

**DRAFT**

**Pennsylvania Department of Health**

**HIV Planning Meeting**

**October 1, 2024**

**Location: Virtual: Microsoft Teams Platform**

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**Tuesday, October 1, 2024**

<b><u>Time:</u></b>	<b><u>Topic/Discussion:</u></b>	<b><u>Action:</u></b>
9:07 AM	<b><u>Meeting Call to Order:</u></b> -Jill Garland announced that she is the current acting Division Co-Chair. Moira Foster will be taking over as the Division Director with a start date of October 19. She is on the call today.	Called to order by Sonny Concepcion
9:08 AM	<b><u>Attendance and Meeting Reminders:</u></b> -Agenda and online meeting procedures discussed.	Led by David Givens
	<b><u>Attendance:</u></b> <b><u>HPG Community Representatives:</u></b> Sonny Concepcion Lupe Diaz Liza Conyers Carlos Dominguez Nicola D’Souza Sharita Flaherty Andre Ford Natasha Gorham Shenika Rose Ginger Scaife Rachel Schaffer Gary Snyder Clint Steib Teresa Sullivan Michael Tikili Katherine Haar Michael Witmer  <b><u>A Department of Health/Division of HIV Health Present/Guests:</u></b> Kyle Fait Jill Garland Monisola Malomo Amanda Hodges Ann Ferguson Ashley Durham Emma Seagle Godwin Obiri Kim Sabolcik	Led by Kyle Fait; Attendance was recorded for members participating online by a vocal roll call of those in attendance

	<p>Rob Smith  Madison Toney  Sara Wojciechowski  Monica Woodring  Michelle Schlegelmilch  Cameron Schatz  Savannah Runco  Moirra Foster  Michelle Clark  Lauren Orkis  Kendra Parry  John Haines  Michelle Rossi  Sara Reyes  Jeremy Sandberg  Ken McGarvey  Cheryl Henne  Jon Steiner  Allison Prim  Jan Davis  Kaitlin Salvati  Nicole Feighner  Jacqueline Brenner  Becky Flaherty</p> <p><u>University of Pittsburgh Staff:</u>  David Givens  Paul Kabera  Kristen Growden  Sarah Krier  Naima Kimotho</p>	
<p>9:30 AM –  9:32 AM</p>	<p><b><u>Review of July Meeting Minutes:</u></b>  -A review of the July Meeting Minutes was conducted.  There were no proposed changes</p>	<p>Led by Kyle  Fait;  Theresa  Sullivan  motioned to  approve  meeting  minutes  Lupe Diaz  seconded.  Motion passed.</p>
<p>9:35 AM –  9:38 AM</p>	<p><b><u>Meeting Agenda:</u></b>  -The mediation process that would take place at today’s meeting was discussed. Sonny was asked to be the Co-Chair by the DOH prior to today’s meeting. Sonny will be acting as the Community Co-Chair for this two-day meeting.</p>	<p>Led by Sonny  Concepcion</p>
<p>9:38 AM –  10:30 AM</p>	<p><b><u>Mediation:</u></b>  -Becky said the goal of this medication process was to help the group move forward. She asked the representatives to discuss the survey results from July’s meeting. The meeting successes were introduced</p>	<p>Led by Becky  Flaherty.  Introduction by  David Givens</p>

first: Conversation Café, Tech Improvements, and Informative Presentation from Dr. Ho.

Several group members indicated that Paul did a nice job with the Conversation Café. People said that it would be helpful to replicate them in the future, or to add other group activities. Other representatives felt that Dr. Ho's and Michelle Schlegelmilch's presentations went well

-Becky discussed areas for improvement based on the group surveys: board interactions (the interactions with members sitting at the table), meeting etiquette, and voting process. People identified that some board members were disrespectful (side conversations were distracting to the meeting), and some representatives were absent during the voting process which hindered the meeting.

-Becky asked what could be improved to foster a more respectful meeting environment. A representative felt that there was no communication from the Department of Health about the change in Co-chairs at the meeting, so there were side conversations because people were processing this news. Becky said that clearer communication is needed prior to the start of meetings.

-It was asked if each meeting could start with ground rule reminders about respect and appropriate behaviors. Sonny indicated that it would be discussed at the next Steering Committee meeting and how to implement it at the next in-person meeting.

A representative suggested it be noted as meeting promises instead of community agreements and ground rules. It was also suggested that problematic behaviors in meetings be addressed immediately. Becky indicated that promises could help hold members to a degree of accountability. She also indicated that the group expressed interest in facilitated meetings. After today's meeting, the feedback will be gathered in a document, and the suggestions will be explored. A representative suggested reading a mission statement at the beginning of the meeting. Becky thought that was a helpful suggestion. She also suggested the group read a story to help center everyone on the work and goals of the organization.

-Becky indicated that the group had leadership concerns due to the absence of the Co-Chair from the July meeting. Leadership duties and responsibilities was another identified topic identified as problematic. Becky asked how the leadership could be "strengthened to ensure more consistent participation." She wondered if a Co-Chair accountability structure could be developed. Sonny indicated that the Steering Committee will be addressing some of these concerns.

-Becky reflected that there could be more clarity on the Co-Chair's role of bringing the group back on topic if it begins to stray. Representatives indicated that changes to the protocols are being evaluated and will address these concerns. The changes will be brought up at the November meeting for a vote. New HPG representatives will receive a copy of the rules/protocols upon joining the group in the new

calendar year. They can be used as reminders about how meetings are to be conducted.

-A protocols discussion will take place at tomorrow's meeting and the presentation has been sent out to the HPG, though typically it would be emailed prior. Becky suggested a standard be set about when information is distributed to the group.

-A representative asked for Becky's input on what to do when a chair takes control of a meeting. Becky suggested that the group wants to find out who should step in to take back control of a meeting if that should happen again.

There was dialog about who should have intervened: the Division Co-Chair, the Community Representatives, but the consensus was that it was a difficult situation with no clear answer.

Another representative felt the problem was that there were no explicit rules/roles to follow with a point of order to call.

Becky reminded everyone that sometimes in groups people do not confront situations because they may feel powerless about confronting them. To prevent it from happening again, roles and procedures need clarified.

It was suggested that the ideas posed be looked at through a trauma informed lens because those in attendance may be activated by the topics at hand.

