**Location:** Chrysalis Center - Hartford, CT

**Date:** February 20, 2019 **Recorders:** Michael Nogelo, David Bechtel

**Start Time:** 9:39a.m. **End Time:** 1:55 p.m.

**Presiding Chairs:** Gina D’Angelo, Blaise Gilchrist, Barry Walters

**Attendance:** See last page for roster of CHPC members and public participants

**Meeting at a Glance**

* CHPC members voted to approve the January 2019 meeting summary without changes.
* CHPC committees met in the afternoon.
* The CHPC co-chairs delivered a presentation on the results of the 2018 needs assessment survey.

**Call to Order and Co-Chair Announcements**

CHPC co-chair Ms. Gina D’Angelo called to order the Connecticut HIV Planning Consortium (CHPC) at 9:39 a.m. The CHPC is a public health HIV/AIDS planning group with a goal to reduce the rate of new HIV infections and to connect people living with and affected by HIV/AIDS with appropriate services.

The Statewide Integrated HIV Prevention and Care Plan’s goals align with those of the National HIV/AIDS Strategy (NHAS) 2020: 1. Reduce new HIV infections; 2. Increase access to care and improve health outcomes for people living with HIV (PLWH); 3. Reduce HIV-related disparities and health inequities; and 4. Achieve a more coordinated response to the epidemic. The CHPC meets on the third Wednesday of the month, typically eight (8) times per year. Meetings are open to the public, including the media. Etiquette guidelines include being present, being prepared, being respectful, and being patient. Participants held a moment of silence to honor those loved and lost to HIV/AIDS (including former CHPC member Charles Capers) and to recognize friends, family, and community members living with and affected by HIV/AIDS.

CHPC Co-Chair Mr. Blaise Gilchrist briefly reviewed co-chair announcements. CHPC members are expected to be present all day; leaving early counts as an absence. Members receive a warning after two (2) absences in a calendar year, and are administratively discharged after three (3) absences. Members vote on some items, such as meeting summaries. Committees make decisions by consensus. Participants should speak their truths during the meeting or on feedback forms.

Mr. Gilchrist stated that CHPC currently has two (2) leadership vacancies: Membership Awareness Committee (MAC) Co-Chair and Needs Assessment Projects (NAP) Team Leader. He reviewed a timeline for applicants, noting that the deadline on Wednesday, March 6. Mr. Gilchrist encouraged interested members to consider applying.

**Introductions**

CHPC participants introduced themselves by name and affiliation (town or organization), starting with CHPC members and continuing with all participants. See page eight (8) for a full list of participants.

**Vote – January 2019 Meeting Summary Approval**

Ms. D’Angelo explained that the CHPC keeps records of its monthly public planning meetings. She asked CHPC members to review the January 2019 meeting summary. Mr. Ron Lee motioned to approve the summary and Ms. Clara Langley seconded the motion. No additions or corrections were suggested.

Ms. D’Angelo closed discussion and asked CHPC members to vote by raise of hands. The CHPC voted to approve the summary without any changes:

* 22 CHPC members voted yes
* 0 (zero) CHPC members voted no
* Six (6) CHPC members abstained from voting

The motion carried to approve the January 2019 CHPC meeting summary without any changes.

**Comments & Announcements**

The CHPC reserves time at each meeting to listen to its members, partners, and guests. CHPC co-chair Mr. Barry Walters asked CHPC members to share any announcements related to the HIV/AIDS community.

CHPC Members

* Mr. Walters stated that when AIDS Project New Haven changed its name to A Place to Nourish your Health (APNH), it also changed its mission and took on new programs.
* Ms. Nadine Ruff explained that she is a Program Coordinator at APNH. The agency wants to decrease depression and negative health outcomes for PLWH aged 50 and older. She described the Living Positively program, which is being designed to support and promote awareness among PLWH over 50. Social events, discussions, and core members will help to run the program. The program’s kickoff meeting will occur on Friday, March 15. She asked anyone who may be interested in the group to approach her. The program is open statewide, and is based on an existing empowerment model.
* Mr. Walters said that Dining out for Life Connecticut will occur on Thursday, April 25.
* Ms. Nilda Fernandez shared that the Hartford Youth HIV Identification and Linkage (HYHIL) Consortium will hold a Divinely Fit Summit for Girls and Women HIV/AIDS Awareness Day on Sunday, March 10.
* Mr. Dante Gennaro explained that Positive Prevention will hold a meeting at the Connecticut Children’s Medical Center (CCMC) on Monday, March 11. He encouraged interested individuals to approach him or visit www.positivepreventionct.org for more information. Positive Prevention represents a group of people creating social media and marketing materials for young men who have sex with men (MSM) of color, transgender individuals, and other focus populations. They are looking for new members.

