Virginia Community HIV Planning Group
Four Points at Sheraton Hotel, 9901 Midlothian Turnpike, Richmond, VA
Meeting Summary
October 20, 2017

Members Present: Sylvester Askins, Roy Berkowitz, Reed Bohn, Gennaro Brooks, Shawn Buckner, Jerome Cuffee (Community Co-Chair), Daisy Diaz, Pierre Diaz, Colin Dwyer, Earl Hamlet, Russell Jones, Cristina Kincaid, Marquis Mapp, Elaine Martin (Health Department Co-Chair), Eric Mayes, Diane Oehl, Zachard Roberson, Anthony Seymore, Dorothy Shellman, Stanley Taylor, Nechelle Terrell, Stacie Vecchietti, Chris Widner, Robyn Wilson

Members Absent: Tim Agar, Emeka Chinagorom, Victor Claros, Justin Finley (represented), Robert Rodney, Joyce Turner, Chris Widner

Others Present: Kathleen Carter, Renate Nnoko, Hunter Robertson, Amanda Saia, and Bruce Taylor of the Virginia Department of Health, Division of Disease Prevention; Imani Butler (represented Justin Finley); Loftin Wilson, North Carolina Harm Reduction Coalition

Old and New CHPG Business - Care and Prevention Planners

- Bruce stated that it was necessary to delay the membership committee meeting due to schedule conflicts. The committee will meet before the December meeting.
- 2018 Calendar – Bruce announced tentative dates and asked members to contact him if there is a conflict; if over 1/3 of membership have a conflict, he'll change a date. Tentative dates are February 16, April 12, June 22, August 16, October 19, and December 13.
- Workgroups this afternoon: Each workgroup should establish a goal; the goal can change as it's met or can be revised as work evolves in new directions.

Approval of August Minutes - Co-Chairs
Motion passed to approve the minutes with one change, none opposed, none abstaining.

Prevention Update – Elaine Martin

- Advertising home test kit program on dating apps – has been submitted with much supporting documentation several times, but finally got a yes this year. Elaine hopes we will be sending out a lot more home test kits because of the ads.
- Received money from Gilead to expand Hepatitis C testing in local health departments; also good for PrEP because clients need a hepatitis C test to get PrEP
- In the midst of switching HIV testing technology at CBOs – from OraQuick to Alere Determine which is a 4th generation rapid test, detects HIV earlier, confirming with Insti test. One caveat is that Determine is still not as good as a 4th generation blood draw. Eastern staff trained recently.
- Greater Than AIDS is casting for an upcoming campaign about PrEP. The campaign is looking for gay men and transgender women from Virginia, between the ages of 18-35, who are currently taking PrEP to share their experiences. The featured individuals will be included in a multi-media campaign that will be released in the Spring / Summer of 2018. If you or someone you know is interested, you can apply at www.greaterthan.org/apply. Completed applications are due by October 29, 2017.
- ndp received award for advertising Greater than AIDS in the rest of the state – billboards, bus, in central and northern, and digital ads to run in the rest of the state

- Ryan White rebate dollars to fund statewide RFP advocating testing of men – awarded to Kaiser Family Foundation
- Also a push to advertise Walgreens test sites and use those sites more because we're in the last year of funding cycle of the 12-1201 grants and the money ends December 31.
- Linda Whiteley, Nurse Practitioner Consultant is onboard and will be doing STI, clinical efficiency, working with clinicians in Eastern with PrEP and nPEP, and lots of other activities.
- Syringe services – Bruce attended a number of community meetings statewide. He attended one in Virginia Beach yesterday where the keynote speaker stated, "When you change the music, you have to change the dance," meaning that communities have to respond effectively to the evolving crisis to develop a harm reduction program. Still no sites up and running, a few are close. Elaine announced a series of upcoming harm reduction trainings and two webinars (one for providers, one for law enforcement) and two-day regional trainings in Southwest, Central, and Eastern. The CIBA provider is in New York City.
- Bruce has been very busy doing community mobilization and engaging law enforcement. He reported that the Dept. of Criminal Justice would be happy to send out letters to all individual chiefs of police, encouraging them to participate in the trainings and agencies who are interested in providing services; the challenge is that CHR is a paradigm shift.

