may not fully understand. Spelling out questions in a way that gets at the concern without linguistics getting in the way: "Are you receiving services in your home language/preferred language?"

-Surveys have been handed out in years past to case management for distribution. The concern is that Part B and C clients may not be accurately represented.

-The survey will be anonymous, so there will be no way to track client needs and get them assistance based on their answers.

-It was unclear if the Department of Aging could collaborate since a representative is already a part of the group.

-It was suggested that the survey be sent out for member feedback. Each question could be evaluated for its ability to reflect on the survey's broader interest and help create a more direct focus.

-A benchmark needs to be determined as to how many completed surveys will constitute success.

-It was suggested that Pitt research past needs assessments to get a better picture on potential directions for the survey. Sara suggested connecting with members who were absent and meeting again before July. The email list of members needs to be updated. Teagen sent out a report on the intersectional stigma intervention concept through the I and I subcommittee list. The

	email summarizes the process and the seven intervention concepts, and it will be resent with the updated email list.	
12 – 1PM	<b><u>Lunch</u></b>	
1 – 1:15PM	<p><b><u>Reminders and Updates</u></b></p> <p>-QR Codes were passed out and members were reminded to complete them before leaving.</p> <p>-Sarah provided an update from Pitt staff. The project required restructuring due to the loss of funds. After a 3-month hiatus, the purchase order funding was approved in late March. It was the longest time in the project's 30-year history that it was without funding. This required the termination of some staff to make the HPCP sustainable long term while still engaging in the important activities it provides. It has been a difficult transition, but Sarah and the staff are hopeful and grateful to continue this important work.</p> <p>-The names of the members of the Pitt staff were read to be recognized and appreciated for their time and efforts contributed to the group: Corrine Bozich, Mike Zolovich, DJ Stemmler, Luis Archila, Dave Stefanac, Greg Fisher, Scott Arrowood, and Nayck Feliz.</p> <p>Sarah indicated that she is unsure if anyone has been able to transition to other positions within the Pitt system but is hopeful that some will be able to stay in other capacities.</p> <p>Sonny and Clint offered to help Pitt staff.</p> <p>-Mari Jane stated that in the absence of Pitt staff for three months, the division picked up the duties of missing individuals and had new collaborations with other groups like IT and facilitation. The collaboration between teams will be continued in the future. Mari Jane asked about the technical concerns of the new equipment being used in the meeting.</p> <p>Ray indicated that the sound mixer, speakers, and microphones are all utilized today. A microphone receiver is not present, and that is why microphones were changed to simplify the system. The Owls System proposed for use is not being utilized today. Pitt will be offering the HPCP staff training on its use in the future. The hope is that the system will make the recording/sound system much easier to use. Ray is hopeful that by making these streamline changes, it will be easier for any staff member to set up and use the system if Ray is not in attendance. The technology issues have improved since the SPBP meeting, but there are still some concerns. Ray wanted to thank everyone for their support of the Pitt staff and reiterate that the HPCP staff are excited to be back.</p> <p>-Mari Jane asked that the Pitt team focus on keeping the virtual audience engaged.</p> <p>-Ray discussed his work in outreach of HIV prevention field, for the last 15-20 years. He worked in outreach projects like encouraging</p>	Speakers: Sarah Krier, David Givens, Mari Jane, Ray Yeo

	<p>safe sex practices and helping to sending out testing kits with Jeremy from Penn State. He worked with Liza to create an online platform where people could have the test kits mailed directly to them.</p> <p>-Sonny is concerned that the camera equipment should be set up differently, so that it is more engaged to those participating remotely. Ray agreed that he will be using a different set up that moves around the room to record those speaking.</p>	
<p>1:15 – 1:35PM</p>	<p><b><u>Subcommittee Updates:</u></b></p> <p>-Liza led the I and I update. I and I discussed with HPCP where the group is currently. The HPCP helped to create a flow by laying out the contracts for the survey. They reviewed the survey, comparing it to other national surveys to help point out possible avenues to explore and programed it into the system, so that it can be viewed. The HPCP asked some questions about the purpose of the survey, distribution of the survey, use of survey results, combating online “bots” and the length of the survey. Discussions are ongoing. A follow-up meeting will be scheduled before the next HPG meeting. The Stigma Survey was discussed, and Tegan had a Power Point presentation, but the group ran out of time before viewing it. The Stigma Survey was sent out, but it will be sent out again, to make sure it is focused on once again.</p> <p>-Rachel led the evaluation discussion. Michelle led the activity at the meeting and a 6-month pilot program will be started by July. Co-county and reach are going to have additional training on Snope. If it is successful, a 6-month trial will commence statewide. The group will get a 6-month trial update. At the July meeting, prep talking points will be discussed with the evaluation committee. Outreach and prep funding sources were also discussed.</p>	<p>Presented by Liza Conyers; Rachel Shaffer</p>
<p>1:35 – 1:42PM</p>	<p><b><u>Protocol Discussion:</u></b></p> <p>-This month’s meeting focused on the proposed changes to section 6. Section 6 was sent out previously with comparisons at the left and right. After review, a discussion would take place. On the hard copy provided, the right-side outlines current language, the left the proposed changes. Items in blue indicate changes. Community members will be changed to community representatives, as previously voted on. The goal of the protocol group is to make the document easier to read and more concise, so some items were also moved. Sections 7, 8, 9, and 10 still need to be completed. The goal is to have it done by the year's end.</p> <p>-Rob added that the group was achieving its mission to streamline and correct the document.</p> <p>-The goal is to look at Protocols annually instead of waiting an extended amount of time. Anyone who is interested in joining, can reach out to David, Gary, or Rachel</p>	<p>Presented by: Gary Snyder;</p> <p>Rob motioned to approve the changes; Liza seconded. Motion approved.</p>

1:43 – 3:30PM

**Stakeholder Engagement Plan**

-Paul started last July to work on stakeholder engagement on behalf of the HPG. Paul gave a PowerPoint presentation.

