Vermont Department of Health HIV/AIDS Community Advisory Group Meeting Minutes
January 31, 2018; 10:00 - 2:00pm

Gifford Medical Center, *Randolph VT*

CAG MEMBERS PRESENT: Tom Aloisi, Vermont Agency of Education; Mike Bensel, Pride Center of Vermont; Rex Butt, Interim Executive Director, Pride Center of Vermont; Miriam Cruz, Twin States; Laura Byrne, H2RC; Daniel Chase; Jonathan Heins; Peter Jacobsen, VT CARES; Grace Keller, Howard Center Safe Recovery; Michelle O'Donnell, VT People with AIDS Coalition; Chuck Kletecka; Zpora Perry, UVM CCC; Karen Peterson, AIDS Project of Southern Vermont; Donna Pratt, Twin States; Paul Redden III.

REMOTE ATTENDANCE: NA

VDH: Roy Belcher, Daniel Daltry, and Erin LaRose, Vermont Department of Health

C^2: Alexander B. Potter

Meeting opened at 10:05 am.

I. PRESENTATION/DISCUSSION: REVIEW 4th QUARTER PERFORMANCE DASHBOARD

A. DASHBOARD: Daniel announced that not all the fourth quarter data has come in, so he and Alex agreed that a full review of the dashboard did not make sense. This will occur in March, and will have our first full year of dashboard data.

B. DATA FOCUS: Daniel said he knew people may have questions about the shift to such an intense concentration on data, both at CAG meetings and overall.

1. Prior CAG meetings have covered the ***required* 125 data measures** that VDH will need to report to CDC, under current funding from the five-year grant *PS18-1802*. A portion of these data points come from the grantees around the table.
2. Vermont was funded based on the initial application Daniel submitted CDC. CDC then issues a *Technical Assistance Report* (TAR), identifying strengths and weaknesses in the application work plans which they require VDH to formally respond.
3. The response must further clarify, specifically, how Vermont will meet its stated goals. Many of these specifics are known, but were not able to be included in the original grant response due to RFP page number limitations.
4. If goals are not on track and met at the 6-month reporting period, CDC may be moving toward reducing funding, and VDH will need to respond in kind. As Program Improvement Plans are issued by CDC to states, so PIPs will need to be issued by the state to community grantees.
5. The follow-up to the issuance of a PIP has not been confirmed. A reduction of funding in concert with PIPs, or if PIP goals are not met, has *not been confirmed*. This is however the direction other federal funding has taken, tying receipt of funding directly to performance goals.
6. Vermont's CDC Project Officers do have our dashboard and are excited by it. They recognize Vermont is working hard toward monitoring, addressing and meeting goals.

C. QUESTIONS: Daniel welcomed community questions.

1. **Peter**: What goals are you most worried about Vermont meeting?
   Daniel: Overall, testing numbers are a concern. The state is vulnerable on meeting CDC numerical values for testing, but Daniel believes VT is okay for now.
2. **Peter**: If testing numbers are not met, can CDC remove funding from the state?
   Daniel: CDC cannot simply remove all funding from any state. Daniel will ruminate further on Vermont vulnerabilities and the potential CDC response. Testing concerns is simply first reaction.
3. **Tom**: As a recipient of CDC funding at Agency of Education, Tom noted he can confirm that overall, the CDC *does not* want to take granted money back from grantees. It is not the preferred approach and they would much rather avoid if at all possible.
   Daniel: Would certainly expect visits and meetings from CDC representatives before a sudden removal of funding.

II. PRESENTATION/DISCUSSION: Syringe Service Programs and Safe Injection Sites

A. SIS LEGISLATION: This is the second year that legislation has been discussed about making it possible for Safe Injection Sites to be opened in Vermont. Current understanding is that it is stalled.

