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| **Date:** | Wednesday, November 20, 2024 | **Type:** | In-person, New Haven |
| **Start Time:** | 12:55 p.m.  | **End Time:** | 2:00 p.m.  |
| **Leaders**  | Roberta Stewart (Chair), Gina D’Angelo (CT DPH Resource Liaison) |
| **Participants:** | 5# | **Next Meeting:** | January 15, 2025 |

**WELCOME AND CHPC OVERVIEW**

Roberta Stewart (ETS Chair) and Gina D’Angelo (CT DPH Resource Liaison) (1) introduced themselves, (2) reviewed the charge of the committee and its relationship to the Integrated Plan goals and objectives, (3) outlined the purpose of the meeting, and (4) encouraged participants to create a positive, productive meeting climate.

**ADMINISTRATIVE MATTERS**

**Review of Prior Meeting Notes.** The last meeting of the ETS occurred in August 2024. The ETS provided input on goals and objectives for the Connecticut Sexual Health Coalition. Those notes were sent out in August and will not be reviewed today.

**Leadership.** The Committee Chair and CT DPH Resource Liaison will participate in a CHPC Executive Committee strategy session that will occur in December. This strategy session will focus on developing a road map for the CHPC during 2025 as well as coordinate committee activities. Information from the meeting today will contribute to the CHPC 2025 roadmap of activities.

**SYNDEMIC PARTNERS UPDATE**

**CT DPH Syndemic Partner Group.** Gina D’Angelo reported that the CT DPH led Syndemic Partner Group focuses on statewide systems, program and policy issues and uses the ETS Committee to connect this work to the regional and local levels. The past few months have been devoted to supporting a small set of organizations pilot the Syndemic Screener in English and Spanish. The group will meet again in January 2025.

**CT DPH Prevention.** Gina D’Angelo shared that the CT DPH uses a regional delivery strategy with its service contractors. Regional leads include (1) City of Hartford, (2) Alliance for Living, (3) Yale New Haven Hospital, and (4) APEX, with (5) Planned Parenthood and (6) Connecticut Harm Reduction Alliance providing statewide services for testing and harm reduction, respectively. From a policy perspective, CT DPH has been focusing on the implementation of new policy (e.g., routine HIV, viral hepatitis testing)

**CT DPH Viral Hepatitis.** Venesha Heron (CT DPH) shared that progress continues to occur on the development of the Viral Hepatitis Elimination Plan currently in year 4 of implementation with an Annual Performance Report will be due in April 2025. The year 5 continuation funding application is underway for year 5. Testing reach continues to expand with 5,798 tests in 2022 (with 581 reactive) and increased to 11,000+ in 2023. Universal testing and screening appears to be making an impact. Planning activity is underway for future events (e.g., City of Hartford testing event). The Viral Hepatitis Elimination Technical Advisory Committee (VHTAC) will meet at a date to be determined in December 2024.

**CT DPH STD.** Arleen Lewis (CT DPH) shared that progress continues to occur in developing the statewide Sexually Transmitted Disease (STDs) / Sexual Health Plan. STDs and sexually transmitted infections (STIs) continue to remain high and the Disease Intervention Specialist (DIS) teams continue to work tirelessly. The STD Program has added staff capacity (e.g., DIS, epidemiologist/surveillance, health program associate) and has recently completed a Sexual Health Tool Kit for providers that will be disseminated in hard copy and online. The Tool Kit includes resources to support comprehensive sexual health histories. The Connecticut Sexual Health Coalition will begin meeting again in 2025 and will coordinate work with the CHPC.

**CT DMHAS.** Natalie DuMont shared that the most logical connection for the emerging referral mechanisms might be the Regional Behavioral Health Action Organizations (RBHAOs) and perhaps work with regional or statewide treatment providers, particularly those funded by DMHAS. It may be helpful to identify an entity that could conduct a mid-level assessment instead of a treatment provider.

**ETS COMMITTEE PROJECTS**

The ETS Chair and CT DPH Resource Liaison shared updates on the priority workplan items for the ETS during 2024.

1. ADOPTION OF ROUTINE HIV TESTING ACROSS ALL SETTINGS & EMERGENCY DEPARTMENTS. Partners. Several participants shared success stories about the implementation of routine testing across different healthcare settings including the Emergency Departments as well as in school-based health centers. For example, Yale New Haven Hospital ED identified 15 new HIV diagnoses through the Emergency Department protocol. Participants were encouraged to take Routine HIV Testing Tool Kits available at the meeting registration table.
2. SYNDEMIC SCREENER PILOT. The Syndemic Screener tool was developed and piloted with a small set or organizations using English and Spanish versions. Provider feedback to the screener was positive. However, questions remain about an easy-to-use and reliable referral process to connect patients to (external) providers in the event the patient needs help.
3. OTHER. Several participants shared about their organization’s efforts to implement a syndemic approach or to support evidence-based practices for routine testing as well as use of shared resources (e.g., website, messages) and professional development. Regional and local implementation is occurring although it may not be highly visible.

**2025 EMERGING DIRECTIONS FOR ETS WORKPLAN**

The ETS Chair and CT DPH Resource Liaison asked the group to identify gaps, barriers, and opportunities that may be relevant to building the 2025 ETS workplan. Participants shared the following themes:

* More general provider education opportunities about routine testing (e.g., it’s the law, initial impact, toolkit, resources available)
* Specific provider / workforce education and professional development around critical topics (e.g., taking a comprehensive sexual health history, confidentiality and implications for sharing based on public or private insurance, unconscious bias, reducing stigma)
* More robust communications and messaging (e.g., social media), including improving e-mail content to include QR codes or access to short videos and sharing of best practices (e.g., posters with QR codes)
* Better promotion and use of existing resources such as resources by zip code available on Ending the Syndemic and Positive Prevention CT
* Review of materials and messaging as it relates to health literacy
* Easier to navigate websites or merging of multiple websites (e.g., Ending the Syndemic, Positive Prevention CT, CHPC)
* Easy access regional contact list that connects Syndemic Screener to a primary referral mechanism or direct access to a provider resource
* Specific outreach to critical partners such as school-based health clinics (SBHCs), Regional Behavioral Health Action Organizations (RBHAOs), Connecticut Hospital Association (CHA), Connecticut Alliance (Alliance) of nonprofit providers including behavioral health, and community-based partners
* Change to Explanation of Benefits (EOB) insurance statements, particularly for individuals under 26 years of age who are covered by a parent/guardian’s insurance and receive detailed information about claims (e.g., HIV tests, PrEP medications) that may cause the individual to forego care
* Processes to document impact of ETS projects (e.g., success stories about identifying PWH in the Emergency Departments, best practices in use by healthcare systems of electronic health records (EHRs))
* Providing technical assistance and capacity building support to providers interested in implementing best practice models (e.g., EHR automated nudges or messaging)
* Ensuring that contracts include the use of “whole person” or routine testing and syndemic screening best practice models
* Promotion of innovative or forward-looking rapid, syndemic testing approaches (e.g., rapid syphilis tests)

The chair encouraged ETS Committee participants to share information back to their communities and to bring information from the community to the ETS Committee.

**MEETING FEEDBACK**

Participants were encouraged to share their feedback on the CHPC feedback form available in paper copy or accessible through a weblink or QR code.

**ADOURN**

The ETS Chair adjourned the meeting at 2:00 p.m.

**ATTENDANCE**

Attendance records are kept on file with the CHPC support staff.