Public Participants

* Mr. Cecil Tengatenga shared information about a testing fair being organized for Greater New Britain. The event goal is to get people tested for HIV and Hepatitis C Virus (HCV), and to offer needle exchange services. He explained that there are additional funding opportunities opening up. If someone can bill for Medicaid, they can use International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10) codes for billing to get services reimbursed. He encouraged individuals to contact him directly for help. Mr. Tengatenga added that a partner in upstate New York, Trillium Health, will provide technical assistance (TA) on connections with pharmacies. The Health Resources and Services Administration (HRSA) has TA for community-based organizations (CBOs) and anyone else interested in doing that type of work.
* Ms. Danielle Warren-Dias stated that in Connecticut, at age 13, clients are allowed to get prevention and treatment for sexually transmitted diseases (STDs) and pregnancy. At conference room D of the Legislative Office Building, a meeting will be held to focus on getting pre-exposure prophylaxis (PrEP) added to that list to prevent HIV. She will send CHPC staff more information to disseminate.
* Ms. Peta-Gaye Nembhard stated that the deadline for Ryan White providers to submit their Ryan White Service Report (RSR) is Monday, February 25. She noted that sites who do not meet the deadlines will receive a follow-up call. Hartford Transitional Grant Area (TGA) staff have been working with medical and non-medical sites to get electronic medical records (EMR) data into CAREWare more quickly. She encouraged individuals to approach her for more information.

**Morning Presentation: Statewide Needs Assessment Survey Data Highlights**

Each month, the CHPC shares a presentation that connects the group in some way to the HIV continuum of care. Ms. D’Angelo explained that the February presentation would share data from the 2018 needs assessment survey.

Ms. D’Angelo shared slides outlining the random sampling methodology. The Connecticut Department of Public Health (CT DPH) data team pulled a random sample from CAREWare to represent the epidemic in Connecticut, so that the feedback clients shared would capture the diverse voices of PLWH across the state. This methodology was more complicated than the convenience sample methodology used in past years. Ms. D’Angelo reviewed the benefits and limitations of the random sampling methodology. She acknowledged the hard work of the CT DPH data team, as well as the HIV Funders Group, the CHPC Needs Assessment Projects (NAP) Team, and the rest of the CHPC for their input and monitoring over the course of 2018.

Ms. D’Angelo reviewed the survey tool, noting that it took several months and a collaborative effort across stakeholders to build. Stakeholders referred to a collection of strong existing tools to help shape their questions.

Ms. D’Angelo reviewed the various topics covered on the needs assessment survey: demographics, employment, housing, dental, transportation, healthcare payment, HIV knowledge, prevention and risk factors, stigma and discrimination, mental health, stress and trauma, and substance use. Ms. D’Angelo noted that employment, housing, dental, and transportation represent “high-priority needs” from past needs assessment surveys. Very specific questions were developed for these categories in an effort to get more context on related barriers.

Ms. D’Angelo added that the NAP Team and the Membership Awareness Committee (MAC) will work to develop supplementary focus groups for a more clear and in-depth assessment of needs in 2019. The focus groups will aim to drill down on important topics such as stigma, and may be designed for specific populations such as younger clients, MSM, and transgender individuals. She explained that all CHPC feedback is helpful, as it may inform the focus group design.

Ms. D’Angelo reviewed the demographic breakdown of those who were surveyed, noting that 88% of clients surveyed were over the age of 40.

