

DRAFT

Pennsylvania Department of Health

HIV Planning Meeting

November 20-21, 2024

Location: Hilton Harrisburg

One N. 2nd Street

Harrisburg, PA 17101

Wednesday, November 20, 2024

<u>Time:</u>	<u>Topic/Discussion:</u>	<u>Action:</u>
9:10 AM - 9:22 AM	<u>Meeting Call to Order:</u>	Called to order by Sonny Concepcion and Moira Foster
	<u>Attendance:</u> <u>HPG Community Representatives:</u> Sonny Concepcion Lupe Diaz Liza Conyers Carlos Dominguez Nicola D’Souza Sharita Flaherty Andre Ford Natasha Gorham Katherine Harr Anne Papandreas Miguel Rodriguez Shekinah Rose Ginger Scaife Rachel Schaffer Emma Seagle Gary Snyder Clint Steib Teresa Sullivan Michael Tikili Michael Witmer <u>Department of Health/Division of HIV Health Present/Guests:</u> Moira Foster Najia Luqman	Roll call led by Kyle Fait

	<p>Jeremy Sandberg Michelle Rossi Kris King Jon Steiner Rob Pompa Kendra Parry Jacqueline Brenner Rob Smith Monisola Malomo Jill Garland Allison Prim John Haines Kyle Fait Becky Flaherty Amanda Hodges Jack Eilber Nicole Feighner Cheryl Henne Justin Hulshizer Lydia Nieminen Lauren Orkis Sara Reyes Savannah Runco Kim Sabolcik Cameron Schatz Tom Wen-Han Su Madison Toney Sara Wojciechowski Michelle Schlegelmilch</p> <p><u>University of Pittsburgh Staff:</u> Nayck Feliz David Givens Paul Kabera Sarah Krier Kristen Growden Ray Yeo</p>	
<p>9:23 AM – 9:26 AM</p>	<p><u>Previous Meeting Recap/Agenda review/Meeting approval:</u></p> <ul style="list-style-type: none"> -The first meeting of 2025 will be January 15 & 16 at the Best Western. -Today, November 20, is Transgender Remembrance Day: a day to honor those who are transgender, gender diverse, and nonbinary, who have been victims of violence and hate. The day serves as a reminder of the need to continue our efforts to achieve equality and justice. -December 1 is World AIDS Day; it provides an opportunity to honor the millions who have been lost from AIDS and related illnesses. Anyone hosting events should notify Kyle to distribute the information to the HPG communication list. 	<p>Led by Kyle Fait.</p> <p>Lupe Diaz motioned to approve the October meeting minutes. Clint Steib seconded. Motion passed.</p>

	<p>-October 1 & 2 there was a virtual HPG meeting: subcommittees met, work groups presented updates, updates to protocols took place, and the Jewish Healthcare Foundation/Ending the Epidemic Plan letter of support discussion also took place.</p>	
<p>9:26 AM – 9:29 AM</p>	<p><u>Meeting Procedures:</u></p> <p>-Reminders about meeting procedures/participant expectations.</p>	<p>Led by David Givens</p>
<p>9:29AM – 9:45AM</p>	<p><u>Announcements:</u></p> <p>-Monthly workshops will be starting in the second quarter of 2025 for newly diagnosed individuals. They are looking for those living with HIV who would be willing to speak during the workshops. The program is still being developed, but available services will be explained and those with lived experience can share their story of engaging with services. Contact Sara Reyes for more info.</p> <p>-David Givens is leaving Pitt for a position at PERSAD. He will work to expand support for clients’ needs related to HIV and comorbidities. Members were able to express their appreciation for his dedication to this work.</p> <p>-Michael Witmer said tenant based rental assistance checks for Part B clients had not been sent out since July, but they were just sent out this morning. In the last 12 months, funding stream disruptions continue to happen. Michael requests looking into fixing the delays in payments. Moira stated Pitt had a contract issue not a funding issue the disrupted their participation in the HPG, that has since been addressed. The issue with payment invoices to the region was caused by a specific incident that held up two invoices. Expedited payment for regional grantees is being explored.</p> <p>Division of HIV Updates: As outlined in the presentation slide show playing prior to the start of the meeting.</p> <p>-Public Health Program Manager for the HIV Care Section is vacant. They hope to begin interviewing soon. Data to Care position previously held by Aditi Anand is also vacant and will be posted soon. The Division is working with the Pa. Department of Aging to fund the training of staff and implement the Aging Well with HIV Program.</p> <p>Care Program: CQI recruiting new members, please contact Michelle Schlegelmilch for more information. HRSA performed a site visit Nov 6-8, 2024. The final report will be shared when it is received. The Non-Competing Continuation Report documents were submitted to HRSA in November. HUD announced new allowances effective October 1, 2024, and PA HOPWA rent standards were updated. HOPWA Institute took place October 21-23 with over 1500 attending.</p> <p>SPBP: The next meeting will take place virtually on January 30.2025 from 10AM-12PM. The resolution to the data match with Medicaid was implemented in September; SPBP should be contacted if there are any future problems. Updates are found on the SPBP website: drug formulary, website address for MyRx Enroll, enrollment applications, and Pharmacy provider manual. MyRx Enroll user tutorials will be added when completed. Medicare open enrollment</p>	<p>Led by Sonny Conception and Moira Foster</p>

