Draft

Pennsylvania Department of Health HIV Planning Meeting

November 19-20, 2025

Location: Virtual Microsoft Teams

Wednesday, November 19, 2025

Time:	Topic/Discussion:	Action:
9:01AM	**Meeting Call to Order**	Called to order by Moira Foster
9:01AM – 9:02AM	**Attendance:** Meeting Reminders, Past Meeting Recap HIV Planning Group (HPG) Community Representatives: Tariem Burroughs Sonny Concepcion (Co-Chair) Liza Conyers Carlos Cornielle Lupe Diaz Deanna DiGiampaolo Carlos Dominquez Nicola D' Souza Andre Ford Natasha Gorham Katherine Haar Amanda Hodges Anna Papandreas Justine Resovszky Miguel Rodriguez Jeremy Sandberg Rachel Schaffer Gary Snyder Michael Tikili (Assistant Co-Chair) Sharon Whitebread Division of HIV Health Staff Allison Bauknight Jacqueline Brenner Jan Davis Samantha Eldridge Stephen Elston Kyle Fait	Roll call led by Kyle Fait

	Cindy Findley Moira Foster (Department Co-Chair) Jill Garland Tiffany Heckard Cheryl Henne Sreeja Jayalekshmy Nicole McGrogan Lauren Orkis Kendra Parry Lindsey Pitten Sara Reyes Michelle Rossi Savanah Runco Cameron Schatz Michelle Schlegelmilch Rob Smith Jon Steiner Madison Toney Hilary Wicks Monica Woodring <u>University of Pitt Staff</u> Cheryl Choice Kayla Emrick Nayck Feliz Mack Freedman Kristen Growden Naima Kimotho Sarah Krier Teagen O'Malley <u>HIV Surveillance & Epidemiology</u> Godwin Obiri Ikechukwu Onukogu Adetoun Asala Moni Malomo <u>Planning Partners</u> Jack Eilber (Dept. of Aging) John Haines (DOH SPBP) Kris King (DOH TB/STD) Najia Luqman (Philly Dept. of Health) Lydia Josette Nieminen (MAAETC) Kaitlin Salvati (OVR) <u>Stakeholders</u> Lemuel Bannister Randal Buffington Davon Chambers	

	Emily Cunningham Nicole Feighner Tena Fink Gary Fritz Romeo Hito Erica Hubert Cindy Magrini Ken McGarvey Victoria McKinzey-Gonsalez Farbod Pour Shekinah Rose Hannah Reitenbach Michelle Scamuffa Carol Vanderhoff Kevin Westgate Thomas Whitefield Michael Witmer Zachery Zirk	
9:02 AM – 9:04AM	**Review Rules of Engagement/Highlights:** -Meeting reminders	Led by Moira Foster
9:04AM – 9:08AM	**Review of Meeting Minutes:** -Review of Sept meeting -Suggestion: Because notes are available to the public, spell out abbreviations first time they are used in minutes. -Protocols document references StopHIV.com ,this needs updated. -HPG has quorum. Lupe motions to approve minutes. Jeremy seconds. No abstentions or opposition. Minutes approved.	Led by Moira Foster Lupe Diaz motioned to approve meeting minutes. Jeremy Sandberg seconded. Motion passed.
9:08AM – 9:09AM	**Agenda/Announcements** -Carlos D commented that there are cases of HIV coming into the Lehigh Valley area.	Led by Moira Foster
9:09AM – 10:47AM	**Fiscal Updates and Future of HPG Meetings** -Fiscal Update -This year's prevention budget was delayed but is now fully funded. Federal funding in future is unclear. Funded through May 31, 2026. Ryan White Part B (RWPB)/ Special Pharmaceutical Benefits Program (SPBP) funded through March 31, 2026. Housing Opportunities for Persons with AIDS (HOPWA) funded through December 31, 2026. Received additional AIDS Drug Assistance Program (ADAP) funding through Health Resources and Services Administration (HRSA) for $4.8 million. Less than we hoped for.	Presented by Moira Foster

