Virginia Community HIV Planning Group Retreat
Williamsburg VA 22191
Day 1: Thursday, December 11, 2025
Notes

Attendance:

Members: 16 members

VDH Staff: Ashley Yocum, Charlotte Ferguson, Marquietta Alston

Welcome & CHPG Business:

Intro New Members/Current Members:

We asked everyone to go round robin and introduce themselves, which organizations they are affiliated with (if any), how long they have been a part of CHPG, and what they are looking forward to. We also welcomed six new members at our retreat.

- Presented the proposed Meeting Dates for 2026:
    - February 12
    - April 17
    - May 14th – Integrated Plan Concurrence (Virtual)
    - June 11th
    - August 14th
    - October 16th (Virtual)
    - December 10-11th (Retreat)

- Attendance and Travel Reminders- Presented the updated travel regulations and discussed changes.
    - VDH now requiring a participant to live 50+ miles from meeting location to be eligible for lodging.
    - VDH now placing strict requirements on registration deadline to be eligible for lodging.
    - VDH will not book rooms for members who have one or more no shows. Members will have to book/pay for their hotel rooms upfront and then be reimbursed during the travel reimbursement process.
- Member Document Updates
    - Signed new travel regulations
    - Filled out new W-9 and Vendor ID requests forms

Prevention Updates:

- VDH and the Department of Corrections are currently working on a Memorandum of Agreement (MOA) which will allow for two current Status Neutral Service Navigation

agencies to continue CHARLII services such as providing education and/or testing in facilities.

Care Updates:

Medicaid Transition:

- Effective September 1, 2025, VA MAP is now requiring that eligible uninsured patients in Direct MAP, and eligible insured patients in Affordable Care Act plans (HIMAP), apply for Medicaid. Financial eligibility for Medicaid is 138% of the federal poverty level.
- If your provider gave a valid, written attestation to VDH, you do not need to apply for Medicaid and may continue to receive medication under Direct MAP.
- If you are eligible for Medicaid and refuse to apply, your provider and VA MAP will assist you with enrolling into Patient Assistance Programs (PAPs).
- Reminder: If you receive assistance from PAPs, you will not be able to receive VA MAP services.

- Bylaws Discussion/Approval- Get from Olivia
  Topics up for discussion:
  - Clarified language around new members joining
  - Clarified membership, attendance and proxy requirements
  - Virtual attendance

  - **Proposed changes:**
    - Current Language
      - The mission of the CHPG is to develop strategies to enhance a coordinated, collaborative, and seamless approach to HIV prevention, care, treatment and support services for people with risk factors for, and living with HIV in Virginia.
    - Proposed Change
      - The mission of the CHPG is to develop strategies to enhance a coordinated, collaborative, and seamless approach to HIV prevention, care, treatment and support services for people ~~with risk factors for~~ **vulnerable to HIV**, and ~~living~~ **those** with HIV in Virginia.
    - Current Language
      - Provide a thorough orientation for all new CHPG members twice a year in January for members joining in February and July for members joining in August.
    - Proposed Change
      - Provide a thorough orientation for all new CHPG members, **either in-person or virtual**, ~~twice a year in January for members joining in February and July for members joining in August.~~
    - Current Language

        - Section 7: Vacancies. The Membership Committee will seek to maintain a balance of members representing both HIV prevention and care, as well as ensuring representation from Ryan White Part A and C.
    - Proposed Change
        - Section 7: Vacancies. The Membership Committee will seek to maintain a balance of members representing both HIV prevention and care, as well as ensuring representation from Ryan White Part A ~~and~~ C, **D, and F**.
    - Current Language
        - Section 2. Attendance: Members will not be considered absent if they attend only one day of a two-day meeting. Members will not be considered absent if a representative is sent (up to two meetings per year).
    - Proposed Change
        - Section 2. Attendance: ~~Members will not be considered absent if they attend only one day of a two-day meeting.~~ Members will not be considered absent if a representative is sent (up to two meetings per year, **excluding the annual member retreat**).
    - Current Language
        - Section 2. Attendance: N/A
    - Proposed Change
        - Section 2. Attendance: **Members must attend and be active participants for at least 75% of meeting. The first time the member will get a warning, but after that, members not present or engaged for at least 75% if the meeting will be considered absent for that meeting.**
    - Current Language
        - Section 2. Attendance: Members may attend one meeting virtually based on the provisions of Section 2 subsection A (see Virtual Attendance). This policy shall be in effect only when one month's notice is given for meetings.
            - Virtual Attendance: Certain meetings will have a virtual attendance option, if VDH planners create a virtual option, members may attend ONE meeting virtually with prior notice. Virtual attendees must be on camera and participate fully in all meeting objectives of the planning process.
    - Proposed Change
        - Section 2. ~~Attendance: Members may attend one meeting virtually based on the provisions of Section 2 subsection A (see Virtual Attendance). This policy shall be in effect only when one month's notice is given for meetings.~~

