

**Virginia Community HIV Planning Group
Hilton Garden Inn Richmond Airport
Meeting Summary**

Members Present: Keri Abrams, Tim Agar, Nataly Anifrani, Sylvester Askins, Roy Berkowitz, Reed Bohn, Bill Briggs, Gennaro Brooks, Shawn Buckner, Emeka Chinagorom, Victor Claros, Jerome Cuffee (Community Co-Chair), Daisy Diaz, Pierre Diaz, Colin Dwyer, Justin Finley, Earl Hamlet, Russell Jones, Cristina Kincaid, Elaine Martin (Health Department Co-Chair), Eric Mayes, Darius Pryor, Zachard Roberson, Robert Rodney, Anthony Seymore, Dorothy Shellman, Lee Stone, Stanley Taylor, Nechelle Terrell, Joyce Turner, Stacie Vecchietti, Chris Widner, Robyn Wilson

Members Absent: Marquis Mapp, Diane Oehl (represented)

Others Present: Kathleen Carter, Daniella Isayev, Renate Nnoko, Estella Obi-Tabot, Kristen Petros de Guex, Amanda Saia, Bruce Taylor, Joshua Thomas, Carrie Walker and Lauren Yerkes of the Virginia Department of Health; Jennifer Flannagan, VCU AIDS Education & Training Center; Charlene Smith, Department of Behavioral Health and Developmental Services (represented Diane Oehl); Cecilia Llanos, NovaSalud, Inc.; Leigh Guarinello, Inova Juniper Program; Erin Cave, Commonwealth Catholic Charities

Total: 48 participants

Old and New Business - Bruce Taylor

- Amanda Saia, new HIV Epidemiologist, will attend future CHPG meetings. Lauren thanked members for their help the past three years, and Elaine thanked Lauren for all her great work.
- Bruce reported that the Integrated Plan was submitted and distributed copies to be used in the afternoon session. A monitoring & evaluation committee needs to be formed that will monitor how we're progressing on the plan as we go. If you'd like to volunteer, see Bruce. He'll also send an e-mail.
- Membership - Bill Briggs had to resign due to conflicts with his new job. Bill served on the membership committee, so an election will be held in December (two-year term of service).

Co-Chair Nominations - Bruce Taylor

Bylaws state the community co-chair will serve two consecutive terms. Jerome's term ends soon and an election will be held at the December meeting. The deadline to send nominees is November 8th.

August meeting summary - Motion was made and passed to approve the minutes as written.

Prevention Update - Elaine Martin

- Budget – Significant cut to 1506 (PrEP) - all grantees cut 30%
- Condoms – Trojans Magnums will be special ordered again this year – contact Beth Marschak
- HIV care has taken up Patient Navigation; RFP will be going out for Ryan White soon. HIV Prevention will pay 10% of PN to help serve clients who aren't on Ryan White.
- IPHI revamped Community Health Working training – part online and part in-person
- HIV Testing team planning a 2-day conference next spring to disseminate information on changes in testing methods, QA, etc. – will ask the resource centers to assist
- Women's Conference will be held this weekend in Suffolk for women living with HIV. Planners: Marquetta Alston and the Sisters Promoting Help team.

- Cristina announced a conference in November for licensed medical health providers providing transgender care. Six CEUs are available. She will post it to the CPG Facebook page.
- Facebook page – If new members are on Facebook, send Bruce your profile and he'll add you to the site.
- Drug User Health – Bruce is serving on an agency committee and providing talking points to upper management. The bill was defeated in last GA session, but it has definitely not gone away. Elaine can't share document at this time because it is a Governors Working Document.
- Daisy reported on the Somos Familia event highlights on October 12 – packed house (125 participants), videos were screened, and NovaSalud staff are pleased with the feedback they've received.
- Greater Hampton Roads Planning Council sponsored a cookout in September- Jerome thanked those who participated and noted it was a successful event.