	-Next year's prevention funding remains uncertain. RWPB/SPBP is expected to remain at current levels. HOPWA also anticipated to remain at current levels for 2026. -Legislators want to implement block grant with Tuberculosis (TB) and Sexually Transmitted Infections/Diseases (STI/D), but unsure where HIV would fall. -Requested ADAP emergency relief funds and will also request ADAP supplemental funding. Requested the maximum $7 million (mill) since PA doesn't have a wait list. Emergency relief funding based on need. Also applying for Part B supplemental. Not sure of the amount that can be requested. -Positives: We have state funding for HIV services. Expect rebate funding to level out in few years. During Covid people weren't removed from Medicaid. Increase in numbers when people removed. Hopeful rebates will catch up to drug expenditures. We provide $80 mill more than the federal allocation for PA. Running robust program compared to other states. No one is happy about cuts, but still doing a lot for those with HIV in our state. -Future HPG Meetings(mtg): -Other states' formats of HPG-like mtgs shown. Red indicates in-person mtgs. Range: 90 min/month to once a year. Once/month for 2 hours most common. Most only virtual. Many states' info missing. -Budget for HPG based on 2024 numbers. 4, 2-day hybrid mtgs: $130K plus member travel costs. $23,802 for travel costs. 1, 2-day hybrid Town Hall: $35-45K, plus member travel costs. Total travel and mtg costs: $250K/year. Will stay with virtual to save money. -Comment: Benefits to mtg in person, but can't justify paying for hotels when money could go to people in need of services. Moira: Not considering in person at this time. Can revisit in future. -Comment: Like regional in-person mtg idea. Often get pulled away from virtual mtgs. Like idea of bringing in other groups. This takes a wholistic/wellness approach to helping people. Comment: Incorporating hospitals in regions could be beneficial as well. Holding an in-person mtg one time/year helpful. Comment: For Philly, expectations are the same. Comment: This group has done great work. Arizona mtgs were like any other online mtgs. DOH and a select few did all of the work/conversations. We want to be advocates for people living with HIV(PLWH) as part of HPG. We want to participate as opposed to having it delivered to us. Some states have the group to check a required box. It's not about community engagement. Sonny: PA has been outstanding for years. Want to continue high standards.	

	-Comment: National boards have same issues with virtual meetings. People don't want to participate as much. -Comment: Virtual mtgs faster. Could schedule shorter mtgs. I & I may not need to meet during mtgs.	
10:47AM – 11:00AM	**Break**	
11:00AM – 12:00PM	**Subcommittee Meetings: Evaluation (Eval) and Intersectional and Innovation (I & I)** -Respond Pillar: -4B Facilitate Monitoring by Statewide Stakeholder Bodies. -Activities 64/65 John Hains and Kyle Fait presented. Kyle covered activity 64: Convene and support the HIV Planning Group to monitor and evaluate the progress of the Integrated HIV Prevention and Care Plan (IHPCP) narrative, data, and activities. Outlined document provided to Eval group. -Activity 65 John Haines: SPBP Advisory Council. -Gary: 4D scheduled for today but will be pushed to tomorrow. Cheryl Henne: Will compile recommendations based off work group has done for new plan. Can take comments from goals/activities. At Jan's. mtg, subcommittees will present recommendations to include in new plan. **I & I Subcommittee:** -Last mtg continued discussion on neurocognitive decline. Need to discuss future directions of the group. -Michael: Last mtg had provider presentation outlining that cognitive decline will eventually affect everyone. Some activities can combat the decline. Discussed seniors needing to stay engaged/social and possibly providing exercise equipment to remain active. Wellness as general concept may be needed. Michael was part of wellness group in Pittsburgh that is wrapping up its functioning. They had outings and group participation they would like to continue. This would help the decline that seniors exhibit. Presenter suggested having a neurologist address group. I & I did not decide to pursuit future speakers without the group having a direction. -Shekinah: Concerned about those that have lived a long time with HIV. If PLWH don't have others in their lives, how will those in cognitive decline be able to relay their problems to their providers? -Liza: Intersectionality of engaging PLWH and those with other health disparities. Providers could collaborate for synergistic relationships tackling concerns and developing resources about community and wellness. Could have health fair and integrate HIV topics. -Moira: Want group to have a focus/direction/goal to assure it is within scope of I & I for HPG.	

	-Sarah Reyes: Piloting Integrated Care of Older People (ICOPE) screening tool. New York used screening tool they presented on at RW conference last year. Asks about: vision, hearing, mobility, nutrition, memory and psychological health. We added mental health. Survey being added to CAREWare. 3 providers confirmed for pilot. Pilot will be 10 screenings per provider. Will run reports on data, determine if survey works for provider and client, and if clients are getting appropriate referrals. No launch date for other providers at this time. Regions were not implementing anything specific regarding aging. ICOPE was successful in New York and will try here. Nenette Hickey working on building it into CAREWare. Then will need to develop referral process, and finally the reports generated from data. Currently only 8 questions but still large undertaking. -Sharon: Created Maslow's "Hierarchy of Needs" for storyboard for the region. Started giving referrals at most basic levels first. Funding was cut and unable to continue to provide assistance. Only used for data purposes now. Were also using funding to run groups to encourage socialization and prevent cognitive decline. How can we support this financially? Moira: Other resources in community need to be utilized. Sharon: Biggest problem is transportation. Unable to get to provider. Without funds, can't give out at home kits to keep people engaged in activities like crosswords or diamond art. -Liza: Could we review New York's data and learn from them. How has it been successful? Align our program to theirs. -Jeremy: Certain medications can help cognitive decline but need watch for neurotoxicity. Important to learn new things as novel aspect mitigates decline. Once skill is learned, does not have the same effect. Anti-inflammatory preventative efforts also helpful to help slow the loss of white matter. Michael W: Thought that drugs that cross blood/brain barrier were debunked/not effective. Jeremy: Believes it is standard to use drugs that cross blood/brain barrier, but PI's were causing brain toxicity. These help, as well as anti-inflammatories, but not enough to stop all replication in central nervous system. -Liza: Was ICOPE helpful in data collection or how it was used? If it was helpful in how it was used, how can we use it here? Sara: Helped in how they were able to collect data and what they learned about their aging population specific to those questions. Manager of New York DOH spoke with Sara. Will share with group specific data they gathered. Also, is short and easy to complete, which is also a success. Case Managers(CM) and clients both found it helpful. Referral process successful as well. -Michael: One question asks how you have been feeling in the last 2 weeks. People aren't coming in that often, so it may need to be amended or given over the phone to get more frequent	

