

Virginia Community HIV Planning Group
Meeting Summary
April 14, 2023

Members Present: 23 members present.

Absent: One member on maternity leave, six members absent

Others Present: 13 non-members present (includes support staff, proxy, and presenters)

Greetings and Introductions- Elaine Martin (DDP Director) opened the meeting with greetings and information on “Right Help, Right Now”, a three-year plan to transform Virginia’s behavioral health system. This is a six-pillared approach to address our behavioral health challenges, encompassing crisis care, law enforcement burden, substance use disorder support, behavioral health workforce and service delivery innovation. This will likely have a positive impact on VDH’s Comprehensive Harm Reduction (CHR) programs and Naloxone distribution programs.

CHPG Business: Vote of a new CHPG logo- The group had an option of four different logos and decided with option two with an edit of adding the slogan from the bottom of option four.

HIV Prevention/Care Updates by Felencia McGee

- **CDC Division of HIV Prevention Launches Together TakeMeHome HIV Self-Test Project-** On March 21, the CDC Division of HIV Prevention (DHP) launched Together TakeMeHome (TTMH), a project to distribute up to 1 million free HIV self-tests over the next 5 years. Check out the official letter announcement from the CDC. By offering free HIV self-tests through mail delivery, TTMH addresses common barriers to HIV testing, such as stigma, privacy concerns, cost, and lack of access to HIV clinics, giving people who otherwise might not have tested an opportunity to know their status. Priority audiences for the program and the Let’s Stop HIV Together (Together) campaign outreach include populations with disproportionately high HIV incidence, including gay, bisexual, and other men who have sex with men, particularly Black/African American and Hispanic/Latino gay and bisexual men, Black/African American cisgender women, and transgender women of all races and ethnicities. Virginia's HIV self-test program will remain operational.
- **CDC Publishes Updated Hepatitis B Screening and Testing Guidelines-** CDC recently published Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations — United States, 2023. The updated recommendations advise hepatitis B screening for all adults at least once in their lifetime. Full implementation of the recommendations will substantially improve timely diagnosis and facilitate linkage to care for persons with hepatitis B. The 2023 recommendations also provide specific guidance for adults, pregnant persons, and persons with identified risk.

- **New Training Materials on Sex Worker Health and Harm Reduction 101-** The National Alliance of State and Territorial AIDS Directors (NASTAD) has developed new training resources on Sex Worker Health and Harm Reduction 101. The training materials include customizable PowerPoint slides, designed to provide an overview of sex worker health and harm reduction philosophy. To view or download these materials, visit the DDP CHR page.
- **Virginia Harm Reduction Coalition Awarded SSP Funding-** Virginia Harm Reduction Coalition was awarded funding through NASTAD's Strengthening Syringe Services Programs (SSPs) through Direct Program Funding initiative. Overall, 65 programs across 31 jurisdictions were awarded a total of \$6 million dollars for the first year of the initial 2-year funding cycle. This, five-year grant initiative supports organizations around the country with the funding and resources to strengthen the capacity of SSPs.
- **Federal District Court Temporarily Blocks Mandatory Coverage of Preventive Services-** A federal district court in Fort Worth, Texas ruled against the US Department of Health and Human Services, which places a nationwide block on preventive services recommended by the U.S. Preventive Services Task Force (USPSTF). This means that the mandate that requires insurers to cover USPSTF-recommended preventive services, which includes PrEP, is temporarily blocked nationwide.
 - Immediate impact of remedy:
 - Insurers are not required to cover PrEP.
 - Insurers are not required to cover HIV, STI, Hepatitis B, and Hepatitis C testing.
 - All A & B preventive care recommendations of the USPSTF made during or after 2010 are also not required to be covered by insurers.

The Biden administration is filing an appeal, which will likely be decided by the Supreme Court.

- **FDA Approves Non-prescription Narcan-** FDA granted Emergent BioSolutions over the counter (OTC) approval for Narcan, its 4-milligram naloxone hydrochloride opioid overdose reversal nasal spray. The new OTC designation permits the dispensing of Narcan in retail settings, facilitating greater access to Narcan by authorizing its sale in locations like gas stations, convenience and grocery stores, and retail pharmacies. Emergent anticipates that OTC Narcan will become available during the summer. Other formulations and dosages of naloxone will remain available by prescription only, including intramuscular (injectable) naloxone, which is the most widely used naloxone formulation.