Care Update - Renate Nnoko

FY17 Ryan White Part B grant

- HCS is working on the Ryan White Part B FY17 grant application, which is due to HRSA in mid-November.
- VDH expects level funding for FY17.
- HCS coordinators are preparing justifications for funding for subrecipients, considering a number of factors to include epidemiological data, needs assessment findings, the integrated plan, projected versus actual service delivery, spending trends, other sources of funding in a region, data reporting, and compliance with HRSA legislation and standards, VDH policies and procedures and contract terms. Coordinators have asked subrecipients for input on the amount of funding they think they will need for FY17.
- HCS has to adhere to a tight timeline to ensure that contracts are in place before the beginning of the grant period. Coordinators will work closely with subrecipients to obtain necessary documents, budgets, work plans, etc. Contracts must be fully executed before April 1, 2017. There is no grace period. If contracts are not fully executed by April 1, 2017, VDH will not be able to reimburse agencies for services. This could jeopardize client access to needed services.
- Eligibility - Agencies receiving Ryan White Part B funding must keep client eligibility documentation for clients receiving Ryan White Part B services on file (electronic or paper) at the agency (a HRSA and audit requirement). Agencies must ensure that clients' re-certifications are done every six months. Clients whose eligibility documentation has lapsed are not eligible for Ryan White Part B services or VDH reimbursement for services. If VDH determines that a client was not eligible for Ryan White Part B and received a service, the agency will be required to reimburse VDH for that service.
- Staffing changes - E. Taylor Doctor has accepted a position with NASTAD and his last day is October 21. HCS will recruit for this and another HIV Services Coordinator position soon.

ADAP Update - Daniella Isayev

Daniella outlined the main changes coming in 2017 and what is needed for ADAP recertification:

ACA -Main changes for 2017:

- Optima's coverage area changed. Now plans are offered in parts of Southwest, Eastern and Northern regions.
- Anthem is the only plan with statewide coverage.
- Coventry is not an offering in Virginia's Marketplace in 2017
- Premium increases range from 15%-40%, depending on the insurance company.
- Clients need to pay attention to provider listing and coverage area.

- If signing up for a catastrophic plan, need to assess other medical costs outside of medication costs as those costs would be in full until maximum out of pocket (MOOP)/deductible is met.
- Clients are receiving letters with a modified plan table, does not list every covered plan under each carrier. Full list is on the ADAP website and will be sent out to the list serv.
- VDH will not auto re-enroll clients and make a January 1 premium payment unless updated 2017 insurance information is received. Once updated 2017 premium information is received, a premium payment will be made, if applicable.

Recertification talking points:

- The purpose of recertification is to ensure all ADAP clients meet current eligibility criteria and that VDH has the most up-to-date information on clients.
- Each client must provide updated information to VDH every six months.
- The ADAP Central Office staff will make every effort to ensure that recertification occurs timely and successfully. Clients will have 60 days to submit updated income, insurance, or living arrangements and to sign, or attest to the information on the recertification applications. The application must be complete to maintain access to medications.
- Applications are mailed to clients two months prior to the due date.
- Once per year, clients will complete a full recertification packet similar to the ADAP application which is due on their birth month.
- Once per year, clients will complete a one page self-attestation form, which is due 6 months after their birthday.
- Around the time ADAP Operations Technicians send out re-certifications to be completed, they also send a list to each provider requesting an updated medical certification form with updated labs within 6 months.
- Each recertification letter mailed has a due date by which the materials need to be returned.
- After the date has passed, VDH follows up with clients about missing materials and a letter is drafted requesting the missing documents
- A list is sent to the Health Department, Provider, and/or Case Manager stating which clients have not yet recertified.
- After three documented attempts to recertify, unresponsive clients are dis-enrolled from the program.
- Clients with no updated eligibility information within a year as of January 1, 2017 will be removed from the program. Once an updated application is received, client will be enrolled and able to access medications through the program.
- Eligibility documents include ADAP application/Self Attestation, proof of income, proof of VA residency, proof of insurance/no insurance and medical certification form with lab values in the last six months.