	feedback. This could be brought into other health settings to assess aging population. -Shekinah outlined her experiences over the years with cognitive decline and resources within the community. It is difficult to create social environments without funds and without PLWH being invested in creating those shared experiences. Liza appreciated hearing Shekinah's experiences and understood importance of including PLWH in planning dialog. Could use Office of Vocational Rehabilitation (OVR) and Centers for Independent Living to help identify resources. If PLWH don't meet criteria for disability services, it's hard to access medications. ICOPE can be used to identify those who are eligible for these or other services. Shekinah: Being present for PLWH can change lives. Focus on being present and listening to others, can be very helpful.	
12:00PM – 1:01PM	**Lunch**	
1:02PM – 1:08PM	**Subcommittee Summaries** **Eval:** -Rachel: Strategy 4D, Activity 64 & 65: -Activity 64: Presented about the HPG. Will continue to discuss structure of the HPG mtgs in future. Suggested to update website in Protocols document and upload other documents to website. -Activity 65: Outlined SPBP. Still mtg 4 times/year to update formulary despite funding cuts. They have submitted application for supplemental ADAP emergency relief funding. Part B supplemental funding will also be submitted. Will complete second strategy tomorrow. **I & I** -Michael: Today was follow-up discussion from last mtg: aging and neurocognitive decline. Need to have programs in place to engage aging population to curtail neuro decline, but will be difficult in current budget climate. Find intersections of health disparities to grow the way we operate rather than remain individualized HIV and aging care. Need networks of resources around wellness. Discussion of ICOPE pilot. 3 providers in pilot using this screening tool. Asked questions around hearing, vision, cognition. New York used it and it worked well. Want to look at data from New York to see how we can use it.	Presented by Rachel Schaffer and Micheal Tikili
1:08PM – 1:44PM	**Assistant Community Co-Chair Elections** -Moira: Sonny can no longer serve as Co-Chair as this is his final meeting. Michael Tikili will step into Co-Chair position. Need to elect someone to fill Micheal's Vice Co-Chair position. Rachel: Protocols met to discuss the process and spoke with the Division about it. We can vote on new Vice Co-Chair since Micheal moving up.	Led by Kyle Fait and Moira Foster

	Moira: Was written in bylaws that Vice Co-Chair moves into Co-Chair position if Co-Chair position is vacated. -Michael talked about the Vice Co-Chairs roles, responsibilities, and how it worked. Micheal: Vice Co-Chair follows the Co-Chair in setting tone and agenda of Steering Committee and HPG mtgs. Integral part of HPG. Vice works closely with Co-Chair. Vice follows agenda and addresses things that go into Garden. Kyle: Michael was Co-Chair for I & I also. Involved in Steering Committee and various decisions. Vice will step into more of a leadership role if Co-Chair not able to attend. Sonny reiterated Vice can be asked to lead at any time. -Comment: Protocols states you must have been in HPG for a year to be eligible. Moira: Since vacancy not occurring until Jan., anyone in HPG for one year in Jan. is eligible. This is a one-year term for Vice Co-Chair because we would then hold regular elections. -Gary: Subcommittee work groups usually work in teams of two. There are no formal elections for "chairs" of positions in subcommittees, elections held during subcommittee time. -Comment: Quorum needed for the vote. Comment: Protocols needs to address this specifically since it has come up before. Moira: Gary, Rachel and I talked about timing for elections and membership are problematic, so we need to change in future. Gary: If there is any kind of vacancy, we hold a vote. If individual is elected, but then not continuing on because reapplication doesn't meet acceptance threshold, then would address it at that time. This keeps happening, we need to address Protocols. -Micheal comfortable managing both roles, but if someone wants leadership of I & I, then can vote in subcommittee. Andre: Can't hold leadership of I & I and Co-Chair position. Rachel: Nothing in Protocols to prevent it and historically was done before. Andre: Co-Chair should oversee all groups and be able to participate in both subcommittees. Gary: Vice Co-Chair position is new. Co-Chair and Vice Co-Chair could decide how to run it. Vice could attend Eval, or Deanna could run I & I while Michael goes to Eval. Comment: Good to have checks and balances if someone is too involved with one subcommittee. Future conversation needed. Comment: Ill advised to hold two positions, but members should vote on what they want. Instead of a Protocols change, people decide what to do. Moira: Division appointed Michael I &I Co-Chair, then elected to continue. He was appointed because we didn't have anyone. Andre: Need to table this until later date. Moira: Would rather bring to vote than deviate from Protocols.	

