**Date** May 15, 2019

**Location** Chrysalis Center - Hartford, CT **Time** 12:40 p.m. – 1: 48 p.m.

**Attendance**  See team summaries for roster of CHPC members and public participants.

**Welcome**

DAC members moved directly into their team meetings after lunch, at roughly 12:40 p.m.

**Team Meeting Accomplishments**

The DAC participants assembled directly into two teams [Needs Assessment Projects (NAP) and Quality Performance Measures (QPM)] and did not meet as a full DAC group. Each team:

* Completed tasks as described in the first page of the meeting summaries for each team (page 2 and page 8).

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* Identified next steps and tasks for completion prior to the June 2019 DAC meeting.

**Other Business**

No other business was introduced at the team meetings.

**Adjournment**

Team meetings adjourned at or before approximately 1: 45 p.m.

**Meeting Notes**

**Participants:** Cinque Barlow, Clifford Batson, Susan Bouffard, Sara Burns, David Colbert, Johanna Cruz, Daniel Davidson, Luis Diaz, Shanay Hall, Kelsey Hust, Clunie Jean-Baptiste, Dionne Kotey, Sarah Macone, Luis Magaña, Erin Malgioglio, Zenovia Melendez, Consuelo Muñoz, Peta-Gaye Nembhard, Kathyleen Pitner, Jackie Robertson, Sue Speers, Abigail Torres, Danielle Warren-Dias

**Facilitator:** Nilda Fernandez **DPH Liaison:** Susan Major **Recorder:** Dave Bechtel

**Meeting Accomplishments**

The team accomplished the following tasks:

* **Syringe Services Program (SSP) Presentation**. Ramón Rodriguez-Santana presented data on the SSP (see Handout 1 for details). In 2018, the 11 SSPs reporting data to the Connecticut Department of Public Health (DPH):
  + Served 3,949 clients.
  + Distributed 631,470 syringes.
  + Collected 615,633 syringes.
  + Distributed 515 overdose prevention kits.
* **Quality Summit**. Dave Bechtel shared a brief update on planning for the summit scheduled to occur September 18, 2019 in Hartford, CT. Clemens Steinbock from the Center for Quality Improvement and Innovation will serve as the keynote speaker and is planning an activity during the morning session on how to build an HIV Care Continuum to “get to zero.” Meeting Handout 3 contains specific information, including a call for presenters for the Best Practice Carousel portion of the Summit. The Quality Summit workgroup will continue to meet (via phone).

**Identified Tasks**

1. Ramón Rodriguez-Santana is preparing an SSP report that will include additional data. After this report is completed, Ramón will present again at QPM.
2. QPM members can email proposed edits to the April 2019 QPM meeting notes to Dave Bechtel at [bechtel@xsector.com](mailto:bechtel@xsector.com).
3. The Quality Summit workgroup will continue planning the summit via conference call.

**Welcome**

DAC Co-chair Nilda Fernandez welcomed everyone to the Quality and Performance Measures (QPM) Team meeting at 12:40 pm. QPM reviews and discusses data, develops indicators to track progress in HIV prevention and care, and seeks to improve the quality of HIV care through the Cross Part Collaborative. QPM meetings are participatory, open to the public, and use a consensus model for making decisions.

Ms. Fernandez stated that due to the length of the PrEP presentation, Luis Diaz will share the PrEP information at the June QPM meeting. Today’s meeting will focus on the Syringe Services Program.

