

# **Vermont Department of Health HIV/AIDS Community Advisory Group Meeting Minutes**

**February 20, 2019; 10:00 - 2:00pm**

*Vermont Technical School Enterprise Center, Randolph VT*

**CAG MEMBERS PRESENT:** Laura Byrne, H2RC; Johnny Chagnon, Pride Center; Daniel Chase; Reggie Condra, Pride Center; Chris Fletcher, VPWAC; Peter Jacobsen, VT CARES; Chuck Kletecka, VTPWAC; Zpora Perry, CCC; Karen Peterson, APSV; Donna Pratt, Twin States

**REMOTE ATTENDEES:** Grace Keller & Jess Kirby, Safe Recovery

**VDH:** Daniel Daltry, Erin LaRose, Eric Seel

**C<sup>2</sup>:** Alexander Potter

Meeting opened at 10:07am.

## **INTRODUCTIONS:**

After the table-round introductions, Daniel welcomed **Eric Seel** as the new **Disease Intervention Specialist** at the VDH HSH Department. This has strengthened the reach of DIS services – Eric is already doing more with individuals receiving reactive hepatitis C tests, conducting linkage to care, learning about their barriers, thoughts, questions, and concerns. It has been great to leverage DIS services to provide more community support to vulnerable populations. Eric has also been able to reach out to individuals experiencing difficulties before circumstances advanced to their programming being discontinued.

## **DISCUSSION: *Here In Vermont* plan/campaign – HOUSING**

### **I. VDH CONTEXT: OVERVIEW OF CONTEXT OF HOUSING FROM VDH PERSPECTIVE.**

- A. Previously, have worked with AHS (Agency of Human Services) and VSHA (Vermont State Housing Authority) to open additional housing slots, with success.
- B. Currently, through rebates, securing housing vouchers and looking to increase number.
- C. This year, hope to apply for a HRSA Clinical Quality Improvement Project.
  1. Provides potential for applying for additional funding late in the year. A VDH priority is how to address individuals living with HIV/AIDS who are not currently housed, when the state only has the options that are currently available, which are all in use, without expectations of increases in HOPWA.
  2. If additional funding can be secured through HRSA CQI Project, it could be used to expand the HOPWA bridge subsidy structure to include not just HOPWA vouchers but other bridge vouchers. For example, if someone is on the Section 8 list but not on HOPWA, they could get a bridge voucher until a Section 8 became available, which currently cannot be done. If they are on a list for a subsidy, this program could help them bridge – it could get them housed in the short term with the goal of a seamless transition once the other subsidy funds come through.
  3. Donna: Does Vermont's high housing market help with this application? VDH: Yes, it is certainly data that will be represented in the application in light of the fact that individuals who can get a voucher and subsidy still have difficulty finding housing because they are priced out of the market even with the assured assistance.
- D. GOAL: Stable housing means better consumer outcomes in adherence and viral suppression.
- E. Recently, Daniel and Eric attended the monthly meeting of the VCEH (Vermont Coalition to End Homelessness). Learned about the resources, the constituents at the table – wide variety including service-based, state-based, mental health and youth services. Discussed an upcoming RFP for youth in transition. On a state level there is room for VDH to be more involved in this conversation and going to this meeting will be one role we can take to stay on top of different programs we can learn about and new resources can we get out to folks.

