

# Pennsylvania Department of Health HIV Planning Meeting

March 12-13, 2025

Location: Best Western Harrisburg

800 E. Park Drive

Harrisburg, PA 17111

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Wednesday, March 12, 2025

<b><u>Time:</u></b>	<b><u>Topic/Discussion:</u></b>	<b><u>Action:</u></b>
9:01 AM	<b>Meeting Call to Order</b>	Called to order by Sonny Concepcion and Moira Foster
9:01 AM – 9:13 AM	<b><u>Attendance:</u></b> 24 out of 25 members  <b><u>HPG Community Representatives:</u></b> Tariem Burroughs Sonny Concepcion Liza Conyers Carlos Cornielle Lupe Diaz Deanna DiGiampaolo Carlos Dominguez Online Nicola D’Souza Online Andre Ford Natasha Gorham Katherine Harr Online Amanda Hodges Steven Johnson Stephen (Steffin) Martin Anne Papandreas Online Justine Resovszky Online Jeremy Sandberg Ginger Scaife Rachel Schaffer Gary Snyder Teresa Sullivan Satina Thomas Michael Tikili Sharon Whitebread	Attendance was recorded for members present in the room and those participating online. Roll call led by Kyle Fait

	<p><u>Department of Health/Division of HIV Health Present/Guests:</u>  Jacqueline Brenner  Kyle Fait  Nicole Feighner Online  Maira Foster  Linda Frank Online  Jack Eilber Online  Samantha Eldridge  Jill Garland  John Haines  Cheryl Henne  Rayelle Lockett  Najia Luqman Online  Kris King  Monisola Malomo  Sofia Moletteri Online  Lydia Nieminen Online  Godwin Obiri  Lauren Orkis Online  Kendra Parry  Allison Prim  Sara Reyes Online  Shakina Rose Online  Michelle Rossi  Jon Steiner  Rob Smith  Julie Santana  Michelle Schlegelmilch  Cameron Schatz  Kim Thomas Online  Maddison Toney Online  Monica Woodring</p> <p><u>University of Pittsburgh Staff:</u>  Nayck Feliz  Sarah Krier  Kristen Growden  Ray Yeo</p>	
9:14 AM – 9:15 AM	<p><b>Review of Meeting Minutes:</b>  -There were no proposed changes to the minutes.</p>	Led by Sonny Concepcion and Maira Foster Teresa Sullivan motioned to approve the previous meeting minutes. Natasha Gorham seconded. Motioned passed. Minutes approved
9:15 AM	<p><b>Agenda/ Review Rules of Engagement:</b>  -Sonny reviewed the day’s agenda.</p>	Led by Sonny Concepcion and Maira Foster

	<p>-The Rules of Engagement were posted in the meeting, provided as paper copies, posted on StopHIV.com, and are in the Protocols.</p>	
<p>9:15 AM – 9:32 AM</p>	<p><b>Announcements/Highlights:</b></p> <p>-Links were placed in the chat for the PA Viral Hepatitis Surveillance Report and the PA Census Tract - Level Vulnerability Assessment.</p> <p>-New members will participate in a different subcommittee to have an opportunity to participate in both before deciding which one to join.</p> <p>-The mentorship program will begin today. If you need to connect with your mentor/mentee, please do so.</p> <p>-The Division is creating a survey of the demographics for the HPG. Kyle will email representatives when complete. The demographics is required of federal funders.</p> <p>-May 14-15 will be the Townhall at the Genetti Hotel in Williamsport. Sept 10-11 are the proposed dates for a Townhall that will be held in Gettysburg or Reading.</p> <p>-A representative asked if regions are contacted about clusters of HIV cases and if not, why are they left out. Field staff respond. They contact providers if a larger response is needed, but in general, they do not contact the region. The region’s involvement is dependent on the gravity of the cluster. The cluster referenced in the announcements did not warrant involving the regions.</p> <p>-Paul Kabera’s last day at Pitt was March 11, 2025.</p>	<p>Led by Kyle Fait</p>
<p>9:32 AM</p>	<p><b>HPG Subcommittees:</b></p> <p><b>Evaluation:</b> New members: Carlos Cornielle Amanda Hodges Steffin Martin Jeremy Sandberg</p> <p>-Gary and Rachel provided an introduction about the group. HRSA requires the Evaluation subcommittee to review the aspects of the Integrated HIV Prevention and Care Plan (IHPCP). This is the last year for Gary and Rachel to lead the group as they will need to decide if they will reapply to the HPG.</p> <p>-Maddison Toney of Partner Services and Cluster Detection and Response Administrator presented.</p> <p>-Diagnose Pillar, Strategy 2D: Continue and Enhance Partner Services: Activity 39, 40, and 41 were reviewed and a high-level overview of the program was introduced.</p>	

