**Date** July 17, 2019

**Location** Chrysalis Center - Hartford, CT **Time** 12:40 p.m. – 1: 45 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 5).

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

**Other Business**

No other business was introduced at the team meetings.

**Adjournment**

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

**QPM MEETING SUMMARY**

**Participants:** Cinque Barlow, Clifford Batson, Allison Champlin, David Colbert, Christina Del Vecchio, Brittany Gardner, Deborah Gosselin, Clunie Jean-Baptiste, Marcelin Joseph, Dionne Kotey, Sarah Macone, Luis Magana, Angel Medina, Zenovia Melendez, Kelly Moore, Consuelo Muñoz, Mitchell Namias, Peta-Gaye Nembhard, Shaquille Pigatt, Ramón Rodriguez-Santana, William Rosa, Delita Rose-Daniels, Sue Speers, Abby Torres, Danielle Warren-Dias

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

**Meeting Accomplishments**

The team accomplished the following tasks:

* **Revised Progress Indicators**. The team agreed to revise the Connecticut Progress Indicators as follows:
	+ ***Remove Indicator #7: Antiretroviral Therapy (ART) Among Persons in HIV Medical Care***. This indicator has consistently been above 95%.
	+ ***Change Indicator #4: Linkage to HIV Care***. Change the definition to: “Percent of persons who attended a routine HIV medical care visit within 1 month of HIV diagnosis.”
	+ ***Consider other measures for Indicator #8: Partner Services***. QPM will review recent data on Partners Services and decide whether to use a different measure of effectiveness.
	+ ***Review additional STD (sexually transmitted disease) data before deciding on an STD indicator***. QPM will request a “deeper dive” on STD data as a potential HIV prevention indicator (e.g., STD co-infections, STD data by population).
* **Quality Summit**. Dave Bechtel shared a brief update on planning for the summit scheduled to occur September 18, 2019 at the Chrysalis Center in Hartford. Participants agreed to **extend the deadline to August 15** for presenters to submit Best Practice Carousel proposals.

**Identified Tasks**

1. DPH staff will share the CDC report on linkage to care within 1 month.
2. CHPC and DPH staff will check on the availability of Partner Services data for the August meeting.
3. CHPC staff will follow up with potential Best Practice Carousel presenters for the Quality Summit.

**Welcome**

QPM staff person Dave Bechtel welcomed everyone to the Quality and Performance Measures (QPM) Team meeting at 12:30 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.

**June Meeting Summary**

Mr. Bechtel asked participants to review the June 2019 QPM team meeting summary. In June, Sue Major presented on data on the PrEP-to-Need Ratio (PnR) and the team agreed to add the PrEP-to-Need Ratio as an indicator.

Mr. Bechtel and Ms. Major first updated the team on tasks from the meeting:

* Ms. Major and Luis Diaz were able to access the presentation of Medicaid data at the PrEP Summit. Truvada treatment among Medicaid members increased from 293 individuals in 2015 to 986 individuals in 2018.
* Dante Gennaro agreed to take photos at the Quality Summit.
* Peta-Gaye Nembhard noted that she will create a promotional video for the Quality Summit this week.

The team approved the meeting summary without changes.

**Review and Revise Indicators**

Mr. Bechtel noted that over the last two years, the team has discussed challenges with several of our indicators and added indicators to the original list of 10. Mr. Bechtel reviewed the indicators (see Handout #1) and the team decided on revisions to the indicators. The key themes from the discussion are as follows:

