

Virginia Community HIV Planning Group
Meeting Summary
June 16, 2022

Members Present: Tim Agar, Antiona Bowman, Darryl Cannady, Doug Fogal, Beverly Franklin, Leah Gregory, Doris Hill, Deirdre Johnson, Rodney Lewis, Daniel Lopez, Elaine Martin, Anjeni' Moore, Darryl Payne, Alexandria Robinson, Thomas Rodriguez-Schucker, Jennifer Shiflett, Vanessa Slaughter, Yolanda Alexander

Absent: Shauntelle Hammonds, Shannon Meade, Clay Porter, Bryan Price, Nechelle Terrell, Thomas Villa

Others Present: Marquetta Alston, Jenny Calhoun, Camilla Herndon (proxy for Maria Altonen), Deryk Jackson, Emmanuelle Kahn (proxy for Robert Cheek), Maurice May, Eric Mayes, Felencia McGee, Miles McKemy, John Minecci, Leatrice Orange, Ashley Yocum



Greetings and Introductions – Elaine Martin

HIV Prevention Updates – Elaine Martin

- **Monkeypox Update**
 - CDC is tracking multiple cases of monkeypox that have been reported in countries that do not normally report monkeypox, including the United States. There have been numerous monkeypox cases that have been reported and confirmed in the U.S. One case has been confirmed in Virginia. CDC has issued a [travelers health notice](#) for multiple countries. You can stay up to date with the current situation using CDC's [U.S. Monkeypox 2022: Situation Summary](#).
 - CDC continues to urge healthcare providers to be alert for patients who may present with a [rash that is consistent with monkeypox](#), regardless of travel or specific risk factors, and regardless of gender identity or sexual orientation. Healthcare providers are asked to [report](#) suspected cases of monkeypox immediately to their [local health district](#).
 - For additional information/resources on monkeypox, visit:
 - [CDC Get the Facts](#)
 - [VDH Monkeypox Fact Sheet](#)
 - [VDH Monkeypox Website \(General Public\)](#)
 - [VDH Monkeypox Website \(For Clinicians\)](#)
 - [HIV.gov Monkeypox Update: "The Message is the same for everyone"](#)
- **Sunsetting of Certain Effective Intervention Webpages**
 - CDC's HIV Prevention Capacity Development Branch (HPCDB) will remove the following webpages from the Effective Interventions website on **July 1, 2022**:
 - [mPowerment](#);
 - [Many Men, Many Voices \(3MV\)](#);
 - [Partnership for Health-Safer Sex](#); and

- [Popular Opinion Leader](#)
 - This action reflects decreased focus on behavioral interventions in the National HIV/AIDS Strategy and better alignment with the CDC’s Division of HIV Prevention’s supported public health strategies and interventions. We advise everyone to visit these webpages as soon as possible and download all content, especially Implementation & Marketing materials, as they will no longer be accessible after the removal date.
- **National HIV Testing Day – June 27**
 - June 27 is National HIV Testing Day (NHTD). On this day, we remind everyone about the importance of HIV testing. Knowing your HIV status gives you powerful information. It gives you the ability to stay healthy, regardless of what your status is. There are now more ways than ever to get an HIV test. There are also more options for staying healthy, regardless of what your results are.
 - Several community agencies are partnering with Walgreens to offer free HIV testing for NHTD. On June 27, from 10 am until 7pm, pick from 13 different locations across the state to update your HIV status. You do not need an appointment, and you can get your results in about 20 minutes. To find a location near you, please visit: <https://www.greaterthan.org/get-tested-with-greater-than-aids-walgreens/>
- **New HIV and COVID-19 Fact Sheet**
 - HIVinfo has released a new fact sheet on HIV and COVID-19. The new fact sheet provides important information about how COVID-19 affects people with HIV and how to protect themselves and others from COVID-19. Additionally, it discusses the safety of COVID-19 vaccines and potential drug interactions between HIV medicines and COVID-19 treatments. Find the new fact sheet [here](#). The fact sheet is also available in [Spanish](#).
- **New Sites Awarded through HIV/AIDS Education Request for Proposals**
 - The new Virginia HIV/AIDS Resource and Consultation Center (VHARCC) sites have been awarded. They are Inova Juniper Program, Virginia Commonwealth University, and Eastern Virginia Medical School. We look forward to our continued work with these agencies in providing training, education, and consultation for HIV, STI, and Viral hepatitis prevention, care, and treatment.
 - For course offerings, please visit <https://vharcc.com/index.html>.
- **Living Beyond Our Status (LBOS) Virtual Event June 17**
 - VDH is hosting the next LBOS event titled *Living Well* on June 17 at 6pm. This event is for people with HIV for 15 or more years. You must register at <https://redcap.link/LBOS-LivingWell2022> to attend.
- **Mind Body and Soul (MBS) Event with Stanford’s PRIDENet Study**
 - The next MBS event is being held in partnership with Stanford’s PRIDENet Study and is titled *Church Hurt and Healing*. We will be discussing faith-based trauma, healing, and LGBTQIA+ individuals navigating the hurt and healing process within the faith, religion, and spiritual arenas. Register for the event [here](#).
- **Staffing Updates**
 - Please welcome **Leatrice Orange** to the HIV and Hepatitis Prevention Unit as the Administrative Staff Specialist. She started on May 25. She can be reached at leatrice.orange@vdh.virginia.gov or 804-864-7297. We thank Miles and