-A question was asked: once people are linked to care, how do we evaluate if they stay in care? Are they monitored?  
Field staff confirm if individuals attended their first appointment, then they monitor their viral load status. Individuals are contacted if there are no viral loads in the system, if they are not in care for an extended time, or if they test positive for an additional diagnosis. Field staff will also contact providers to confirm their status in care. Health education is provided and again they attempt to link partners to testing. Data to care programs have strategies to ensure they are in care as well.

-A question was asked: how many people who are involved with PS do not list any partners.  
There is less than one partner per person diagnosed with HIV or 0.8%. People are missed, possibly due to mistrust of government, stigma, and dating apps. These issues are seen across the nation. The goal is to meet with individuals in person. Field staff conduct engagement attempts with patients to build trust. It is more difficult to obtain partners for those who are still using substances and those with multiple sex partners. Clients in rehab are more willing to provide partner names.

-There was a question: has the division had social media app training for field staff to understand how to find partners.  
Social media training is ongoing, but there are limited programs which help field staff elicit partners. They have tried using apps to educate, but they are removed from the platforms. It may be helpful to educate the apps how they can help people make informed choices. There is a resource called [tellyourpartner.org](http://tellyourpartner.org). Individuals enter a cell phone number of the person they had sex with and select various STIs. It will send a text stating they may have had an exposure. This is another mechanism to prompt individuals to seek testing.

-There were no recommendations for this activity.

-Gary suggested changing the word “target” to “priority,” on the template.

-It was suggested that 100% is not a realistic goal, but some goals are set by the CDC and cannot be changed. It may be helpful to have a conversation with those who set priority goals to reevaluate them. It was recommended that if the percentages cannot be changed, that it is noted in the new plan.

-Cheryl Henne addressed the group to discuss the new integrative plan for 2027.

-There was a question: will the order of the document be viewed negatively, since the prior plan was assessed positively.  
It is not anticipated to be a problem if the change makes the document more accessible.

-The proposed change was viewed positively by group members, but they want a template to review before approval.

	<p>Creating the matrix may also make the plan easier to update in the future.</p> <p>Gary will work with Kyle for the changes to the template.</p> <p><b>Intersectional and Innovation:</b>  New Members:  Tariem Burroughs  Deanna DiGiampaolo  Steven Johnson  Justine Resovszky  Sharon Whitebread</p> <p>-Micheal Tikili provided a recap from the January meeting. They had an EPI data presentation and listed topics to pursuit: presentations on neurocognitive decline in HIV, providers addressing sexual health needs of those over 50, and HIV and disabilities.</p> <p>-The group recommends that the division conduct a public and provider campaign regarding testing as a part of routine screening and focus on populations most impacted such as Hispanic males.</p> <p>-The group requests a presentation on providers doing sexual health assessments for those over 50.</p> <p>-An article was read to the group to provide a prospective on neurocognitive decline with HIV. The group recommends a presentation from an expert in Neurocognitive decline in PLWH.</p> <p>It was suggested that medical device definitions be changed or to get equipment covered under physical therapy services.</p> <p>The group recommends Ryan White Part B &amp; C providers to provide medical equipment and physical therapy devices for the aging population to prevent physical and mental decline. This messaging should be aimed at providers in future campaigns.</p> <p>-The Department of Aging is a planning partner. Those that have had experiences with Senior Centers rejecting presentations, should Kendra who will pass on the information.</p>	
11:00 AM – 11:15 AM	<b>Break:</b>	
11:16 AM – 11:25 AM	<p><b>Work Group Updates:</b></p> <p>Eval: Maddison reviewed the 2D: Diagnose pillar. There were no recommendations for that strategy, but the group will be updating the data collection sheet to include more appropriate language.</p> <p>I &amp; I: During the January meeting the focus was on bringing Aging into the I &amp;I with a presentation from Monisola Malomo. The group centered on the higher level of late diagnoses. They discussed how to possibly educate providers on late diagnosis. They want to focus on a</p>	Presented by Gary Snyder, Rachel Schaffer, and Michael Tikili

