



CHPC
CONNECTICUT HIV
PLANNING CONSORTIUM

SEPTEMBER 2018

The CHPC is an integrated, statewide prevention and care planning group comprised of diverse partners—including persons living with HIV.



IN THIS ISSUE:

- 1st Annual HIV/HCV Summit
- CHPC Update
- Bridging Care and Prevention in Connecticut
- HIV & Cancer
- CHPC Consumer Panel
- The HOPE Act
- DPH Corner
- CHPC Website
- Upcoming Events & Calendar
- Hartford's Data Integration Grant

MISSION STATEMENT:

To create a coordinated statewide prevention and care system in which the rate of new HIV infections is reduced, and those who are living with and affected by HIV/AIDS are connected to appropriate care and support services.

HIV/AIDS Planning News & Notes



CT CLOSER TO THE CURE 1ST ANNUAL HIV/HCV SUMMIT

On June 1, 2018, enthusiastic HIV and Hepatitis C providers descended on the Cromwell Marriott for the first annual HIV/HCV Summit - *CT Closer to the Cure*. The primary purpose of the summit was to arm medical and non-medical providers with tools to address the most important and current challenges in viral hepatitis and HIV management by providing updates on recent advances and key clinical issues encountered in medical care facilities.

The summit featured timely presentations echoing epidemiological findings in viral hepatitis and HIV research. The morning portion of the day was spent on current advances in HIV and Hepatitis Care and Treatment, while the afternoon sessions were dedicated to the sharing of successful Quality Management and Quality Improvement activities used to improve care.

Presentations were provided by Dr. Gary Spinner of Southwest Community Health Center, Dr. Marwan Haddad from Community Health Center, Inc., Ana Caceres, APRN from Hartford Hospital Community Care Center, Nitza Agosto from Community Health Services, Inc., Pete Higgins from the Gilead Sciences Liver Disease Division, Dr. Margaret Fikrig of the Yale AIDS Care Program's Nathan Smith Clinic, and a co-facilitated presentation by Sandra Gossart-Walker and Faith Mack from the Yale Child Study Center.

Though this event was spearheaded by the City of Hartford's Ryan White Part A and Hep C (Project Access) programs, it was definitely a collaborative effort by partners across the state, including the Connecticut Department of Public Health, Ryan White Parts A, B, C & D, the Connecticut AIDS Education and Training Center, the Community Health Center Association of Connecticut, and Gilead Sciences.



CT HIV PLANNING CONSORTIUM UPDATE

The Connecticut HIV Planning Consortium (CHPC) has been hard at work during the 2018 planning year. While the CHPC has worked on annual activities such as updating performance indicators, advancing Integrated Plan priorities, mentoring new members, and recruiting more members, it has focused a great deal of its attention on conducting a Needs Assessment Survey of people living with HIV (PLWH).

Every three to five years, the CHPC's federal funders ask for a statewide needs assessment to identify gaps and barriers in the current HIV care and prevention service delivery system. A statewide client survey represents an important piece of that assessment. The HIV Funders Group - a small advisory group of Ryan White representatives - designed the 2018 needs assessment survey to focus on current needs and priorities. The CHPC Needs Assessment Projects (NAP) Team then reviewed the survey, designed an approach to inform providers about the survey process, and received monthly updates on survey return rates.

The survey asks clients about their experiences with transportation to medical appointments, health insurance, mental health, substance use, employment, and pre-exposure prophylaxis (PrEP), among other topics. As of August 24, 483 of the 961 surveys that were disseminated had been completed and submitted. Forty-four agencies across the state have been engaged in the process.

The CHPC will share survey data analyses over the next several months, and will use the survey results to inform its future planning efforts. In 2019, CHPC leaders look forward to supplementing survey results with the findings from needs assessment focus groups, which will allow PLWH to share richer details about their experiences as consumers of care and prevention services.

The 2019 Open Enrollment Period to purchase health insurance through Access Health CT (Connecticut's health exchange) runs from November 1, 2018 to December 15, 2018. Plans sold during Open Enrollment start January 1, 2019. Visit accesshealthct.com to receive enrollment support from an Enrollment Specialist or help selecting a health care plan for you and/or your family from a Certified Broker. Immediate assistance is also available by phone by contacting the Access Health CT call center at 1-855-805-4325.

BRIDGING CARE AND PREVENTION IN CONNECTICUT

By Xavier Day & Melanie Alvarez

The Think Tank Committee - a spin-off from a previous tristate (CT, NY, & RI) collaboration with Gilead Pharmaceuticals - is comprised of local community representatives. On August 2-3, the Think Tank held a comprehensive training, *Bridging the Gap between Care and Prevention*, in New London, Connecticut.



