



Connecticut HIV Planning Consortium
16 March 2022 Meeting Summary



Location: Zoom virtual meeting
Date: 16 March 2022 **Recorders:** Michael Nogelo
Start Time: 9:10 a.m. **End Time:** 11:14 a.m.
Presiding Chairs: Nilda Fernandez, Dante Gennaro, Barry Walters
Attendance: See end pages for roster of CHPC members and public participants

MEETING AT A GLANCE

- CHPC Co-Chairs announced that: a) CHPC members voted to approve the February meeting summary; b) The proposed routine HIV testing bill appears poised to pass out of committee; c) A leadership opening exists for the CHPC Positive Prevention CT (PPCT) group; and d) The Needs Assessment Projects (NAP) Team is sponsoring trauma-informed care training on March 31, 2022.
- CHPC Co-Chairs reviewed logic models to help clarify how the Integrated Plan structure relates to each CHPC committee.
- Bob Sideleau delivered a knowledge build about the Connecticut AIDS Education & Training Center (AETC) at Yale.
- Natalie DuMont, Ph.D., LPC and Andrea Iger Duarte MPH, LCSW from the Connecticut Department of Mental Health and Addiction Services (DMHAS) delivered the feature presentations on mental health treatment and prevention resources, respectively, available in Connecticut.
- CHPC committees conducted virtual meetings starting at approximately 11:20 a.m.

PRE-MEETING POLL / ICEBREAKER

CHPC members and participants were given the opportunity to complete an interactive poll to kick off the meeting. Table 1 and Table 2 show the results of the two poll questions.

Table 1. <i>Question: Positive Prevention CT is interested in your feedback on its first campaign for the CHPC. Goal 4 of the Integrated Plan is to Achieve Integrated Efforts Among All Partners. Which of the remaining 3 goals should this campaign focus on?</i>	Number	Percent
Goal 1: Reduce new HIV infections	17	44%
Goal 2: Improve HIV-related health outcomes of people living with HIV	5	13%
Goal 3: Reduce HIV-related disparities and health inequities	17	44%

Table 2. <i>Question: Based on the selected goal, which of the following populations should this campaign focus on? (select 2)</i>	Number	Percent
Gay, bisexual, and other men who have sex with men (MSM)	22	50%
Black women	20	45%
Black men	18	41%
People who use drugs	11	25%
Youth ages 13-24	9	20%
The transgender community	8	18%



Connecticut HIV Planning Consortium

16 March 2022 Meeting Summary



CALL TO ORDER and MOMENT OF SILENCE

CHPC Co-Chair Nilda Fernandez called to order the Connecticut HIV Planning Consortium (CHPC) at 9:10 a.m., offered tips to help create a productive virtual meeting environment, and introduced her fellow CHPC Co-Chairs Barry Walters and Dante Gennaro.

Ms. Fernandez led participants in a moment of silence to remember those who have been lost to HIV and to support those who are living with and affected by HIV, as well as others throughout the world affected by social injustices or natural disasters.

Ms. Fernandez stated that the CHPC's mission is to "establish and maintain a coordinated statewide prevention and care system that reduces the rate of new HIV infections and connects those living with and affected by HIV/AIDS to appropriate services." The CHPC's goals are to: 1) Prevent new HIV infections; 2) Improve health outcomes of persons with HIV (PWH); 3) Reduce HIV-related disparities and inequities; and 4) Achieve a more coordinated statewide response to end the HIV epidemic. Everyone holds a responsibility and accountability to help end the HIV epidemic.

Ms. Fernandez explained how the CHPC creates its community with CHPC members and public participants. The CHPC has 29 diverse members, recruits new applicants throughout the year, and selects new members in November and December. CHPC members are the only individuals who "vote" on CHPC business matters such as meeting notes, election of CHPC Co-Chairs, or the statewide Integrated HIV Prevention and Care Plan. The CHPC organizes five committees that create opportunities for public participants to partner in the work. Committees are led by a CHPC member and use a consensus approach to decision-making. Ms. Fernandez explained that the CHPC, led by its Quality and Performance Measures (QPM) Team, uses data to assess progress toward ending the HIV epidemic.