Public Health and HIV Epidemiology - Bruce Taylor, Lauren Yerkes

Capacity building presentation – how we work and the processes we work under. Bruce explained that public health is done through a government process and falls under the jurisdiction of the White House – that’s why we have a National HIV Strategy, whose authors report to the President. When looking at health from a holistic approach, there are several areas – physical, mental, spiritual, and intellectual. Bruce talked about CDC’s ten essential functions of public health and about how the CHPG functions to carry out those functions (all but enforce laws). The CHPG is concerned with infectious disease and the three main types of prevention (primary, secondary and tertiary) for infectious disease. Measurement of Health care: 1) Is it accessible? 2) Is it affordable? 3) Is it acceptable and 4) is there quality of care? Bruce talked about public health tools (e.g., education, behavioral modification, communication, math statistics, physical sciences (biology/chemistry), public health law, social determinants (how society

affects health) philosophy (ethics), epidemiology (study of how disease moves through society and the tools used to track it).

Lauren and Amanda presented “Exploring Data - Definitions, Epidemiologic Trends, and the HIV Continuum of Care”. Lauren’s slides showed how our state looks geographically and identified the five health regions.

Definitions:

Epidemiology – the study of disease patterns and trends in populations

Quantitative data – when you see numbers, able to be measured

Qualitative data - descriptive, how people think or feel, collected through interviews and participant observations

Prevalence - total number of cases in a specific period of time (e.g., 24,524 persons living with HIV disease in Virginia)

Incidence: the number of newly diagnosed cases in a particular timeframe (e.g., 963 newly diagnosed HIV cases in Virginia in 2015)

Amanda outlined what the data look like in Virginia, showing differences between general population in 2014 and new HIV diagnoses in 2015 by gender, age, race/ethnicity/transmission risk, and health region. Lauren concluded by outlining the HIV Continuum of Care. Rates are going down and discussion followed as to why this may be so. Reasons given were more testing, better testing technology, and better data.

Working Lunch Topic: Planning with Epi Data

Workgroups met:

The Health Disparities workgroup was facilitated by Adyam Redae. The majority of the session was spent discussing the concerns of a member regarding the objectives of the work group and the integrated plan. The group was unable to cover all of the planned material. The Drug User Health workgroup was facilitated by Bruce Taylor.

The following recommendations were made:

- VDH should consider advertising services in Spanish at Latino supermarkets and on Latino radio and TV shows.
- VDH should consider recruiting people with experience and not place too much emphasis on degrees achieved. Two Spanish-speaking participants said they have extensive experience working with PLWH and are actively looking for jobs as health educators, case managers, or patient navigators. The fact that they do not have a degree related to public health disqualifies them from applying for positions on the state website. They believe their expertise will help reduce some of the disparities, especially those related to the Latino population.
- Include AETCs, DBHDS, and other agencies that provide anti-violence services in the integration of TIC into HIV care delivery. VDH should work with agencies already using an integrated care approach, such as Inova and Virginia Anti-Violence Project, to learn best practices which can help inform the TIC agenda. TIC agenda should stipulate a pathway for referral for patients identified as trauma victims; hence, all provider staff and clients alike should be trauma-informed.
- Work closely with case managers to help identify clients who might be willing to convene round table discussions.

1506 and 1509 Updates - Kristen Petros de Guex, Eric Mayes

Kristen gave updates for 1509, THRIVE, a four-year CDC project designed to address the high rates of new HIV infections among MSM of color and the significant health disparities and gaps present along the HIV Care Continuum in this vulnerable population. Eric gave updates for 1506, Comprehensive HIV Prevention for Men of Color. He and Bruce Taylor are writing eligibility protocols which will be revised and approved by the PrEP workgroup. Eric outlined the medical requirements needed for PrEP (take an HIV test and be non-reactive) in order to qualify, behavioral screening and follow-up, and listed the priority risk factors. Both projects focus on the Hampton/Newport News/Virginia Beach area.

New Strategies in Integrated Plan - Renate Nnoko, Bruce Taylor

Strategies identified to achieve the goals of the Integrated HIV Prevention and Care Plan: Linking HIV-positive veterans to prevention and care services; facilitate enrollment to ADAP for eligible clients; better medication access and medical care; follow-up with clients; trauma-informed care; public health detailing (providing HIV and STD data of a particular area to personalize it when reaching out to a provider in a particular area; and testing of men, not just MSM. Focus on men in general, men not identifying as MSM, IDU, or heterosexual - de-stigmatizes HIV as a gay disease.

Wrap Up - Jerome Cuffee

Jerome thanked the presenters.

Adjourn - Jerome Cuffee

The meeting adjourned at 3:45.