	<p>public campaign to bring awareness of late diagnosis. They would like to bring in an expert presenter on sexual health for those over 50 years old. The group also requests a presentation on neurocognitive decline in PLWH. The group recommends exercise to combat physical and cognitive decline, especially for older individuals and those with limited mobility. They suggest looking into Ryan White Part B and C to supply pedal pushers and other medical devices to help those stay active at home. Agencies can use other money from HIPP copays and deductibles to pay for things that insurance will not cover.</p> <p>-New members will need to pick which subcommittee they will join. Kyle will send an email asking which group you prefer to join. He will notify members and the Steering Committee before the May Townhall.</p>	
<p>11:26 AM – 12:02 PM</p>	<p><b>Work Group Updates:</b></p> <p>-Employment: The group created the Employment Needs survey which is still under IRB review. Progress has been made, but there will be updates once it has been distributed.</p> <p>-Protocols: They were tasked with creating an HIV Language Document to outline empowering language. With this document the HPG can be a leader with preferred wording and phrases. The Division has their own documents. This will be a separate document, and the goal is to create a short, easy to access document. Protocols would like the HPG to suggest language to include. They will launch a survey to submit documents or ideas. A Google form will be sent out for suggestions. The template will be modeled after a document from the UK. It will be reviewed at future HPG meetings for editing. It was suggested that a PLWH help create the document. The Positive Women’s Network was suggested as a possible entity to help.</p> <p>-Recruitment: The group meets every two weeks, and they are working on modifying the application and creating the mentoring groups. Once the demographics for the HPG are completed, it will be known who will need to be recruited in the future and who is currently missing from the HPG. The group will be meeting during lunch to work on the application, all are invited to join. Moira added that demographics need to be tracked as requirements for funding sources. They are not used for any other purpose. Please remember to complete the survey.</p> <p>-CQI: The CQI plan is part of the larger IHPCP. The HPG delegates the responsibilities of the CQI plan to the CQI work group. The review period of the presentation was January 1, 2024 – December 31, 2024. There are 10 performance measures, 8 performance measures are based on utilization and 2 over all measures. SPBP, Medical Case Management (MCM), and food bank were the highest used categories. MCM annual retention and service is used as the quality improvement project (QIP).</p> <p>-MCM is now a part of annual monitoring visits for regional grantees.</p>	<p>Presented by Kyle Fait, Gary Snyder, Rachel Schaffer, Lupe Diaz, and Michelle Schlegelmilch</p>

	<p>-Sonny asked for updates statewide and regionally.</p> <p>-Lastly, at the HRSA site visit, it was recommended to share the best practices document on the Ryan White list serve and the CQI program was selected for the acknowledgment in the quarterly publication.</p>	
12:03 PM – 1:00 PM	<b>Lunch</b>	
1:01 PM – 1:30 PM	<p><b>Team Building Activity:</b></p> <p>-Rainbow Connections Activity helped members connect.</p>	Led by Kendra Parry and Kyle Fait
1:31 PM – 2:24 PM	<p><b>Pennsylvania Expanded HIV Testing Initiative (PEHTI) Project:</b></p> <p>-In 2023, 60 million people died, with 1% having died from HIV related illnesses. The epidemic could be ended with proper testing and medications.</p> <p>-Early body response and course of HIV levels were outlined in a detailed graph.</p> <p>-HIV has a low probability of transmission with about a 1% chance per incident, unless the viral load is very high like in the initial phase, then it jumps to a 7.2 chance. Additionally, STI's increase the probability of transmission up to 10 times the chance. Some STI's change CD4 cells which makes them more susceptible to HIV.</p> <p>-Prior to 2006, testing recommendations were risk and symptom based and testing was opt-in only.</p> <p>-Emergency Departments (EDs) account for 8% of all testing, which results in 32% of the total diagnoses, but less than 1% of those who go to EDs are offered testing.</p> <p>-The 2006 guidelines suggest that those who are vulnerable should be tested annually.</p> <p>-Home tests use oral fluid. There is no IGG/antibodies present in saliva, and as such there is a very long window period which will not show reactivity.</p> <p>-Testing in pregnancy is needed to prevent the vertical transmission of HIV.</p> <p>-Men who have sex with men (MSM) are recommended to be tested every 3-6 months.</p> <p>-In the US, 1.2 million people are living with HIV, 13% do not know their status and they account for 40% of the transmissions.</p> <p>-The number of PLWH has been decreasing since 2018. Currently in PA there are 36,300 PLWH and over 75% of new diagnoses are male. Women and those over 50 are not tested as much as other populations.</p>	Presented by Jeremy Sandberg

