

**Virginia Community HIV Planning Group**  
**Call Summary**  
**April 15, 2022**

**Members Present:** Tim Agar, Maria Altonen, Robert Cheek, Doug Fogal, Beverly Franklin, Leah Gregory, Doris Hill, Deirdre Johnson, Elaine Martin, Shannon Meade, Darryl Payne, David Pintor, Clay Porter, Bryan Price, Michelle Reed, Alexandria Robinson, Jennifer Shiflett, Vanessa Slaughter, Thomas Villa

**Absent:** Yolanda Alexander, Antiona Bowman, Darryl Cannady, Stephen Clark, Julianna Felsher, Shauntelle Hammonds, Bobby Jones, Rodney Lewis, Daniel Lopez, Anjeni' Moore, Thomas Rodriguez-Schucker, Nechelle Terrell

**Others present:** Camellia Espinal, Sherri Giorgio, Maurice May, Eric Mayes, Felencia McGee, Miles McKemy, Rob Rodney, Christian Ryan, Jason Watler, Robyn Wilson, Ashley Yocum



**Welcome** – Elaine Martin and Bryan Price

**Announcements** – Elaine Martin

- Kristen Donovan has taken a new position as an infection control practitioner and is no longer with VDH
- Maurice May will be stepping in as a facilitator
- Shahid Hafidh will step in as the Integrated Plan evaluator

**Returning to In-Person Meetings**

- Travel Regulations
  - See slides for details
  - Overnight rooms will be arranged for attendees who are 25 miles or more from meeting site
- Forms
  - Conflict of Interest Form
  - Emergency Contact Form
  - Overnight Room and Dietary Needs/Preferences Form
- Question: Can the group consider moving in-person meetings to different parts of the state rather than having them all in Richmond?
  - The group has considered this in the past – most participants want to keep it in Richmond since it is more centrally-located
    - But we're open to try moving meetings around again
    - Would create opportunities to give exposure to different parts of the state
      - More perspectives on where people come from, what resources are available in different localities – an educational opportunity
    - Idea for this to be discussed in the first in-person meeting

## Questions or Comments

- Integrated Plan Updates



- **HIV Prevention Updates**

- NATIONAL TRANSGENDER HIV TESTING DAY

- National Transgender HIV Testing Day, or NTHTD, is observed on April 18 each year. NTHTD highlights the importance of routine HIV testing, status awareness, and continued focus on HIV prevention and treatment efforts among the transgender and gender non-binary communities.
    - The Division of Disease Prevention (DDP) funds several organizations to provide transgender health programs in Virginia. Funded agencies in Virginia include [Nationz Foundation](#), [Nova Salud](#), and [LGBT Life Center](#).
    - If you are in Central Virginia, join Nationz Foundation on April 18 from 6pm until 9pm for *Test, Taste, & Bingo*. Nationz will be offering free HIV testing in honor of National Transgender HIV Testing Day. While waiting for your results or just for fun, enjoy a game of bingo and dinner and dessert. For questions/event details, contact Tiona at (804) 716-7597 or [antiona@nationzfoundationrva.org](mailto:antiona@nationzfoundationrva.org).
    - Those in the Northern Virginia area can join NovaSalud on April 18 from 5pm until 7pm. While celebrating the occasion or accessing services, NovaSalud will be offering food, beverages, and a raffle. For more information call (703) 533-1858.
    - DDP maintains a statewide listing of trans- and non-binary-friendly providers. You can access this list on the [DDP Transgender Health page](#) for yourself or loved ones.
    - If you are a provider that wishes to be added to the list, just fill out a brief form: <https://bit.ly/VaTransRRForm>, or contact Ted Heck, Transgender Health Services Specialist at [ted.heck@vdh.virginia.gov](mailto:ted.heck@vdh.virginia.gov).

## VDH HIV Care Services Updates

- New Updates
  - The Virginia Department of Health invites providers, consumers, and community members to attend a Virtual Public Hearing to provide input on the next Virginia Integrated HIV Prevention and Services Plan. This plan will be a roadmap and lead Virginia in how we address and end the HIV Epidemic in Virginia.
    - The meeting will be held virtually on Wednesday, April 20, 2022 from 4:30 – 6:30 PM through an Online ZOOM session with a phone-in option.
    - Please also share this information widely with your network of providers and consumers who may provide or receive services, including medication pick up.

