

**NVH Consortium
September 4, 2014
Summary Minutes**

Ron Scheraga, Chair Emeritus, called the session to order at 10:00 a.m. at the Northern Virginia Regional Commission (NVRC) offices.

ANNOUNCEMENTS

Michelle Simmons announced that NVRC is recruiting for a HIV/AIDS Services Quality Manager. This is a part-time position with a preference for someone with a professional clinical background.

Tylee Smith announced that additional copies of the Consortium's Orientation Manual are available upon request.

PLWH/A OPEN MIKE

Phillip Bailey, Community Health Worker, voiced great concern for PLWH (Persons Living with HIV/AIDS) who are unable to qualify for HOPWA (Housing Opportunities for Persons with [HIV/AIDS]) short-term rental assistance because they are not on the lease where they live. Often they are living under an informal sublease that has not been, and would never be, approved by the landlord, yet is all that they can afford. He has four clients in this situation. One is forgoing necessary medical care in order to continue working and paying her rent. He asked if exceptions can ever be made to the HOPWA rules regarding leases and W-9s for legal immigrants. Both can be insurmountable barriers to more recent immigrants needing housing assistance in order to stabilize their health.

Julie Riddle, HOPWA Grants Manager for NVRC, will be meeting Monday with a national HOPWA Technical Assistance consultant. She will ask about best practices across the country to address such situations and report back at next month's meeting.

MINUTES OF AUGUST 7

The minutes of August 7 were approved with the following addition in the middle of the fourth paragraph of *All Things Reprogramming*: "Someone asked why so little of the dental award, \$50K of \$575K had been spent. Slow billing by subcontract dentists was given as one rationale. Mike Hughes was concerned the message he's getting when he seeks dental care is that there is no money, when there appears to be plenty of dental funding currently unused. After much discussion, the Consortium agreed to have the current dental providers report at the next meeting about actual spending vs. planned spending, actual clients served vs. client service targets, as well as how vendors decide which clients get served."

HIGHLIGHTS OF THE NORTHERN VIRGINIA REGIONAL HIV PREVENTION PLAN

Suzanne Dorick, Public Health Nurse, HIV Unit, of the Fairfax County Health Department, represented the committee that produced the report. Since Sue Rowland presented the plan to the Consortium at its September 5, 2013 session, the plan has been presented to the regional Health Dept. Directors with encouraging feedback. A major development has been the offering of HIV testing at selected local Walgreens, which will greatly reduce the stigma of testing. Stigma is extremely difficult to measure and thus to combat.

WHAT'S NEW WITH LOCAL PREVENTION PROGRAMS

Nechelle Terrell, Co-Chair of the Consortium's Prevention and Education Committee, moderated this discussion.

The Alexandria Health Dept. (HD) offers HIV testing at several clinics, partner counseling and referrals, and Nechelle's many education and prevention programs.

Bill Briggs, HIV Specialist with the Arlington HD's Behavioral Health section, presents information and testing in the county jail, shelter, detox, relapse prevention, and substance abuse treatment facilities. Testing will soon be offered to clients at the Drewry Mental Health and Substance Abuse Center in coordination with Inova Juniper.

Suzanne Dorick explained that the Fairfax HD does anonymous testing; distributes medications to about 275 clients of the AIDS Drug Assistance Program (ADAP); teaches high-risk groups about HIV, Hepatitis, and TB prevention; and works with a clergy council of leaders of African American Baptist churches, on HIV prevention.

Leigh Guarinello, Education Program Manager for the Inova Juniper Program, described the five prevention grants they administer as well as their testing programs. Their prevention grants focus on inmates in local jails and newly released PLWH; three Community Health Workers who engage or reengage clients in care; expanded HIV testing in the emergency rooms of Inova Fairfax, Alexandria & Mt. Vernon hospitals; Prevention with Positives to reduce the

chance of infecting new people; and the Gay Men’s Health Collaborative, which includes the *Families of Choice* photo display in an art gallery or similar setting.

Ellin Kao, Program Director and Co-Founder, described NovaSalud’s programs of HIV testing and condom distribution in about 20 community sites seven days a week. They offer RISE retreats in Spanish, a transgender group and a big stigma-reduction event every year.

KI Services offers testing and mental health services.

