

Virginia Community HIV Planning Group

Meeting Summary

August 18, 2023

Members Present: 20 present, 2 virtual

Members Absent: 10

Others Present: Janaye Oliver, Ashley Yocum, Marquetta Alston, Charlotte Ferguson, Elaine Martin, Eric Mayes, Karen Feagin, Bryan Collins, Joardan Thornton, Tommy Salyer (Proxy for Bryan Price), Claudia McCann, Shafiq Qureshi, Kimberly Scott (virtual), Kimberly Eley (virtual)

Greetings and Introductions- The group introduced themselves in a round-robin format and described how they felt as it pertains to the weather.

CHPG Business:

Previous Meetings: Previous Meeting Minutes have been voted on and approved.

Attendance Policy/Proxies: Three (3) absences in a year will result in a termination of membership. Once members have two (2) absences, the VDH co-chair will formally warn members of their allotted absences. You can send a proxy for up to two (2) meetings. Please remember to register for each meeting so that we can have an accurate head count for meal purposes. If you need to cancel a room after reserving one, please be sure to do so three business days in advance. This allows VDH time to address changes hotel accommodations. Failure to do so may result in members covering hotel and/or travel costs.

Bylaws: Virtual Attendance: Currently there's no language in the bylaws about virtual attendance. VDH staff proposes a provision to the bylaws committee to amend the bylaws. In the meantime, members are permitted to attend virtually when available but will be limited through the rest of 2023 to once a year. This will not count as an absence. Currently, all members may have up to three absences each year. Janaye will be addressing the bylaws committee at the retreat in October.

Facebook CHPG group: We currently have a Facebook group, but it is not very active. We will be looking into the VDH social media guidelines and discuss at a future meeting.

Announcements:

- Ntervs and Reimbursement
- Updated Contact list given out
- CHPG Retreat
 - Save the Date: October 18-20, 2023
 - Location: Suffolk, Virginia
- New Member Onboarding
 - Bi-Annually instead of rolling admittance
- New Training: DDP Funding Opportunity- Comes out on September 15, 2023 on zoom. Will send an email blast out before then.

Members Terms- Went over upcoming terms ending.

Current Members, Please Submit to Charlotte.ferguson@vdh.virginia.gov

- Picture/Selfie for an updated roster with photos
- Accurate Primary and secondary Phone/Email

Prevention/Care Updates

HIV Prevention Updates- Felencia McGee

PrEP Initiative: Project BLUprint:

The Hampton/Peninsula health departments are participating in a national HIV Pre-Exposure Prophylaxis (PrEP) project. This project hopes to ensure that the long-acting injectable form of PrEP reaches communities that need it most. In particular, one of the stated goals is to ensure that people of color and those living in poor communities can access the shot. The initiative, called Project BLUprint, is spearheaded by Columbia University. The Hampton/Peninsula health departments are one of only eight organizations in the country included in this research project. These districts have been providing PrEP services since 2016. In 2022, Hampton/Peninsula pioneered the use of injectable PrEP. It was the first local health department in the state to offer the injectable. For more information on PrEP, or Project BLUprint, contact Eric Mayes, PrEP/nPEP Coordinator, at eric.mayes@vdh.virginia.gov.

Significant Treatment Gaps for People Diagnosed with HCV:

The Centers for Disease Control and Prevention (CDC) published a Morbidity and Mortality Weekly Report (MMWR) examining the Hepatitis C Virus (HCV) Clearance Cascade in the United States from 2013–2022. The report highlights significant gaps in hepatitis C treatment and access to care. Of the 1.7 million people diagnosed with HCV within the ten-year window, only 34% overall were cured and only 16% of people aged 20-39 with client or self-pay insurance achieved viral clearance. Treatment can be completed in eight to twelve weeks depending on the medication and is highly effective. In Virginia, requirements including specialist providers, sobriety, specialty pharmacies, and prior authorization are no longer needed for treatment provided through Medicaid. For more information on treatment options and provider training, please visit www.virginiahepc.com. Screening, education, and treating hepatitis C are vital to achieving the Department of Health and Human Services (HHS) and the Biden Administration's goal of eliminating the public health threat of HCV by 2030. For more information on hepatitis C testing in Virginia, please contact Alyson Scullin at alyson.scullin@vdh.virginia.gov.

