Virginia Community HIV Planning Group
Hilton Garden Inn Richmond Airport
Meeting Summary

Topic: Linkage to Care

Members Present: Tim Agar, Shimeles Bekele, Roy Berkowitz, Reed Bohn, Susan Clinton, Jerome Cuffee, Gregory Fordham, Ruth Fordham, Janet Hall, Robert Hewitt, Cristina Kincaid, Mike King, Marquis Mapp, Elaine Martin (Health Department Co-Chair), Diane Oehl, Dorothy Shellman, Lee Stone, Edward Strickler, Stanley Taylor, Adam Thompson (Community Co-Chair), Chris Widner

Members Absent: Odile Attiglah, Earl Hamlet (represented), Cheryl Hoffman, Ellin Kao, Martha Lees, Anthony Seymore, Joyce Turner, and Rhonda Turner

Other Attendees: Susan Carr, Jenny Calhoun, Safere Diawara, Cat Hulburt, Misty Johnson, Jenny Kienzle, Megan McHugh, Tessa McKenzie, Veronica Naranjo, Carmen Roman, Jeff Stover, Bruce Taylor, and Lauren Yerkes of the Virginia Department of Health; Carol Clark of AIDS Education Training Center; Russell Jones (representing Earl Hamlet); Octavia Peterson (guest of Roy Berkowitz); Eric Mayes of AIDS/HIV Services Group; Tania Butler of CrossOver Health Ministry; Andrea Reynolds, Phillip Bailey

Welcome and Introductions
Bruce Taylor called the meeting to order at 9 AM.

Review of the December Meeting Summary
Motion was made by Tim Agar and seconded by Janet Hall to pass and approve the minutes as written. The group moved to do so.

Old Business
Bruce announced that VDH and Behavioral Health are hoping to strategize about how to work together to better serve the populations of both agencies. He did outreach regarding the merger of Care and Prevention plans (FAHASS was one). Hoping to get CBO feedback and engage groups working with IDUs to make sure people are aware of the work we are doing. He is hoping to have a MSM General Summit in the fall.

Bruce also discussed the survey the workgroup has completed to go out to IDUs statewide. Once it is approved, he will need the CHPG's help to distribute. Will pilot it first in methadone clinics. He hopes to have between 300-800 surveys by the end of the year. Will try without incentives initially.

New Business
Adam met with IDU Workgroup last night and realized that over half of the IDUs being admitted for treatment were white. He requested a meeting at lunch time for the members of the workgroup that were not present. However, the lunch presentation ran long, so Adam said he would follow up by e-mail with those members.

Ed Strickler passed out information regarding an agency that is offering technical assistance for looking at violence in LGBT communities. Asked members to look at info and determine whether their agencies might be interested in learning more. Also mentioned paper re: Transgender issues in DOC and is trying

to set up a place for him to share that data in the future. Dr. Michael Hendrix (former member) has just published data that include the CHPG's transgender research – will pass that along if folks are interested.

HIV Prevention Update - Elaine Martin

Elaine described recent DDP reorganization (Field Services and HIISS combined into SODA (STD Surveillance, Field Operations and Data Administration). Field Services is now called Field Operations and is under SODA. Some reassignments of job duties, though HIV Prevention was not affected. Elaine believes the change is positive. She will send an organizational chart to anyone interested in getting one.

The Pharmacy RFP is complete and VDH is contracting with Walgreens with testing slated to begin June 1st. Pharmacy-based testing at 13 stores initially (there will be stores in each region – but they won't be announced until Walgreens has alerted each store). VDH met with Walgreens yesterday; Walgreens is very excited, dedicated, and already talking about expansion. They will be using the INSTI 1 minute test which makes best use of pharmacist test. Those with a reactive result will be linked to community services. Training will occur at every store in the last week of May. Cost of test at Walgreens is actually lower than at CBOs because there are no overhead costs, etc. They are also doing a lot of advertising and co-branding that we don't pay for. Walgreens' goal is not to move into a fee-for-service model for testing. VDH will continue to partner with Walgreens for National HIV Testing Day where CBOs go into stores and do testing. All stores that will be part of the initial roll-out have special rooms and Walgreens has stated that it is willing to look at renovating stores where we might want to have testing occur. Lee asked if this is successful, will we see this model displacing CBOs. Elaine said no, she just sees it as another model for reaching people.

Two waves of CAPUS media campaign that have gone out (*Deciding Moments* and *Alicia Keyes Empowered*) and VDH has distributed a lot of advertising out so far, including advertising at a VCU basketball game. The third wave is in June (*Get Yourself Tested*). As a result of the VCU game, the Squirrels baseball team reached out and asked about advertising at its stadium and a *Take the Test* sign is now under the scoreboard. A number of women called the office after the *Empowered* campaign went live to say they were positive and wanted to help. Only two complaints have been received during the three years of these campaigns.

Getting ready to RFP for Year Two campaign (*Testing Makes Us Stronger*).

