

Virginia Community HIV Planning Group
Four Points at Sheraton Hotel, 9901 Midlothian Turnpike, Richmond, VA
Meeting Summary
June 9, 2017

Members Present: Tim Agar, Sylvester Askins, Roy Berkowitz, Gennaro Brooks, Shawn Buckner, Emeka Chinagorom, Victor Claros, Jerome Cuffee (Community Co-Chair), Pierre Diaz, Colin Dwyer, Justin Finley, Earl Hamlet, Russell Jones, Cristina Kincaid, Marquis Mapp, Elaine Martin (Health Department Co-Chair), Eric Mayes, Diane Oehl, Zachard Roberson, Robert Rodney, Anthony Seymore, Dorothy Shellman, Stanley Taylor, Nechelle Terrell, Joyce Turner, Stacie Vecchietti, Chris Widner, Robyn Wilson

Members Absent: Reed Bohn (represented), Daisy Diaz

Others Present: Ife Aderibigbe, Celestine Buyu, Kathleen Carter, Ted Heck, Felencia McGee, Renate Nnoko, Adyam Redae, Cameron Rose, Amanda Saia, and Bruce Taylor of the Virginia Department of Health, Division of Disease Prevention; Ashley Cliborne (represented Reed Bohn); Charley Burton, Erykah Christian, Gregg Fordham, Gia Martinez, Andi Miller, De Sube, and Lex Walker of the Transgender Advisory Group for Trans Health Study

Total: 46 participants

New/Old Business & Approval of Minutes – Renate Nnoko

- No old or new business reported
- A motion was made and seconded to approve the April minutes.

Membership

- The membership committee will meet the day before our next regular meeting, August 16, to review applications to fill Northwest vacancies.
- Roy Berkowitz announced he is retiring in early August from Inova Juniper. He will remain on the CHPG until his term ends in August 2018.

Prevention Update - Elaine Martin

- Harm Reduction – We are planning how the process will go and will soon know the eligible counties. A group at VDH will give conditional approval, and conduct a pre-operational site visit to make sure they're ready to provide services. A Request for Proposals will be issued by VDH, but you don't have to apply to VDH to provide services. Bruce attended two public hearings in Lenowisco and two community town hall meetings in Lee and Scott Counties. He met with Dr. Cantrell and presented yesterday at a Council of Community Services-hosted harm reduction meeting in Roanoke.
- Greater than AIDS PrEP campaign in Eastern – Already increased calls to the Hotline. Permission was obtained to expand the campaign to the rest of the state, and a Request for Proposals was issued.
- CHARLI grant out on competition – awards will be effective July 1 – will have access to mental health and housing services because of the RW money that was included.

Care Update – Kimberly Scott

• **ADAP Enrollment Update**

Enrollment numbers as of June 6, 2017:

Total: 6,182

Direct ADAP: 1,602

Medicare Part D Assistance Program: 566

Insurance Continuation Assistance Program: 541

Health Insurance Marketplace Assistance Program (HIMAP): 3,473

2017 HIMAP Enrollment Numbers:

Newly enrolled: 469

Re-enrolled (sent in 2017 info): 2,980

Clients that have not sent in 2017 info: 22

- **Open Enrollment Period is November 1, 2017 - December 15, 2017.** It has already been made public that Aetna, Innovation Health (an Aetna product), and United Healthcare will not be carriers in the 2018 Marketplace. This will affect about 1,000 clients that will need to pick a new plan for 2018. Virginia ADAP has obtained preliminary information from the Bureau of Insurance, as we have done during previous open enrollment periods, and have noted that coverage areas for a few plans have changed. Again, this is preliminary information that is subject to change and we will share with stakeholders once assurances are signed in September. Virginia ADAP is also discussing implementing additional initiatives during this 45-day open enrollment period including client enrollment fairs, additional forms of communication to clients through potential media campaigns, and RW sites making the binder premium payment for clients.
- **HCV/HIV Treatment Assistance Program Update:** A total of 85 clients have accessed the program; 73 have completed therapy and eight are currently on treatment.
Recertification Update: Effective May 1, 2017, Virginia ADAP changed the recertification timeline. These changes address some of the findings in our recent HRSA Comprehensive site visit for RWPB program for Virginia and assure the program is in compliance with the eligibility and recertification requirements spelled out in the RW legislation. Clients will now be recertified based on their last application date and then six months after that. Documents will be mailed to clients 90 days prior to their end date as opposed to 60 days as previously done. In May, documents were mailed to clients with February/August eligibility end dates. Documents will be mailed to clients with March/September end dates in June. Virginia ADAP is tightening up on procedures and will be removing clients who are not eligible based on not recertifying and those that have not accessed medications in the last six months.
- **Formulary Update:** Narcan nasal spray 4 mg is available on the ADAP Formulary. Requests for this agent should follow standard procedures for requesting medications on the ADAP Formulary from Central Pharmacy. Effective June 5, 2017, 15 medications were added to the ADAP Formulary from the Ryan White Part B formulary. Medications include antiemetics, antilipidemics, antihyperglycemics, GERD agents, and medications for osteoporosis prevention.