Charlotte for all the assistance they have provided during this transition and training Leatrice.

- Congratulations to **Miles McKemy** as he accepted a position as the PrEP Program Support Technician effective June 10, 2022. We are happy that he is still with the VDH team and look forward to the great things he will do in his new role.



VDH HIV Care Services Updates – Ashley Yocum

- **New Updates**
 - VDH has extended the Provide TA sessions for Providers. Check the <https://www.vdh.virginia.gov/disease-prevention/ddp-provide-system/> for the updated schedule and meeting information.
 - Part B still has not received the Final Notice of Award from HRSA.
- **Ongoing-Updates**
 - 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 to our website any updates from Cover Virginia.
 - **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. For more information on those positions as well as how to apply: <https://www.vdh.virginia.gov/disease-prevention/ddp-recruitment/>
 - **HIPPA 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.



Old Business

- Travel Reminders/Updates
 - Please let us know any transportation issues you may have and we will see what arrangements we can make
 - Payments from the May meeting will be delayed due to fiscal year closeout duties
 - Fiscal will begin keying the reimbursements in early July

New Business

- Bylaws committee has met to go over bylaws and is presenting proposed changes
 - In this meeting, plan to discuss the bylaws in 3 sections
 - Language updates – simplified and corrected
 - Proposing the addition of vice chair
 - Discuss what to do for folks who have circumstances that could limit attendance at meetings
 - Comments and feedback
 - Verbiage is now more readable and understandable – appreciate that it was simplified
 - Reminder that replacing “risks” with “reasons” will reduce stigma
 - Get rid of shame and blame
 - Especially need to consider groups like trans folks who experience a high amount of shame and blame
 - Group will move forward w/ proposed changes, but is inviting Deirdre to present on language changes at a meeting in the near future
 - Hybrid meeting potential
 - OWL technology suggestion
 - This seems like a promising technology – VDH staff will research the possibility
 - Meeting attendance
 - Can there be some flexibility on how many meetings a member can miss, as long as they attend virtually (if hybrid meetings become feasible)?
 - Would still encourage in-person participation
 - Reminder that if a member is absent from the meetings, some group is not being represented
 - VDH will try to check in with members if we see members’ attendance changing
 - Question: What should the allowance on missed meetings be?
 - On a case-by-case basis feels reasonable
 - Members also have the opportunity to send proxies
 - Question: Can VDH make notices to individuals whose attendance is slipping more personal?
 - Starting this conversation w/ a phone call would feel considerate