	<p>period will be open until December 7, 2024. Part C & D updates will be added to the website soon. Part D autoenrollment partner plans have not changed.</p> <p>Monitoring and Evaluation: Jewish Healthcare Foundation was reviewed in October. Family Health Council of Central PA will take place in January.</p> <p>Prevention Program: Capacity Building training calendar can be found on StopHIV.com. Reach out to Kendra Parry for more information.</p>	
<p>9:45 AM - 10:13 AM</p>	<p><u>Mediation Follow-up/Guiding Principles:</u></p> <p>-Recommendations from the previous meeting were compiled and shared with the Steering Committee. There were 7 main recommendations to improve meetings:</p> <ol style="list-style-type: none"> 1. Establish meeting promises; meeting promises will be read at meetings which already exist in protocols. 2. State the group’s mission and framing agenda to how it correlates. 3. Share information proactively between all the levels/areas of the group. 4. Implement facilitator support during times of challenges and times of transition. 5. Train and empower the co-chairs. 6. Integrate a protocol review in each meeting. 7. Address sensitive issues separately in small groups/confidential settings rather than in the large group. FAIREST acronym can be used to remember these in a slightly different order. <p>-It was suggested that stigma and trauma informed care be added to the document and incorporated into meetings. The needs of the person experiencing stigma or discrimination need to be addressed and defined by a non-authoritative body. Becky suggests that there be additional follow up on point 7.</p> <p>-Kendra Parry, the coordinator for the Department of Health, has asked the CDC for training on trauma informed care. The hope is to have training and an online resource for those in the HPG who are interested in learning about a trauma informed approach to facilitation of community-based meetings. Becky agreed that adding trauma informed perspectives to the training of those in leadership roles would be helpful.</p> <p>-Sonny felt it is important to share thoughts and feelings in meetings to address/validate the problems and concerns that are taking place. Although this is an important topic, there are too many variables that will be happening to get these changes in place before the January meeting. There was a concern that these changes would not be addressed and that other topics would take a higher priority.</p> <p>There was another concern that different individuals would be in the role of the Division Co-Chair and would create uncertainty. It was emphasized that one person needs to be in a role to facilitate the process and maintain trust. Maira stated that there will be no rotation of individuals in the Co-Chair position. Maira will be the Division Co-Chair for the foreseeable future. Maira suggested waiting until January to have the guiding principles/meeting promises discussion</p>	<p>Led by Becky Flaherty and Paul Kabera</p>

	The guiding principles discussion was moved to January because of the full agenda.	
10:13 AM – 10:29AM	<u>Break</u>	
10:29 AM – 10:52AM	<p><u>Mediation Part 2:</u></p> <p>-Although the discussion about guiding principles is moved to January, Paul provided a document outlining the rules for respectful engagement. The HPG had previously requested a more in-depth analysis of the topic. There is a guiding principles document available on the StopHIV website. When new members are a part of the group in January, the document will be discussed. Paul asked representatives to examine the document to prepare for a larger discussion in January. Sonny requests the document emailed to everyone.</p> <p>-Gary discussed protocols that added mediation language to, 7.1.5 as a result of the July meeting. The Protocols work group has expanded it further, but it had not yet been voted on by members, so they were bound by this language for the process from the July meeting. Sonny indicated that mediation was not successful, because there was no response to the allegations. Rob was given the opportunity to respond directly to the HPG regarding the situation. Rob requested the charges against him read as he is unsure what they were since he did not read the letter that was sent to him. Rob then indicated that it was not necessary and indicated that he did nothing wrong, but perhaps the way he said things was wrong. He felt the group was being attended to by the other Co-Chair when he stepped away during July’s meeting.</p> <p>-Sonny called for a vote to determine if Rob will be removed from the HPG after his response.</p> <p>-A representative asked what the allegation or complaint was, as they felt they could not make an informed decision.</p> <p>-A representative moved that the HPG ask Rob if he would like to remain as a member. Rachel said the vote needs to take place regardless, but his resignation can be accepted.</p> <p>-Rob verbally tendered his resignation from the HPG as he no longer wanted to be a part of the group. Sonny stated that since Rob resigns verbally, no vote is necessary, and the allegations are not going to be read aloud as they are no longer needed. Sonny asked for a vote to accept Rob Pompa’s resignation. Andre Ford stated that as a point of order, no vote is needed to accept the resignation.</p>	
10:52 AM – 11:15 AM	<u>Break</u>	
11:15AM – 11:31AM	<u>Department of Health Announcements:</u>	Led by Moira Foster

	<p>-HPG will be facilitated by the Division. They will be the new planning partner and take over facilitation of HPG Townhalls, and Subcommittee meetings; this includes scheduling meetings, hotel logistics, technology, mc/hosting/moderating, sending emails and handouts, and onboarding new members.</p> <p>-Pitt will continue to be a part of the Integrated HIV Prevention and Care Plan, the needs assessment, Stakeholder Engagement, the StopHIV website, and producing meeting minutes.</p> <p>-The current purchase order ends in March 2025, and the Division is trying to extend it to June. The new purchase order will start in July 2025 to include the updated duties as well as maintaining Capacity Building and Special projects.</p> <p>-Nayck Feliz will work with the Division to transition out of the planning partner role as well as serve as the coordinator for technical assistance to the Division. Deb Dennison will retire in June and Nayck will take over the Capacity Building Trainings.</p> <p>-These changes will take place at the January meeting. This is the last meeting that Pitt is handling these duties, though technically it is still a part of the current purchase order.</p> <p>-Before Pitt facilitated the subcommittee meetings, but now it will be handled by the Division. Additionally, the Co-Chairs not changing, but the Department will be setting up meetings and sending emails instead of Pitt.</p>	
<p>11:32 AM – 11:43AM</p>	<p><u>HPG Recruitment Update:</u></p> <p>-There are currently 20 applicants for the upcoming term and applications are still being accepted. The Recruitment work group will review applications in early December. Because there are a limited number of membership positions, not everyone will be offered a slot.</p> <p>-A representative stated that they were able to see ads in social media for the the HPG. They were impressed with the Facebook and Instagram feeds/ads, because it seems to have worked well to get 20 applicants. There are both QR codes and standard paper applications available on the StopHIV website.</p> <p>-Ray did a test run with social media ads, but is currently not allowed to use funds for it.</p> <p>-Sonny asked how many of the 20 applicants fill the specific demographics the HPG is looking for. Paul did not have information on the specific applications at this time. David said that there were priority categories of demographics that are being targeted. Paul concurred that certain areas of the state have higher levels of HIV, and they want to see them represented in the HPG. Applications are awarded points based on the applicant’s information. Additional points are assigned to applicants with demographics that address these areas of concern.</p>	<p>Led by Paul Kabera</p>