- ~~Virtual Attendance: Certain meetings will have a virtual attendance option, if VDH planners create a virtual option, members may attend ONE meeting virtually with prior notice. Virtual attendees must be on camera and participate fully in all meeting objectives of the planning process.~~

- Current Language
  - Section 2. Attendance: Following one unexcused or two total absences, members will receive a letter or email from the Co-Chairs or Planners notifying them of their status, reminding them of the attendance policy, offering assistance to facilitate attendance, and requesting a commitment to the process or resignation.
- Proposed Change
  - Section 2. Attendance: Following ~~one unexcused or~~ two total absences, members will receive a letter or email from the Co-Chairs or Planners notifying them of their status, reminding them of the attendance policy, offering assistance to facilitate attendance, and requesting a commitment to the process or resignation.
- Current Language
  - Section 2. Attendance: This charter may be amended at any regular or special meeting of the CHPG. Written notice of the proposed Charter change shall be mailed or delivered to each member at least 3 days prior to the date of the meeting.
- Proposed Change
  - Section 2. Attendance: This charter may be amended at any regular or special meeting of the CHPG. Written notice of the proposed Charter change shall be **sent** ~~mailed or delivered~~ to each member at least 3 days prior to the date of the meeting.

- Notes from the members discussion:
  - Revisit the active participation change in the bylaws
    - Other members felt as though there should be something in the bylaws about participation if there was a need to bring it up in the first place
    - Some were saying that it is a distraction when people are leaving meetings early and effecting the engagement with the group
    - Someone asked what 75% meant for participation
    - Someone also asked how active participation would be defined
    - Ultimately, we decided that we would not approve the bylaw changes at this meeting and that the new appointed bylaws committee would meet in the new year to reconvene on the change around active participation and vote in February
  - Remove the word total from the sentence; "Following two total absences, members will receive a letter or email from the Co-Chairs or Planners notifying them of their status, reminding them of the

attendance policy, offering assistance to facilitate attendance, and requesting a commitment to the process or resignation.

- Potentially add a no laptop sentence in the bylaws
    -

Subcommittee Elections

- Membership Subcommittee (Three members who serve a term of 2 years)
    - Nominations: Pierre Diaz, Arturo Hill, Jerome Cuffee
        - Selected: Pierre Diaz, Arturo Hill, Jerome Cuffee
- Bylaws Subcommittee (Three members who serve a term of 2 years)
    - Nominations: Darius Pryor, Tom Salyer, Anjeni Moore
        - Selected: Darius Pryor, Tom Salyer, Anjeni Moore

Dinner at the Conference Center

Welcome and Introductions: One fun fact about yourself

HIV Acronym Snowman Game: Teams took turns guessing the meaning of certain acronyms related to HIV prevention/care. Team two won the game

CHPG Temperature Check/2026 Planning: We asked the members these questions

- How are people feeling about CHPG?
- What have been barriers to attending meetings this past year?
- What has helped engage discussions/participation in the past?
- Are there ways to make virtual meetings more engaging?
- What topics would you like to hear about in upcoming meetings?
- What is one thing we should stop, start, or continue doing in these meetings?

Key Points:

- Noted drop in engagement and participation over the past year, especially
- during virtual meetings.
- Participants expressed that virtual meetings were less engaging and led to
- distractions and lower morale.
- In-person meetings foster more energy, accountability, and interaction.
- New members and fresh perspectives are expected to boost morale and
- engagement.

Questions:

- How can meetings (especially virtual) be made more engaging?
- What practices can help maintain the current energy and inclusiveness?