-It was agreed by multiple individuals in attendance, that the situation was unprecedented and traumatic for everyone involved, but it can be used as a learning opportunity. To move forward, policies should be in place to prevent any other situation in the future. A hierarchy of roles will help defray worry about who will intervene should a similar situation arise.

Becky wondered if groups could be facilitated to rebuild trust and safety.

-A representative brought up that section 10.4 of the protocols document discusses Governing Ground Rules, but that it was not addressed in the meeting. It was a failure to not bring this up during the meeting, and the group should take ownership that it was not one person's fault.

-Becky said that although everyone is discussing who should have intervened, and how it could have come about, it may be important to realize that giving some grace to the situation is warranted. She suggested that to address the lack of trust, a set of understandings (discussed at the beginning of meetings) could be helpful so that protocols do not need to be memorized verbatim. Becky wondered if it is possible to take the protocols and turn them into a "living document" that is discussed at each meeting and reviewed/utilized often.

-Some representatives felt that the situation was too escalated to be dealt with through a protocols discussion, while others felt that there needs to be concrete ways to handle a chair that is not following the rules of a meeting. There was extensive dialog about the ramifications if the

	<p>Division of Health would have intervened in the situation. Some felt that it would have possibly led to a more intense situation if a Community Representative was shut down from the DOH. Again, roles of Co-Chairs was discussed and how to prevent one individual from monopolizing a meeting.</p> <p>Becky suggested de-escalation training could be helpful.</p>	
<p>10:30 AM – 10:45 AM</p>	<p><b><u>Break</u></b></p>	
<p>10:45 AM – 11:00 AM</p>	<p><b><u>Mediation Discussion Continued:</u></b></p> <p>-There was representative dialog about when a Co-Chair is acting in their role of Co-Chair versus a person living with HIV. The consensus was that the situation in July was bordering on dangerous.</p> <p>-Several group representatives expressed experiencing discrimination in various ways as a part of the HPG. Representatives stated they experienced stigma, misgendering, transphobia, and racism while participating in the group. There were serious concerns about leadership’s ability to quell these systemic problems. Representatives reported experiencing these behaviors from others for years, and that it has been a traumatizing experience.</p> <p>-Becky said this mediation is not just about individuals involved in the July meeting, but how the HPG functions as a whole and seeing all of the problems. Getting to the root of the problem will involve more than just promises. Becky again stated that respect is a priority and recapped the discussion. Facilitated meetings and role clarity were two recommendations.</p> <p>-It was suggested that Pitt could expand their role to facilitate discussions or mitigate issues.</p> <p>-Becky indicated that she is not trained as a trauma informed therapist, so any problems or training that are specific to that topic may need to be facilitated by another mediator. She indicated her role is to review feedback and clarify the notes she has received. Several group members thanked Becky for that help.</p> <p>One group representative also hoped to provide and receive support to the group as they transition out of the role.</p> <p>-A summary of the mediation will be created using the transcript/recording of the meeting, and Becky will make recommendations to the Steering Committee. The November meeting will provide more clarity as to the next steps and improvements.</p> <p>-Sonny asked if Moira Foster would be the Division Co-Chair at the November meeting.</p> <p>It was discussed that historically the Division Director has served as the Co-Chair, but there is nothing in writing that says it must be the Division Director so there is a possibility that it may change. At this time, Moira Foster said she plans to be the Co-Chair in November.</p>	<p>Led by Becky Flaherty. Introduction by David Givens</p>

	<p>-Sonny asked if the group could discuss members who are leaving the group and unable to reapply. It was decided to wait until tomorrow to discuss it.</p>	
11:15 AM – 11:23 AM	<p><b><u>Announcements:</u></b></p> <p>-Updates from the Division were provided in a presentation. Michelle Clark is conducting the medical monitoring project.</p> <p>- A leadership roles/hierarchy chart for the Division was requested. One will be provided in the future.</p> <p>-Updates were sent via email to the distribution list.</p> <p>-Lydia Nieminen announced there will be a World Aids Day Virtual Event on December 4. Dr. Ken Ho will present as well as the regular series of speakers. More information will be emailed to the distribution list. MAAETC updates are included in the distribution list announcements. Paul and Niama should be contacted with any additional announcements.</p> <p>-Lauen Orkis posted the PA DOH Viral HP Public Health Administrator position.</p>	Led by Kyle Fait
11:25 AM – 11:52 AM	<p><b><u>HPG Work Group Updates:</u></b></p> <p>-Michael presented an Aging and Disabilities work group update. Medical Assistance for Workers with Disabilities (MAWD) was the focus. MAWD is a type of Medicaid for those who exceed the financial threshold for typical Medicaid. Individuals pay 5% of their income toward their premium and co-pays. Many people are included in Part B Medicaid and have help paying for the costs. Qualifications for the program are 250% of the federal poverty income, proof of work, proof of serious health condition, be a US resident for 5 years, have less than \$10,000 in assets (one car and house do not factor in) and be between the ages of 19-64 only. Not having Medicaid for people over 64 is detrimental: no access to transportation, limited dental and vision coverage, limited access to therapy services (Physical and Occupational), limited equipment coverage, and clients cover co-pays/co-insurance. The 64-year-old stipulation is not a federal mandate. Most other states have similar age rules, though some have differing limits. Some states use waivers with eligibility based on health conditions or meeting deductibles. The work group recommends that the DOH remove the age limits from MAWD program.</p> <p>-There were questions about how much it would cost to cover individuals who are currently excluded and what entity would be able to answer that question: the Treasury Department, Department of Human Services, or Department of Aging. Michael responded that Medicare would cover the bulk of the costs and that MAWD only picks up the costs after Medicare has paid. If the individuals are over 65 and do not have Medicare, then they will be on Medicaid. Jill said she is not familiar with this program and would need learn more</p>	Led by Michael Witmer and Liza Conyers

