

PENNSYLVANIA DEPARTMENT OF HEALTH

HIV PLANNING GROUP MINUTES

Park Inn Harrisburg West, 5401 Carlisle Pike, Mechanicsburg, PA
July 15th, 2015

HPG Members: Wesley Anderson, Jr., Adam Bocek, Jeanne Caldwell, Principe Castro, Melissa Davis, Doyin Desalu, Sharita Flaherty, Christopher Garnett, Daniel Harris, Lou Ann Masden, Briana Morgan, Daiquiri Robinson, Tamara Robinson, Susan Rubinstein, Shubra Shetty, Richard Smith, Rob Smith, Nathan Townsend, Tony Strobel, Grace Shu, Ann Stuart Thacker, Wayne Williams

Voting Members Absent: Linda Frank, Jeffery Haskins, Shannon McElroy, Pamela Smith, Derick Wilson, Paul Yabor

Non-voting HPG members: Wenona Wake

Dept. of Health: John Haines, Kyle Fait, Jill Garland, Sara Luby, Ken McGarvey, Benjamin Muthambi, Lisa Petrascu, John Haines, Brad Van Nostrand, Christine Quimby, Cheryl Henne

University of Pittsburgh: Anthony Silvestre, DJ Stemmler, David Givens

Guests: Michael Witmer, Jeff Funston, Leroy Jefferies

[Meeting called to order 1:00 pm]

Director Ken McGarvey: Welcome all.

Please note our normal technology reminder - no cellphones or laptops at main table. We have our rules of engagement, and we will review these during the meeting. Please remind guests that only voting members and HPG staff are able to have the provided lunch. It was noted in my email earlier this week that we do not have a budget yet in the commonwealth, so all travel expense reimbursement for members and staff will not be able to be reimbursed until the budget is passed. But you should still submit your travel expenses as usual. It will just sit with the comptroller until funds are released. This will not impact your ability to make car rentals and hotel reservations as these are directly billed to the commonwealth. My apologies for all this, and we will still do everything we can on our end to make this as smooth and quick as possible once funds are released. Please see Lisa Petrascu with any questions about travel.

HPG News: We have attendance regrets from Shannon McElroy and Jeff Haskins. We have also received a resignation from Alicia Beatty [letter read]. I did communicate with her, and I thanked her for all her work over many, many years. Dan Champion and Wayne Fenton have also

resigned [letter read], and I extended my thanks to them also. Very nice letters from these members; they will be missed. Ron Johnson resigned earlier, as well, you may recall, and so that puts us at 28 members out of a recommended 35. We will be doing our membership recruitment starting now through the fall, so please think of who you can invite to apply.

All three Section Program Managers (Prevention, Care and Special Pharmaceutical Benefits Program [SPBP]) within the Division of HIV/AIDS will be attending a National Alliance of State and Territorial AIDS Directors [NASTAD] integrated technical assistance meeting this month; so that is exciting for us that this integration across the continuum of HIV services/programs is really gaining momentum at the federal level.

Cheryl Heme: SPBP is revising its enrollment form, as you know, and those revisions are now finished and is in the approval process. As soon as it's through all those approvals we hope to have it in place in the next month or two. The Medicaid screening process has been revised, and once Spanish translations are complete we expect it to be ready to undergo testing. We expect it by the end of July. SPBP advisory council has a conference call on July 23rd and anyone can participate in that call. If you need information you may call our SPBP customer care line.

Jill Garland: Staff member Diane Kennedy will be filling our vacant Clerk Typist III position and will assume the responsibilities for processing HPG travel and reimbursement. A CDC technical review of our CDC annual progress report is released, as you know, so if you have any questions about that or our response, please let us know. We have a new CDC project officer, and have been on calls with him since June. He let us know our carryover request from 2014 has been approved. We have many projects lined up for that funding, including Category A, mini grants and condom purchasing, Category B testing kits, and Category C carryover for Project SILK. You received an email from David [Givens] on my behalf about concurring or not with our Jurisdictional plan. You know that we have not updated our plan for several years, and are working on that now, but the concurrence is an annual requirement. I appreciate all those from whom I've heard already, and you can also give your signed form to me while here at the meeting. We are working on our CDC HIV prevention grant application for 2016 now, and will share our draft of that with you at the next meeting.

Christine Quimby (for Julia Montgomery): Care announcements include the 2015 Ryan White program terms report has been submitted to HRSA, and we expect to submit the FY 2014 annual report this month.

David Givens (HIV Prevention and Care Project (HPCP)): We have just a few announcements:

- Acceptance Journeys – is running their first showcase in the Carnegie Library Main Gallery in Oakland in Pittsburgh now until the end of August. If you're in the area, please consider stopping by or inviting those who are wondering about LGBTQ issues or struggling with acceptance to read the stories of love and acceptance we've been able to share.

