

How is a CHPC committee structured?

- CHPC members must participate on at least one of the committees and attend meetings.
- A CHPC member must lead the meeting.
- The meetings are open to public participants.

When does a CHPC committee meet?

- CHPC committees meet on the same day as the CHPC (3rd Wednesday of the month).
- The committees meet 8-10 times during the year.
- Committees may meet in the morning or in the afternoon.

What does a committee meeting look like?

- Committees meet for approximately 60 to 90 minutes.
- A CHPC member chairs the committee. A designated time-keeper helps manage the discussion.
- The agenda includes:
 - Welcome and introductory comments by the chair (e.g., meeting etiquette)
 - Review of the meeting notes from the prior month
 - Discussion topics specific to the committee (see page 2)
 - New business
 - Feedback and adjournment

What is the work of each committee?

- Each committee has a specific charge (see page 2).
- The CHPC chairpersons, with input from the Executive Committee members, develop annual work plans for each committee.
- The work plans connect the committee work to the state's Integrated HIV Prevention and Care Plan.
- The committee meeting agendas break down the work plan into monthly tasks.

How does a committee make decisions?

- Committees use a consensus process for decision-making. Committees do NOT vote. This allows all participants – including public participants – to voice their input and to shape recommendations. Committees forward recommendations that may go to the Executive Committee or to the CHPC for a formal vote.
- A committee chairperson facilitates the discussion and identifies the consensus opinion and also documents the fact that other perspectives may co-exist.
- Participants, irrespective of their opinion, should feel their voices have been heard and included in the discussion.

What is the process to be a committee chairperson?

- Committee chairs must be CHPC members.
- Committee chairs must complete an application form. The Executive Committee reviews the applicants and selects the best fit from the applicant pool.
- Eligible applicants for committee chairs must attend Executive Committee meetings which occur after the CHPC meetings, and be available to work with committee staff between meetings.

Committee	Executive	Membership & Awareness Committee		Data and Assessment Committee		Ending the Syndemic (ETS) (Formerly Getting to Zero)
Team		MAC	Positive Prevention CT (PPCT)	Quality and Performance Measures	Needs Assessment Projects	
Roles	<ul style="list-style-type: none"> Coordinate work across committees Input on CHPC agendas (e.g., presentation topics) Sounding board for CHPC co-chairs (e.g., committee chair selection) Support meeting climate (e.g., review feedback) Address emerging issues with bylaws 	<ul style="list-style-type: none"> CHPC membership recruitment and retention, includes mentoring program Publish <i>HIV Planning News and Notes</i> newsletter Facilitate CHPC information sharing and public awareness (in-person, social media, web) Coordinate annual CHPC “voice of the people” panel 	<ul style="list-style-type: none"> Create and run marketing & health communication campaigns to educate, decrease stigma, encourage and bring awareness of HIV prevention to at-risk individuals Create and provide information, resources, tools, training, and technical assistance for providers 	<ul style="list-style-type: none"> Align the CHPC statewide HIV prevention and care indicators with the statewide plan Update (develop or retire) indicators in response to changes in circumstances Promote best practice sharing for quality improvement (QI) – including QM Summit 	<ul style="list-style-type: none"> Coordinate or conduct projects that provide information about needs, gaps, and resources in the statewide HIV prevention and care system Align projects to comply with federal funding requirements such as: consumer input and workforce 	<ul style="list-style-type: none"> Advance recommendations in the statewide Getting to Zero plan Coordinate ETS resource partners (e.g., public awareness and promotion efforts) Promote evidence-based strategies and efforts to scale these strategies statewide
Example indicators of success	<ul style="list-style-type: none"> Meeting attendance Meeting satisfaction Productive leadership with succession plans 	<ul style="list-style-type: none"> Attendance rate # of public participants Retention rate Audience reach # membership applications 	<ul style="list-style-type: none"> # campaigns developed PPCT website metrics PPCT social media metrics 	<ul style="list-style-type: none"> # new or retired indicators Annual updates to indicators # data presentations QM Summit 	<ul style="list-style-type: none"> # completed projects # presentations or concept papers # trainings and attendance 	<ul style="list-style-type: none"> PREP-to-Need Ratio STIs (to be determined) Stigma (to be determined) # G2Z champions
Chair(s)	Dante Gennaro	Stephen Feathers	Taylor Edelmann	Peta-Gaye Nembhard	Laura Aponte	Barry Walters (interim)
CHPC staff	Mark Nickel	Michael Nogelo	Ken Plourd/David Reyes	David Bechtel	Lisa Mason	Mark Nickel
DPH liaison	D. Gennaro / M. Buchelli	Dante Gennaro	Dante Gennaro	Susan Major	Laura Aponte	Gina D’Angelo
Often used resources	<ul style="list-style-type: none"> CHPC Charter Feedback forms dashboard Meeting summaries 	<ul style="list-style-type: none"> Member diversity chart Attendance tracker CHPC newsletter CHPC website 	<ul style="list-style-type: none"> CT DPH website PPCT website Various social media platforms 	<ul style="list-style-type: none"> CHPC indicator list Epidemiological profile Research studies and QI projects 	<ul style="list-style-type: none"> Epidemiological profile Research studies and data collection instruments 	<ul style="list-style-type: none"> Best practices from around the country G2Z website positivepreventionct website