1. Grace reported that this is correct. Those involved with syringe exchanges do not expect any further movement on this in 2018.
2. Public testimony was taken, with both consumers and providers of services. Testimony went very well and was compelling, with a great deal of powerful testimony. The Public Safety Committee determined it should go to the Governor's Opioid Council.
3. The important thing this year was the testimony was held and conversation was opened. For the legislators to hear so much about syringe exchanges and addiction was an excellent opportunity that was well-utilized, and is considered a victory in itself.
4. The belief is the Governor's Council will indeed look closely at the issue, but there are limited expectations of more movement this year.
5. There are people committed to pushing for more action faster, but SSPs have so much on their plates, taking on something new and time-consuming is not going to be helpful.
    a. Cases of endocarditis have exploded.
    b. Vermont drug supply heavily contaminated with fentanyl.
    c. Still considerable and vocal resistance to even syringe exchanges from a number of areas in emergency services, even before tackling the concept of Safe Injection Sites.
        i. It is unfortunate that this is still the case despite the considerable body of clear scientific evidence. There has never been a fatal overdose in any Safe Injection Site in the world, and there are 3,000 SISs worldwide.
        ii. Simultaneously, staff at Syringe Exchanges face the possibility of witnessing someone die of overdose every day they are at work.

B. QUESTIONS:

1. **Jonathan**: Why no expectations of movement from the Council?
   Grace: Based on prior experience, anything to receive legislative *action* this year needs to be already happening. Given Public Safety has strong concerns and referred to the Council, that effectively slows any action down too much for anything to occur in 2018. Expectation is that the bill will not be seen again this year.
2. **Jonathan:** Federal prosecutor is still opposed to the concept. Would anything even happen if Governor's Council say yes?
   Grace: Exactly. It remains an insurmountable issue if injection remains an arrest-able offense. It is still federally illegal. Pennsylvania is leading the way, with mayor of Philadelphia issuing an executive order to allow it. This will likely be the opportunity to take to the courts and bring the issue of the federal laws in focus.
3. **Jonathan**: Has anyone reached out to Federal prosecutor to open dialogue?
   Grace: Yes, efforts have been made. To date, her stance has not softened. We hope to have more conversations but also understand that she has a job she needs to do, and she cannot be faulted for needing to do that job. Always prefer to work in concert with law enforcement than in opposition. Have had excellent relationships with individual police departments and there is a great deal of mutual respect; syringe services workers are gaining much respect for being on the frontlines of this issue.
4. **Chuck**: If this can get up and running, would it be funded by state dollars?
   Grace: This bill does not actually deal with money at all. It deals with immunity, that would allow Safe Injection Sites to be opened and operating without risking criminal charges.
5. **Donna**: Fully in support of Narcan, but wanted to share the argument she hears most commonly from those who are not, which is that distributing Narcan is not "fixing anything," just prolonging the problem. This is particularly problematic when people hear of individuals overdosing, being revived, then returning with another overdose 8 hours later and being revived again.
   Grace: Yes, have heard this argument. The best response we can offer is that the alternative to Narcan is death, and no one can recover if they are dead. When individuals are revived and have

to go on waiting lists for treatment, they will OD repeatedly. Good news is that Corrections is moving into providing inmates with methadone/suboxone treatment for at least 120 days post incarceration. There is a bill that is aimed at removing that timeline, to provide inmates with medication-assisted treatment indefinitely.

6. **Daniel:** Is there an appeal among those who inject drugs to try fentanyl? Is it considered a stronger high?
   Grace: Perhaps in the beginning, but Safe Recovery does regular surveys or the state and over the years, the number of individuals who inject drugs who had personally witnessed an overdose ranged from 23 to 26% consistently. This year, the survey returned 80% of respondents reporting having personally witnessed an overdose. People are getting scared. Clients express their fear at Safe Recovery.
   Laura: She has seen that there is an appeal among those who use injection drugs, with people wanting fentanyl for a stronger high, particularly in Springfield. There were more overdoses in Springfield last quarter than in several quarters in White River Junction. At the same time, she is seeing that clients definitely want to know what is in their drugs.

C. DEPARTMENT OF HEALTH PREPARATION: Daniel was asked to prepare a one page response on the efficacy of syringe exchanges so that VDH can be prepared to respond to questions quickly and accurately with strong data.

1. With the public testimony on SIS and the report from the Governor's Council, there has been increased attention on Syringe Exchanges, which has raised some questions.
2. A desire to see data that proves efficacy has been strongly expressed.
3. The preference is for all VT data, but current information collected on the QSRs may not provide as much data as is wanted.
4. VDH does not have to prove syringe exchanges work, but it is recognized there will be questions, from the legislature, press and public and VDH wants to be well-prepared.

III. PRESENTATION/DISCUSSION: HIV 2017 update

A. STAKEHOLDER MEETING: Following the review of HIV infections at the November 2017 CAG meeting, the suggestion of a stakeholder meeting in the affected counties was proposed (Chittenden, Franklin, and Grand Isle).

