

Virginia Community HIV Planning Group
Meeting Summary
May 19, 2022

Members Present: Tim Agar, Doug Fogal, Beverly Franklin, Leah Gregory, Doris Hill, Deirdre Johnson, Rodney Lewis, Daniel Lopez, Elaine Martin, Shannon Meade, Anjeni' Moore, Darryl Payne, Bryan Price, Jennifer Shiflett

Absent: Yolanda Alexander, Maria Altonen, Antiona Bowman, Darryl Cannady, Stephen Clark, Julianna Felsher, Shauntelle Hammonds, Bobby Jones, David Pintor, Clay Porter, Alexandria Robinson, Thomas Rodriguez-Schucker, Vanessa Slaughter, Nechelle Terrell, Thomas Villa

Others Present: Marquetta Alston, Charlotte Bradby, Aiesha Brooks, Emmanuelle Kahn (proxy for Robert Cheek), Eric Mayes, Miles McKemy, Robyn Wilson (proxy for Michelle Reed), Ashley Yocum



Greetings and Introductions - Elaine Martin and Bryan Price

- Opening Remarks
 - Please sign and return travel forms and W-9s to admin staff
 - Use stickers to indicate levels of comfort while in-person (Hugs okay, fist bumps, etc.)
- Introductions from the group



Integrated Plan Updates - Ashley Yocum

- Still working on Inventory Plan – currently revising
- Still working on getting focus groups going – working through challenges w/ the IRB process
- Epi Snapshot – plan to send out for a second review
- Monitoring and Evaluation – have developed a logic model and will draft goals and objectives in coming weeks
- We will get caught up!
 - Will edit the plan as new discoveries inform the different sections
 - We know many existing needs – many of these have already been included
 - New documents will inform these too
 - A challenge will probably be the page limit



HIV Prevention Updates – Elaine Martin

- Resource Connections
 - The Division of Disease Prevention (DDP) maintains an online web-based, searchable directory for community resources. The directory allows users to search for services and provides information about eligibility requirements, intake procedures, and documentation and/or fees associated with each service location. Community organizations that are already included in the directory can create an account on the site and submit corrections through the site.
 - Anyone can create an account on Resource Connections but subrecipients of DDP are required to have an account and update their agency details annually. Local health departments do not need to create a profile or update agency information. All health department information is handled by the Virginia Disease Prevention Hotline.
 - VDH Resource Connections can be accessed at <https://bit.ly/vdhconnections>
 - Feedback and questions on the directory should be submitted to Sarah Lannon at sarah.lannon@vdh.virginia.gov
- RFP Released for CHARLII Program
 - DDP is pleased to announce the solicitation for Request for Proposals (RFP) was released to establish sites in each health region of Virginia to provide CHARLII services. CHARLII, or Comprehensive HIV/AIDS Resources and Linkages for Individuals Experiencing Incarceration, is a multi-component program for individuals experiencing incarceration. Programs serve clients both during incarceration and after release for 18 months. An optional pre-proposal conference was held on Tuesday, April 19, 2022 at 11am. The RFP closes on May 25, 2022. For more information regarding the solicitation, please review the opportunity on eVA at <https://bit.ly/3MIly01>
- Updated Viral Hepatitis Recommendations
 - The Advisory Committee on Immunization Practices (ACIP) is now recommending hepatitis B vaccinations among all adults aged 19-59 years and adults 60 years and older with risk factors for hepatitis B, or without identified risk factors but seeking protection. Learn more about the new hepatitis B vaccine recommendations at <https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7113a1-h.pdf>.
- Viral Hepatitis Survey
 - VDH and the Virginia Hepatitis Coalition have released a needs assessment for viral hepatitis. This survey will identify barriers and service gaps in hepatitis services throughout Virginia and guide the development of Virginia's first Viral Hepatitis Elimination Plan.
 - Clinicians, help us to better serve our communities by participating in the needs assessment. Share the survey with clients receiving hepatitis services as well. The survey is estimated to take 10 to 20 minutes. Clients that participate are eligible for a \$25 Amazon gift card upon completion.