	<p>-A few members of the work group explained the application and getting the applicant’s feedback on why they want to be a part of the HPG.</p> <p>-David reminded everyone that the best recruitment tool is membership itself. He invites the members to invite those you know to apply. A representative asked if a hardcopy of the application could be sent out since they couldn’t find it on StopHIV. Pitt will send it out. Another community representative suggested that the gaps in representation could be added to the website for new applicants to see the areas of need. Again this change will be implemented.</p>	
<p>11:43 AM – 12:01 PM</p>	<p><u>Work Group Updates:</u></p> <p><u>Employment:</u></p> <p>-The employment work group was collaborating with Temple University on a needs assessment of those living with HIV. The Office of Vocational Rehab is funding the survey. The survey was previously initiated, but Temple experienced technical issues, and the survey needed to be pulled. Temple has since fixed the problem, and the assessment was sent out again. The assessment included one change, adding a question about medical assistance for people working while having disabilities. The hope is that there will be data collection at the beginning of the new year. The second component of the assessment is to conduct interviews with 20 people. Due to funding issues, Penn State graduate students will conduct the interviews. Penn State will not be compensated for these interviews, but the participants will be.</p> <p><u>Aging and Disabilities:</u></p> <p>-At the last meeting housing concerns across the state were discussed. Tenet based rental assistance was designed to be utilized until people can be placed into section 8. But has been used consistently as there is a shortage of public housing available, with some areas having their TBRA list frozen. At a recent I & I meeting, Shared Housing and Resource Exchange (SHARE) was discussed. This is a newer model that pairs people over 60 who need housing to those who own a home. Those renting the room would not be charged more than 30% of their income, and there may be an agreement that the person over 60 may receive any assistance to remain in the community. The agency involved completes the background checks on those involved. The work group is looking into whether this model could be used with Ryan White funds. It may be problematic if the person owning the property resides in the property with the tenant.</p> <p>-Highlights from the State of Aging and HIV 2024 Survey Results: 3 out of 4 respondents take at least 2 medications, 2 in 3 respondents have at least one chronic health condition other than HIV, 64% reported having mental health concerns, half of respondents have no retirement plan, with 4 in 5 have not saved enough for long term care.</p> <p>-The hope is that there is support for a vote today on recommendations on IHPCP Pillar Strategy 5E: removing age limit for the Medical Assistance for Workers with Disabilities program.</p>	<p>Presented by Liza Conyers, Michael Witmer</p>

	<p>-As a reminder the Co-Chairs for this work group will be leaving the HPG as their terms are expiring. There is a need for more membership in the Aging and Disabilities group.</p> <p>-Additional steps for the group are a literature review of HIV and neurocognitive decline, a speaker on sexual health screenings in those over 50, awaiting epidata on those over 50 who were diagnosed with late-stage HIV, and identify literature on supporting PLWH and disabilities and the chronologically aged including those born with HIV.</p> <p>-It was suggested that the work group add in the recommendation to increase the MAWD monetary savings amount to \$20,000 as the current \$10,000 amount for savings is not even enough to cover funeral costs.</p> <p>-Shekinah Rose asked if the work group could advocate for change directly at the state level to make changes. Shakinah works on the PA governor's LGBTQ Commission Affairs on the Aging Working Group. Shakinah suggested working with the governor's office to implement changes for those living with HIV aging in the state.</p>	
<p>12:01 PM – 1:00 PM</p>	<p><u>Lunch</u></p>	
<p>1:00 PM – 2:05 PM</p>	<p><u>HPG Subcommittees:</u></p> <p><u>I & I:</u></p> <p>Moira Foster announced that the I & I subcommittee has nothing to present for today's meeting.</p> <p><u>Evaluation:</u></p> <p>-Jacqueline Brenner attended the Evaluation subcommittee to answer questions about the SPBP customer service line. The evaluation subcommittee worked through a document with questions generated from the last presentation:</p> <p>-Can individuals leave voicemails? No, since there are only two individuals working the customer service line, Jacqueline had concerns that the representatives would not have time to return calls. Voicemail is not available during the day. John Haines clarified that there is voicemail that picks up calls during non-business hours. Additionally, any caller who has more than 4 other callers ahead of them in line is given the option of being connected to Prime Therapeutics' call center.</p> <p>-A question was asked about how many people hang-up before being helped. Jacqueline did not have that information. Genesys will be able to provide that information.</p> <p>-Is the post call survey still available? Genesys would put the survey back in place. Because one had been utilized in the past, it would be easier than building one from scratch. John indicated that the previous survey was not utilized and that it was pulled due to lack of engagement.</p> <p>There was a request that a copy of the previous survey be reviewed before it is implemented. The survey was suggested to be implemented for 6 months, if</p>	

