

**Virginia Community HIV Planning Group**  
**Four Points at Sheraton Hotel, 9901 Midlothian Turnpike, Richmond, VA**  
**Meeting Summary**  
**December 7, 2017**

**Members Present:** Tim Agar, Sylvester Askins, Roy Berkowitz, Reed Bohn, Gennaro Brooks, Victor Claros, Jerome Cuffee (Community Co-Chair), Daisy Diaz, Pierre Diaz, Colin Dwyer, Justin Finley, Earl Hamlet, Elaine Martin, Diane Oehl, Robert Rodney, Anthony Seymore, Stanley Taylor, Nechelle Terrell, Chris Widner, Robyn Wilson

**Absent:** Shawn Buckner, Emeka Chinagorom, Russell Jones (represented), Cristina Kincaid (represented), Marquis Mapp, Eric Mayes, Zachard Roberson, Dorothy Shellman, Joyce Turner, Stacie Vecchietti

**Others present:** Thomas Villa (guest of Victor Claros); Leigh Guarinello (guest of Roy Berkowitz); Dominique Graves (represented Cristina Kincaid); Gregory Fordham (represented Russell Jones); Juan Pierce, Minority Health Consortium (presenter); Kathleen Carter, Mary Browder, Amanda Saia, Kimberly Scott, and Bruce Taylor of the Virginia Department of Health

**Approval of minutes: Co-Chairs**

Motion was passed to approve the minutes with one change; none opposed, and none abstained.

**Prevention Updates – Elaine Martin**

- Rapid testing – training going on all over the state – VDH had a serious phone call with Biolytics (makes the Insti test) about issues with deliveries. If members hear of problems with controls or test shipping, please contact VDH.
- First of 3 two-day Harm Reduction trainings – New York harm reduction coalition trainers coming – cut off for registration in Roanoke is tomorrow
- Statewide media campaign has launched for PrEP – same campaign that has been running in Eastern; we shifted resources so we could run it statewide; main campaign in Eastern will be rolling out two more phases in 2018.
- HIV prevention award was cut \$478,000, but because we have several grants, will move programs around to other funding sources. VDH has an abundance of carryover funds this year so we are spending that money, placing condom orders, test kits, and office supplies. RW rebate dollars are being used for the CHARLI program, current funding ends December 31. VDH purchased a large supply of Truvada, but now is starting to look at sustainability issues. May be shifting some users to their insurance program. VDH will not run out, so keep enrolling people.
- PrEP and PEP rolling out – getting on average one application per day. Looking at best management practices – have to start PEP within 72 hours of exposure. If they don't have insurance, the process can take longer. Looking at physicians to be able to put in a verbal order to the central pharmacy to expedite the process. Discussion followed about the barriers to the program, how the program is progressing and why another client seroconverted while on a PrEP regimen. Elaine wants to release a RFP with a pharmacy so it may be easier for clients with transportation issues to make it easier to get their meds. VDH can use 340b pricing to buy Truvada much cheaper than it would be to buy from a pharmacy.
- Test & Treat – A model that is being promoted nationwide to get people on anti-retrovirals the day they are diagnosed. Data at Hampton HD found that the time period is almost 90 days before clients begin ART. The faster we can get people on meds, the better the health outcome and less transmission. Goal is to reduce the time to treatment and achieve faster viral suppression.

### **Care Update – Kimberly Scott**

- HCS and HPS are integrating their programs with the goals for Test & Treat.
- ACA Enrollment - 26 sites are enrolling people into ACA plans – a first for Virginia – Kimberly acknowledged the agencies that are participating and showed a map of where carriers are located in the state. Knowing where a client lives is critical to knowing which plans they can sign up with. Enrollment numbers: as of today, currently enrolled 1,985 people. In order for VDH to maintain our program, have to enroll 3,233 people! So what are we doing to reach that number? Number of clients still needed enrolled is 1,248. However, if we enroll about 300 people by Dec. 15, and then we have the special enrollment period to still enroll those who had to change carriers; it will put us close to the 3,233 number. There is a special enrollment period Jan 1 – Feb 28 for those clients who qualify – they are eligible if: 1) their plan is no longer available and 2) they had to change carriers due to changed coverage areas. However, Kimberly stressed that it's still important to try and enroll clients by Dec. 15. The more we enroll, the higher percentage of rebates VDH is able to earn. Elaine stressed how a successful open enrollment will free up rebate money so we can buy more Truvada; if we do not hit the numbers, RW rebate money will need to be used to cover clients. We want to maximize what clients can get through their insurance plans because RW cannot cover all services. HIV medications on average cost \$11,000 per year. Carriers are not providing out-of-network benefits; medical provider can invoice VDH for payment. Kimberly thanked consumers/community partners/providers and the HIV Prevention team. What else makes enrollments possible? Open communication (website, updates, events), and e2Virginia that provides data from all 26 sites. Take home message: If you make a mistake while entering checklist information in e2Virginia, please do not submit a duplicate checklist. Instead, email the link [support@e2Virginia.com](mailto:support@e2Virginia.com) and the correction will be made in real time.

### **Regional Updates:**

#### **EMA – Tim Agar**

- The Metropolitan Washington Regional Ryan White Planning Council (DC Ryan White Planning Council) will merge with the DC HIV Prevention Planning Group beginning March 2018. The newly constituted joint group will be called the “Washington, D.C. Regional Planning Commission on Health and HIV”. All existing members of both bodies will need to reapply to become members of the new Commission.
- Members of the Chicago EMA's Integrated Leadership Body were present at the last DC Ryan White Planning Council meeting on 11/16 and gave a presentation with Q&A on the merger of their RW Planning Council and CHPG that took place back in 2012.
- The DC EMA Planning Council is in final review of new Outreach Service Standards that will receive final approval in December or January. Draft Emergency Financial Assistance Service Standards are now being finalized by the Care Strategies, Coordination and Standards Committee of the Planning Council.