HIV Care Services Updates: Ashley Yocum

- **Ryan White GY22 Closeout**

- Virginia RWHAP B received our Notice of Award for FY23 in the amount of \$26,181,764 which is an increase of \$337K distributed across the grant in the various funding buckets, (e.g., MAI, ADAP, Emerging Communities)
- Virginia has two new providers offering MAI services that focuses on enrolling clients into VA MAP. They are in the central region and aiding to help improve the VLS rates for the central health region.
- **VACAC Summit**
 - Virginia held a successful VACAC Summit this week in Richmond. Over 100 consumers attended and VDH gathered Needs Assessment data and held a Town Hall that provided feedback that is being synthesized.
- **Ryan White Part B Case Management Standards**
 - Over the past year, the Virginia Department of Health (VDH) has been working to revise the Virginia Ryan White Part B HIV Case Management Standards based on Human Resources and Services Administration's (HRSA) Policy Clarification Notes (PCN) 16-02 and PCN 21-02. Division staff worked with a committee of case managers from across the state and representatives from the HIV/AIDS Resource and Consultation Center on this project. You can review the updated standards here: <https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/ryan-white-part-b-standards/>
- **HCS Needs Assessment**
 - The 2023 VDH HCS Needs Assessment has been drafted and we are currently working on releasing the Needs Assessment to consumers. The survey will focus on Transportation and Internet Access. The survey has been translated into Spanish and will be conducted through REDCap (there will also be a PDF version). Once the survey is completed and results are compiled, VDH will share findings with CHPG and other stakeholders.

Ongoing-Updates:

- **Medicaid Unwinding:**
 - Virginia Medicaid has returned to their normal enrollment processes as of April 1, 2023. They are working with health care advocates and other partners to make sure eligible Virginians keep getting high quality health care coverage.
 - Starting April 1, 2023, DMAS began conducting eligibility determinations and renewals for all Medicaid and FAMIS members. DMAS has 12 months to initiate eligibility determinations and renewals for the more than 2.1 million Virginians who currently have Medicaid or FAMIS coverage.
 - For more information about this process, including answers to frequently asked questions, member factsheet, FAQs, toolkits, and other materials are available in multiple languages at [CoverVa.org](https://www.coverva.org).
 - HHS announced a new marketplace special enrollment period (SEP) that will be available for people who lose Medicaid and Children's Health Insurance Program (CHIP) coverage any time between March 31, 2023 and July 31, 2024.

- People may face challenges transitioning from Medicaid/CHIP to the marketplace, and may not learn that they have lost coverage in time to act before the end of the current loss of coverage SEP. This new exceptional circumstances SEP will ensure that anyone who loses Medicaid/CHIP during unwinding can enroll in marketplace coverage when they are able.
- **Provide Data System:**
 - As a reminder, with the implementation of Unified Eligibility, VDH requires a Virginia RWHAP B-contracted agency to conduct all client eligibility assessments for all RWHAP B services, including ADAP. Non-RWHAP B contracted agencies must refer any clients that need an assessment completed for RWHAP B service, to a RWHAP B contracted agency.
 - To find a Ryan White Part B Provider, you can visit the [Resource Connections](#) webpage, which lists all agencies where Part B eligibility assessments can be done.
 - All RWHAP B providers must conduct an eligibility assessment for a RWHAP B client that requests one, regardless of whether they receive services at your agency.
- **HIPAA Reminder:** VDH has been receiving non-secure emails that contain PHI and PII. As a reminder, VDH cannot accept any client information through email unless it is encrypted and sent through secure email.
 - This includes Client level data, Personal Health Information (PHI), and/or Personal Identifiable Information (PII)
 - If you need to communicate information that includes any PHI or PII, please use SFTP to share that information or fax info to VDH. If fax, please inform VDH know so they can pick it up and it's not sitting on fax machine.
 - If you are a client, please do not send your personal information through email to VDH. Please call VDH to discuss your needs.

