Draft

Pennsylvania Department of Health HIV Planning Meeting

September 10, 2025

Location: Virtual Microsoft Teams

Time:	Topic/Discussion:	Action:
9:01AM	**Meeting Call to Order**	Called to order by Sonny Concepcion
9:01AM – 9:07AM	**Attendance:** HPG Community Representatives: Tariem Burroughs Sonny Concepcion (Co-Chair) Liza Conyers Lupe Diaz Deanna DiGiampaolo Carlos Dominguez Natasha Gorham Katherine Harr Amanda Hodges Steven Johnson Anna Papandreas Justine Resovszky Jeremy Sandberg Ginger Scaife Rachel Schaffer Gary Snyder Michael Tikili (Assistant Co-Chair) Sharon Whitebread Division of HIV Health: Moira Foster (Department Co-Chair) Allison Bauknight Jacqueline Brenner Stephen Elston Kyle Fait Cheryl Henne Moni Malomo Godwin Obiri Lauren Orkis Kendra Parry Sara Reyes	Roll call led by Kyle Fait

	Savanah Runco Cameron Schatz Michelle Schlegelmilch Rob Smith Madison Toney University of Pitt Staff Cheryl Choice Mack Friedman Naima Kimotho Sarah Krier Planning Partners: Jack Eilber (Dept. of Aging) John Haines (DOH SPBP) Kris King (DOH TB/STD) Najia Luqman (Philly Dept. of Health) Sofia Moletteri (Philly Dept. of Health) Lydia Josette Nieminen (MAAETC) Kaitlin Salvati (OVR) Stakeholders: Sarah Carvajal Emily Cunningham Smantha Eldridge Nicole Feighner Elizabeth Garcia Erica Hubert Chelsea Johns Cindy Magrini Farbod Pour Caitlin Quattrone Amanda Ruggiero Samuel Rynearson Tiania Warner Michael Witmer Donald Yarros	
9:08AM – 9:10AM	**Review of Meeting Minutes:** -No proposed changes to the minutes.	Led by Sonny Concepcion Lupe Diaz motioned to approve minutes. Jeremy Sandberg seconded. Motion approved.

9:10AM – 9:11AM	**Agenda/ Review Rules of Engagement:** -Agenda review	Led by Moira Foster
9:11AM – 9:20AM	**Announcements/Highlights** -Liza provided update on Ad hoc Employment Work Group Needs Assessment Survey. Penn State is taking over responsibility for administering the survey from Temple University. New links will be sent out when finalized. This data will be used to assess needs that can be addressed by OVR. -Survey end date for HPCP Survey is listed as August 31 but now extended to September 30. Have over 100 respondents at this point but still looking for more. Please continue to pass on this survey. -For clarification, the Pitt survey looks to gain input from Providers and Clients but is only one survey. Liza and Kyle will delay implementing Employment's survey until after Pitt's survey is completed. -Question: Is there an update on the StopHIV.com domain recovery process? Kendra: The new site is up and running. This will be the permanent site moving forward. We were able to get the old domain name back. There will be a message on the old site redirecting people to new site. Sarah Krier: We were able to get the old domain name and are working to get a link connecting them up and running soon. She provided more clarity on the Pitt survey and options for completing it: provider, client, or both client and provider.	Led by Kyle Fait
9:20AM – 10:05AM	**Presentation: Preparing for the Priority Setting (PS) Process** -Cheryl Henne: PS process will take place in November. It is a requirement of Ryan White Grant and drives planning for care services and allocation of funds. This is a requirement of HRSA but is specific to RW care services only. PS helps focus the planning of services. -Mackey: Outlined presentation of proposed PS process. -Question: Can employment be added to list of support services? Employment's ad hoc committee is currently collaborating with OVR and employment was added to MMP.	Presented by Sarah Krier, University of Pittsburgh HIV Prevention and Care Project; Mackey Friedman, University of Pittsburgh HIV Prevention and Care Project