2022 HIV Surveillance Annual Report Available:

DDP has released the 2022 HIV Surveillance Annual Report. You can find the report on the DDP Data/Reports webpage.

Division Of Disease Prevention's Public Funding Opportunities Training:

Registration is now open for the Division of Disease Prevention's Public Funding Opportunities Training. The training will be on Friday, September 15th, 10 AM-12 PM. If you or your organization is interested in learning more about pursuing funding related to disease prevention join us. The free training will focus on the best practices for successfully applying to requests for applications (RFA) and requests for proposals (RFP), resources, and how to support your organization's mission long term. Attendees will gain hands-on experience through discussion-based activities and participate in a live tour of eVA, Virginian's procurement website. All

are welcome; however, space is limited. Register today using the link below. For questions on this opportunity, contact Janaye Oliver, HIV Prevention Policy and Planning Specialist, at janaye.oliver@vdh.virginia.gov.

<https://www.zoomgov.com/meeting/register/vJItdeGopzstHfAGpwiPRucDmpps6pOmSMs>

Mpox Update

There has not been any recent increase in Mpox cases in Virginia. However, there are currently increased cases in other parts of the U.S., with new cases of Mpox still being identified in Chicago. There have also been new cases identified in Los Angeles County, California. While cases are not currently local, VDH continues efforts to promote Mpox vaccination and awareness to prepare should new cases begin occurring.

The organization of the VDH Mpox workgroup has been changed from its original format. The presence of more DDP staff has been added for collaboration, given DDP's familiarity and expertise working with communities that are impacted by Mpox.

The Mpox workgroup has been working with several community-based organizations to include direct community work. They will take a syndemic approach, folding Mpox services into their HIV and STD work.

Care Services Updates- Ashley Yocum

New Updates:

i. Quality Management:

- i. VDH will be holding the next QMAC in-person on August 23rd in Fredericksburg VA. Registration has been distributed. If you need the link, it will be posted in the chat. <https://redcap.vcu.edu/surveys/?s=JPNATYYAWJCEW9AF>
- ii. The 2023 Quality Management (QM) Summit planning has been underway. The QM Summit held on November 2nd in Charlottesville.
- iii. Agenda topics will include; What's My Contribution to QM, Improving Coordination of Care Across Interdisciplinary Teams, Evidence-based Treatments for Clients Engaging in Chem-Sex, Housing Post-Pandemic, and Managing Provider Burnout.
- iv. For additional questions about the summit, please email Project Coordinator, Ryan Persaud at: ryan.persaud@vcuhealth.org or call 804.828.2447

ii. Grants Reporting:

- i. VDH has drafted and submitted their FY2022 Annual Progress Report to HRSA.
- ii. VDH is currently working on the FY2022 Carryover Letter that is due later this month.

iii. Part A Priority Setting and Resource Allocations (PSRA):

- i. VDH will be participating in both the DC EMA and the Norfolk TGA Part A Planning Councils' PSRA process.
- ii. VDH provides Epi data, Ryan White Part B service utilization and expenditure data, as well as other data to help inform these processes.
- iii. VDH uses the information from these to help inform Part B services in Virginia throughout the state.

iv. HCS Needs Assessment:

- i. HCS Consumer Needs Assessment closed on 6/30/23.
 - ii. Had 211 participants total – this included both in-person paper surveys and online surveys through REDCap.
 - iii. Currently working on analyzing results and will have a summary of results soon.
- v. **USCHA Presentation**
 - i. Imani Butler (Trauma-Informed Care Coordinator in HHP) and Ashley Yocum (Services Planner in HCS) will be presenting on the Implementation and Innovation of Trauma Informed Care in Virginia at the United States Conference on HIV/AIDS in September.
- vi. **Open Enrollment Reminders**
 - i. Open Enrollment for Medicare begins October 15
 - ii. Open Enrollment for ACA begins November 1