Ms. D’Angelo reviewed slides, which revealed that the majority of clients surveyed lived in their own home or apartment. Although several clients cited different employment circumstances, the most common response was that they were not working due to disability. The majority of clients had received dental care in the past year, and almost half of clients surveyed used their own vehicle as their main mode of transportation. This information showed that some of the previously-identified “high-priority needs” had possibly improved. The group noted, however, that the older age of clients influenced the responses, who might be more settled and established than younger clients. They considered doing a deeper analysis that broke down responses by age.

Ms. D’Angelo noted that 39% of clients surveyed had heard of peer models, 45.7% of clients surveyed felt they would benefit from peer providers, and 31.5% of clients surveyed were interested in becoming a peer provider.

* Ms. Ruff noted that perhaps some clients were not interested in being trained as a peer because they did not want to be stigmatized; Ms. D’Angelo agreed.
* Mr. Ramon Rodriguez-Santana explained that he conducted a cross-tabulation analysis indicating that younger clients are more interested in peer models.
* Ms. Warren-Dias noted that, similarly, age may contribute to client responses on housing. Older people are more settled, whereas younger people may be less stably housed. The survey data revealed that the vast majority of participating clients had reliable housing, but the survey also focused on older clients.
* Ms. D’Angelo reiterated the need to conduct focus groups with younger individuals since they were not heavily represented in the survey. She then reviewed data related to mental health and substance use.
* Ms. Warren-Dias stated that younger people often choose to smoke marijuana versus pursuing formal mental health support.

Ms. D’Angelo reviewed data on client experiences with stigma and discrimination.

* Ms. Roberta Stewart noted that some questions about stigma ask clients to reflect on their experiences over the past six (6) months. She pointed out that this is a brief timeframe.

Ms. D’Angelo acknowledged difficulty in determining the appropriate timeframe to yield meaningful information. She added that Cross Sector Consulting will disseminate the presentation slides to the full CHPC over email.

* Mr. Stephen Feathers suggested holding a focus group with newly diagnosed individuals to talk about stigma and discrimination.
* Ms. Andrea Lombard echoed doing a deeper analysis on newly diagnosed individuals.
* Mr. Gennaro noted that questions related to services may not necessarily reflect services offered in Connecticut; as individuals may have moved from a different state.

Ms. D’Angelo noted that only 4.3% of clients surveyed possess a medical marijuana card.

* Mr. Tom Butcher thanked Mr. Mark Nickel, who suggested including the question about medical marijuana during the survey development process. Mr. Butcher noted that more questions on the topic should be included on future surveys, and that perhaps providers should be trained on the process for obtaining a medical marijuana card.

Ms. D’Angelo added that this survey did not ask individuals why they wanted the cards or why they had trouble obtaining them. She added that the cards are expensive and, at this point in time, providers cannot pay for them.

* Mr. Nickel said that a medical marijuana question helps to gain baseline information for a potential solution. If people are getting marijuana off the street, they might not be aware of interactions with other medications. He noted that the AIDS Drug Assistance Program (ADAP) might consider adding medical marijuana to the formulary in the future.
* Mr. Gennaro noted that medical marijuana can help PLWH with a range of issues, from chronic pain to anxiety. He noted that the process to obtain medical marijuana is very professional. It can help PLWH get off multiple medications. The substance comes in many forms including edibles, vape pens, and others. It is professionally grown, and experts can help PLWH choose the product that works best for them. A medical marijuana card allows clients to obtain a certain amount of marijuana products each month, but they do have to pay for what they purchase (in addition to paying for the card).
* Ms. Ruff added that different products exist for different client needs.
* Ms. Kat Auguste added that many pharmacies allow clients to purchase Cannabidiol (CBD) products. CBD oil helps patients with pain and anxiety, but they do not contain tetrahydrocannabinol (THC), which is the psychoactive ingredient in marijuana. Thus, it does not get patients “high.” CBD is legal and does not require a card to purchase.
* Mr. Danny Huang stated that one of his patients uses CBD oil as a last resort for long-time opioid addiction, and it has proven quite helpful. He added that post-operative patients who take CBD oil often require fewer pain medications. He reiterated that CBD oil does not contain any psychoactive ingredients.