	Moira: The list of services referenced on slide 4 is from RWPB regulations and cannot be amended. Some employment activities fall under non-medical case management (CM) purview. Rob Smith: Non-medical CM can entail referrals and linkage to employment services, and any agency that has non-medical CM would then be able to link clients to employment services. -Question: How does the PS process intersect with the multiyear plan? Cheryl Henne: PS is not a component that is listed verbatim in the plan, but it is foundational to the planning process. Work plan needs to reflect priorities of the group. PS also plays out in implementation phase of the plan, ensuring that funding and resources are allocated to appropriate areas. HPG lists their priorities for the plan, and it can be implemented in the plan. Comment for clarification: The evaluation worksheets lists PS that the HPG decided for the 2022-2027. This PS is just one list, but it may not necessarily be used in the plan. Cheryl: Additional PS can be completed for changing needs. Question: Does this PS for RW services create the list for multiyear plan or is there one that is just RW and another that encompasses prevention and care? Cheryl: Yes, this list is incorporated into the HPG list and prevention is added to it. Sonny: Since PS is a requirement for RWPB grant and it will have recommendations from the HPG. They will use as template for plan. Cheryl: PS predates integrated planning. It has always been a part of the RW grant, but HRSA and the CDC merged the planning process, creating confusion. -Comment: PS in Philly also votes on services that are not paid for by RW. This shows needs that are no longer paid for by RW. Child services has become a priority, but RW does not pay for it; what can planning council do? Even if we can't add services, we can discuss service needs and how to address them. Survey is used to assess needs and acquire data. MMP, Consumer Survey, and Community Voices used to assess areas of need. They can ask DHH to look into areas of concern. Comment: Areas of concern not included in RW grant need to be discussed and addressed. Sarah: The SCSN survey obtained feedback from the group and addresses employment services, employment support, and areas of need as open-ended questions. Conversation Cafes also ask clients their needs that aren't being met.	

	-Question in chat: Would telecommunications be added: phone, internet, data plans? Moira provided answer in chat that HRSA has been more focused on telehealth, potential pathways in future. Additionally, Regional Grantees have piloted hot spots and tablet programs. Allie: EFA also used. No time approved or phone bill approved expense at this time. Cheryl: MMP was discontinued for PA and will need to be replaced as the data will be missing.	
10:06AM – 10:27AM	**Break**	
10:27AM – 11:47AM	**Subcommittee Meetings** **Evaluation Subcommittee Morning and Afternoon Attendance:** HPG Community Members: Rachel Schaffer Co-Chair Gary Snyder Co-Chair Sonny Concepcion Lupe Diaz Natasha Gorham Katherine Haar Amanda Hodges Justine Resovszky Division of HIV Health Staff Godwin Obiri (Morning Session Only) Nenette Hickey (Afternoon Session Only) Moni Malomo Cheryl Henne Savanah Runco (Morning Session Only) Kyle Fait Kendra Parry (Afternoon Sesson only) Jacqueline Brenner Stephen Elston Madison Toney Lauren Orkis University of Pitt Staff Cheryl Choice Planning Partners Najia Luqman (Philly Dept. of Health) John Haines (DOH SPBP) Stakeholders: Elizabeth Garcia	

	-Gary: Group nearing end of reviewing Strategies of the current plan. The hope is to finish all reviewing by year's end and use 2026 to help develop the new plan. November's meeting will have 3 Strategies. -Ending the HIV Epidemic (EHE) Pillar: Respond Strategy 4C: Continue and Enhance HIV Surveillance Activity 66, 67, 68, 69, 70 -Godwin Obiri: -Activity 66: CDC requires CD-4 monitoring for surveillance purposes. They receive labs from providers and labs. Last year they surveyed labs in PA to determine which were conducting CD-4 testing. They are requesting old lab data from 2021-2024. They look to match what they originally sent with new requested information. This will show data reporting rate for that facility. Completed report on findings next year. -Activity 37: Also required by CDC and for funding. Addresses data security. Both physical and technical measures taken to assure data security. Confidentiality training every year for staff who interact with sensitive data. New employees complete training before they engage with information. Question: Data breaches with data weaponized against people. Does the Division have a plan if there is a hacking event where someone is requesting money to release records back to them? HIV data and security very important to clients. Godwin: They do what they can to prevent such an event from ever happening by collaborating with IT and assuring physical data is secured. -Activity 68: Another CDC requirement is to provide percentage of cases that are geocoded as a benchmark. Previous data manager trained other states in how to perform, but they left. New individual is working to improve their skills but department not where they were before. Important to know where PLWH are to assist in programming and supports. -Comment: Clients worried about geocoding in the past. Is there a way that another entity could request the data and it be sent to them? Godwin: Data is shared with CDC, but outside of that, it is scrutinized before being disseminated. Data is not published. It is used to understand current clusters of cases and assist in prevention. Some past requests have been denied. They are putting processes in place to handle outside entity requests.	

