

Vermont Department of Health HIV/AIDS Community Advisory Group Meeting Minutes December 12, 2018; 10:00 - 2:00pm Vermont Technical College Enterprise Center, Randolph VT

CAG MEMBERS PRESENT: Tom Aloisi, Vermont Agency of Education; Mike Bense, Pride Center; Laura Byrne, H2RC; Daniel Chase; Chris Fletcher; Peter Jacobsen, VT CARES; Chuck Kletecka, Board Chair, VT PWA Coalition; Zora Perry, UVM CCC; Karen Peterson, AIDS Project of Southern Vermont; Paul Redden III; Taylor Small, Pride Center.

GUESTS: Sue Conley, APSV; Kim, VT CARES; Panelists.

REMOTE: Grace Keller, Howard Center Safe Recovery

VDH: Daniel Daltry & Erin Larose

C²: Alexander B. Potter

I. PANEL: “ADDICTION: Lived Experience”

- A. Three guests shared their stories and answered questions about how clients view, utilize and experience syringe exchange services. The clients all had experiences with Vermont syringe exchange services.
- B. Topics of note included the following.
 1. Importance of maintaining a **harm reduction approach** with the **fewest barriers** possible to client participation.
 2. Importance of a genuine, friendly, caring people operating syringe exchanges. Personal impact was emphasized as contributing significantly to moving people toward self-care and treatment.
 3. Stigma and the detrimental impact of societal prejudice and messages about individuals struggling with addiction. Panelists spoke to the impact on self-worth and self-esteem of these attitudes. They stressed that one of the most valuable aspects of SE personnel is their ability to combat this and offer clients a warm, caring person to connect with and talk to.
 4. Stigma as “an excuse:” one panelist spoke specifically to the fact that while stigma is an issue, they also recognized even as they were discussing it that they use it as one more excuse to continue doing things the way they currently are, as opposed to trying to change.
- C. Panel Debrief: Following the panel, CAG members debriefed.
 1. CAG members expressed the deep value they found in this panel and their gratitude to the panelists for sharing so openly.
 2. CAG members expressed they learned a great deal both about how addiction affects individuals and how valuable syringe exchanges are.

II. VDH GRANT DECISIONS: 2019 – 2022

- A. Grants from the *2018 Care and Prevention RFP*, funding years 2019 – 2022, have been made. Vermont is well-positioned to meet the requirements and expectations of HRSA and CDC based on the programming that was applied for, and interventions funded.
- B. \$450,000 was available for prevention funding under this RFP, as opposed to previous amount of \$370,000. However, even with this increase, the total ask of submitted proposals was greater than \$1.5 million.
 1. This in itself is fine – Daniel stressed he always wants agencies to apply for the programming they believe is important and would be able to successfully fulfill. However, this does mean there was a sizeable gap between applications and what was available to be awarded and hard decisions needed to be made.

2. Final decisions were made based on scoring of applications, past performance, needs that are present in Vermont as represented through epidemiology and the Needs Assessment, and analysis of the Dashboard displaying which previously-funded programs struggled or did not thrive. New funding awards have helped to streamline and reduce duplication of services.
3. 2018 funding awards have also brought about the following firsts:
 - a. New interventions for PWID, specifically case management services embedded in SSPs.
 - b. Standardization of case management base salaries, of \$56,000 for nonmedical case management for up to 35 clients, and \$45,000 for nonmedical SSP case management up to 50 clients.
4. CDC has challenged the concept of case management embedded in SSP, asking why this is a funding choice and what model is being used.
 - a. Daniel has referred them to the continuum of activities/goals the CDC expects states to perform/meet, and notes three separate categories that SSP case management services will help Vermont to meet if funded.
 - b. To date, CDC has supported this, and has confirmed that within the next two years **no new interventions** will be coming from CDC. This may have helped to leverage our case.
- C. Chuck announced on behalf of the PWA Coalition that the coalition applied for funding within an application submitted by Twin States, applying for funds for the Consumer Advocate and for the Annual Retreat. PWA did not apply for funds as a standalone organization. Only the retreat was funded. David will be continuing as part time Executive Director but there will no longer be a Consumer Advocate position.

