



Connecticut HIV Planning Consortium

15 February 2023 Meeting Summary



Location:	Zoom virtual meeting		
Date:	15 February 2023	Recorder:	Mark Nickel
Start Time:	9:03 a.m.	End Time:	10:41 a.m.
Presiding Chairs:	Xavier Day, Nilda Fernandez, and Dante Gennaro		
Attendance:	See end pages for roster of CHPC members and public participants		

MEETING AT A GLANCE

- CHPC participants viewed a “Meet the Members” pilot video and used interactive polls to provide input about continuing this effort at future CHPC main meetings.
- CHPC Committee Chairs and/or Connecticut Department of Public Health (CT DPH) Resource Liaisons shared previews of each committee’s draft Work Plan.
- It was reported that the January CHPC main meeting summary was approved by a virtual vote.
- A leadership opening exists for the Chair of the Membership and Awareness Committee.
- Changes and improvements implemented by the CHPC such as a new committee schedule appear to be working well with positive feedback from participants.
- The CHPC will not hold a main meeting in July. CHPC committees may meet as needed.
- The CHPC Needs Assessment Project team and the AIDS Education and Training Center (AETC) will host an event on stigma reduction on February 28, 2023 at 12 noon.
- Three subject matter experts shared their perspectives via a panel discussion titled, “Living in color, not only in thought. Connecting one’s intersections through mental health.”

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CALL TO ORDER and MOMENT OF SILENCE

Mr. Xavier Day introduced himself as a CHPC Community Co-Chair and called to order the Connecticut HIV Planning Consortium (CHPC) at 9:03 a.m. He introduced CHPC Co-Chairs Nilda Fernandez and Dante Gennaro, Jr. Mr. Day reviewed ground rules established by CHPC participants to create a welcoming, inclusive, and respectful meeting environment. Ms. Fernandez asked that participants hold a moment of silence to honor, recognize, and celebrate the lives of individuals affected by HIV, social injustices, natural disasters, and war. She then reviewed the CHPC Mission, values, and goals.

CHPC BUSINESS UPDATES

Voting Results: Prior CHPC Meeting

Mr. Gennaro reported that the CHPC Members voted virtually to approve the January 2023 meeting summary. The summary will be posted on the CHPC website.



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Membership and Awareness Committee (MAC) Opening for Chair

Mr. Gennaro announced that an opening exists for the chair of the MAC. Interested CHPC Members can complete the application and return it as soon as possible, preferably by mid-February. In the interim, Mr. Gennaro will lead the MAC

CHPC Process Improvements

Mr. Gennaro stated that the CHPC will continue to implement process improvements. He noted:

- Changes this month to streamline the review of basic CHPC information that can be viewed on the CHPC website.
- Changes in the CHPC Committee schedule resulted in higher average meeting attendance.
- Participants were responding favorably to the use of committee-level work plans to increase clarity, transparency, and accountability.

Mr. Gennaro reported that the Executive Committee had confirmed the following actions for upcoming CHPC meetings:

- No CHPC main meeting will occur in July 2023, consistent with the results of the interactive poll at the January 2023 CHPC main meeting. Committees may meet as needed.
- The March presentation time will feature HIV Plan partners: CT DPH Prevention, CT DPH Ryan White Part B, and the two (2) Ryan White Part A Planning Councils.

Mr. Gennaro reminded participants of an upcoming training co-sponsored by the CHPC and the AETC:

- Intersectional Stigma Reduction: A Strategy for Implementing HIV Prevention and Treatment Innovations in Health Facilities on February 28, 2023 @ 12:00 p.m. led by Dr. LaRon Nelson. A registration link was shared in the chat box. The event will be promoted with digital flyers and e-mails throughout the month.

Meet the CHPC Members Video Pilot

Mr. Gennaro introduced a new video concept called "Meet the Members" and explained that this was a pilot project intended to recognize CHPC members and increase connections between CHPC Members and public participants, especially with the virtual meeting environment. He stated this was an idea generated in 2022 by the MAC as the committee discussed options to make the newsletter more interactive and even contain links to videos. The videos today represent an example of what this might look like. Before investing additional time, the Executive Committee felt it was important to get input from the larger group.

Mr. Gennaro explained that the CHPC Co-Chairs identified a short list of questions and asked a small group of CHPC Members to volunteer for the pilot. The questions included a mix of topics to get to know the person better and also allow them to describe their connection to the CHPC. These CHPC Members conducted short, virtual interviews over zoom. Mr. Gennaro then edited down the video files.

