

**Virginia Community HIV Planning Group
Four Points at Sheraton Hotel
Meeting Summary**

Members Present: Tim Agar, Sylvester Askins, Roy Berkowitz, Reed Bohn, Gennaro Brooks, Shawn Buckner, Emeka Chinagorom, Victor Claros, Jerome Cuffee (Community Co-Chair), Daisy Diaz, Pierre Diaz, Colin Dwyer, Justin Finley, Earl Hamlet, Russell Jones, Cristina Kincaid, Marquis Mapp, Elaine Martin (Health Department Co-Chair), Eric Mayes, Zachard Roberson, Robert Rodney, Anthony Seymore, Dorothy Shellman, Stacie Vecchietti, Chris Widner, Robyn Wilson

Members Absent: Renate Nnoko, Diane Oehl, Stanley Taylor, Nechelle Terrell, Joyce Turner

Others Present: Diane Allen, Celestine Buyu, Kathleen Carter, Ted Heck, Adyam Redae, Amanda Saia, Kimberly Scott, Bruce Taylor, and Lauren Yerkes of the Virginia Department of Health, Division of Disease Prevention; Stephanie Rhodes of Inova Juniper Program; Johanna McKee of Mid-Atlantic AIDS Education/Treatment Center; Gregg Fordham, Toyah Reid, and Cecilia Llanos, guests

Total: 40 participants

New/Old Business, Approval of Minutes - Bruce Taylor

- Workgroups: During CHPG meetings, members must participate in two workgroups. If those workgroups have additional meetings or assignments outside of CHPG's allotted meeting time, this is an optional commitment. Bruce stated that we hope that you will attend all workgroup activities and contribute, but understand that members are busy individuals with other commitments.
- Motion was made and seconded to approve the February minutes.

Membership - Natalie Anafrani has resigned.

Prevention Update - Elaine Martin

- *CHARLI RFP* – Switching out funds, will use Ryan White funds which will free up money to pay for syringe services, but does add some complexities because Ryan White reporting is more complex.
- *PrEP* – Julie Karr has come onboard as the full-time PrEP Operations Specialist. AIDS Resource Effort in Winchester is partnering with a free clinic in Shenandoah to provide free services; the contract will be issued in the next couple of weeks.
- *Rescission to HIV Prevention budget* - 0.69% cut that won't cause any issues and VDH will easily be able to absorb.
- *Grantees meetings* coming up – PS12-1201 in April, Project PrIDE in May
- 1506 and 1509 grant renewals due in early May
- *Labs* - The state's Division of Consolidated Laboratory Services is no longer doing labs for VDH. DDP's contract with LabCorp will include this service and we want to use state money for chlamydia and syphilis, etc., instead of federal grant money. An RFP went out – awarded to a commercial lab? Already bill insurance, so not new to third-party billing.
- *Third-party billing in STD clinics* - if you're uninsured, still free service or sliding scale, but if insured, your insurance will be billed. You will have the choice of self-pay if you don't want your insurance company to be billed.

Care Update - Carrie Rhodes

- *HRSA site visit* in February – grant year started April 1, all contracts are in place
- *Enrollment numbers* - 6,317 total clients enrolled; direct ADAP clients: 1,464; Medicaid Part D Assistance Program (MPAP) clients: 587; Insurance Continuation Assistance Program (ICAP) clients: 556; Health Insurance Marketplace Assistance Program (HIMAP) enrolled clients: 3,710
- *Changes coming to recertification process for ADAP services*; Carrie will send out more info
- Tim Agar asked if there is a cheat sheet that we could provide to tax preparers for recovering tax credits for those whose premiums have been paid by VDH. Carrie explained that the 1095 form will show if the client is owed money or if they owe money to the IRS.

TGA Update – Jerome Cuffee

The Eastern region has received a partial award (70%) from HRSA and the struggle has been to get money to organizations without disruption of services. Right now the Grantees office is working on finalizing contracts with all of the local CBOs. The RFP process for the Norfolk TGA is only done once every four years, and for this RFP cycle there were no new applicants; however, one of the agencies that was being funded through a sub-contract applied for its own funding. The final expenditures have not come in, but it is estimated that there will be over \$400,000 in unspent money from last year, which Jerome has a real problem with and he is working to close the gap to reduce the type of monies not being spent. He will request carryover for part of the unspent balance, which is 2% of the total allocated award. He reported that the needs assessment results have been published, and that over 50% new diagnoses in Eastern are coming out of emergency rooms (ERs). Focus will be on disease intervention specialists and early intervention specialists in ERs, and he hopes this will help get those testing HIV positive into care right away and prevent people from falling out of care. People are waiting until they are symptomatic before they are getting tested for HIV.