CHPC LEADERSHIP ANNOUNCEMENTS

Mr. Walters made the following leadership announcements:

- CHPC members voted virtually to approve the February CHPC meeting summary. The meeting notes include answers to questions posed in the chat.
- The proposed routine HIV testing bill ([House Bill 5190](#)) looks like it will pass out of committee and come to a vote. Some language in the bill may change, including expanding the list of medical professionals who shall offer patients ages 13 or older an HIV-related test under certain conditions. A "[Pass Routine HIV Testing 2022](#)" Facebook page" features status updates.
- A leadership opening exists for the CHPC Positive Prevention CT (PPCT) group. Taylor Edelmann resigned from this leadership position due to accepting a new job with the National Harm Reduction Coalition. Mr. Walters reviewed the responsibilities of a CHPC committee or team leader. CHPC members with interest in this leadership opportunity should apply.

Mr. Gennaro reviewed a slide showing the key questions in the process of developing Connecticut's 2022–2026 Integrated HIV Prevention and Care Plan. The current Plan was developed at the funders level, but the 2022-2026 Plan will be created at the community level so everyone's "DNA" will be in the Plan. The CHPC committees will develop priority strategies and activities from March to June, and then the full CHPC will finalize the Plan strategies from July to September. Mr. Gennaro encouraged everyone who participates in committee meetings to use "everyone let's move on" (ELMO) as a signal to keep meetings on track. Mr. Gennaro reviewed a slide showing how each CHPC committee supports Plan development, and encouraged participants to choose the committee that they would like to attend.



Mr. Gennaro then showed four slides with preliminary logic models for each of the four Plan goals. The goals align with national goals and with strategies in other plans including Ryan White Part A and Ryan White Part B. The logic models were developed by the Executive Committee to provide more clarity about the Plan and how everyone’s voice fits into the Plan development process. Each CHPC committee will continue to discuss the preliminary strategies that are identified as connected to their committee.

COMMITTEE REPORTS

Ms. Fernandez invited committee chairs or designees to provide two-minute committee updates. Table 3 summarizes these updates.

Table 3. Summary of Committee Updates

Committee (Lead)	Charge	February Meeting Accomplishments	Focus for March Meeting	Future Areas/Data
Membership & Awareness or MAC (Stephen Feathers)	<ul style="list-style-type: none"> Recruit & retain CHPC members Info sharing & public awareness Amplify community voice 	<ul style="list-style-type: none"> Membership form changes Community outreach plans Finalized March newsletter 	<ul style="list-style-type: none"> Mentor/mentee check-in plan Support group outreach PWH mini-SWOT analysis 	<ul style="list-style-type: none"> Best practices for engaging PWH
Positive Prevention Connecticut or PPCT (Dante Gennaro)	<ul style="list-style-type: none"> Create health communication campaigns & strategies for high-risk populations 	<ul style="list-style-type: none"> Social media pulse survey review Social media challenge PPCT CHPC Plan roles & responsibilities 	<ul style="list-style-type: none"> PPCT Chair departure Social media challenge entrees Group & membership expectations Multimedia campaign development 	<ul style="list-style-type: none"> Group leadership Plan goal development Multimedia campaign progress
Quality & Performance Measures or QPM (Peta-Gaye Nembhard)	<ul style="list-style-type: none"> Develop & monitor CHPC indicators Facilitate continuous quality improvement 	<ul style="list-style-type: none"> Start developing indicators for Plan Comparing CT current indicators vs. NHAS (national) 	<ul style="list-style-type: none"> Continue developing indicators for Plan Comparing CT current indicators vs. NHAS (national) 	<ul style="list-style-type: none"> National & state data show disparities in new diagnoses by population State data show no big disparities in viral load suppression rates by population
Needs Assessment Projects or NAP (Marianne Buchelli for Anthony Santella)	<ul style="list-style-type: none"> Conduct or support data efforts that support planning and/or other special projects 	<ul style="list-style-type: none"> Plan strategies Coordinate Gender & Trauma Informed Care Training 	<ul style="list-style-type: none"> Plan strategies Inventory of needs assessment reports RW partners data collection timeline Workforce training coordination update 	<ul style="list-style-type: none"> Statewide PWH needs assessment survey Compilation of themes from other needs assessments
Ending the Syndemic or ETS (Roberta Stewart)	<ul style="list-style-type: none"> Coordinate/ support expansion of statewide ending the HIV epidemic strategies / activities 	<ul style="list-style-type: none"> Update on routine HIV testing bill Syndemic focus areas 	<ul style="list-style-type: none"> Plan strategies Integrated screening – what works & what needs to change? 	<ul style="list-style-type: none"> New partner engagement



