

Virginia Community HIV Planning Group
Call Summary
December 10, 2021

Members Present: Tim Agar, Maria Altonen, Antiona Bowman, Darryl Cannady, Robert Cheek, Doug Fogal, Beverly Franklin, Doris Plant-Hill, Deirdre Johnson, Rodney Lewis, Daniel Lopez, Elaine Martin, Anjeni' Moore, David Pintor, Bryan Price, Clay Porter, Michelle Reed, Alexandria Robinson, Jennifer Shiflett, Nechelle Terrell, Thomas Villa

Absent: Yolanda Alexander, Stephen Clark, Julianna Felsher, Leah Gregory, Shauntelle Hammonds, Bobby Jones, Shannon Meade, Darryl Payne, Thomas Rodriguez-Schucker, Vanessa Slaughter

Others present: Kristen Donovan, Sherri Giorgio, Joseph Lyttle, Eric Mayes, Felencia McGee, Miles McKemy, Robert Rodney, Rachel Stallings, Beth Wanko, Jason Watler, Ashley Yocum



Welcome – Elaine Martin and Bryan Price

- Recognizing Tiona Bowman – Tiona is working with Nationz Foundation as the new Ryland Roane (RRFP) fellow.

Housekeeping

- Attendance – Introductions in the chat box help with taking attendance
- Communication reminders

Bylaws Proposal

- The Bylaws committee will meet in January
- Darryl Cannady has submitted language for review for establishing a chair-elect (or possibly a vice chair) in case a co-chair is not available
- It is not ideal for a chair-elect to wait 4 years to become chair

Feedback on Bylaws Proposal

- It would be helpful to have a year to support the individual's transition to the role
- Consensus that choosing a co-chair or vice chair is a good plan
- Group could consider the bylaws of similar committees for how best to establish this procedure (possibly from other states' committees)



HIV Prevention Updates

- New CDC Vital Signs Report Reveals Continued Inequities in the HIV Epidemic
 - CDC recently released a new Vital Signs report on HIV and Gay and Bisexual Men. According to the report, despite progress in reducing new HIV infections among gay and bisexual men overall, the HIV epidemic continued and was more severe among Black/African American and Hispanic/Latino gay and bisexual men from 2010 through 2019. The report can be accessed [here](#).

- USPSTF is Requesting Public Comment on Draft Research Plan: PrEP for Prevention of HIV Infection
 - The U.S. Preventive Services Task Force has posted a draft research plan on pre-exposure prophylaxis (PrEP) for the prevention of HIV infection. The draft is available for review and public comment through 11:59pm EST on December 8, 2021. The draft can be accessed [here](#).
- White House Releases Updated National HIV/AIDS Strategy on World AIDS Day
 - The White House has released the new National HIV/AIDS Strategy to provide the framework and direction for policies, research, programs, and planning through 2025 and lead us toward ending the HIV epidemic in the United States by 2030. The new National HIV/AIDS Strategy:
 - Incorporates the latest data on HIV incidence, prevalence, and trends;
 - Expands the focus on addressing the social determinants of health that influence an individual's HIV risk or outcomes;
 - Encourages reform of state HIV criminalization laws;
 - Adds a new focus on opportunities to engage the private sector in novel and important ways in the nation's work to end the HIV epidemic.



HIV Care Services (HCS) Updates

- VA MAP website: VA MAP recommends visiting the website at least once a week to remain current on all changes, additions, and other important programmatic information.
 - The following updates have been posted to the VA MAP website: www.vdh.virginia.gov/disease-prevention/vamap/
- Open Enrollment has begun!
 - Medicare Open Enrollment: October 15 – December 7
 - ACA Open Enrollment: November 1 – January 15
 - **Benalytics, VDH's enrollment assister, will handle all enrollments for eligible VA MAP clients**
 - Enrollment appointments can be made with Benalytics through www.myvamap.com or by calling 1-855-483-4647
 - Questions on VA MAP services should be directed to the VA MAP Call Center: (855) 362-0658
- Open Enrollment Check-In Calls
 - The Virginia Medication Assistance Program (VA MAP) will conduct enrollment check-in calls on the following Mondays. Further information regarding how to connect to each call can be found [here](#)
 - November 22, 2:30pm - 3:15pm - Open Enrollment 2021 Presentation (PowerPoint)
 - December 6, 10am - 10:45am
 - December 20, 10am - 10:45am
 - January 3, 2022, 10am - 10:45am
- Assistance Available:
 - To assist clients experiencing challenges with completing their eligibility assessments in the Provide web portal, the VA MAP is providing some assistance in this area. Requests for help have mainly come from older clients enrolled in Medicare assistance (i.e., MPAP) with VA MAP.