	<p>-1 in 4 of those diagnosed are late diagnosis This suggests a failure of screening methods as they have been living with HIV for 5+ years.</p> <p>-Pennsylvania Expanded HIV Testing Initiative (PEHTI) works with the PA Department of Health (DOH). The DOH has done a good job instituting the home self-testing initiative.</p> <p>-A question was asked about what barriers exist to testing in the ED. Lack of knowledge about testing, cost, and not knowing what to do if someone tests positive were three potential reasons identified as to the hesitancy. Jeremy proposed updates to the testing scheduling of every 4 years and for research to drive HIV guidance.</p>	
2:24 PM – 2:42 PM	<p><b>AIDS Care Group-SPNS Syndemic Demonstration Project</b></p> <p>Community-based organization that services various regions across Southeast PA. They provide dental, medical, psychological, and pharmaceutical services as well as outreach.</p> <p>-They have various grant funding sources, but the focus today is the Special Projects of National Significance: (SPNS) Part F.</p> <p>-ACG is the smallest grantee of the program across the nation.</p> <p>-Looking for those who are newly diagnosed, who have had no care in the last 6 months, who are not virally suppressed, or who have another high-risk factor.</p> <p>-Syndemic Factors 1: HIV Care and Treatment 2: Mental Health 3: Substance Use 4: Intimate Partner Violence 5: Food Insecurity 6: Access to Care</p> <p>-They are looking to demonstrate that outreach efforts help individuals. They will recruit 120 patients over the next 4-years with hopes of expansion.</p>	Presented by Ann Ferguson
2:42 PM – 2:45 PM	<p><b>PEHTI Discussion Follow-Up:</b></p> <p>-John Steiner explained that they receive names and addresses from Ray Yeo from Pitt and individuals are sent a kit. The names provided for the kits are cross referenced with names and addresses in the surveillance system.</p>	
2:45 PM – 3:00 PM	<p><b>Break</b></p>	
3:00 PM – 3:18 PM	<p><b>The Partner Notification Project:</b></p> <p>-Pitt is partnering with the DOH to improve the Partner Notification System (PNS). Currently, trained Disease Intervention Specialists (DIS) call those with confirmed cases and follow up with their partners. PNS helps people who are exposed to seek testing and treatment, reduce harm, and notify individuals of local healthcare resources.</p>	Chiam Kittredge: Research Coordinator, University of Pittsburgh

	<p>-Current barriers include people are less likely to answer an unidentified number, and they may not have identifying partner information from dating apps.</p> <p>-Once the program has completed assessing the perspectives of PS, they will develop an implementation plan to meet community's needs.</p> <p>-They completed a literature review. Social Media Data was pulled from various sources to gain an understanding of PS and STI education. TikTok videos reached the largest audience.</p> <p>-They have reached out to organizations that provide sexual health services to underserved communities, those who live with or close to someone with any STIs, the DIS at DOH, community spaces, as well as various online recruitment.</p> <p>-Interviews are ongoing. At the conclusion, participants will be asked if they would like to participate in an anonymous virtual community collaborative. The results from the interviews will drive the recommendations for PS.</p> <p>-Looking to geographically and culturally similar adjacent states for comparison data.</p>	
<p>3:18 PM – 3:24 PM</p>	<p><b>The Garden:</b></p> <p>- PEHTI presentation follow-up discussion:</p> <p>- Is testing expensive? Does insurance cover it? Why do Primary Care</p> <p>Jeremey responded that screening is not expensive, with almost all the rapid test's costing between \$10-20. Jeremey thought that insurance would typically cover the costs once per year. Providers must inform patients before conducting an HIV test.</p> <p>-Dr. Obiri spoke on late diagnosis.</p>	<p>Led by Kendra Parry</p>
<p>3:24 PM</p>	<p><b>Meeting Adjourned and Dismissal</b></p>	<p>Led by Sonny Concepcion</p>