2. Ongoing-Updates:

- i. **Medicaid Unwinding:**
 - i. Virginia Medicaid has returned to their normal enrollment processes as of April 1, 2023. They are working with health care advocates and other partners to make sure eligible Virginians keep getting high quality health care coverage.
 - ii. Starting April 1, 2023, DMAS began conducting eligibility determinations and renewals for all Medicaid and FAMIS members. DMAS has 12 months to initiate eligibility determinations and renewals for the more than 2.1 million Virginians who currently have Medicaid or FAMIS coverage.
 - iii. For more information about this process, including answers to frequently asked questions, member factsheet, FAQs, toolkits, and other materials are available in multiple languages at CoverVa.org.
- ii. **New Special Enrollment Period related to Medicaid Unwinding**
 - i. HHS announced a new marketplace special enrollment period (SEP) that will be available for people who lose Medicaid and Children’s Health Insurance Program (CHIP) coverage any time between March 31, 2023 and July 31, 2024.
- iii. People may face challenges transitioning from Medicaid/CHIP to the marketplace, and may not learn that they have lost coverage in time to act before the end of the current loss of coverage SEP. This new exceptional circumstance SEP will ensure that anyone who loses Medicaid/CHIP during unwinding can enroll in marketplace coverage when they are able.
- iv. Clients can be referred to Benalytics for assistance in enrolling in the SEP.
- v. **Provide Data System:**
 - i. As a reminder, with the implementation of Unified Eligibility, VDH requires a Virginia RWHAP B-contracted agency to conduct all client eligibility assessments for all RWHAP B services, including ADAP. Non-RWHAP B contracted agencies must refer any clients that need an assessment completed for RWHAP B service, to a RWHAP B contracted agency.
 - ii. To find a Ryan White Part B Provider, you can visit the [Resource Connections](#) webpage, which lists all agencies where Part B eligibility assessments can be done.

- iii. All RWHAP B providers must conduct an eligibility assessment for a RWHAP B client that requests one, regardless of whether they receive services at your agency.
- vi. **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.
 - i. This includes Client level data, Personal Health Information (PHI), and/or Personal Identifiable Information (PII)
 - ii. 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 fax, please inform VDH know so they can pick it up and it's not sitting on 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.

HIV & Aging: By Claudia McCann, Mary Washington Healthcare

Introduction- Claudia McCann has a 20-year career in long-term care and has been with the Mary Washington Healthcare Wellness Program since January of 2021. She is also an Associate Professor at the University of Arizona and completed her dissertation with a focus on HIV and Aging. She's worked in HIV-advocacy since the early 1990s, and her dissertation combined two things she has been passionate about for decades: The needs of older adults, and the needs of those who are living with HIV.

The Mary Washington Healthcare Wellness Program is located in Fredericksburg Virginia, and along with Mary Washington's Infectious Disease Associates, it provides:

- HIV-case management and treatment
- HIV testing
- And HIV Advocacy and Education

This presentation focused on HIV and Aging. It included a focus on:

- Emerging Key Terms
- Physical Perspectives of HIV and Aging
- Psychosocial Perspectives of HIV and Aging
- An Overview of an Aging Assessment

We are still only beginning to understand what it means to be an Older Adult who is Living with HIV. Below are some links to some resources.

- [Clients Served by the Ryan White HIV/AIDS Program 2021 - Overview \(hrsa.gov\)](#)
- [Clients Aged 50 Years and Older Served by the Ryan White HIV/AIDS Program, 2021 \(hrsa.gov\)](#)

Questions:

Are you willing to share your aging and long-term survivors' assessment? Yes

What prompted the doctor to ask the elderly lady if she wanted an HIV test? Nothing. It was a regular check-up.