1:44PM – 2:45PM	**Integrated HIV Prevention and Care Plan (IHPCP) Priority Settings** -Cheryl Choice: This is follow-up to overview presentation in Sept. Will be ranking services tomorrow. Kyle will send out email with links to the live survey and those that cannot attend live. -Cheryl introduced Priority Setting and why we complete it. Our allocations are not directly tied to what services are funded and which are not. -27 services to rank. Can discuss adding other services to list in future.	Led by Rob Smith, Cheryl Henne, Cheryl Choice, and Mackey Friedman
2:33PM – 2:40PM	**The Garden** -Q: Does Protocols dictate when elections happen? Gary: No specific date but we follow 2 year cycle and past precedence. If vacancy occurs mid-year, Protocols stipulate vote is held at next mtg. -Comment: We knew this was going to happen, we could have had someone shadow the position. Gary: Protocols wrote in that Vice Co-Chair takes over in case of vacancy of Co-Chair. Co-Chair position is filled and there is an election of Vice. Protocols also took into account Community Reps positions are for 3 years, but leadership is only 2 years. There are odd/even timing discrepancies. -Moira: For tomorrow's schedule we propose switching Status Neutral presentation with elections. Elections would be from 11:15AM through lunch. Ballots tallied over lunch and announce results after lunch. Status Neutral presentation after lunch.	Led by Moira Foster
2:40PM – 2:48	**Nominations Process:** -Kyle read list of attending members: Tariem, Andre, Lupe, Rachel, Amanda, Natasha, Diana, Katherine, Justine, Sharon, Carlos, Nicola, Steven, and Liza. 17 in mtg. Andre Ford nominates Natasha Gorham. Natasha Gorham accepts nomination. Tariem Burroughs nominates Lupe Diaz. Lupe accepts nomination. Andre Ford nominates Gary Snyder. Gary accepts. Tariem Burroughs nominates Andre Ford. Andre declines nomination. Natasha, Lupe, and Gary are all nominees for Vice Co-Chair.	Led by Kyle Fait. Natasha Gorham, Lupe Diaz, and Gary Snyder are nominated as candidates for Vice Co-Chair.
2:51PM	**Summary and Dismissal** -Protocols will be putting forth language guidance document for a vote. Please review before tomorrow. -Sonny thanked the group for their support and opportunity to serve on HPG. -Liza also leaving HPG. She thanked group for opportunity to participate and the support they have provided.	Dismissed by Sonny Concepcion

Thursday, November 20. 2025

Time:	**Topic/Discussion:**	**Action:**
9:00AM	**Meeting Call to Order**	Called to order by Sonny Concepcion
9:00AM – 9:01AM	**Announcements**	Led by Sonny Concepcion
9:01AM – 9:03AM	**Attendance:** Meeting Reminders, Past Meeting Recap HPG Community Representatives: Tariem Burroughs Sonny Concepcion (Co-Chair) Liza Conyers Lupe Diaz Deanna DiGiampaolo Carlos Dominquez Nicola D' Souza Andre Ford Natasha Gorham Katherine Haar Amanda Hodges Steven Johnson Anna Papandreas Justine Resovszky Jeremy Sandberg Rachel Schaffer Gary Snyder Michael Tikili (Assistant Co-Chair) Sharon Whitebread Division of HIV Health Staff Allison Bauknight Jacqueline Brenner Jan Davis Samantha Eldridge Stephen Elston Kyle Fait Cindy Findley Moira Foster (Department Co-Chair) Jill Garland Cheryl Henne Nicole McGrogan Lauren Orkis	Roll call led by Kyle Fait

	Kendra Parry Sara Reyes Michelle Rossi Savanah Runco Cameron Schatz Michelle Schlegelmilch Rob Smith Jon Steiner Madison Toney Monica Woodring <u>HIV Surveillance & Epidemiology</u> Godwin Obiri Ikechukwu Onukogu Adetoun Asala Moni Malomo <u>University of Pitt Staff</u> Cheryl Choice Nayck Feliz Kristen Growden Sarah Krier Teagen O'Malley <u>Planning Partners</u> Jack Eilber (Dept. of Aging) John Haines (DOH SPBP) Kris King (DOH TB/STD) Lydia Josette Nieminen (MAAETC) <u>Stakeholders</u> Randal Buffington Sarah Carvajal Emily Cunningham Nicole Feighner Gary Fritz Erica Hubert Sam Ingran Casey Johnson Victoria McKinzey-Gonsalez Hannah Reitenbach Amanda Ruggiero Michelle Scamuffa Carol Vanderhoff Tiania Warner	
9:03AM – 9:07AM	**Agenda/Highlights** -Status Neutral and Elections were switched in the agenda. -Natasha Gorham, Lupe Diaz and Gary Snyder were nominated for Vice Co-Chair. Kyle will send out an email with Microsoft	Led by Sonny Concepcion