Dr. A.C. Demidont

This training focused on HIV care and prevention efforts in Connecticut. On Day 1, Dr. Gary Spinner gave a presentation on linking clients to pre-exposure prophylaxis (PrEP), and Getting to Zero campaign representatives held a listening session with providers to learn how HIV testing, HIV care, PrEP and HIV-related stigma and discrimination are perceived and addressed in their communities. A

best practices panel discussion covered topics such as PrEP, Syringe Services and drug user health, MPowerment, and sexually transmitted infections (STIs). Panelists gave brief presentations before answering questions about community work, as well as audience questions. Attendees were treated to a dinner presentation/discussion on "Case-Based Approaches in HIV Prevention" by Dr. A.C. Demidont.

Day 2 of the conference focused on caring for people living with HIV. Topics included Medical Case Management, Partner Services, How Ryan White Funding Works, changes to the Connecticut AIDS Drug Assistance Program (CADAP), and Women, Children, Youth & Infants with an emphasis on caring for HIV positive mothers. Other topics included PharmBlue 340B pharmacy services, sustainability, and "Being a Transgender Ally" by Rosa Klaneski.

Participants said the conference helped their work in the HIV prevention field. **To join the Think Tank Committee to plan the next conference, contact Xavier Day xday@allianceforliving.org or Melanie Alvarez malvarez@aids-ct.org.**



community corner

HIV & CANCER



By Carmen Cruz

I am a female living with HIV and cancer, and I wrote this article to raise awareness about HIV and cancer. I am 63 years old and a long-term (28 years) survivor living with HIV and recently diagnosed with cancer.

Because our immune systems are weakened, people with HIV have a much higher risk of some types of cancer - called "HIV-associated cancers" - compared with uninfected people of the same age. The introduction of highly active antiretroviral therapy (HAART) in the mid-1990s greatly reduced the incidence of certain cancers in HIV-infected patients, but we are still overly impacted.

To reduce my pain and beat my cancer, I will soon start to receive radiofrequency ablation and chemoembolization. Radiofrequency ablation uses an electric current to heat up a small area of nerve tissue to stop it from sending pain signals, which can provide lasting relief for chronic pain. Chemoembolization places chemotherapy and synthetic materials called embolic agents into a blood vessel feeding a cancerous tumor to cut off the tumor's blood supply and trap the chemotherapy within.

If you are living with HIV, you can do a lot to reduce your risk of cancer, including: taking HAART as indicated; quitting smoking (to reduce the risk of lung and oral cancer in particular); knowing your hepatitis status; and (if you are a woman) getting regular cervical cancer screens.

I hope that people living with HIV who read this article will have more knowledge about what radiofrequency ablation and chemoembolization are and about how to reduce your cancer risk. My advice to you all is to keep shining - don't let HIV and cancer take away your smile.



CHPC CONSUMER PANEL

In August, four courageous consumers of HIV care and/or prevention services participated in the 2018 Connecticut HIV Planning Consortium (CHPC) Panel, an annual event that has become a consortium highlight. Meeting participants used words like "fantastic," "diverse," "amazing," "powerful," "inspiring," and "moving" to describe the panel, and one attendee commented: *"The panel is a reminder about why we do this work and the effect it has on the community."*

WHO WERE THE PANELISTS WHO MADE SUCH AN IMPRESSION?



KARINA DANVERS spoke candidly about her lifelong struggle with mental health as a result of traumas, including being diagnosed with HIV in 1989 and seeing so many others die from AIDS. Survivor's guilt briefly led her to stop taking her HIV meds, but Karina now promotes HIV medication adherence and non-medical interventions such as therapy, exercise, healthy eating, good television habits, and support groups.



THOMAS EVANS, who received his HIV diagnosis in 1984, explained that, while two diseases - HIV and addiction - are in his body, he has the HIV under wraps but the addiction continues to torment him. Tom shared his journey with HIV, addiction, and other challenges, and defiantly told the group: "I no longer live with HIV...HIV lives with me!"

CLARALANGLEY stated that many people in her life abandoned her when they learned about her HIV diagnosis two years ago, but the people who stuck by her side - along with providers and peers in the HIV community - have given her strength and made her realize that, "Just because we have HIV, we are still important people."

TOM BUTCHER said the trauma of living through the "Great Death" of gay men in the 1980s prevented him from getting an HIV test for decades, but he recently decided to get tested every three months and to take pre-exposure prophylaxis (PrEP). Tom challenged the group to get more young, gay men of color - those "in the bullseye" of the HIV epidemic - involved in HIV planning.

THE HOPE ACT

By Hillary Kuzaro, PharmD

ORGAN TRANSPLANTATION

Organ transplantation is removing an organ from one person and using that same organ in another person. The donor gives the organ and the recipient receives the organ. There can be both living and deceased donation. With living donation, both the donor and recipient are alive, and two lives are saved - the lives of the recipient and the next person on the deceased organ waiting list. With deceased donation, the donor is deceased and the recipient is living.