Ms. D’Angelo added that there are several Connecticut bills being considered for recreational marijuana use.

Ms. D’Angelo then reviewed the themes collected and analyzed by the CT DPH data team, which represented several hundred write-in responses related to client needs. She noted that including a high number of write-in questions proved very challenging and made the analysis more complicated.

* Ms. Warren-Dias acknowledged that access to gym memberships was identified as a need. She suggested the Silver Sneakers initiative, a fitness program for older individuals covered by many insurance plans.

Ms. D’Angelo stated that Silver Sneakers used to be included in coverage for more insurance plans. It is not an option for many people now.

* Mr. Tengatenga addressed feedback related to client housing. He stated that just because someone has a house or apartment, it does not mean they are, by definition, stably housed. They may be paying too large a percentage of their income on housing.
* Ms. Warren-Dias suggested that, in the future, staff should reach out to each individual agency to cross-check their random sample list with the agency’s records to ensure clients pulled are active at the agency.
* Ms. Emily Jablonski stated that, in addition to sharing the data slides, CHPC staff will share the original survey tool with all questions for better context.
* Mr. Taylor Edelmann noted that many Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) individuals do not use condoms to engage in sexual activity, so a question about condom use does not apply to everyone. He encouraged that questions related to safe sex practices be shaped more sensitively and inclusively in the future. He asked whether it is possible to pull out results by region.

Ms. D’Angelo confirmed that CT DPH will run data analyses for each region.

* Mr. Feathers asked if the survey was conducted on paper or online. When staff stated that the survey was done on paper, he suggested using an online option so that clients can complete it on their phone and the survey can include “skip logic” to skip questions that are not applicable based on their responses.

Ms. D’Angelo acknowledged the benefits of an online survey, stating that each year the needs assessment is disseminated, staff weigh the advantages and disadvantages of either option. Ultimately, a paper survey was chosen this year. This might change in the future.

* Ms. Ruff noted that very few transgender clients took the survey. She recommended giving the survey to doctors who see transgender patients to gain more information from this population.

Ms. D’Angelo noted that a focus group with transgender clients might yield better results. The needs assessment survey used a random pull of people receiving Ryan White services, so only those randomly selected from the database were surveyed.

* Ms. Coley Jones stated that the majority of the patients surveyed at her agency only spoke Spanish. Although they used a Spanish version of the survey, they had to have a medical case manager (MCM) translate their answers, which may not have translated accurately. She added that low literacy levels and language barriers meant that many clients had MCM support when they took the survey, which may have impacted client honesty. These limitations must be considered when creating survey tools and analyzing responses. Ms. Jones added that many clients said the survey took too long.
* Ms. Lombard asked why only 20% of clients identified Ryan White as their source for payment when the survey only included individuals who received Ryan White Services.

Ms. D’Angelo clarified that Ryan White is a funder of last resort.

* Mr. Tengatenga pointed out that a subset of PLWH are not captured in CAREWare. A larger percentage of MSM and transpeople are seeking services through other channels.

Ms. D’Angelo agreed that clients receiving Ryan White services do not represent everyone living with HIV in Connecticut. However, CT DPH and the CHPC are charged with making sure that the best Ryan White services are meeting the needs of Ryan White clients.

* Mr. Butcher suggested thinking about the PLWH population more broadly, instead of focusing within the boundaries of Ryan White clients. He mentioned the Getting to Zero (G2Z) Campaign, which strives for zero (0) new HIV cases in Connecticut. He added that viral load suppression among Ryan White clients is 90% and the viral load suppression rate for clients outside of Ryan White is 73%. Mr. Butcher stressed reaching the most vulnerable PLWH, meaning those who are not getting good medical care. He said that building capacity to eliminate HIV within the jurisdiction includes expanding quality services to those outside of the Ryan White system.

Ms. D’Angelo agreed, but asked what that would mean and how it might be achieved.

