



## Quality and Performance Measures (QPM) Team

Meeting Notes / June 17, 2020

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### Meeting Notes

**Participants:** Melanie Alvarez, Sara Burns, Daniel Davidson, Luis Diaz, Miguel Gonzalez, Clunie Jean-Baptiste, Dionne Kotey, Susan Major, Myrna Millet Saez, Consuelo Muñoz, Mitchell Namias, Peta-Gaye Nembhard, Angel Ruiz, Antoinette Thuillier, Danielle Warren-Dias

**Facilitator:** Nilda Fernandez

**Recorder:** Dave Bechtel

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#### Meeting Accomplishments

The team accomplished the following tasks:

- Held our second online meeting, using feedback from the first meeting to improve the process (i.e., option to see all meeting participants).
- Melanie Alvarez provided an update on “Homelessness in Connecticut during COVID-19.”
- Dave Bechtel shared different assessments for measuring stigma. The team agreed to further explore the 40-item HIV Stigma Scale (HSS) which assesses internal stigma among people living with HIV (PLWH).

#### Identified Tasks

1. Dave will share a copy of the full HIV Stigma Scale with the team.
2. QPM leaders will explore ways to share the Homelessness and COVID information more widely with the CHPC (e.g., InfoShare email, presentation at future CHPC meeting, video of presentation on CHPC website, article in CHPC newsletter).
3. QPM leaders and staff will discuss the HIV Stigma Scale as a potential measure with the CHPC co-chairs.
4. QPM participants will consider pilot-testing the HIV Stigma Scale in their agencies.

#### Next Meeting

- July 15, 2020 at 11:15 a.m. virtual GoToMeeting. (\*Start time adjusted by 15 minutes per Executive Committee)
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#### Welcome

DAC co-chair Nilda Fernandez welcomed everyone to the second online meeting of the Quality and Performance Measures (QPM) Team at 11:05 am. QPM reviews and discusses data, develops indicators to track progress in HIV prevention and care, and seeks to improve the quality of HIV prevention and care.



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Ms. Fernandez noted a few changes to online meeting based on participants' feedback:

- We are using Gotomeeting this time so we can see people's faces (if you're willing to turn your camera on).
- We will mute everyone's audio to start the meeting and during the presentations.
- We will use both the Chat box and unmute people to have our discussion today. Please raise your hand if you want to ask a question or share a comment. We'll try to make sure everyone who wants has a chance to speak.

Ms. Fernandez asked participants for feedback on the May QPM meeting notes. Participants approved the notes by consensus (i.e., thumbs up).

### Homelessness in Connecticut during COVID-19 Presentation

Ms. Fernandez noted that one of the issues we've discussed in QPM is the importance of stable housing for people living with HIV. The first agenda item will feature an update from Melanie Alvarez of ACT on how the COVID crisis is affecting housing stability and homelessness in Connecticut. Ms. Alvarez has been working on HIV and housing issues for a number of years, and helped organize last year's Quality Summit that addressed housing and HIV among other topics.

Ms. Alvarez introduced herself and shared an update on homelessness during COVID-19. She first noted that ACT now stands for Advancing Connecticut Together. Ms. Alvarez stated that Connecticut's Department of Housing (DOH) does not collect information on the number of PLWH who are homeless, but that we know from our work that many PLWH face housing stability issues. Today's presentation will focus primarily on the response of the housing system to COVID-19.

Information from the presentation included:

- **COVID-19 and Homelessness.** The Centers for Disease Control (CDC) has named homeless persons as a "vulnerable population" during COVID-19. Individuals experiencing homelessness are more likely than the general population to have serious infection, hospitalization and death if infected with COVID-19. The most vulnerable groups include people over age 60 and African-Americans. In Connecticut, about 5% of the homeless population are over 65 years old and about 37% identify as Black/African American.
- **Sheltering Homeless Individuals.** Shelters have had dramatically reduce the number of beds to meet recommended guidelines for physical distancing. Many homeless individuals have been moved to hotels (200 in Hartford) and need to be rapidly housed. Shelters also need additional resources to adhere to the strict disinfection guidelines mandated by the CDC and for ongoing on-site testing of sheltered individuals. Thus far, there have a few sheltered individuals who tested positive for COVID, but were isolated and COVID did not spread to other individuals.
- **Policy Recommendations.** Connecticut needs to rapidly house individuals, to allow for the inevitable influx of new clients (due to the economic situation). This includes ramping up Rapid Rehousing programs that provide wraparound services to individuals who need this support, and Rapid Exit which offers financial assistance (e.g., security deposit, first month's rent, moving



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expenses) for individuals who do not need additional services. Shelters need additional resources to adhere to CDC guidelines, including but not limited to frequent and universal COVID-19 testing; bed spacing; adequate disinfection, masks and PPE; and prompt isolation of COVID positive clients. Closed shelters should only reopen when they are positioned to do so safely.

- **Next Steps.** DOH has dedicated about \$200,000 in federal CARES Act funding in direct service dollars to rehousing homeless individuals. DOH is ramping up services for housing location and inspections. DOH, with federal permission, has waived many document requirements to expedite application processes and mitigate the challenges of providers working remotely. Homeless individuals will still need to call 2-1-1 and have a CAN (Coordinated Access Network) appointment to be considered for any shelter or rehousing program. Ms. Alvarez noted that the CAN process might be quicker now that all CAN appointments are taking place by phone.
- **Advice for PLWH.** Ms. Alvarez suggested the following for PLWH and their case managers / allies:
  - Get on all the housing waitlists. In Hartford, this is both the Coordinated Access (CAN) list and the HOPWA (Housing Opportunities for Persons with AIDS) list.
  - Disclose their HIV status when calling 2-1-1; some regions have a combined list for CAN and HOPWA.
  - Learn the Coordinated Access process. Advocates can learn about the needed documentation, the homeless assessment process, and definitions of homelessness. Each region has its own CAN, so the process varies by region.