Is routine HIV testing not a part of your routine care? No, it is not, not even a part of pregnancy screening.

If you do not ask specifically for an HIV test, then they will not perform one. Doctors will not ask.

Program out of the LA area called "Compass". Yale University has a very intensive Gerontology program. VDH is looking into adopting the Golden Compass program from LA. Will provide updates here at CPG about the updates on the progress we are making on this research.

Syphilis Update: By Bryan Collins

Syphilis Basics:

Syphilis is a sexually transmitted infection (STI) that can cause serious health problems without treatment. Infection develops in stages (primary, secondary, latent, and tertiary). Each stage can have different signs and symptoms.

Data Trends:

While the number of TES cases has increased among both men and women (overall), and men accounted for 84% of cases in 2022, the rate of increase has been vastly greater among women in recent years.

- From 2018-2022: Rates increased 70% for women, 14% overall
- From 2010-2022: Rates increased 229% for women, 175% overall

While this would be concerning enough on its own, the accelerating rate of infection among women of reproductive age has occurred alongside a steep increase in the number of cases of congenital syphilis. Between 2010 and 2022, the number of congenital syphilis cases per year increased from 1 to 20.

Analysis of CS cases from the past five years shows that a troubling proportion of CS cases occurred among mothers who **had** timely prenatal care. Forty-one percent of these cases among women who received prenatal care could have potentially been prevented if the mother had received a syphilis test early in their 3rd trimester.

Additionally, the proportion of CS cases which occurred among mothers experiencing risk factors such as recent incarceration, homelessness/housing instability, and opioid/stimulant use have all increased. In 2022, drug use and housing issues both were present in at least 50% of congenital syphilis cases.

Over the past 12 years, rates of syphilis have increased among all age groups except among 20-24 year olds, with the starkest increases in 2022 occurring among people in their late 20s and early 30s.

Racial disparities continue to occur among clients diagnosed with syphilis. Over the past five years, rates of syphilis have remained essentially flat among White non-Hispanic people and Hispanic people of any race, but increased from 42.8 to 50.1 per 100,000 among Black non-Hispanic people

MSM continue to represent the largest proportion of early syphilis cases, with 39% of these cases in 2022 also being coinfecting with HIV. Among all men diagnosed with early syphilis (1,293), 395 (31%) were also infected with HIV.

In the first six months of 2023, early syphilis cases were up 24% over the same period in 2022, with 24 of 35 (69%) health districts reporting a greater than 10% increase in cases, and 8 (23%) reporting an increase of 100% or greater.

STD Prevention Program Updates:

- DIS Program Updates
- Congenital Syphilis Response
- DoxyPEP
- Bicillin Access
- Digital Partner Services

These programs will be long term and require funding that we currently do not have. Below is information on each program.

DIS Program Updates:

- Starting in 2021, SPS began receiving supplemental CDC funding to scale up DIS program
 - 11 Regional STD Program Coordinators and 2 Field Operations & Training Managers now provide daily support to 76 DIS positions
- RSPC Activities
 - Direct supervision of 38 DIS in 15 health districts
 - Continuing education webinars for all Virginia DIS
 - 1-on-1 support: weekly check-ins, case review, next steps
 -
- New DIS receive multi-modal, phased training to orient them to every aspect of their work
 - CDC *Passport to Partner Services* online training modules
 - 7-day in-person training focused on role play and local policies/procedures
 - Virtual training on use of Virginia Electronic Disease Surveillance System (VEDSS)
 - On-the-job shadowing with RSPCs and veteran DIS

Congenital Syphilis Response:

- Perinatal Surveillance Coordinator
 - Reviews all investigations with a positive syphilis result and a pregnancy indicator
 - Coordinates patient follow-up with private providers and DIS
 - Conducts ongoing review of all open investigations of pregnant patients
 - Active follow up for treatment for mother and infant/appropriate evaluation
 - Organizes the Congenital Syphilis/Perinatal HIV Case Review Board
 - Currently drafting proposed regulatory language change to match CDC recommendations for syphilis testing during the third trimester and at delivery.
- Congenital Syphilis/Perinatal HIV Case Review Board
 - Meets annually to review cases of congenital syphilis and perinatal HIV exposure and transmission to identify gaps and barriers
 - July 2023 meeting had over 40 attendees; representation from both public health/private providers