	<p>before moving forward. She would also investigate if any programs exist to cover the costs.</p> <p>Michael said there are programs in place that can help defray costs up to a certain income level and programs that can help with Medicare premiums. It may fall under a Medicare D plan that has more than the typical, but it is not the same.</p> <p>-Michael asked if it needed to be put to a vote. Representatives decided that the vote could be deferred, since the Division is investigating some aspects, and that it can wait until the plan needs to be updated. At that time, it will need to go through the formal process of addressing it.</p> <p>-Michael previously requested information from Pitt on HIV and Neuro-decline, identifying a speaker on Sex Health Screenings over 50, obtaining data on those who are over 50 who are living with late-stage HIV, those living with HIV on disability, and those born with HIV. Michael emphasized that with membership terms expiring, more people are needed in the group.</p> <p>-Jill announced that there was a fire alarm in her building and that she needed to leave the meeting. Moira Foster said she would fill in as Division Co-Chair.</p> <p>-Liza Conyers provided the update for the HIV and Employment work group. Liza stated that items were added to the MMP with Dr Oberi's help. The next meeting will be held Oct. 29, 11AM-12PM. They are typically held on the last Tuesday of the month. At this upcoming meeting, they plan to review items added to the MMP as it relates to employment and discuss if the survey needs updated. Temple University is in the process of addressing the problems with the survey. Liza has spoken to Dr. Obiery and Regan Morgan to add regional questions to the survey.</p> <p>-The Aging and Disability work group information has been added to the StopHIV website.</p> <p>-The CQM had no updates to provide at this time and would provide updates at the November meeting.</p> <p>-Kyle reminded everyone that they are always looking for new members for the work groups and that some Co-Chairs will be leaving, so new leadership will be required.</p>	
<p>11:52 AM – 1:00 PM</p>	<p><b><u>Lunch</u></b></p>	
<p>1:00PM – 2:00PM</p>	<p><b><u>HPG Subcommittees :</u></b> <b><u>Evaluation:</u></b></p> <p>-Kyle indicated that Aditi would have presented on DTC, but she left the role last week. David added that her departure was in the Announcements.</p> <p>-Kyle discussed Strategy 1A Data to Care approaches to reengage people living with HIV returning to care was the focus. The goal was to</p>	

prevent new HIV transmissions using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs). The key disparity metrics are testing and language. The goal is to identify individuals who have been previously diagnosed with HIV who are currently not receiving care. The need gap, barrier and priority population are all people living with HIV who are not receiving care, and the priority populations are black, indigenous, and people of color, and sexual and gender minorities (SGM communities). HIV surveillance is responsible for it. The database line is estimated at 105 people living with HIV as not receiving care as identified by 9 providers. The target outcome is to implement a central output model to reach and increase the numbers of the target population, and then implement a statewide program that identifies the target population.

-Michelle Rossi indicated that the central output model has been implemented, and the data is pulled from before Covid. During Covid, Data to Care was not completed since staff were needed for Covid concerns. It was not fully reestablished until 2022. The baseline data may now better reflect the activity.

-Ikechukwu Onukogu added that for a period, the spreadsheets did not reflect perinatal follow-ups that were done. Ike indicated that it was now on the list. As that information is obtained, it was given to Ike to add.

-Kyle said the second activity for the strategy is to provide linkage to reengage those who are previously diagnosed with HIV who are currently not in care. The gap is all people living with HIV not currently in care, and again the priority populations are black, indigenous, and people of color, and the SGM communities. The partner is HIV surveillance. The goal is increasing the number of people reengaged with care, with a target 25% increase in the number of people linked to care as a result of Data to Care.

-The third activity is to take Data to Care to all regions of the state. The targeted populations are the same, but the partners are the County Municipal Departments. This includes 2022 Data to Care sites, county municipal health departments, and 6 districts. The program is a central output model with a structured approach to identify the target population and facilitate their targeted needs. Information from PA NEDS and EHARS, claims from the SPBP, and Care Ware data are combined to create a list of individuals who are presumed to currently be in care. Monthly, the Data Care Coordinator sends the list of individuals to the Community Municipal Health Department (CMHD) and staff by region. The CMHD will reach out to those living with HIV to establish their care. The Data Coordinator will use PA NEDS to review all efforts to reach individuals.

-Michelle Rossi explained that Data to Care was to be implemented in 2018 at the start of a grant cycle. Initially they worked with providers who voluntarily provided information about individuals who were no longer participating in services. Staff were deployed to reach these individuals. The 105 number of individuals is from this list. Because it

was a small number of individuals participating, the move was to a central output model using data that was already accessible. They looked at lab work tracked through PA NEDS, prescriptions filled through the SPBP, and medical case management through Care Ware. If a person has not had any of those activities within the past year, they are placed on a list for outreach. There were 847 individuals identified as not in care through this process. They then investigated the reasons people were included on this list, but they may not have dropped out of care. Some reasons to be included were moving out of the region, not completing lab work within the 12-month time frame, or passing away. Staff then reached out to those left on the list.

Michelle said that this list does include incarcerated individuals, but that they would be qualified as out of jurisdiction because they are currently unable to be linked to care. The facility they are in should provide care, and staff would verify that. There is a linkage system for those leaving incarceration, but there is no statewide program that assists in data collection, and it is unclear if the current system is linking all individuals to them.

A representative wondered if such a program would help with loss of care.

Michelle thought it would be a valuable program to see if people are appropriately being connected to services.

The representative asked that a group be formed to explore the concern further.

Michelle indicated that no one on the HPG is from corrections. She will reach out to the department for more information.

A representative asked what is the difference between jurisdiction and central out of jurisdiction.

Michelle indicated that because Philadelphia has its own programs, the distinction is between Philadelphia and the rest of the state. Philadelphia has its own records and that they may not have access to.

Michelle would get specific numbers of those incarcerated versus those who moved and get back to the group.

Cheryl clarified that Ryan White does provide case managers who provide transition care to those who are incarcerated, but it may not be coordinated with Data to Care. MAI also provides services to those who are incarcerated, but they may not know in advance when a person is being released. Also, people may move to other areas after their release. It is not known how well this current system functions.

-Michelle indicated the Data to Care numbers may include those in Philadelphia, but that any Philadelphia cases are included because they were diagnosed in another county, and they then must determine if they still live outside of Philadelphia or if they are in Philadelphia.

-Michelle indicated that the state can be considered one entity, but that each county jail is its own. They would need to reach out to the state, or each county individually, to form a collaboration.

Cheryl added that the county system varies greatly. Grant requirements are typically referencing state and federal systems, and Ryan White funds are payer of last resort in those cases. County prisons are a different situation, so it would be different based on the system.

Michelle also added that from a prevention perspective, some counties contract out medical care, while others provide in-house services. Because of this, it is difficult to obtain the correct information. Michelle thought Petty may have information, but again, it is difficult to obtain.

