

Virginia Community HIV Planning Group
Call Summary
November 18, 2021

Members Present: Yolanda Alexander, Maria Altonen, Antiona Bowman, Darryl Cannady, Robert Cheek, Doug Fogal, Beverly Franklin, Deirdre Johnson, Rodney Lewis, Daniel Lopez, Elaine Martin, Gia Martinez, Anjeni' Moore, Darryl Payne, David Pintor, Bryan Price, Clay Porter, Alexandria Robinson, Thomas Rodriguez-Schucker, Jennifer Shiflett, Vanessa Slaughter, Thomas Villa, Tim Agar, Michelle Reed, Stephen Clark, Shauntelle Hammonds

Absent: Gennaro Brooks, Victor Claros, Julianna Felsher, Leah Gregory, Anthony Hayden, Bobby Jones, Russell Jones, Shannon Meade, Doris Plant-Hill, Nechelle Terrell

Others present: Chelsea Canan, Kristen Donovan, Sherri Giorgio, Jyoti Gupta, Nathaniel Hankerson, Deryk Jackson, Joseph Lyttle, Felencia McGee, Miles McKemy, Dwight Rackley, Robert Rodney, Christian Ryan, Eric Mayes, Beth Wanko, Jason Watler, Brad Williams, Ashley Yocum

Welcome and Communication Reminders – Elaine Martin

- Attendance

Election Results

Congratulations to those elected and thank you to everyone who ran!

- Community Co-Chair: Bryan Price (term begins January 1)
- Membership Committee: Michelle Reed and Beverly Franklin

Integrated Plan Updates

- Monitoring and Evaluation
 - Drafted a Monitoring and Evaluation plan which the group is reviewing and revising
 - Looking to build M&E into all the working groups
 - Looking at the plan timeline to pinpoint strategic times where working groups can come together
- Data
 - Presenting Epi Snapshot draft to CHPG 11/18/2021
- Resource Inventory
 - Pulling together external information
 - Expect to have a draft ready to present to CHPG in December
- Needs Assessment
 - Gathering local needs assessments for a broader look at health related needs and disparities
 - Substance use is a common theme
 - Considering available data, what else do we need to assess?
 - If we are unable to gather data before the plan is due, we can write data collection into the plan
 - Stakeholder Engagement
 - Cataloguing required meetings that VDH will have to do over the next 6 months--these are an opportunity to expand engagement

Prevention and Care Updates

● Prevention:

- December 1, 2021 Joint HIV Prevention and Care Contractor's Meeting
 - Please SAVE the Date! The December 1, 2021 Joint HIV Prevention and Care Contractors meeting will be held as a Virtual Meeting (internet, phone). This Virtual Contractors meeting will begin promptly at 9:30 a.m. and is expected to end at 12:30 p.m. Agenda and registration information will be released closer to the event date. If you have any questions, please contact Beth Marschak at **(804) 864-8008** or elizabeth.marschak@vdh.virginia.gov.
- Join the Virginia Hepatitis Coalition
 - Virginia has a newly-formed Hepatitis Coalition that advocates for persons affected by viral hepatitis. Members are diverse and include representatives from community-based organizations and national organizations, providers and clinical support staff, drug user health, pharmaceutical industry, VDH, and other government agencies. Anyone working in, or interested in, viral hepatitis issues is welcome to join the calls. Please contact Kaity Hauter, kaitlyn.hauter@vdh.virginia.gov or Nicole Barron, nicole.barron@vdh.virginia.gov for more information.
- Personnel Updates
 - **Sadie Bradby**, Program Support Technician, has left HIV and Hepatitis Prevention to join the VDH Office of Health Equity. She has been a valued member of the Division of Disease Prevention, especially with her assistance with CHPG. We are grateful for all of her contributions and wish her the best of luck in her new role. Until Sadie's position is filled, Miles McKemy will assist with CHPG support duties. Miles can be reached at miles.mckemy@vdh.virginia.gov
 - Congratulations to **Adyam (Redae) Woodson** who is the new Assistant Director for HHP. Adyam has a MA in Community Mental Health Counseling from Hampton University and a BA in Political Science: Homeland Security and Emergency Preparedness from Virginia Commonwealth University. Adyam has a wealth of knowledge and experience through working with CBOs and other state health departments where she has managed federal grant programs and coordinated numerous public health programs. Adyam has been with DDP since March 2106 and revived the gay men's advisory committee and became a driving force behind the Mind, Body, Soul annual conference as well as other subsequent events. She was overseeing the status neutral service navigation and AIDS Services and Education program activities prior to her new role. We are excited to welcome Adyam to her new role and wish her much success! Adyam can be reached at adyam.redae@vdh.virginia.gov or **804-864-7960**.