Thursday, March 13, 2025

<b><u>Time:</u></b>	<b><u>Topic/Discussion:</u></b>	<b><u>Action:</u></b>
9:00 AM	<b>Meeting Call to Order</b>	Called to order by Sonny Concepcion and Moira Foster
9:01 AM	<b>Agenda Meeting Concerns:</b>  -Sonny reviewed the schedule for the day.  -Kyle reminded the group to complete the survey.  -Kyle will contact all representatives to ascertain their subcommittee choice.  -Kyle and Sonny thanked Ray Yeo for helping with the technical concerns of the meeting.	Led by Kyle Fait
	<b><u>Attendance:</u></b> 25 out of 25 members  <u>HPG Community Representatives:</u> Tariem Burroughs Sonny Concepcion Carlos Cornielle Lupe Diaz Liza Conyers online Deanna DiGiampaolo Carlos Dominguez Nicola D’Souza online Andre Ford Natasha Gorham Katherine Harr Amanda Hodges Steven Johnson Stephen (Steffen) Martin Anne Papandreas Justine Resovszky online Miguel Rodriguez Jeremy Sandberg Ginger Scaife Rachel Schaffer Emma Seagle Gary Snyder Teresa Sullivan Michael Tikili Sharon Whitebread  <u>Department of Health/Division of HIV Health Present/Guests:</u> Moira Foster Najia Luqman online Michelle Rossi Kris King	Attendance was recorded for members present in the room and those participating online. 19 members present.

	<p>Jon Steiner  Kendra Parry  Jacqueline Brenner  Rob Smith  Monisola Malomo  Jill Garland  Allison Prim  John Haines  Kyle Fait  Tawnya Warner  Adita Wasala  Godwin Obiri  Jack Eilber  Cheryl Henne  Nicole Feighner online  Justin Hulshizer  Lydia Nieminen online  Patrick Nosko online  Robyn Post online  Lauren Orkis  Sara Reyes online  Savannah Runco online  Kaitlin Salvati online  Kim Sabolcik  Cameron Schatz online  Tom Wen-Han Su  Madison Toney online  Sara Wojciechowski online  Sofia Moletteri online  Satina Thomas online  Monica Woodring online</p> <p><u>University of Pittsburgh Staff:</u>  Nayck Feliz  Sarah Krier  Kristen Growden  Ray Yeo</p>	
<p>9:10 AM –  10:00 AM</p>	<p><b>HPG Subcommittees:</b></p> <p><b>Evaluation:</b>  New members:  Carlos Cornielle  Amanda Hodges  Steffin Martin  Jeremy Sandberg</p> <p>-Diagnose Pillar 2A: Continue and Expand HIV Testing</p> <p>-Activity 26, 27, 28, and 29 were reviewed and a high-level overview of the program was introduced.</p>	

-A change in the contract for home test kits resulted in a delay. The test kits have changed to a dual test of HIV and Syphilis. They are moving to Qualtrics to collect the additional data. New vendors may bid on fulfilling the testing contract with a resolution by July 1.

-They are making sure providers can access the Keystone login as they have found a glitch when entering immunization data. They are sending in information on spreadsheets as the work around. It is not affecting all HIV testing, just the rapid test. Rapid tests are preferred in nonclinical settings because they do not require a blood draw. The DOH sends the dual test at no cost, but if a different test is requested, there is a fee. Training accompanies any changes in tests. The manufactures and PETHI provide the training. Jeremy said all FDA rapid tests have similar efficacy, but blood testing is preferred. Gary added that rapid tests provide an educational opportunity, as they can show individuals the results.

-Natasha wondered what led to the providers not renewing their contracts that led to the decrease. If there were barriers, they may be able to address them. Additionally, Natasha wondered if it was possible to partner with those with PPA's. Michelle stated that one group found that they did not have many uninsured individuals, thus they did not continue to participate.

-Gary asked if there was a map to show the coverage area for the 43 providers to gauge their locations against population density. A duplication of service could be a factor in why they left. Additionally, they may see gaps in coverage areas with those in rural settings needing to travel long distances. Michelle explained that the map does reflect coverage. Some providers are mobile and can travel to areas where there are not any providers.

-Gary asked to differentiate between brick and mortar and mobile units. Michelle explained that if a county does not have a county municipal health center, then a state health center in that county has the capacity to do testing as well. However, it is not advertised like PPAs.

-There are no plans to change data collection currently. Jill Garland said they collect more data than is required of federal funders. Dr. Obiri said that HIV surveillance will not change their process either.

-Jill said there is no information on the budget at this time. It is under review. Funding comes from the state and federal government. The rebate funds they receive are state funds, but there are limitations on how they can be used. In the budget proposal, funding is proposed to be level at 10.5 million for the 2025 fiscal year.