-Michelle said the Data to Care list is pulled from activity from the last 12 months. Once you are placed on the list, you are followed for updates at 90 days, 6 months, and 180 days. It took place in the 2023 calendar year, but the program is reviewed on a rolling basis; each month the list is reviewed for changes. The numbers have been decreasing, thus showing its effectiveness. For CDC purposes, there are no specific marker for Data to Care, so parameters can be added.

-Michelle said ORR meant Outreach and Reengagement.

-A representative asked for clarification that when switching from the provider initial to the central office model if there was a large portion of individuals.

Michelle confirmed that their initial list incorrectly included individuals who were in care, due to a coding issue. The field staff were able to determine who was incorrectly placed on the list. Lexis Nexis is used to identify those who moved out of state, but people must be looked up individually. Aditi was performing this task. Michelle indicated that there are a limited number of licenses and permissions that allow staff to perform the searches. The field staff already have such a large job that the central office is running the searchers to alleviate some of the burden on staff. Michelle said that it is unclear if Aditi's position will be filled or if others will pick up the responsibilities of the position. Currently the partner in surveillance is essentially running the program.

-Michelle said the code for creating and maintaining the list is continuing to be improved. BIIT is the division IT department that assists with the process and email correspondence. The not-in-care list is now automatically sent to field staff instead of needing to be individually sent.

-A representative asked if the address search reflects whether an individual is incarcerated or not.

Michelle answered that it does not show if they are incarcerated. They can see if labs are completed within the corrections system, but that involves manually doing more investigation.

-Michelle said the document was created for the July meeting and does not reflect the changes that have occurred since then. The first training was held for field staff supervisors, but the state department supervisors still need training. If a person is in the system for 25 days and there is no documentation in NEDS, then the supervisor reaches out to staff to check on progress. PA NEDS has also added drop down menus to aid with documentation. They are approximately 50% completed with automating the communication between central office and field staff. Aditi was over seeing that process to assure the emails were being sent

correctly. The QA plan has not been developed at this time, but field staff always can provide suggestions.

-Gary indicated that at the November meeting, Day 1 would cover Strategy 5D on Enhancing Capacity Building and Technical Assistance training. Activities 87-91 are under the support pillar. Day 2 will cover 4D Ensuring Comprehensive Monitoring and Evaluation (Responding pillar with activity 71, 72) and also strategy 3F on the SPBP Customer Service line (treat pillar) to address the recommendations the group had.

-David and Kyle will coordinate to distribute the appropriate material. Gary indicated that the multiyear plan is on track. By the end of 2025 the goal is to have all of the activities (91 total) addressed and reviewed, so in 2026 there is time to review or develop a new 5-year plan.

**Intersection & Innovation:**

-Shekinah Rose expressed concern that the group needs new leadership. Shane Colbert has already left the HPG, and Shekinah is also leaving soon.

-Shekinah read 5.3.2 of the protocol aloud as an explanation of what the I & I entails. Stigma has been a large focus, and an intervention was developed with the hopes to get funding for an Aging with HIV survey. The group will need to decide if they would like to continue this work. She also asked if electing new leadership for the group would happen today.

Moira asked if the elections conversation has come up. She also said that the questionnaire will not be launched right now because they will be collaborating with the Aging and Disability work group and the needs assessment to create one survey.

It was clarified that the Aging and Disability Work Group proposed survey is targeted for providers, not consumers, so there is no overlap in the targeted populations.

-Sarah asked Paul if there were enough members present for a vote today.

Shekina was not sure how to move forward in the group if there were not enough members for a vote. Shekina also referenced 2.3, 5.3, and 10.3 of the protocols which she felt do not specify who may fill the chair role. Shekina was not sure how many members of the I & I are living with HIV, so she was not sure if it possible to nominate anyone who is living with it.

Paul suggested bringing the concern to the larger HPG group to see if anyone who is not a current member of the I & I would be willing to take over the role.

Shekina asked the I & I how they would feel about someone not currently in the group taking over leadership.

Sonny reminded the I & I that recruitment and loss of membership will be discussed tomorrow.

It was decided to postpone the topic until day 2.

-Michael said that the people who were incorrectly notified that their terms were up, were now informed that they could disregard the letter.

-Paul said Liza Conyers, Satina Thomas, Ginger Scaife, Kathrine Harr, Maureen Mulenga, Miguel Rodriguez and Michael Witmer are members. Miguel, Shekina, and Michael are the only voting members in attendance today. There were 34 people participating.

Sarah mentioned that others typically attend but are not here today: Carlos and Michael T.

-Sarah said that voting by email might be an option. Pitt could email members to alert them about the leadership roles available.

-Shekina explained that the group focus has been on Stigma and how it has impacted people living with HIV in all of its forms, across the gender and sexual orientation spectrum. Ending the HIV epidemic has been another focus. Shekina explained that she and Shane had hoped to have those with lived experiences reflected in the work in the Aging and Employment working groups and even the IHPCP as the roles are interconnected. Shekina referenced Sarah, Teagan O'Malley, and Harley Roth from the Pitt team as working on their own study on Stigma.

-Sarah said that Pitt provides presentations for the subcommittee meeting based on the needs of the group, updates on pilot projects, and helps incorporate the surveys.

-A participant asked for clarification on who can vote. Shekina explained that if the meeting were in person, those that sit at the horseshoe table are the voting members. Sonny suggested using a color-coded system to differentiate members who can vote at the next meeting.

-A representative added that new representatives to the group have become Chairs in the past and it has worked. It was suggested that the HPG may be able to extend the membership of people who have exhausted their terms.

-Shekina explained that Shane was originally the Chair and Shekina was the Co-Chair, but that Shekina took over as Chair when Shane left the HPG.

-Another participant added that the upcoming membership could include previous members returning to the group that could be pulled to act as Chair. It is also possible that current Community Reps could switch to I & I.

Michael said it was previously discussed that if a Community Co-Chair was not selected, then the Co-Chair needs to continue. He suggested that it might be an option for precedent to use for the I & I.

Another member pointed out that Shekina is leaving the HPG.