- You can find the survey at State of Viral Hepatitis in Virginia, 2022 Assessment, or use the following QR code:



VDH HIV Care Services Updates

- New Updates:
 - We have exciting news! The Virginia Ryan White HIV/AIDS Program Part B (RWHAP B) implemented Unified Eligibility (UE) that will have clients conduct eligibility every 24 months for all RWHAP B services, including ADAP services coordinated through VA MAP. This is a major policy and procedure shift for RWHAP B client eligibility as this removes the 6-month recertification requirement and changes client eligibility to a 24-month period. Clients and providers no longer have to do four eligibility assessments per year! Agencies not contracted with the Virginia RWHAP B program are not able to conduct these client assessments at this time, but can make referrals to the agencies that can.
 - Policy Highlights
 - This policy replaces any prior policies and guidance regarding Virginia’s RWHAP B and VA MAP client eligibility processes. For the Full Unified Eligibility Policy and Procedures please click [here](#).
 - Virginia RWHAP B clients will need to verify their eligibility status every 24 months. The new process does not require 6-month recertifications. These changes align with the requirements and flexibilities in [HRSA’s PCN #21-02](#).
 - VDH requires RWHAP B-contracted agencies to conduct periodic checks called Client Access Reviews (CARs) for anything that potentially changes the client’s eligibility for services. Subrecipients will need to document CARs and upload any changes discovered that affect client eligibility into Provide® within 7 days.
 - Virginia RWHAP B-contracted agencies will conduct all client eligibility assessments for all RWHAP B services, including ADAP. To access a list of these contracted agencies please click [here for the VDH Resource Connection website](#).
 - Virginia RWHAP B-contracted agencies will use the state’s new client-level data system called Provide Enterprise®. These contracted agencies must create client records and upload

supportive documentation that supports each eligibility criterion which remains the same for VA RWHAP B. At this time, if agencies are not a Virginia RWHAP B-contracted agency, then they will not have access to Virginia RWHAP B's Provide Enterprise® system. Virginia will explore this possibility with the system's vendor for future integration. For information about the Virginia Provide Enterprise® system, please click [here](#).

- Eligibility criteria includes: proof for Virginia residency; household income at or below 500% of FPL; insurance coverage status for services requested to help ensure RWHAP is payer of last resort; and one-time proof of a diagnosis with HIV disease documented. See the new and updated Supportive Documentation for Unified Eligibility Checklist by [clicking here](#).
- As of May 09, 2022 and going forward, VA MAP will no longer process eligibility assessments for medication access. Through UE, VA MAP will be reviewing eligibility assessments to determine the appropriate VA MAP service option for a client to access their medication. Eligibility for medication access will be determined through the eligibility assessments conducted by a Virginia RWHAP B-contracted agency. To access a list of these contracted agencies [please click here for the VDH Resource Connection website](#).
- Virginia RWHAP B eligibility and non-RWHAP B agencies
 - Agencies not contracted with Virginia RWHAP B to provide services cannot conduct unified eligibility assessments at this time. If an agency provides services from other RWHAPs A, C, and/or D and does not contract with Virginia RWHAP B, then the agency must refer clients to these Virginia RWHAP B-contracted agencies to conduct eligibility assessments for any Part B services, including ADAP. Clients can also contact any of the contracted agencies of their choice to complete their eligibility assessment for Part B services. Anyone can access a list of these contracted agencies by clicking [here for the VDH Resource Connection website](#).
- Virginia Medicaid will soon return to their normal enrollment process for health care coverage. The normal enrollment process stopped during the public health emergency and all members continued to receive health coverage even if their eligibility changed. The end of the public health emergency is coming soon, and Virginia Medicaid needs your current address and phone number so that you receive this important health coverage paperwork.
 - Update your contact information in one of these ways:
 - Online at www.commonhelp.virginia.gov, or
 - By calling Cover Virginia at 1-855-242-8282, or
 - By calling your local Department of Social Services.