	<p>no one completes it in that time, then the evaluation subcommittee will no long pursuit having a survey available.</p> <p>-There was a request for a mechanism to track the purpose of the calls. Cheryl stated there was one, but it is not currently in use.</p> <p>The group requests reinstating the system and providing follow-up data. It is unclear what the cost would be to relaunch the survey, but it has the potential to be very costly. Additionally, Cheryl added that individuals did not stay on the call to take the survey; it did not matter what the survey asked or how many questions it contained because people disconnected before taking it.</p> <p>-There was a suggestion to add a written survey link added to the website instead of within the customer service line.</p> <p>Gary and Rachel will work on a proposed email for the subcommittee to review by the end of January.</p> <p>-Jacqueline said all calls to the services line are tracked. Most calls are inquiries about benefits status and eligibility questions. The category “Unknown” is most likely the result of a problem that the reason for the call was not saved. There were a few other questions about receiving online help, replacing ID cards, and drug formulary questions.</p> <p>A representative suggested reexamining the website’s eligibility requirements section. If most of the calls are concerned about this area, there may be room for improvement on the website.</p> <p>Jacqueline agreed that there are areas of the website that seem underutilized with people not understanding how to use them despite tutorials.</p>	
<p>2:05 PM – 2:16 PM</p>	<p><u>Subcommittee Recap:</u></p> <p>-Rachel presented the Evaluation Subcommittee recap. Jackie from the SPBP customer service line presented to answer follow-up questions from a previous presentation. This falls under the Treat pillar. The subcommittee recommends the website be updated to make it easier to understand how to reach out with questions about the phone conversations you may have had/any grievances you may have. The Eval Committee will have a rough draft available at the January meeting for potential updates.</p> <p>-A representative asked for recordings of the meetings to be posted publicly. David said minutes for subcommittees are included in HPG meeting minutes, but recordings are not posted publicly.</p> <p>Jill said the Division would need to consult with legal advice as to whether consent/confidentiality issues would prohibit it.</p> <p>-There was also the suggestion to make sure the website is compatible for those with disabilities.</p> <p>Moira stated that disability checkers/accessibility suggestions are used for the website.</p> <p>It was suggested that people may not be willing to share their thoughts in meetings if it is recorded and posted publicly.</p> <p>Jill said the decision concerning recordings was made pre-pandemic and before virtual was so widely utilized. She said it could be revisited but that legal council would need to be consulted.</p> <p>David added that the recordings are used for note taking purposes and presentation preservation. Once the meeting minutes are generated, they are returned to the HPG meeting for review. At this time individuals can ask for</p>	<p>Led by Rachel Shaffer</p>

	<p>changes to the minutes before they are formally adopted through a vote. This process allows changes to be made to the official record.</p> <p>-Shekinah Rose indicated there is nothing to report for I & I.</p>	
<p>2:16 PM – 2:58 PM</p>	<p><u>Teambuilding Activity: HPG Mission/Why We are Here:</u></p> <p>-HPG participants will review the questions in the provided documents in small groups. They will then reconvene to the larger group about what feedback they are able to take from the prompts.</p> <p>-The following were responses from attendees: -“Something special about us is that should be noted is that we are used as a model for other groups including the IHPCP. “ -“A hope I have is that we are able to be more inclusive of all of those living with HIV, with a majority of our members having lived experience.” -The diversity of the group is something to be celebrated and that we can continue to improve. -We are trendsetters in the field and that needs to be continued to be fostered. -Hearing from community members and partners as well as forming friendships makes this group special. -A representative said the Evaluation Subcommittee has made progress during their time as a member, and they are proud of that work. Their goals are for “continuous collaboration with partners on treatment as prevention and permitting trauma informed facilitators to move us through the process when conflict arises during our HPG meetings.” -“The HPG allows for in-depth discussions from differing perspectives from providers and community members - this especially presents itself within the town hall meetings. I'm personally grateful to get more perspective on rural PA counties given that I'm more familiar with city landscape (Philly)” -Diversity makes the HPG special since the state is so large with so many differing regions, it has shown them that being a voice for others can create change. They are proud of the activities and developments of the group that are working. They hope that this group will continue to reach out to people we need it to reach even during times of uncertainty and/or distress. -What makes the HPG special is that it has created a space for dialog with all parties. The representative recognized that this group goes above and beyond what other states’ groups are doing, convening more often and for longer time periods than other states. The representative felt they could serve as the voice for those who cannot be here. The goal the representative had was to provide a safe place for collaboration and focusing on the things that we can change. -A representative said they participated in a similar group in Arizona, though it was a different format and environment. They felt this group provides a unique experience that not many people can say they have. They said that working together for so long has led to supportive relationships. They are very proud of the work on the IHPCP for language changes about congenital syphilis. The CDC then put out information about congenital syphilis after the changes were made in this space. Having the flexibility to recognize that language usage opens us up to doing better in the future. One goal the representative had for the group was becoming trauma informed rather than just to use it as a buzzword. They mentioned that because of the change in the administration/recent election, this topic may filter into this meeting space.</p>	<p>Led by Nayck Feliz</p>

	<p>They would also like for the HPG to work with the governor to find workable solutions for those aging with HIV.</p> <p>-Nayck reiterated the goal of the activity was to help the group reconnect with why they wanted to be a part of the group and how to move into the future. Hearing others' experiences may help spark ideas, motivation, and hope for the future.</p>	
2:58 PM – 3:12 PM	<u>Break</u>	
3:12 PM – 3:22PM	<p><u>Outgoing HPG Member Acknowledgement:</u></p> <p>-The following representatives served two terms: Clint Stieb, Sharita Flaherty, Michael Witmer</p> <p>-The following representatives completed their first terms with the HPG: Michael Tikili, Carlos Dominguez, Shane Colbert, Natasha Gorham, Michelle Troxell, Shekinah Rose, and Emma Seagle.</p>	Led by David Givens and Nayck Feliz
3:22 PM	<p><u>The Garden:</u></p> <p><u>No topics</u></p>	Led by Sonny Concepcion
3:22 PM	<u>Summary and Dismissal:</u>	Led by Sonny Concepcion and Moira Foster

Thursday, November 21, 2024

<u>Time:</u>	<u>Topic/Discussion:</u>	<u>Action:</u>
9:03 AM	<u>Meeting Call to Order:</u>	Called to order by Sonny Concepcion
	<p><u>Attendance:</u></p> <p><u>HPG Community Representatives:</u> Sonny Concepcion Lupe Diaz Liza Conyers Carlos Dominguez Nicola D'Souza Sharita Flaherty Andre Ford Natasha Gorham Katherine Harr Anne Papandreas Miguel Rodriguez</p>	