- **Care:**
 - New Updates
 - Virginia submitted their GY 22 RWHAP B Application for 2023-2027
 - Virginia is preparing for a HRSA Comprehensive RWHAP B site visit in January 2022
 - VDH is working towards unified Ryan White Part B client eligibility so clients will only do one eligibility assessment for all Ryan White Part B services including ADAP; but conducted by case managers who can charge a different allowable HRSA service (if clients are not currently case managed, we are minimizing burden and not requiring case managers to do the full intake simply to conduct eligibility determinations)
 - PCN 21-02
 - HRSA issued Policy Clarification Notice (PCN) 21-02 regarding Client Eligibility & Payor of Last Resort requirement. PCN 21-02 removes the six month RWHAP client eligibility recertification requirement. It also states that immigration status should not be considered in RWHAP service eligibility determination.
 - VDH is working to include this new requirement into its policies and procedures for subrecipients and will issue further guidance in the coming weeks. For the time being, we ask that subrecipients continue to conduct recertifications as they did before PCN 21-02 was issued with the understanding that VDH is working to quickly make changes.
 - As for the clarification PCN 21-02 provides on immigration status: If your agency uses immigration status alone to disqualify someone from receiving Ryan White services, please be advised that as of **October 19, 2021**, you should end this practice as soon as possible and update your RWHAP B policies and procedures to reflect this change. Applicants for RWHAP services must, however, still meet all other eligibility requirements (HIV diagnosis, except for some services; residency requirement; and income at or below 500% FPL). If you receive other federal funds that do require you to consider immigration status in eligibility determination and you are unsure how this update to RWHAP eligibility impacts your program, please contact Ashley Yocum at Ashley.Yocum@vdh.virginia.gov.
 - VA MAP Virtual Call Center
 - The new virtual call center is now operational for VA MAP; it's the same/previous number for the ADAP Hotline, **855-362-0658 (toll free)**. VDH has invested in new call center technology from Verizon, which has a lot of enhanced features, primary of which is that it can be answered remotely from any computer, there are Spanish and English prompts and we now have Spanish speaking staff back on board so callers can ask for a Spanish-speaking agent; there are menu options for some issues (e.g. Ramsell/PBM cards not working, insurance premium payment queries, Direct ADAP needs from LHD or other medication pick up site, etc).

Supervisors can also be on the calls with new staff for training and TA purposes.

- VA MAP website
 - VA MAP recommends visiting the website at least once a week to remain current on all changes, additions, and other important information.
 - The following updates have been posted to the VA MAP website (www.vdh.virginia.gov/disease-prevention/vamap/)
 - The Virginia Medication Assistance Program (VA MAP) has updated its policies regarding applicants with Low Income Subsidy (LIS) assistance. Applicants with LIS who meet VA MAP eligibility criteria will be provided cost sharing assistance, regardless of the amount of their subsidy (i.e., partial or full). Please read the policy located on the VA MAP website under the Recent Announcements tab (www.vdh.virginia.gov/disease-prevention/vamap/)
- Ongoing-Updates:
 - Provide Data System: On Monday, August 30, the Virginia Medication Assistance Program (VA MAP) and Groupware Technologies (GTI) launched the Phase 1 implementation of the PROVIDE system.
 - Phase 1 implementation focuses on VA MAP services (i.e., medication services). VA MAP eligibility (i.e., new applications and recertifications) can be entered into PROVIDE using the new web portal, **vacare.providecm.net**. A user guide for completing an assessment is on the web portal.
 - VA MAP highly encourages clients, case managers, and providers to use this electronic method for submission of VA MAP eligibility assessments and supporting documentation. Paper documents will still be accepted for a 30-day period. As of **October 1, 2021** all eligibility assessments should be submitted electronically.
 - HIPAA 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's not sitting 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. For Medication Access questions, please call the VA MAP Call Center at **855-362-0658 (toll free)**.