DC EMA Update – Tim Agar

Tim explained the makeup of the DC Eligible Metropolitan Area (EMA), which consists of Virginia, Maryland, the District of Columbia, as well as two counties in West Virginia. The DC Recipient for Part A historically had cost-based reimbursement but has switched to fee-for-service reimbursement, which they will implement in several phases. The new system was supposed to start March 1, but it is way behind on planning timelines and will start July 1 at the earliest. What does that mean for RW funding? The Planning Council for the DC EMA's job right now is to come up with revised service standards (primary care, mental health, substance abuse, child care, home delivery of meals, etc.) that will fall under fee-for-service. The issue of medical case management has had a big impact; HRSA states that we have to go with the highest bar in maintaining service for clients, i.e. licensed nurses or social workers as required in Maryland, which means the same quality of service in each part of the EMA; West Virginia, Virginia, and DC have to maintain the same service standards as set in Maryland and this can be a challenge especially due to the fact that some of the smaller AIDS Service Organizations have had non-licensed staff in place for many years. The concern is great about losing any providers that help ensure the service safety-net for Ryan White clients throughout Northern Virginia.

Elaine attended a quarterly DMV (District of Columbia, Maryland and Virginia) Collaborative meeting in Baltimore on March 17. She indicated that VDH has had challenges working with DC in the past, but working with Michael Kharfen in DC has been great. Care, prevention and surveillance staff have been attending. The collaborative is looking at fee for service in CBO testing; the number of tests is going down but we're paying salaries, etc. A request for proposals will be coming out in the summer. Cristina Kincaid reported that Health Brigade is using fee for service; it works well, frees up money for other services, and invoicing is much easier.

Surveillance Update – Lauren Yerkes

- Black Box project through data sharing agreements with DC and Maryland to get updated information on people who are diagnosed in Virginia but get care in DC or Maryland or vice versa. There's better data now – it's a good project to look accurately at the HIV epidemic. We're working to expand the project with nine states on board to share their Black Box info (from New York to Florida).
- Sharing monthly files with DC and Maryland for people who have had lab services
- Hosted SPNS meeting last week with 55 participants; topics were Black Box, e2Virginia, and DtC project
- Future projects: DtC module in e2Virginia; Amanda will download out of care list into e2VA
- Annual report is now online – 2016 data is online right now – cases by demographic and geographic locations
- Opioid addiction dashboard on VDH web site – collaboration with DDP and others in VDH that have data on opioid use, can look at data by county, region, or by state – link will be in the Ebulletin. Elaine noted that it looks like there is a fairly significant drop in HIV cases. Lauren reported 853 newly diagnosed cases, but still 100+ other new cases TBD. Celestine Buyu noted that by July we'll be able to see 2016 data.

Regional Updates - CHPG Members

Eastern – Robin Wilson

1506/1509 collaborative event was held on March 2 with 60+ participants; plan to do this every other month and the next one is scheduled for May 4.

80-hour Community Health Worker training conducted in April - Robyn talked about the topics that it focused on: Roles and Responsibilities; Professionalism; Boundaries in Health Outreach; Time Management; Motivational Interviewing; HIPPA/ Confidentiality

ACCESS's 1113 grant ended March 31; however, ACCESS was awarded the PS17- 1704 grant effective April 1, 2017.

Central – Cristina Kincaid

Monday, April 17 at 6pm PrEP panel at Diversity – Tony Droppleman from Walgreens will be there, and Richmond City Health Department staff and others will talk about PrEP services available in the region. If you're interesting in networking with other agencies, please plan to attend.

Northwest - Robert Rodney

ARE on cusp of launching its PrEP program and developing peer advocacy program; lost CHW due to funding, looking at other staff to

FAHASS adding testing hours every other Saturday; Exec Dir has resigned

VAN – Trails for Tails program

UVA Family Camp – for children and family members who are HIV+ Positive Links program has moved from research phase to __

Robert has accepted a teaching fellowship at Radford, and his first class is May 12. He is also about to launch a PrEP study and asked members for help; when you receive his email, please share it in your communities.

Southwest – Colin Dwyer

Ryan White housing pilot in Lynchburg and Roanoke

Drop in Center extended 2+ hours on Saturdays
Monthly Saturday field testing program in Roanoke area started in April
PrEP clinic in Lenowisco
CCS is preparing for possibility of being a syringe services site
Community Promise intervention in planning and data collection stage
Regional Harm Reduction conference on June 8

Northern – Roy Berkowitz

Neighborhood Health (200 Ryan White clients) very interested in doing routine testing
Inova conducted clinician training

Syringe Exchange Update/Discussion - Elaine Martin/Bruce Taylor

Elaine and Bruce discussed the work that has been done at VDH to prepare for syringe services programs when the law takes effect on July 1, 2017. It was noted that the protocols and standards had not been approved by VDH leadership and changes may occur. For agencies interested in providing syringe services, recommended steps that can be taken before July 1st include: talking to law enforcement in your community and getting their support; talking to the communities elected officials and getting their support; and talking to the local health department director for support. Agencies are also required to have MOA/MOU with substance treatment providers.

Epidemiological Data and Discussion - Transgender Population in Virginia - Lauren Yerkes

Lauren presented data on transgender persons in Virginia who are living with HIV. She compared their health outcomes to those of other populations. Demographic and regional data was also given to the members.