- If you would like to participate, please register using the link:
    - <https://vdh.zoom.us/meeting/register/tJcpc-yvqTsrHdJupbA4ne3wuUgTaDsHhFDK>
  - After registering, you will receive a confirmation email containing information about joining the public hearing.
  - If you have any questions about this Public Hearing, please contact VDH's RWHAP B HIV Services Planner, Ashley Yocum by email at [Ashley.Yocum@vdh.virginia.gov](mailto:Ashley.Yocum@vdh.virginia.gov)
- Changes for Virginia Ryan White Part B Eligibility as of April 1, 2022:
  - What is changing about Ryan White HIV/AIDS Part B (RWHAP B) eligibility in Virginia (VA) as of April 1, 2022?
    - VDH is moving to Unified Eligibility that will allow clients to complete one client eligibility assessment for all Ryan White Part B services, including medication access services.
    - Eligibility assessments will be for all Ryan White Part B services for the client, including medication access. As of April 1, the medication access team (VA MAP) will only review assessments to ensure the correct medication access point (i.e., Direct MAP or one of the insurance categories - Medicare, ACA, or employer coverage) is set up for the client.
    - All persons receiving any RWHAP B service must have their eligibility assessment completed by a funded RWHAP B subrecipient:
      - Subrecipients will conduct full eligibility assessments every 24 months; Subrecipients should conduct client access reviews (CARs) on a periodic basis to identify any potential changes that may affect eligibility, and report these changes and any supportive documentation in Provide, the VDH data system.
    - Even though April 1 is the start date given to Unified Eligibility, it will take 9-12 months to fully include all clients into the Unified Eligibility process and update their eligibility on the new 24-month cycle.
    - It is not necessary nor recommended that subrecipients enter assessments on all clients into the Provide system by April 1, 2022. Subrecipients should complete assessments for clients as their records indicate an updated eligibility (i.e., recertification) is due. Any client assessment completed and approved in Provide on April 1, 2022 or after will count as the client's updated eligibility and starts the 24-month counter for when the next full eligibility update is due.
    - All of these steps will aid in spreading out eligibility due dates over a longer period of time, which will prevent subrecipients from

needing to complete a large volume of assessments 24 months after 4/1/2022.

- 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, visit: <https://www.vdh.virginia.gov/disease-prevention/ddp-recruitment/>
- Ongoing 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/](http://www.vdh.virginia.gov/disease-prevention/vamap/)):
  - 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 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.

**Quality Improvement Project: Rapid Start Collaborative** - Camellia Espinal, Quality Management Specialist, and Ashley Yocum

- See slides
- Some notes:
  - Some payer source data has been missing in Year 1 and Year 2, but data is getting better
  - Interdisciplinary approach important
    - Once-monthly meeting w/ agencies to work together and share information
    - Make sure agencies know what sites in their region offer rapid start
    - Flexibility
      - Some agencies are capable of offering medication the same day as diagnosis, while other organizations need assistance and the ability to refer to other sites
    - Funding
      - Mix of state funds and RW Rebate funds available
        - Next year will use only rebate funds - Rapid Start will become part of RW Part B program in 2023
    - Strength of Rapid Start comes from the sites that participate

- Additional Notes
  - How do we encourage agencies to fully begin implementing Rapid Start w/ a data-driven approach? How do we make this persuasive for agencies that are not participating?
    - The reluctance some health departments have could be COVID-related
      - For many months, services that weren't COVID-related were put on hold or discontinued
      - Hoping many departments will regain capacity for Rapid Start soon
    - Health Department leaders like Dr. Cantrell from Lenowisco and Dr. Shelton from Mount Rogers who were champions of HIV services left their positions – the gaps created from their absence need to be addressed
    - Complexities of payment
      - Agencies have different limitations, but many get drugs from manufacturers or starter packs
      - Some sites use the funding they have available, like RW Part C funding
        - Important to encourage agencies to use their funds due to restrictions on rebate funding
          - Create a more integrated approach to link more clients to care
  - What can be done to push difficult health departments/agencies toward Rapid Start?
    - Relationship-building and data are helpful – sharing important program activities
      - Reaching health district directors can be difficult – they are often pulled away from the public health aspects of their roles due to competing laws, staff shortages, etc.
  - Idea to try panels/meetings for agencies to share their practices, successes, and failures w/ each other
  - Collaboration between Neighborhood Health and NovaSalud is seeing success
  - Biktarvy
    - Is Biktarvy the rapid-start method/example providers use?
    - What data is available for clients who transition off of it?
      - About 80% of clients on Biktarvy
      - Few people have had to change their regimen
      - The standard of waiting for genotyping is shifting/becoming outdated, but clinicians ultimately prescribe based on their individual medical knowledge