### **II. ASOs: APPROACHES/PROCESSES OF CASE MANAGERS**

- A. Peter: There has been desire for HOPWA and HUD to be more integrated so this approach to bridging more subsidies is a smart step in right direction if we can bring our HOPWA officers into this conversation.
- B. Karen: APSV case managers keep track of how much HOPWA/STRUMU money each client has access to and where they are at in their draw down; use EFA for rent and fuel assistance for people who don't have access to STRUMU; keep great contacts with landlords, know the landlords, and steer clients away from poor landlords; form relationships and foster trust that when APSV recommends a tenant, they will be a good tenant. Biggest Barrier: High rents. If they don't have a voucher they definitely cannot afford rental costs, as for the most part client income does not rise, if anything it drops. APSV makes every effort to stay connected with agencies that are working on housing.
- C. Peter: CARES case managers find a large barrier in landlords unwilling to rent to individuals with complicated rental histories – people with criminal records, bad credit, no rental references. Even with the assurance of CARES support for the tenant, there is hesitancy and outright refusal. Vermont needs more housing stock. CARES tries to cultivate landlords as well, but it doesn't always work. CARES staff members do attend community group meetings, and there are always more they could attend, but there are so many. Lastly, CARES sometimes needs to house people as a short stay in a hotel, and that is often ineligible as an expense. Making that eligible would be very useful.
- D. Laura: H2RC also uses short stays at hotels and yes, this would be very helpful. Ryan has been going with clients to meet landlords and he is also finding a lot of trouble with landlords simply refusing to rent to people with complicated histories. Also, when someone loses their housing voucher, it is incredibly hard to get it back. *Donna – How does a client lose their voucher?* Laura responded that usually it is something along the lines of getting into an apartment that is too expensive, not being able to make up the share that is not covered by the voucher, and getting evicted. Budgeting skills are something they often have to work on with clients. Once evicted, a client loses that housing voucher.
- E. Karen noted that APSV is fortunate to have SEVCA right across the hall – they often connect clients to SEVCA for budgeting classes. Overall, APSV does find that if a client is solidly connected to an organization, landlords in the southern half of the state are much more willing to rent to them.
- F. A consumer noted specific challenges they had encountered with housing, including the difficulty when housing circumstances change suddenly. They highlighted the stress of needing to juggle short stays with friends/relatives, knowing that it is just a temporary fix, and the inability to afford both a rent payment and a car payment.
- G. Zpora noted she sees people in similar situation who work, but without a subsidy cannot reach the cost of rent on their income. Karen noted she also sees clients forced to make that same choice described – a decision between car payment or rent – while recognizing that to pay for rent they need to work, but to work in a rural state requires a car more often than not. If they are in housing and do have a car, they are often just able to make it work – until something inevitably goes wrong with the car and sets off a spiral. The House/Job/Transportation triad in a rural setting is complicated and intertwined.
- H. Zpora noted that Chittenden County has an additional group, separate from the Vermont Housing Coalition to End Homelessness, that is specific to that county – the Chittenden County Homeless Alliance. The downside to HOPWA has been that it has conditioned people working in the housing world to automatically send people with HIV to VT CARES for housing assistance, even when there are no HOPWA funds available and even though there may be other housing programs that could also help. Would like to see a DEDICATED HOUSING SPECIALIST position, whether at CARES or at another agency that isn't an ASO – someone who meets with everyone and is aware of all the changes, because the changes happen so quickly it is hard to stay on top of it in the midst of multiple duties.

- I. Daniel asked if ASOs have considered the concept of a Housing Specialist. Karen said that at least in the Southern Vermont counties, the two communities are SO different (Bennington and Windham Counties) that each Case Manager is more of an expert in their own community and it would be difficult for either to have the same level of knowledge for both counties.
- J. Daniel summarized that it sounds like being connected with individual landlords and with the community meetings concerning housing are both important, and that it is notable that Zpora mentioned things can change week to week. Zpora agreed that the landscape can shift that quickly, and that while some community agencies do have a housing specialists and some don't, even having any kind of representative of your agency attend community housing meeting and stating 'my client is still sleeping in their car' can move things in a good direction -- knowing that the person has an advocate and is connected to an agency helps.
- K. Donna: What about the larger scale? It would be good to also think about what we can do to influence the available affordable housing market, including having our lobbyists look at some of the housing bills that are in the Vermont pipeline.

### III. OTHER STATES/LOCALITIES

- A. Alex reviewed the **Getting to Zero/End AIDS** plans that are complete and accessible, to determine what other places are looking at and doing regarding housing and HIV. He created a table splitting statewide plans from county/city plans, with a simple summary of how housing mentions occurred and if any strategy was described. [Table is attached to minutes, and will be accessible on the CAG website: [www.vthivcag.org](http://www.vthivcag.org)]
- B. Some plans did not mention housing at all, but locations that clearly conducted a process when creating their plan/campaign were much more likely to identify housing as a priority in the context of care retention, adherence and viral suppression.
- C. Mentions and strategies ranged from the completely generic ("address substandard housing," "collaborate with community housing groups") to the specific, such as increasing housing information/referrals in specific settings such as HIV testers and medical care providers, advocating with state bodies for increased funding, forming a task force with a designated housing specialist and housing subcommittee, conducting housing needs assessments, and lobbying towns/cities for zoning changes to create more flexible housing.
- D. Johnny: Pride Center has been providing referrals in the testing program, if people do not have addresses. There is not currently a place on the TRL form for referrals for housing, and that would be a good idea to link. They also help people tap into the Queer Housing Market Facebook group, refer people in need of immediate housing due to domestic violence, and try to assist people struggling with substance use to find housing that is not in one of the 'drug houses' where most of the people there are actively using meth.
- E. Zpora added that she too has seen an increase in meth use, and that this does impact housing issues greatly.