**I & I:**

New Members:

Tariem Burroughs  
Deanna DiGiampaolo  
Steven Johnson  
Justine Resovszky  
Sharon Whitebread

-The focus of the group yesterday was combating late diagnosis, and future presentation topics. The MAATEC was suggested for the presentation topics.

-There was a suggestion for the EPI team to identify patients with a late diagnosis and their barriers to care. The DOH will work with Dr. Obiri and the EPI team to determine where the late diagnoses are happening across the state. If they are centralized in one area, I & I can formulate interventions to address the barriers with the providers. This information will be presented to the I & I at the July meeting.

-Michael asked what a provider engagement campaign would look like. Michelle Rossi is the Prevention Program Manager. A Data to Care position will be filled that will assist in provider engagement, as well as DIS, Field Staff, and Community Health Nurses. Providers are contacted when they submit information about a positive result. The Division sends letters to providers who have someone test positive. It will be easier to go to the big hospital settings with suggestions once they have more information. Regional grantees can work with their providers to incorporate change as well. Grand Rounds and Lunch and Learn were also suggested interventions.

-A question was asked if the Division could expand nonclinical testing, if they could go through PPAs. Those over 50 are not included in the priority population, but they can request providers to test a population since it was found to have a disproportionate number of individuals who are being diagnosed late.

-It was suggested that addressing testing through hospital systems could be beneficial in nursing homes. If it is standard protocol of the health systems to test individuals, then those in nursing homes who present with fractures or UTI could be tested without having to justify it to the nursing homes. It was also suggested to create a pamphlet/handout to provide education to hospitals and nursing homes with a better understanding as to why it is beneficial to test.

-Question as to if there were testing opportunities by setting types, particularly in corrections. There was dialog about how testing procedures in corrections has changed over the years. The Division is looking at what resources are being utilized in the corrections system and will put out a best practice guide for local jail systems. They are looking at ways to support the system to get more testing done. Those who are released from the corrections systems are linked to providers in that region. The county system may involve local neighbors/friends,

	<p>so there is a hesitancy for the jail to know they are HIV positive. The new plan will include activities to work with prisons for response when people are discharged. There was a suggestion to use Peer Educators/Navigators to go into corrections, mental health, and senior center facilities. They are already used by some agencies, but not statewide.</p>	
10:00 AM – 10:15 AM	<p><b>Break:</b></p>	
10:15 AM – 10:25 AM	<p><b>Subcommittee Summaries:</b></p> <p><b>Evaluation:</b></p> <ul style="list-style-type: none"> <li>-Michelle presented on behalf of Savannah the Diagnose Pillar 2A Continue and Expand HIV Testing. Most activity goals are being met, however, the baseline for Activity 26 is down by 2 providers.</li> <li>-The group recommends a map of PPAs for both brick and mortar and mobile unites to see the population density versus providers. They can reach out to providers who may be willing to take part in the gap areas.</li> </ul> <p><b>I &amp; I:</b></p> <ul style="list-style-type: none"> <li>-They would like another presentation on EPI data to provide a more complete picture of late diagnosis. This may expose areas where they can help. They aim to contact providers and add the aging population to those priority populations that need more frequent testing.</li> <li>-They would also like presentations on neurocognitive decline for the aging population and sexual health and wellness for people over 50.</li> </ul> <p>-Sonny provided a brief description of the upcoming Townhall.</p>	<p>Presented by Gary Snyder and Michael Tikili</p>
10:25 AM – 11:10 AM	<p><b>The Integrated HIV Prevention and Care Plan (IHPCP):</b></p> <ul style="list-style-type: none"> <li>-The 2027 plan needs to be submitted by June 30, 2026. Plan guidance comes from the CDC and HRSA. The plan ensures that national goals and specific needs are met. The plan helps reduce grant recipient burden and duplicate efforts. It needs to align with EHE and National HIV/AIDS Strategy (NHAS).</li> <li>-The IHPCP is a 5-year plan that is roadmap of all activities and initiatives and how they correlate to the goal of addressing PA’s specific needs, aligned with the EHE and the NHAS. The HPG will create, monitor, and improve the integrated plan.</li> <li>-Assessment is the first component of plan development.</li> <li>-Priority setting is required of Ryan White Part B as a part of care services. The HIV Prevention and Care Project (HPCP) compiles stakeholder engagement information and assessments. The HPG is given the results and advise the Division about the plan.</li> <li>-The Division, in collaboration with the HPCP and some experts, writes the plan. The HPG and Ryan White Part A, C, and D can also provide feedback. A letter of consensus is required for the plan with the</li> </ul>	<p>Presented by Cheryl Henne</p>