Epi Snapshot Draft – Chelsea Canan

- Notes about CDR (Cluster Detection and Response)

- Program that looks for groups of genetically-linked HIV infections – CDC considers these groups priority clusters
- Problematic Demographic Language
 - For the purposes of reading the data, “sex” refers to assigned sex at birth
 - In presenting the demographic overview, analysts are limited in reporting the data to which they have access
 - The Integrated Plan aims to address the ways in which “sex at birth” descriptors (male, female) and other language isolates the folks who do not identify with their sex assigned at birth
 - More nuanced reporting and monitoring has been addressed on gender identity since the prior Integrated Plan, but there is still much room for improvement
 - Current data limitations have not necessarily affected outreach and programmatic efforts to reach trans individuals
- Incomplete Data
 - Do not have complete data for transgender populations, including trans women as a priority population
 - Willingness to report can be a factor in the limited data, as well
 - Note to describe the limitations of data more fully in the text of the Integrated Plan

Small Group Discussions

- Questions from Chelsea:
 - Is anything missing?
 - Are there data sources the team may not be aware of?
 - Suggestions for additions/deletions/edits?
- **Group 1 – Ashley Yocum (includes Chelsea)**
 - Include Ryan White HIV Care Continuum to compare to Virginia HIV Care Continuum
 - New Diagnosis downward trend
 - What role are Ryan White services playing in downward trend? Noting best practices.
 - Possibly due to fewer testing events, people staying home, and COVID-19 response measures.
 - Do we have data on COVID-19 for VA by demographics to show COVID impact on HIV?
 - Adoption of home testing program during COVID helped mobilization of HIV testing.
 - Is data available for test home kit testing - how many sent out vs. results?
 - Agencies continued doing rapid testing and community outreach during pandemic. Also helped drive PrEP referrals and nPEP.
 - Molecular clusters - Can be confusing. Is that just drug resistance transmission or is it more? If just that, can change to prevalence of drug resistance transmission in the state?
 - Concerned about molecular data being utilized for HIV criminalization
 - Improve narrative/explanation of molecular data collection
 - Does VDH have a way to collect transgender population data to ensure that the transgender population is accurately captured and represented?
 - Can VDH remove the option for “no risk factor identified” for testing?

- Preventative measures risk behavior - Youth Risk Behavior Survey
- RW Part A/B NOFA - CDC developed its own data for Care Continuum. Do we use CDC or HRSA defined? For Epi Snapshot, we use the CDC definition which looks at the full population of PWH. When pulling Care Continuum data we use HRSA definition which just looks at clients who have had care markers and look at viral load suppression.
- **Group 2 – Kristen Donovan**
 - Reading Data Table on VA Population Estimates and PLWH in VA
 - Data-savvy folks intuitively know that tables are read by columns
 - However, lay persons may try to read across rows – which can cause confusion
 - Ex. percentages in row 1 do not represent the same denominator as percentages in row 2, row 3, etc.
 - Perhaps a different kind of visualization could provide clarity for all readers
 - Formula for estimating total HIV-positive
 - More robust STI data
 - Including distinguishing between primary and secondary syphilis
 - Snapshot of where people are getting their care/viral suppression
 - Private insurance data
 - Need to invest in qualitative methodologies, interviews
 - Where are people being diagnosed? How does that impact linkage to care/viral suppression?
 - Where tested? Where do they reside?
 - Design campaign to get people more involved--participation in surveys
 - Address medical distrust, unwillingness to participate in surveys
 - Need more clear definition of cluster detection
 - Focus on language we use--gender inclusive--"male assigned at birth" rather than male
 - Obtain numbers from care facilities--total number of patients on the books, active patients per site, total number of inactive patients (no care 1 year), site capacity
 - Capture data on whether patients are linked to CBO or case management--not captured in surveillance
 - Changes in gender identity--VCU is capturing more robust data on gender identity. Also present on Provide for VAMAP participants

