


Minutes	Saturday, September 20, 2025, 8:00am	 SOUTH DAKOTA DEPARTMENT OF HEALTH
HIV PREVENTION PLANNING GROUP QUARTERLY MEETING	Double Tree by Hilton Rapid City Downtown Convention Center 505 N 5 th Street Rapid City, SD 57701	
Meeting Goals: <ol style="list-style-type: none"> I. Approve updated by-laws II. Identify new or updated resources for HIV-related services III. Develop new work groups (5 pillars) 		

Dusty Frenberg called meeting to order at 8:02AM

ROLL CALL AND DETERMINATION OF A QUORUM

Justin Reinfeld, Kacee Redden, Tammi Miles, Isaiah Shanequa Brokenleg, John Godoy (Emily Good Weasel’s proxy), Amber Corey, McHale Davis, London Zerfas (Jill Kessler’s Proxy), Dusty Frenberg, Ana Nemecc, Tim Gacke (Courtney Voss’s proxy), Hannah Rabayer, Rachelle Schomacker, Tammy Waddell, Kassidy Dietterle. Visitors: Brook Hoffman Lyon.

ADOPT AGENDA

First: Dusty Frenberg
 Second: Tammi Miles

APPROVAL OF MINUTES FROM July 2025 MEETING

First: Amber Corey
 Second: Justin Reinfeld

PUBLIC INPUT/ANNOUNCEMENTS

Justin discussed meeting materials in folder:

- PPG travel reimbursement to be filled out prior to leaving meeting today
- AIDS walk at 9:30AM, all can participate but not required
- Come back at 1pm after lunch to participate in integrated planning

8:30AM

OLD BUSINESS

Community Co-Chair:

A nomination form, along with eligibility details, was included in the meeting materials. Members interested in nominating someone for the Community Co-Chair position are encouraged to first speak with the nominee to confirm their interest. Completed forms can be submitted today, or nominations may be sent via email to Justin with the nominee copied on the message.

Dusty shared his positive experience serving as Co-Chair and expressed that he has greatly enjoyed the role. The group extended thanks to Dusty for his time and dedication in this position.

PPG TEAMS access:

Some participants experienced issues accessing Microsoft Teams, which may be related to state government security settings. A group chat is available on the front page of the Teams channel for ongoing communication.

Under the **Files** tab, there is a dedicated folder containing materials related to the PPG, including meeting agendas, minutes, bylaws, and the calendar. Another folder organizes information by **pillar**, listing the members involved in each and including notes from previous pillar-related discussions at meetings.

Additionally, a calendar is pinned at the top of the Teams channel with upcoming meeting dates. Members are encouraged to add any additional dates or events relevant to the PPG, HIV initiatives, or related activities.

Proxy:

Introductions of all present members were completed, along with the identification of proxy representatives. A list of approved proxies is available for PPG members who are unable to attend. Members are responsible for finding their own replacement if they cannot attend a meeting.

In order to meet quorum, proxies must be present to vote on behalf of absent members. Currently, non-voting members are **not eligible** to serve as proxies for voting members.

Letters were sent to non-active members notifying them of their removal from the group and the reasons for this decision. They are always welcome to rejoin in the future. Follow-up will occur after two consecutive missed meetings.

Members are asked to inform Justin in advance if they know they will be unable to attend a meeting and to provide the name of their designated proxy.

8:45AM

NEW BUSINESS

DOH Updates

Ryan White Program:

- Enrollment currently at 393 and has stayed consistent despite out of state movement, increased income, new diagnoses, and decreased Medicaid eligibility.
- Heartland Health moved into new location in Rapid City on June 1st and had a smooth transition
- Ryan White conference in December is in-person in Washington DC. Unsure if SD will have representation at this time.

STD Program:

- Kacee from SD DOH STI Program shared provisional data below
- **Chlamydia**
 - **Year-to-date (YTD) cases:** 2,577 (-20.4% vs. 5-year median)