	Forms to anonymously vote. Names will be required to verify you are an HPG member, but votes will remain anonymous. -Cheryl C: Priority Setting voting will also take place today from 12:45PM-1:15PM. Complete the Qualtrics survey sent out by Kyle for Priority Setting Ranking if you will not be in attendance for live voting.	
9:07AM – 10:44AM	**HPG Subcommittees** Respond Pillar -Strategy 4D: Ensure Comprehensive Monitoring and Evaluation -Activity 71: Create a dashboard of HIV data relative to the Division's work presented by John Steiner. -Strategy 5A. No report for 76. Kyle reached out to responsible parties, but there is nothing to report at this time. Kyle will continue to reach out to Roseanne Scotty and Alex Sheriffs at the DOH. He will attempt to have them attend Jan.'s mtg. Kyle will contact Gary and Rachel with status updates. -Activity 73: Include/partner with representative from Viral Hepatitis (Hep) and STD in outreach efforts to affiliates or when establishing/building new working relationships. Information assembled by Lauren Orkis, Samantha Eldridge and Michelle Rossi. Presented by Michelle Rossi. -Activity 74/75: Support and promote HIV anti stigma campaigns, and related surveys and campaigns (such as PrEP awareness) as identified by the Division and/or HPG presented by Teagen O'Malley. **I & I Subcommittee:** -Sara Reyes: Outlined ICOPE screening that was discussed at length at yesterday's meeting. Report dated 2015 on Aging and Health by World Health Organization (WHO) defined healthy aging as ability to help and maintain wellbeing. Supporting aging for all means optimizing each person's capacity and function ability. Expected for CM to identify people who need support and provide it with a person-centered approach. New York modified ICOPE for PLWH. New York also used for long term survivors (10 years or more). 65% of PLWH were 50 or older and long-term survivors with median 28 years living with HIV. -Pilot program was able to use New York's resource directory. For us it was PA Navigate. They were able to use it better than previously, and information was more accurate. The collaboration and referral network was also improved. Screening tool helped addressed challenges like multimorbidity, access to geriatric care, isolation and loneliness, insurance navigation, and prevention of disability. This led to less health disparities	

	and comorbidities. It also showed clinicians need more training centered around working with older clients. -Liza: How long will it take to get pilot running? Sara: Determined by providers and Nenette's availability. Nenette working with last provider to build it into CAREWare. Once all providers have access, will meet with providers to discuss whole process including referrals. Next mtg would outline running reports, and going live. Originally planned to go live in Dec with each provider conducting 10 screenings. Then review data to see if any changes are required before going live. Planning to go live in 2-3 weeks. Providers not in pilot going live in Feb. -Liza: Could this committee review some of the outcomes? Sara: Yes, I & I can be involved. Also asking providers to review their referral sources. Do you have referrals in place already? Moira: If you have centralized CAREWare, it is already there, if you are not centralized, it must be built in. Sara: Providers can contact Sara if they'd like to participate. Providers can also participate in the monthly Medical Case Management (MCM) meeting. No statewide data about long term survivors of HIV or this kind of data. -Liza: Could this be applied for prevention side? Moira: Will need to talk about this further. Yesterday I & I discussed future directions/goals. Liza proposed reviewing the data. Other questions to consider: what does the group hope to accomplish? How do we know when we've accomplished the goal? Setting up a SMART goal for I & I could be helpful. Or is I & I not needed at this time and could help Eval review the IHPCP? -Michael W: Aspect of Aging Work Group I & I didn't cover was the State of Aging survey of PLWH and providers. -Steven: What is the end goal of the pilot? Assuring people are getting services they need? Sara: Yes, we want to ensure people are receiving the care they need. Reports can show if people are pending to receive services or if they are actively receiving services. Deanna proposed the goal of providing HIV/Aging education for providers or assist groups in preparing for the aging process and assure referrals in place for needs of this population. Liza: Short term goal could be to review data for other needs. Could then determine if group is needed for follow-up. Moira: Identifying resources and providing additional training for HIV providers is within our scope. Educating providers outside of HIV is not in our scope, though we could distribute additional info. -Liza: Does New York have a referral list we could compare within our state? What were some of their outcomes and needs so we could proactively look at resources we may need? Rob: Dropped in chat info pulled about New York.	