	<p>Shekinah Rose Rachel Schaffer Emma Seagle Gary Snyder Clint Steib Teresa Sullivan Michael Tikili Michael Witmer</p> <p><u>A Department of Health/Division of HIV Health Present/Guests:</u> Moira Foster Najia Luqman Jeremy Sandberg Michelle Rossi Jon Steiner Kendra Parry Rob Smith Monisola Malomo Jill Garland Allison Prim John Haines Kyle Fait Cameron Schatz Michelle Schlegelmilch Monica Woodring Anthony DeAngelo</p> <p><u>University of Pittsburgh Staff:</u> Nayck Feliz David Givens Paul Kabera Sarah Krier Kristen Growden Ray Yeo</p>	
<p>9:05 AM – 9:34 AM</p>	<p><u>Workgroup Updates:</u></p> <p><u>CQI:</u></p> <p>-ADAP Application Determination and ADAP In appropriate Antiretroviral Regimen Components Resolved by ADAP were revised. Four Performance Measures were added: Viral Suppression for Clients who Receive ADAP Services, Loss of ADAP Services due to Failure to Confirm Eligibility, Timely Payment for Health Insurance Premiums, Enrollment in Health Care Coverage. ADAP Eligibility Recertification and ADAP Formulary were archived.</p> <p>A rolling calendar year is utilized for data reporting and the current review period is 7/1/2023-6/30/2024. HIV Viral Load information was pulled from eHARS and NEDSS. Two overall performance measures are not based off service category utilization. The total number of Ryan White Part B clients increased from the review period (4/1/2023-3/31/2024) of 15,385 to (7/1/2023-6/30/2024) 15,962.</p>	<p>Led by Michelle Schlegelmilch</p>

	<p>-The Quality Improvement Project is Medical Case Management, annual retention and service focusing for this year was on the importance of collaboration between the regional grantees and providers. There are 28 Medical Case Management providers throughout PA, with 12 providers having annual retention rates varying between 39-76%. A survey of 12 questions related to retention relating to Medical Case Management was sent to the 16 providers who had 77% and above retention rates. Pitt compiled data trends and specific examples of how providers are maintaining their retention rates. This document was formatted as a best practice guide. Additionally, a 32-question survey was also utilized as another tool.</p> <p>-The work group recommended creating instructions for assessing/creating reports in CAREWare to show unretained clients. They also recommended providing the regional grantees with service category utilization reports for their review.</p> <p>-The question was asked why NEDSS data was not utilized before. Michelle explained that the data was not able to be separated out previously but improvements to the system were able to fix this.</p> <p>-January is typically when training is offered for new members. The group meets virtually on a monthly basis, but if they are working on a specific quality improvement project, then they may meet more often.</p> <p>-Michelle confirmed that Medical Case Management and ADAPT are run against death registries.</p> <p>-Almost all of the 16 providers provided feedback, and some unexpected results were observed. Michelle assumed most providers had electronic medical records that linked to CAREWare, but that was not the case, and they were manually entering data.</p> <p>-Additionally, Medical Case Management standards were revised this year. Rob Smith facilitates that work group. There is variability across regions with respect to implementation.</p> <p>-There were 7601 SPBP clients, 6546 had viral load and 6204 were virally suppressed, or 95%.</p>	
9:36 AM	<p><u>Staff appreciation:</u></p> <p>Michael Tikili and Carlos Dominguez</p>	Led by Sonny Concepcion
9:36 AM – 10:47 AM	<p><u>Protocols:</u></p> <p>-4 Parts are up for review. Each section will be voted on separately: David stated that 17/23 members are present; quorum is reached. Voting members online should use the hand raise function to vote.</p> <p>-Part 1: Section 8: Stakeholder Engagement: Stakeholder Engagement Plan. The old model is removed since it is already in the plan. The CDC made the Status Neutral Model, so it is referenced in section 6.1. For the HPG, this is the model that the IHPCP uses, so Status Neural Language is a part of it.</p>	<p>Presented by Rachel Schaffer; Natasha Gorman; Lupe Diaz.</p> <p>Part 1: Gary Snyder motioned to accept the</p>