1. Practitioners, Safe Recovery, Pride Center, Vermont CARES and the CCC met, talked about cluster of cases, what is going on, and brainstormed ideas and solutions.
2. Field work and testing at areas of concern was discussed. Daniel attempted, but site testing was not approved by the VDH, citing concerns for staff safety. However, VDH has a consumer with contacts to the situation and were able to procure home testing kits that this individual could deliver directly. This offered some individuals in the core network the ability to test completely on their own.
3. The home testing was complemented with marketing, encouraging individuals to access the Pride Center for testing/services.

B. DIAGNOSES: Since last CAG meeting there have been zero new infections from the cluster.

1. Two or three positives since that time, but they were not part of this cluster.
2. There was one case of an individual testing negative for HIV, but positive for infectious syphilis which indicates a connection with the cluster. Seven of the cluster cases had infectious syphilis, and of those seven three had neurosyphilis.
3. An encouraging extrapolation is that individuals testing positive in this core cluster got into care and their viral load has been suppressed, and transmission stopped.

C. COMMUNITY FORUMS: Community forums were also discussed at stakeholder meetings.

1. Rick Rossen, who is connected with the University of Vermont, is an expert on meth and HIV, with over 40 years experience, will be meeting with VDH to explore this recent cluster and themes of MSM and Meth when he is next in town.

2. As noted on today's Agenda, there is a webinar presentation done by Hazelden on gay men and meth, which is accessible to all – just sign up at their site and you can view it. (*Gay Men & Meth: An Epidemic*)
    a. Of particular interest was information on gay men's psyche and the drug connection, as a shortcut to spiritual intimacy. This is especially true of meth.
    b. The descriptions of men feeling much more bonded with each other when having sex while high on meth spotlights why this can be such a vicious cycle to try to break. Any sort of prevention is not going to register during that time of immediate risk, under the influence.
    c. The presentation is highly recommended.
3. Daniel asked Mike and Peter if they had anything to add regarding the meth issue. Mike said that Mpowerment as a program is not prepared specifically to handle the topic. He is seeing people at the Center affected by this issue and he would like to do more, especially in support of the members of our community that are already deeply affected. He is strongly in favor of a community forum or panel; having discussion *as a community*. Peter agreed.

D. MOLECULAR SURVEILLANCE: Roy presented on molecular surveillance, and how it could have worked in this situation if we were able to do it. *Presentation attached*. The current cluster was found through conversations with some clients, and if those specific conversations had not occurred, connections may not have been made. Molecular surveillance can help make sure these connections do get made.

1. **Chuck:** Expressed confidentiality/privacy concerns about the level of personal data collected and reported in molecular surveillance.
   Roy: There are pros and cons. Always important to look carefully at privacy concerns. His approach is assessing the balance of privacy concerns and necessity of data collection, versus the greater value in improved health/lives saved that can come from collecting specific information in question. Given current surveillance efforts are limited in how they can inform prevention efforts, the value of molecular surveillance outweighs concern for him, as he believes it has great potential to interrupt clusters quickly, thereby improving health and preventing further infection.
2. **Peter:** Is this being used currently?
   Roy: VDH continuing to get newly diagnosed resistance data, which is easy to start/stop. For the time being under this cluster VDH considers it active. CDC suggests maintaining active molecular surveillance for 6 months.
3. **Jonathan**: If a cluster is in full bloom and it takes three months to get analysis on resistance, how can clusters be interrupted?
   Roy: Resistance testing has a turnaround of a week or less. The three-month lag he described in his presentation was only if CDC was needed to do the analysis. The TRACE system identified in his presentation will complete the process much faster.
4. **Chuck**: Are we committed to doing this?
   Daniel: Currently we are in line to do this, based on CDC expectations. We think it is in our best interest to do this and it is in the rule-making process. Right now, the preponderance of evidence for VDH is that this is in the public good. There are places for the community to weight in.
5. **Peter**: Does TRACE cost money?
   Roy: There are jurisdictions funded for it, but we are not one of them. We are currently doing it because we believe it needs to be done, and with Vermont's low morbidity we don't have the same needs as larger urban areas. USC San Diego is funded by CDC to do the TRACE set up and work. There are other jurisdictions that are doing molecular surveillance without having a funded position behind it. From our surveillance perspective, Roy sees a value in adding this to our prevention efforts.