- For more information about this process, including answers to frequently asked questions, visit CoverVA.org.
 - VDH will be sending out communications through our listservs as well as posting any updates from Cover Virginia to our website.
- VDH is hiring for multiple positions. Employment opportunities are listed on <https://jobs.virginia.gov>
 - Additionally, current contract positions are listed on the DDP website: <https://www.vdh.virginia.gov/disease-prevention/ddp-recruitment/>
- Ongoing Updates
 - **HIPAA Reminder:** VDH has been receiving non-secure emails that contain PHI and PII. As a reminder, VDH cannot accept any client information through email unless it is encrypted and sent through secure email.
 - This includes Client level data, Personal Health Information (PHI), and/or Personal Identifiable Information (PII)
 - If you need to communicate information that includes any PHI or PII, please use SFTP to share that information or fax info to VDH. If faxing, please inform VDH know so they can pick it up and it does not sit on the fax machine.
 - If you are a client, please do not send your personal information through email to VDH. Please call VDH to discuss your needs.

Some Notes:

- RW Supplemental Funds
 - Anticipating declining rebates, VDH applied for RW Part B to get supplemental funding
 - Hoping we'll get these funds so we can carry rebates on to the next year for main programmatic needs
 - There will be 30 awards made – VDH applied for a modest amount
- CHPG Membership Directory
 - Personal identifiable information (PII) is in the directory
 - For this reason, we don't want to send it out via email
 - How much info do members think should be in it?
 - Email and cell phone contact is valuable
 - Location is important – helps to see where people come from
 - Pictures are helpful too
 - Contact Miles McKemy or Charlotte Bradby if your information changes



Regional Updates

- **Northern**

- Inova is hiring for community outreach and several other positions
 - Will have a shareable flyer to send out soon
 - CAKE Society
 - Colton Gibbons started the organization in the community
 - Rodney Lewis is helping them get on their feet as an organization
 - Contact Rodney if you would like Colton's contact info
 - Within Inova, there will soon be the first LGBTQ Pride clinic
 - Inova will begin offering gender-affirming surgeries
- **Northern EMA**
 - **HAB Program Updates**
 - HHS Issues Press Release Promoting Gender Affirming Care in the Ryan White HIV/AIDS Program
 - The release announces HRSA's letter encouraging Ryan White HIV/AIDS Program service providers to leverage their existing infrastructure to provide access to gender affirming care and treatment services to transgender and gender diverse individuals with HIV. The announcement of the gender affirming care letter comes as HHS commemorates the anniversary of the Affordable Care Act this week, recognizing "12 Years of Advancing Health Equity for All Americans." Today, HHS honors and supports the health of people of LGBTQI+ experience and communities of color, critical populations served by the Ryan White HIV/AIDS Program. [Read](#) the press release.
 - HIV Prevention, Care, and Treatment Resource Inventory Compiler
 - The HIV Prevention, Care, and Treatment Resource Inventory Compiler supports data collection, generates a formatted HIV Resources Inventory table, and includes a dashboard for easy data analysis. The Excel tool can be shared with multiple users to input data for the HIV funding sources they receive, and then combined into one, comprehensive file of all HIV resources in the jurisdiction. Visit TargetHIV.org to access the tool, instructions on how to use it, and a recorded demonstration. This tool was developed by the HRSA HAB-supported Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC). View the [HIV Prevention, Care and Treatment Resource Inventory Compiler](#)
 - 2022 National Ryan White Conference Update
 - The 2022 National Ryan White Conference on HIV Care & Treatment (NRWC) is going virtual! Due to the constantly evolving COVID-19 pandemic, HRSA HAB has decided to transition from a hybrid model format and will host the 2022 NRWC virtually. The conference dates will remain August 23-26, 2022, but the times will be adjusted to accommodate different time zones. [Learn more](#) about the 2022 National Ryan White Conference.