Action Plans:

- Explore interactive activities for virtual meetings (e.g., games like Kahoot).
- Encourage all members to facilitate or present during virtual sessions.
- Consider pre-meeting assignments to boost engagement.

Meeting Content & Presentation Topics

Key Points:

- Fatigue with repetitive presentations, especially on topics like monkeypox.
- Interest in more diverse and fresh content, such as:
    - Updates on funding crises and strategies (especially from the state
    - level).
    - HIV and harm reduction best practices and outreach in rural areas.
    - Agency spotlights and sharing of innovative practices among members
    - (e.g., Lyft partnership for transportation).
    - Fundraising, budgeting, and alternative funding sources in light of
    - changing political/administrative climates.
    - Impact of COVID-19 on outreach, engagement, and target populations
    - (including mental health impacts).

    - HIV and aging, with specific interest in long-term survivors and
    - subgroups (e.g., transgender community).
    - Implicit bias and intersectionality in care and prevention.
    - Self-advocacy and managing workload for staff with multiple roles.

Questions:

- What topics are members most interested in for future presentations?
- How can agencies collaborate more and share resources?

Decisions:

- Prioritize new and relevant topics, reduce repetitive presentations.

Action Plans:

- Poll or vote on presentation topics for upcoming meetings.
- Invite mental health professionals and experts on relevant topics.
- Encourage board members to present on their work and experiences.
- Share resources and agency capabilities (e.g., resource directories).

Collaboration & Resource Sharing

Key Points:

- Need for improved collaboration among agencies; reduce silos and redundancy.
- Desire for updated directories or "phone books" of member agencies and services.
- Existing online resources (e.g., Resource Connections) are helpful but need improvement.

Action Plans:

- Update and distribute an agency/member directory.
- Share links to existing glossaries and resources.
- Promote agency spotlights in meetings.

Member Support & Retention

Key Points:

- New members can feel overwhelmed by jargon and acronyms; mentorship
- is key.
- Past mentorship/buddy system was valuable for retention and engagement.
- Overwork and burnout are concerns, especially for staff with multiple roles.
- Accountability for attendance and participation needs strengthening.

Decisions:

- Reinstate or enhance the mentorship/buddy system, starting next year.
- Use bylaws/attendance committees to set clear participation expectations.

Action Plans:

- Start mentorship program for new members in February.
- Develop or refresh resource guides and glossaries.
- Offer presentations on self-advocacy and managing workload.

Community Engagement

Key Points:

- Desire to engage more directly with the public, possibly through town halls or community fairs.
- Need to increase visibility of services, especially as some agencies have closed.

Action Plans:

- Plan public-facing events and initiatives.
- Encourage members to share outreach strategies and collaborate on community engagement.

Diversity, Inclusion, and Intersectionality

Key Points:

- Importance of addressing implicit bias and the unique experiences of
- various subgroups (e.g., transgender, aging populations).
- Need for presentations and discussions on resilience in the face of
- discrimination and intersectional challenges.

Next Steps

- Agency spotlight presentations to begin immediately.
- Compile and circulate a list of potential presentation topics for member voting.
- Update and distribute agency directory and resource materials.
- Prepare to implement mentorship program and renewed attendance/accountability measures in the new year.

Break and Hotel Check Out

2027-2031 Integrated Planning Updates:

- Epi Snapshot is drafted and in final review by leadership
- Community Engagement workgroup has begun meeting
- Resource Inventory workgroup will be meeting soon
- An outline of the plan will be drafted soon

Agency spotlight (LGBT Life Center -Eastern) presented by Anjene Moore and Darious Pryor

Mission and Vision: LGBT Life Center is a trusted leader that strengthens the LGBTQ+ communities and all individuals living with HIV through improving health and wellness, supporting families and community, and providing transformative education and advocacy.

For nearly 30 years, LGBT Life Center has provided critical support to the HIV and LGBTQ communities in Hampton Roads by promoting the dignity and wellness of adults, families, youth, and children. Primary services include HIV medical case management, medication assistance,

transportation services, food pantry assistance, permanent supportive housing, and HIV prevention through education and testing.

Organizational Evolution & Branding

- CANDII House (1989) Originated serving infants and mothers diagnosed with HIV; adapted as medical advances reduced perinatal HIV. Evolved branding due to shifting stigma and expanded mission: from Access AIDS to LGBT Life Center (merger and rebranding in 2017).