**Northern:** Roy: AIDS Response Effort hosted a World AIDS Day event at Shenandoah University with 60 participants. Victor: Impacto LGBTQ Project is now holding monthly meetings.

**Southwest:** Chris: All clients in his area have been enrolled in ACA.

**Eastern:** Gregg: Consumer forum scheduled for January 20 at Hampton HD. Pierre thanked Elaine for speaking at the World AIDS Gala, and informed the group that he is transitioning from EVMS to a position at Virginia Beach HD as a disease intervention specialist. Robyn: Bridges757 event January 4 at

location TBA in Portsmouth; nPEP barrier in Eastern: now that HDs are assisting, clients can't get services on holidays and weekends if they report that have been exposed.

### **Target Populations - Part 2 - Heterosexuals**

**Epi-Data - Amanda Saia** – “High Risk Heterosexuals and HIV Trends” – not putting a label on folks, just their transmission risk for HIV – “as a person who had heterosexual contact with a person known to have, or to be at high risk, for HIV infection.” Estimated 1.1 million persons living with HIV disease in the United States at the end of 2015; approximately 9,578 of new diagnoses in 2016. Late diagnosis: diagnosed with AIDS at the same time as HIV or within one year after initial HIV diagnosis. Tim asked Amanda to tweak her presentation for a further breakdown of regional data. A question was asked about late testers – where do they test? Amanda: No data on that but would be a good thing to look into and she will put it on her list. **Psycho-Social Aspects/Sub-populations - Renate Nnoko** - How do we use the data that Amanda presented to show us how people get HIV? Definition: Psycho – “of, affecting, or arising in the mind; related to the mental and emotional state of a person.” Social – “immediate physical setting in which people live or in which something happens or develops.” Objective: understand what makes white women, black women Hispanic women and heterosexual men vulnerable to HIV. Renate asked members – what do you think are contributing factors? Black women: Denial that women are at risk, think it's a “gay disease” and aren't at risk; health isn't a priority; “God will protect me from getting HIV”; low perception of risk if in a long-term relationship; providers do their own risk assessment instead of relying on clients' self-assessments; barrier to care: current political climate for immigrants prevents them from seeking health care services. Black men: historical mistrust of “white men's health system” – e.g., Tuskegee study; taboo subject in the black community. White women: denial: “It's not an issue”.

### **Membership – Bruce Taylor**

The membership committee met this past Monday; Bruce gave details (but not names) of candidates that were selected. Once questions from the members were addressed, Jerome called for a vote to offer those selected an invitation to become members. Vote was taken; vote was unanimous to select all candidates. Next step is to check references, and then offer the candidates membership. The new members will be introduced at the February meeting.

### **Ryan White Services and Standards – Mary Browder**

Mary gave an overview of Part B services and outlined the 2020 National Priorities for HIV and how we are doing so far. She showed a comparison of the program in 1991 and how it looks and works in 2017. She noted that Part B providers are spread throughout the state and some sites have medical centers and others use telemedicine (e.g., Lenowisco). She outlined core medical and support services that are allowable (e.g., gas cards) and noted that UVA has helped seven clients get substance abuse services. VDH asked for a waiver to be able to provide housing funding. Consortia services are always considered as funding for support services – we use rebate money to pay for them. Part B Eligibility requirements – clients must be recertified every six months. Client eligibility goal for VA RW Part B clients is 92%, but (per Kimberly) we are barely at 50%. National benchmark is 92% - corrective action plans are required if this benchmark isn't met. Elaine indicated that Hotline staff will be utilized during and after the enrollment period. What's new: Patient Navigation RFP to be released soon; addition of psychosocial support services, telemedicine and telemental health, and Positive Links expansion.

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

**Virginia Consumer Advisory Committee (VACAC) – Sylvester Askins, Juan Pierce**

Collaboration with VDH and trained 120 consumers in 2016, the largest training done so far  
Mission and goals: Trainings in southwest and northwest put together by our own Robert Rodney.  
Helps consumers understand case management standards. Future plans: work on CAB development throughout the state; design a presentation of RW forms and explanation of what they mean; educate more consumers on case management roles; train more consumers so they can train others at future regional trainings; bring PrEP awareness to Danville; request PrEP presentation at CAB as well as an educational forum for HIV; establish support groups for men in the Charlottesville region; and understand ADAP new enrollment guidelines and the importance of recertification. Tim requested a training in the Northern area in 2018.

**Small Group Activity: Strategies to Market HIV Services**

Members broke into regional groups to brainstorm how RW services can best be marketed and utilized in your area and reported their recommendations. Eastern: Barbers and musicians trained as peer educators; placing marketing information in nontraditional places; same gender loving and military group for black men. Central: homeless shelters have street sheets showing what services are available; pharmacy inserts; social media dating apps with home test kit info. Northern: advertising on local TV stations; placing more value on word-of-mouth; more emphasis on providers; more public speaking opportunities for ambassadors; fundraiser that has a HIV-positive chef; Southwest: family planning and STI sexual health messages in clinics; increasing education for non-RW-funded services in rural areas to make people think out of the box.

**Meeting Wrap-up and Adjournment – Co-Chairs**

Jerome thanked the presenters; Kimberly enjoyed the thought-provoking conversations and enjoyed staying for the entire meeting. The meeting was adjourned at 3:45.