Here were some of the recommendations from July's meeting:

1. Expanding prenatal and mental health case management programs in Virginia.
2. Educating providers on local health department services and resources, including partner services and Bicillin treatment.
3. Increasing STI testing at psychiatric facilities, in pregnant patients, and in jails and prisons.

Doxycycline for STI Post-Exposure Prophylaxis (DoxyPEP):

- [University of California](#) study of MSM and transgender women living with HIV or taking PrEP:
 - Doxycycline 200 mg administered within 24-72 hours of condomless sex was very effective in reducing incidence of chlamydia, gonorrhea, and syphilis
- Incidence of syphilis, chlamydia, and gonorrhea decreased by:
 - 87%, 88%, and 55% among participants taking PrEP
 - 77%, 74%, and 57% among persons living with HIV
 - CDC has published interim [considerations for clinicians prescribing DoxyPEP](#)
- Currently in the process of creating recommendations.
- DDP has drafted a Dear Colleague letter to raise awareness of DoxyPEP, which is currently being routed for review by VDH leadership.

Addressing Bicillin Access:

- Bicillin L-A is the treatment of choice for syphilis and the only CDC recommended treatment for pregnant women and infants with syphilis
- Bicillin is currently in short supply nationally and in VA due to increased demand
 - Sole manufacturer (Pfizer) predicts shortage to end in July
 - FDA anticipates impacts until Q2 2024
- SPS is working closely with Central Pharmacy to forecast both the need for and supply of Bicillin
 - VDH currently has adequate supply of Bicillin to treat ALL patients with syphilis
- VDH released a [Dear Colleague letter](#) with recommendations for treating with doxycycline in the event of a shortage.

- DDP is exploring options to deliver Bicillin to community providers who do not have access so that they can treat patients they diagnose.
 - Relieves burden from health departments suffering from staffing shortages
 - Expedites treatment for infected clients
 - As a result, potential reduction in the number of partners exposed
- VDH purchases Bicillin primarily through the HRSA-administered 340b drug discounting program, which reduces the cost of Bicillin from over \$1,000/dose to less than \$1/dose.
 - Certain institutions are eligible based on patient population or due to an eligible grant.
 - 340b regulations are complex, and the penalties for violating the regulations can be severe.
 - DDP is working closely with Central Pharmacy and 340b Program staff to identify solutions that comply with 340b regulations.
- A separate program (MMCAP) provides a less complex alternative, but at approx. \$400/dose after discount, would require significant additional funding.

Digital Partner Services (DPS):

- With assistance from the CDC, DDP is drafting a policy to allow partners named during an HIV/STI investigation to be contacted on digital platforms, incl. social media and dating apps.

- DPS is a last resort when an index patient can provide a username, but no other identifying or locating information is available.
- Involves a DPS Coordinator sending a generic message requesting a call from the partner about an issue concerning their health.
 - If contact is successful, the partner is notified over the phone and linked to a DIS
- Limitations and barriers:
 - Only feasible for platforms which allow a username search.
 - Likely to receive significant scrutiny due to approval needed to install social media/dating apps on government devices.

Finding sexual partners using dating apps is incredibly common, both for convenience and for the relative anonymity offered by the most popular platforms (particularly those used by MSM and transgender women). Unfortunately, the lack of username search features means Grindr, Jackd, Sniffies, and other popular platforms will not be usable for DPS.