We hosted a very helpful Peer Exchange for Tennessee and Illinois (put together by NASTAD) and shared ways of doing things such as generating lost to care lists.

President's budget said that CDC needed to put 10 million dollars into implementing third-party billing and CDC took that money from Expanded Testing funding. This means that we have to redirect funds (19% decrease) mid-year to meet this new requirement. We are in the midst of converting some of the expanded sites (in emergency rooms, etc.) to third-party billing. The goal is to ensure that testing will remain for those without insurance, just putting third-party billing in places where it makes sense without impacting service. Trying to get insurance to pay its part and have public health fill the true gaps in service. Important to still be able to protect people's privacy (thinking of explanation of benefits). Also thinking about what makes testing a "necessary" service to ensure coverage. Elaine stated this is a complicated issue and we are still determining how it will work. Budget has to be completed by May 9th so she anticipates coming back to the committee with more information.

Webinar on April 30th about Couples Counseling and Testing. A lot of concerns/interest regarding this concept. This is CDC-promoted model. It's not that we are endorsing it or not endorsing it, it is just something that more information is needed on.

Elaine asked that there be a meeting focused on Testing soon since so much is going on.

Bruce stated that Membership Meeting will be in May. Roy, Rhonda, Adam and Cristina are the members. For members rotating off in August, please still come to August meeting.

HIV Care Update - Tessa McKenzie
Inaugural year for Open Enrollment has ended. VDH hosted three public health meetings (Winchester, Lynchburg, and Petersburg) and included Prevention and Surveillance at those meetings. Major topics were the Affordable Care Act (ACA) and epidemiology. Shared slides with group ahead of meeting. As of 4/22/14, 2,127 ADAP clients have enrolled in ACA. Clients that aren't enrolled in ACA will continue to be served on direct ADAP without medication interruption. Tessa stated that VDH is already planning for the next open enrollment, and has distributed surveys internally and to enrollment sites. With expanded Medicaid, 72% of the ADAP population would have been eligible for Medicaid. VDH will continue informational sessions with the consumers, and is assessing what worked and what didn't. Will eventually be working on needs assessment. For more information, e-mail Tessa at tessa.mckenzie@vdh.virginia.gov. Discussion followed about how to close the gap of people who didn't get enrolled and need more services that are covered under ADAP. Prevention is working to help pay for some things that either Prevention or Care can pay so as to free up other Care money.

A lot of funding is still pending (Notice of Award, General Assembly) but hopefully there will not be a waiting list. Discussion ensued regarding changes in funding (more in Prevention than in the past and perception of less in Care). Elaine pointed out that there is more overlap between Care and Prevention now that allows for funding fluidity, which can help lead to solutions.

Introduction Remarks, Q&A - Safere Diawara
Safere discussed the role of Patient Navigation (PN) in improving HIV prevention, diagnosis and treatment. This included the history and challenges of PN. Slides are available for members.

Active Referral: Introduction - Jenny Calhoun
Jenny reviewed the Active Referral process (how you determine success, etc.) and current status of Active Referral in Virginia. Slides will be provided to members.

Disease Intervention Specialists (DIS) - Megan McHugh
Megan shared her experience as a DIS and what they actually do, as well as the public's perception of them. Slides will be provided to members.

Q&A: Active Referral & DIS
Discussion led to talk about criminalization, barriers faced by DIS related to building community bridges, regional difficulties (rural), training available, sharing results over the phone, determining ability to give consent to active referral, referring or giving resources if they choose not to sign linkage form, contacting homeless individuals, etc.

Working Lunch – Data and Linkages to Care - Lauren Yerkes
Presentation, Q&A

Lauren led discussion about how data informs linkages to care. Care continuum information for the state was also presented. A Powerpoint is available by request from Bruce or Lauren.

MMP – Linkages to Care, Q&A - Carmen Roman, Jenny Kienzle
Carmen shared about the MMP (extension of HIV Surveillance) touching on how program works, how interviews are conducted, data collected, and length of collection. Jenny reviewed MMP 2009-2010 Linkage to Care data. Carmen shared MMP successes and plans for the future.

Patient Navigators Panel Discussion - Phillip Bailey, Pierre Diaz, Andrea Reynolds
Patient Navigators from around the state shared their experiences, making sure they take care of themselves to avoid burn-out, and what they hear from the clients they serve regarding barriers to care. Andrea shared that for many clients it appears that infection is coming from lack of communication between partners. They also discussed how they transition clients when they are ready to handle their needs on their own and how to determine that readiness. Transportation barriers were also discussed.

CHARLI – Susan Carr
Susan shared an overview of the CHARLI program, its history, how it works, who it targets, etc., as well the barriers faced getting the program started.

Care Coordination – Veronica Naranjo
Veronica shared information about clients referred to care coordination from DOC. She also shared successes in care coordination, and how care coordination and CHARLI work together.