-Paul indicated that if the committee were to lose the Chair before one is elected, it would become the responsibility of the Steering Committee to

	<p>locate or recruit a replacement. This committee is not ad hoc and must continue its work.</p> <p>Shekinah asked if reviewing applicants has begun and if the HPG would be moving to a model without community representatives.</p> <p>Jill answered the plan is to continue the group with community representatives.</p> <p>-Michael recalled that October is typically the month when the subcommittee decides how to proceed with recruitment. Applicant review takes place in November and December. Michael wondered if people could be randomly selected to stay on to prevent a “brain drain.”</p> <p>-Paul said that while a recruitment drive is initiated in January, seats can be filled throughout the year if there are openings.</p> <p>-Shekinah asked if there were 3 Co-Chairs that would be leaving the HPG.</p> <p>Sarah answered that Sharita and Clint from Evaluation are both leaving. The Community Co-Chair role needs to be filled as well.</p> <p>Shekinah said that she would like to stay on the HPG but has other obligations. She asked Sarah to provide updates to the HPG as she needed to attend another meeting.</p>	
<p>2:01 PM – 2:22 PM</p>	<p><b><u>Subcommittee Updates:</u></b></p> <p>-Sarah provided the I &amp; I update. Shekina is leaving the HPG, and the group has had turnover in leadership. There were only 3 voting members present for the I &amp; I. The group focused on how to move forward. The group needs 2 leaders before January.</p> <p>-Gary provided the evaluation update. Strategies under the multiyear Prevention and Care Plan were reviewed for their effectiveness. Today focused on Strategy 1A Data to Care: people living with HIV who have fallen out of care. Michelle Rossi answered questions about the project. Two ideas were proposed: the Division should find new or reestablish programs for those leaving the prison system, and the reporting system should have a separate category for those who have moved out of the jurisdiction or have become incarcerated. They are on track for a review with more information coming in November.</p> <p>-A question was asked if people dropped out of the I &amp; I to join other groups or if membership was lost due to expiration of terms. Sarah answered that there are 7 members of the group, but others sit in on the meetings who are not formal members. It was unclear if there were scheduling issues or expiring terms leading to the low group membership.</p> <p>There was concern about low membership and the possibility of a complete loss of leadership. It was suggested that a survey could be used to address any concerns of the I &amp; I members. There was also concern about the loss of membership in the HPG as a whole</p> <p>-The loss of group representatives has varied, with some leadership positions being vacated suddenly, and others anticipating their departure. The group was reminded that everyone must be a part of a</p>	

	<p>subcommittee, but that representatives are free to change subcommittee assignments. New representatives entering the group in January will need to join a committee by their fourth meeting.</p>	
<p>2:22PM – 2:50PM</p>	<p><b><u>Garden</u></b></p> <p>-Paul said the mediation process was a topic representatives wanted to discuss.</p> <p>A representative appreciated all the hard work that went into the mediation process, but thought there would be an opportunity to confront issues directly. Representatives expected Rob to be a part of the mediation process, and his removal is a loss for the group, as he was passionate and concerned for those living with HIV. Representatives stated his behavior was not ok, and he was not acting professionally, but the mediation did not address why he was so escalated. The representative said racism and discrimination need to be addressed.</p> <p>-A few individuals apologized for the lack of clarity with the mediation process. Steering Committee members failed to explain how mediation would take place.</p> <p>- Protocols added language to be able to utilize mediators. Pitt will be the planning coordinator in charge of obtaining the mediator. It was clarified that while Rob is not currently a Co-Chair, he is still a member of the HPG since removal of a representative would occur only after the decision to remove was voted on by the HPG Community representatives. Rob is suspended while the allegations are investigated, and protocols determine the next steps. He is being given the opportunity to address his concerns. A resolution is expected at the November meeting.</p> <p>Sonny said Rob was sent a letter outlining the allegations, and he has a set time to respond by. This letter was sent on behalf of the HPG, signed by the Co-Chairs: Jill and Sonny.</p> <p>-Another representative was also surprised by the mediation process. Although it was not conducted the way they anticipated, it was a helpful experience to hear other representatives’ thoughts and feelings. The situation in July was traumatic and affected them greatly, they appreciated all the work put into the process.</p> <p>-Jill said it is challenging to be able to communicate what is going on to the HPG, while also respecting the confidentiality of its members. Jill said that they are not mental health facilitators, but maybe training could be offered on topics like trauma informed leadership. She said she will continue to explore helpful topics.</p> <p>-Sonny hoped that everyone remembers that people have things going on in their lives outside of the HPG. Other events influence behaviors and do not accurately represent their total time in the group.</p> <p>-Another representative who suggested the mediation was glad that it took place. They felt the July meeting was traumatic and the mediation allowed for greater transparency. They emphasized it is important to continue to process what happened, but to focus on solutions like</p>	

	<p>bringing in mediators with expertise trauma, race, justice and social justice to address the concerns of the group.</p> <p>-7.1 of the protocols was passed at the July meeting. The Steering Committee decided to send a letter informing Rob of the violation in writing. Since that occurred, they also decided to temporarily suspend his membership pending a resolution. Rob is permitted to submit a written response to the violation. Gary said the Steering Committee has been trying to remain neutral in the process as they attempt to reach the best possible outcome. There is the potential for a vote if the Community Representatives determine that the HPG should remove Rob.</p> <p>-Meeting adjourned</p>	
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## Wednesday, October 2, 2024

<b><u>Time:</u></b>	<b><u>Topic/Discussion:</u></b>	<b><u>Action:</u></b>
9:00 AM	<b><u>Greeting &amp; Meeting Call to Order:</u></b>	Led by Sonny Concepcion and Jill Garland
	<b><u>Attendance:</u></b> David Givens Michelle Schlegelmitch Kendra Parry Sara Wojciechowski Cheryl Henne Natasha Gorham Allison Prim Nicole Feighner Dale Adair Jeremy Sandberg Teresa Sullivan Rachel Schaffer Kristen Growden Lupe Diaz Justin Hulshizer Candace Sillers Beck Paul Henry Kabera Amanda Hodges Sarah Krier Robert Smith Sonny Concepcion Gary Snyder Jill Garland MonisolaMalomo Jacqueline Brenner Moira Foster Ginger Scaife Kyle Fait Sharita Flaherty Lauren Orkis Michael Tikili Kaitlin Salvati John Haines Maddison Toney Liza Conyers Najia Luqman Savannah Runco Cameron Schatz Kimberly Sabolcik Michelle Rossi Emma Seagle Sara Reyes	Attendance was recorded for members participating online from Microsoft Teams data.