- For people with HIV, the VA RWHAP B program is adding STI medications to the ADAP/VA MAP formulary. Vote by the Advisory Committee will take place next month and we hope medications will be available on the formulary by the end of September/early October 2023.
 - [HRSA/HAB Dear Colleague Ryan White Program Letter - RWHAP STI's mpox outbreak\(hrsa.gov\)](https://www.hrsa.gov/newsroom/2023/08/23/rwhap-sti-mpox-outbreak)
 - [Increase in Cases of Congenital Syphilis in 2022 - Clinicians \(virginia.gov\)](https://www.vdh.virginia.gov/newsroom/2023/08/23/increase-in-cases-of-congenital-syphilis-in-2022-clinicians)
 - [Congenital Syphilis - STI Treatment Guidelines \(cdc.gov\)](https://www.cdc.gov/std/treatment-guidelines)

Break

Surviving Burnout presented by Arturo Hill

What is burnout?

Definition: physical or mental collapse caused by overwork or stress.

5 stages of burnout:

- Honeymoon phase- Beginning of new job. Positive mood and great productivity
- Onset of Stress- Beginning of new job. Positive mood and great productivity
- Chronic Stress- Beginning of new job. Positive mood and great productivity
- Burnout- Beginning of new job. Positive mood and great productivity
- Habitual Burnout- Beginning of new job. Positive mood and great productivity

Reasons for Burnout:

- Workload
- Control
- Reward
- Community
- Fairness
- Values

Health Risks of Burnout:

- Headaches
- Exhaustion
- Insomnia
- Cardiovascular Disease
- High Blood Pressure
- Mental Health
- Alcoholism and Drug Abuse
- Type 2 Diabetes
- Vulnerability to Illness
- Cancer

How Can Burnout Impact Clinical Relationships?

- Withdrawn with clients
- Less patience
- Poor listening and communication
- Negative attitude toward clients
- Less energy or effect in projects and services
- Poor consumer outcomes

Women at the workplace:

- 42% of women said they were consistently burned out at work, while 35% of men report feeling burned out
- Women are leaving their companies at a higher rate (10.5%) than men (9.0%)
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Men at the Workplace:

- Younger men between 25-34 without college degrees faced harassment and bullying at a higher rate
- Men that are LGBTQ+ or perceived to be reported facing higher rates of harassment and slurs
- 1 in 6 men (16.6%) have faced sexual harassment
- Many incidents go underreported out of fear of retaliation and stigma

How individuals can prevent burnout:

- Take job improvement and stress management trainings
- Advocate for yourself and set boundaries
- Creating tools of self-care

How Organizations can prevent burnout for staff:

- Practice delivery improvements
- Modify the workflow
- Addressing and changing workplace culture
- Expanding Resources for staff

Lunch/Energizer

Right Help, Right Now presented by Elaine Marin

The Vision:

All Virginians will...

- be able to access behavioral health care when they need it,
- have prevention and management services personalized to their needs, particularly for children and youth,
- know who to call, who will help, and where to go when in crisis, and
- have paths to reentry and stabilization when transitioning from crisis

The Challenge:

- 80% of Virginia counties are classified as mental health professional shortage areas
- Virginia ranks 14th out of 50 states for adult mental health, but
- Virginia ranks 48th out of 50 states for youth mental health

The Commitment:

- RHRN is a three-year transformation plan
- The Governor proposed \$230,000,000 in budget language amendments for 2024; however,
 - The SFY24 budget did not pass
 - No \$ for earmarked for comprehensive harm reduction
- 24 bills signed into law June 14, 2024 (see handout)
-

Meaningful Collaboration:

- Workstream meetings have been ongoing since the start of 2023
- Relevant partners and stakeholders include:
 - DBHDS, VDH, DSS, DMAS, DOC, CHR sites, people with lived experience, hospitals, criminal justice, colleges/universities, etc.

