

CHPG Integrated Plan Concurrence Meeting Notes

Date: May 14, 2026

Time: 1:00 PM – 2:30 PM

Meeting Type: Virtual

Topic: Integrated HIV Prevention and Care Plan Concurrence Meeting

Attendees:

Members: 16 members

VDH Staff: Ashley Yocum, Charlotte Ferguson, Marquetta Alston, Eric Mayes, Adyam Redae-Woodson, Shahid Hafidh

Guests: Three guests

Meeting Purpose:

- Provide updates on the 2027–2031 Integrated HIV Prevention and Care Plan
- Review goals, objectives, and evaluation framework
- Discuss Norfolk TGA planning priorities
- Vote on CHPG concurrence with the integrated plan process and draft direction

Meeting Schedule Changes:

- June 11 meeting changed to **virtual**
- Remaining 2026 meetings planned as in-person:
 - August – Richmond
 - October Retreat – October 15–16
 - December – Richmond

Integrated Plan Overview

Plan Submission Deadline:

- Final integrated plan due to CDC and HRSA by **June 30, 2026**

Major Plan Sections:

1. Introduction & Statewide Coordinated Statement of Need
2. Community Engagement & Planning Process
3. Data Sets & Assessments
4. Situational Analysis

5. Goals & Objectives
6. Monitoring & Evaluation

Priority Areas Identified:

The integrated plan priorities include:

- Reducing HIV stigma and misinformation
- Strengthening linkage and retention in care
- Expanding HIV prevention and testing access
- Increasing access to mental health and substance use services
- Supporting aging populations (45+)
- Enhancing collaboration among partners and agencies

Integrated Plan Goals & Objectives

Goal 1: Diagnose

Objective Areas:

- Increase HIV status awareness
- Expand STI and viral hepatitis testing
- Improve public education and communications

Example Strategies

- Expand HIV testing in clinical/non-clinical settings
- Increase home testing access
- Train CHR programs in rapid syphilis and hepatitis C testing
- Promote HIV self-testing campaigns

Goal 2: Treat

Objective Areas:

- Rapid linkage to care
- Improve retention and viral suppression
- Support aging populations with HIV
- Strengthening community leadership engagement

Example Strategies

- Link newly diagnosed individuals to medication within 14 days
- Expand patient navigation services
- Improve rural access to services
- Review ADAP formulary for aging-related medication needs
- Maintain advisory committees and leadership opportunities

Goal 3: Prevent

Objective Areas:

- Expand PrEP and nPEP access
- Improve comprehensive harm reduction services
- Strengthen prevention referrals and condom distribution

Example Strategies

- Expand PrEP enrollment sites
- Increase prevention education
- Expand condom distribution by 25%
- Increase referrals between STI/hepatitis and HIV prevention services

***Discussion Notes**

- Participants discussed evolving federal guidance and sensitivity around “harm reduction” terminology.
- VDH noted that some grant language now requires reframing or removal of specific terminology while maintaining service priorities.

Goal 4: Respond

Objective Areas:

- Improve rapid outbreak response
- Strengthen coordination across HIV/STI/hepatitis programs
- Enhance data sharing and surveillance systems

Example Strategies

- Continuing monthly rapid response meetings
- Coordinate with neighboring states on data exchange
- Improve outbreak monitoring and reporting systems

Monitoring & Evaluation Framework

Presented by Shahid Hafidh

Key Points

- Evaluation plan is approximately 85–90% complete
- Indicators aligned with Ending the HIV Epidemic (EHE) framework
- Additional Virginia-specific indicators will be included
- Progress reporting planned at least semiannually

Reporting Methods

- Dashboards
- One-page summaries
- Annual reports
- Red/Yellow/Green progress tracking system

Evaluation Tools

- REDCap for data collection

- Excel and SAS for analysis

Norfolk TGA Update

Presented by Jerome Cuffee

Norfolk TGA Priorities

- Expand targeted HIV testing
- Improve linkage to care and viral suppression
- Standardized Early Intervention Services (EIS) models
- Address transportation barriers
- Strengthening STI screening and prevention education
- Examine linkage-to-care versus mortality trends

Additional Focus Areas

- Jail re-entry planning
- Medication continuity upon release
- Telehealth linkage before release from incarceration

Discussion Notes:

Federal Language & Funding Environment

Discussion included:

- VDH leadership discussed ongoing federal guidance changes affecting terminology and grant language.
- Emphasis placed on:
 - Maintaining services despite language restrictions
 - Strategic wording while preserving intent
 - Continued focus on vulnerable populations

Data & Evaluation Challenges

Discussion included:

- Difficulty establishing measurable baselines and targets for all indicators
- Importance of flexible benchmarks
- Usefulness of traffic-light reporting system for progress visualization

Concurrence Vote

Voting Outcome

CHPG voted in concurrence with the integrated plan process and draft direction.

Results

- Majority voted to **Concur**
- Some members voted to **Concur with Reservations**
- No major non-concurrence concerns documented

Follow-Up

- A concurrence letter will be signed by:
 - Government Co-Chair
 - Community Co-Chair
- Letter will accompany submission to CDC and HRSA

Next Steps

- Finalize goals, objectives, and evaluation sections
- Incorporate stakeholder feedback
- Submit draft for formatting and leadership review
- Submit final plan by June 30, 2026
- Share finalized draft with CHPG members
- Publish approved plan on VDH website

Upcoming CHPG Meeting

Date: Thursday, June 11, 2026

Format: Virtual

Action Items

Action Item	Responsible Party
Finalize integrated plan draft	VDH Planning Team
Share draft plan with CHPG members	VDH
Prepare concurrence letter	Olivia Allison & Jerome Cuffee
Continue evaluation framework development	Shahid Hafidh
Coordinate stakeholder review and edits	VDH Leadership
Explore jail re-entry coordination opportunities	Norfolk TGA & VDH
Convene membership committee for recruitment planning	CHPG Leadership