* **Indicator #7: Antiretroviral Therapy (ART) Among Persons in HIV Medical Care**. The team agreed to remove ART from the list. This indicator has been over 95%; providers are prescribing ART consistently.
* **Indicator #4: Linkage to HIV Care**. While Connecticut has been above 90% in linkage to care within 3 months, a recent CDC study found that in 2017, Connecticut was at 84.4% on linkage to care within 1 month. Connecticut is focused on rapid linkage to care (ideally the same day). The team agreed to change the definition to “linkage within 1 month” and review historic data using this new definition.
* **Indicator #8: Partner Services. Percent of newly diagnosed interviewed (i.e., linked) by Partner Services**. This measure has been consistently above 90% and is only based on those individuals referred to Partner Services. The team agreed to investigate if there are better measures for Partner Services (e.g., percent of partners of original patients interviewed, number of additional positives identified). [Note that this data may not be available in time for the August meeting.]
* **Indicator #5: Retention in HIV Medical Care**. The team discussed whether to change the definition and/or examine data for different populations (e.g., youth). Participants noted challenges with different indicator definitions, given that people may not need to attend multiple appointments each year. In many cases, viral load suppression appears to be a better measure and may be more helpful to examine by sub-population. The team decided to keep this indicator unchanged.
* **Indicator #9: Housing Status**. In 2018, the team had noted planned changes in the CAREWare data system to improve the definition of housing stability. The new definitions have not been implemented yet, but are planned for 2019. The team can revisit this indicator in 2020.
* **Indicator #12: Sexually Transmitted Diseases (STDs)**. The team discussed challenges in creating an STD indicator at its March and April 2019 meetings, given the changes in the types of STD tests. Participants stated that the use of rectal swabs (vs. urine tests) may be more effective in identifying STDs, but that there is not a good data source to track all STD tests by type (the State Lab only processes about 10% of all tests). The team agreed that a useful next step is to take a deep dive into the STD data with a focus on HIV prevention (i.e., before people contract HIV). This can include STD co-infections (syphilis and gonorrhea) by age, the time period between contraction of STDs and HIV (also available on Connecticut’s epidemiological profile), and research on STD indicators used by other states. The team agreed to not include an STD indicator at this time.

**Quality Summit Update**

Mr. Bechtel provided an update on planning for the Quality Summit, to be held on September 18, 2019 at the Chrysalis Center. The morning sessions are set – with Clemens Steinbock leading an interactive session on quality improvement, and presentations on HIV and Hep C from Dr. Villanueva and Angelique Croasdale-Mills. For the afternoon Best Practice Carousel, several agencies have verbally agreed to participate but only one written proposal has been received to date. Mr. Bechtel will follow up with these agencies and the Summit workgroup agreed to extend the deadline until August 15.

Participants suggested the following next steps:

* APNH might present on its successful social media efforts to recruit new clients.
* Southwest Community Health Center might present on its successful recruitment of MSM for its Personalized Cognitive Counseling (PCC) intervention.

**Adjourn**

The meeting adjourned at 1:42 pm.

**##End QPM Notes##**

 **NAP MEETING SUMMARY**

**Date:** July 17, 2019 **Location:** Chrysalis Center (Hartford, CT)

**Start Time:**  12:35 p.m. **End Time:** 1:45 p.m.

**Participants:** Page 3 shows attendance

**Chair:** Laura Aponte **Recorder:** Matt Marcarelli

**Meeting Accomplishments**

* Participants approved by consensus the June 2019 meeting summary.
* Participants discussed updates to the HIV Workforce Survey plan and timeline.
* Participants reviewed a subset of data slides summarizing results on questions related to stigma and mental health from the 2018 Persons Living with HIV (PLWH) Needs Assessment Survey. The group identified key messages to convey to the full CHPC.
* Participants received a status report on the implementation of the Needs Assessment Focus Groups.
* Participants identified an approach to conduct committee work between the July and August meetings.

**Welcome & Introductions**

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 July 17, 2019 NAP Team meeting represented her third meeting as co-chair of the Data and Assessment Committee (DAC) and the NAP Team leader. She added that she is involved with the HIV Funders Group and has also been a CHPC member for multiple years. Ms. Aponte welcomed the new faces in the crowd and encouraged them to embrace the opportunity to lead and/or contribute.

Ms. Aponte 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.