### Small Group Discussion

- Discussion Questions:
  - Is there anything that is surprising about the Rapid Start data?

- How can agencies that do HIV testing and agencies that provide Rapid Start services work together?
- How having insurance might factor into viral load suppression (VLS) for those not enrolled in Rapid Start?
- How can we expand the success from Rapid Start into other efforts for linkage to care? VLS?



- Group 1 – Camelia Espinal
  - Is there anything that is surprising about the Rapid Start data?
    - How rapidly VLS was achieved
    - Comparison between Ryan White and Rapid Start
    - Use of Rapid Start compared to new diagnosis; helps close the gap
  - How can agencies that do HIV testing and agencies that provide Rapid Start services work together?
    - Use connections that are already in place; should be existing relationships between the two
    - Ask questions about what is not working
    - Are we able to add agencies that are collaborating outside of the VDH Rapid Start network?
    - (Conversation surrounding existing partnerships within the Rapid Start program)
  - How having insurance might factor into VLS for those not enrolled in Rapid Start?
    - Major obstacle is working through logistics (transportation, labs, etc.)
    - We lose clients who feel that they may not be able to pay for care
    - Be creative in our approach
    - Look at using Status Neutral; focus on strengths
  - How can we expand the success from Rapid Start into other efforts for linkage to care? VLS?
    - Rapid Start is a jumpstart process - minimizes opportunity for clients to rethink treatment
    - Adopting Rapid Start processes into other clinic processes to improve proficiencies
    - Follow through and follow up
    - Provider education! (MAAETC)
  
- Group 2 – Ashley Yocum
  - Patient-centered approach
    - The counselor’s message to the client is important – do not want to create unintentional pressure
    - Some people won’t be ready to immediately accept medication or enter into care

- Are safety/intimate partner violence support and other services part of the conversation w/ the counselor too?
  - Support services are discussed
  - But case managers will also link to support services including housing, etc. even if the services are not part of rapid start funds
  - There is a need for more educators on how to link clients
- Cultural Competency
  - Need cultural competency in clinics to serve variety of clients
    - Easier for clients to take direction from someone who looks like them and understands their life experience
      - Also someone who can deliver information in a positive way
- Question: What is being done to help those w/ greatest need who have the least amount of resources?
  - How are organizations being recruited?
  - How is information being distributed?
    - Need to expand to those who haven't participated before
- Participation in Rapid Start
  - A variety of participating agencies who reach wide audiences can now serve as examples of how rapid start works
  - As long as an agency offers a piece of rapid start, they can partner w/ other separate medical entities
  - Virginia-specific data helps show skeptical agencies that rapid start is working
- Support
  - It would be extremely helpful if the client has a contact person that can connect them to different agencies
    - And provide information on help groups
  - Soft hand-offs are important, especially when the questions being asked to the client can feel intrusive
- Ideas for monthly call/forum
  - Monthly call w/ all rapid start agencies
    - Panels w/ specific topics, spotlights on programs/agencies
    - Provides an opportunity an agency to bring up an issue and ask others if they have worked through something similar
  - Bridging Our Communities Group
    - Could borrow the structure of this one for a rapid start group
      - First part of the meeting is open to the public
      - Later part addresses patient issues w/ peers/colleagues