<p>-Part 2: Section 9: Meetings: 9.1.2 has a redundant sentence, and it was suggested to be removed. Subcommittee and work group language was added about providing updates in the full HPG meetings. 9.2.2 Voting changes the requirement that quorum is needed at the time of voting. 9.4.7 still references the Parking Lot, rather than The Garden. Addendum Part 2 deletes the extra sentence in 9.1.2 and changes the “Parking Lot” to the “Garden” in 9.4.7.</p> <p>-Part 3: Section 10: Leadership and Governance. This section hopes to codify that both Co-Chairs share the responsibility of leading and moderating. The Community Co-Chair nomination is required to have a minimum of 1-year membership in the HPG and be in good standing. The Protocols work group incorporated suggestions from a survey sent out to the HPG and developed a new Vice Community Co-Chair position. Vice Community Co-Chair is different from the Co-Chair elect. The Vice Community Co-Chair steps into the Co-Chair position and leads should the Co-Chair be absent. This position does not move up to Co-Chair; the Vice Co-Chair has its own duties/roles. This position requires learning the roles and responsibilities, filling in for the current Community Co-Chair as needed, serves as a member of the Steering Community, and all of the other duties listed for the Community Co-Chair. Elections for this position will take place every 2 years. If the Vice Community Co-Chair position is vacated prior to the end of their term, there will be a vote at the next HPG meeting to fill the vice position.</p> <p>-There was added language around good standing and ground rules to be reviewed at the beginning of meetings. If a conflict of interest arises, the Division is not required to endorse any document, as it will be released from the Community Co-Chair.</p> <p>-It was suggested that the Vice Co-Chair position be marketed for those living with HIV through the Nominations and Recruitment work group.</p> <p>-Several individuals were unsure about the wording of former 10.4, proposed 10.5 “conflict resolution.” Rachel explained that they chose “conflict resolution” because not all conflicts go to the grievance level through protocols. There may be issues that are resolved, and the document cannot account for every scenario. After discussion it was proposed to change the language of 10.5 to remove “maintaining a history of minimal or no conflict resolution” from the document and will read, “...good standing by meeting the minimum for attendance listed in section 6.1 while abiding by the ground rules below.”</p> <p>-For clarification, the person who is not elected Co-Chair could then choose to run as Vice Co-Chair. An individual could choose to only run for Co-Chair or only Vice Co-Chair. It was suggested that 10.5.1 Courtesy, add in language with trauma informed lens. Tenets of trauma informed care are in the bullets, another is added to state, “members are encouraged to make space for themselves and others as needed.” The proposed changes were voted on as written with the outlined amendments.</p>	<p>changes for Section 8. Clint Steib seconded; motion approved.</p> <p>Part 2: Liza Conyers motioned to accept changes to Section 9 with the proposed amendments; Michael Tikili seconded; motion approved.</p> <p>Part 3: Teresa Sullivan motioned to approve Section 10 with the proposed amendments; Clint Steib second; motion approved.</p>
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	<p>-Part 4: Section 7.1.5 Removal Due to Conduct</p> <p>-Added a bullet point for the steering committee</p> <p>-There was a question on the wording of “public censure membership termination or alternative options.” Rachel explained that previously the protocols document did not explore what possible resolution actions could be. This wording was included to allow for a less punitive option than removal. It was suggested that 7.1.5 could add-in a subcategory entitled “Alternative Options.”</p> <p>-There was a question about how long recordings/records are kept and whether they are accessible to the public. Rachel indicated that records of allegations and outcomes are held by the Planning Coordinator similar to that of the recordings. David answered that currently there is no formal guidance on how long to keep the recordings, but that attendance and contact info has been kept since 2013 with some gaps over time. No membership information is made public on the StopHIV website outside of the published documents. Moira added that the Division has been diligent to remove identifying information from the minutes/public records.</p> <p>-The suggested language change to the bullet on sanctioning is as followed: “Alternative options may include: censure within meetings or other items agreed upon by the community representatives.”</p> <p>-Another bullet was added that addresses concerns about privacy and states: “Any public record or disclosure of such actions must be discussed and approved by both the HPG membership and the Division.”</p> <p>-Moira stated that keeping language in protocols concerning public records and disclosure assures there is a process in place in the event it becomes necessary to release information. Liza suggested the discussion be postponed since there are so many changes. The group decided to take a break and revisit the document allowing Gary time to add the proposed changes to the document for a final visual review.</p>	
<p>10:47 AM – 11:13 AM</p>	<p><u>Break</u></p>	
<p>11:13 AM – 11:24 AM</p>	<p><u>Protocols Discussion Continued:</u></p> <p>-Part 4: 7.1.5: Removal Due to Conduct: Gary posted the suggested language to read as followed:</p> <ul style="list-style-type: none"> • Community Representatives will vote on actions to be taken regarding the Community Representative’s HPG membership at the next HPG meeting (provided at least 10 days precede the next HPG meeting.). If the allegation occurs within ten days of the next HPG meeting, the resolution must occur during the following HPG meeting. 	<p>Presented by Lupe Diaz, Rachel Schaffer.</p> <p>Part 4: Clint Stieb motioned to approve changes to Section 7.1.5 with the</p>

	<ul style="list-style-type: none"> • Possible actions voted on by the Community Representatives could be membership termination or alternative options. Alternative options may include: censure within meetings or other items agreed upon by the community representatives." <p>Moira suggested moving the other newly added bullet points which states, "Any public record or disclosure of such actions must be discussed and approved by both the HPG membership and the Division." This was moved to after the bullet addressing records/outcomes of the allegations will be kept by the planning coordinator.</p> <p>-The rest of Section 7 was already addressed and this section needed further revisions, so this is the second time this section was revised. David added that all other parts of Section 7 were viewed, revised, and voted on previously.</p>	<p>proposed amendments, seconded by Shekinah Rose; motion approved.</p>
<p>11:24 AM – 11:26 AM</p>	<p><u>Appreciation:</u></p> <p>-Certificate of completion of two terms: Michael Witmer</p>	<p>Led by Sonny Concepcion</p>
<p>11:26 AM - 12:10 PM</p>	<p><u>Integrated HIV Prevention and Care Plan:</u></p> <p>-7.1 Prioritization of Federal Reviewers Comments IHPCP HPG: Work groups, subcommittees, and HPG meetings assembled recommendations to the document throughout the year. They were compiled by Pitt. This list of suggestions will be reviewed by the HPG to determine which components will be forwarded to the Division for consideration. This occurs annually, but it has been almost two years for this current IHPCP. A draft document of prioritizations of the federal reviewer recommendations was briefly given at the last meeting and provided prior to this meeting. HERSA and CDC provided the comments and the HPG is asked to provide feedback on the status and timeline of the action points. Item 15 is the only point of the document that was required to be rectified, and it has already been implemented. This point concerns the submission of a letter of concurrence from Philadelphia Part A.</p> <p>-7.2 Recommended Changes to the 2022-2026 PA IHPCP. Second part of presentation shows the amendments to plan as proposed by:</p> <p>-Part 1 outlines the changes the CQI work group put forth: The changes they suggested change the name from CQM to CQI. They added language to show how the CQI, the Department of Health and the HPG function together. Most up-to-date data was included in their changes.</p> <p>-Part 2 Subcommittee: This section adds clarifications/updates/broad suggestions of way to improve plan. The request for this section is for the Division to take the revisions and operationalize it. Clarification was asked for Strategy 1A: Division will assess the possibility of reestablishing programs with the Department of Corrections. Rachel answered that the subcommittee wanted to establish a connection to the Department of Corrections. They were asking to attempt to form a relationship by continuing to ask the Department of Corrections to join. It is up to them whether they will respond.</p>	<p>Presented by Cheryl Henne and David Givens.</p> <p>Rachel Schaffer motion to accept document, Lupe Diaz seconded. Motion passed. Liza Conyers motioned to accept document with the proposed changes. Natasha Gorham seconded. Motion passed.</p>