There are six pillars to this approach, and they are as follows:

- Same day care for individuals experiencing behavioral health crises
- Relieve law enforcement burden and reduce the criminalization of behavioral health
- Develop more capacity to enhance community-based services
- Provided targeted support for substance use disorder and efforts to prevent overdose
- Make the behavioral workforce a priority
- Identify service innovations and best practices

Workstream 4: SUD and Overdose:

- 5 primary initiatives
 - Develop mobile treatment and crisis response specific for SUD
 - Empower communities in addressing the SUD crisis
 - **Target programs with the greatest potential to prevent adverse outcomes**
 - Expand innovative programs for proven and effective treatments across the continuum
 - Reduce barriers to recovery
- More than 150 strategies proposed!

DDP and DPS Activities:

- Develop a prioritized naloxone distribution plan
 - Get naloxone to the localities, agencies, and people **most in need**
 - Identifying and securing additional funding
 - Develop policies and procedures for, and expand availability of, fentanyl and xylazine test strips
- RFP to obtain more favorable pricing on naloxone

DDP and DPS Activities:

- Expand CHR services into new localities with the greatest need
 - Prioritization model developed by OFHS
 - Community engagement and capacity building
 - Work with sites on readiness to submit applications
 - Engage criminal justice (law enforcement, prosecutors, and judges)
 - Secure funding to support this initiative
 - Expand central office CHR infrastructure and staffing

We are Just a Small Piece of the Puzzle:

- Other initiatives include:
 - Media campaigns
 - REVIVE training
 - Workforce development
 - Mobile crisis response and same day services
 - Primary prevention/education in schools
 - Expansion of peer support
 - Telehealth
 - Housing
 - Wastewater monitoring

How Does This Fit in With HIV and Hepatitis Prevention?

- Improved mental health services are good for all of us!
- The ability of CHR sites to get naloxone, fentanyl test strips and xylazine test strips into the hands of the people MOST in need of these supplies makes CHR appealing to decision makers
- The fact that these programs help prevent infectious disease, identify potential outbreaks, and link people into an array of other services helps DDP meet its mission

Executive Order 26:

- Crushing the Fentanyl Epidemic: Strengthening Virginia's Interdiction and Enforcement Response to the Fentanyl Crisis
- Issued May 9, 2023
- <https://www.governor.virginia.gov/media/governorvirginiagov/governor-of-virginia/pdf/eo/EO-26-Crushing-the-Fentanyl-Epidemic-Strengthening-Virginia's-Interdiction-and-Enforcement-Response-to-Fentanyl-Crisis.pdf>nterdiction and Enforcement Response to Fentanyl Crisis

Integrated Plan Data Indicator Updates:

- The indicators provide an idea of the progress of various actions which support the goal of ending the HIV epidemic. The indicators are based on the EHE Pillars
- Goals
 - To collect for all indicators in 2023

- Get all indicators to trend in the right direction
- Be transparent with the community and provider's progress
- Our progress
 - Depending on the indicator various measures may trend upwards or down
- COVID-19 Affect
 - During the height of the pandemic, testing, data, and reporting were negatively impacted leading to limits in how VDH and our partners collect and share data.
- Trending in Right Direction
 - Indicator 1
 - Indicator 2 (May be low due to COVID-19)
 - Indicator 3
 - Indicator 4 (May not be accurate)
 - Indicator 6
 - Indicator 7 (Sample Size)
- Trending in Wrong Direction
 - Indicator 5A/5B/5C/5D/5E/5F(May be due to a drastic increase in the denominator)
- No Change
 - Indicator 5
- Program Activities that support Indicators:
 - TICHA
 - CHR
- CDC/HSRA Update
 - Schedule Meeting

Meeting Wrap up Evaluation

Adjourn:

Documents that are easy to share to consumers
 You would find your place in the family and community
 To be our voice as Elaine did
 Keep bringing the education
 Hotel was stressful due to ADA rooms being on the other side of the hotel.
 Find your own footing and stay approachable
 Continue to work together

NEXT MEETING: Orientation/Retreat: Wednesday, October 18 – Friday October 20, 2023

CPG Meeting Evaluation:

Scan the code to complete the survey, or use the URL below.

<https://redcap.vdh.virginia.gov/redcap/surveys/?s=Y87LDNDD978YMHPJ>