### IV. HOUSING as a component of *Here In Vermont*

- A. Daniel asked the group if they believed housing was a priority issue for Vermont as we try to address a ***Here In Vermont*** plan/campaign.
- B. All unanimously agreed.
- C. Daniel asked if the group wanted to formalize some goals and Chuck noted that it would be good to get a strong sense of the barriers and the needs before setting goals. A truncated Needs Assessment was proposed.
- D. It was assessed that there must be many studies, reports and assessments already about housing in Vermont, and that accessing these would be a good place to start. This became the **Action Step: Alex will begin the Needs Assessment process there, by collecting and reviewing existing research.**

1. Chris suggested Alex could come to Retreats to talk about CAG and to also talk about Housing. The Retreats sometimes get people who are not connected to ASOs and may have different experiences.
  2. Erin noted that questions regarding homelessness and housing could be added to the pre/post questionnaires the retreats do.
  3. Johnny noted that the clients he sees who are not connected to care, it is housing that is one of their primary issues.
  4. Eric also stressed the importance that case management documentation can play in establishing homelessness. It can be very difficult to establish that someone is homeless, and notes in a case manager's files are excellent documentation.
- E. Daniel asked if there were other ideas, wish list items, thoughts on what VDH could do? Peter said he would like to know more about the concept of a housing specialist. Daniel offered to explore the use of the DIS position to assist with consumer housing needs, if there are clients that could use a helping hand. Contact Daniel directly if you want to explore this idea further.
- F. Zpora asked if the idea of a Housing Specialist made sense in the context of ASOs, or if there were other agencies already doing that work that ASOs could connect with. Chuck agreed, stating that it has become clear in this meeting how important the relationships are in the housing issue.
- G. Laura raised the concern that the SSPs see a large population of IDU struggling with homelessness.

## V. VDH UPDATE

- A. Daniel asked for an update on lobbying day at the statehouse, but it was cancelled due to weather and has not been rescheduled.
- B. There is a national opiate conference happening in April – Karen and Sue are attending, and Grace is presenting.
- C. The CDC's HIV Prevention Conference is in Atlanta in March – Daniel and Roy are attending.
- D. Rebates are going down. We have been aware that the amount of rebate money available would eventually diminish; this has begun. Also, Gilead makes up significant amount of rebate that Vermont receives, and Gilead has not paid their portion of 2017 or 2018. All rebate money received must be spent down in that same year.
  1. Other states are having more complicated issues where loss of rebate dollars are putting programming at risk immediately.
  2. In Vermont, we are good for this year, but we do need to have a proactive conversation now depending on what we see coming next year.
  3. When asked, Erin clarified that the rebate funds touch everything equally in care funding, not just medication.
  4. Back up language from the State of Vermont in the case of rebate dollars disappearing was discussed. Karen located the policy statement online and it reads:  
*Section E.312: Health – public health (a) AIDS/HIV funding: (1) In fiscal year 2019 and as provided in this section, the Department of Health shall provide grants in the amount of \$475,000 in AIDS Medication Rebates special funds to the Vermont AIDS service and peer-support organizations for client-based support services. The Department of Health AIDS Program shall meet at least quarterly with the Community Advisory Group (CAG) with current information and data relating to service initiatives. The funds shall be allocated according to an RFP process.*  
*(3)(A) The Secretary of Human Services shall immediately notify the Joint Fiscal Committee if at any time there are insufficient funds in VMAP to assist all eligible individuals. The Secretary shall work in collaboration with persons living with HIV/AIDS to develop a plan to continue access to VMAP medications until such time as the General Assembly can take action.*
  5. When asked, Daniel confirmed that VMAP Formulary Committee still exists, co-chaired by Dr. Parsonett and Dr. Singh. Concerns about requirements that consumers must “fail” on

a given medication before being green-lighted for a more expensive medication were expressed. Insurance companies are already utilizing this approach.

- E. The Tobacco Resettlement money that Vermont is receiving is \$1million over the next three years. This is a one-time disbursement of money earmarked for spending on opioid crisis, with goal of helping support Syringe Services Programs. The focus of the OCC through this money is to expand hours and locations of SSP sites. In SSP working group convened last year, list compiled of how SSPs would choose to spend more funding if available. Based on community needs expressed, clear interest in expanding hours and locations for SSPs. Other indicators of success of SSPs that herald. "expanding reach," such as ensuring program is not a one-for-one exchange, and offering secondary exchange. QUESTIONS?

1. Zpora: Will there be an RFP?

*No, these funds will go direct to the SSPs.*

2. Karen: Is the state going forward with NEO360? Do I need to budget for that expenditure? Can the funds be used for syringe supplies?