HIV Care Update – Hunter Robertson

- ACA – Open enrollment will last 45 days instead of 90 days; it was always part of the law for the enrollment period to get shorter. Health and Human Services announced the system will go down for maintenance on Sundays for about 12 hours.
- ADAP – ADAP has 6,422 clients with 3,259 enrolled in health insurance through the Affordable Care Act (ACA). About 1,750 of those enrolled in ACA coverage will need to change insurance carriers for 2018. The primary reason is that some insurers left the market in Virginia and others reduced their coverage areas. Currently, every locality in Virginia has at least one health insurance option for the ACA in 2018. Eighty percent of Virginia counties and cities have only one ACA Marketplace insurance plan carrier. HCS is calling medical sites and asking them to check to see if they are in the network for the plans offered by the carrier (s) in the region and can bill for and be reimbursed for services provided. Some localities will have a single ACA Marketplace health insurance carrier that has limited or eliminated access to Ryan White-funded HIV medical care providers through or in its network. VDH is planning to use a hybrid approach (combination of using health insurance to access medications and Ryan White Part B funds to pay for medical services related to HIV care), but only in areas that have limited or no RWHAP B medical care providers in their network. HRSA is supportive of this approach. VDH will provide updates about this, including criteria for consideration for the hybrid model, and other issues for ACA though listserv postings, phone calls, webinars, and posting information to the ADAP website. Letters will go out to clients with plan information next week.
- VDH has awarded a contract to Benalytics for providing insurance enrollment assistance around the entire state for the ACA enrollment period. Starting November 1, they will have ten people who will work in all health regions [Note: Clients can enroll by phone with the assister or make an in-person appointment]. They will help enroll clients into a plan and make binder payments. If someone from Benalytics calls a client, they are calling to help them enroll. They will work with VDH to hold enrollment events or participate in those planned by providers and others parties that do insurance enrollment. VDH will send out more information and post on the website. Benalytics will also be sending out information. Some Ryan White sites will be enrolling ADAP clients in health insurance and also making the first (binder) payment to the insurance company. VDH will then pay the monthly premiums through Benalytics. Additional Ryan White sites will be doing only enrollment and VDH will make the first (binder) payment.

Weekly ADAP calls; letters that sent are on the VDH website so members don't reinvent the wheel; EGM: will send a copy to CHPG members.

Regional Reports:
Central: Stacie – The Virginia Anti-Violence Project, in conjunction with Side by Side and Nationz Foundation, is sponsoring a Trans Inspiration Project (TIP) on Saturday, December 2 at the First Unitarian Universalist Church in Richmond from 12-5.

Eastern: Robyn - The Gay Men's Holistic Health Conference is scheduled this weekend at the Norfolk Waterside Marriott. Harvesting Hope is scheduled for November 2nd from 6:30-9:00; HIV testing will be offered.

Northern: Nechelle - November 18: third annual Hoops in Virginia, an all-day basketball tournament with HIV prevention messages. Danielle Houston from Gilead will speak; NovaSalud will do testing. Roy: Walk to End HIV on October 28 (used to be called the AIDS Walk)

Southwest: No report

Northwest: No report

TGA Update: No report

EMA: No report

Our Target Populations – Part 1 – MSM – Amanda Saia, Bruce Taylor, Roy Berkowitz
Amanda's presentation: "MSM Population and HIV Trends" – using 2014 CDC data: 2% of population was gay, bisexual or other MSM, over 492,000 MSM are at high risk of HIV. New diagnoses have remained stable. MSM account for 70% of new infections with more than 612,000 living with HIV in the US and an estimated 17% unaware of their infection. New HIV diagnoses attributed to MSM by race/ethnicity from 2012-2016 by region: Eastern 38%, Central 25%, Northern 22%, Northwest 8%, Southwest 7%. Persons living with HIV (PLWH) due to MSM as of 12/31/16: 24,477 PLWH in VA: 11,596 (47%) of all PLWH are MSM in Virginia; 48% are Black, 39% are White, 9% are Hispanic. Amanda concluded with a slide defining the HIV Continuum of Care and what's considered a care marker.

Bruce's presentation: "Who are MSM?"
MSM describes men who practice a behavior, and is not meant to impose a label on the behavior. Labels can play into stigma. Studies vary concerning the numbers of MSM in the US. Bruce cited the findings of the Williams Institute at the University of California: approximately 9 million LGBT identify. Virginia is among the lowest at 2.9% LGBT, DC the highest with 10%.