Large Group Debrief

Regional Updates

- **COHAH**
 - From October 2021 General Body Meeting
 - Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates for July 2021 with Clover Barnes
 - **Reporting from 2 months ago** - Part A and Part A Minority AIDS Initiative (MAI)
 - GY30 Closeout. Closeout was approved on October 25, 2021. HRSA changed the process this year. Typically the spreadsheets would be uploaded into a system called Electronic Handbook.

This year the information was uploaded into the Payment Management System which the funds are drawn down from. The final report will be given to the Comprehensive Planning Committee (CPC) at the November meeting.

- GY32 Application. The Recipient and the team created the application package for the GY32 Non-Competing Continuation Application for RW Part A Services. The application was due on October 6, 2021. The RW part A RFA was released on October 1, 2021. There will be a separate RFA for DC RW Part B funds, which will have a status neutral approach.
- Presentation on “Improving HIV outcomes among people experiencing housing instability and other social determinants of health” which is a collaborative project between John Hopkins, Us Helping Us, and the Maryland Department of Health. It is the understanding that unstable housing is a key risk factor for poor HIV outcomes and achieving EHE goals, keeping in mind that it:
 - Frequently co-occurs and interacts with multiple other social vulnerabilities
 - Creates barriers to sustained HIV care
 - It is difficult to understand extent and implications of housing instability for HIV outcomes using current data systems
 - It is possible that harnessing data about housing and other social needs could help inform data to care, housing interventions, and other tailored HIV responses and supports. It is possible that the various pieces of information that are already collected could be more useful than they currently are.
 - The aim is to Catalogue available information about housing and other SDOH, and describe characteristics of PLWHA experiencing SDOH.
 - Over the course of a year, they will utilize focus groups within organizations across Maryland EHE areas and discussions with community groups and planning bodies. They hope to understand how frontline providers use and record data and what might be important to keep in mind for SDOH information to help improve HIV response.
- Research and Evaluation Committee (REC) – They met in September and continued to work on the Needs Assessment tool. Greg Dwyer of George Washington U. has cross walked several Needs Assessment tools from various sources including LinkU, Maryland State, San Francisco, and Virginia. They are a few months away from launching the Needs Assessment Survey.
- Community Education and Engagement Committee (CEEC) – They discussed how they will work with the DMV History Project. They will be trained on how to collect stories that will add to that project within the coming months. They also discussed a photo-voice project that they may have an opportunity to work on along

with community members. They also worked on the CEEC work plan for 2022.