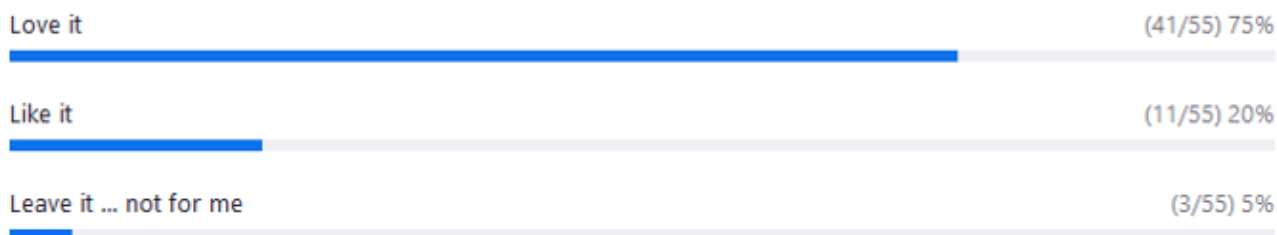


The CHPC viewed the video files of interviews with Peta-Gaye Nembhard, Marcelin Joseph, and Xavier Day. CHPC Members then participated in a series of interactive polls to better understand their impressions about the videos. Participants shared comments in the chat box as well. The figures below show the results of the interactive polls (55 individuals participated in the polls).

Interactive Poll Results for Meet the Member Videos

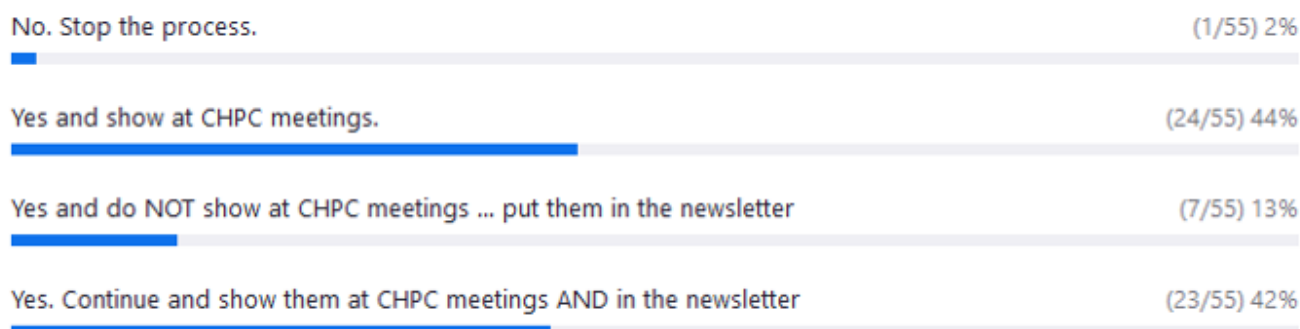
1. General impressions? (Single Choice) *

55/55 (100%) answered



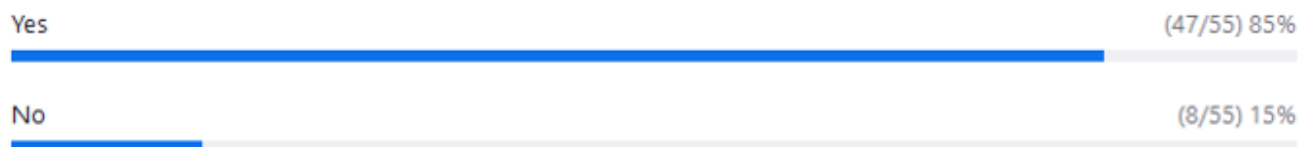
2. Should we continue to make more videos? (Single Choice) *

55/55 (100%) answered



3. In the future, should the CHPC consider expanding this video approach to include "partners"? (Single Choice) *

55/55 (100%) answered



In general, meeting participants responded positively to the Meet the Members video and thought the approach should be expanded to include partners. Examples of responses in the chat box included:

- Mr. Keith Taylor commented, "Love this!!"
- Ms. Nilda Fernandez stated, "Love all of the videos."



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- Mr. Anthony Santella shared, "Its great we have this space to hear from our colleagues."
- Ms. Jennifer Vargas commented, "These videos were great. We are all working really hard and being asked to do more with less. Seeing this video is a great reminder that we are all in this together. We have a great community that does a fantastic job with helping each other and giving us the push to get through difficult times."

The CHPC Co-Chairs stated that it appeared this process should move forward with some additional improvements such as fewer questions and shorter videos, and perhaps adjusting where the videos might occur in the meeting agenda (e.g., at the beginning as people are entering the meeting room, at the end of the meeting as part of the closing, or even sprinkled throughout the meeting).