HISTORY AND BACKGROUND

The U.S. government and the United Network for Organ Sharing (the organization that manages organ transplant lists) banned the transplantation of organs from HIV-positive donors in 1984. Because of this, many HIV-positive individuals died waiting for transplants while organs from HIV-positive persons were wasted. Today, there are HIV-positive candidates currently listed to receive organ offers from HIV-positive donors, courtesy of the HIV Organ Policy Equity (HOPE) Act. Six hundred HIV-positive donors could potentially save the lives of over 1,000 HIV-positive patients in need of transplantation. Importantly, transplant recipients who are HIV-positive have post-transplant organ success rates comparable to those of non-HIV-positive recipients.



THE HOPE ACT

When the HOPE Act was passed in 2015, it changed the rules for organ donation between HIV-positive individuals. Organs from HIV-positive people can now be donated to others who are also HIV-positive. The HOPE Act allows for research in support of organ transplantation from an HIV-positive person to an HIV-positive person. Additionally, HIV-positive individuals are now eligible to register as organ donors. The HOPE Act ended a 25-year period where HIV-positive people willing and able to donate organs were not allowed. Depending on the transplant center, both living and deceased donors are able to participate. There are many hospitals across the country that are approved to transplant HIV-positive organs into HIV-positive recipients.

**TO REGISTER TO BECOME AN ORGAN DONOR, VISIT:
<https://www.donatelife.net/register/>**

department of public health



Connecticut Department
of Public Health

THE FUTURE OF THE CONNECTICUT AIDS DRUG ASSISTANCE PROGRAM (CADAP)

Effective October 1, 2018, the Connecticut AIDS Drug Assistance Program (CADAP) and the Connecticut Insurance Premium Assistance Program (CIPA) will be administered by the State of Connecticut Department of Public Health (DPH) via a private vendor, Magellan RX Management. The DPH and Magellan are working closely to establish policies and procedures for the program. The plan to transition CADAP was presented at the August CHPC meeting.

Magellan RX will complete eligibility assessments. Eligibility will be established at the time of initial enrollment. As part of the eligibility process, applicants will be screened for Medicaid and Medicare Part D eligibility, referring those eligible

to the appropriate agency to assist individuals with that enrollment process.

Magellan RX will provide a secure online client enrollment process to include registration, alerts/notification, eligibility confirmation, denial, and/or recertification requirements. A paper application will be available as well.

Trainings and webinars will be conducted with both providers and consumers of HIV services to ensure that all parties understand how the CADAP program will function and how to access information via the website. Magellan RX will maintain a help desk that will provide technical assistance to the CADAP program, client assistance with enrollment, and benefits.

A call center with support staff available between the hours of 8 a.m. to 7 p.m. Eastern Standard Time (EST) Monday through Friday will be available. The CADAP web site will be available 24 hours a day. The website will feature the following: Updated CADAP enrollment and eligibility information, the CADAP formulary, and CIPA enrollment and eligibility information.

DPH is an equal opportunity provider.

Call 860.509.7801 if you require aid/accommodation to participate fully and fairly.

Visit www.ct.gov/dph for requests for proposals and other DPH information.

corner

Visit the CHPC website at www.cthivplanning.org!

The website has information about upcoming CHPC meetings; shares links to relevant news and events; stores archived meeting documents; features information about resources and partners; and provides access to the Integrated Plan, CHPC Charter, and the CHPC membership application.





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NEWSLETTER COMMITTEE

Kat Auguste
Carmen Cruz
Thomas Evans
Carl Ferris
Ann Galloway Johnson
Blaise Gilchrist
Clara Langley
Ronald Lee
Pamela Parks
Priscilla Pitts
Glenn Scott

Upcoming HIV/AIDS Prevention and Care Planning Meetings

See last page for contact information for planning meetings.



september

Monday	Tuesday	Wednesday	Thursday	Friday
3 Labor Day	4 • 10 Danbury Consortium • 1:30 Hartford Planning Council (PC) Continuum of Care Committee	5 • 9:30 Bridgeport HIV/AIDS Consortium • 9:30 Hartford PC Membership Committee • 12 Hartford Planning Council	6 • 9 New Haven/Fairfield Planning Council (NH/FF PC) Strategic Planning & Assessment (SPA) Committee • 12 NH/FF PC Quality Improvement (QI) Committee	7
1 0 • 10 Positive Prevention CT • 1:30 Hartford PC Multicultural Care Team	1 • 12 New Haven Mayor's Task Force on AIDS (MTFA) • 1 Norwalk/Stamford Consortium • 9:30 CT HIV/AIDS Identification & Referral (CHAIR) Task Force	1 2	1 3	1 • 9:30 NH/FF PC Executive Committee • 10:30 NH/FF PC Membership/Finance (MF) Committee • 12 NH/FF Planning Council
1 7	1 <i>National HIV/AIDS and Aging Awareness Day</i> • 1:30 Hartford PC Steering Committee	1 9	2 0	2 1
2 4 • 12 New Haven HIV Care Continuum	2 5	2 6	2 <i>National Gay Men's HIV/AIDS Awareness Day</i> 7	2 8