	-Question: Is there a written policy that outlines how such requests would be handled? Can the Division supply the policy to HPG so that we might add revisions to address community concerns? Godwin: Yes, there is a policy for typical requests and it should be able to be shared. There are ongoing discussions for how to handle future requests. Moira: We have looked at the type of data being collected. We are not collecting information that is not required. Prevention is not over collecting data. Storage of the data is crucial to ensuring privacy. -Activity 70: Grant requirement. Monthly, analyze new cases reported by labs. If there is noticeable decrease, lab is contacted for further information. PA NEDSS has helped make data more complete. Case report evaluations are typically close to 99% completion rate. -Question: Concerning newly diagnosed individuals, state has at home testing initiative that does not report out into any system. What does the Division plan to do with people who test positive at home without lab involvement and typical follow-up of confirmatory testing and linkage to care? Godwin: Home test is preliminary test. To confirm it, they need to reach out to testing center or provider for further testing. Their contact information will be obtained at that time. Savannah Runco: They want people to use HST program if they're not comfortable going into a clinic. If they have a preliminary reactive test, we want them to follow-up with confirmatory lab testing. The HST may prompt them to go to the clinic when they may not have otherwise. Information is not required to get HST, but resource information is sent out with test. Data matching of HST and new positives is used, though limited due to lack of information from individuals. Seeing correlation between HST and new positives shows people are seeking additional testing. Comment: Although they are interpreting HST being sent out and new positives, it does not prove they are related. Savannah: More data is required for HST. Data matching also uses the name they provide, zip code, and date/timeframe. System is not foolproof. Godwin: Surveillance system only picks up confirmed cases. Law requires it is confirmed positive to be included. They identify all facilities performing HIV testing that report to them, and request discharge records that are indicative of HIV. They match what they previously had from labs and corresponding data has been around 99%. -Question: HST allows confidentiality to not provide any identifying information, but aren't clients contacted to	

	provide them with resources/linkage regardless of what the test result is? Godwin: They only collect enough information to send test without scaring anyone away. This limits their abilities. Savannah: Want clients to trust and feel comfortable ordering tests. They provide resources and contact information when test is sent. Moira: Not sure if follow-up was explored when project was initiated but will contact Michelle for more information if it was proposed. When people request test, they can be asked if they want additional resources and provide contact information. We don't want to send unsolicited information. Comment: Thought that when program was initiated, a follow-up letter was sent out to those who requested tests. Savannah: Confirmed test recipients are asked if they would like additional information to prevent HIV and STIs. Jeremy can explain exactly what the follow-up dialog includes. Additionally, in 2024, 3 individuals ordered tests and had confirmatory testing. -Activity 66: Benchmark of 85% is set by CDC, but current data is 81.1%. Completeness in reporting important to understand labs not reporting information. Points to areas they are missing. -Activity 67: Surveillance and managing data follows the policy constructed by CDC. -Activity 68: Proposed that by the end of 2025, all of 2024 will be geocoded and we can improve on the benchmark. -Activity 70: Reporting is at 99%. -Activity 66: Target labs that are part of regulation. In 2020 they mandated that testers report results to state. -Activity 67: Employees are trained before starting and must renew training annually. -Activity 66: CDC benchmark is used for this activity of 85% or higher. -Activity 66: Providers may have systemic or staffing issues that hinder their ability to report data. It is our responsibility to collaborate with providers and correct it. -Activity 67: Staff turnovers result in termination of staff access and was determined by their supervisor. They now require providers to notify them when staff are leaving their	