Interactive Energizer: This or That

National HIV Behavioral Surveillance (NHBS) by Jamell James and Garrett Shields (Virginia Department of Health)

So, what is NHBS:

- NHBS is a CDC funded project that began in 2003; Virginia joined NHBS as project site in 2016
- Purpose: To learn more about the behaviors of people at higher risk of HIV infection
- 23 project areas participate in NHBS
- In Virginia, we collect data from residents in the Eastern Health Region

Program Goals:

- HIV prevalence among groups at highest risk for HIV infection
- HIV risk behaviors
- HIV testing

- Use of HIV prevention services

Populations of Focus:

- NHBS collects data in rotating annual cycles in three different populations at increased risk for HIV:
 - 1) Men who have sex with men (MSM) - 2017, 2020, 2021, 2023 and 2026
 - 2) People who inject drugs (PWID/IDU) - 2018, 2022 and 2024
 - 3) High risk heterosexually active persons (HET) – 2019 and 2025

Respondent Driven Sampling (RDS):

- Locate Seeds (initial participants)
- Seeds then complete survey and are issues coupons to give out and recruit peers
- Peers receive coupon and complete the survey
- Peers now take survey and recruit
- Increased survey participants through these peer networks
- Process continues until benchmark of 500 is reached

Venue-based Sampling (MSM cycle only):

- Staff identify locations (clubs, hangout spots) frequented by the MSM community (most venues are nightclubs)
- Staff build rapport with business owners and establish trust to conduct surveys and HIV testing in their venues
- Sample size is 500

Data Collection:

- In all three cycles, trained staff screen potential participants for eligibility (based on questions developed by VDH, CDC, and community partners).
- A standardized, anonymous questionnaire is used to collect data. The interview takes approximately 40 minutes to complete and includes questions concerning HIV-related risk behaviors.
- HIV testing is offered, and participants receive HIV prevention education.
- All participants are compensated for their time (mostly by cash).
- Participation is strictly voluntary. Those taking part in the survey are given a consent form. All risks, benefits, and confidentiality rules are discussed prior to beginning the survey.
- Data collection goes from June through November of each cycle.

We Need Community Support:

- Community support validates the project in the three survey populations.
- Stakeholders can provide input and expertise during the formative research process, which includes the exchange of helpful information relevant to the current population of interest and assisting with seed selection. Seed selection refers to the process of selecting

key members from the population of interest who are willing to serve as initial participants.

- NHBS disseminates data findings to community partners.

They had specific criteria for the 2021 MSM sample starting with 296 people screened in and 263 MSM participants.

Demographic characteristics: Mainly Black/African American (60%) with a diverse age range between 18-50+. Many other factors were taken in for data purposes including but not limited to, Education background, Income, health insurance status, substance use, sexual behaviors, testing history, and their viral suppression status.

Lunch Break

HCS: VA MAP- Pharmacy Benefits Manager (PMB) Only Model Proposal by Lashi-Carroll-James (Virginia Department of Health)

Dual Pharmacy Model:

- Uninsured VA MAP Clients:
 - 1721 clients (35%), as of 3/15/2023
 - Medications filled by VDH's Central Pharmacy, ACC/VCU Pharmacy, Alexandria Pharmacy or Fairfax Pharmacy.
 - Shipped to & picked-up from one of the 125 local health departments (LHDs)/medication access sites
 - Insured VA MAP Clients:
 - 3266 clients (65%), as of 3/15/2023
 - Insured clients receive a Pharmacy Benefits Manager (PBM) card that covers the remaining medication balance after their primary insurance has been processed.
 - Clients access medications via any in-network retail or mail-order pharmacy.
- *This model is for patients without Medicaid and is ONLY a proposal.**

PBM-Only Model (Proposal):

- All VA MAP clients would receive a PBM card to access medications through a retail or mail-order pharmacy that would cover either the full medication balance or the copayment amount (after primary insurance).
- Changes for current VA MAP uninsured clients:
 - Access to medications at a designated retail-chain or mail-order pharmacy, instead of LHDs/medication access sites.
 - Receive a PBM card to access medications
- No change for current VA MAP Insured clients

Why a PBM-Only Model?

Increased opportunities to:

- Improve patient medication safety and adherence

- Refill reminder calls/text and automatic prescription refills (upon request) can help medication adherence.
- Make medication access more client-centered

Improve flexibility and (clients') choice for medication access

- Available mail-order pharmacy
- Increased pharmacy medication pick-up hours, and drive-through options (some retail-chain locations)
- Vaccinations could be completed at the contracted retail-chain (reduced appointments/travel)
- Simplifies client change process when enrolling in or losing insurance.
- Reduce medication wastage

Impact on Current Medication Access Sites:

- VA MAP pick-up sites will no longer be expected to deliver, track or function as a source for any Ryan White Part B medications or vaccinations.
- Creates an opportunity to reduce the workload for sites with staffing challenges.
 - Removes required ordering, monitoring and returning medications
 - Removes required journal submissions for vaccinations (RW Part B only)
 - Removes required ADAP site visits

Highlighted by feedback from Stakeholders:

- Language services would be available for our non-English speaking clients.
- RW Part B Medical Transportation can be used to pick up medication.
- If the proposal is approved, there would be a transition period to allow everyone time to adjust to the major programmatic change.
- PBM medication access data will be available in Provide Enterprise for monitoring medication adherence.
- Confidentiality & Privacy according to HIPAA regulations.
- Removes stigma associated with monthly medication pick-ups at LHDs.