-Rob asked if Paul was willing to lead the group in a conversation cafe in an upcoming meeting so everyone can better understand the format. Paul agreed to discuss it in more detail.

Paul encouraged group members to discuss it in more detail outside of the HPG meetings. Paul's contact information can be found within the slide presentation.

-Rob asked why the timeline was set up to wait until September for implementation. Paul indicated that the conversation cafe is to be used to develop a better understanding of where the interests of the group and clients lie. When the conversation cafes have taken place, they can be used to then formulate a more directed plan and a facilitated discussion around the specific invested topics can take place. Paul encouraged members to email, text, or call him to discuss topics and suggestions in an ongoing manner, outside of the formal group meetings so the progress can continue.

-Mari Jane liked the idea of the cafe but indicated that some people may not feel comfortable talking in the cafe setting, and a survey was suggested.

Paul agreed that it was a good idea to implement other means of discussing because one format will not work for every group. Paul stated the cafes are an opportunity for the group of stakeholders to relay new information.

Rob asked if anyone in the group had ever participated in a cafe. No one had, and Rob felt that the experience with the cafe was an effective tool.

Mari Jane asked what could be lost by placing parameters around the conversation cafes.

Paul indicated time is a valuable resource and the plan is to be flexible with how it is used. If it is discovered that the same topics keep coming up, it may be prudent to discontinue the cafes and utilize a focus group. Or it could be the opposite, that the cafes lead to topic discussions that have never been brought up before.

A question was asked, about how will the conversation cafes be recorded?

Paul indicated that only the debriefs for each group will be recorded and analyzed. The group representative indicated this was a great idea since some community representatives are hesitant to disclose their HIV status.

Another question was how with the cafe groups ensure diversity.

Paul indicated that any means of sampling: conversation cafe, focus group, interviews, surveys, needs to have broad representation.

Prevention groups could also be run with the cafe format, because although they may not have HIV, they are still stakeholders.

Presented by:  
Paul Kabera

Clint motioned to approve a timeline for the project and a flexible collaborative approach to implementation. Lupe seconded. Motion passed.

A follow-up question asked about measures in place to assure groups are representative of diverse groups.

Paul stated that once approval was obtained, and scheduling can begin as soon as possible. Shepherd Wellness has been rescheduled for June 20. Paul will begin contacting individuals across the state to coordinate the cafes and develop a broad swath of participants.

A question was asked if the cafes could be virtual as well as in person.

Paul said groups are typically held in-person because the interpersonal dynamics in-person are different, and because of the group's interactive nature. Paul indicated he will provide groups with markers and a flipchart to encourage individuals to “doodle” and draw out their experiences. It can lead to powerful discussions. Paul said a virtual option could work as well if breakout rooms were able to utilize this drawing method.

Rob said a virtual conversation cafe format has been utilized before with success.

A virtual focus group is another viable option.

David said there is only one HPG meeting and one Townhall before the September start date. This September start date is not as far off as it seems.

-Mari Jane asked for Paul’s definition of a stakeholder.

Paul responded it is “anyone that could be impacted by the work that you did.”

Mari Jane asked if a plan could be developed as to how the diversity of the groups will be reached.

Paul suggested creating a brief plan to be developed for a formal vote of approval at the July meeting.

-Liza wondered why the groups will be recorded.

Paul said he will use the recordings to construct a report on the group. He will use the drawings and notes of the group to better understand the groups’ thoughts and concerns.

The concern for recording individuals’ faces was brought up. A question was asked about the added value to the process of using the individuals’ faces. It was asked if the groups could have only their dialog recorded, while Paul was the only one seen on camera. A secondary question was also asked about the term Paul used, “human intelligence,” and what that meant.

Rob followed up the questions by adding that it is very difficult to get individuals to participate in activities where they need to be on camera.

Paul agreed that audio recordings could be used instead. Paul also stated that artificial intelligence would not be used. Whether the cafes used video or audio recordings would need to be decided ahead of the meetings and consent obtained from all group members.

Clint motioned for the approval to move ahead with the proposal.

Before a second could occur, a question about getting representation from across the state was asked.

Paul said that he would like to travel to the rural parts of the state and hold meetings in those areas.

	<p>David also added that they would utilize past resources going to regional grantees, FQHCs, known community groups who work with underrepresented or under resourced communities, as well as the stakeholders in the groups.</p> <p>Rob wondered if there would be other individuals running the groups, such as other staff or volunteers.</p> <p>Paul said the goal is to have community partners from each region. That individual will be the representation of that individual group.</p> <p>-Clint restated his motion to move forward with a timeline for the project. There were multiple questions and concerns about the proposal from multiple group members. It was concluded that the project was already approved last November and now the approval is to produce a more tangible timeline and how to proceed.</p>	
3:30 – 3:35PM	<p><b><u>Parking Lot</u></b></p> <p>-Rachel felt that the two-day meeting format was most conducive to the format of the group. A one-day or one-and-a-half-day format may not be productive.</p> <p>Rob encouraged the feedback to be included in the QR code survey.</p>	Kyle Fait led the discussion
3:35PM	<p><b><u>Summary and Dismissal</u></b></p>	Sonny Concepcion led the discussion and dismissed the meeting