	position so that access can be removed for that individual. They hope to add new module to online training system before October. -Activity 68: Geocoding requires an accurate address. Must be monitored if inaccurate/incomplete information is provided. Statistical Analysis System (SAS) cannot be used in these instances. -Activity 70: Each lab reports data differently, and it is challenging to create uniform system. -Activity 66: Completion rate is 81.1%, but they are aiming for low 90%, which is better than benchmark of 85%. -Activity 67: There are two levels of security for physical information. -Comment: Following up on dialog about contacting clients vs protecting their privacy. We could ask if people would like to add their phone number and be contacted that way in addition to email. Savannah will take back the suggestion. This would be beneficial for those who are not comfortable using a computer or have difficulty reading. Comment: Clients may think they had exposure and need education. Interacting with staff may help explain what is, or is not, an exposure and any questions about home test. Savannah: Sometimes people enter faulty information or enter others info as prank. Vetting information might be needed before reaching out. Godwin: If adding contact info would turn people away, it might be better to not do it. We want as many people as possible to use home testing. -Activity 69 will be covered at another time. **I & I Subcommittee:** -Kendra: I & I had asked for presentation on Neurocognitive decline in those aging with HIV. Dorcas Baker is presenter on topic. Dorcas recommended having a neurologist present on the topic as well. Presentation given to I & I. Comments and questions about presentation listed below. -Comment/Recommendation: Important for providers to listen to patients' experiences. Stigma people experience is going to increase. It is recommended that MAAETC look at	

	creating a symposium to combine systemic areas of health under one event to address concerns of PLWH. There will be funding and Medicaid cuts, and we need to prepare for problems that will cause. Will programs and services only exist for those with insurance? Dorcas: Will take a team approach to solve these concerns. Not just physicians, but peer navigators, community health workers, etc. There will be HIV Symposium in Baltimore Friday, September 19, that will address some of these concerns. There are less than 10 sites across US that include aging assessments using a team approach. -Question: I liked your idea of creating stimulation and meeting them where they are. Does interacting via Zoom or social media have the same benefits as in person? Dorcas: She does not have the data for that at this time. However, she believes it is better than nothing. Dorcas leads an online group and hears from members that they enjoy connecting and interacting, even if it is online. The Department of Aging could collaborate with HIV providers to lead a group or send someone into homes to provide activities. Group interactions are opportunity for people to showcase their talents: singing, reading poetry, drawing, etc. Stimulate their brains in new ways. Comment: At Philadelphia Fight they have a group for those over 50 where they exercise in chairs and socialize. Has improved the lives of group members. -Michael: This presentation can be connected to the presentation in DC recently on Aging with HIV. Physical activity is important and when he lived in New York, a Yoga studio offered discounts to PLWH. This was a great opportunity for people to combat cognitive decline, as group exercise programs are expensive today. -Comment: Intersection of HIV and Aging creates increase levels of disability. HV is chronic condition which requires people to reach out for different services. People may not qualify for services as they are labeled, "not disabled enough", or placed on waiting lists. People need to be able to describe their condition to meet criteria for services they are trying to obtain. We need to protect services by aligning with other groups, like those with disabilities. The ADA was passed due to collaboration of various groups working toward one goal. US Conference on HIV showed proposed budget for HIV and it basically takes away all funding for EHE. Maxine Waters has proposed two bills: one protects PrEP as covered by insurance companies as a prevention tool. This circles back to problem that people need to be	

	employed to have insurance to get medications and services. Second bill has to do with the RW Care Act. Comment: Attended an Alliance for Justice 35th Anniversary of ADA Act program. They looked back over the years and at current state of affairs. HIV qualifies as disability, and it appears as though treatment of individuals will continue to decline. We fought so hard for those with HIV to not only survive, but thrive, and we are seeming back at advocating for people's lives. Those fighting for people with disabilities are aware of the gravity of the situation and preparing to stand up for the community. We must all come together. Need to think outside the box to provide services without funding. Comment: After DC meeting, there was push to have people contact representatives to not make these cuts. First bill by Maxine Waters looks to restore funding that was cut to prevention efforts. The second bill looks to reduce out of pocket costs for PrEP. They should be covered now, but there are gaps in coverage. Comment: Transgender community has one of the highest rates of HIV acquisition. Transgender people rely on Medicare, but that is now gone. HIV criminalization also goes along with this. The community also has problems finding employment. Comment: At an exhibit booth at DC conference, a group was dedicated to finding work for transgender PLWH. Group info will be shared with employment work group. People talked about being grateful for medications that allowed them to live fuller lives. After years of being frightened and fighting for their life, people feel tired and lonely. They aren't getting out as much to engage with services. This hinders activism efforts. It is devastating to have to go back and fight for things they already had. Overall feeling in DC was resiliency and action rather than anger. Use your anger to take action, like reaching out to Congress. Comment: The Global Network of PLWH are working on self-care manual for PLWH. Exploring bringing it to US with advocacy program. Comment: Another was a participant at the conference who felt message was to stand and fight, do not give up. We need to fight to get back the things that have been lost without dwelling on current situation. Comment: Unclear if there was statewide messaging to contact your representative. Michael: Legislative bills are a tool for advocacy groups to engage representatives. Question: Are DOH personnel prohibited from advocating for contacting Congress? We may need to have a conversation	