IV. CAG HOUSEKEEPING

A. MINUTES: November 28, 2017

1. In item ***III.C.*** clarify time frame of infection data. "The number of new HIV infections is now at 22, **for the year 2017**."

2. In Item ***III.C.e.*** grammatical correction. "Some **had** already been exploring PrEP."
3. Jonathan moved the November minutes as amended. Karen seconded. Minutes accepted unanimously.

B. ANNOUNCEMENTS:

1. Chuck shared current issues at VT People With AIDS Coalition.
   a. Like to acknowledge Michelle for her employment and efforts for PWAC, and wish her well. She has gotten two support groups working, in St. Johnsbury and Rutland.
   b. Drag Ball is February 10 at Higher Ground. "Make America Drag Again."
   c. Chuck is returning to PWAC as Chair of the Coalition's board due to sustainability concerns.
      i. The Coalition has been notified by the VDH that they will be defunded unless specific concerns are addressed, including lack of staff and nonfunctioning Board of Directors.
      ii. PWAC has names of people to look at for the position of ED, but it is difficult to begin interviews for a position that may be defunded.
      iii. Hopefully, if PWAC can demonstrate the organization is meeting the needs VDH has expressed, funding will be reinstated. The Retreat was not well-attended this year, and this has been a hard time for PWAC. Everyone Chuck has spoken to is in favor of continuing the retreat, but to have the retreat, PWAC needs to have a staff member.
      iv. PWAC recognizes that it is becoming harder for the organization as a peer group to match up to the funding categories of the current grants, and PWAC must assess if it is an appropriate agency for what is needed to be done in the state. PWAC needs to evaluate who the organization is and what it can do, and look carefully at the next iteration of the grant this year to see what makes sense going forward.
      v. Time frame given: If the conditions are met by February 15, VDH may consider a separate sub-agreement. As this was phrased as "may consider," Chuck is uncertain how this process will turn out, even if staff is hired.
      vi. Expectation is that if staff is hired, they will be traveling the state to meet Executive Directors.
      vii. Chuck specifically noted that the VDH representatives here at CAG have never been anything but supportive, and he and the rest of the PWAC are aware that this is a difficult situation and hold no ill will.
2. Peter reported that VT CARES is dry again after being flooded in January. The agency lost a lot of computers that has affected their administration and fundraiser capabilities, and has simply set them back in a lot of capacities. Have also had a hiring flurry. Teresa who worked in St. Johnsbury is now doing fundraising and some program work, at the Burlington location. The St. Johnsbury position has been rehired.
3. Zpora reported that the CCC is experiencing a big loss with the departure of Dr. Krystine R. Spiess. She has always done a lot of grant work with Zpora, and this will be a big transition. CCC does have a few applicants. Zpora was working on the process to get Dr. Spiess to be a suboxone prescriber for HIV patients. However, Dr. Andy Hale is already waivered in MA so now Zpora is restarting the process with him.
   Daniel: On behalf of the VDH & CAG we are grateful for the service of Dr. Spiess. She has been extraordinary in her case work and community work. We are sad to see her go and we are grateful for her service.

C. NEW TOPICS: March meeting topics?

1. Jonathan noted that lately he is feeling a lack of knowledge around correct terminology and understanding of more recent transgender matters, and he in concerned this inhibits the ability of people to interact freely and learn, when they are worried about what they should/should not say, and how to say it. He does not feel up to date and would like to be, and felt this group may be the place for this. Could there be a presentation on current terminology and how to handle situations where individuals feel uncertain of how to address someone? Chuck seconded this. It was agreed that this was considered valuable by all. VDH will look into this for March and if it

cannot be accomplished for then, then perhaps May. Rex and Mike said the Pride Center would be happy to facilitate and their staff member Taylor would be great. They also know community members who would be great, if Taylor was not available. Donna added that a panel discussion would be great, to get different perspectives.

2. Laura inquired when syringe exchange data requirements would be discussed. Daniel said tht more will be said on that in the advisory committee, and that he is assuming EDs and SSP directors will be part of that committee.
3. Roy asked TRL participants/agencies to **please make sure to respond** in a timely manner to the needs assessment poll for training opportunities sent out by Jonathan. If agencies anticipate anyone needing training, **please let VDH know promptly**. They are trying to plan ahead and get a training on the books. Currently there are not enough people to warrant scheduling a training.

Meeting adjourned at 1:24pm.

Respectfully submitted,

Alexander B. Potter, C^2