Q&A: CHARLI & Care Coordination
The group asked in-depth questions about how CHARLI is utilized, how people are made aware of it, and specific successes (e.g., changes in recidivism rate in CHARLI).

Panel Discussion – All Presenters
In lieu of a panel discussion (many panelists had to leave early), Bruce asked the group to talk about what they learned today and asked them to discuss what is still needed in the planning process. Elaine mentioned that the meeting seemed a lot more hopeful as compared to last meeting (behavioral health) because we have more sway/influence over today's topic and that the information shared seemed to be met with real enthusiasm. Robert mentioned that the passion was evident and Roy found the meeting was inspiring and motivating. Susan thanked Mike King for continuing to be at the table and for the hard work he has done at his agency over the years.

Jerome enjoyed the speakers but felt like the question about how to help people just coming in to the system and how to ensure clients are getting information they need still needs to be fully addressed. Adam said there should be an established set of things that you look for to see what people living with HIV need to know. Some sort of assessment tool. How long do you follow the client? Phillip said there needs to be a lot more conversation about that with people in this room and beyond. Elaine thinks it's possible in the future to meld all the requirements (SPNS, CDC, HRSA, CAPUS) in the way that there are case management standards now. Janet stated that in the past there was a "tool box" that offered some guidance. Mike asked if clients learn to read their lab results and receive them in advance of appointments. Phillip said that they are unable to pass along their lab results because PNs can't give medical information to patients before their appointments but that they do work with clients to ensure they understand their results. Mike thinks that there is a gap in terms of clients being able to understand their results. Roy also shared that there is training about different ways of educating on understanding results. Adam stated that it seems as though a lot of the work is mentioned in process

(here's what I did for the client) and wondered about measuring how the client is going through the program to determine when they become an "activated" patient and can continue on their own.

Octavia said that some of the problem is that there are all these different titles for people doing similar things and having a streamlined role definition across funding streams. Elaine said that since SPNS and CAPUS are demonstration projects, they purposely chose different models so they could compare and see what works better and she thinks that ultimately it will be helpful. Ed asked if there is a plan to track and evaluate those differences. Elaine said yes. Phillip also said to be careful to integrate into the health care team and be careful not to step on case management toes but he wonders how to share that opinion without damaging relationships. If there was a list of things you do for client (like Adam mentioned) he could say "here is what my job is and what I have to achieve" which could help him be accepted into the health care team. Tim pointed out that the projects are still new (only three years) and in some ways they are still learning. He said one thing that was missing with the day was talk about the statewide linkage to care workgroup and he felt having no report on that work was frustrating since so much time and energy went into it. Susan believes a lot of those efforts rolled into SPNS. Elaine stated that many of the initial groups that were meeting around SPNS aren't meeting with the same frequency, etc., as other assistance comes (JSI) and also as the project moves forward. She thinks a lot of linkage is happening in the community and some of the meeting focus shifts to databases "talking" to each other.

Mike would like a bigger projection screen to be able to actually see the information being shared.

Adam has concerns about the Ryan White Part B changes and how client cost-sharing (the letter from VDH was hard to understand) and he thinks it needs to be addressed at the community level. People in the community (providers and clients) have concerns about how they will be impacted and whether they will still get services. How can we help to make sure they get the information out? People think "I got the ACA health care and now it costs me money." Elaine asked for specificity about what the group thinks will help in the community. Tim mentioned that a work group in Northern that is teasing out what is and isn't paid for and looking at what billing codes are getting things paid for. Chris also stated confusion about changes in anticipated income and how that will affect refunds or need to pay more. Cristina stated that you have to report changes in income throughout the year.

Bruce stated that when we (VDH, HIV Care Services) say we don't know something it's because we are not the Federal government and we really don't know. He said we may need to get a group together and talk about the concerns. Adam said the group has been saying things for two years that are needed (education-wise, etc.) and we need to push back some to ensure that concerns are heard. Mike stated that he is confused about changes with Ryan White Part B so he is sure that clients are. Chris stated that there funding was drastically cut (completely gone in some areas) so he can't help people like he did before. Cat suggested Chris (and others) send those specific questions to Bruce so they can be answered clearly. Elaine suggested that we have someone address this specifically. Adam said we need to utilize the community at this table to get things answered and get information out to the larger community. Janet also asked for clarity about how the funding is working now. Elaine answered that contracts for consortiums are being transferred to VDH. Any questions related to insurance will be sent to Bruce and he will get them to Care Services and have them answered.

Testing: Roy stated that JSI is a great resource, showed brochures, and will send out information about how to get them. Lee asked about resources re: how to deliver test results as nurses. Elaine said there is training available across the state and there are resources on CDC website. Roy offered to connect him with resources.

Meeting Check-In – Adam Thompson
The above transitioned in to the meeting check-in. The topic for the next meeting is Community Risk Assessment and will address the follow-up needed in terms of Ryan White changes and how they impact clients (as well as insurance concerns).

Adjourn
The meeting adjourned at 3:50PM.