- **Northwest**
 - ARE is seeing more patients in-person
 - Harrisonburg and FAHASS host a dinner every month
 - UVA has had some funding cut – transportation is no longer offered to and from CAB meetings
 - There are a lack of food cards, but an anonymous donor will be donating to the clinic
 - Dental plans have also been cut – however, if you’ve already paid you can still get dental services
 - Condolences to all who knew Kathryn Dort, who recently passed away
 - FAHASS
 - FAHASS has changed its name to Fredericksburg Area Health and Support Services to suggest how they are building services and the community they serve
 - Need to raise money before holding more events
 - Kept programs for men’s support groups (gay and bi men) – education and socializing
 - Will continue education night for clients, as well as dental services
 - Cookout on Saturday, May 21 at downtown office – great for connecting old and new clients
- **Legislation and Community Support**
 - Senate Bill 1138 passed on July 1, 2021
 - Couldn’t have been done without CHPG work
 - No longer need to disclose any STD status (including HIV)
 - ECHO is doing informal meetings w/ organizations across the state
 - Still working on felony charge for intent
 - If someone is arrested for anything drug or sex work-related, they are not required to be tested for HIV
 - Advice is to not tell the authorities any info about STI status
 - The HIV Is Not a Crime V National Training Academy (HINAC V) will be held June 4-7, 2023, at Emory & Henry College
 - Training about HIV criminalization
 - VA is a roadmap for other states that are trying to repeal HIV criminalization
 - Community update
 - Started a national support group for HIV that meets the 2nd and 3rd Wednesdays of each month
 - Contact Deirdre Johnson for more details on these announcements: deirdrejspeaks@gmail.com
- **Government**
 - Still no state budget or state funding announced
 - Governor has rescinded telework agreements and everyone has to figure out how to cope w/ restrictive new telework policy
 - Possibility that state government will lose many employees to the private sector due to this

- May not attract as many young people to government work, as they value telework
 - **COHAH**
 - From April 2022 General Body Meeting
 - Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates for March 2022 with Lena Lago
 - Reporting is 2 months back
 - Swearing in of new and re-appointed COHAH members was conducted by Mr. Steve Walker of the Mayor’s Office of Talent and Appointments (MOTA)
 - There were 10 re-appointed members re-sworn in as members pursuant to Section 262 of the Public Health Service Act; 6 were re-sworn in as Public Members; 2 were sworn in as new Public Members; Clover Barnes sworn in as Ex-Officio; Lamont Clark sworn in as the new Government Co-Chair, voting representative for the District of Columbia.
 - Part A and Part A Minority AIDS initiative (MAI)
 - For January 2022, 26 of the 39 invoices have been received
 - There are no service delivery challenges for EMA
 - Part A expenditures are at 58% and should be at 92%
 - Service areas affected by unprocessed invoices are Early Intervention Services (EIS), Regional Early Intervention Services (REIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Home and Community-Based Health Services (HCBS), Medical Nutrition Therapy (MNT), Outreach Services (OS), and Psychosocial Support Services (PSS), Medical Case Management (MCM), Linguistic Services (LS), and Medical Transportation Services (MT)
 - Services spending below 30% expected are Early Intervention Services (EIS), Regional Early Intervention Services (REIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Home and Community-Based Health Services (HCBS), Medical Nutrition Therapy (MNT), and Psychosocial Support Services (PSS)
 - Part A MAI expenditures are at 65% and should be at 92%. There are no service areas affected by unprocessed invoices.
 - Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services (OAHS), and Substance Abuse Services – Outpatient (SASO)
 - Services spending below 30% expected are Early Intervention Services (EIS), and Substance Abuse Services – Outpatient (SASO)
 - There are no services spending at 30% above expected
 - UBC expenditures are at 80% and should be at 92%. There are no service areas affected by unprocessed invoices. Services below 30% include Oral Health Care, and Substance Abuse Services—

Outpatient. There are no services spending at 30% above expected.