* Ms. Audrey Bell asked when support changes from Medicaid to Medicare; leaders explained that individuals receive Medicare at age 65. Ms. Bell stated that the opinions of long-term survivors are important, but the opinions of newly diagnosed individuals are also critical. She stated that stigma is worse now than it once was, and that the landscape is different.
* Ms. Jahmyia Boyette stressed the importance of asking clients about their mental health supports, noting that some people do not know how to react to or deal with their HIV-related challenges.
* Ms. Allison Champlin stated that New Haven’s Housing Opportunities for People with AIDS (HOPWA) program does not require surveys, but that they could disseminate one. She explained that she has a waitlist for every agency she funds to receive HOPWA services. She added that they could also access people on the waitlist, although responses may be skewed if people fear losing their assistance.
* Ms. Auguste stated that if someone qualifies for Social Security Disability (SSDI) at any age, they will get Medicare after two (2) years.
* Mr. Huang observed that in the write-in responses, clients said that they wanted HIV services grouped. He asked what this response means.

Ms. D’Angelo acknowledged that she cannot be sure of what clients meant. However, G2Z released an extensive report on stigma, which revealed that clients feel it is stigmatizing to go to agencies that only provide HIV services. Some agencies are taking the word “AIDS” out of their agency names and expanding services outside of HIV care to combat this issue. Perhaps this is what individuals meant when they requested “grouped” services.

* Mr. Huang explained that he lives in a low-density region. He asked what happens to agencies who have medical and behavioral health services and want to serve PLWH.
* Ms. Jones explained that her employer, Generations, is a Federally Qualified Health Center (FQHC) and has Ryan White MCM. People do not know that someone in a waiting room is waiting for HIV services.
* Mr. Tengatenga explained that Trillium Health representatives will provide TA on how to get HIV services through a collaborative in a region with no Ryan White services. He added that employees who are not Ryan White certified can get certifications.
* Mr. Gennaro stated the importance of promoting the U=U (undetectable = untrasmittable) campaign. He noted that undetectable individuals are not at risk of transmitting the virus to partners, whereas single individuals have more of a need for PrEP.
* Mr. Walters said that he hopes legislative changes will facilitate better access to this information.
* Mr. Walters stated that, after lunch, the NAP Team will meet to create a framework for focus groups. He asked participants to take one of the slips of paper being passed around and write down their perception of the most important topic or population to be involved in a focus group for the NAP Team to consider.
* Ms. Stewart identified a need for more MCMs. She stated that Ryan White is very successful in getting people virally suppressed, and MCMs seem to be a big part of that success. She suggested identifying those eligible to receive MCM services.

Ms. D’Angelo stated that Connecticut has a strong MCM model, and that taking the model outside of Ryan White clients or increasing the number of individuals receiving Ryan White services would test the model’s strength.

* Mr. Walters said a bill is being considered which would make it easier for nonprofits to get reimbursed by health insurers.
* Ms. Carmen Cruz stressed the need for more bilingual case management.
* Ms. Nembhard stated that more providers are utilizing the peer model. Ms. Warren-Dias has a great model that can be replicated, and a lot of knowledge about strategies to best support long-term survivors.
* Mr. Mukhtar Mohammed noted an early presentation slide comparing the random sample of clients expected to take the survey versus the clients who actually took survey. He stated that the samples were very similar in terms of the populations they captured, that the response rate was strong, and that there was a representative sample. Mr. Mohammed stated that response bias is a limitation, and suggested separating responses of those interviewed by MCM from those who took the survey independently.

Ms. D’Angelo thanked individuals for sharing their feedback, and encouraged them to continue sharing. She explained that feedback will help to improve the process next time.

* Ms. Fernandez stated that, at CCMC, peer facilitators called selected clients to encourage them to take the surveys. However, many clients did not respond because they did not know the peer facilitators personally, so it was necessary for clients’ case managers to give them advance notice about the calls.

**Lunch**

Participants broke for lunch at 11:50 a.m.

**Committee Meetings**

Ms. D’Angelo said that the group would move into committee meetings until approximately 1:45 p.m. The NAP Team, MAC, and the Quality and Performance Measures (QPM) Team met in their designated meeting spaces. Committee co-chairs will share updates from their committee meetings in March.

**Adjournment**

The next CHPC meeting will occur on March 20, 2019. The meeting adjourned at 1:55 p.m.