CHR Updates by Bruce Taylor (Virginia Department of Health)

Current Sites in Virginia:

- Health Brigade- Richmond VA
- Council of Community Services- Roanoke VA
- Strength in Peers- Harrisonburg/Rockingham/Page/Shenandoah Counties
- Chris Atwood Foundation- Reston, Fairfax, Prince William County, Loudoun Counties
- Virginia Harm Reduction Coalition, Roanoke, VA
- Minority AIDS Support Services, Newport News/Norfolk/Virginia Beach
- Wise and Smyth County HD
- Scott Co and BRHD in process.

Services Provided (on Site or by Referral):

- Free sterile syringes Naloxone, FTS
- Free disposal of used syringes
- Testing- HIV, HCV, HBV, HAV, STI, TB
- Family Planning and Condoms
- Linkage to mental health and substance use treatment disorder treatment
- Insurance enrollment
- Linkage to medical care
- Harm reduction education and counseling

Expansion of Services:

- Peer Recovery Coaches/Counselors
- Case Managers
- Telehealth
- Suicide Prevention
- Mental Health First Aid
- SUD Screenings
- Food Pantry

Outcome Data:

July 2018 – December 2022

- 7,051 enrolled
- 43,455 visits
- 2,254,000 syringes distributed
- 99.3% participants received education and harm reduction counseling
- 3,519 overdoses reversed
- 818 individuals testing
- 335 linked to HCV testing
- linked to MH/SA treatment
- 545 linked to HIV
- 440 linked to Social Services
- 1.4% HIV Positivity, 31% HCV Positivity Rate

Areas of Need:

- Petersburg
- Portsmouth
- Fredericksburg
- Arlington/Fairfax Counties
- Danville/Martinsville
- Bristol
- Tazewell County
- Lynchburg
- Colonial Heights
- Orange/Culpeper Counties

Naloxone Partners Program:

- Naloxone reverses opioid overdoses
- Comprehensive Harm Reduction Partners Program (CHRPP)
- Distribute naloxone directly to individuals who take opioids, or to their significant others (family members, relationship partners, close friends, etc.)
- Currently 132 partner programs operational
- Need More....

Easy to Join:

- Enter into an MOU with Central Pharmacy at VDH- Standing Order
- Order online
- No cost- shipping paid
- Keep a log of how many you dispensed
- Return unused or expired

For Information or questions please contact Bruce Taylor at bruce.taylor@vdh.virginia.gov.

Rural Comprehensive Harm Reduction by Nicky Fadley Strength In Peers)

About Us:

- **Recovery Community Organization:** We are a nonprofit organization. Our staff and most of our board are individuals in active recovery from substance use, mental health and trauma-related challenges.
- **Vision:** We envision a world where we have an abundance of recovery options and are supported in our right to decide our recovery pathway.
- **Mission:** We offer hope, support and advocacy for those seeking recovery so that they can build resilience and thrive in their lives and communities.
- **Service areas:** Harrisonburg, Rockingham, Shenandoah and Page.

Meeting People Where They Are:

- Focus on people who are falling through the cracks and face barriers to traditional outreach and service delivery models
- Direct outreach to priority populations – instead of waiting for people to come to you
- Homeless, jail reentry, rural poor
- Peer Recovery Specialists use their personal experience to develop relationships with individuals who struggle with distrust and/or stigma-related challenges
- Bring services to people instead of making them go to facilities (home visits, porch visits, coffee shops, parks, etc.)
- Recruit providers from the same communities we serve
- Offer a continuum of services and integrate partners to support multiple recovery pathways

Why do we do CHR?

- VDH's Why: "Comprehensive Harm Reduction (CHR) is a set of public health strategies intended to reduce the negative impact of drug use including HIV, Hepatitis C, other infections, overdose, and death among people who are unable or not ready to stop using drugs."

- Our Why: Because EVERY life is valuable, and ANYONE can recover.

