

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

**Topic: Care Topics and Community Planning**

**Members Present:** Tim Agar, Shimeles Bekele, Roy Berkowitz, Reed Bohn, Bill Briggs, Jerome Cuffee (Community Co-Chair), Pierre Diaz, Justin Finley, Janet Hall, Earl Hamlet, Shannon Harris, Russell Jones, Mike King, Marquis Mapp, Eric Mayes, Natalie Pennywell, Robert Rodney, Anthony Seymore, Joyce Turner, Stacie Vecchietti, Chris Widner, Robyn Wilson

**Members Absent:** Cristina Kincaid, Elaine Martin (Health Department Co-Chair), Diane Oehl, Darius Pryor, Dorothy Shellman, Lee Stone, Stanley Taylor

**Others Present:** Kathleen Carter, Nicole Gore, Misty Johnson, Kristen Kreisel, D'Angelo Morrison, Sonam Patel, Amanda Saia, Bruce Taylor, Joshua Thomas, and Lauren Yerkes of the Division of Disease Prevention; Latisia Grant and Tiana Turner from AIDS Education Treatment Center

**Greetings, Introductions – Bruce Taylor, Jerome Cuffee**

**December minutes** - Motion was made and seconded to approve the minutes as written.

**Prevention Update – Bruce Taylor**

- *HIV Home Test Kit mail-out program* – Sent only to those who completed the survey and provided their name and address through the confidential/HIPAA-compliant Survey Monkey site. A total of 141 test kits mailed – 72% to white males, 24% to black males, remainder to Latinos or others. Average age was 32 (would like to reach a younger demographic). Included a PrEP brochure.
- *Biomedical interventions* – Roy Berkowitz reported that they're on the VDH website for PrEP and nPEP. Fan Free Clinic started providing meds the end of January and most are getting 90-day script. However, patients are reporting they need more instruction from their providers.
- *PrEP* – Now a March start date for the pilot project at Richmond City Health Department.
- *Needle exchange/Syringe update* – Bruce reported the bill passed first committee but stalled in the second; the committee doesn't want to take out the immunity clause (police can still arrest).
- *Walgreens rapid test training* - 25 pharmacists trained to date; total of 201 tests, 23 positives
- *15-1506 and 1509* – new hires coming soon

**Care Update – Misty Johnson**

- *FY16 contracts* - drafting and execution are underway, to be completed by April
- *ADAP* – Total as of 1/26/16: 5,980 (Direct ADAP 1,417; Medicare Part D Assistance Program 508; Insurance Continuation Assistance Program 541; and Health Insurance Marketplace Assistance Program 3,514)
- *Affordable Care Act (ACA)* - Open enrollment ended January 31<sup>st</sup>. Clients may still qualify if they have a Qualifying Life Event (marriage/divorce; birth/adoption of a child; job/employment status change; release from incarceration; or other major life changes).
- *HCV/HIV Treatment Assistance Program* – 28 clients have accessed program: 14 have completed therapy and 14 are currently in treatment; by region: Southwest 10; Northern/Northwest 9; Central

2; Eastern 7. Increased enrollment in the program has not been achieved. Misty posed question posed to CHPG: What can VDH do differently to serve the co-infected HCV/HIV population?

- *Gas card pilot program* – Misty gave an overview of the program which will distribute cards in the Eastern region (Three Rivers Health District) to assist rural-living clients with transportation to medical appointments. Maximum amount applied to each card will be \$10. Cards will be distributed according to the case manager's discretion; clients may also receive additional cards based on miles traveled and current gas prices. Program will be evaluated by annual client satisfaction feedback and surveys. Variables will be increased adherence to medical appointments and a decrease in number of no-shows that list transportation as reason for missed appointments.

#### **Surveillance Update – Lauren Yerkes**

- Regional fact sheets on website with 2014 data
- Updated annual surveillance report also uploaded

#### **Data to Care, e2Virginia, Ryan White Update - Lauren Yerkes, Sonam Patel, Amanda Saia**

Lauren talked about linkage, retention (two or more care markers within two months apart) and viral suppression (last viral load less than 200). Concerning the National HIV/AIDS Strategy goals, she showed where we stand with the goals for HIV continuum of care in Virginia; she thinks the goals are attainable, but we've got a ways to go. Goals and objectives of the SPNS HIT grant in Virginia are to expand care markers database, develop a new HIV care services data system (e2Virginia) to improve RW data collection) and application pilot of out-of-care (OOC) persons. E2Virginia will include RW all-parts data, HIV Prevention data (CHARLI, CAPUS, testing); Patient Navigation process data; OOC lists. She gave a snapshot of what e2Virginia looks like - the intake screen and form for creating new clients.