Ms. Aponte introduced Matt Marcarelli, a new CHPC staff member, who will be supporting the NAP Team in July and August. Mr. Marcarelli introduced himself, described his background, and added that he looked forward to working with and getting to know the NAP Team members.

**Review of June 2019 Meeting Summary**

Participants reviewed the June 2019 summary. The NAP Team approved by consensus the June meeting summary without changes.

**HIV Workforce Survey Production**

Mr. Marcarelli provided background information about the HIV Workforce Survey. In 2017, members of Connecticut’s HIV workforce completed a survey to identify their demographic information as well as other details about their jobs, such as title, salary, and years in the workforce. In early 2019, the NAP Team began production of the survey’s second iteration, using a survey created by the Black AIDS Institute as a starting point. Between March and June, the NAP Team worked to refine the survey questions and the HIV Funders Group provided input on the tool.

Mr. Marcarelli explained that CT DPH has asked that the NAP Team put the HIV Workforce Survey on hold for the time being. CT DPH plans on reviewing their general survey development and implementation process, from tool production to survey dissemination and analysis, and therefore will place the data collection on a temporary hold.

Multiple participants raised questions related to the survey timeline, and whether results would be available for end-of-the-year reporting. Ms. Aponte assured the group that the survey would be completed during 2019, and would provide an update at the August meeting (or sooner via e-mail).

**Needs Assessment Data Slides**

Mr. Marcarelli explained that the HIV Funders Group requested that the NAP Team take a closer look at results related to stigma and mental health from the 2018 PLWH Needs Assessment Survey. Mr. Marcarelli walked participants through a review of several data slides, using the following framework to guide discussion: 1) “DATA – What is the fact?” 2) “DIALOGUE – What is the message?” 3) “DIRECTION – How do we put the data/message to use?”

The table below summarizes participants’ observations for each question included in the handout:

| **Summary table from discussion of stigma and mental health questions from the 2018 PLWH needs assessment survey** |
| --- |
| **Question** | **Participant Observations** |
| **Q38:** How long have you been living with the virus? | Participants noted that while the majority of survey respondents across all age groups have been living with HIV for over 5 years, a greater proportion of the younger respondents contracted the virus within the past five years. |
| **Q39:** Have you told anyone who is not a medical provider about your HIV status? | Participants were pleased that over 78% of respondents in every age group had disclosed their HIV status to a non-medical provider. |
| **Q39a.e:** Have you told your faith/spiritual leader or counselor about your HIV status? | Participants noted that a significant portion of respondents answered “YES, I have told them” in each age group. Among respondents who answered “NO,” most were not planning to disclose their HIV status to their faith/spiritual leader or counselor in the future. This latter result was especially pronounced in the 30-39 age group, though participants did not come to a consensus as to why that might have been the case. Several participants noted that faith/spiritual leaders and counselors play very different roles in the lives of people living with HIV (PLWH) and therefore should be given separate treatment on future surveys.  |
| **Q40i:** In the past 6 months, do you feel your HIV status resulted in you receiving poor quality health services? | Participants were pleased that over 88% of respondents answered “NO” to this question in every age group. |
| **Q41f:** In the past 30 days, have you needed counseling, therapy, or medications to manage your thoughts, feelings, or behaviors? | Participants were somewhat surprised that over 65% of respondents answered “NO” to this question in every age group. Multiple participants suggested that some of the respondents who answered “NO” may self-medicate through drug use and adopt other unhealthy behaviors in lieu of seeking professional help. Ms. Croasdale-Mills suggested that the NAP Team compare results from Question 41f with results from questions related to drug use to see if these suspicions are represented in the data.  |
| **Q42:** When you may need counseling, therapy, or medications to manage your thoughts, feelings, or behaviors, what prevents you from getting help?**RESPONSE F:** I feel I can take care of it myself. | Participants observed that respondents in the youngest age group, 20-29, were the most likely to feel that they could manage their thoughts, feelings, and behaviors themselves, rather than by seeking professional help. Participants reiterated the need to find out how PLWH who do not seek help are managing their mental health, and whether it involves drug use or other unhealthy behaviors. |
| **Q43:** When you need counseling, therapy, or medications to manage your thoughts, feelings, or behaviors, what helps you take action to get the needed support?**RESPONSE E:** I feel I used up all my other options and this is a last resort. | Participants noted that respondents in the youngest age group, 20-29, were the most likely to seek help only after using up all other available options. |
| **Q44:** Have you heard about or used peer support models that involve hiring individuals living with HIV to support clients living with HIV? | Participants observed that respondents in the youngest age group, 20-29, were the most likely to have heard about or used peer support models. They were surprised that individuals in the second youngest age group, 30-39, were the least likely to have heard about or used peer support models. |
| **Q45:** Do you believe that you would benefit from working with a staff person who is also a person living with HIV? | Participants noted that respondents in the youngest age group, 20-29, were the most likely to see the benefit of working with a staff person who is also a person living with HIV. |
| **Q46:** Do you have interest in becoming trained to be a peer support staff person? | Participants observed that, on average, respondents in the youngest age group, 20-29, were the most interested in becoming trained to be a peer support staff person, and that interest generally waned toward the older age groups. |