	Deanna: Could have goal of collecting data and figuring out what specific needs they have. How needs of PLWH differ from those without HIV. Could determine what specialty services are needed. Moira: Yes, this could work. Could gather other info, possibly nationwide, as we start our pilot and make the comparison. Some info available online. Sara already talked to New York. Can contact them again to ask questions that aren't available online. Deanna: We can collect info and compare the aging population of PLWH and those not LWH and determine what specific needs there are and meet that need. Sara: Picked New York because there were urban and rural settings that compared to PA and because of its close proximity. Met with John Hartigan. We can ask him questions. -Liza: Likes having a SMART goal for the group to keep us with actionable goal. Also likes the proposed goal. -Deanna: Do we have additional research on neurocognitive decline from July presentation? Moira: May be difficult to get neurologist to address I & I. Jeremy volunteered to give quick overview presentation. This brought up question of what would group do with the info. Jeremy: Can share info if group wants to talk about it, but it may not be within scope of group. Michael W: Goal with neurocognitive decline could be recommendation similar to recommendation that HIV testing done as part of routine care. Providers need to understand implications and what to look for during routine care. -Deanna: Does group want to collect aging information and while it is being collected help eval then reconvene when there is info to review? Michael T: Open to waiting for data to review. If it is available by Jan's meeting, then group will continue to meet as normal, but if it not available, then I & I may assist or join Eval. Liza: There may be pilot data available and info from New York to review at next mtg. We could see if any SMART Goals can be derived from info we review. We could see if referrals outlined in New York's info align with our own, or if there are gaps. We could also investigate if this work could be applied to prevention. Sharon: Like idea of a goal for I & I, but what would be the goal? Focus on ICOPE? Look for ways to prevent further cognitive decline? Or something completely different? Sara: Goal of ICOPE is measuring cognitive deficiencies and preventing further decline. Meet people where they are and get them the help they need. Jeremy: Neurocognitive decline problematic to diagnosis and intervene in individuals without HIV as well. If trying to find out how to intervene in PLWH would need a control group, but it's experienced in everyone. Not sure how much evidence there is	

	to stop cognitive decline when someone already showing symptoms. Sharon: Because it is difficult to intervene, maybe helpful to discuss ways to prevent it to younger people. Jeremy: Could promote activities that help prevent decline decades before people typically begin to worry about it. -Liza: Reluctant to dismiss group today. Jan. can go over pilot data, read New York info before Jan. and develop goal in Jan. If can't develop SMART goal by certain date, then reevaluate. Michael T: Group is in agreement to hold I & I meeting in Jan. to review data from New York and see how it can be applied to PA's aging population. If not enough info for both days of Jan's HPG, Day 2 can be used to go into Eval meeting. -Sara: Hopeful to have info from New York contact and pilot data by then. Will let group know if there is no data available. -Sonny: Will Michael continue to run I & I and go between the subcommittees? Michael T not sure if he will continue to lead I & I, but briefly went into Eval today. There were more senior HPG members present and that made him want to stay with I & I. HIV Friendly being piloted soon as well which touches on aging population. That will be discussed soon as well. Kendra: HIV Friendly is under Communications review with potential role out in late Nov or early Dec. Look to present to HPG in Jan. -Michael W: Because of the changes to SPBP's income limits, those on Medicare are worse off than those without insurance. Medicare has a 2K out of pocket requirement. Those without insurance are eligible for prescription coverage cards. At Hershey Medical Center 10% of their patients will lose their SPBP coverage. Need to help people pay for meds who lost their SPBP coverage. Was going to try to get people onto Part B but program was cut by 25%, so it was no longer feasible. Jeremy: When looking at other options to help people, those other options also impacted by cuts. Michael W: Asked at last SPBP meeting if there could be an exception to financial limits for those on Medicare and told it was not allowed. Jeremy: Not enough money right now. Treatment acts as prevention, and costs of someone who is on treatment are less in long run than someone who is not. Liza: Relates to tracking referrals. If people are making referrals, but service no longer exists, important to know. Important to track outcomes to see how things are falling apart. Need to know impact of cuts. If cuts are impacting our ability to carry out the plan, we need to document it. Steven E: New York info shows needs and referral sources, but does not show outcomes of clients. How much did it help? What is the success rate? That is missing from data.	

	Liza: Would gather the needs and those would inform referrals. Could help determine if people are eligible for services. Can monitor referral process and if client followed through. Sara: Reports show status of people in system. Are they pending to attend the appointment, or are they in their care? They can run reports to show how many people needed each service, how many were referred, and how many made it to the referral. Liza: Other things can be pulled from that info. Satisfaction survey: did it meet your need? If it can't be built into the system, what would be next steps and document what is happening. Also, what is New York doing with this data? Do they have a group like us that reviews it? May help us form our goals. Employment Work Group in middle of major project that was delayed as a result of Temple University not having staff available to cover survey. As Liza is leaving, she needs someone from HPG to Co-Chair employment since a non-member cannot lead it. Possible that data from survey could come back to I & I to review and process it. Outcomes of ICOPE could be related to if you are eligible for OVR. ICOPE could tell us if there is need for vocational services and OVR could be added. So Employment work group could come to an end and be rolled into I & I. Michael T: Welcomes this conversation as Aging Work Group was rolled into I & I last year as well. Kendra: Reminded the group that they are unable to fund employment trainings. Liza: We can make referrals for employment services and can review latest guidance at next meeting with this committee. If assessing people through ICOPE, need to make sure assessing needs that go beyond the typical HIV realm and facilitating the relationships with those services. Jeremy: Able to step in as Co-Chair of Employment if group decides to keep it as a separate group. Kendra reminded group they could discuss keeping Employment as an Ad Hoc versus rolling it into I & I during the Work Group summaries. -Michael W: Suggested finding out which Medicare plans do not have the 2K hole in coverage. Could Pitt construct a list of plans that do not have holes in coverage?	
10:45AM – 11:00AM	**Break**	
11:00AM – 11:16AM	**Subcommittee Summaries** **Eval:** -Gary: 4D Data Dashboard presented by John Steiner. Cheryl Choice also presented on IHPCP portion. Suggested adding percentage completed for dashboard. -Next was 5A expanding capacity for messaging. Michelle Rossi presented Viral Hep and STD outreach efforts from state. Teagen O'Malley presented 74-75: Anti-stigma and culturally competent	Presented by Gary Snyder and Michael Tikili