	about recommendations that the HPG can or cannot make and what is under our prevue. Moira: DOH staff cannot advocate for things. This came up in the past, will look into it and get back to group. There are other means of advocacy DOH can do. They are in communication with HRSA about the budget. They are pushing back on HRSA asking to keep a monetary cushion.	
11:47AM – 11:55AM	**Subcommittee Summaries** -Michael: I & I had a presentation by Dorcas Baker from John Hopkins. She focused on neurocognitive decline and HIV. Aging concepts are amplified for PLWH. There are means to intervene and slow decline but may not be utilized much. Suggested that the conversation continue with a Neurologist and group suggested a symposium to continue the dialog. Could align with other groups like those with disability to address access to services and the threat to accessing services. US DHHS conference on aging discussed proposed legislation of the Prevention Act concerning PrEP and HIV Prevention Now. These can be used to engage legislators to support HIV funding. The proposed legislation from Maxine Waters was discussed and where the limits are within the Division to engage with them. -Rachel: Group covered Strategy 4C, with 3 activities related to monitoring incidence and response to outbreaks. Dr. Obiri explained that these activities and target outcomes are required by CDC. Dr. Obiri gave examples of how he maintains data security. He will share the security policy with Evaluation Subcommittee if Division approves its release. Last activity was not covered in this morning's session. After lunch, committee will reconvene and continue to work.	Presented by Michael Tikili and Rachel Schaffer
11:55AM – 11:59PM	**Summary and Dismissal of Main Meeting** -Evaluation subcommittee will meet in the afternoon to continue their work. I & I will not meet. -November 19 & 20 is next virtual HPG meeting. -Steering Committee scheduled to meet the following Monday to discuss November's agenda. -Meeting adjourned	Dismissed by Sonny Concepcion
12:00PM – 1:03PM	**Lunch**	
1:03PM – 1:53PM	**Evaluation Subcommittee**	

	-EHE Pillar: Respond Strategy 4C: Continue and enhance HIV Surveillance Activity 69: Finalize CAREWare Centralization Project for data completeness and security. -Typo on documents that is now correct reading: Data centralization completed and reported to HPG, and there should not be a formal end date on the plan. -Nanette Hickey: Most providers are now centralized: agency data is being compiled into system beyond just their agency. They are able to pull reports directly and make updates to system without providers needing to do it. Scope is 34 providers not including DHH. 28 have been moved to centralized system. Goal is to move all providers from all regions. Some providers use CAREWare as their electronic medical record (EMR) and place all clinical notes in it, while others only use it for what is required for RSR reporting. Some providers link their CAREWare to EMR and there needs to be bridges between systems. They need to learn how providers use the systems and data. Provider availability and working with provider deadlines are important. Providers not yet migrated over use CAREWare in different way. Some use attachments. Attachments require breaking up data differently. Some providers use many domains. Typically one only domain, but if they have separate domains for Part A, B, C, they need to make sure data is not duplicated. Once all providers are migrated, data will be monitored and maintained. They plan to centralize DHH next. Nanette wants to recognize technical personnel: Health and Human Services delivery center staff who work with data, test it, and review it. Web team also supports the implementation to providers. Program management is also important as is the developer of CAREWare for troubleshooting. -Question: When will the remaining providers be brought into centralization? Nanette: Because each provider is different it is difficult to give a timeframe. Providers that have yet to migrate have more complex systems. -Question: Are the remaining providers resistant to changing to the centralized system? Nanette: Not sure that is the case but hopes that anyone with concerns would reach out. Some providers have asked when they will be onboarded into centralized system. Has been positive experience so far.	