	<p>option to agree, agree with reservation, or disagree with plan. It is signed by the Community Co-Chair.</p> <p>-The plan undergoes an internal review at the DOH. The plan is submitted to the CDC and HRSA. It undergoes an independent review, and the Division must respond to any deficiencies that need corrected. Once the plan is written, the monitoring process begins. This occurs through the Evaluation Subcommittee and I &amp; I. The activity of the subcommittees helps to draft recommendations for the next plan. It is also reviewed annually by the Division.</p> <p>-The new plan starts in 2027, and the assessment process is being finalized. The current plan is not completed, so it remains unclear which goals were met. A summary of challenges will be gathered from the current plan.</p> <p>This is the 3<sup>rd</sup> plan the Division has written. The hope is to update the previous plan and streamline it.</p> <p>-Dr. Obiri said that it is important to review what outcomes are being met. Additionally, the Division could have their own formalized way of assessing the plan.</p> <p>-Cheryl proposed that there could be a summary of the previous plan, incorporated into the new plan.</p>	
<p>11:10 AM – 11:42 AM</p>	<p><b>Statewide Coordinated Statement of Need (SCSN): Needs Assessment Discussion:</b></p> <p>-Pitt is working on Stakeholder Engagement and new tools that are provider and client forward facing for statewide need.</p> <p>-Paul Kabera resigned from Pitt but completed three conversation cafes. Kayla Emrick is joining the team and is going to help with the needs assessments and engagement. Sarah is corresponding with people about previously scheduled Conversation Cafes, and the new team will resume them in April. There was a request that Conversation Cafés are not recorded moving forward. Sarah appreciated the feedback and asked that if anyone has suggestions to contact her.</p> <p>-SCSN is tied to federal funding and is a culmination of existing regional needs assessments, EPI data, quantitative and qualitative info, trends in HIV care, and client and provider feedback are assembled into a short document. Drafts of the client/provider surveys should be available by May 1. Sarah welcomes feedback from the group on the surveys. Additionally, Pitt is interested in reviewing any needs assessment that is already in use at the provider or regional level.</p> <p>-Client/consumer and provider survey categories are listed in the presentation for review. The information will be developed into surveys. Questions to consider were listed in the presentation.</p>	<p>Presented by Sarah Krier; Presented by Dr. Mary Halk and Teagan O’Malley.</p>

It will be important to follow up to ensure the surveys are completed. Sarah will meet with the regions and will provide updates in May, June, and July of those who still need to complete the survey. Data analysis will begin in July. If a more directed approach is needed, there will be time to do so. The goal is to prepare the report for September 1 and a final report for the September HPG meeting.

-The zip code as well as home address and receive services will be helpful to include.

-Once the surveys are prepared, Kyle will send them to the Steering Committee for review and then distribute them to the HPG. Sarah plans to create the client survey first, then the provider survey.

-Dr. Mary Halk and Dr. Teagan O'Malley are a part of the special projects in the HPCP. They are looking to expand their work with more organizations. They presented their current work.

**Expanding Harm Reduction Practices with HIV Providers.**

-The way providers interact with PLWH has a significant impact on their health outcomes.

-The project is a collaboration between Pitt's School of Public Health and Elevyst.

-The aim is to help anyone across the state who is interested in support/problem solving with harm reduction. They can tailor the engagement based on what sites need and trouble shoot concerns. They provide support for change, and they follow up in a few months to assess progress. Meetings will take place virtually and in person. The goal is to help everyone in the office space with relational harm reduction, not just clinical staff. Although it is a Module structure, the training is tailored to the sites' harm reduction need.

Module 1: A pre-workshop-self assessment tool will look at the current harm reduction projects. They can identify areas for growth, set objectives, and create a plan.

Module 2: Storytelling substance use stigma, looks at how stigma affects the outcomes of clients. They will increase empathy by reflecting on the narrative shared by those living with substance use issues. They want a compassionate, informed approach.

Module 3: History and evidence of harm reduction are explored through structural and relational approaches to harm reduction care.

Module 4/5: Intention and Action and Follow up. The final steps assess progress and show ways to support and sustain the harm reduction techniques they have put into place.