	messaging. Developing new program: HIV Friendly. Will present to HPG at Jan's mtg. **I & I:** -Micheal T: Trying to pull data from what New York has done with ICOPE. Want to compare to PA with ways to improve access to services for aging population LWH.	
11:15 AM – 11:45AM	**Assistant Community Co-Chair Elections** -Natasha Gorham, Director of North Central District Allied Connections, North Central Regional, Part B fiscal agent. Been a part of HPG since 2019. Completing 1st year of second term. Involved with Eval, Protocols, and Membership. Leadership experience in current director role. -Lupe Diaz member of HPG for 3 years. Learned how state implements things compared to Philly. Worked on Philly City Council. Chair of planning council for 8 years. Worked with Eval, Protocols, and currently Co-Chair of Membership. Worked to revamp application scoring spreadsheet last year. -Gary Snyder works for Erie County Dept of Health as an HIV Disease Intervention Specialist. Involved in HIV work since 90's. Worked in various outreach and education roles and leadership positions. Works collaboratively to help improve lives of clients. -19 members were present, including the 3 nominated. Kyle sent an email to members with link to vote. Link asked for name to verify membership, but still allowed for confidential voting. Kendra tallied votes. -Kendra shared the results: a tie between Natasha and Lupe. -Group decided to hold a second vote. Kendra created a new link with just two voting options. -Natasha and Lupe addressed group again briefly. -Natasha Gorham was elected as the Vice Community Co-Chair.	Led by Kyle Fait
11:46AM – 12:45PM	**Lunch**	
12:45PM – 1:19PM	**IHPCP Priority Setting** -Cheryl C: Kyle sent out voting link (Mentimeter) to members. Members provided their name to verify who voted, but voting remained confidential. Child Care Services: Low Early Intervention Services: High Emergency Financial Assistance: High Food Bank/Home Delivered Meals: Medium Health Education/Risk Reduction: Medium Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals: High Home and Community-Based Health: Low Home Health Care: Low Hospice: Low	Rob Smith Cheryl Henne, Division of HIV Health and Cheryl Choice, University of Pittsburgh

	Housing: High Linguistic Services: Med/Low tied Medical Case Management: High Medical Nutrition Therapy: Low Medical Transportation: High Mental Health Services: High Non-Medical Case Management: Med Oral Health Care: Med Other Professional Services: Low Outpatient/Ambulatory Health: High Outreach Services: Med Psychosocial Support Services: Med Referral for Health Care and Support: Med Rehabilitation: Low Respite Care: Low SPBP: High Substance Abuse Outpatient Care: Low Substance Abuse Services: Residential: Low Will discuss official results in Garden after all remaining votes are counted. Currently SPBP is highest priority and Respite Care lowest priority.	
1:19 PM – 1:55PM	**Status Neutral Navigation & Linkage Program (SNNLP)** -SNNLP replacing HIV Navigation Services (HNS) and Anti-Retroviral Treatment and Access to Servies (ARTAS.) SNNLP aims to include anyone affected by HIV, whether testing positive or negative. People may still need connected to services even if they are negative. Connecting people to services helps with prevention. -Development of SNNLP: HPG members participated in work group to develop it. Kept working pieces of HNS and ARTAS: navigators roles, strength-based approach, motivational interviewing concepts, and establishing referral networks for programs that will use SNNLP.	Led by Michelle Rossi and Cameron Schatz, Division of HIV Health
1:55PM – 2:40PM	**Workgroup Updates:** -Michelle S:10 Quality Improvement Projects (QIP) and 2 overall measures. HPG recommended to show same reporting period a year before. Report shows 7/1/2023-6/30/2024 compared to 7/1/2024-6/30/2025. CQI performance measure outcomes will now exclude those who died for the next review period. MCM Annual Retention in Services. 12 out of 28 providers ranged between 39-76% retention. Average was 76%. Goal of 2024 QIP was to provide tools to increase retention. Target date of project was amended to 6/30/2026 to increase baseline from 76% to 80%. MCM second highest used RWPB service after SPBP. Will take time for movement of numbers. 2025 QIP looked at QIPs across PA. 155 QIP ongoing in PA. Group selected Community Involvement/Community Advisory	Presented by Liza Conyers, Penn State University Gary Snyder, Erie County DOH Rachel Schaffer, Jewish Healthcare Foundation