Our CHR Services:

- Needle/syringe exchange authorized by the Commissioner of Health
- Wound care and safe injection supplies
- Naloxone to prevent overdose
- Rapid HIV and Hep C testing
- Fentanyl test strips
- Education to prevent HIV, hepatitis and other blood-borne diseases
- Referrals to healthcare and social services
- Referrals and assistance connecting to substance use and mental health recovery services

Reaching Rural Communities:

- Walk-in hours at our New Market office
- Home delivery services
 - Reduces transportation and cultural stigma barriers
- Weekly sites for mobile unit
 - Difficult to identify locations in rural communities
 - Partnering with MAT practices

2022: CHR and Testing Programs:

- 124 CHR participants
 - 39% Harrisonburg, 24% Rockingham, 15% Page, 8% Shenandoah, 6% Augusta/Waynesboro/ Staunton, and 8% unknown
- 540 CHR sessions
 - 59% Harrisonburg office, 4% New Market office, and 37% mobile unit
- 11,535 sterile syringes distributed
- 6,584 used syringes collected (doesn't count syringes otherwise properly disposed of)
- 223 boxes of Narcan distributed
- 1,884 fentanyl test strips distributed
- 13,724 condoms distributed
- 211 people tested for HIV and Hep C
- 32 CHR and testing participants engaged in recovery services at Strength In Peers

Outreach Continuum to improve equity:

- Comprehensive Harm Reduction: engaging individuals who are unable or unwilling to stop using drugs; be there if/when they are ready
- Homeless Street Outreach: outreach and supplies for people on the streets, living in encampments, and who use soup kitchen and day shelter services

- Jail In-Reach: weekly peer support groups and individual support at Page County Jail, Rockingham Harrisonburg Regional Jail, and Middle River Regional Jail
- Rural Outreach: direct mail campaigns and social media posts, although our main form of outreach are our participants and alumni
- Safe & Secure Homeless Respite Program: short-term emergency shelter and peer support for individuals experiencing homelessness following an inpatient hospitalization

Community Resource Center & Peer Recovery Center:

- Community Resource Center: light case management; information & referral; help applying for public benefits, jobs and rental housing; computer lab; food pantry & homeless supplies
- Peer Recovery Center: individuals peer support and the following weekly groups: MISSION Recovery, Women's Empowerment Group, SMART Recovery, Recovery Planning Workshop, Dural Recovery Therapy, Anger Management, HIV Prevention Workshop

Integrated Recovery programs:

- Designed and operated by Peers for Peers based on our personal lived experience
- Honors each person's unique recovery needs and path, without judgement, because everyone's recovery is different
- Peer Recovery Specialists conduct outreach, recruit participants, and provide individuals peer support
- The Case Manager tracks participants' progress through the program and helps them connect to other community services and resources
- Counseling provided by the Harrisonburg Center for Relational Health
- Tele-psychiatry provided by the University of Virginia Department of Psychiatry
- Work with Residents to educate the next generation of providers
- First RCO to enroll in Medicaid in Nov. 2022. Launching billing this spring.
- Rural model: home visits, telehealth, and transportation assistance

Break

Member Updates:

There were a few member updates. UVA's peer-support group continues to grow and now has seven people total. Additionally, as of January 2024, Eastern Virginia Medical School will change leadership moving away from Old Dominion University and may be undergoing a name change, before officially shifting to the Sentara health care system. More information regarding this change is forthcoming and in the interim, there is no direct impact to patient services. Also, the guidance regarding organ donation and HIV positive persons has changed. Those living with HIV may now donate to others living with HIV.

CDC Testing Services Locator Consumer Feedback by Chris Barnett (Virginia Department of Health)

VDH's Public Relations Coordinator came to the CHPG to get feedback from the group about recent changes that CDC had made to their testing services locator. These changes became noticeable prior to an ad run VDH was about to make and were significant their opinion. They wanted to get community feedback before putting together VDH's collective thoughts about the changes to the project officers at CDC.

The CHPG agreed that the changes that have been made to the CDC NPIN services locator are problematic. After testing multiple zip codes, they confirmed that returned results were confusing. While map results showed nearby locations, the listed results were very far away. This would cause confusion and could cause those seeking services to not seek services at all. They questioned the validity of agencies that were listed as offering HIV self-test kits, as many of those agencies do not actually offer kits to the public, but only through programs. Feedback was given comparing the PrEP services locator and how NPIN followed up to confirm the services that they listed on the locator. They said that due diligence similar to that should be performed for this locator. They fully supported our desire to contact CDC and share our frustration with the current state of the testing services locator.

Meeting Wrap up

Evaluation

Adjourn: NEXT MEETING: Thursday, June 15, 2023