

GREATER HARTFORD RYAN WHITE PART A PLANNING COUNCIL

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Planning Council Meeting Minutes 999 Asylum Avenue Hartford, CT Greater Hartford Legal Aid 3rd Floor 6/13/18

Members Present: Andre McGuire, Bill Petrosky, Clifford Lumpkin, H. Danielle Green, Jesse Grant, Jovany Rolon, Nitza Agosto, Rhonda Parsons, Clifford Batson, Shanay Hall,

Guests Present: Tatiana Melendez, Melanie Alvarez, Bradford Briggs, Kenya Humphrey, Zaida Hernandez, Marie Raynor, Maria Rodriguez, Danielle Warren-Dias, Dawn Louzada, Eileen Torres

City of Hartford Present: Angelique Croasdale, Peta-Gaye Nembhard, Taylor, Anila Ceka, Tom Williams

Staff Present: Sou Thammavong, Shane Putney, Amy Joseph

- I. **Call to order:** 9:36 am
- II. **Minutes** were tabled until next meeting. Bill and Rhonda welcomed the newly voted in Members and asked Maria, Shanay and Zaida to join the table. Danielle W was also reinstated as a Member. Executive Session Amended By Laws to change the minimum /maximum member roster to account for the decline in newly diagnosed cases of HIV in the state for the past 5 years to 25/30. By Laws were also amended to state that an individual working less than 30 hour a week would have no conflict of interest if they work for an agency receiving Part A funding.
- III. **Data Presentations**
 - a. Section 11- Heidi Jenkins
 - i. There have been 17,000 cases of chlamydia in 2017. Cases in males are going down while female cases are going up. Congenital Syphilis is going up in cases with young mothers that don't receive care. Half of the cases are 20-30 years old. Bill asked why the numbers were high in 2016 but now appear to be dropping. Heidi stated it is hard to tell but most of the time they do not get partner names and people are meeting online. Angelique asked about Initiatives that DPH is taking on to combat syphilis in woman that are child-bearing age. Heidi stated they work hard to get women tested and if a woman is pregnant and in care, they have to be tested in the first and third trimester of their pregnancy. There are no vaccines for syphilis but there is a treatment and no antibiotic resistance has been noted.
Gonorrhea is now being detected by rectal swabs as penial swabs miss 75% of infections. In the Hartford area, 600 in 100,000 people are infected. Melanie asked if there is any thought to recommend gonorrhea testing and incorporating it into what doctors are doing. Heidi stated that it is important for providers to screen people 25 and under and ask for sexual history. Providers are not comfortable and are not trained to do a sexual history with their patients. Danielle asked since it is usually clusters, has there been intervention based on the cluster of infection. Heidi discussed EPT which talks to the person about how many partners they have and then the provider can give medication for the partners. There was discussion on community based testing in rural areas.

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Chlamydia is being seen in more females than males because males typically are not as symptomatic. Most of the cases happening in the age group of 15-24. There are 2500 cases per 100,000 people in the TGA. Sixty-nine percent (69%) of the cases of chlamydia did not have a race reported with it. DPH has a social media initiative starting soon and is hiring a person for that position. Gonorrhea rates have increased since 2018. Gonorrhea is seeing treatment resistance.

b. Section 12- Sue Spears

- i. Things are moving away from diagnosis address to current address. Two years behind because of follow up. No one is counted twice. Match for all cause of death does not match with address, that's why death rates are higher. The Transgender community have a higher rate of HIV. Young MSM have highest rate of being out of care. Medication regimens are being changed. Black women have the highest rate of late testing.

c. Section 14 - Peta- Gaye & Angelique

- i. There was a decrease in clients but an increase in encounters. What wasn't spent from the money went into carry over. More males utilized resources from ages 25-54. EIS is with Renewal and LCS. There is a \$900 cap on one-time housing assistance and \$775 for emergency housing. There is \$375 allotted for utilities and \$700 for ambulatory care. As well as \$250 for medication assistance. Melanie stated that the food vouchers are very underutilized. Discussion took place about the process costs more than the service and there are barriers in place to people getting those food vouchers. Case managers have a lot of work and limitations for utilization. The Planning council will look at the process of utilizing the vouchers. AIDS CT will be recruiting for HCS. Housing spend down has a \$600 monthly cap. Transitional housing was underspent. Medical case management had a cost of \$70 per client and went past money allotted with encounters. Medication adherence went over in clients, encounters, and has a cost of \$80. Transportation service has a cost of \$64 for the van and \$55 for the cab. This category was low on clients but high on encounters. The 10-ride bus pass was underutilized with low encounters. Mental health services had a cost of \$120, under in clients and spending but was high in encounters. This could be accounted for because a provider left and took clients with them. Outpatient ambulatory, one - third of population gets PCP care. There were over 11,000 encounters.

d. Section 16

- i. The top value is 3637. Twenty-four (825 people) percent of those people are not in care. Care was provided to 1025 that had one visit in the last 12 months. Of those people, 906 had 2 appointments 3 months apart and 970 are virally suppressed. Each program has a clinic assigned, not referring to the clinics which hurts the clients. Clinics were tasked with getting in touch with clients that are not virally suppressed. We were invited to join the End Disparities Project, there is a years' worth of data going into that project once signed on. Not all providers that get Ryan white will submit patients. Have to get people that are not on the program already and send letters to patients and to non-Ryan White providers. Need to be more in touch with providers. Mel asked how we can work on relationships with providers who don't want to work with us and Andre asked what can be done for cohesion. Danielle stated that there is a lot more

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paper work for Part A and that is why they take part since it is easier to administer. In New York a viral load suppression project created a dashboard to show patients how to do better. Competition among providers encouraged everyone to try to do better.

e. Section 17

- i. Individuals 65 and older are more virally suppressed. Data was collected from January to December 21, 2017, by calendar year, not fiscal. Collected 17 active performance measures that they perform during the year. The 17% at the bottom of the chart is people who are going in and out of services, number of missed appointments. The lower the number the better, qualifying people who are going twice, where the rest of the chart is people who don't go more than once.

f. Section 18

- i. HIV Care Continuum table has number of clients who perform different measures. Diagnosed people who are positive and receive testing add to EIS numbers. They are linked to care. Data is murky because of the way that data is being pulled. Local Performance measure by Category is tied to national. Bill asked if you're doing testing are you required to refer partner to services. If they found something they have to go right over to partner services. Criteria is with defining services, would have to change the denominator. It's being pulled out of the number tested to positive.

g. Section 19

- i. There is \$31 million total public funding for Ryan White services. Part A equals \$2.7 million minus administration and quality management costs. Majority of funding comes from Medicare and Medicaid. H. Danielle asked about Partner Services since it didn't have an indicator of where money is coming from. It was noted that Partner Services is funded through Part A, the Center for Disease Control and from Department of Public Health.

h. Section 20

- i. Announced that Directives will be reviewed and voted on June 27th. Members were asked to review the Directives and based off the Data Presentations to submit Recommendations to Planning Council support by 6/18/18 for the Steering Committee to approve. Directives need to be adjusted. We will be accepting directives ahead of time.

IV. Announcements: Gilead is co-sponsoring the Hartford Festival of Jazz. Collaborating with providers for HCV/STD/HIV testing. Volunteers needed to help with PrEP Outreach on 7/21/18
Gift cards won by Bill, Zaida and Daniele Warren Dias.

V. Adjournment: 3:00PM