- The Division of Disease Prevention (DDP) Hotline staff will be available to assist clients with assessments on Tuesdays and Wednesdays from 10am – 7pm (excluding holidays).
 - This staff will contact Medicare clients that are overdue for their eligibility assessments.
 - Please encourage clients to use this resource if they need assistance. The DDP Hotline staff can be reached at 1-800-533-4148.
 - Clients can also call the VA MAP Eligibility & Medication Call Center (1-855-362-0658) and be transferred to the DDP Hotline.
 - If there are questions on this assistance, please contact the VA MAP Call Center.



Integrated Plan Updates

- Monitoring and Evaluation
 - Reviewing logic models to guide work moving forward
 - Adding optional alternating week for working meeting
 - Consultant will provide technical assistance
- Data
 - Incorporated leadership feedback and feedback from CHPG
 - Reviewing existing data sharing agreements
- Resource Inventory
 - Presentation in this meeting
- Needs Assessment
 - Considering areas of focus
 - Persons who are diagnosed late
 - Trans population
 - UVA study
 - People who engage in sex work
 - CHR and the trans population
 - Public health mistrust--is general mistrust spilling over into:
 - HIV testing
 - PrEP access
 - Other impact?
- Stakeholder Engagement
 - Compiled list of who we spoke to during previous planning process
 - Added to that list and are updating all contacts
 - Discussing how we will engage stakeholders



Resource Inventory

- Guidance
 - Section I: Executive Summary of Integrated Plan and Statewide Coordinated Statement of Need (SCSN)
 - Section II: Community Engagement and Planning Process
 - Section III: Contributing Data Sets and Assessments

- Section IV: Situational Analysis
- Section V: 2022-2026 Goals and Objectives
- Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow-up
- Section VII: Letters of Concurrence
- Resource Inventory Guidance
 - Create an HIV Prevention, Care and Treatment Resource Inventory. The Inventory may include a table and/or narrative but must address all of the following information in order to be responsive:
 - Organizations and agencies providing HIV care and prevention services in the jurisdiction.
 - HRSA (must include all RWHAP parts) and CDC funding sources.
 - Leveraged public and private funding sources.
 - Jurisdiction's strategy for coordinating the provision of substance use prevention and treatment services with HIV prevention and care services.
 - Services and activities provided by these organizations in the jurisdiction and if applicable, which priority population the agency serves.
 - Describe how services will maximize the quality of health and support services available to people at-risk for or with HIV.
- Resource Inventory Outline
 - VDH DDP HIV Prevention & Care funded providers
 - VDH DDP supported providers
 - Externally funded providers
 - Working to add:
 - Local Health District/Department services
 - Information included:
 - Region, Agency, Grant/Program, Funding Amount, Services funded/provided
 - Adding Priority Population Served if applicable
- Feedback
 - Is anything missing? How do we access that missing information?
 - What do you want from this tool?
 - How to use the information gathered?
 - How to present information in the plan? (Table, map, narrative, etc.)
 - Any other feedback is welcome!



Small Group Discussion on Resource Inventory

- Questions for Discussion – same as Resource Inventory Feedback questions
- **Group 1 – Ashley Yocum**
 - IP Updates/Resource Inventory
 - Resource Tool
 - Hoping it will be able to show gaps in services
 - And identify oversaturation of services in different populations/areas

- When including tool and page limit, have resources on one side and have unmet needs in a narrative/document. Look at unmet needs. More emphasis on unmet need/service gaps rather than services available.
- Clients in care
 - If clients are in clinic, they're in care - need to look at those out of care/at risk for falling out of care
- Unmet Needs
 - Critical that unmet needs are presented in ways that people can see and can use to allocate funding/services
 - This will help correct over/under saturation of services for different populations/geographic regions
 - Could make way for new/innovative services
 - Include barriers/qualifications for individuals to obtain those services
 - Insurance can be a barrier (it provides a certain level of coverage, but not 100%)
 - Idea to include a map of clinics that cover insurance/Medicaid/Medicare/RW
 - Data visualization
 - Maps are helpful to show how large areas are geographically
 - Attached to the idea of showing maps in plan, but may have key Prevention/Care (top 5) services.
 - Assess by region
 - Also address saturation and compare the epidemic/population
 - Show what geographic areas are covered
 - Document - tool to identify services for both persons vulnerable or with HIV. Break out by demo/identify to see oversaturation - MSM, Migrant population, PWUD, LGBT, Women, etc.
 - Sometimes funding is prescriptive on how to use funding for certain populations, but want to provide services for whoever wants it
 - Want to look at not only those funded/supported through VDH but also others that provide HIV services (and other services)
 - Note to work with Walgreens for nPeP
 - Going beyond CHR - identify other sites and other data from DBHDS - CSB/Treatment Centers
- **Group 2 – Kristen Donovan**
 - **Questions From the Group**
 - As we (CHPG members) consider the resource inventory, will you (VDH) provide us a list or an outline with the types of resources to discuss, so we are responding to something concrete?
 - Were there lessons learned from the last integrated plan that we can work with?