- Newsletter – HPCP will be starting up our stakeholder newsletter soon for those interested around the state. This is part of the 5 year stakeholder plan developed by the HPG last year. So, if you have upcoming events, alerts, or news you think other folks around the state would like to know about or would benefit from, please forward them to me or Dan Hinkson, who is heading up our stakeholder work.
- Evaluation Available – just a reminder that our speaker and meeting feedback forms are available on the back table.
- Tech survey tomorrow – watch for a brief survey about your own technical capacity. We will be distributing it as part of our assessment for distance engagement.
- Andre’ Grey memorial – some of you in western PA may have heard about the case of Andre Grey. He was a young man in Pittsburgh who identified as bi and worked very closely with Project Silk; he was one of our earliest volunteers and a mentor to many of the younger members. He was murdered last October – the details are quite horrible, and I won’t go into them here – but now a few non-profit groups are working on establishing a memorial bench and plaque honoring his life at his favorite dog park in Pittsburgh. We thought it would be a meaningful gesture for his family if anyone here would like to make a contribution – to have a contribution honoring their son come from folks all over the state. So we have a bowl set up in the back or you can see me. Thank you.

Briana Morgan: Our yearly HIV service allocations process is underway in the Philly region.

Chairwoman Flaherty: Do I hear a call for approval of the minutes? Hearing no corrections, the minutes stand as submitted.

Director Ken McGarvey: Before we break into subcommittees, I’d like to discuss the rules of respectful engagement briefly. They were originally developed by the CPG [Community Planning Group], and while they are always on hand, sometimes we need to bring them to the forefront and review them. [Review of rules] I’d like to remind everyone that these apply to not only our members but staff and guests as well. Please also note that our staff, both DOH and Pitt, are not ultimately responsible for policy decisions. That rests with me, and I encourage you to speak with me one on one. We welcome discussion and passion, and we will always try to be transparent and clear with you. I will always welcome those discussions.

Susan Rubinstein: How does confidentiality work, then, since it’s a public meeting?

Director Ken McGarvey: Good question: the minutes are public – so please keep that in mind, and you can also let Pitt know with the minutes that you’d like something you’ve said excluded.

Now we will hear from subcommittees about updates with what they have been doing and what is on their agenda for this meeting.

Briana Morgan for Access: The group did work looking at existing peer models, and we gave those to Sarah Krier who created a great spreadsheet for us. So we will be looking at that today.

Wesley Anderson for Incidence: We had two conference calls and we looked at information from Jill Garland and Benjamin Muthambi around testing around the state. We needed clarification on what to do with this data, especially since I have been experiencing some computer issues at my work. So we will be discussing that today.

Daiquiri Robinson for Disparities: Disparities developed a questionnaire around transgender issues, and we will be talking about that and the work plan today and looking at other sources of information we have to look at.

[Reconvene 3:50]

Chairwoman Flaherty: Welcome back. We'll now hear reports from the subcommittees.

Daiquiri Robinson: Disparities accepted minutes, found out our survey has been accepted by the state, so we'll have that by mid-August, examined issues of violence for transgendered people, talking points for panel in Sept.

Briana Morgan: We examined peer models, what criteria we would want for people participating, we are looking at medically based models - in particular those associated with a clinic. We will then move towards what a rural version might look like.

Christopher Garnett: I was voted the new Co-Chair along with Wesley Anderson. We will be finishing a work statement for completion tomorrow. We will be looking at high incidence groups and get going with that work plan tomorrow.

Chairwoman Flaherty: Any other questions on this work? Anyone feeling uncomfortable or disconnected with the process? Please be thinking about your work and the overall process, as well, keeping in mind what we're doing here will affect the larger Plan.

MOTION: Motion to adjourn until tomorrow. [Passed.]

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Pitt: Anthony Silvestre, DJ Stemmler, David Givens

Guests: Michael Witmer, Jeff Funston, Leroy Jefferies, Victoria Brown

[Called to order 9:03 am]

Welcome and introductions

Director Ken McGarvey: As always, welcome to our friends and guests from the Department of Human Services [DHS] and the Department of Drug and Alcohol Programs. We have good news with the budget – we have seen the copy of the budget submitted to the governor and, while we do not have an actual one that is passed yet, no one has suggested cutting our funding. Are there other announcements?

David Givens: Thank you all for all the contributions for Andre's memorial; we will be collecting today as well for those who are interested. Also, there are letters of concurrence available for you to fill out and turn in to me or Jill.