Roy – "Mental health issues and working with MSM" - Questions posed included: What are the mental health issues and how do they contribute to risky behavior? How might mental health issues (depression, suicidal thoughts, low self-esteem, etc.) affect one's behavior growing up gay? Roy wrapped up with "What's important about this stuff as a CHPG member"? Answer: The Integrated Plan! He reviewed the plan concerning MSM and read the objectives. He noted that there is a lot of trauma-related activity in the objectives.

Working Lunch Assignment: Discussion Topic: How is the information learned today on MSM useful in the community planning process?

Harm Reduction Coalition Formation in North Carolina – Loftin Wilson
Loftin began by giving some background on her harm reduction experience and the coalition. In the beginning, the coalition was based in Winston/Salem, NC. The coalition started doing training for law enforcement re: blood borne pathogens; slipped in info on syringe exchange and once buy-in from law enforcement re: harm reduction, it evolved into including syringe services training and drug user health issues. And once the relationship with law enforcement was cemented, Republican legislators came on board, the Good Samaritan law passed, and NC was the first state to have standing orders for naloxone. Worked with methadone clinics across the state and gradually convinced all of them to let the coalition distribute naloxone kits, a strategic way of covering a large area. An amendment in the Good Samaritan law in 2015 also gave protection to those on probation or parole. She then talked about current projects, such as assisting smaller grassroots organizations with supplies (syringes, cookers, sharps containers, etc.) to become more financially independent and apply for their own 501c3, and also on broader issues such as criminal justice reform. Discussion followed about some of the challenges the coalition has faced and ongoing education efforts. www.nchrc.com is the web address for more information.

Workgroups Met:

Drug User Health report by Colin: Step 1 form a harm reduction coalition, utilizing student advocacy groups to help do legwork on normalizing the harm reduction approach. Work with MPH students, med students, and other pre-professional programs, perhaps even undergraduate groups, to host letter writing campaigns to state representatives to lobby for better drug policies, as well as general health promotion and education to raise awareness about harm reduction among the general public. Also compile all of the relevant community resources from around the state in order to create the framework that we could build the coalition upon. There is already a resource guide in the works, but it needs to be made open for all members of the workgroup to contribute to.

Health Disparities report by Reed: Increasing connection to faith-based communities; normalizing HIV messaging at historically black colleges and universities in Virginia, including Greek life; YouTube; podcasts; and working on ways to formalize those communications.

PrEP report by Eric: Present: Eric, Russell, Earl, Robyn, Anthony, Stanley, Nichelle, Zachard, Jerome, Roy, Gennaro, Daisy, Sylvester, Pierre. The group decided that it would develop a set of best practices related to PrEP with the aim of increasing adherence and lowering Virginia's drop-out rate. As a first step, a patient survey will be developed so the group can be sure it is working to address the needs of patients. The survey will contain open-ended questions, ask patients what clinics and clinicians are doing right and what they are doing wrong, and ask patients for potential solutions. Items identified by the group for potential inclusion included: 1. Adherence fatigue; 2. Sex positivity training for clinicians; 3. How to take a sexual history; and 4. Patient education – how to make PrEP part of an entire regimen of good health. Another big item that the group would like to look at that may not fit neatly into the mold of a guide for best practices is how to address a lack of transportation for many clients.

Evaluation report by Cristina**:** Her workgroup has been reviewing the goals of the work plan and looking at deadlines and activities. "We have been asking questions for clarification and firming up deadlines for various activities. We have gone through two of the three goals in the integrated plan. One suggestion the group has is to see a connection between the presentations at CHPG and the integrated plan. As we

look at different populations during CHPG, seeing that connection between data and specific activities in the integrated plan could help to make it more accessible. We understand that the integrated plan is daunting, but there are a few strategies to approaching it to make it easier to read. Focusing on just the work plan can be helpful. There is also a statement of need that explains how goals, populations, and activities were chosen. The group suggests that the IP have a guide to find information, activities and goals pertaining to specific geographic regions. That may make it easier and more relevant for those reading it."

Meeting Wrap-Up - Jerome Cuffee
Jerome thanked Amanda, Bruce and Roy for the presentations today, and also the members who shared personal experiences.

Adjournment:
The meeting was adjourned at 3:48.