-The time needed to complete the program is flexible. It is anticipated that at least a half day total is needed for the training. Mary can provide more information after the meeting for anyone who is interested.

-There is not a good understanding of how providers view harm reduction statewide. There is an ongoing study to find out more about

	<p>how providers view harm reduction. The geographic area of the provider plays a role in their views as well as the legality of syringe programs. Additionally, providers who are in care longer, are more open to harm reduction and more likely to see someone else model harm reduction.</p>	
11:42 AM – 11:58 AM	<p><b>Division of HIV Health Presentation: Capacity Building (CB) and Technical Assistance (TA)</b></p> <p>-CB takes place through the HPCP/Pitt, MAAETC, Independent Mental Health Trainers, and will soon include Savage Sisters. The Status Neutral Navigation and Linkage Program (SNNLP) training will be launched later this year by Pitt. The MAAETC will be expanding their trainings. Savage Sister will present on Xylazine and street outreach.</p> <p>-Trainings are offered throughout the year with nursing and social work continuing education units (CEUs) offered free of charge for some trainings. A representative said that licensed providers need ethics training, but there is a lack of ethics courses related to HIV care. Kendra will note it and see what can be done.</p> <p>-Registration is available online through StopHIV.com or the MAAETC website.</p> <p>-The Division provides help on specific subjects as needed. Past TAs have included Data-to-Care trainings, cluster detection and response, PPA meetings, phlebotomy training for field staff, ChemBio DDP HIV-Syphilis test training for field staff.</p> <p>-TA can be provided through the CDC or HRSA. They provided a PrEP Institute which was a three-day training course with a few hundred people attending. The Host Navigation System TA focused on adjusting to a post covid environment. There was a Trauma Informed Facilitation request made with CDC for the HPG. It has not taken place yet.</p> <p>-Annual HIV Conference: Specifics have not been confirmed yet, but it will most likely take place in State College. They are open to suggestions for the conference. A planning partner may develop the curriculum, contact Kendra for more information.</p> <p>-Training flyers have been added to StopHIV.com. You do not have to be a medical case manager to attend the MAATEC trainings.</p>	Presented by Kendra Parry
11:58 AM – 1:00 PM	Lunch	
1:00 PM – 1:42 PM	<p><b>Project Treatment Education Activists Combating HIV (TEACH):</b></p> <p>-Project TEACH is a program of Philadelphia FIGHT and is an educational program for PLWH. PLWH learn about HIV, treatment, and advocating for themselves.</p>	Presented by Teresa Sullivan and Steffin Johnson

	<p>-HPG member Steven Johnson, a graduate of Project TEACH shared his experiences.</p> <p>-TEACH started in 1996 by Treatment Activists. They have graduated 8000 people since its inception. The Demo Principles guides TEACH. TEACH offers 6 and 8-week classes. There are subcategories to the TEACH model: TEACH Outside, Women TEACH, Latino TEACH, Youth TEACH, Frontline TEACH, Faithful TEACH, Teach Expansion.</p> <p>-Once individuals have graduated, they can participate in alumni groups and become a peer educator. They offer training on patient portals which help patients connect to their doctors, schedule appointments, and access their records.</p> <p>-Teach Expansion is a train the trainer program. The program is temporarily paused for regions They hope to bring it back in the future.</p> <p>-They encourage graduates to advocate for assistance through government channels.</p> <p>-The question was asked how do they measure success? And how does TEACH compare to programs that are evidenced based? Teresa answered that they measure success by looking at how many individuals are engaged in other projects: peer educators, community advisory boards, etc., as well as how many graduates from the program. It is important for people to continue talking about TEACH and recommending people to the program.</p> <p>-Feedback on the program was overwhelmingly positive, and people were interested in getting more information.</p>	
<p>1:42 PM - 1:51 PM</p>	<p><b>The Garden:</b></p> <p>-A question was asked about what organizations will do if funding sources are lost. Several in attendance indicated that there are ongoing discussions at the leadership level to prepare for what to do, and that each organization will have a unique plan. The DOH indicated that there may be cuts, but income is generated through SPBP. They are cautious with spending and are attempting to plan for possible cuts.</p> <p>-The group was reminded to complete the survey.</p>	<p>Led by Moira Foster and Kyle Fait</p>
<p>1:52 PM</p>	<p><b>Adjournment and Dismissal</b></p>	<p>Led by Michael Tikili</p>