- Reminder that individuals can come to meetings even if their term has ended
 - If you are ill or an emergency arises, your absence can be excused if you let VDH staff know
 - Please also let VDH staff know if you will simply be absent
 - Vice Chair
 - A vice chair would help w/ breakout planning, membership committee duties, etc.
 - The vice chair would have to run for election to become community co-chair. This is not a chair-elect position
 - This role would allow the chair more support in meetings – breakouts, running different parts of the meeting, etc.
 - A third backup would provide more security/insurance
 - A vice chair helps to build continuity
 - The individual can develop leadership over the years and pass on guidance to new generations
 - There is a culture here that should be carried on – practices and leadership styles that are effective in this space
 - Sometimes leaders need to step away for a while - the vice chair ensures that there is always a community voice present
 - Vote
 - Motion to accept bylaws as corrected
 - Bylaws passed unanimously
- Demographic Form Update
 - VDH has updated this form – please fill it out and return it to Leatrice Orange
- Status of Regional Updates
 - These updates should include things that happened at planning councils, changes in services provided and updates from the region
 - Not necessarily individual agency fund raisers, events, gatherings, etc.
 - Question: Is the group still finding these updates to be helpful?
 - Group expressed that written updates are preferred
 - We would like to identify new representatives for each region, including folks from VACAC, Eastern TGA, and COHAH



CHPG Membership Demographics and Recruitment Needs

- See presentation slides
- Suggestion to add member's region to the membership list
- Reminder to the group that we try to avoid having 2 people from the same agency but are flexible if people change jobs (to an agency that is already represented) or if the group really needs that individual's voice
- Recruitment materials are important, especially in rural areas
- Agencies like the Virginia Pharmacists Association and other groups like that are welcome



nPEP Updates – Eric Mayes and Jenny Calhoun

- Pharmacists will be able to prescribe PEP in the near future
- Inconsistent PEP access
 - Some big box urgent care providers won't prescribe PEP
 - Some local health departments (LHDs) won't prescribe PEP
 - Some emergency rooms won't
 - Sometimes the same emergency room will prescribe PEP during certain hours and won't prescribe it at a different time of the day
 - Sometimes doctors will give morning-after pill but not test for HIV
 - PEP is often available for free, but the 72 hour window for starting on medication is the biggest challenge
- Board of Pharmacy is the leader on PEP protocols, but VDH shares guidance and will provide trainings to potential prescribers
- PEP access
 - Uninsured folks can get free PEP through Central Pharmacy
 - There will still be geography/time considerations for these prescriptions
 - For insured folks, VDH will provide 5 days of PEP
 - Clients are often referred to Walgreens after business hours
 - Walgreens sometimes have specialty pharmacies that more readily prescribe PEP
- Contacts for PEP
 - VDH Hotline: (800) 533-4148
 - Monday – Friday: 8am – 5pm
 - Clinicians can contact the National Clinician Consultation Center's PEpline at (888) 448-4911
 - Monday – Friday: 9am – 8pm
 - Weekends and holidays: 11am – 8pm
 - If you know of a pharmacy that wants or could use PEP training, contact Eric Mayes at: eric.mayes@vdh.virginia.gov or Jenny Calhoun at: jenny.calhoun@vdh.virginia.gov
- Challenges for PEP availability
 - Health departments should be able to offer PEP, but staffing and resource shortages can render them incapable of prescribing it
 - Bringing access to PrEP in rural areas will allow more access to PEP there too
 - Not many CBOs are partnered w/ VDH to provide PrEP/PEP access
 - Still, more pharmacies will be partnered with VDH soon which should help increase access in areas w/ a lot of stigma (particularly small, rural communities where health departments could disclose clients)



Interactive Energizer – Maurice May



Plain Language presentation – Elaine Martin

- See presentation slides



Feedback from Integrated Plan Public Hearing – Ashley Yocum

- See presentation slides
- Some notes
 - There is a big push in South Carolina for telehealth, especially for PrEP
 - Increased capacity for internet connection across the state should become a reality in coming months
 - Is there a way to provide a rent incentive to small businesses, hotels, or landlords to help ensure safe and adequate housing for clients in need?
 - Community health workers could take some pressure and duties off of overstretched case managers – would be great to see that role utilized again
 - Note that this would only be helpful when the agency understands how to use community health workers
 - COMPASS – could be helpful to look into these resources for how to address aging folks with HIV



Goals & Objectives preview – Ashley Yocum and Elaine Martin

- See Excel sheet
- What will be the strategies that will change course of the epidemic and make the biggest changes to decrease the most disparities?
- Plan to identify how goals fit into overarching objectives
 - Want to synthesize strategies into this sheet
 - Can make work plans, etc. w/ more precise details
 - Want to make sure we have objectives measurable by data and access to quality data
 - Trying to identify how the services fit into status neutral approach
- Please let us know if you can identify a way to organize the plan and account for overlap between prevention and care
- Expect to do a lot of objective writing in July, will get feedback, then will bring back to CHPG for review