**Syringe Services Program (SSP) Presentation**

Ramón Rodriguez-Santana shared data from calendar year 2018 for the 11 SSPs that submitted data to DPH (see Handout 1 for details). Highlights from the presentation included:

* The **11 programs** serve clients from across the state. In 2018, there were sites in Hartford, Middletown, New London, Danbury, Bridgeport, New Britain, Bristol, New Haven, Enfield, Norwalk, Windham, and Stamford. In 2019, there are also new programs in Waterbury, Torrington and Norwich. Jackie Robertson noted that the Waterbury Health Department needed to step back in working with the SSP, given local attitudes. The Health Department can make initial referrals but cannot accompany clients to the SSP.
* Connecticut has increased the number of clients served from 2,090 in 2013 to **3,949 clients in 2018**. More than half of the 2018 clients were new clients. Ms. Fernandez noted that the large number of new clients demonstrates how the program is extending its services.
* **Gender**. Most clients (72.8%) were men. Danielle Warren-Dias stated that a couple may send the man to the SSP, so this may not reflect the number of women receiving clean syringes.
* **Race / ethnicity**. Nearly 1 in 2 clients were White (46.5%), more than 1 in 3 were Hispanic / Latinx (37.4%) and 1 in 8 were African-American (13.0%).
* **Age**. Most clients (56%) were from ages 30 to 49.
* **Hep C and HIV**. Clients self-reported their diagnoses: 7.1% reported a Hepatitis C diagnosis and 1% reported an HIV diagnosis. Mr. Rodriguez-Santana emphasized the importance of access to clean syringes for this group, in limiting new infections and preventing outbreaks like the one in Indiana. SSPs are also linking people to care.

Ms. Warren-Dias expressed concern about the **transgender** population, who have extremely high rates of HIV infection. One risk is sharing syringes when injecting silicone, which requires a certain type of syringe. Mr. Rodriguez-Santana stated that programs can request different syringes and DPH can include this in their order lists.

* **HIV Testing**. 20% of clients reported being tested for HIV in the last 12 months, and 7% were tested over 12 months ago. Susan Bouffard asked why this figure (27% ever tested) was so low? Sara Burns noted these figures are self-reported. Mr. Rodriguez-Santana stated that clients may not want to take the time to report testing or to get tested. The new DPH contracts require that 85% of new clients get tested.

Ms. Warren-Dias suggested educating clients about the importance of testing for future funding. If clients learn that the program may go away if they do not get tested, they will be more likely to get tested. “We forget the power of knowledge with consumers. We need to give them a reason to buy in.”

* **Distribution and Collection**. SSPs **distributed 631,470 syringes and collected 615,633 syringes** in 2018, more than three times the numbers from 2013. Mr. Robertson noted that local pharmacies and bodegas are selling syringes and syringe cleaning kits. David Colbert stated that the difference between distributions and collections is that programs generally give more syringes than they get back. Ms. Fernandez noted that 615,000 syringes is still a huge number to collect. Dionne Kotey asked about distribution in rural areas. Mr. Rodriguez-Santana stated there is much secondary distribution (giving to peers) and some home deliveries.
* **Naloxone Kits**. 532 clients were trained in overdose (OD) prevention, a total of 515 Naloxone kits were supplied or resupplied to clients, and 131 kits were used. Mr. Rodriguez-Santana noted that clients also get Naloxone (Narcan) from other sources. Mr. Rodriguez-Santana described how he checks on whether injection drug users know where to get Naloxone and works with local business owners to use the kits (e.g., good publicity for business if the owner saves a person’s life). One challenge is reporting overdoses; a gas station owner in Hartford reported that if he calls the police too much (due to overdoses), they will fine his business.

Ms. Burns asked how many doses are in a kit, and whether it’s possible to track how many overdoses were treated by the 131 kits? Mr. Rodriguez-Santana stated that there are two doses in a kit, and that EMR (Emergency Medical Response) does collect data on the number of doses used and the outcome.

Ms. Warren-Dias asked if drug dealers are getting Narcan? Mr. Rodriguez-Santana stated that this idea had been considered by several people (e.g., include a stamp on the bag to “carry Naloxone”) but that the dealers were not interested in doing this.

* **Fentanyl Testing**. Mr. Colbert asked if DPH was tracking the use of fentanyl testing strips? They work very well and clients love them. They distribute the strips on Friday and the clients give them back on Monday. Mr. Rodriguez-Santana stated that this is being tracked, but there is not specific funding for the strips, so they can only be purchased as funds are available. Johanna Cruz asked how much the strips cost; Mr. Rodriguez-Santana stated they were $1.23/strip.