Overview of Services

- Provides affirming LGBT and HIV care, free community HIV/STI screening, intimate partner violence (IPV) support, mental health resources, healthcare enrollment, transportation, housing, economic empowerment, and support groups.
- Services are open to the broader community, not just LGBTQIA individuals; referrals to external resources when needed.

Departmental Structure

- **Housing:** Offers short/long-term assistance, rapid rehousing, HOPWA (HIV specific), emergency/utility aid, and youth temporary shelter. IPV and mental health are also under housing.
- **Client Services:** Focuses on prevention (community testing, case management, status-neutral navigation, transportation, trans support, preventative services).
- **Admin:** Leadership, development, Pride Pantry, 340B pharmacy program.
- **NPS Healthcare:** On-site pharmacy/clinic partner for primary care, gender affirming care, STI treatment.

Housing & Emergency Assistance

- Rapid rehousing, HOPWA, and regional coalitions coordinate intake, eligibility, and placement.
- Funding changes challenge program sustainability; concern about future housing crises.
- Emergency/flexible funds (sometimes grant-based) used for urgent needs, such as temporary hotels or utility bills.

Program Funding & Staffing

- Significant recent cuts to CDC and VDH grants, affecting program capacity and staffing.
- Creative solutions: Diversifying funding streams, hiring a development director, leveraging 340B pharmacy rebates, pursuing unrestricted grants, and maximizing partnerships.
- Maintained staff despite funding challenges; focus on sustaining engagement and services.

Transgender & Gender-Expansive Services

- Binder and clothing voucher programs, name/gender marker changes, hormone therapy via clinic.
- Partnerships with trans-led organizations for continuum of care statewide.

- Triple T (Teaching Trans People to Thrive): Quarterly incentivized retreat focused on mental health, wellness, transition, sexual health, and relationship skills. Peer-led and area-specific.
- Annual events for Transgender Remembrance and Visibility.

Prevention & Community Engagement

- Community testing programs targeting Black MSM (Men who have Sex with Men) grants.
- Re-introduced "Gents Hour" (formerly Mandate) for Black MSM 21+, combining social engagement and prevention education.
- Initiatives to rebuild trust and engagement with Black LGBTQ+ community members.
- Incentivized PrEP program (I Prep), with retention incentives at office visits.

Technology & Integrated Care

- New centralized EHR system to improve interdepartmental referrals, care coordination, and data tracking.
- Push for all departments (medical, housing, etc.) to document in shared systems for better outcomes.

Administrative Growth & Funding Strategy

- Growth in admin staff (development, 340B management) to support revenue diversification.
- Planning a fundraising gala for revenue.
- 340B pharmacy revenue is central to sustainability; program covers a wide range of medications and offers copay assistance up to $1,000.
- Exploring opening an in-house pharmacy/clinic in Hampton.
- Ongoing concern about CDC grant expirations and lack of replacement opportunities.

Pride Pantry (Food Bank)

- Partnership with Virginia Food Bank, USDA, and a local church; provides shopping-style experience for community members.
- Open to all, with weekly access and a universal food bank card.
- Collaboration with local restaurant (during COVID) for prepared meals distribution.

Community Partnerships & Collaboration

- Interest in collaborating with family resource centers, foster youth programs, and other community agencies for housing and holistic support.

Questions, Feedback & Requests

- Specific question about the Pride Pantry and its operations.
- Request for future data on the return on investment of hiring a development director for fundraising.
- Suggestion for connecting with foster youth support programs and broader community resource sharing.

Closing & Next Steps

- Emphasis on resilience, adaptability, and "growing with purpose" despite funding cuts.
- Invitation to visit facilities for a tour.
- Encouragement to connect for collaboration and resource sharing.

Lunch

Energizer

Community Co-Chair/Community Vice Chair Elections

- Community Co-Chair
    - Nominations: Jerome Cuffee and Anjani Moore
        - Selected: Jerome Cuffee
- Community Vice- Chair
    - Nominations: Darius Pryor, Tom Salyer, Aurturo Hill, Pierre Diaz
        - Selected: Darius Pryor

Closing/Reflections/ Group Photo

Adjourn: Next Meeting will be on Thursday, February 12, 2026