*Yes, these funds can be used for syringe supplies. As for NEO360: VDH will not be purchasing NEO360 and licensing the SSPs for its use, as the state of Vermont is ever more concerned about cloud-based systems that access state data directly. HSH office tried to advance this with the head of IT at AHS, but it was denied. However, Vermont did receive an overdose prevention grant and a portion of that grant wrote in the SSPs. Having access to a data management system. In addition, VDH can amend agency grants to support purchase of a data management system. VDH cannot mandate it, but if an organization chose to use NEO360, it would need to pay the license fee (@\$1,400) and a site fee (@\$400) for each SSP site. Something to think about as organizations is whether individual agencies want to pay those fees per site, or have one agency buy the license and have the other SSPs operate as "sites" and pay a site fee back to the lead agency. Laura said that this is how NH is progressing.*

3. Grace: With the tobacco funding, one of the recommendations coming out of the working group was shoring up existing exchanges. Can an agency apply to shore up existing programs?

*Yes. There is no application for these funds, but there are four questions agencies are being asked and the first question is 'what portion of funding would be used to shore up current deficits.' The funding process begins with an assumption of shoring up what is in place.*

4. Daniel noted that I can be helpful to look at the state's support of SSPs in context – Vermont has invested \$650,000 in SSPs. The result is we have access to about 1,500 folks and give out about one million syringes per year which is excellent. San Francisco has access to 22,000 people and 4.5 million syringes go out. Vermont makes a significant investment in SSPs and it is a testament to the work you all do and a testament to the belief the VDH and the governor's office have in the programming.

## VI. HOUSEKEEPING

- A. MINUTES: The 12/12/18 minutes were reviewed. Karen moved to approve the minutes, Chris seconded. Discussion – one amendment. The password for the restricted portion of the CAG website noted in these minutes is incorrect. The minutes were approved unanimously as amended.
- B. 2019 CAG DATES: The dates needed a great deal of shuffling, and the new list of dates is as follows. All dates are at **Gifford Medical Center**, from **10am – 2pm**, unless otherwise noted.
1. NEW DATE: Tuesday, April 9<sup>th</sup>
  2. NEW DATE: Tuesday, June 4<sup>th</sup>
  3. Tuesday, July 23<sup>rd</sup>
  4. Tuesday, September 24<sup>th</sup>
  5. NEW DATE: Tuesday, December 3<sup>rd</sup> from 11am – 3pm

## C. ANNOUNCEMENTS:

1. **Johnny:** Announced that GLAM has relaunched their LifePLUS group with an online presence and men across the state can now join. Johnny distributed posters and it is also listed on the PC website. The in-person aspect of the LifePLUS group will be coordinated through the online process and Johnny will talk directly with people as they join.
  - a. *"LifePLUS is a confidential online forum for men ages 18-40 who are living with HIV in Vermont. Launched in February 2019, we have a mission to fight stigma, create community, and find support in one another as we navigate full lives after being diagnosed with HIV."*
2. **Chris:** PWAC had a great drag ball this weekend. Will officially do Retreat this year, returning to Stowe. Next meeting Chris will have materials for case managers. Date is end of July (7/24–26). Working with Twin States, and Donna helping PWAC prepare things that should have been implemented before – should be a great retreat.
3. **Donna:** Excited to be working with PWAC and helping retreat continue. Women's Retreat is scheduled for May 30 – June 2. Donna will mail materials to ASOs and Service Providers -- waiting for April meeting will be a bit late. Twin States is hiring for a Peer Advocate in the southern part of the state; please refer potential good candidates. Looking for someone who is HIV positive and has their life under control enough to help others. ☺ Must understand confidentiality and appropriate boundaries, and be a regional worker based in southern Vermont area.
4. **Karen:** COSU meeting today in Westminster. This is the Windham County group working on the planning grant for opiate work. Today's meeting will have three presenters on research including Vanessa Berman with PIRE, Randy from the DISCERN Project, and Nicole from ADAP will present results from Travis' study. Separate from that, this coming week there is a training at the library in Brattleboro about distributing Narcan, which Grace will be participating in. Theresa is doing a training with first responders on March 11. Karen asked all groups that they expect to be in the county, to please let APSV know so they can help send the right people, and have an APSV syringe exchange contact present. Both Karen and Laura shared concerns about how the DISCERN Project specifically has a record of not communicating with the local agencies as they come in to interview individuals who use injection drugs. They are not referring people to the local syringe exchanges, which is very concerning.
5. **Reimbursement:** Donna noted that they are struggling with the shift over to the new form of reimbursement and asked how long the expected wait time is for payment after an invoice has been submitted. Erin noted that the state has 30 business days after a correct invoice is submitted to issue payment. HSH has been working hard to work with the business office to move payments along quickly. Daniel noted the business office is trying hard, but we do need to be in compliance as a state. Erin asked that people keep her posted on how timely their payments are arriving following invoicing.

Meeting adjourned at 1:05pm.

Respectfully submitted,



Alexander B. Potter, C<sup>2</sup>