- The recipient has been working diligently to ensure funds are spent down as much as possible for GY-31
- HRSA anticipates significant underspending from RW grants due to the COVID-19 pandemic and has waived the underspending penalties for Parts A and B for FY 20 and FY 21. Carryover will be requested.
- Committees Reports
 - **Research and Evaluation Committee (REC)** – The team continues to work on the Needs Assessment tool. Discussions on a few changes that might be made to the survey instrument and the type of incentives that would be distributed for those who participate. HAHSTA is in possession of physical gift cards that will probably not be exhausted because it is anticipated that most participants will take the survey online. Virtual cards will be needed. A proposal will need to be made to HRSA with explanation why the virtual cards are needed. The physical cards will be distributed when a face-to-face survey is completed. The committee is seeking George Washington University students who need some practicum work to conduct these interviews.
 - **Community Education and Engagement Committee (CEEC)** – The committee was ironing out some specifics about the interview training as part of the DMV History Project in May. They will share the registration and flyer once they are completed.
 - **Comprehensive Planning Committee (CPC)** – The committee reviewed the Recipient report. Discussion about some of the service categories to review in preparation for the PSRA. Particular focus on housing.
 - **Integrated Strategies committee (ISC)** – The committee continue to work on the Health Equity position paper. This month they focused on employment, transportation, and food insecurity. The committee needs more voices to be able to have a more concrete recommendation to establish a position. The next meeting they will focus on employment and housing. They will invite Sarcia Adkins of Housing Counseling Services to speak on housing. Reaching out to DC Health for someone to talk about employment. In May, the focus will be on food and food insecurity. Committee is hoping to report out to the COHAH in the summer.



Team Building Activity – 2 Truths and 1 Lie



VDH's Status Neutral Service Navigation Program – Aiesha Brooks

- See presentation slides
- Notes and Questions
 - Some hotel settings are traumatic for individuals – these are difficult circumstances that need more attention
 - HIV testing and care services
 - Long term goal is to have both branches combined into the same program
 - Agencies need to have agency-wide status neutral (SN) approaches
 - Should be able to provide trauma-informed care across the board
 - A focus group for the integrated plan will work w/ folks who engage in sex work
 - Working to break down silos would be valuable in uniting aspects of SN
 - Task is to figure out what's best for the client and work on administration to make the agency a one-stop shop
 - Want to make sure clients are seen by an affirming agency – do not want the person to be retraumatized
 - Is there a way to find and train agencies on trauma-informed, affirming approaches?
 - Contact Imani Butler, DDP's trauma-informed care coordinator, at imani.butler@vdh.virginia.gov for more information



Discussion/QA

- Group chose to hold one big group discussion
- **Is there anything that is surprising about the Status Neutral presentation or data?**
 - Good to see number of transgender individuals served is growing
 - Good to see that someone can get service independent of their status
 - Destigmatizing
 - Agencies are targeting populations at highest risk of HIV
 - The breakout for people who were negative and positive was surprising
 - Expected to see more positive folks
- **How can SN agencies work to identify resources, especially for people at elevated risk for HIV?**
 - nPEP resources are difficult to find, especially when facilities close after 5pm
 - Agencies like LGBT Life Center have to work creatively to provide access
 - A consistent resource is needed
 - This has been an issue at VCU too
 - A clinician might prescribe nPEP one day, but the next day, a different clinician will not

- Pharmacists will be able to prescribe nPEP without a clinician’s note – Board of Pharmacy
 - Jenny and Eric will work on education around this
 - Question: Will there be any effort like Rapid Start for PrEP and nPEP?
 - Working on moving in this direction, but there are rules about storing nPEP and PrEP onhand
 - But the goal is to have a same-day PrEP agency in place soon to see how it develops

- **How can we expand the success from Status Neutral to address social determinants of health for both PWH and people at elevated risk for HIV?**
 - If there are collaborators among agencies in different areas, one can find out who has the resources the client needs
 - Branding helps a great deal – agencies want a name that will reach the demographics they are serving
 - Consider what you are putting out to the public and the exact branding
 - In a rural area, LGBTQ+ in the agency name could be stigmatizing
 - Would be good to see this concept expanded into the sexual health model at health departments to be less stigmatizing
 - Deirdre notes that efforts should be made to retire the word “risk” and instead use “reasons”
 - Language can be less stigmatizing
 - Gender-affirming care needed
 - Important that clients see people like them getting tested
 - In medical offices, using clients’ last names to call them to counseling rooms would prevent misuse of pronouns
 - It’s important at an organizational level to take diversity/inclusion education from the top to the bottom
 - Important to look at how staff are treated too
 - It’s a challenge to get a client to all of the services they need in order to address the whole person’s needs
 - Funding for just HIV activities puts major limits on getting clients all the services they need
 - It gives the community an economic boost to work w/ the community – agencies/businesses helping each other is crucial
 - Clients in some care systems do not know who their case manager is
 - Eric shared that only 1 case manager out of 3 in the last year communicated with him consistently
 - People who don’t advocate for themselves or have someone to advocate for them can easily be lost to the system
 - Note that client needs to be the focal point, not necessarily the services
 - More community health workers to train on client-centered approach would help relieve more clients’ needs
 - Beverly shared that she became a patient navigator after community health workers lost funding

