

Virginia Community HIV Planning Group
Four Points at Sheraton Hotel, 9901 Midlothian Turnpike, Richmond, VA
Meeting Summary
August 17, 2017

Members Present: Tim Agar, Sylvester Askins, Roy Berkowitz, Reed Bohn, Shawn Buckner, Emeka Chinagorom, Victor Claros, Jerome Cuffee (Community Co-Chair), Daisy Diaz, Pierre Diaz, Colin Dwyer, Earl Hamlet, Russell Jones, Elaine Martin (Health Department Co-Chair), Eric Mayes, Diane Oehl, Zachard Roberson, Robert Rodney, Anthony Seymore, Stanley Taylor, Nechelle Terrell, Joyce Turner, Stacie Vecchietti, Chris Widner, Robyn Wilson

Members Absent: Gennaro Brooks, Justin Finley, Cristina Kincaid, Marquis Mapp, Dorothy Shellman

Others Present: Kathleen Carter, Renate Nnoko, Amanda Saia, and Bruce Taylor of the Virginia Department of Health, Division of Disease Prevention; John Humphries, guest of Robyn Wilson; Rodney Lewis, guest of Zachard Roberson; Robert McKenna of the Health Resources and Services Administration; Johanna McKee of the Mid-Atlantic AIDS Education & Training Center; Kathy Wibberly, Regional Coordinator for MATCHES (Mid-Atlantic Training Collaborative for Health and Human Services)

Old and New CHPG Business - Care and Prevention Planners

Workgroup assignment - Renate read findings from a needs assessment conducted in Danville, Virginia at the Consumer Training in Quality about stigma and ways to combat it. She would like the Health Disparities workgroup to focus on stigma issues, and cited work being done at the Richmond Baptist Church.

Approval of June Minutes - Co-Chairs

Motion was made and seconded to approve the minutes as written.

Prevention Update – Elaine Martin

- RFP for community-based testing will be released within the next month.
- CHARLI awards: Minority AIDS Support Services in Eastern; Council of Community Services in Southwest; University of Virginia in Northwest; and Inova Juniper in Northern. VDH was able to award more money using RW rebate money, and able to expand efforts to provide housing and mental health services.
- Two RFPs currently in the works – PrEP campaign for the rest of the state (currently in Eastern) and promoting HIV testing among men. Bryan Collins requested a CHPG member to help review the proposals.
- Syringe Services Program: No applications yet, but a number of different sites are interested: one each in Northwest, Central, and Eastern; two in Southwest; but no eligible communities yet in Northern. Bruce reported about attending the Harm Reduction conference in Charleston, WV, which was represented by Kentucky, Tennessee, West Virginia, Pennsylvania, Maryland, and Virginia. Colin also attended and his take away was when law enforcement spoke and offered help in the Lenowisco area. A West Virginia task force rep will contact law enforcement in Norton and apprise them of the positive things happening in Charleston. VDH is looking for other officers to champion the cause state-wide, and trying to help sites with the capacity to mobilize their communities. LHD directors are also getting involved. The CHR website is up and running and is on the VDH home page; shows where the eligible counties and a link to the application – putting resources and links to other protocols and links from other states. Technical assistance is available at VDH; can also connect with “champions” (see website). Bruce: high number of people involve in SSP later sought treatment,

syringe services programs humanize drug users – gives them the feeling that their life is important and they should take better care of themselves. Kimberly: We're using RW dollars to create treatment slots for mental health, substance abuse, etc. – most successful regions are in Northwest and Southeast – would love to see uptake in services in other regions of the state; HIV Services coordinating team is working hard to get those slots available in every region.