- **Monthly cases:** 359
- **Top 3 counties:** Minnehaha 109 (30%), Pennington 69 (19%), Oglala Lakota 26 (7%)
- **Gender:** Male 121 (34%), Female 238 (66%)
- **Race:** White 141 (39%), American Indian/Alaskan Native 156 (43%), Black 25 (7%), Hispanic 26 (7%)
- **Age groups:** 13–24 yrs 203 (57%), 25–39 yrs 122 (34%), 40–64 yrs 33 (9%), 65+ 1 (0.3%), 0–12 yrs 0
- **Gonorrhea**
 - **YTD cases:** 937 (-42.6% vs. 5-year median)
 - **Monthly cases:** 93
 - **Top 3 counties:** Minnehaha 36 (39%), Pennington 14 (15%), Yankton 4 (4%)
 - **Gender:** Male 40 (43%), Female 53 (57%)
 - **Race:** White 26 (28%), American Indian/Alaskan Native 53 (57%), Hispanic 8 (9%), Black 8 (9%)
 - **Age groups:** 13–24 yrs 33 (35%), 25–39 yrs 42 (45%), 40–64 yrs 18 (19%), 65+ 0
- **Syphilis**
 - **YTD cases:** 309 (-47.6% vs. 5-year median)
 - **Monthly cases:** 29
 - **Top 3 counties:** Todd 8 (28%), Minnehaha 7 (24%), Pennington 3 (10%)
 - **Gender:** Male 17 (59%), Female 12 (41%)
 - **Race:** White 7 (24%), American Indian/Alaskan Native 22 (76%)
 - **Age groups:** 13–24 yrs 5 (17%), 25–39 yrs 14 (48%), 40–64 yrs 9 (31%), 65+ 1 (3%), 0–12 yrs 0
- **Congenital Syphilis**
 - **YTD cases:** 23 (-9.5% vs. 5-year median)
 - **Monthly cases:** 5
 - **Top 2 counties:** Todd 2 (50%), Dewey 2 (50%)
- Kacee highlighted racial disparities with syphilis
- Questions were brought up regarding treatment data—data was not brought to meeting but is available
- Chlamydia and gonorrhea are not currently being investigated by DIS unless co-infected with syphilis
- Challenges with syphilis diagnosis as symptoms go away on their own eventually and can be misdiagnosed as other diseases
- Peak of syphilis in 2022 DOH has done a lot of work relating to testing and treatment since then but still have more work to do
- Question was asked regarding additional funding with outbreak, no we do not have any additional funding but do have active deployments with CDC and Indian Health Services
- Congenital syphilis
 - Mothers should get tested three times during pregnancy (at pregnancy confirmation, 28 weeks, and at delivery)
 - Barriers to testing and treatment: no prenatal care, late prenatal care, ED visits
 - Discussion surrounding substance use and syphilis relating to mandatory reporting and fear of baby being taken away or CPS being contacted

HIV Program:

- Justin discussed late notice of approval and initiation of contracts for federal HIV funds
 - Thank you to Falls Community Health and Heartland Health for continuing to provide the community with HIV services during these times of uncertainty with funding
 - New contract with Complete Health
 - Did not renew VOA contract; Alf joined Complete Health's team and is hoping to bring experience from VOA to program
- Technical review from CDC on HIV Program recommendations to improve
 1. Social media campaign
 - Contracted with CHAD with some carryover funds
 - Provider education in collaboration with Jen from Complete Health
 - If anyone has any feedback/suggestions on social media opportunities, please reach out to Justin
 2. Integrated Plan (IP)
 - Sandra Melstad with SLM Consulting
 - Data and goals in IP are not currently measurable
 - Working document going forward—pillar groups will continue to meet to review progress and evaluate the goal
 - Will look at data in the afternoon to guide new goals/activities
 3. At-Home Testing
 - In the past, it was trialed and not successful but there were some noted challenges that have been addressed
 - Some concerns related to follow-up part of the testing, but goal is to have people know their status
 - There are national programs that send tests but are expensive and carry their own challenges
 - Carryover funds will be used and collaborate with CHAD on landing page
 - Goal is to reach those people in the community who are not going to go to their doctor or walk into the DOH office for testing; want to meet them where they are and feel comfortable doing the test in their own spaces
 - People within our community are getting resources without DOH but how do we increase the personal responsibility and access
 - 1 page resource document will be included with at-home test
 - Feedback from group to design resource from perspective of client with algorithm of positive versus negative and what those next steps would be
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9:24M

Motion to adjourn for Black Hills AIDS Walk

9:24am – 1:00pm

First: Isaiah Shaneequa Brokenleg

Second: Kacee Redden-Benz

Dusty Frenberg called meeting back to order at 1:11PM

1:11PM – Integrated Plan

Sandra Melstad began discussion around the new 2027-2031 integrated plan and purpose. This plan will be due to the CDC June 2026 and will guide activities of the HIV and Ryan White Program at the DOH through that timeframe. Justin provided data relating to where we started and where we are at now. Sandra discussed conducting a SOAR analysis for identifying “Strengths, Opportunities, Aspirations, and Results” of activities within the pillars from the current integrated plan. The group completed an activity using SOAR together and then broke into pillar groups to evaluate current integrated plan activities related to the pillar focusing on what activities should we start, what should we stop doing, what should we keep doing, and what should we change. After discussing within pillar groups, the group as a whole came back together to discuss proposed activities changes. Sandra will take this information and put together recommendations that will be brought back to Justin and team to develop activities and goals for new integrated plan.

Prior to adjourning, Justin drew names for prizes for attending.

5:00PM – ADJOURN