	Comment: Glad to hear it's been positive so far and thinks we are moving in the right direction with a centralize system. Comment: My region has two providers that need to be centralized. They are excited to be centralized and it has been positive experience for providers that have it. Problems are quickly remedied because of centralized system. What are the most positive changes you've seen with centralization? Nanette: By the 15th of each month, providers need to send an export of their PDE, but if they are centralized, they do not have to send it. Nanette able to pull it without provider sending it. There are times some may need prompting to get it in, but most of the time they do not need to ask providers for information. Resetting passwords and contacting IT are other tasks Nanette can help with. -Question: Are providers brought on one at a time? Or do you bring on a second when you have the first provider 75% of the way onboarded? Nanette: They are in contact with several at a time but are onboarded one a time. There are two test requirements for CAREWare live data developed by JProg. They work with the provider's schedule to meet their needs. Comment: Very important and exciting for state to be able to use CAREWare. HRSA has been using CAREWare for years, but it is now being used in new ways that assist us in doing our work. Nanette: There is a test system of fake data for anyone to view CAREWare and see how it works. Seeing it might be helpful to understand how it works. Nanette can show anyone interested in seeing it. -Strategy 3D Support RW Regional Grantees Activity 55: This was from July's meeting. -Dr. Lauren Orkis: This is tied into 2E with the State's opioid response grant work. They were collaborating with DDAP for years but are no longer. -Activity is about expanding awareness and access to hepatitis services among HIV providers in PA. Important that those with diagnosed hepatitis are provided treatment or linked to treatment if testers do not provide services. They will develop tools to increase availability and awareness of hepatitis care work being integrated into providers' HIV work. State Opioid Response Grant is one starting point. Savannah Runco developed Hep C integration as another starting point. Sam Eldridge will take over project from the various starting points. Tools will increase education and address barriers related to billing and referral networks. Difficult to find treatment for	

	Hep B and C across the state. Hopefully it identifies HIV providers who are not currently offering hep treatment, and they can be trained to offer it on site. In 2021, PPAs were surveyed, and they found only about half were providing Hep B and C treatment, though testing numbers were higher at 75%. Vaccine distribution rates were low due to many barriers, but most likely due to low reimbursement rates. -Once tools are developed, they will collect baseline data. How many providers receive guidance, pre and post hep testing will be looked at before using a survey to gauge offering of hep treatments. -Risk factors determine how often person should be tested for hep but at the very least, annual testing should be offered. -They will assess success after deployment of tools and compare numbers pre and post intervention. -Barriers are listed in document. Insurance and reimbursement rates are problems, but they collaborate with 6 managed care organizations overseen by Department of Human Services, and have bimonthly calls with them. They are developing tools for providers who work with MCO to assist with billing issues. Those with substance use disorders have problems with behavioral health and physical health insurances. This has come up with the MCOs and they plan to address it with behavioral health MCOs as well. -They would like more universal coverage of Hep C testing. Right now, testing is risk based. They have referral services available on their website. They are working on updating map that has not been updated in a year. Again, they are looking for gaps that can be addressed. -Sam Eldridge collaborates with the Division of HIV Health on some issues, and some of her funding comes from HIV funds. Hepatitis work is chronically underfunded. If funds decrease, this is another barrier. -Question: Map was outdated and is currently undergoing updates, correct? When will it be finished? Lauren: An intern and two other staff are working to update map. They are calling all providers they currently have to verify and update information. Student scheduled to stay on through next year, and they hope to have it finished by early next spring. -Strategy: 2E: Implement State Opioid Response (SOR) Grant, HIV/Viral Hepatitis Service Integration Project Activity 42: Increase awareness of, and expand access to, HIV and viral hepatitis testing, education, and prevention services in facilities treating persons with substance use disorder	

	Dr. Lauren Orkis: This activity is closely tied to Activity 55 that was just covered. Working with DDAP is no longer occurring. Expanding on the state's opioid response will help. -Question: Why were Activities 55 and 42 broken up when there was so much crossover? Kyle: Not sure. They do overlap. Cheryl: Would recommend that this is looked at closely. If it can be consolidated, that is helpful. Not sure if one was the answer to the other, or if one was a component of the other. Activity 55 was under the Treat Pillar. There is crossover, because they are trying to act on same thing. Lauren can review it with Kyle and Cheryl if that is helpful. -Question: The State Opioid Response Grant came to an end, correct? Any activities that are developed, such as the toolkit, are being funded by other entities? Lauren: Yes. -Gary: The November meeting looks to cover strategies in the response and support sections, and Kendra will discuss Capacity Building and Technical Assistance Trainings. After that meeting, all items in the multiyear plan will have been covered. We will use January to go over example items. We are projected to be at 95% complete. Cheryl: As group has done previously, you will be making recommendations for updates to the plan. -Kyle: Agenda for next meeting will be sent out within the next month.	