Regional Updates

- **Northwest**
 - HCHC

- First CAB meeting in more than 2 years was well attended on May 24 2022
 - 3 recipes were prepared during the meeting and participants sampled the foods. At the end of the meeting everyone received all the groceries necessary to make all 3 dishes at home. And the local Tropical Smoothie Café donated box dinners and smoothies for everybody. Education is already lined up for the next CAB meeting in August 2022. At this meeting, we will be focusing on HIV stigma, the effects on mental well-being and strategies to combat HIV stigma.
 - FAHASS
 - Consumers are enjoying in-person visits
 - Women’s group, WOVEN, meets every other Wednesday at 12pm
 - Life Skills classes held on June 16 and June 23 at 4:30pm
 - In-person support group on June 16 at 3:30pm and once-a-week virtual support groups every Friday at 2pm
 - Woman’s Worth Conference held on Saturday, June 11 from 10am to 4pm
 - Our Gay + Bi Men of FDXB meets twice a month
 - FAHASS attended the Fredericksburg Pride on June 25th from 11am to 6pm at the Old Mill Park
 - ARE
 - Our clients still have all in-person and virtual options available to them
 - Held an open house on June 6 to welcome clients to see our newly expanded office space
 - Mary Washington
 - Seeing consumers in-person and offering telehealth
 - No activities are planned for consumers
 - UVA
 - CAB met on June 8 at 5pm
 - Due to funding limitations, there were no Gas Cards provided, but an online option was available
 - The Positive Links Family Meeting was held on June 13 at 6pm. The Support Group was held on June 14 at 5pm
 - On June 27, the Book Club met - consumers are reading A Study in Scarlet
- **Southwest**
 - TriPride event on August 27, 2022 in downtown Bristol, VA/TN
 - Visit the event website for more info: <https://www.tripridetn.org/pride2022/>
- **COHAH**
 - From May 2022 General Body Meeting
 - Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates for April 2022 with Lena Lago
 - Reporting is 2 months back
 - Gilead liaison for DC and MD (Anthony & Trina) gave a presentation on a Status Neutral Protocol Implementation Tool Kit. The toolkit will help

organizations with capacity building in starting or optimizing their protocols as it pertains to PrEP and Rapid Start (Rapid ART) treatments. The presentation also focused on the difference between a protocol and an organizational process. The presentation was to be a springboard into hosting a summit that will bring best practices across the DMV that are implementing same-day PrEP or Rapid Start.

- Part A and Part A Minority AIDS initiative (MAI)
 - For February 2022, 27 of the 39 invoices have been received
 - There are no service delivery challenges for EMA
 - Part A expenditures are at 82% and should be at 100%
 - 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).
 - Services spending 30% below expected are Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), and Outreach Services (OS)
 - No services spending above 30% expected
 - Part A MAI expenditures are at 72% and should be at 100%
 - There are no service areas affected by unprocessed invoices
 - Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services (OAHS), Substance Abuse Services – Outpatient (SASO), and Mental Health Services (MH)
 - Services spending below 30% expected are Substance Abuse Services – Outpatient (SASO)
 - UBC expenditures are at 91% and should be at 100%
 - There are no service areas affected by unprocessed invoices
 - Services spending below 30% expected is Substance Abuse Services—Outpatient
 - Not all final invoices for the grant year have been received
 - 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.
- A reprogramming was made in the unit-cost service categories of Outpatient/Ambulatory Health Services (OAHS) and Mental Health Services (MH) due to overspending. These funds were moved from Oral Health and Regional Early Intervention Services.
- HRSA reported that they will send the full award for the new grant period within the next two weeks
- Committees Reports
 - Research and Evaluation Committee (REC) – The IRB approved our latest version of the Needs Assessment and the Consent Form. They have loaded into REDCap. The team briefly walked through the logistics of the complete Assessment. It was requested to have the instrument and Consent Form to be translated into Spanish, Amharic, and French. A flyer for the Assessment with a QR code for the client to go directly to the survey. The committee submitted a proposal to HRSA to purchase digital gift cards. HRSA had a few more questions. The proposal will be revised and resubmitted. A request was made to GW students (George Washington) to volunteer to assist in administering the survey. There was a big response so a team has been developed to narrow the list of students.
 - Community Education and Engagement Committee (CEEC) – The committee has been finalizing the logistics for the DMV History Project training scheduled for May 19, 2022. The training is for those who are interested in interviewing and collecting oral narratives as well as other historical information that will showcase different people and places in the DMV and surrounding counties in Virginia and Maryland that were important to the HIV movement.
 - The committee is also working on the D-Seeing project, a collaboration with a research team from GW, the DC CFAR, and Leah Varga at HAHSTA to help with the Ending the Epidemic (EHE) activities. It is a one-year project to look at some of the barriers to HIV prevention and care for Black heterosexual women and Black gay, bi and other MSM. This project will use photovoice, which allows community members to document their experience through photos, pictures, drawings, and other types of expression, rather than traditional means of data collection. At the end of the project there will be an exhibit to share the stories and hopefully inform some of the work that is done in the CEEC as well as some of the activities in DCHealth that affect prevention and care.