CHPC COMMITTEE UPDATES

CHPC Committee Chairs and/or CT DPH Resource Liaisons shared brief updates about implementation progress on committee work plans and current areas of focus. The table below summarizes the areas of focus for each committee.

Committee	Charge	Updates
Executive	Provide leadership; coordinate CHPC activities; create productive and respectful meeting environments	<ul style="list-style-type: none">• Review meeting feedback• Review committee process• Plan agenda for March CHPC main meeting
Ending the Syndemic (ETS)	Coordinate and support expansion of ending the HIV epidemic and syndemic strategies and activities across the state	<ul style="list-style-type: none">• Reports from syndemic partners• Content development for routine HIV testing• Group feedback on patient/provider scenarios
Membership and Awareness (MAC)	Recruit and retain CHPC members; Facilitate information sharing and public awareness; Amplify community voice	<ul style="list-style-type: none">• Discuss newsletter content development (Vol 1, 2023)• Community engagement event planning
Needs Assessment Projects (NAP)	Conduct and/or support data collection and analysis that supports planning and/or other special projects	<ul style="list-style-type: none">• Changes to training events schedule• Developing an approach to improve housing stability
Quality and Performance Measures (QPM)	Develop and monitor CHPC indicators Facilitate continuous quality improvement	<ul style="list-style-type: none">• HIV testing data for CT DPH funded sites• Revisions to quality improvement projects list• Development of monitoring plan
Positive Prevention Connecticut (PPCT)	Create health communication campaigns and strategies for those populations at the highest risk of getting HIV in Connecticut	<ul style="list-style-type: none">• Distribution Center updates• TEST CT! campaign progress report and data• Prevention Pack campaign



CHPC FEATURED DISCUSSION: LIVING IN COLOR, NOT ONLY IN THOUGHT. CONNECTING ONE'S INTERSECTIONS THOROUGH MENTAL HEALTH¹

Mr. Day explained that the Statewide HIV Plan places an emphasis on stigma reduction and addressing disparities and inequities. A high level of mistrust and feelings of stigmatization exist within communities of color and affect access to health and mental health services. The CHPC has committed to addressing issues like stigma, social injustices, and racism through ongoing discussions. The panel discussion today attempts to accomplish three things: expand awareness about stigma as it relates to mental health services; increase knowledge and comfort levels to address stigma; and showcase some of the incredible work being done in Connecticut.

Mr. Day introduced the featured panelists:

- Chevelle Moss-Savage, HEAL Consulting
- Nichole Mayweather-Banks, Changing FACES, LLC
- Bianca Alexis-Sylvain, Mind Body Rise, LLC

He explained that the format for the panel discussion would center around five questions followed by a general question and answer segment with questions from the meeting participants.

Q1: Please tell us your name, your experience in the field, and what inspires you to work as a mental health provider.

- Ms. Nichole Mayweather-Banks ("Nichole") shared that she is a Licensed Clinical Social Worker who works exclusively with trans and nonbinary individuals. She operates a private practice and feels it was inevitable that her life led her into this space where a lack of services exist to give the gender expansive community access to clinical services and support. The work represents a bigger cause in life.
- Ms. Bianca Alexis-Sylvain ("Bianca") shared that she holds two Master's level degrees in psychology and in religious studies and holds significant experience in helping individuals across a variety of settings including schools, outpatient settings, addiction recovery programs, and youth services. She recognized that she wanted to return to her community, to be a positive neighbor, and to give back. She is invigorated by how her own experience and journey has liberated her and the difference a listening ear and support could make.
- Ms. Chevelle Moss-Savage ("Chevelle") shared that she was a true southern belle from Virginia and moved to Connecticut five years ago as part of a job relocation by her partner. She created a private practice to help support all aspects of an individual's identity – gender, racial/ethnic, cultural heritage, spiritual, family roles, and more as they move forward on their wellness journeys and their transformations from caterpillars to butterflies. She acknowledged the impact and role of her mother (who had died 22 years ago) in her wellness journey.
- The three panelists recognized the special nature of their own connections to and relationships with each other, and that they were blessed to support each other and the community.

¹ This summary does not capture the depth, dimension, and passion of the responses. The CHPC will request permission from the panelists to make available the video from the panel discussion.

Q2: How do you address stigma and successfully build trust and relationship with clients who are in your practice or with people who may be seeking mental health services?

- Panelists shared that very few mental health providers like them exist in Connecticut. It is important for people and patients to see and be able to receive support from individuals who look like them and who can relate to lived experiences as persons of color or persons with gender expansive identities.
- Office settings (in-person or zoom) are designed with intention to reflect culture, heritage, and identity and create a sense of warmth and welcoming.
- The discussions require individuals to be vulnerable and to share very personal and private information. The authenticity and engagement of providers with lived experience contributes significantly to building a safe space.