	<p>Lydia Josette Nieminen Nicole D'Souza Monica Woodring Abigail R Schreder Andre Ford Michael Witmer Katherine Haar Jonathan Steiner Linda Rose Frank Katherine Haar Clint Steib Sofia Moletteri Tiania Warner Teresa Sullivan</p>	
9:00 AM – 9:10 AM	<p><b><u>Review Day 1:</u></b> -Recap of Day 1</p>	Led by Sonny Concepcion
9:10 AM – 9:12AM	<p><b><u>Announcements:</u></b> -David reminded the group to check your voter registration status</p>	
9:12 AM – 10:30 AM	<p><b><u>Protocols Discussion:</u></b> -Gary presented the updates on the protocols which have not been updated since before Covid.  -The first change, Section III, covers Vision/Mission/Values. Language was changed to “HPG” and unnecessary specific qualifiers were removed to streamline the document. Gary indicated that each section would be voted on individually because later sections have significant changes. Sonny asked David to verify if the group meets quorum for voting. David indicated that there is a quorum with 16/26 members present.  -Section IV: Scope, deals with the language of the mission and vision relating to the DOH. Gary said broader language and external links will be added to prevent the protocols from having to be updated.  -Rachel detailed the changes to Section V. Chairs of work groups will be added to the Steering Committee while groups are active. The question was asked if others from a work group could join the Steering Committee instead of the Chair/Co-Chair. Paul commented that the language of Chair/Co-Chair is inconsistent and there is no mention of Chair/Co-Chair elect status in the document. Rachel thought that elect status would be included, but that more direct language could be added if needed. A representative suggested amending the language so that any member of the group could act as a representative, so long as the group agrees with it, and that whoever is chosen fulfills the duties for a set period of time. Consistency within the representation was important and emphasized in the dialog. Sonny suggested specific language be added that if a member of the work group is already on the Steering Committee, that another member of the group be nominated for representation of that group.</p>	<p>Presentation -Led by Gary Snyder and Rachel Schaffer  -Andre Ford moved to accept changes to Section 3.3, Teresa Sullivan seconded. Motion passed.  -Andre Ford moved to accept changes to section 4.1, Lupe Diaz seconded. Motion passed.  -Andre Ford moved to accept the changes to section 5.2 with the amended language. Lupe Diaz seconded. Motion passed.  -Andre Ford moved to table</p>

<p>Gary addressed Paul’s concern that Section 10.3 addresses ad hoc groups. The protocols document specified that each work group/ad hoc group should have at least one Chair, but they could have a Co-Chair as well. Gary added language to address the concerns, specifying that Chairs/Co-Chairs who are leading more than one group may designate others to represent the group on the Steering Committee.</p> <p>-Changes to Section 7.1.5 dealing with removal due to conduct were adopted in July, but the Steering Committee had requested some clarification. Mediation can be requested from 3 entities: Steering Committee, Division, or Community Representative. Language was moved into this section regarding the alleged Community Representative’s ability to respond to the allegations. The Community Representatives will vote on actions to take at the next HPG meeting, providing at least 10 days precede the next HPG meeting. This allows time to prepare. The vote could include resolutions such as public censure, membership termination, or alternative options.</p> <p>Sonny would like language added that mediators must be qualified to address the specific group concerns.</p> <p>David said that Becky will continue to support the group around the July experience, but that for the systemic issues like discrimination, equity, and trauma, someone else more qualified to address it will be brought in.</p> <p>-Gary said that Section 10 discusses hierarchy of leadership, and how to proceed if the Community Co-Chair is the one committing the violation.</p> <p>-Clarification was requested for what “other options” meant; Gary answered that the vague language allowed the Steering Committee flexibility to act in future situations. The committee can pair the severity of the allegations to the result.</p> <p>-There was dialog between representatives whether those on suspension should be permitted to participate in voting. Some felt that by removing a representative’s ability to vote, was in essence saying they are guilty. It was suggested that the suspension process could be weaponized to prevent members from voting. It was also suggested that suspension worthy offenses be spelled out.</p> <p>-There was a question if the language in 7.1.5, “removal vote” was appropriate. Gary answered that it is a vote to resolve the allegations, and the word “removal” would be deleted.</p> <p>-A timeline for filing complaints was thought to be helpful in preventing frivolous, or unjustified claims.</p> <p>-Gary explained that “suspending,” the person, allows the Steering Committee time to investigate the allegations. He cautioned that having a timeline makes it difficult to follow through on. It is difficult to create protocols to address every possible violation, so language was left vague to allow situations to be open for interpretation. Gary also said that the HPG will make the decision about what to do with the July situation.</p>	<p>the discussion of 7.1.5 and return this section back to the Protocols work group for different language. Teresa seconded. Motion passed.</p> <p>Andre moved that the amendment to 7.1.6 be adopted. Teresa seconded. Motion passed.</p> <p>Andre moved to accept section 7.2. Teresa seconded. Motion passed.</p>
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	<p>Representatives indicated that physical altercations warrant automatic removal. Other representatives felt that removal is due to policy, not protocols. Protocols discuss the process and the HPG body decides how to proceed.</p> <p>Jill said that after consulting with others at the DOH and legal counsel, it was concluded that no one can be “banned” from attending HPG meetings because of the open format. If a physical altercation took place, the police would be called, but there is no mechanism to stop people from attending. Jill suggested the vote on this section be deferred.</p> <p>-Jill also wondered if a code of conduct could be adopted, like state employees. She will share resources with the group for future considerations. She also clarified that suspension from meetings means their membership is suspended.</p> <p>-A representative felt the term suspension was used in two ways, first to mean that person is not a voting member while allegations are being investigated, as well as a more punitive connotation of being removed from the group for a set number of months.</p> <p>Another did not think they were different; suspension means the member cannot vote.</p> <p>-Gary said the only changes to 7.1.6 is to add in language around Robert’s Rules of Order to help with the process in future situations and allow behavior to be addressed.</p>	
<p>10:30 AM – 10:45 AM</p>	<p><b><u>Break</u></b></p>	
<p>10:45 AM – 11:01 AM</p>	<p><b><u>Continued Protocols Discussion:</u></b></p> <p>-Section 5.5 is now moved to 7.2 with no changes to the language. Section 7.2.1 E changes were made to remove “phone call” to allow for any media outreach for invitations. Language was changed so that the Division will review the prospective representative applications. Once complete, the planning coordinator will share applicants contact information with the Division who will issue membership invitations to the applicants selected. The DOH does not sign off on membership.</p> <p>Gary was unable to clarify what “review” meant as the language was pulled from earlier protocols.</p> <p>Jill wondered if wording incorrectly directing the review and approval of the HPG as other state boards, but because the HPG is voluntary, it is not necessitated. It could also be Federal Grant requirements that the group is abiding by when they, allow the Division/DOH the opportunity to review information about the perspective members.</p> <p>-There were many HPG members who discussed the phrase “final review” and their interpretation of that phrase. Consensus was that the term was acceptable for use here.</p> <p>-Section 5.5.1 was moved to 7.2.1 f &amp; g.</p>	<p>Led by Gary Snyder</p> <p>Andre moved to accept section 7.2. Teresa seconded. Motion passed.</p>
<p>11:01 AM – 12:10 PM</p>	<p><b><u>HPG Annual Report</u></b></p> <p>-Specific data points were proved in the presentation. The greatest gaps in membership are in Philadelphia, the Northeast, and AIDSNET. These gaps</p>	<p>Presented by David Givens</p>