- The Committee will begin to prepare for the PrEP Protocol Implementation Summit that was discussed in the presentation given by Gilead
- Comprehensive planning committee (CPC) – The committee reviewed the financial report the recipient presented. Sarcia Adkins of Housing Counseling Services discussed the housing programs available in the District of Columbia. There hasn't been much evolution to the RW housing Services Standard because of HOPWA. A data request will be discussed at the May 24 meeting and submitted on June 4 that will inform the PSRA process.
- Integrated Strategies committee (ISC) – The committee reviewed the Health Equity Position Paper and focused on:
 - Employment – discussion on job-seeking skills, etc.
 - Transportation resources – Montgomery County was not allowed to partner with Uber or Lyft. Cabs are not a viable option. They will have to consider more creative ways of transporting their clients. Highlighting the transportation barriers may be a good idea for the paper.
 - Food and Food Insecurity Service categories – DC Health's Nutrition and Physical Fitness Bureau presented on Federal and Local (DC) policy updates and possible recommendations/positions for the Health Equity Paper. The importance of having representation from the LGBTQ community at the table for these discussions was stressed. Federal and local assistance programs are ending due to COVID. Food and Friends indicated that there has been a large increase in applications for food.
 - Some of the capabilities that LinkU has for both providers and consumers were shared. Also discussed, making sure there is enough provider representation.
 - No new EHE programs to discuss; shared updates on the programs that are already established.
 - PrEP Housing – Program offers up to 24 months of transitional housing for clients that are prescribed PrEP
 - Clinical Care Coordinator – HAHSTA is eliciting feedback from private medical providers on staffing needs of Social Workers, Registered Nurses, or other allied staff to strengthen the relationship with them for linkage to care and case management. HAHSTA working with the DC Department of Corrections to staff a Clinical Care Coordinator at the READY center for post-COVID environment.
 - SSP Vending Machines – Two providers have been funded to place six vending machines across the district. Overdose data is being used to determine

the locations. The machines will dispense safer injection kits, hygiene kits, and HIV self-test kits.

- Wellness Program – Funded organizations are offering status neutral wellness services
- Community DIS – Community DIS staff is embedded in a provider’s office.
- The committee will receive three more standards next month
- Committee is hoping to get an update on the stigma tool that was presented
- Committee is working on an HIV podcast project with DC, Prince George, and Montgomery Counties collaboratively. The team is currently looking for a host.
- The COHAH body voted in a new COHAH vice chair
- Kimberly Scott, Director of the RW Programs at the Virginia Department of Health, gave an update on Unified Client Eligibility in alignment with PCN 2102 from HRSA that removed the six-month recertification requirement and gave the recipient the ability to decide the frequency for doing eligibility assessments. VDH has decided to have one assessment for all RW services, including ADAP, and to recertify clients every 24 months. VDH has begun to use a new client data collection system called Provide Enterprises. Kimberly also indicated that Virginia Medicaid is resuming their enrollment for beneficiaries for health care coverage with the conclusion of the public health emergency declaration. DMAS is asking people to send in their updated information via the Virginia website or call (855) 242-8282 or their local health departments to submit updates.



Meeting Wrap-up Evaluation



Adjourn: NEXT MEETING: Friday, August 19, 2022