## Large Group Debrief



## Regional Updates

- **COHAH**

- From March 2022 General Body Meeting
  - Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates for February 2022 with Lena Lago
  - Reporting is 2 months back
  - Part A and Part A Minority AIDS initiative (MAI)
    - The GY 32 partial award has been received - started March 1, 2022
    - For December 2021, 29 of the 39 invoices have been received
    - There are no service delivery challenges for EMA
    - Part A expenditures are at 53% and should be at 83%. No services spending 30% above expected.
    - 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)
    - Services spending below 30% expected are EIS, REIS, HIPCSA, HCBS, MNT, OS, and PSS
    - Part A MAI expenditures are at 57% and should be at 83%. No services spending 30% above expected.
    - Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services (OAHS), Substance Abuse Services – Outpatient (SASO)
    - Services spending 30% below expected are EIS, and SASO
    - UBC expenditures are at 75% and should be at 83%. There are no service areas affected by unprocessed invoices. Services below 30% includes Oral Health Care and SASO
    - GY 31 Closeout
      - The GY 32 RFA Part A awards were released on February 4, 2022. There are 28 sub-recipients that will be awarded funds. Their meeting was held on February 16, 2022.
      - Recipients and the team are working to ensure funds are spent down as much as possible and notifications of any reprogramming will be noted in next month's report
      - HRSA anticipates significant underspending from RW grants due to the COVID-19 pandemic
      - HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY21
      - Carryover will be requested
  - Committees Reports
    - **Research and Evaluation Committee (REC)** – They met in March and continued to work on the Needs Assessment tool. This



tool has been imported into REDCap. The committee tested the tool for inconsistencies and glitches, and how long it will take to complete under different circumstances and on different devices. The survey will be submitted to DC Health Internal Review (IRB) for approval and move forward with a logistical implementation plan to get it out on the street. The survey will be translated into various mandated languages. The COHAH staff have been reaching out to other EMAs to find out how they conducted their needs assessments. This information will be discussed for performing future years' assessments.

- **Community Education and Engagement Committee (CEEC)** – CEEC indicated that the committee launched the website and social media pages with the form to start collecting names and places for the on-going DMV History project. Submissions can be done online or by reaching out to the CEEC Committee. The next step is to have a one- or two-hour training in April for anyone who is interested in learning how to collect the stories.
- **Comprehensive Planning Committee (CPC)** – The CPC reviewed the Recipient report and discussed the best way to reallocate funding if necessary. There was discussion about how RW dollars are used in support of housing and how other service categories can or cannot be added to line items or receive funding. Housing services and other funded or unfunded service categories are something the committee should be thinking about as they formulate what they want PSRA to look like. It was encouraged that if anyone knows of any service needs that are not currently funded to bring those ideas to the next meeting.
- **Integrated Strategies Committee (ISC)** – The committee continues to work on the Health Equity position paper. In March meeting, they focused on HIV stigma and medical mistrust. The conversations are making an impact on the work the committee is doing. There are three more sections of the paper to work through before it will be ready for distribution. A tool called ESTCLAE (Ending Stigma Through Collaboration Lifting All Empowerment) is used by NMAC to help organizations and providers understand and evaluate HIV stigma. The DC provider that is utilizing the tool will come to present on how it is working for them. The committee had an update on the childcare standard and the potential pilot program. HRSA gave the “ok” to proceed with local guidance, meaning OSSE gave instructions on how it is permitted. Finally, the committee had the first Ending the Epidemic (EHE) update given by HAHSTA. Next meeting in April.