Q3: Why is it important to acknowledge the intersectionality and lived experiences of a person of color when providing services?

- Nichole explained the importance of seeing, exploring, and acknowledging all identities of an individual, including their color and gender. She asks people whether they have had previous encounters with clinicians and what lessons they have learned. She shared her own experience of expressing to family members that she wanted and needed mental health supports only to be met with concerns that she would end up on medication. She recognized that it is her role to help each client understand their own journey in the context of many oppressive and intersecting identities.
- Bianca shared that intersectionality for her means acceptance and inclusion. All identities represent connections to people and to lived experiences. It is healthy for people to want love and acceptance, and ultimately to find happiness. This is the journey. This is the work.

Q4: When giving encouraging words to a person of color seeking mental health care, what do you say?

- The panelists encouraged people to ask a simple question: "what do you need?" This simple question may not be easy to answer. For some, it may be a listening ear to hear their fears, frustrations, and barriers to acceptance inside their own homes and outside of their homes.
- Chevelle shared that she congratulates individuals for choosing themselves and for taking a step forward in their healing journey. Sometimes this involves seeking support from a licensed professional who can help process internal and external stigma and help the individual build a healthy support network. She encourages individuals to develop self-care plans with clear action steps that are achievable.
- Panelists shared that homework and accountability are important components of the journey. The homework will look different for each person. For example, it might be a challenge for a person to take time for themselves each day.
- They also shared the importance of acceptance and the growing awareness in society that it is "OK to say you are not OK." Sometimes people need permission to acknowledge they do not need to be strong all of the time. Sometimes people need a good cry and a safe place to cry.



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Nichole and Chevelle shared a personal anecdote about negotiating 10 minutes of sulking time in response to a difficult situation before getting back to the work.

Q5: What are some steps the CHPC community can take to help reduce stigma and increase parity or health equity?

- Chevelle stated that having conversations like this one today is an important first step. Listen to each other. Understand the difference between equity and fairness. Give privilege to the voices that need the most support. Remove tokenism, listen, and acknowledge ideas and contributions. This work will be messy. Keep moving and do not get stuck.
- Nichole encouraged individuals to understand what their authentic self brings to the table. Identify personal biases. It may be the case that personal biases make them the weakest link on the team. The space each individual holds - what they are doing or not doing, affects the entire group.
- Bianca encouraged the CHPC to keep hosting panels like these and to promote the message that mental health is health. This is good news. Spread positivity and love. Expand the safe space for these conversations.

General Questions and Answers from Meeting Participants

QUESTION: How do you move forward with individuals who "shrug it off" or explain "that's life"? What can you do to help adjust this perspective?

- Bianca shared that misinformation is often an obstacle. This misinformation may be generational and related to a perspective of oppression, suffering, and bondage. It is important to help people understand that it is important to know what you do not know. This requires patience. It requires reflection. It requires vulnerability. It requires challenging points of view.

QUESTION: How does a patient and therapist know their own boundaries and respect them. How does a patient show up for themselves when the therapist may not understand certain identifies?

- Chevelle explained that we don't know what we don't know. She shared a personal story about her relationship with her mother and the existence of a veil of secrecy. The secrecy fed the sickness. Chevelle shared a personal experience about how her therapy sessions differed when she was with a white therapist or a black therapist based on several factors such as their ability to connect with a specific identity as well as her comfort level - in some cases which meant not sharing with the Black therapist because of cultural or family norms to keep family business private.

QUESTION: What can family members do to support a person who has been diagnosed with HIV?

- Nichole encouraged individuals to listen to what the individual is telling them. If it is a struggle, believe them and allow them to share. If the family member is not able to listen, perhaps that is not the right person for that moment in time. She shared a story about a trans man on his journey and the complexity of the relationship with his mother and resetting boundaries of not disrespecting his mother although his mother was clear she did not agree or like what was happening to her son.

QUESTION: What do the panelist think about bringing therapy to the person - in the community or in the home?