Ms. Warren-Dias stated that the Greater Harford Harm Reduction Coalition (GHHRC) started testing bags and found that 9 out of 10 had fentanyl. Kathyleen Pitner asked why dealers would want to kill off their clients? Zenovia Melendez stated that some clients go searching for it as a great high, and can use Narcan to reverse an overdose. Ms. Warren-Dias stated that fentanyl has been used for a long time; Hartford had a product called “Tango and Cash” back in the 1980s that had people coming from Bridgeport and New York to buy. It’s just that there is more awareness now that fentanyl has hit new populations.

* **New HIV Diagnoses**. The number of HIV diagnoses by PWID (persons who inject drugs) decreased from 321 in 2002 to 23 in 2017. SSPs are effective in reducing new infections. Mr. Rodriguez-Santana noted the continuing challenge is that new diagnoses may also be late testers; Connecticut needs to do a better job of testing people before they develop AIDS.
* **Additional Data**. Participants asked about additional data:
  + Mr. Colbert asked if QPM can see the average *monthly distribution* for the state? Ms. Burns asked if the numbers increase in the summer? Mr. Rodriguez-Santana stated that he will write an SSP report that includes additional data, and come back to QPM to share this data once the report is completed.
  + Ms. Fernandez asked if there was data on *non-reversals*? Mr. Rodriguez-Santana stated that there was very limited data on this.
  + Ms. Warren-Dias asked if DPH compares the location of SSP clients with the *location of overdoses*? Mr. Rodriguez-Santana stated that they do look at this, but noted that the numbers are both related to population density.
  + Ms. Warren-Dias suggested that the spike in new HIV diagnoses via heterosexual contact is probably due to injection drug use (IDU) as well.
  + Ms. Fernandez and Ms. Warren-Dias asked about considering *other SSP indicators*: number of clients trained in OD prevention, number of clients referred for and completing treatment. Mr. Rodriguez-Santana noted that the training is a pilot program (which may go away) and that tracking referrals is difficult (do not have permission to follow up with treatment centers).

**Summary**. Connecticut is close meeting or exceeding its goals for SSP.

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| --- | --- | --- |
| **Indicator 10: Syringe Services Program (SSP)** | **2021 Goal** | **2018 Result** |
| *10a:*Number of SSP clients served | 4,000 | 3,949 |
| *10b:*Number of syringes collected | 450,000 | 615,633 |
| *10c:*Number of syringes distributed | 500,000 | 631,470 |

**Quality Summit Update**

Dave Bechtel shared a brief update on planning for the summit scheduled to occur September 18, 2019 in Hartford, CT. Clemens Steinbock from the Center for Quality Improvement and Innovation will serve as the keynote speaker and is planning an activity during the morning session on how to build an HIV Care Continuum to “get to zero.” Meeting Handout 3 contains specific information, including a call for presenters for the Best Practice Carousel portion of the Summit.

* Peta-Gaye Nembhard suggested adding her contact information to the handout, and specifying the HIV Care Continuum measures in the handout. She also noted that Angelique will be presenting the Hep C project.

The Quality Summit workgroup will continue to meet (via phone).

**April Meeting Summary**

Due to time constraints, Mr. Bechtel asked participants to email him edits to the April 2019 meeting notes.

**Adjourn**

Nilda thanked everyone for their participation and adjourned the meeting at 1:48 pm.

**##End QPM Notes##**

**MEETING SUMMARY**

**Date:** May 15, 2019 **Location:** Chrysalis Center (Hartford, CT)

**Start Time:**  12:40 p.m. **End Time:** 1:45 p.m.

**Participants:** Page 2 shows attendance

**Chair:** Laura Aponte **Recorders:** Emily Jablonski

**Meeting Accomplishments**

* Participants approved by consensus the April 2019 meeting summary.
* Participants reviewed an updated version of the Needs Assessment Projects (NAP) Team’s 2019 work plan.
* Participants reviewed a draft tool for Connecticut’s upcoming HIV workforce survey which focuses primarily on skills, abilities, knowledge, and competencies.
* Participants identified an approach to conduct committee work between the May and June meetings.