- Next Meetings:
  - Research and Evaluation Committee. REC works on the Needs assessments
    - **Tuesday, 4/19/2022 from 3pm - 5pm**
  - Community Engagement and Education Committee. CEEC plans and executes community discussion meetings.
    - **Thursday, 4/21/2022 from 5pm - 7pm**
  - Comprehensive Planning Committee. CPC works with the financials.
    - **Wednesday, 4/27/2022 from 11am - 1pm**
  - Integrated Strategies Committee. ISC works on Service Standards.
    - **Wednesday, 4/27/2022 from 1pm - 3pm**
  - Executive Operations Committee (EOC)
    - **Thursday, 4/28/2022 from 5pm - 6pm**
  - General Body Meeting
    - **Thursday, 4/28/2022 from 6pm - 8pm**
- **Northwest**
  - ARE
    - ARE is still offering in-person and telehealth options
    - Co-hosted a client dinner with Gilead this month (April) in honor of women's history month. It was well-attended by community partners but the clients who responded with an interest all ended up cancelling. We also tabulated our recent client survey - we had about 20 respondents.
  - UVA
    - Support Group on April 12 at 5pm
      - Phone in or meet in-person
        - Due to funding constraints, the clinic will not be able to provide transportation for consumers
          - If you cannot find a ride, you can still participate online
    - Client Advisory Board will be held on April 13 at 5pm
      - Online or in-person
        - Due to funding constraints, the clinic will not be able to provide transportation for consumers
          - If you cannot find a ride, you can still participate online
    - The Book Club will meet online on April 25 at 1pm
      - Book of the month is Sherlock Holmes
    - Positive Links Family Meeting will happen online on April 26 at 6:30pm
      - We welcome consumers to join the conversation and improve the PL Community Board
  - Mary Washington
    - No activities planned for consumers
      - Still on COVID restrictions
    - Consumers can come into the office to see their doctor and recertify for services
    - Consumers can also use telehealth for doctor's appointments

- HCHC
  - We are happy to report that the office is once again open! We are happy to see clients in the office. Of course, we are still screening with temperature checks and are requiring mask usage.
  - An at-home rapid COVID test kit was sent to each of our Ryan White-eligible clients the last week of February with a note stating that more are available upon request. We also sent a \$50.00 Food Lion gift card to each client for Valentine's Day. We have increased the Food Lion gift cards to \$100.00 due to inflation. I have also increased the number of our gas vouchers from \$20.00 to \$40.00 because of the astronomical increases in gas prices.
  - At recent staff meeting, there was discussion about resuming CAB meetings. There is fear that clients will be reluctant to come for these meetings but we are hopeful that attendance is great.
  - We have received our RW Part B contract for grant years 22-23 and are pleased to be able to continue with the same service lines offered in grant years 21-22. In fact, I am working to add conventional HIV testing to our VDH Clinical Testing contract. This testing will be used for community clients presenting for rapid HIV testing who may be using or have used PrEP in the past 12 months.

- FAHASS
  - FAHASS is seeing clients face-to-face but telehealth is available
  - Our women's group WOVEN meets 1st and 3rd Wednesdays of each month at 12pm
    - Vanessa runs this meeting with staff guidance
  - Monthly Educational Dinner (MED)/Life Skills happens the 3rd Thursday of each month
    - LifeSkills class during dinner is face-to-face for 10 clients and we have started to do this virtually for those who cannot meet in-person
    - Our mental health counselor has been with us for 6+ months now and is conducting virtual support groups every Friday from 2pm to 3pm
    - Our Men's group (Fredericksburg Alliance of Men) continues to grow and they meet a couple times a month for education and socializing
      - We strive to make it fun but include some education pieces. There have been changes in FAHASS staff but we continue to make sure the clients come first and that they get the service, education, and the social aspects that are needed to live a healthy, vibrant life.

- **Southwest**

- Bryan Price, Beth O'Connor, Virginia Rural Health Association Executive Director, and Dove Standley, of Farmville Pride, presented the Pride of Rural Virginia program at the Appalachian Studies Association Conference at West Virginia University in Morgantown, WV on Friday, March 18. The Pride of

Rural Virginia is a grant-funded initiative to address LGBTQIA+ health & healthcare priorities in rural areas across Virginia. The group held four community conversations in 2021 to begin dialogues between the LGBTQIA+ community and healthcare providers in those rural areas. More conversations, LGBTQIA+ cultural competence standards and a website are planned.



### **Reminders**

- Recruiting new members: <https://www.vdh.virginia.gov/disease-prevention/get-involved/>
- CHPG application: <https://redcap.vdh.virginia.gov/redcap/surveys/?s=KHAACP8M4F>
- Next Meeting: **May 19**
  - 2022 Meeting Schedule:  
<https://www.vdh.virginia.gov/content/uploads/sites/10/2021/10/VA-CHPG-Schedule-2022.pdf>
  - Plan is to hold in-person meetings for the months of May and June, then every other month (won't have meetings every month)

### **Wrap Up**