Transitional Grant Area (TGA) Update – Jerome Cuffee

Jerome's chair position at the Greater Hampton Roads HIV Health Services Planning Council has ended. He announced that the new chair is Pierre Diaz and Gwendolyn Ellis-Wilson is the co-chair. Pierre thanked Jerome for his dedicated service.

DC EMA Update – Tim Agar

Exec meeting and planning council meeting:

- DC HAHSTA does not have the full award yet from HRSA. Their contract officer says they may get a partial award if not, they are looking into other options like getting budget authority from the District at least for some funds or use local funds. Everyone was promised that she will make sure that there are funds available to keep the services going.
- The Priority Setting and Resource Allocation (PSRA) Training recently held was poorly attended. Additional trainings will be offered and these meetings will be held late in the evenings to maximize attendance.

- It was announced that in the FY17 budget there is a slight reduction in Part A and in the FY 18 Budget Part A is level funded but they don't know what level has been used.
- The President's budget has draconian cuts to a lot of very important programs and that everyone was urged to get in touch with their congressmen and senators and make as much noise about it as possible and hope that it does not pass.
- Regarding the Planning Council's Needs Assessment survey that has been underway this spring, they have not met their target and said that they will use the data that they collect from people that respond through May 30th for the PSRA, but will continue to collect data for the next PSRA. Some people complained that it was too long and that it skipped pages while answering the survey online.
- Fee-for-service implementation has been again delayed to what now looks like an October 1st start. This is a phased process and the initial phase includes those clinical services that are routinely billed to insurance, plus home-delivered meals and non-medical case management.

Regional Updates - CHPG Members

Eastern – Robyn Wilson

- May 18-19 VDH sponsored Sensitivity Training for staff funded under 1506 and 1509 grants
- July 6th 1506 & 1509 event sponsored by MASS, IBWC, A Hope for Tomorrow, and ACCESS (now known as the LGBT Life Center)
- Pride Month party on June 16 at Norfolk Scope, community event on June 17
- LGBT Life Center will host its annual cookout at its new site at 1000 Monticello Avenue, Norfolk, VA

Central – Cristina Kincaid

- National HIV Testing Day is June 27th
- Health Brigade testing at Walgreens at 3715 Mechanicsville Turnpike June 27, 28 & 29th. Minority Health Consortium and Nationz are also testing at other Walgreens locations on those days as well.
- Richmond City Health Department piloting third-party billing, so any clients referred there must bring a photo ID, an insurance card if they have it, and a month's worth of paystubs if they are employed.

Northern – Roy Berkowitz

- DC's Pride Parade is scheduled on Saturday afternoon, June 10, and the Equality March from 10-2 on Sunday in DC
- Positive Links – Inova Juniper is waiting for an internal go-ahead to distribute smartphones to clients to remind them about their appointments and to take their medication
- NovaSalud hosted a PrEP meeting on May 25; Hugo Delgado, Executive Director, hopes to host one every three months.

Southwest – Colin Dwyer

- Harm Reduction conference in Roanoke yesterday
- Lenowisco - PrEP going full force

Northwest – reported by Elaine Martin

- CHARLI RFP – Elaine announced that an agency will be awarded soon, but she's not at liberty to announce who was awarded today.
- Elaine had a productive meeting with staff from AIDS Resource Effort in Winchester at the contractors meeting this week; ARE will do outreach in the trans community, and plans to increase its testing program.