**Welcome & Introductions**

Ms. Laura Aponte (NAP Team chair) welcomed participants to the meeting and asked everyone to introduce themselves by name and organizational affiliation or town. Ms. Aponte explained that the May 15, 2019 NAP Team meeting represented her first meeting as co-chair of the Data and Assessment Committee (DAC) and the NAP Team leader. She outlined the importance of creating an environment of acceptance and respect, and organizing the discussion to produce results. The NAP Team: a) completes special projects such as needs assessments, focus groups, or briefing papers that help the CHPC develop its plan and achieve its goals; and b) uses a consensus model of decision-making (not voting) to include all voices and perspectives – including public participants in the process.

**Review of April 2019 Meeting Summary**

Participants reviewed the April 2019 summary. Mr. Tom Butcher noted that at the April NAP Team meeting, he had asked a question related to receiving the PLWH needs assessment survey results for priority-setting purposes. Ms. Aponte and Ms. Emily Jablonski agreed to check with the CT DPH data team about sharing any data and/or data analyses with Mr. Butcher and others who would benefit. Ms. Jablonski will also adjust the April meeting summary to reflect Mr. Butcher’s question.

The NAP Team approved by consensus the April meeting summary with the one (1) fore mentioned change.

**NAP Team Work Plan**

Ms. Aponte reviewed progress on the NAP Team’s various tasks, including the statewide needs assessment focus groups. The priority population has been established, and the CT DPH data team is looking into the most efficient way to select focus group participants. This may be an approach that utilizes data from CAREWare (i.e., identifying agencies with a high number of the focus population) as well as a grassroots approach (i.e., word of mouth with leads of those agencies).

**HIV Workforce Survey**

NAP Team participants reviewed a comprehensive survey tool that NAP Team member Mr. Dante Gennaro drafted in advance of the May NAP Team meeting. Participants thanked Mr. Gennaro for his hard work and commented on the strengths of the tool including the topics covered and its thorough scope. The group agreed to focus on providing feedback on the stigma questions.

A comprehensive list of the **specific** agreed upon exists in a separate document. Major changes include:

* Paring back the number of questions.
* Removing “topics” titles for each section.
* Create consistency across multiple choice answers (e.g., spell out acronyms every time).
* Consider three sections: Knowledge, Skills, Assessment
* Clarify instructions (e.g., “CHOOSE ALL THAT APPLY”)
* Clarify that the survey is not an assessment but rather, a way to measure workforce “baseline”

**Next Steps**

* CHPC staff will work with Ms. Aponte and Mr. Gennaro to hold an online Zoom conference to continue editing the survey tool. This will include an email to NAP Team members to invite them to participate. This is an optional activity for NAP Team members.
* NAP Team members will review the meeting notes and provide additional input at the May meeting (or by e-mail prior to the meeting).
* CHPC staff will continue to work on needs assessment focus group logistics (e.g., location, participants, and focus group dates) with CHPC leaders.

**Other Business**

Participants did not introduce any new or other business.

**Feedback**

Ms. Aponte thanked everyone for providing input and helping to shape the next iteration of workforce survey questions. She asked participants to place any additional meeting feedback on the CHPC general meeting feedback form.

**Adjournment**

Ms. Aponte adjourned the meeting at 1:45 p.m.

**Meeting Attendance**

Laura Aponte; Samuel Bowens; Jaymyia Boyette; Thomas Butcher; Belinda Clark; Reina Cordero; ; Angelique Croasdale-Mills Dante Gennaro; Cynthia Hall; Venesha Heron; Abbie Kelly; Barbara Ligon; Andrea Lombard; Andre McGuire; Angel Ruiz; Emily Semmelrock; Jeffrey Snell; Sandi Wade