Participants asked the following questions:

- Ms. Fernandez asked how Connecticut was preparing for the influx of new homeless individuals. Ms. Alvarez stated that there is a total of \$250,000 in federal CARES Act funding to support rapid exits, reopen shelters and train staff in the new COVID guidelines.
- Danielle Warren-Dias asked about the status of renovations to the ImmaCare Park Street shelter. Ms. Alvarez did not know, but would check with her colleague.
- Ms. Fernandez asked about the process and resources for youth ages 18-29. Ms. Alvarez noted that the housing system defines youth as ages **18 to 24**. There is not a separate process for youth, but there are special programs and additional resources available for young people. Ms. Alvarez also suggested getting involved with your local CAN to advocate for youth. Every region has a CAN, and there are many meetings for different committees. Ms. Warren-Dias suggested advocating for a broader age range, particularly for young people who were born with HIV. Many of these young people may experience a slower developmental journey.
- Ms. Warren-Dias asked about expanding the criteria for homeownership programs, similar to Medicaid expansion. Ms. Alvarez stated that she is meeting with federal housing program staff this week, and can ask about these options. Ms. Fernandez recommended Ms. Alvarez mention the home-ownership initiatives for First Time Home Buyers being deployed by Southside Institutional Neighborhood Alliance (SINA) and Northside Institutional Neighborhood Alliance



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(NINA) specifically designed to increase home ownership (residency) in the city of Hartford. Melanie agreed to explore this.

### Measuring Stigma

Ms. Fernandez stated that one of the main goals of Connecticut's Getting to Zero campaign is "Zero Stigma." The QPM team has talked about stigma, including how we might set an indicator for stigma. Sue Major and other staff at DPH have collected a number of resources over the past year on stigma. Dave will share a summary of the different resources and then we can discuss how we might start to measure stigma in Connecticut as part of our plan.

Dave presented information on a number of assessments and surveys for stigma. The main information on these assessments is presented below.

Name	Organization(s)	Target	Measure(s)
Reducing Stigma & Discrimination in Health Facilities	Health Policy Project (HPP)	Health Facilities	<a href="#">Staff Questionnaire</a>
Addressing Stigma in Healthcare Facilities	NASTAD	Health Facilities	<a href="#">Secret Shopper</a>
National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care	U.S. Department of Health and Human Services (HHS)	Healthcare staff and facilities	<a href="#">Standards</a>
Fighting HIV Stigma Through Personal Action	<a href="#">Gilead</a>	HIV Educators and PLWH	Pre-test and post-test
CHPC 2018 Needs Assessment	CHPC	PLWH	Client Survey
PLHIV Stigma Index	Global Network of People Living with HIV (GNP+) and partners	PLWH	Interview questionnaire
HIV Stigma Scale	University of Miami	PLWH	<a href="#">40-item Survey</a>
Cut The Stigma Campaign	Black AIDS institute	PLWH	Requested information

Participants discussed priorities and assessments to consider in measuring stigma. Themes included:

- Investigate the HIV Stigma Scale (HSS).** Ms. Fernandez liked the 40-item HSS for PLWH. The HSS can quantify internal stigma, which is a driving force in how external stigma affects an individual. Ms. Warren-Dias agreed. This a clearer measure for stigma, and we can assess changes over time with interventions. For example, the WILLOW intervention addresses internal stigma for women living with HIV, and debunks it. There are also federal grants



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available to address stigma. Angel Ruiz agreed that HSS would likely be more accurate than a healthcare provider assessment (where staff may know the “right” answers).

- **Track and address stigma by race.** Ms. Warren-Dias noted that experiences of stigma will be different for African-American women (compared with white women), who face discrimination based on their HIV status and their race. Consuelo Muñoz agreed that medical case managers and staff need to work on racism with clients in the context of stigma. Especially now, Black and Latinx clients are facing discrimination, with some clients fearing being out in public given the current climate.
- **Next steps** will include:
  - Dave will share the full HSS with QPM participants.
  - QPM team leaders and staff will discuss the HSS as a potential measure with the CHPC co-chairs.
  - QPM participants will consider pilot-testing the survey in their agencies.

### Meeting Feedback

Ms. Fernandez thanked everyone for their participation, and asked participants to share feedback on the meeting. Comments and suggestions included:

- Most participants who commented appreciated the revised format and reported that the meeting was very informative (see sidebar).
- Peta-Gaye Nembhard suggested that Ms. Alvarez share her presentation with the full CHPC. The group discussed different options including: email the Housing Fact Sheet to the CHPC InfoShare, Ms. Alvarez presenting at a future CHPC meeting, Ms. Alvarez recording a video presentation and posting to the CHPC website, and including the information in a CHPC newsletter. Sue Major agreed that the information was very timely.

#### Feedback via Chat

- Antoinette Thuillier: This was an informative and productive meeting, also interactive and fun. This is also my first time being part of QPM.
- Dionne Kotey: thumbs up :)
- Clunie Jean-Baptiste: very informative!
- Mitchell Namias: Great job today everyone, very informative

### Adjourn

The meeting adjourned at 12:08 pm.

##End QPM Notes##