- Comprehensive Planning Committee (CPC) – The CPC report mirrors the Recipient’s report. They also discussed how to improve/change/add to the PSRA process by changing up the Data Request questions they present to the Recipient.
- Integrated Strategies Committee (ISC) – The ISC continued to work with George Washington U. on the Health Equity position paper. They are working toward how to create multiple papers from the broader topic. They also discussed the Child Care service standards. They discussed having the ISC serving as the EHE Advisory Committee for the CDC EHE grant. In the coming months they will learn the roles and responsibilities that CDC has. Chair Jane Wallis invited anyone in the Prevention realm or anyone interested in participating on the EHE Advisory Committee to the ISC meeting.
- Next Meetings:
 - Research and Evaluation Committee. REC works on the Needs assessments Tuesday, 11/16/2021 - 3pm to 5pm
 - Community Engagement and Education Committee. CEEC plans and executes community discussion meetings. Tuesday, 11/16/2021 - 5pm to 7pm
 - Comprehensive Planning Committee. CPC works with the financials. Wednesday, 11/17/2021 - 10am to 12pm
 - Integrated Strategies Committee. ISC works on Service Standards. Wednesday, 11/17/2021 - 1pm to 3pm
 - General Body Meeting Thursday, 11/18/2021 - 6pm to 8pm
- **Northern**
 - RW Policies and Procedures Webinars - NVRC will be offering two webinars over the next couple of months (see attached flyers). Britten Pund, a consultant working with NVRC, who presented previously on COOP Plan Development and other issues related to COVID-19, is back to present this series. Please join us on **Monday, December 6th** and **Monday, January 20th** both from 1:00 – 2:30 p.m. for this informative series.
 - Registration links:
 - December 6: https://us02web.zoom.us/meeting/register/tZYodu6vrDgsHNyvQq2Pxo_oH2ISuBvUqpr-
 - January 20: <https://us02web.zoom.us/meeting/register/tZUvd-yhqD0vHN0Cb5XhIy12CbxovVqiFKzl>
 - Research Participants on Vaccine Hesitancy Sought - NVRC is conducting research into the reasons both consumers and RW agency staff may not have opted to receive COVID-19 vaccinations. Whether it is related to hesitancy/acceptance or confidence in and about the vaccine or for other reasons, we would really like to hear from you and have you speak candidly with our researcher. Participants will receive a \$50 stipend for their participation, which may come in handy during the upcoming holidays. This is not an arm-twisting

exercise, but only a desire to better understand individuals' choices on this matter. Please contact Tim Agar at NVRC for additional information: **703-642-4642**.

- Upcoming HIV Counseling and Testing Certification Trainings
 - **FACTS**
 - This course will be delivered in two parts: 1) a live, virtual portion covering the first two modules and a 2) self-paced, pre-recorded course that covers the remaining modules. Both parts must be completed in order to receive a certificate of completion and to be able to take Fundamentals.
 - **Live Virtual Facts:** Friday, December 3, 10:00am – 12:30pm
 - **FUNDAMENTALS**
 - This course will be delivered in a live, virtual format that takes place over 3 consecutive days. Full attendance for all three days is required in order to receive a certificate of completion. All three days must be completed consecutively within one round. The material covered each day builds upon the material(s) covered the day before.
 - **Session 1:** (Counseling Skills Basics) Wednesday, December 15, 9:30am - 1:30pm
 - **Session 2:** (Before the Test) Thursday, December 16, 9:30am - 1:30pm
 - **Session 3:** (Giving Test Results) Friday, December 17, 9:30am - 1:30pm
 - See Attachments for ***HIV Prevention Counseling Application Form***
 - Due to the limited number of seats available, we ask applicants to thoroughly consider their schedules and to consult their managers prior to applying as last minute cancellations prevent other applicants from being able to take the course.
 - Once your completed application is received and approved, you will be emailed further instructions and the passcode to register. Receipt of the application does not indicate or guarantee registration for the trainings. Please allow at least two weeks for your application to be processed as the application form must be submitted prior to registering online.
 - Please email your completed registration form to chanel.marshall@inova.org
- **Getting on the Same Page: Strengthening Ryan White Policies and Procedures**
 - See Attachments for details and registration
- **Follow-up: Drafting, Implementing, and Enforcing Ryan White Policies and Procedures**
 - See Attachments for details and registration
- **Norfolk TGA**
 - Updates from Norfolk TGA Part A Planning Council

- The Membership and Nominations committee interviewed one new applicant and has invited that individual to serve on the committee prior to bringing on to the full Planning Council. The committee also reviewed two additional applications from unaligned consumers and has scheduled them to be interviewed in November. It is anticipated that the council will be at 36% of representation from unaligned consumers once all applicants have been approved by the council.
- The Quality Improvement & Strategic Planning committee is working on questions for the upcoming Needs Assessment.

Wrap-up – Elaine Martin

Next scheduled meeting: December 10, 2021 9-11 AM