III. VDH UPDATES

- A. Both ADAP and Health Surveillance were asked for feedback on another opioid grant sought by the VDH Emergency Preparedness, EMS & Injury Prevention Division.
 1. A Health Surveillance request for purchase of fentanyl test strips was turned down because “no money could be used for medication.” It is unclear if this was because there was a misunderstanding about what the test strips are, but in any event the request was refused.
 2. The outcome of that grant is that \$1 million has been granted to do a vulnerability study in Vermont. The CDC did the initial vulnerability study and there are merits and limitations to that study. The federal planners have asked the state to evolve the vulnerability assessment, look at additional indicators, and assess if there are other counties in the state that should be included.
 3. There is a concept that there is a current “wave of funding” available around opioids – this grant as well as the grants made to Windham and Essex counties for community response – and that there may be more. While there may be, it should be noted that at least in this year, the focus of these RFPs has been *planning*. These have also been issued with very short turn around, approximately 30 days response time in both cases, and it is hoped that if more arise, there is a more manageable submission period given.

- B. The three-day CDC Site Visit occurred in mid-October. There is integration among the offices that must go out on the site visits now, and the site visit ultimately went well because of the level of integration already existing within the Vermont Department of Health. In other states the surveillance offices can be in completely separate buildings or even towns. The representatives were very inspired by the scope of services offered in Vermont and identified only two “actionable items” (issues to be changed or addressed). They visited Pride Center of Vermont to see a testing site. Unfortunately, the packed schedule of the site visits makes it very difficult to bring them to agencies outside of Burlington, but hopefully this can happen in the future.
- C. The Wound Care Training held in early November was very well done and highly successful. This training is provided by representatives of NASTAD and Harm Reduction Coalition. Attendees reported it was a very powerful training.

IV. CAG BUSINESS

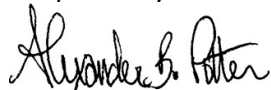
- A. September Minutes
 - 1. Correction: Page 3, third bullet – Replace “Hear In Vermont” with “Here In Vermont.”
 - 2. Motion to approve the minutes as amended was made by Chris, and Taylor seconded.
 - 3. Minutes were unanimously approved.
- B. CAG Web Portal
 - 1. The CAG web presence that was temporarily running through Caracal Consulting’s website as a portal is now its own website with its own URL: www.vthivcag.org
 - 2. At the moment, the website is still under password lock and the password remains the same: VTCAG (case sensitive). This will remain password protected until Alex sequesters the material that the CAG determined should remain password protected, then the rest of the site will be open access. Discussion confirmed that the items that will remain password protected include place/time of future meetings and meeting minutes. Dates of future meetings will be listed, with an email address to allow individuals to request more information.
 - 3. Alex walked through some of the pages and encouraged members to visit the site and let him know if there are changes needed. While he will be reviewing all links to ensure they are correct and active, please report any broken links or misdirected links to him. Also let him know if you see other items that need correction.
- C. Confirmed 2019 CAG Meeting Dates
 - 1. Meeting dates previous circulated were scheduled with Gifford Medical Center. Only one date needed to be moved due to Gifford’s schedule, and the January meeting is now on the fifth Tuesday in January.
 - NEW DATE: Tuesday, January 29th**
 - Tuesday, March 26th
 - Tuesday, May 28th
 - Tuesday, July 23rd
 - Tuesday, September 24th
 - Tuesday, November 26th

2. Peter noted that the May meeting is the Tuesday after Memorial Day and the November meeting is the Tuesday before Thanksgiving. Short discussion was held on whether these should be shifted or if members could attend as listed. It was determined that the May meeting will remain on **May 28** and Alex will look to reschedule the November meeting to the following Tuesday (**December 3**).
3. The new year of CAG meetings will begin the discussions of “Here in Vermont,” and the first meeting in January will focus on housing.

V. ANNOUNCEMENTS

- A. Tom Aloisi is leaving his position at Agency of Education and moving back to the Washington DC/Baltimore area. Daniel expressed the CAG’s gratefulness for Tom’s time and input over the years. We will miss you, Tom!
- B. Taylor reported on the Pride Center’s GLAM Facebook presence – GLAMVermont – and shared their ongoing programming “**Tip Tuesday.**” Every other Tuesday they post videos that discuss various items including self care, PrEP, lube, “get out vote,” Vermont Health Connect. This is part of their health and wellness programming and they offer information on Vermont Legal Aid, how to get services covered, safe providers across state.
- C. Taylor is also doing a TV show, hosted by her drag persona Nikki Champagne, which will cover different aspects of the LGBTQ community starting with politics.
- D. Daniel announced that the following day (December 13) he and Grace would be presenting on an ASHTO webinar on opioids and Syringe Services Programs.
- E. Grace announced that Howard Center has started their low barrier medication treatment program, which had 30 spots. All spots filled up in 8 days, and they are now recruiting for a second doctor to be able to increase to 100 spots.
- F. Daniel reported that VDH will have a full time Disease Intervention Specialist for the first time in a very long time. Hopefully the new DIS will be able to attend the January CAG meeting.

Respectfully submitted,



Alexander B. Potter
Caracal Consulting