Amanda Saia, Data to Care Project Analyst, reported on the Data to Care project at VDH. She explained that data to care is a new public health strategy being pushed by CDC which is tailored to each state's individual needs, and is a collaborative project with HIV Surveillance, Prevention, Care and SODA. The purpose is to improve health outcomes for persons living with HIV along the HIV Care Continuum. Goals are to increase the number of persons living with HIV/AIDS who are engaged in care and with an undetectable viral load. Eligibility for the OOC list: 18 years of age, HIV-positive and reported to the eHARS database, have to have had a care marker in 2013 but nothing since. Pilot results indicated that OOC numbers were lower than expected. Improvements – VDH hired a data to care project analyst (Amanda), refined protocol, updated data collection tool, and improved process of generating OOC lists using Lexis Nexis. Success: 4 out of 6 persons not in care were referred to care. Future direction: get more agencies on board, train them to report their labs, and hire a data to care linkage coordinator.

Sonam Patel reported on Ryan White National Data showed utilization data (2014) at the state and national level – showed what took higher priority

#### **Workgroups**

Bruce stated that the Injection Drug User workgroup produced a survey and a legislative proposal for needle exchange, and that we may now have a syringe program in the coming years that will help us engage IDUs. Last year, the Racial Disparities work group looked at care utilization but didn't get far; he would like to get it rolling again. Members were asked to choose one group to work in to develop goals. The members broke into two groups; Bruce facilitated the drug user workgroup; Joshua Thomas facilitated racial disparities.

#### **National HIV Behavioral Surveillance (NHBS) – Celestine Buyu**

NHBS is a new supplemental surveillance grant that started January 1, 2016, and will be conducted in the Virginia Beach-Norfolk-Newport News MSA. Program activities will focus on people at high risk for HIV for HIV infection and will be conducted in three rotating cycles - heterosexuals in 2016, MSM in 2017, and IDUs in 2018. There are two parts – the formative assessment will assist in defining the MSA, and core data collection will start in June with the goal of interviewing at least 500 people. Incentives are \$25 gift cards for an anonymous interview and an additional \$25 for an HIV test with the possibility of getting up to an additional \$50 for recruiting participants to the study. So what does Celestine need from the CHPG? To assist in garnering community support, there will be focus group discussions prior to the core data collection phase, and NHBS will also interview key informants. Please contact her at (804) 864-8043 or [celestine.buyu@vdh.virginia.gov](mailto:celestine.buyu@vdh.virginia.gov) if you can help.

#### **Jurisdictional Plan Timeline - Bruce Taylor**

Bruce will e-mail members the Jurisdictional Plan (joint care & prevention plan) timeline. The CHPG will need to approve, reject, or approve the plan with conditions. First draft for internal review at VDH is due July 15<sup>th</sup>, so that it can go through the internal review process; the due date to CDC and HRSA is September 30<sup>th</sup>. Elements of the joint plan are the State Coordinated Care Statement of Need, Care Plan, and Prevention Plan. Bruce will ask members to provide input and perhaps write parts of it, and will include consumer feedback (surveys, interviews, focus groups). Will focus on the care continuum, Epi data, work the CHPG has done to date (priority populations, workgroup assessments).

CHPG will review, contribute content, focus on populations, ownership (it should reflect what this body has been doing – Bruce will want constant review). He then asked ideas from group: How do you (as members) see this process working best? Review it as a body, or have 5-10 people review it? Best way for feedback? The majority were in favor of providing information through a small committee that reviews and gives feedback to the entire group. Email Bruce if you want to be on the small group; he needs 6-8 members who will represent every region and population. He will send out a draft and members would start a comment chain.

#### **Meeting Wrap-Up and Adjournment - Jerome Cuffee**

The meeting was adjourned at 3:00 PM.