- How can clients get imaging/labs covered if they are uninsured or not covered by Ryan White (RW)? In Daniel's experience, RW has not covered these services
 - More broadly, what can be done to address indigent care in clinics and hospitals?
 - Can VDH specify the kinds of resources it would like the group to consider? Most of the references to resources are financial in the last integrated plan
- **Discussion and Feedback**
- How do we present the info in a way that informs the way forward? It is difficult to make this info useful.
 - Would like to see a tool that lets the group look at available resources and funding
 - But also look at what is delivered in terms of services to which priority populations, in which regions, and across the HIV care continuum
 - When any state agency contracts with a provider, perhaps they could require (in the contract) a directory entry – to be updated regularly?
 - [Unite Virginia](#) referral system? Required by the state?
 - Support groups are challenging
 - Some groups seem to get more support in terms of facilitation/leadership than others
 - MSM groups tend to receive more support, while women's groups, in particular, experience less support
 - Who can get what services and where? What are limitations to the services?
 - There needs to be a coordination of efforts when developing the resource inventory
 - Make sure organizations are only approached once for information - [Resource Connections website](#).
 - Do agencies have resource lists we could ask for?
 - **Missing**--is there a way to gather info about programs that are not affiliated w/ Ryan White--HCA, for instance?
 - Would like to see a scale of effectiveness for each organization listed
 - Scale that illustrates each organization's capabilities and performance given the resources that are available to them
 - Knowing an organization's level of engagement and their capability would help identify where improvements and reallocations can be made
 - Some organizations have the capability to do a lot but are only doing a few things (and vice versa)
 - Want community to have access to this info
 - There is a need for more support for older folks who rely on RW Part B but are not tech savvy when certifying, recertifying, etc.
 - How can the data be provided to the public/distributed widely?
 - Case managers could distribute to clients
 - Could be shared on VDH website

- Ambassadors could spread the word on social media



Large Group Debrief

- Group 2 – Kristen
 - Group found that it is challenging to react to the resource inventory tool without having a document of some kind in front of them.
 - Lessons learned?
 - Unsure how well the resource plan affected the previous integrated plan
 - Challenge is how to present info on what we need to do moving forward with services
 - A list of resources would be helpful for the group to see:
 - How much an organization is receiving and
 - How much an organization is capable of providing
 - Coordination of efforts
 - Need to make sure to approach agency only once to gather info on what the agency offers
 - Elaine shared that some agencies have not been responding to VDH's request for updated info
 - Elaine will talk to Sarah for more info on this
 - Ask agencies to share their resource lists with us (some may or may not want to)
 - These could be helpful with the resource inventory
 - Note that it could be difficult for an agency to get resources due to its capacity – ex. small staff
- Group 1 – Ashley
 - Looking into identifying oversaturation of services
 - For certain populations, certain locations, etc.
 - Focus on where there are service gaps
 - What are the barriers for the gaps identified?
 - Maps are helpful for sharing different groups of data and how large areas are.
 - Develop a way of breaking out services that are geared toward certain populations and seek to provide more services to people not part of that group (as those individuals may not seek out services that do not target them as specifically).



Regional Updates

Southwest

- Making Health Happen
 - South Central Educational Development, Inc. will be hosting “Making Health Happen” - a community health screening in War, WV. This county borders Tazewell County. The event will provide:
 - HIV/Hep C screenings
 - A1C screenings
 - Diabetic foot care

- COVID-19 testing and vaccinations
- Clinical breast exams
- Blood pressure checks
- BMI
- Adults' vaccinations
- Hearing/vision screenings
- And a host of other health information vendors. There are currently 31 vendors registered and an additional 20 vendors expected to join.
- See attached vendor registration form, recruitment letter, and event flyer for more details