LIFE 757 – Project Review, Lessons Learned – Irma Hinkle, Robyn Wilson, ACCESS AIDS Care

Irma and Robyn talked about the program's vision, how it has always incorporated enhanced HIV testing and interventions such as Community Promise, and CRCS with CLEAR to deal with stigma of being HIV positive, encourage condom use, affirm identity as gay and bi-sexual, and offset negative messages. The program successes include identifying 68 new cases over the last 18 months (4.2% positivity rate) with 84% linked to medical care, HIV test counselors continuing as care navigators and staying with clients throughout the process, and learning to use social media effectively. Challenges noted were low perception of risk and social isolation in the community, and recruitment of younger advocates to work with high school age groups (most are over 18). Some lessons learned were recognizing that peer advocates make the best recruiters; engaging clients in CLEAR when they found out they were positive helped with transition into care; CLEAR counselors engaged in community recruitment opportunities built rapport and trust; and recognizing that quality care navigation is critical. Success was due in part to good community buy-in and finding the balance of needs of different social networks. ACCESS is now called the LGBT Life Center, www.lgbtlifecenter.org.

National HIV Behavioral Surveillance (NHBS) Report – Celestine Buyu

This program looks at people who are high-risk for HIV (potential cases), using a structural questionnaire that takes about 45 minutes to administer. It has been conducted in cycles that focus on a particular population; the current cycle is collecting data on MSM in the Norfolk-Virginia Beach-Newport News metropolitan statistical area. Celestine detailed data collected in 2016 on heterosexuals at high risk for HIV by education, income level, gender, race, etc. She noted some of the barriers that the program has encountered, such as mistrust by the community and the cultural competency of interviewers. Celestine's contact information is Celestine.Buyu@vdh.virginia.gov or (804) 864-8043.

Billing Insured Patients in STD Clinics – Felencia McGee

Beginning July 1, local health departments will begin charging for STI clinic services and billing third-party payers. Third-party billing is not a new concept for health departments – they already bill in family planning clinics. Felencia reported that VDH has worked hard to make this a smooth transition, and clients will continue to receive high levels of service and assurance of patient confidentiality. No one will be turned away, but charges will vary (depends on insurance status, income, copays, etc.). Certain populations who will not be charged: PrEP clients, referrals for reportable conditions (CT, GC, syphilis, HIV, risk-based HBV and HCV). This includes community partner referrals, DIS referrals, and physical treatment referrals. Please note that this only applies to reportable conditions. If a referred client requires testing/treatment for non-reportable conditions, charges may apply. To determine the cost of services, clients need to bring the following to their next visit to their local health department: 1) proof of household income, 2) insurance or Medicaid card, and 3) identification. The pilot program has shown that the majority of clients have not had issues about paying for services or using their insurance.

THIS #2: Transgender Advisory Group Recap – Ted Heck

11 Trans attended June 8 meeting, Ted detailed what transpired at the meeting

.05 of the population is estimated to be transgender

Andi Miller and others shared topics they would like to see explored, such as trans health for incarcerated, provider competency, health care of care

Workgroups: Drug User Health and Health Disparities

Drug user – reported by Diane Oehl

- Talked about specific services for pregnant and parenting opioid dependent women
- Discussed the need for the group to write a letter of support for the syringe exchange program, i.e.: combat the increase of Hepatitis C transmission

- Elaine stated that VDH has a Harm Reduction Website. This site will contain information on :
 - Standards and protocols
 - Talking points
- Talked about the need to form a Harm Reduction Coalition in Virginia. How could something like this get started? Suggested to look at Project Lazarus in N.C. Earl said he would look into it. Diane suggested Earl attend the Hampton Pop Summit later this month as Fred Brason will be presenting (Fred is founder of Project Lazarus)
- Earl is interested in starting a Harm Reduction Group here in Virginia.
- Russel asked “since President Trump – has there been anything said about needle exchange? Elaine said not as of yet
- Someone mentioned that the new Attorney General’s focus is incarceration – not helpful
- Christina will explore Trauma Informed Care
- A topic list will be sent out for review & to sign up for a topic
- Talk to DOJ about trainings for Law Enforcement regarding Needle Exchange.
- MOA’s with police, i.e.; coffee with the cops like they have in the Hampton Roads area
- Asked if this group can come up with talking points
- Discussed the need for outreach- i.e.: resource fairs, Re-entry Counseling meetings, etc. Anyone of us could go and talk about what we do
- Bruce talked about a small community that continuously found needles in a parking lot so that installed a Sharps container!!
- Dorothy suggested asking John Shinholser to come and talk about his experience/knowledge of the General Assembly, Lobbying, etc.
- VDH is planning trainings for the Needle Exchange Sites, i.e.: Blood borne Pathogens, OSHA, etc. They are reaching out to New York State for guidance
- Talk to Becky Sterling at DBHDS about getting training for Peer Specialists, i.e.: Spirit works, SAARA, etc.
- Talk to Amira Turner about involvement in a Harm Reduction Group
- Elaine suggested one person per agency to collect names and invite them (did not get what they would be invited to?)
- This group has to put forth the expectations so we need to develop them
- Diane will research grant opportunities for Vivatrol for the DOC
- Bruce was asked if there had been any thought into what the “I.D.” would look like for someone involved in the Needle Exchange Program. Response was VDH will task the sites with developing the ID’s – they must contain a unique identifier as the law states the person has to be identifiable.
- Asked if local health departments will be needle exchange sites – yes, they can be if they apply to do so
- Bruce pointed out that people engaged in needle exchange are 5X’s more likely to get into treatment.
- Robert Rodney will set up a Gmail account to collect information about agencies that could get involved. This will prevent any one person’s email account from getting overloaded. The password will be shared with Diane and Dorothy.
- Talked about the need to have a meeting the night before the CPG meeting on August 16, 2017 at 7pm.
- If there is an issue with a VDH conference line, Diane can supply one.
- On-going questions:
 - After the group discussion Joyce asked who would be picking up the used needles.
 - Who supplies the Sharps containers? Is it the site?