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- Panelists shared their experiences in delivering therapy in various settings such as home-based (in-person or virtual), community settings (parks), and various institutional settings.
- Panelists stated that at first glance taking therapy to the person suggests more access. However, other important points must be considered. These include:
 - Privacy and confidentiality that may not exist in home-based settings or community-based settings where people gather (e.g., coffee shop) and/or may recognize the patient.
 - Therapeutic relationship. How well the patient can engage in these settings. Some clients get distracted more in non-therapeutic settings. Often these tend to be more “conversations” than a therapeutic encounter. When someone invites you into their home as a guest, it is not typically for therapy. Lines get blurred very easily.
 - Personal safety of the clinicians. Panelists shared that they sometimes schedule check-in calls with their colleagues who are seeing new patients for the first time or in community-based settings. Nichole shared some experiences where in the context of her addiction recovery work she had to enter some difficult home-based situations.
 - Personal boundaries. Panelists stated that some clinicians choose to operate out of a “home office” and others prefer to keep their home settings separate from their work.
 - Tone and context. Communication by text or e-mail can get misinterpreted quickly. It is important to operate in an environment where the clinician can witness all the information. In some instances, a patient may choose not to turn on the camera, making virtual sessions difficult.

The CHPC Co-Chairs thanked the panelist for an incredible exchange and discussion. Panelists shared their contact information in the chat box and invited participants to share this information.

Participants shared appreciation in the chat box for the panelists. Examples included:

- “I see all the love that you have. All of you have touched my hear.” (Reggie Knox)
- “Thank you all for this space and conversation. Well needed. (Venesha Heron)
- “This is great stuff.” (Keith Taylor)
- “Thanks all for your words of wisdom.” (Anthony Santella)
- “This was so refreshing.” (Peta-Gaye Nembhard)
- “Thank you for participating in this panel. Also for your passion holding space for and helping others.” (Gina D’Angelo)

OTHER BUSINESS

Future Agenda Items and General Announcements

Mr. Gennaro asked meeting participants to use the chat box and share any future CHPC meeting agenda items or general information announcements.



Meeting Feedback

Mr. Gennaro encouraged all participants to complete a 1-minute survey to share feedback on how to improve virtual CHPC meetings.

ADJOURNMENT

Mr. Gennaro offered a final reminder of the new CHPC Committee meeting schedule and access information. He adjourned the meeting at 10:41 a.m.

Approved



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CHPC ATTENDANCE RECORDS (1 = present; 0 = absent - attend less than 75% of meeting)

First Name	Last Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Victor	Acevedo	1	1								
Thomas	Butcher	1	1								
Santos	Cancel	1	1								
Gigi	Chaux	1	1								
Angel	Cotto	1	1								
Xavier	Day	1	1								
Martina	De La Cruz	0	1								
Jennifer	Dragaca	1	1								
Natalie	DuMont	1	1								
Evette	Ellis	1	1								
Blaise	Gilchrist	1	0								
Stephen	Feathers	1	1								
Nilda	Fernandez	1	1								
Carl	Ferris	1	1								
Jessica	Figueroa	1	1								
Dante	Gennaro	1	1								
Cynthia	Hall	0	0								
Charles	Hardy	0	1								
Tawana	Hart	1	1								
Marcelin	Joseph	1	1								
Reggie	Knox	1	1								
Norma	Little	1	1								
Mitchell	Namias	1	1								
Peta-Gaye	Nembhard	1	1								
Joao "Jack"	Neto	0	1								
Rebecca	O'Brien	0	0								
Ludger	Pierre-Louis, Sr.	1	1								
Marie	Raynor	1	1								
Angel	Ruiz	1	1								
Anthony	Santella	1	1								
Roberta	Stewart	0	1								
Mary	Tanner	1	0								
Attendance		26	28								
Total Count Membership Roster		32	32								
PERCENTAGE		81%	88%								

Public Participants who signed into the meeting: Angelique Croasdale-Mills, Barbar Ligon, Bianca Alexis, Camron Berrian, Center for Key Populations (4 participants), Christina Del Vecchio, Clunie Figaro, Consuelo Munoz, Daniel Davidson, Daniel Hulton, Danielle Warren-Dias, Dulce Dones-Mendez, Dustin Pawlow, EllaPiekarz, Erika Mott, Gina D'Angelo, Jennifer Vargas, Jenny Cubano, Joseydi Trochez, Keith Taylor, Kelly Moore, Krystal Medley, Lisa Weeks, Luis Diaz, Luis Magana, Meghan Tastensen, Melinda Vazquez-Yopp, Michael Daud, Mieykeya McClendon, Mukhtar Mohamed, Neena Jacob, Nitza Agosto, Ramon Rodrituez-Santana, Roselyn Wimbush, Ruth Garcia, Sam Bowens, Sarah Hendon, Sean Lindsey, Tatiana Melendez, Venesha Heron, Selma Gooding, Ken Plourde, David Reyes, David Bechtel, Mark Nickel, Chevelle Moss-Savage, Nichole Mayweather-Banks, Bianca Alexis-Sylvain