Care Update – Kimberly Scott

- Open Enrollment: There is a shorter period this year - November 1- December 15. The federal government will not be advertising, and it's important to get the message out that healthcare.gov will still be the website to use to enroll in a plan. VDH is exploring all options to maximize client enrollment for insurance coverage. We received news that Anthem has withdrawn from the carrier market in Virginia, leaving almost 2,000 clients that will need to switch to new carriers. Carriers can withdraw or make changes until September 27. We are asking clients to do an account "tune up" (make sure information is correct and up to date), to "shop early" and choose your plan and enroll as soon as possible, and check to see if you're auto-enrolled into another plan. If you have past-due payments for your insurance plan, these must be paid before you can enroll in a new plan; contact VDH about whether we can assist you in making those payments. VDH has issued an RFP for enrollment assistance for the whole state. VDH is asking RWHAP B providers if they can help make binder payments and conduct enrollment fairs. VDH will provide support the planning for fairs, getting the word out and provide technical assistance. VDH is asking RW providers to see if they're willing to enroll clients; a conference call is scheduled tomorrow to answer questions. Tim Agar asked about vetting an off-marketplace carrier in Northern, "Do I contact VDH about that? Is there a list of carriers?" Kimberly answered that "VDH is exploring these plans including their costs. We'll need to make sure that payments can be made and the off-market place plans meet HRSA requirements for HIV medications and provider network sufficiency, so, yes, please contact us."
- Still recruiting for the HCV/HIV assistance treatment plan – cost is not a barrier, and VDH has the ability to treat as many people as seek it.
- Recertification update: Clients will now be recertified based on their last application date and then six months after that. Letters mailed in August (90 days prior to that eligibility date). If you know your clients are not eligible, get with them asap. VDH has not received 100% of clients' information.

TGA Update – Jerome Cuffee

Priority Resource Setting and Allocation meeting was held last month in Eastern. Jerome reported that two service categories were added for two Eastern agencies (transportation and offering food pantry and home delivery meals). A lot of training took place leading up to the process. A town hall quarterly meeting to bring community members together is scheduled for this Saturday from 11-3:00.

DC EMA Update – Tim Agar

Transition to Unit Based Reimbursement, that was delayed since last fall, will go live October 1st for multiple primarily clinical services. Tim reported that the Planning Council (of which Renate is now a member) is seeking additional applications; the application is available online or contact Tim. Concerning open enrollment, about 71% of existing clients will need to choose new plans in the Northern Region. The impact of various Qualified Health Plans withdrawing from the various service areas in Virginia will have a tremendous impact on the shortened 45-day enrollment season. Congratulations to Inova which has implemented Positive Links, a VDH-supported program which includes a cell phone app that allows contact between clinics and patients plus an anonymous communications board. It is too early to tell, but it is hoped that Positive Links will have a dramatic impact on no-show rates and treatment adherence for those clients participating in the program.

Southwest – Colin Dwyer & Chris Widner

- Limited providers – As of August 1, Dr. Kate Molony's clinic on Tuesdays, and Dr. Stanley will continue her Wednesday clinic. Chris reported that the wait time to be seen for new clients is less than two months now.
- Harm Reduction – Colin reported that law enforcement is still not behind it, despite providing talking points. Consumer advisory – hoping to find active users to give their input at the next meeting. The police sergeant of Roanoke City and Roanoke County is interested in sitting in at future meetings.
- New personnel at Council of Community Services hired - two Ryan White case managers, one medical and one non-medical, and two prevention-specific positions.

Northwest – Bruce Taylor

Winchester area is exploring idea of providing syringe exchange out of the health department and he is helping them move that along.

Eastern – Robyn Wilson & Eric Mayes

- Collaborative meeting at LGBT Life Center – still need to get more participants – A Hope 4 Tomorrow will take the lead on this.
- PrEP campaign – Eric reported advertising is working (Facebook, billboards) and seeing an increase in interest. He reached out to Portsmouth and Norfolk to see if they are willing to participate in the Collaborative events. There has been a slight increase in clients at Hampton.

Central – Eric Mayes

Richmond's Pridefest is September 23 from 12-8 on Brown's Island and Health Brigade will be testing. Health Brigade is on the cusp of doing PrEP, draft agreement is under review.

Health Resources & Services Administration (HRSA) - Robert McKenna, Kathy Wibberly, Joanna McKee

HRSA is a federal agency tasked with improving access to health care, and today's presentation focused on HRSA's investments in Virginia. Concerning the Ryan White HIV/AIDS program, Virginia receives \$46.7 million with 156 health center delivery sites. The Mid-Atlantic Training Collaborative for Health and Human Services (MATCHES) has eight sites and the Mid-Atlantic AIDS Education & Training Center (AETC) is one of them. Kathy Wibberly at UVA talked about Telehealth Efforts which uses health communications technology, including videoconferencing, remote patient monitoring, and mobile apps. Resources are available at <http://matrc.org/>. Virginia will start using Project ECHO which focuses on the opioid epidemic. Johanna McKee talked about Virginia's part in the Telehealth AETC focus on treatment in the Appalachia area (25 counties and eight independent cities). Challenges are poverty, lack of public transportation, inconsistent and sometimes no internet and phone access, lack of support services, and high rates of substance use and mental illness.