Reaching All HIV-positive Muslims in America, or RAHMA, is the newest prevention program. Founder Khadijah Abdullah is becoming active in our area prevention efforts.

Doug Fogal with ARE, AIDS Response Effort in Winchester, summarized their prevention services with men who have sex with men (MSM) and to transgender persons, as well as a joint effort with Shenandoah University to develop a Safe Zone program on campus. They also have a Prevention with Positives program and several other efforts.

Remisha Denny, Prevention Specialist for FAHASS, reported that they have a CAPUS (Care and Prevention in the United States) demonstration grant for outreach and testing for minority communities. Their MSM grant also funds prevention activities. FAHASS also offers expanded testing sites, condom distribution, support groups and a faith-based initiative.

VDH PREVENTION INITIATIVES/COMMUNITY PLANNING GROUP (CPG)

Bruce Taylor, HIV Prevention Planner with the Virginia Dept. of Health (VDH), outlined the 5-year prevention plan and the process for developing the new one due in 2016. The new plan will be closely coordinated with HIV care. Prevention is primarily funded by the US Centers for Disease Control (CDC) and generally amounts to 3% of the funding available for care services. The emphasis is on high impact prevention (HIP) in positive persons practicing high-risk behaviors by finding communities and populations with high rates of infection and using strategies that will reduce the risk of infection for the greatest numbers of persons. Another strategy is to focus on persons who aren’t yet infected but are doing things that potentially expose them to HIV. These high-risk negative persons need to be convinced to use safer methods in their high-risk behaviors.

Bruce also outlined new approaches that encourage cooperation and referrals with non-HIV programs that can work with the same client and make each other’s services more effective. Other techniques include condom distribution and non-occupational Post-Exposure Prophylaxis (sometimes called “nPEP”), medications to prevent transmission taken within 72 hours of when someone is potentially exposed to HIV outside the workplace (e.g., from sexual assault, or during episodes of unprotected sex or needle-sharing injection drug use). PREP is Pre-Exposure Prophylaxis which is 94% effective if taken faithfully along with regular HIV testing, and started at least 5-7 days before engaging in sex or drug use. VDH may begin a pilot or test PREP project in 2015.

DISCUSSION: STRENGTHEN COLLABORATION BETWEEN CARE & PREVENTION

Michelle Simmons, Director of Human Services at NVRC, highlighted the connection between prevention and care in the National AIDS Strategy and among funders. She asked that the Consortium set aside time at a future meeting, perhaps in November, to consider its role in these new approaches.

DENTAL PROGRAM UPDATES

Staff at the three providers with Bart B Oral Health Care funding from NVRC presented the following information at the meeting or immediately after:

Issue	FAHASS Response	Inova Response	Neighborhood Health (formerly ANHSI) Response
Current RW clients vs. anticipated number of people to be served from your annual RW Work Plan	April 1 - Aug 29, 2014 - 31 patients were seen - 60 patients were anticipated for the year - 51.7% done in 5 months	April 1 – July 31 Part B dental - 69 clients served - 351 patients were anticipated for the year	April 1 - Aug 31, 2014 - 14 patients were seen - 68 patients were anticipated for the year - 20.6% done in 5 months