Sex and Gender Discussion and Exercise - Bruce Taylor

Bruce talked about the concept of gender and how it came about – evolutionary due to biological functions and body adaptations to accommodate roles. But what happens when your gender identification doesn't match your biological gender? This is called gender dysphoria. He explained the difference between transgender and transsexual (outdated term but still used in the medical community). Cross dressers and drag queens are not necessarily transgender persons. Gender expression and sexual orientation have nothing to do with each other. Trans America and Boys Don't Cry are good movies at understanding some of the issues that trans people go through. Gender is a complex concept – transgender is a word that encompasses a broad range of individuals. Social norms around gender expectations can have tremendously damaging effects for persons who don't identify with those norms.

Health Care Needs of Transgender Individuals – Cristina Kincaid, Ted Heck and Stacie Vecchietti

Cristina Kincaid talked about the holistic-focused services Health Brigade (formerly Fan Free Clinic) provides. Jenn Gallienne works with trans-people who want services at Health Brigade and makes referrals for those who don't qualify or don't live in the geographic area. Clients must be uninsured and make less than 200% of the FPL (federal poverty level) to access services at Health Brigade. Clients are counseled on hormones, risks and benefits, and given a bio-social assessment which gives Health Brigade staff a sense of what the clients' needs are. Currently, Health Brigade has two trans-identified clients on PrEP and Cristina would like to survey the patient population about PrEP. Health Brigade also offers an employment group that teaches clients how to prepare a resume, dress professionally for interviews, etc. The process of changing your name and gender legally: Virginia has just made it easier to get your gender changed on your birth certificate; there is a standard form that must be signed by a physician. For name changes, you have to petition the court and don't need a letter from a physician.

“Gender marker” changes require a letter from a medical provider for the Department of Social Security. Gender marker changes from DMV require a form signed by a licensed care provider. There are no discrimination protections currently in Virginia – no specific laws about what bathroom you have to use. Talk to your legislators about gender neutral bathrooms. If you need talking points, contact Cristina or Ted Heck. Discussion followed about injecting hormones and the risks associated with them.

Ted Heck, Transgender Health Services Coordinator at VDH, talked about the Virginia Anti-Violence Project (VAVP), which he helped found in the mid-2000s. He introduced its director, Stacie Vecchietti, who asked for seven volunteers to read scripts to demonstrate the process that someone goes through after experiencing trauma. She asked members to think about their emotional responses to the process, insights, etc., and discussion followed the exercise. VAVP is a state-wide organization with four full-time staff, two part-time staff, and one clinician. She indicated that VAVP uses technology creatively, works with other service providers in the area, and provides a LGBTQ helpline in collaboration with the Virginia Sexual and Domestic Violence Action Alliance. She discussed mis-gendering and gave a simple way to avoid it - ask for their name and their preferred pronoun.

Transgender Health Initiatives at VDH - Ted Heck, Adyam Redae, Diane Allen

Ted: Transgender Health Services Coordinator in DDP – does trainings, technical assistance, and capacity building and offered his services to members’ agencies or could connect them to someone in their area. He provides other resources as follows: VA Transgender Resource & Referral List started back in 2005 when the Transgender Task Force did a statewide project that included a survey and focus groups. The best way is to access it is from the VDH website on this page <http://www.vdh.virginia.gov/disease-prevention/disease-prevention/transgender-health-services-support/> and if you still can’t find the right service provider, contact Ted at ted.heck@vdh.virginia.gov or (804) 864-8012 as he might know of a provider with a good reputation in the trans community who isn’t listed for whatever reason. See the web page for more details about the information that he talked about today. He finished by asking members that if you are a service provider or know of a service provider that would like to be listed in the referral list, please contact him.

Adyam Redae, MSM Contract Monitor, monitors Council of Community Services, which has an annual one-day workshop about transitioning every September. NovaSalud conducts T-SISTA, a support group for Latina transgender women. 1509 sites in DC: an agency has adapted a work force workshop for transwomen, which includes a part that gives them the resources to open businesses, etc.

Diane Allen – AIDS Response Effort wants to increase its services and is looking to hire someone who has experience working with the transgender community.

Transgender Survey will be updated through a project beginning this year in partnership with UVA (Lauren talked about this earlier).

Bruce asked the members re: Goal #3 of health disparities in the Integrated Plan to see if they are still valid. A spokesperson reported back about their recommendations.

National HIV Behavioral Surveillance (NHBS) – Celestine Buyu

Celestine introduced Toyah Reid (Field Supervisor) and talked about NHBS data collected so far. NHBS is a supplemental surveillance system that was developed by the Centers for Disease Control and Prevention to help state and local health departments establish and maintain a surveillance system to monitor selected behaviors and prevention services among groups at highest risk for HIV infection. It is conducted in the Virginia Beach-Norfolk-Newport News metropolitan statistical area. The heterosexual

population cycle was completed in 2016; the current population is MSM. Celestine also introduced Gregg Fordham, who will be facilitating focus groups in the MSA with Toyah.

Discussion, Q and A

Meeting Recap - Jerome Cuffee

Jerome reflected on the topics discussed today.

Adjourn - Jerome Cuffee

The meeting was adjourned at 3:55.