Eastern TGA Updates

- Committees will continue to meet in December
- The Quality Improvement & Strategic Planning Committee is continuing to plan and prepare for the Triennial Needs Assessment
- The Community Access Committee is continuing to plan for the state-wide consumer retreat
 - Dates are tentatively set for Spring of 2022 (presuming the state of the pandemic gets better and it is safe for participants to meet in person)
 - The Planning Council is still seeking to recruit members and will go back to holding new member orientations for newcomers

Eastern Updates

- The Marcus Alert program has now launched in 5 DBHDS regions across the state
 - See attached flyer for more details
- EVMS Trainings
 - Sessions testers have completed include:
 - November 5 - HIV Facts 101
 - November 30 - Fundamentals Training
 - December 1, 2 - Waived Rapid Testing Training
- HIV World AIDS day events:
 - December 1 - EVMS World Aids Day Program from 12pm -1pm
 - December 3 - Resource Center World AIDS Day Program from 12pm – 4:30pm (Open panel discussion and event in main office)
 - December 4 - Dr. Tanya Kearney – One of the presenters at the LINKS program for HIV Awareness Day

COHAH

- From October 2021 General Body Meeting
 - Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates for August 2021 with Clover Barnes
 - **Reporting is 2 months back**
 - Part A and Part A Minority AIDS initiative (MAI)
 - The Recipient team is still going through Grant Year 30 closeout. Still waiting on the reports to be approved. HRSA anticipates significant underspending from RW grants and has waived the underspending penalties for Parts A and B for FY 20 and FY 21. Requested carryover

was received, which may be allocated to Rapid ART under outpatient ambulatory.

- GY32 Application - The package was submitted for the GY32 Non-Competing Continuation for RW Part A Services.
- The RW Part A was released on October 1, 2021. Applications were due on November 12, 2021. A separate RFA for DC RW Part B funds was due to be released on November 19, 2021 with a due date of January 7, 2022.
- Presentation by Anthony Fox, Division Chief HAHSTA, discussed a research study for his dissertation on Attitudes Toward Seeking Mental Health Services among Young African American Same-Sex-Oriented Men. The study seeks to gain information on how the population seeks services.
- Committees Reports
 - Research and Evaluation Committee (REC) – They met in October and continued to work on the Needs Assessment tool. Greg Dwyer of George Washington University has cross walked several Needs Assessment tools from various sources including LinkU, Maryland State, San Francisco, and Virginia. They are a few months away from launching the Needs Assessment Survey.
 - Community Education and Engagement Committee (CEEC) – They continued to discuss how they will work with the DMV History Project. There was a presentation by Emily Brown of Montgomery County Department of Health on the newest iteration of the DMV History Project. She noted that anyone interested in the project can reach out to her and/or Jenne, or come to the CEEC meeting. Also, as the project rolls out, people will have an opportunity to submit names and places that could help be part of the project.
 - Comprehensive planning committee (CPC) – The CPC report mirrors the Recipient’s report. They also discussed the carryover funds.
 - Integrated Strategies committee (ISC) – The ISC continued to work with George Washington University on the Health Equity position paper. They are working on how to create multiple papers from the broader topic. They narrowed it down to seven focus areas: Employment, Housing, Transportation, Food, Medical Care, Medical Mistrust & Stigma, and Education. Seeking to create the actual positions of the COHAH. They would like to view from four perspectives: COHAH planning; Policy; Changing provider practices; and are asking if there are questions that they need to address or people that they need to invite to meetings? Hoping that the subject matter experts in COHAH and guests could look at the paper and contribute to the areas that they are familiar with. They also discussed the Child Care services standards and have a meeting with OSSE next week. They will begin working on a ‘charter’ to help define roles and responsibilities for the EHE Advisory Board.
- Next Meetings:
 - Research and Evaluation Committee - REC works on needs assessments - **Tuesday, December 14 from 3pm to 5pm**
 - Community Engagement and Education Committee - CEEC plans and executes community discussion meetings – **Tuesday, December 9 from 5pm to 7pm**
 - Comprehensive Planning Committee - CPC works with financials – **Wednesday, December 15 from 10am to 12pm**
 - Integrated Strategies Committee - ISC works on service standards – **Wednesday, December 15 from 1pm to 3pm**

- General Body Meeting – **Thursday, December 16 from 6pm to 8pm**



Reminders

- Recruiting members
 - Need representation for Northern and Eastern, especially
- Please look at the CHPG membership list to make sure your contact info is correct
 - More photos for the list would be great too
- 2022 CHPG Meeting Schedule: [Link to 2022 Meeting Schedule](#)

Wrap-up – Elaine Martin

Next scheduled meeting: Thursday, January 13, 2022, 2021 9-11 AM