Issue	FAHASS Response	Inova Response	Neighborhood Health (formerly ANHSI) Response
		<p>- 19.7% done 4 months</p> <p>During this period, priority was expending Part C & Part D dental funds (not reported to NVRC) as these grants were about to end.</p>	
<p>criteria for selecting clients for dental services including reasons why clients have been denied oral health care</p>	<ul style="list-style-type: none"> - meet Ryan White guidelines - need - available funding - ability to complete the dental plan within the grant period 	<p>Same for all Parts</p> <ul style="list-style-type: none"> - meet Ryan White eligibility guidelines - medical services up to date - referrals from client, provider or social worker 	<p>Patients are normally encouraged to have routine oral health at least once or twice a year and anytime when they feel unwell. Staff is not aware of any patient who was denied service.</p>
<p>Different types of Oral Health care & criteria for offering different level of care to different clients</p>	<ul style="list-style-type: none"> - Exam, screening, cleaning & treatment plans offered to all clients - Treatment plans authorized based on pain & health concerns 	<p>Same for all Parts</p> <ul style="list-style-type: none"> - Exam, screening, cleaning & prioritized treatment plan offered to all clients not seen within the past year - Exams; x-rays; cleanings; extractions; fillings; root canals; crowns; dentures and partials - up to \$1,250 available per client annually for restorative services (extractions or partials referred to Affordable Dentures & may exceed the \$1,250 limit) 	<ul style="list-style-type: none"> - Exams; x-rays; cleanings; simple extractions; fillings - dentist is looking for a reasonable cost referral clinic for few patients needing complicated extractions; root canals; crowns; dental surgery; dentures and partials
<p>Current RW spending vs. your Oral Health budget including outstanding bills</p>	<p>April 1 - Aug 29, 2014</p> <ul style="list-style-type: none"> - \$22,132 spent - \$48,971 budget - 45.2 % expended in 5 months (41.6% of the grant year) - \$4,000 outstanding bills - 7 or 8 clients have been seen but bills have not yet arrived 	<p>Part B dental</p> <p>April 1 - July 31, 2014 - \$75,504 spent</p> <ul style="list-style-type: none"> - \$502,294 budget - 15.0 % expended in 4 months (33.3% of the grant year) <p>Part C dental (not reported to NVRC)</p> <p>May 1 - July 31, 2014</p> <ul style="list-style-type: none"> - \$17,170 spent - \$70,000 budget - 24.5 % expended in 3 months (25% of the grant year) <p>Part D dental (not reported to NVRC)</p> <p>Aug 1, 2013 - July 3, 2014</p> <ul style="list-style-type: none"> - \$64,539 spent - \$34,460 original budget 	<p>April 1 - Aug 29, 2014</p> <ul style="list-style-type: none"> - \$ 9,753 spent - \$22,666 budget - 43.0 % expended in 5 months (41.6% of the grant year)

Additional Information on Dental Services

1. No Oral Health services were funded by Part A in the current grant year.
2. Inova pays all contracted dentists a uniform rate for each service.
3. Pulling all teeth and getting dentures costs about \$5,000.
4. No-shows are a significant problem, as Ryan White cannot pay for services not delivered. Dentists are thus reluctant to treat no-show clients and eventually to take any referrals.
5. Neighborhood Health reduced no-show rate to near zero last year; staff called clients the day before to remind them of appointments; if a client had a history of no-shows, staff also called the client on day of the appointment. If a client said they would not be coming, Neighborhood Health called the next patient in priority to see if s/he could use the appointment.

VIRGINIA DEPARTMENT OF HEALTH UPDATES

- Jamaal Alston, the new HIV Services Coordinator, reported that there are 1,455 Northern EMA clients enrolled in Virginia ADAP (AIDS Drug Assistance Program): 621 Direct (traditional) ADAP; 106 in MPAP (Medicare Part D); 139 in ICAP (Insurance Continuation); and 589 in ACA (Affordable Care Act) ADAP-paid insurance.
- Enrollment in ADAP-paid ACA by insurance carrier is: 1 in Aetna, 199 in CareFirst, 273 in Innovation, 35 in Kaiser-Permanente; and 81 in Optima.
- NVRC has received an award from VDH to replicate the successful 2013 Insurance Navigators program. Navigators will assist with ACA enrollment during the open season for 2015 coverage which begins November 15, 2014.
- VDH continues to review ACA plans that will be offered for 2015 as information is released. VDH will be issuing weekly updates until November 15.
- Steve Bailey, Director of HIV Care Services, announced that the Virginia General Assembly is meeting September 18 to consider Medicaid expansion. This will be a very short special session.
- A new VDH Part B representative to the Washington DC Eligible Metropolitan Area Planning Council has been approved by the Membership Committee and is awaiting appointment by the Mayor of District of Columbia.

ELECTION OF VICE CHAIR

The Nominating Committee of Phillip Bailey, Zach Hatcher, and Monte Jones nominated Nechelle Terrell for Consortium Vice Chair. Mike Hughes nominated Ron Scheraga from the floor. Ms. Terrell was elected and will take office as the new vice chair in September when the current Vice Chair automatically becomes the Chair. The following year she will become Chair. The Consortium thanked both the candidates.

NEXT MEETING

October Consortium Meeting Thursday, October 2, 10:00 a.m. – 12 noon

Minutes Approved as Written

With Corrections

Tyler Smith 11/6/14
Tyler Smith Date