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| **Member Attendance\*** | **1/16** | **2/20** | **3/20** | **4/17** | **5/15** | **6/19** | **7/17** | **8/21** |
| 1. Laura Aponte | **P** | **P** |  |  |  |  |  |  |
| 1. Kat Auguste | **P** | **P** |  |  |  |  |  |  |
| 1. Clifford Batson | **P** | **P** |  |  |  |  |  |  |
| 1. Susan Bouffard | **A** | **P** |  |  |  |  |  |  |
| 1. Thomas Butcher | **P** | **P** |  |  |  |  |  |  |
| 1. Angelique Croasdale-Mills | **P** | **P** |  |  |  |  |  |  |
| 1. Carmen Cruz | **P** | **P** |  |  |  |  |  |  |
| 1. Gina D’Angelo | **P** | **P** |  |  |  |  |  |  |
| 1. Thomas Evans | **P** | **A** |  |  |  |  |  |  |
| 1. Stephen Feathers | **P** | **P** |  |  |  |  |  |  |
| 1. Nilda Fernandez | **A** | **P** |  |  |  |  |  |  |
| 1. Carl Ferris | **P** | **P** |  |  |  |  |  |  |
| 1. Jose Figueroa | **P** | **P** |  |  |  |  |  |  |
| 1. Ann Galloway Johnson | **A** | **A** |  |  |  |  |  |  |
| 1. Lauren Gau | **P** | **P** |  |  |  |  |  |  |
| 1. Dante Gennaro | **P** | **P** |  |  |  |  |  |  |
| 1. Blaise Gilchrist | **P** | **P** |  |  |  |  |  |  |
| 1. Ana Gonzalez | **P** | **P** |  |  |  |  |  |  |
| 1. Juan Gonzalez | **P** | **P** |  |  |  |  |  |  |
| 1. Dan Huang | **P** | **P** |  |  |  |  |  |  |
| 1. Clara Langley | **P** | **P** |  |  |  |  |  |  |
| 1. Ron Lee | **P** | **P** |  |  |  |  |  |  |
| 1. Andrea Lombard | **A** | **P** |  |  |  |  |  |  |
| 1. Luis Magana | **P** | **P** |  |  |  |  |  |  |
| 1. Angel Medina | **A** | **P** |  |  |  |  |  |  |
| 1. Waleska Mercado | **P** | **P** |  |  |  |  |  |  |
| 1. Omar Morrison | **P** | **A** |  |  |  |  |  |  |
| 1. Ronald Rouse | **A** | **A** |  |  |  |  |  |  |
| 1. Nadine Ruff | **A** | **P** |  |  |  |  |  |  |
| 1. Glenn Scott | **P** | **P** |  |  |  |  |  |  |
| 1. Jeffrey Snell | **P** | **P** |  |  |  |  |  |  |
| 1. Roberta Stewart | **P** | **P** |  |  |  |  |  |  |
| 1. Barry Walters | **P** | **P** |  |  |  |  |  |  |
| Total Present | **26** | **29** |  |  |  |  |  |  |
| \*Members who arrive after the first vote or leave before the end of the meeting are listed as absent. | | | | | | | | |

**Public participants (40)**

Audrey Bell; Joyce Boone; Samuel Bowens; Jahmyia Boyette; Marianne Buchelli; Sara Burns; Erick Carrion; Allison Champlin; Belinda Clark; David Colbert; Tamara Corley; Johanna Cruz; Martina de la Cruz; Dulce Dones; Taylor Edelmann; Deb Gosselin; Cynthia Hall; Shanay Hall; Kelsey Hust; Clunie Jean-Baptise; Coley Jones; Barbara Ligon; Maria Lorenzo; Erin Malgiogla; Mukhtar Mohammed; Kelly Moore; Peta-Gaye Nembhard; Hilary Norcia; Willy Quesada; Jackie Robertson; Cristie Rodriguez; Ramon Rodriguez-Santana; Rosie Rodriguez; Angel Ruiz; Sue Speers; Pamela Studley; Abigail Torres; Idiana Velez; Danielle Warren-Dias; Shayna Young