Data update – Amanda Saia

Using 2016 data and updated care continuums on website

Training in Eastern DtC

E2VA – all Ryan White sites importing their data, will be a monthly occurrence

Lauren would like to continue working with Norfolk about Part A data

PrEP update – Eric Mayes

- Statewide total of seven health departments have come on board, plus AIDS Response Effort in partnership with the Free Clinic of Northern Shenandoah Valley in Winchester.

- Enrollment: 229; 61% of people screened are being enrolled. Eric also gave dropout rates and reported that one patient seroconverted while on PrEP. He talked about what could have been done differently in this case, and that the client has significant health issues.
- 1509 CDC site visit – VDH was the only site that had clients on the discussion panels; the clients gave diverse reasons for starting PrEP and addressed barriers to getting labs and prescriptions filled.

HRSA and CDC IP Feedback

HRSA/CDC feedback on the integrated plan and SCSN – Renate will send summary via email. SCSN: listed strengths of SCSN – thorough and includes trend data and comparison to the general US population. Area needing improvement: data for transgender community were not complete; 2015 HIV data are provisional due to reporting delays. Integrated Plan comments: very comprehensive and aligns closely with national goals. Strengths: DDP collaborated extensively with the CHPG, and actively engages PLWH in planning, implementation, and evaluation of the HIV service delivery plan.

Renate gave an overview of the exercise to be completed in the afternoon session. VDH will do six-month and one-year updates.

Working Lunch Assignment: *Discussion Topic: Based on discussion of the IP revisions/suggestions for improvement, what other suggestions for improvement will be helpful?*

Six-Month Integrated Plan Updates - Renate Nnoko

Renate distributed a handout of the original goals (those submitted last fall) detailing the time period, who is responsible, the activity, target populations, and data indicators. Changes suggested should be more specific deadlines, more specific (use position names) of who is responsible, and more specifically identified target populations. She asked members to read goals, 1-2-3, and made recommendations for changes. VDH staff will incorporate suggestions by HRSA, CDC, and the health disparities workgroup and email to members one month prior to the meeting at which the Integrated Plan will next be discussed so members have time to review.

PS18-1802 - The New Prevention and Surveillance Integrated Funding – Elaine Martin

New five-year grant cycle, replaces 12-1201. First integration by CDC of Prevention & Surveillance grants. Goals are to increase individual knowledge of HIV status; prevent new HIV infection among HIV negative persons (PrEP); reduce transmission among PLWH; and use surveillance data to identify potential outbreaks, clusters, to reduce HIV epidemic. Priorities are HIV testing; linkage to, re-engagement and retention in care; and support for achieving viral suppression. What's different? Got rid of positivity requirements, but must show percentage of clients tested who are at risk for HIV. The 75/25 split – prevention for negatives, PrEP, syringe services and community- level interventions now in the 75% (includes social marketing). No separate funding stream for Expanded HIV testing. More robust focus on evaluation. Outcomes are focused on testing, referral to PrEP and referral to HIV medical care...and are not intervention-based. There will be up to 20 awards ranging from \$50K to \$2million – VDH is applying for a pharmacy grant to use prescription monitoring data to follow patient engagement. What we can't do: Pay for PrEP labs, clinician visits or medication; Pay for any clinical care or anti-retrovirals; Purchase Naloxone, needles, syringes or cookers (not new); Research; Lobbying; Construction. We can use up to 5% of award to support STD and viral hepatitis testing. New funding allocations are based on 2014 living HIV cases by last known address (previously address at diagnosis). Funding allocations for 2018: cut to HIV prevention ranges from 1.7% to 11%.

Review and Update of Needs and Gaps from IP - Bruce Taylor

The original needs assessment was compiled five years ago by the CHPG. Bruce distributed the list of and stated that it's time to update them. Members divided into regional groups. The groups reported back their recommendations to the following three questions: Is there still a need? What barriers exist to meeting the need? Are there other needs not listed here that should be? Eastern (John Humphries) reported on his group's discussion on MSM; Central (Elaine Martin) reported her group's findings for IDUs and high risk heterosexuals. Central (Eric Mayes) reported on Rural Populations. Bruce asked members to keep the list in their folders as we'll work on it again at upcoming meetings.

Meeting Wrap-Up - Jerome Cuffee

For the October meeting, Elaine requested that members bring their calendars so we can set a 2018 meeting schedule that won't conflict with other meetings and events. Concerning new membership, Bruce wants representation from criminal justice and/or law enforcement.

Adjourn - Jerome Cuffee

The meeting was adjourned at 3:30 PM.