- But this change limits the resources she can provide to HIV-related activities
 - Emphasizes that clients need to advocate for themselves
- People are often scared to branch out of the silos they work in
 - It's crucial that there is trust between a client and a case manager
 - Note that there is a lot of burnout among case managers who are overloaded with clients
- Challenge to retrain and expand services
 - How do we get more people enrolled in the trainings?
 - In service standards, case managers must get 12 hours of training
 - Note that the whole agency should receive the same training
- Silos
 - Silos can even prevent some referrals within the same agency
 - Need more consumers to attend the trainings at VACAC
 - It's common for consumers to either not show interest or pull away after agreeing to join
 - Consumers need incentives
 - Note: if anyone has youth services for folks under 18, please contact Deirdre
- Aiesha will let Ashley know about new community health worker info



Lunch Break



Furball Fever Planning Simulation



Updates on activities from the previous Integrated Plan



Break



Integrated Plan Activities Discussion

- Goal 1 – Reduce number of new infections
- Goal 2 – Increase access to care and improve health outcomes for people with HIV
- Goal 3 – Reducing HIV-related disparities
- Goal 4 – Achieving a more coordinated Virginia Response

- **Is there anything that is surprising about some of the updates from the IP activities?**
 - Group is seeing how the changes have been effective and have been put to work
 - Nice to see the activities put into action, aside from simply looking at data and problem-solving
 - Noteworthy how efforts like Rapid Start made agencies revise how they provide services and expand
 - Beverly shared that EVMS piloted how to put eligibility in one place, but is happy that it is happening now and getting rid of a 6-month eligibility renewal
 - Provide system will give case managers info on eligibility for clients
 - Question to Ashley: Is there anything you are surprised has not happened that you thought should've happened by now?
 - Expected to see more collaboration w/ housing panels by now

- **How can we expand on some of the accomplishments?**
 - Measures for CHR and PrEP – figuring out where to take the programs
 - Would like to see expansion of data-sharing agreements
 - More flexibility around eligibility for services
 - Recommending to be able to upload letters and docs that are sufficient to prove that other services should accompany those services

- **How can we work to address some of the challenges that we experienced?**
 - A lot of assessments took time to get Rapid Start going
 - Could we leverage connections and develop partnerships?
 - Sometimes time and staff power limits this
 - Hard to have clear picture of care continuum if folks are going to private practices
 - Note that it's easier to get data from Medicaid, but private insurance data is difficult to access
 - Organizations can't get any new info because of the current data-sharing agreement
 - Smaller agencies are unsure how big the challenges are by region because data doesn't drop down from the larger organizations
 - Need to ask, "What is the broader goal?"
 - Question: how do we get clients into correct categories without causing harm?
 - Ashley notes that with registration into the subrecipient system, clients can be looped into the system to get services they may not know they need
 - Virginia is a leader

- HRSA is using Virginia programs as examples for other states



Wrap up

- Reminders
 - Sign and return travel forms and put in folders
 - Return folders
 - Fill out surveys before leaving meeting
- Closing remarks
 - Bryan notes that the energy in this meeting has been great and we've had the most robust conversations we've had in the last 2 years
 - Leah shares this is her first in-person CHPG meeting, but the best VDH meeting she's been to
 - Beverly says Furball Fever was the most fun activity – practical and a good icebreaker
 - Would like to move this sort of activity/approach to other parts of our work
 - Elaine notes it's an energizing part of the job
 - Rodney says Furball Fever was very educational on how epidemiological data works to inform planning



Adjourn: NEXT MEETING: Friday, June 18, 2022