october

Monday	Tuesday	Wednesday	Thursday	Friday
1	2 • 1:30 Hartford PC Continuum of Care Committee • 10 Danbury Consortium	3 • 9:30 Bridgeport HIV/AIDS Consortium	4 • 9 NH/FF PC SPA Committee • 12 NH/FF PC QI Committee	5
8 • 1:30 Hartford PC Multicultural Care Team	9 • 12 MTFA • 9:30 CHAIR Task Force • 1 Norwalk/ Stamford Consortium	1 0	1 1	1 • 9:30 NH/FF PC Executive Committee • 10:30 NH/FF PC MF Committee • 12 NH/FF Planning Council
1 <i>National Latinx</i> 5 <i>AIDS Awareness Day</i> • 10 Positive Prevention CT	1 • 1:30 Hartford PC 6 Steering Committee	1 7	1 8	1 9
2 • 12 NH HIV 2 Care Continuum	2 3	2 4	2 5	2 6



november

Monday	Tuesday	Wednesday	Thursday	Friday
0 2 9	0 3 0	0 • 9:30 3 Bridgeport 1 HIV/AIDS Consortium	1 • 9 NH/FF PC SPA Committee • 12 NH/FF PC QI Committee	2
5 • 10 Positive Prevention CT	6 • 1:30 Hartford PC Continuum of Care Committee • 10 Danbury Consortium	7 • 9:30 Hartford PC Membership Committee • 12 Hartford Planning Council	8	9 • 9:30 NH/FF PC Executive • 10:30 NH/FF PC MF • 12 NH/FF Planning Council
1 • 1:30 Hartford PC 2 Multicultural Care Team	1 • 12 MTFA 3 • 1 Norwalk/ Stamford Consortium • 9:30 CHAIR Task Force	1 4	1 5	1 6
1 9	2 • 1:30 Hartford PC 0 Steering Committee	2 1	2 Thanksgiving 2	2 3
2 • 12 NH HIV Care 6 Continuum	2 7	2 8	2 9	3 0



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866.972.2050



HARTFORD'S DATA INTEGRATION GRANT



The City of Hartford's Ryan White HIV/AIDS Program and the City's Housing Opportunities for Persons with AIDS (HOPWA) Program, received one of only five awards from a U.S. Health Resources and Services Administration (HRSA) HIV/AIDS Bureau grant program designed to improve health outcomes for persons living with HIV by enhancing the ability of providers to coordinate client information sharing and services across multiple funding programs. Hartford's **Data Integration Grant** - or "**HARTFORD DIG**" as it has aptly been called - focuses on improving data systems and coordinating housing and care services across providers for clients in Hartford, Middlesex, and Tolland Counties.

The Hartford DIG is the only grant project in the nation to pilot a bidirectional system for fair exchange of Housing and HIV Care data between the Ryan White and HOPWA management information systems. This innovative approach has created so much interest from other states that the Hartford DIG was invited to the North American Housing and HIV Research Summit to talk about Hartford's development and implementation. On August 1, 2018, three Hartford DIG representatives (Peta-Gaye Nembhard, Sheryl Horowitz and Joan Barere) co-facilitated a session on the fundamentals of Data System Integration to enhance HIV Care and Housing Service coordination. The DIG representatives shared keys to the project's success, including

a unique administrative structure, a special DIG Steering Committee, and the joint HOPWA/Ryan White "consent to share" document that was developed specifically for the Hartford DIG program.

HRSA was so impressed that it highlighted the DIG session during one of the plenary sessions the following day. For more information about the DIG, contact Peta-Gaye Nembhard at nembp001@hartford.gov.



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Contact Information for Planning Meetings

Hartford Planning Council + Positive Empowerment	860-688-5818
New Haven/Fairfield Planning Council	877-336-5503
New Haven Mayor's Task Force on AIDS.....	203-946-8351
Norwalk/Stamford Consortium.....	203-855-9535
Danbury Consortium.....	203-778-2437
CT HIV/AIDS Identification & Referral Task Force.....	203-764-8454
Bridgeport Consortium.....	203-576-9041
Positive Prevention CT.....	860-247-2437 x315

More meeting information - www.guardianhealth.org/calendar/calendar.htm