<p>represent the regions that need prioritized for 2025 membership to more accurately represent the composition of PA. The gaps may exist simply because of the applications that were received, or because of the regions prioritized last year.</p> <p>A representative added that membership representation fluctuates from year to year, and the Southcentral region was lacking last year. Additionally, Philadelphia has their own HPG group, it is not critical to look at their numbers.</p> <p>The Division was asked if they knew more about the Philadelphia HPG membership and planning partner numbers.</p> <p>Cheryl answered that the Division must be aware of the providers and those receiving services. Philadelphia has its own funds as well as Part A. For the prevention side, Philadelphia can directly allocate Part A funds, but not Part B funds.</p> <p>David also pointed out that the Philadelphia region had the largest proportion in the board with two planning partner reps.</p> <p>-A representative clarified that regions that need more representation would receive more points towards their application, but ultimately, it is more important that an applicant is invested in the plan/purpose.</p> <p>-David explained the information was for current membership. Those who are not reapplying or terms are ending are not considered. Removal of these individuals would also remove anonymity. The goal should be focused on fulfilling the three gap areas next year.</p> <p>-There are discrepancies in some of the categories because some people declined to answer their age.</p> <p>Representatives were concerned about why people declined to give their age and the implications of this lack of information. The youngest 18–24-year-old category range was suggested to be the focus of the next recruitment year. Representatives explained that questions around gender identity and orientation are not required, so this question would fall under the same exemption status. While other representatives felt the option to decline should be removed.</p> <p>David also added, if the HPG feels a change is needed, the option to decline could be removed. David indicated age ranges were given, and 4 people did not complete the survey. He was unsure how many people declined. He recommended the work group begin using the same categories to align the data. Applications are available in digital and paper formats, with most received digitally.</p> <p>-Based on current representation, those who identify as male and transgender should be prioritized moving forward.</p> <p>Another finding was to continue to prioritize individuals who identify as something other than heterosexual for recruitment. African American, Hispanic/Latina, Asian, and Native American individuals should be recruited. People living with HIV should be prioritized, Ryan White service providers, people of color, and county and community health departments need more representation.</p> <p>Part B and HIV community groups were grouped together, because these categories received the same number of points for applicants.</p>	and Cheryl Henne
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	<p>Representatives recommended that these categories be separated. David confirmed that they would be separate in the future.</p> <p>-The Division will notify the group how many representatives it can support. It is unclear how many members will continue in the group by reapplying. Half of the membership slots may be open. The membership application deadline has not been established; historically it is the end of November or early December. It has worked best when members are notified before winter break at the end of December. Members are asked to help recruit others. Email distribution lists, social media sites, and regional grantees will all be utilized for accruing new members. Volunteers for the recruitment work group are needed.</p> <p>-Paul indicated that only 2 people responded to the poll in July asking for work group volunteers. He believes that the low response rate was due to the events of the July meeting. The group requested that recruiting for work groups take place in real-time at this meeting rather than through a poll.</p> <p>-Representatives felt it was possible to get recruitment back on track quickly. There are approximately 10 applications already and David placed the application form in the chat.</p> <p>-Representatives asked if people who are up for reapplication are permitted to participate in recruitment. The DOH monitors the voting to assure that members are not voting for themselves. There may be times where anonymity may be lost due to members knowledge of each other's application attributes, however. David also confirmed that the Pitt team would monitor voting.</p>	
12:10 PM – 1:00 PM	<b><u>Lunch</u></b>	
1:00 PM – 1:08 PM	<p><b><u>HPG Annual Report Continued:</u></b></p> <p>-Representatives who volunteered to be a member of the Membership Recruitment work group will be contacted. The goal is to have the bulk of the work completed by the November meeting. Paul indicated that he will be the contact person for the Pitt team. Paul will send out a doodle poll to gauge volunteer availability for meeting times.</p> <p>-David was asked to talk about membership extensions from July. Members are asked to complete a 3-year term, but it was extended by two years. Those who started in 2020 are now up for renewal, or those who started in 2017 would have reached their term limit.</p>	Led by David Givens
1:08 PM – 1:42 PM	<p><b><u>Integrated HIV IHPCP Presentation:</u></b></p> <p>-Sections were evaluated by HERSA and the CDC. Section 1: Executive Summary was rated as highly successful. An executive summary and a summary with an intentional reading level assessment was included in the 2017 plan. It was not a requirement, and we were one of the only jurisdictions to do so. They are now national requirements.</p> <p>-Section 2: Community Engagement and Planning Process, 8 categories were assessed. 7/8 were completely successful, there was one partially successful, but that category did not apply to us.</p>	Led by David Givens and Cheryl Henne

-Section 3: Data sets and assessments, 9 categories were assessed, 66% were partially successful and the last third were completely successful.

-Section 4: Situational Analysis, 2 categories, one completely successful, one partially successful.

-Section 5: 2022-2026 Goals and Objectives, 4 categories were assessed, but we had 5 pillars, which goes beyond the required guidance. SMART goals and measurable activities were commended, as well as inclusion and disparity priority metric data.

Cheryl added that the format of the plan was recommended to be shared with other jurisdictions because it was so effective.