	Boards(CABs). Each year in Sept. will collect ongoing QIPs. Had 182 this past Sept. 2024 QIP had 3 recommendations: create instructions on generating reports in CAREWare for unretained clients. Created and distributed a best practices document and generated instructions for creating a financial report. 2025 QIP: Developed a survey related to CABs with Pitt's help. 100% response rate from providers. Will provide results to members. Want to share with Regional Grantees as well. CQI will identify next steps with project. For 2026 performance measures, Non-Medical Case Management met threshold for incorporating into a performance measure. -Liza: Last report as Co-Chair of Ad Hoc Employment Committee. Jeremy Sandberg will be Co-Chair moving forward. Liza hoping to attend future meetings as non-HPG member. Currently collaborating with OVR and Temple to complete Employment Needs survey. Temple was unable to continue to staff project, so Penn State took over managing survey. Hope to begin data collection in early Dec. Temple will close their old link and new link will be run through Penn State. 18 people will be selected for qualitative interviews. Penn State doctoral student will complete interviews. Will share results with I & I and OVR. This survey part of a statewide needs assessment to inform state vocational rehabilitation needs. -Lupe: 16 HPG applications. Currently finishing scoring applications. Have 8 open slots to fill. Will be meeting again this week to finalize application process. -Gary: Previously sent out language guidance document to assist those in community and prevention/care to use appropriate language. Want to focus language on person not their condition. Provided language to avoid and best practice use. Language and phrases outlined to be used in documents and presentations and distributed to reps. Comment: "Contract" is used under "Avoid" and "Best." Gary: Avoid column refers to contracting AIDS specifically. Comment: Clean is used in document. Clean should be expansive of other STIs. Can be used outside HIV context as well. Could generalize it. "Are you aware of any recent sexually transmitted encounters?" Fine with language, but many people are using it outside of the context of HIV. -Comment: Virus looks like acronym since missing comma. Infected is capital. Some think of HIV/AIDS as inclusive rather than slanderous. Because some people are living with late-stage HIV. Language is always being updated.	Lupe Diaz, AIDS Care Group Michelle Schlegelmilch Division of HIV Health Jeremy Sandberg motions to adopt the document as written. Michael Tikili seconds. Motion passed.

	Gary: Can update document yearly/every other year. Will change capitalization. At times we need to state things for reporting purposes, but don't say them to clients. Helps us to know what to say. Would provide this to those who present at HPG, include on website, and in packet for new HPG members. -Comment: Helpful for patient facing roles. If we give as guideline for presenters, but don't want them to change language if it changes accuracy of what they are presenting. Difficult to have one document for all cases. Maybe change to guideline. Rachel: People were coming in to present at HPG and using other language. Academic use of language is different than lay people. Don't want to force people to use document, but resource for them. Language will be different between different communities. Comment: Not ok to misuse language. Language extremely important but can't substitute diagnosis for infection because they are different. Need to humanize language and be thoughtful of labeling people, but occasionally need to use certain words to accurately describe situation. Gary: Document is reference. Allow people to use language but give guidance as needed. Can modify and update document as needed. -Jeremy Sandberg motions to adopt the document as written. Michael Tikili seconds. No abstentions or opposition. Motion passed.	
2:41PM – 2:55PM	**Break**	
2:56PM – 3:23PM	**PA Dept of Health HIV Cluster Detection, Response (PA HIV CDR) and Community Engagement** -Phases of CDR are cumulative. Previous phase continues as new phase/activity is added. Between 2018 and now, CDC identified 3 molecular clusters. Most clusters are no longer active. Only have 10 active clusters: 3 molecular and 7 time space clusters. Transmission cluster represents everyone in a cluster and their named partners. In molecular cluster people share same HIV strain and have been identified through analysis of HIV drug resistance tests. Role of HPG in PA HIV CDR steps outlined. Need to report any unusual increases in HIV or other similarly transmitted infections. Godwin: CDC recognizes HIV monitoring and response as one way to reduce transmission. HIV CDR is additional project to tackle transmissions from different angle. When cluster is identified, need to respond quickly to mitigate future transmissions. If we see a cluster need to intervene quickly.	Presented by Adetoun Asala, Epidemiologist, HIV Surveillance & Epidemiology

3:23PM – 3:32PM	**The Garden** **Results of Priority Setting:** -Final vote counts for Priority Setting were displayed. 19 members participated. Some reps did not vote for every category. Ranking based on total score. Similar results to this morning: Housing 1, SPBP 2, MCM 3. -Moira thanked Sonny and Liza for their years of service and contributions to the group. Liza addressed group thanking them for the opportunity and plans to stay engaged even if not an official HPG member. Sonny addressed group outlining his time in HPG. He thanked everyone and for the privilege to serve. -Moira: Remember to take the meeting evaluation survey.	Led by Sonny Concepcion
3:33PM	**Summary and Dismissal**	Dismissed by Michael Tikili