	<p>David said that if this document is approved, the Division will come back to the HPG with a more formalized plan of how they propose to address this. Community Representatives’ experiences with the Department of Corrections exemplifies the need to continue to engage with PLWH while in the corrections system and after.</p> <p>The question was asked if this recommendation was for the state or federal level.</p> <p>A Community Representative stated that PA has one of the largest peer support networks in prison facilities. They suggested that it would be helpful to develop an HIV Peer Support network.</p> <p>Community Representatives agreed to add language to specify “County” in the document, but to allow the Division to have the flexibility with other suggestions.</p> <p>-Part 3 Recommendations from the Aging and Disability Work Group. They added Strategy 5 E: Program Advancement for People Living with HIV. The group advocated for the removal of the age limit for the Medical Assistance for Workers with Disabilities (MAWD). At the meeting yesterday, the recommendation was made to increase the cap on MAWD assets to \$20,000. It was discovered that the cap is set by the federal government, however the group still asked the Division to reach out to raise the concern that the cap needs adjusting.</p> <p>Another representative also felt it was important for our state to lead the way for change and to have the recommendation on record even if it may not be able to directly affect a federal requirement.</p> <p>David reminded the group that the language added cannot encroach on the state and federal limits on advocacy the Division and Bureau have in place.</p> <p>-Part 4: This section adopts the letter of concurrence from Philadelphia and integrates it into the document. The letter states that Philadelphia concurs with the plan and collaborations with the state. It was stated that this plan did not accurately reflect or describe the collaboration between the city of Philadelphia Part A and the state Part B program. The letter of concurrence is a requirement that needs to be on file with the plan. A new letter will need to be submitted with the next plan.</p> <p>Cheryl clarified that our letter was missing because HERSA could not clarify who needed to write the letter, and then HERSA was unsure how it should be submitted. HERSA was aware the letter was completed and was aware it was going to be submitted late due to the previously mentioned problems.</p>	
<p>12:11 PM – 1:00 PM</p>	<p><u>Lunch</u></p>	
<p>1:07 PM – 1:56 PM</p>	<p><u>HPG Co-Chair Elections:</u></p> <p>- David reviewed the expectations and responsibilities of the positions as outlined in the protocols, including the amendments added today. The positions are a 2-year term appointment, and the person elected may apply for another term if they remain a member in good standing. If a Co-Chair term does not align with the person’s membership term, they do not get an extension of their term because of their leadership role. The person can re-apply for membership in the HPG if they are eligible. If someone cannot reapply to the HPG because they have exhausted their term limits, they cannot reapply for a leadership role.</p>	<p>Led by Sonny Concepcion and David Givens.</p> <p>For the Community Co-Chair: Natasha Gorham nominates</p>

	<p>For any person who gets elected and is reapplying for membership to the HPG, their ability to accept the leadership role is contingent upon their application for reenrollment to HPG. If they are not selected for HPG, another election will take place in January.</p> <p>-David asked the individuals in the room who had previously served as a Community Co-Chair if they had anything to say about what the role entails or their experience in the role. One previous Co-Chair said you need to think more broadly about the group to make sure work is getting done. They said the role requires you to take a broad perspective outside your work group/subcommittee ideas. The role requires you to be an intermediary for taking ideas back to the Steering Committee and Division. In this role you are very involved in meetings and doing a lot of work.</p> <p>Another individual said the role requires you to remain neutral in decisions and conduct yourself in a way that respects everyone and their opinions. It was suggested that the group should consider people's term limits to make sure they will be able to fulfil the whole term.</p> <p>It was asked if Sonny could be nominated and only fulfil the role for one year.</p> <p>David confirmed that Sonny could fulfil the role for one year, and then another vote would take place next year when he leaves.</p> <p>Rachel also said that protocols did not dictate that only those with two years left on their terms could be nominated and serve because the group is currently so small. The Protocols work group did not feel it was appropriate to require those nominated to have at least two years left on their term in order to be nominated/elected for the roles. If the person nominated only has one year left to serve and they do not wish to accept the nomination because they do not think it is appropriate, they can decline the nomination.</p> <p>Co-Chair and Vice Co-Chair elections took place independent of each other.</p> <p>Community Co-Chair Election: Natasha Gorham nominates Gary Snyder, Gary accepts. Sonny Concepcion nominates Michael Tikili, Michael declines. Sharita Flaherty nominates Sonny Concepcion, Sonny accepts. Teresa Sullivan nominates Rachel Snyder, Rachel declines.</p> <p>Gary Snyder and Sonny Concepcion were nominated.</p> <p>Gary addressed the HPG stating that he learned about the HPG through his work on the Protocols and Evaluation. Gary wants to better individuals living with HIV in PA that don't have much of a voice. He said past leadership has fostered understanding and education of members and would like to continue this path and thanked the group.</p> <p>Sonny indicated he was honored to be nominated. He tried to show dedication and care throughout his time on the HPG and will continue to do so if elected.</p> <p>Community Representatives in the room received a card to cast their vote, for online members, they were instructed to email their vote to Nayck Feliz. Carlos participated via phone, and Nayck called Carlos to allow the vote to be cast.</p>	<p>Gary Snyder, Gary accepts. Sonny Concepcion nominates Michael Tikili, Michael declines. Sharita Flaherty nominates Sonny Concepcion, Sonny accepts. Teresa Sullivan nominates Rachel Snyder, Rachel declines.</p> <p>Sonny Concepcion was elected Community Co-Chair.</p> <p>For the Vice Co-Chair: Clint Steib nominates Michael Tikili, accepts. Rachel Shaffer nominates Lupe Diaz, accepts.</p> <p>Michael Tikili was elected Vice Co-Chair.</p>
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	<p>Paul said both candidates received substantial support. Sonny Concepcion was elected as the Community Co-Chair.</p> <p>David reviewed the Vice Co-Chair responsibilities as outlined in the protocols document adopted today. If the Community Co-Chair position is vacated, the Vice Co-Chair fills in for the next meeting to hold a vote for the new Co-Chair. The Vice Co-Chair serves on the Steering Committee. This position also has a two-year term and can run for reelection if they are in good standing.</p> <p>Clint Steib nominates Michael Tikili, accepts. Rachel Shaffer nominates Lupe Diaz, accepts.</p> <p>David outlined the same procedure for voting. Michael Tikili said he has a strong work ethic and dedication to the group. He is excited to represent his community and will utilize all of these attributes in his role as Vice Co-Chair. Lupe Diaz has enjoyed her time as part of the body as a newer member. Lupe is also a member of the city of Philadelphia group as well and will strengthen the relationship between the bodies.</p> <p>Paul said both candidates received many votes. Michael Tikili was elected Vice Co-Chair. Sonny thanked the group and said he was honored to continue to serve. Michael thanked the body and looks forward to the next two years of service.</p>	
<p>1:50 PM – 1:54PM</p>	<p><u>Jewish Healthcare Foundation(JHF) Ending the HIV Epidemic Plan (EHE) Letter of Support Request from the HPG:</u></p> <p>-The group was asked to review the letter to see if any changes needed to be made before Sonny signed it. There was a question as to why the wording “HIV infection” was used rather than HIV acquired or HIV acquisition. Community representatives said that “infection” is scientific term that has been used in the past and it would not be appropriate to change the language. Paul clarified that the Community Representatives agreed for Pitt to create the letter and anything in the document can be changed. Paul said the word “infection” is stated because the twin goals of EHE from the CDC. The language will be changed to reflect Sonny is now the Community Co-Chair.</p>	<p>Led by Sonny Concepcion</p>
<p>1:56 PM – 2:11 PM</p>	<p><u>Stakeholder Engagement Update:</u></p> <p>-For the evaluation, if you are unable to use the QR code, they should see Paul for a paper copy There was a recap of the stakeholder engagement plan approved at the July meeting. This multiphase approach includes Conversation Cafés first, then Focus Group topics will be pulled from the findings of the Conversation Cafes then key informant interviews and surveys. Each of the levels builds on the next. Stakeholder Engagement will support the development of the next IHPCP which will begin to be developed in January 2025.</p>	<p>Presented by Paul Kabera</p>