Shubra Shetty: We have started doing PrEP [Pre-Exposure Prophylaxis] in our offices with our patients and it has happened that our first patient was not a partner with any of our known patients, so we are very excited that consumers are interested in doing their homework and are excited about this newly available option for keeping people safe.

Ann Stuart Thacker: How is funding for that?

Shubra Shetty: This individual is insured and it's covered in their insurance plan. So that was easy for us, since RW plans are not funding it. 340 B maybe, I'm not sure. We did the initial counseling and testing, and then we developed our protocol. We knew it was coming, and so when this patient approached us we just went with it. I'd be happy to share our protocol if anyone wants it.

Richard Smith: In southwestern PA our providers all got together, and we are starting AIDS Free Pittsburgh with the getting to Zero model from San Francisco; we hope to include the entire state eventually. We are excited for this initiative and have two PrEP clinics in Pittsburgh, and hope to officially launch on World AIDS day this year. I would be happy to talk to anyone interested in learning more.

Shirley Murphy: AETC will be holding a live webcast. I'm not sure of the date, but hopefully we will have that available on our website soon. I'm sure it will be of interest to many.

Shubra Shetty: When will PrEP be funded in PA?

Director Ken McGarvey: We know many Part C clinics are doing that now, and we have asked for a list of Part Cs that have PrEP clinics that would be willing to take referrals. We are looking to identifying high risk individuals through our partner services efforts, and to be able to make referrals to the existing PrEP clinics. We're having discussions with our new administration, and we do have ideas about funding and implementation, but all I can say at this time is that we do have it on our plate... good ideas and things in the works. We do need more pieces to fall into place, so I can't make any promises or offer any more specifics at this time. It is covered by Medical Assistance, though. We would love to make the kinds of announcements that New York and San Francisco are making.

Shubra Shetty: One thing we have noticed in our area is that most doctors and physicians are not comfortable with these new medications.

Director Ken McGarvey: Yes. And I agree with what Shirley Murphy said that there is definitely a roll for the AETC in educating physicians.

Shirley Murphy: And that webcast is the 29th of this month. I just checked with my office.

Richard Smith: One thing that we have found in Pittsburgh is that we have identified people whose doctors think they are prescribing PrEP but they are just anti-HIV drugs, not actually Truvada.

Shubra Shetty: Yes, and I'm afraid that we will be seeing more of that. We hear in our areas of people being prescribed drugs that are ten, fifteen years old. Things are advancing quickly and healthcare professionals who are not keeping up might really bring the whole thing down.

Director Ken McGarvey: Thank you for raising this important issue. Virginia will now present an update on her presentation from the AIDS Waiver discussion we began last month.

Virginia Brown: I'll be presenting on the update on long term services and support from the office of long term living and the AIDS waiver.

[Presentation, 9:30 am]

Anthony Silvestre: So someone who is disabled and working would be eligible for this waiver?

Virginia Brown: Yes.

Susan Rubinstein: Someone over 60 and dual eligible, they would automatically end up in one program or the other? What about the people in transition over 60?

Virginia Brown: No, they would have a choice of either the Life provider or the Aging Waiver. People transitioning from the AIDS waiver and over 60 would also have that choice.

Question: Will clients be at the mercy as far as who their provider contracts with?

They can continue to use the home healthcare providers they are currently using. The law stipulates that consumers must have choices. So as long as the provider is enrolled with our agency they will be able to continue with them. The service coordinator assists individuals in accessing services. For our programs, this means working closely to support an individual with HIV AIDS with the rest of their existing support team. I'd also like to say that we have had several AIDS service organization express interest in partnering with us to expand their services and support.

Jeanne Caldwell: We've had two individuals that were discontinued with their services and their case manager was being told by your office that they were not enrolled in the AIDS waiver, when we were able to prove that they were. We are also concerned that some case managers may be confused about the role of the service coordinator. Finally, we are hearing from Maximus that they are still trying to enroll people in AIDS Waiver and are arguing with our case managers about that.

Virginia Brown: Thank you for sharing those concerns. That's important for us to hear.

Director Ken McGarvey: We will now have subcommittee time, and then break for lunch.
[9:55am. Meeting resumes 1:00pm.]

David Givens: We are going to try recording this presentation – Jeff has graciously agreed to participate in our test. It's our hope that this can be another unique tool for supporting the HPG and stakeholders.

Jeff X, Department of Human Services: Good afternoon, everyone.

[Presentation on the Department of Human Services]

Daniel Hinkson: Thank you, Jeff. We'll now talk briefly about membership

[Presentation: HPG Membership Guidelines and Goals]

Anthony Silvestre: The primary/secondary distinction was from the old CDC forms from the CPG, and HRSA has different requirements as well. So now with Daniel and Sarah moving forward we can create a new, more holistic approach to representation as we move forward. This will be particularly important as people may be changing their jobs from time to time in the future.