Participants agreed that the following were the most salient messages that should be shared based on their review of the data slides:

1. The vast majority of survey respondents in every age group had revealed their HIV status to a non-medical provider, indicating that PLWH may be more likely to disclose their status than previously thought.
2. Younger PLWH may be less likely to seek professional help – through counseling, therapy, and/or medications – to manage their thoughts, feelings, and behaviors. HIV-positive youth and young adults may therefore be at a greater risk of self-medicating through drug use and adopting other unhealthy behaviors to deal with issues related to their mental health.
3. On average, PLWH in the youngest age group, 20-29, are more engaged with peer support models, and show greater interest in becoming trained to be a peer support staff person.

**Needs Assessment Focus Groups**

Mr. Marcarelli gave an update on the Needs Assessment Focus Groups. He explained that the CHPC co-chairs were in the process of conducting outreach to three organizations, ACT, Optimus, and the Waterbury Health Department, to gauge their interest in being a part of the focus groups. DPH data analysts concluded that these providers had the greatest affiliation with the priority population, young and recently diagnosed PLWH. CHPC co-chair Gina D’Angelo successfully reached Optimus and they have agreed to take part in the focus groups. Ms. D’Angelo hopes to connect with the other two agencies at CHPC or by the end of the week. The focus groups will be held in August or September at the latest. CHPC co-chair Blaise Gilchrest will facilitate all groups, and Ms. D’Angelo will take notes and record all sessions. Participants will receive incentives in the form of gift cards and refreshments.

Members of the NAP Team were concerned that it may be challenging to recruit a sufficient number of participants in the proposed timeframe. Multiple members also asked to see the final list of focus group questions. Mr. Marcarelli agreed to relay members’ concerns and requests to the CHPC co-chairs.

**Next Steps**

* CHPC staff will create slides summarizing the NAP Team’s observations from their review of the stigma- and mental health-related Needs Assessment Survey results.
* CHPC staff will relay the NAP Team’s concerns and requests regarding the HIV Workforce Survey and Needs Assessment Focus Groups to CT DPH.
* CHPC staff will create a July 2019 meeting summary.
* CHPC staff will conduct any additional follow-up tasks as needed.

**Adjournment**

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

**Meeting Attendance**

Laura Aponte; Samuel Bowens; Erick Carrión Rivera; Lauren Ciborowski; Reina Cordero; Angelique Croasdale-Mills; Venesha Heron; Andrea Lombard; Aurelio Lopez; Teresa Madera; Erika Mott; Donna Sciacca; Leigh Stepanian; Angel Ruiz