	<p>-The most recent Conversation Café was held on November 13 at UPMC Altoona Intervention Project was the partner. The Community Representatives who participated in the Conversation Cafe gave feedback on their experience. They said their clients were not as comfortable using technology, so staff had to register clients themselves. It was helpful that this session was held in person. The ideas posed were helpful to see the same problems through different lenses. New solutions and ideas came from the event.</p> <p>-Paul said additional sessions are scheduled, but if anyone would like to have a Conversation Cafe in their region/agency, to contact him directly. The next Conversation Café is scheduled for December 10 in Allentown. AIDSNET is the community partner for this session. The following program will be held January 29, 2025, in Philadelphia. Philadelphia FIGHT Community Health Centers is the community partner. More info can be obtained at www.pennsylvaniathinks.com.</p> <p>Paul said that the community partner takes the lead inviting people to the event, but you do not need to be a member of the HPG to request one in your area. Those who participate must be +18 and the group needs between 3-24 attendees. It was suggested that Paul talk to Vicky at AIDSNET.</p>	
<p>2:11 PM – 2:28 PM</p>	<p><u>The Garden:</u></p> <p>-Miguel Rodriguez said he was sending patients to Ryan Whites agencies for care, but the agencies are telling patients if you want case management you need to move your HIV care here to this facility. Case management is available through Ryan White, and agencies are asking people to moving their care for monetary reasons. Miguel is concerned about people being asked to move their care when they feel safe with their current doctors. Miguel was unsure how the issue could be addressed/who needs to be contacted.</p> <p>Miguel’s second concern was that there has been an increase of bills from labs through SPBP. If you have insurance, SPBP will not cover labs, so patients are getting large bills from Lap Corp and Quest. Miguel asked if SPBP could pick up the cost of labs after primary insurance has paid? John Haines answered that because they use the Medicaid system, copays are not covered for anyone who has other insurance.</p> <p>Moira said that they would address the concern with Ryan White Part B providers that clients are not required to move for services. She also said if the individual is enrolled in Part B services, then lab fees could be covered for them.</p> <p>Miguel is frustrated because he feels that agencies are not following best practices for the people they serve. He indicated that services that should be covered under Ryan White still may not be happening.</p> <p>Andre wanted to clarify that if a person is getting services through the VA, they are required to go through the VA only, or they will need approval to go somewhere else outside of VA.</p> <p>Moira again said if it is a Part B provider they can intervene, but if its Part C or other funding then cannot. Rob Smith was referenced as the contact person.</p> <p>Rob was asked who people should contact for Ryan White part A and C.</p>	

	<p>Rob answered that for Part C, every agency is different since they utilize, EIS, a sum of money for medical and other services, they can allocate the funds where they need to. We would need to contact the person in charge of the program for more information about how they manage the program. Part C is not prescriptive as far as how they use the money like Part B is. Part A is Philadelphia, and they get their own sum of money, but Part A/B are very similar.</p> <p>Amanda Hodges is the coordinator for Part C. This Part C grant is the smallest in state and one of smallest in county. Because the program is so small it is not feasible to offer all available services.</p> <p>Liza Conyers asked if it was possible for this topic be added to the agenda of a future meeting to explore why agencies are telling people they need to switch their care, when they do not. Liza asked if Rob Smith could provide more information about why this is happening.</p> <p>Moira again stated that if it happening with Part B participant, they can address it, but if it is Part C, they cannot do anything about it. Because it is a separate grant through HERSA. Moira stressed there is little that can be done about it.</p> <p>It was suggested that Miguel and anyone else with questions work with Rob directly for more information or contact HERSA directly with questions about the programs.</p> <p>-There was a question as to whether the recruitment workgroup could be responsible for the recruitment of candidates for the Community Co-Chair and Vice Co-Chair positions in the future.</p> <p>Rachel clarified that this aspect could be put back to the work group to make sure marketing is letting applicants know that there are leadership opportunities.</p>	
<p>2:28 PM – 2:31 PM</p>	<p><u>Summary and Adjournment:</u></p> <p>-Membership Applications are accepted for another week. Copies are available on StopHIV. Free get my HIV test cards are also available.</p>	<p>Led by David Givens and Sonny Concepcion</p>