Chairwoman Flaherty: Yes, and we have protocols around that.

Director Ken McGarvey: Yes, I'd like to echo that this has been our ongoing process to marry the tools of HRSA and CDC, and that we do not need to stay rigidly bound to them moving forward. This conversation works well moving us into the nominations and recruitment discussion. There are some clear gaps we need to try to address moving forward. Youth, transgender, Latino individuals, among others.

Sara Luby: Good afternoon, esteemed colleagues. I'm going to talk about the task of the Nominations and Recruitment workgroup and the timeline, and then we'll elicit volunteers. This group reviews applications and makes decisions on new members. We have spent a lot of time in the past on the nominations packet and what that looks like. It will go out around the end of August and be available for several weeks. All de-identified applications will then be ranked by the workgroup. All scores are then compiled. We will then look through the rankings and determine how many new members we want to bring on board. That will need to be completed by the end of November so that the state can reach out to those individuals and have them ready for January.

Daiquiri Robinson: How will we recruit 14-19 age group when they usually should be in school?

Sara Luby: That is definitely something the workgroup will need to examine. Perhaps there are other avenues for participation, or counting as community service... other models of engagement.

Derick Wilson: I can't conceive of any young person 14-19 sitting through these meetings. If we want that participation, I believe we need to figure out what we want from them, and then get that to them without them sitting through everything here. That's just me.

Sara Luby: I think a lot of people here would agree with that. And that is why our stakeholder process is so important, and looks at other models for inclusion.

Grace Shu: Sara, could you please share your experience with everyone here?

Sara Luby: Yes... ok, I was the chair of the Young Adult RoundTable [YART]. PA was a pioneer in some ways with stakeholder engagement, and the YART was a great example of that. I was 19 when I became involved with that, and there were six or seven groups of high risk youth around the state. So I was very involved with the planning here as a result of that, and I know many, many, young people around the state involved with that project did end up going into public health. The University of Pittsburgh ran those groups for years.

Wayne Williams: So if we have someone affiliated with a group that is otherwise not represented, could we have proxy representatives that report back to these groups?

Sara Luby: I'm not sure if that would be possible... as far as the membership numbers I don't think that would be possible, that is, it would not be accepted by our funders.

Briana Morgan: The age categories, unlike race and orientation, change over time and so the committee should keep that in mind too... like with several people currently here.

[Volunteers for the membership workgroup: **Rob Smith, Grace Shu, Daiquiri Robinson, Wayne Williams, Shannon McElroy, Jeanne Caldwell, Lou Ann Masden**]

Director Ken McGarvey: We have tried many methods of recruitment over the years, and the best recruitment tool we've found is a current member talking to others. So please do that, offer to be a buddy for traveling, help them become familiar with the group, urge them to apply. It is a responsibility as a member, and it's a proven method of recruitment.

Moving forward, we hope that in time people will be able to join the meeting through WebEx with the University of Pittsburgh.

David Givens: We have a Plan update on the agenda for this meeting. As many of you have probably seen by now, we do finally have the official HRSA and CDC guidance for the integrated plan. Our draft, which has undergone many revisions already in anticipation of this, is in good shape but will need some adjustments in structure and then, of course, actually being written. As the committee has been kept fully abreast of those revisions, that is really all we have to report at this time. We should have a final draft outline ready to present in September.

Subcommittees update

Briana Morgan: We are hoping to have a health system navigators' presentation for the next meeting. It's about how we measure people loosely affiliated with care. We got a lot done reviewing plans and models.

Wesley Anderson: Incidence Subcommittee worked diligently considering routine testing and targeted testing. The discussion between Jill Garland and Benjamin Muthambi and our group gave us insight and foundation on how the Department is moving towards those goals. So our statement now is to find ways of working with young Latino and Black MSM who may not

know their status, particularly demonstration projects similar to Project Silk. Finally, we are requesting an overview of the SILK program as run by University of Pittsburgh and CHS.

Daiquiri Robinson: We broke down some of the points that we would like to our panel to discuss next meeting. The survey we'd designed is now ready to be sent out to our contact lists, including the HPG, so watch for that. We will be using this data, as well as the content from our next speakers, to design recommendations.

Chairwoman Flaherty: Finally, as we look at membership, remember that we can add in ad hoc groups. One group that we may need to activate here now is the stakeholder workgroup. Our suggestions here today for the 14-19 age group, other marginalized voices, to the table. So our steering committee will be considering that. Please consider actively working on this issue.

Sara Luby: That would be very useful as we look at redesigning the membership document as well.

[Motion to adjourn called and seconded. Meeting adjourned 2:30.]