-Section 6: 2022-2026 Integrated Planning Implementation Monitoring and Jurisdictional Follow-up, was a complete success. In 2017, this was the area of greatest concern.

-Section 7: Letters of Concurrence, there were 5 categories, but 3 did not apply to our type of jurisdiction. They liked our letter of concurrence that had a 100% HPG member concurrence. The one area we needed to improve upon was that we did not have a letter from Philadelphia's planning body stating that there was concurrence between the organizations. HERSA recognized it was not clear from the guidance that this was a requirement. The Division was able to get the letter and submit it to HERSA already.

-Cheryl said that it was unclear if the letter of concurrence needed to come from Philadelphia Part A or the Planning body. Once HERSA and the CDC answered the questions about who the letter needed to come from, the plan had already been submitted without the letter. HERSA was unsure how to submit the letter with the plan when it had already been submitted. Again, the letter from the Philadelphia DOH has since been submitted and attached to the plan.

Cheryl reviewed the comments HERSA had about the plan. Each of the comments was given a prioritization level for changes that need to be made. The only piece that had to be changed was the letter of concurrence. The other pieces the Division felt could be improved upon. The plan will be updated as needed, with every new EPI profile being added, but the Division will only be reviewing it annually. The files Cheryl outlined will be sent out for representative review. At the November meeting comments and recommendations from the group will be forwarded to the Division for consideration in the updated plan. Moving information was suggested, as well as detailing the collaboration with Philadelphia. The priority levels are labeled as low, medium, and high, but there is subjectivity to the labels. Cheryl said point 6 states organizations that are not named will be easy to fix, as HERSA and the CDC said using an appendix would be acceptable. The Division will need the feedback of the HPG to decide which changes to implement. All updates will be completed at the same time. The changes will be made by the Division in time for the January 2025 meeting.

	<p>-David said that multiple documents will be sent out for review prior to the November meeting. This way, questions can be answered before a finalized list of recommendations is sent out to the Division.</p>	
<p>1:42 PM – 2:36 PM</p>	<p><b><u>Jewish Healthcare Foundation Discussion</u></b></p> <p>-Sonny provided a recap of the July meeting discussion.</p> <p>-Cheryl read a reintroduction statement and explained that the JHF and AIDS Free Pittsburgh (AFP) are regional grantees, but this is a statewide initiative. The Division wanted to hear from agencies and regions that they supported such a proposal before moving forward with any planning. Other grantees across the state have provided a letter of support for JHF and AFP to provide the statewide initiative. Details about the plan have not been worked out yet; details will come later if the proposal is adopted. Representatives agreed that all that is being asked of the HPG is a letter of support for JHF and AFP to work on creating such a program. Cheryl said that the JHF provided a sample letter at the time of their presentation that could be signed by the Co-Chairs or whoever the HPG designates, and it could be sent to the JHF directly or the Division.</p> <p>-Protocol 10.9 says, the Division Co-Chair must present the letter to the group for it to be a formal statement from the HPG. The letter would need to be drafted and presented at the November meeting, voted on and then the Community Co-Chair and Division Co-Chair would sign off on it. It was agreed that a vote is needed to be able to draft a letter.</p> <p>-Paul said there might be a conflict of interest if the Division Co-Chair signed off on the letter, since the letter is going to the Division. Paul suggested that Pitt staff create the document and have Sonny sign off as the Community Co-Chair on the document should the HPG approve of drafting a letter.</p> <p>Jill agreed that she would not be able to sign off on the document, and past precedent for a similar situation allowed the Division to recuse itself from signing off on a document of support for another program. Jill suggested the letter could be sent from the HPG Community Representatives, which would remove the Division from the document.</p> <p>Another representative felt that the Division is an integral part of the HPG, and it cannot be separated from it.</p> <p>-Cheryl said JHF would like the letters as soon as possible, but there is no set deadline to submit.</p> <p>Andre moved to support the creation of a letter.</p> <p>-There was dialog between representatives and Division members about if the creation of a letter could be created without the Division, and whether it can be called the HPG without the Division. The scope of the protocols, what functions the Division provides as a non-voting member, and how to circumvent the need for the Division to sign off was discussed at length as well.</p> <p>It was concluded that if a letter is to be created, then 10.9 of protocols would need to be disregarded or suspended briefly to not require Division involvement. Additionally, 10.9 will need to be updated in future work group meetings.</p>	<p>Andre Ford motioned to approve the creation of a letter of support for the Jewish Health Care Foundation and AIDS Free Pittsburgh initiative. Natasha Gorham seconded with the amendment that the letter of support comes from Community Representatives with a Roll Call vote showing that only Community Representatives voted on the initiative.</p> <p>David led the roll call vote of Community Representatives. Motion passed.</p>

	<p>-David led the roll call vote:  Andre Ford – Yes  Sharita Flaherty – Yes  Carlos Dominguez – Yes  Ginger Scaife – Yes  Katherine Harr – Yes  Lupe Diaz – Yes  Natasha Gorham – Yes  Nicola D’Souza – Yes  Rachel Schaffer – Yes  Gary Snyder – Yes  Sonny Concepcion – Yes  Clint Steib – Yes  Teresa Sullivan – Yes  Michael Witmer – Yes</p> <p>-David asked Cheryl to send the JHF’s letter to Pitt, for it to be created in conjunction with Sonny’s input. It would be brought to a vote at the November meeting. There were several suggestions about who could sign the document, but ultimately, Sonny felt comfortable signing the document if the HPG Community Members supported the idea.</p>	
<p>2:36 PM –  2:42PM</p>	<p><b><u>Garden:</u></b>  -Gary thanked the group for their work the past two days. Gary reminded everyone that the Steering Committee meets the following Monday. Pitt or members of the Steering Committee can be notified if there are any additions to the November meeting.</p> <p>-Sonny thanked the group for the opportunity to serve as the Community Co-Chair.</p> <p>-David added the feedback surveys in the chat. Everyone was asked to take the survey, as the Steering Committee uses the results to enact change. Representatives commented that the survey had questions about the Townhall. David will email the correct survey after the meeting.</p> <p>-Sonny verified that Moira would be joining the November meeting.</p> <p>-A representative asked when the November meeting is scheduled. Sonny answered that it is November 20-21 at the Hilton in Harrisburg.</p> <p>-Meeting adjourned.</p>	