- Is there a special Sharp's container that cannot be removed?
-

Health Disparities - reported by Adyam Redae

Discussed where the group left off. The last call update on Goal 3, Objective 3:2 A

- Discussing psycho social aspect and different audiences
- Comments were made to separate clinical and social aspects because they were listed as one
- The need for support because of the impact of isolation, and mental health

A discussion was begun on the next section (Goal 3, Objective 3: A strategy D)

- Roy brought up the need for stronger indicators, ex. Increase patient navigators (PN) for training completion but what was being measured as completion.
 - Is there an assessment of PN skills levels?
 - Is there satisfaction form by clients or Health Outcome measures to assess completion

∇ A question was asked to move the conference call times/ dates to better accommodate people

- It was reminded that a doodle went out and that was the best time to schedule the call
- The suggestion was since Reed was not present that on the next conference call, to suggest new doodle be sent out to see if there was a better call time/ date.

A question was asked what are the purpose/ vision of the group.

- Renate provided an overview

From the question, it was clear that there was a language/ knowledge level barrier for people who may not work directly in HIV prevention and/ or are community-level persons. As there was a clear barrier of understand the integrated plan.

- The need to connect words in the plan to plain language (a breakdown of technical words/ terminology for lay persons)
 - May be creating a breakdown on the bottom of each objective
 - Buddy up with someone on the plan for better understanding

Next Steps:

Next Call is July 7

- A reminder email will be sent out about the call
- Everyone is to read the plan for the next call
- Renate will send out plan Objective 3.3 to everyone for discussion on the next call
 - A breakdown of terminology will be included for review
 - Buddy up with another person if extra assistances is needed
- To suggest a new doodle be sent out to see of an alternate date for the conference calls
- Next meeting a groups will be created for individuals to join based on their focus area and on understanding the plan

Monitoring and Improvement Workgroup – reported by Cristina Kincaid

Members Present: Tim, Shawn, Diane, Joyce, Colin, Amanda, Renate, Cristina

The call schedule has been updated to reflect a more amenable time to workgroup members. The calls will remain on Mondays, but the start time is moved to 2:30pm.

The group will review data during the July call. Renate will send out data ahead of the call for members to review to be prepared for the July meeting. Need to schedule a call in August to keep the group on track with evaluating each goal. The group has decided to continue going through each goal and looking at objectives with upcoming due dates

Amanda was able to update on a few items in the plan:

1. A rough estimate of the number of home test kits distributed thus far is about 571, with 16 diagnoses 2.8% positivity rate from those tests. Amanda will give us more concrete data to review prior to the July call.
2. Objective 1.2 & 1.3: The 1509 grant is providing patient navigation for HIV negative people, but they have just begun data collection on those services. Data are being received and input, but there may not be data for the group to review in July because collection is in the preliminary stages.

For individuals unable to be present on the call in July, please send feedback on data before or after the calls to be included in the notes

Next Steps:

Update the calendar of calls and add in an August call to keep the group on task

Add Joyce to the list of members and to the email list

PrEP – Minutes not taken per Eric Mayes

Meeting Recap - Jerome Cuffee

Jerome urged members to review the Jurisdictional Plan and Elaine asked that members bring the Plan with them. Elaine reminded everyone that VDH has a Facebook page that members can post events to

Adjourn - Jerome Cuffee

The meeting was adjourned at 4PM.