Connecticut HIV Planning Consortium

16 March 2022 Meeting Summary



During the MAC update, Stephen Feathers introduced a poll to get feedback on CHPC newsletter usage. Tables 4 and 5 show the results of the two poll questions.

Table 4. Question: In the past 12 months, have you seen hard copies of the CHPC newsletter at the agency where you work or receive services?	Number	Percent
Yes	13	32%
No	22	54%
Not sure	6	15%

Table 5. Question: Do you usually read the CHPC newsletter?	Number	Percent
Yes, I usually read most or all of it	16	39%
Yes, I usually skim it and may read a few articles	11	27%
No, I usually don't read any of it	6	15%
I didn't know the CHPC produces a newsletter	8	20%

Mr. Edelmann said his last day at Apex Community Care was March 11, 2022 and he will soon start a new position at the National Harm Reduction Coalition. He encouraged everyone to keep up the great and important work and invited people to contact Mr. Gennaro to stay connected with Mr. Edelmann.

Mr. Gennaro provided information about an upcoming training sponsored by NAP. The training topic is "The Universal Experience of Trauma: Socio-Cultural Guidance for a Developmental Trauma-Informed Approach." The training will take place on March 31, 2022 from 10:00 am to 12:30 pm. People can register on the [CT Train event page](#) or by going to [CT Train](#) and searching ID 1102506.

- Angelique Croasdale-Mills said that, at its January meeting, NAP Team participants selected Melanie Alvarez to be the new NAP chair. Ms. Croasdale-Mills expressed her respect for new NAP chair Anthony Santella and asked why the group's consensus decision was not followed.
- Mr. Gennaro explained that the CHPC committees do not select their co-chairs. CHPC members submit an application that is reviewed by the Executive Committee. He also stated that Ms. Alvarez did not submit an application and therefore was not considered for the position. Mr. Gennaro expressed hope that Ms. Alvarez would continue to be engaged in NAP.
- Ms. Alvarez said she would have submitted an application if she had known she needed to do so.
- Ms. Fernandez said the CHPC Co-Chairs clarified that the committee openings at CHPC meetings. CHPC project support team send all CHPC members an e-mail with the committee application form and information. Ms. Fernandez acknowledged that a lot of information is presented at each meeting, making it easy to miss something and this is why the information is sent out to CHPC members in multiple ways.

KNOWLEDGE BUILD: CONNECTICUT AIDS EDUCATION & TRAINING CENTER (AETC)

Mr. Walters introduced Bob Sideleau, RN, BSN from the Connecticut AIDS Education Training Center (AETC) at Yale to share information about the AETC's education and training work.

Mr. Sideleau said Lydia Aoun-Barakat is the AETC Principal Investigator. He encouraged participants to visit the [AETC website \(https://aetct.org/\)](https://aetct.org/) and explained that most trainings are organized through the New England (NE) AETC – the AETC at Yale is the NE AETC Connecticut Regional Partner. Mr. Sideleau reviewed the 5 Ryan White (RW) parts.



Connecticut HIV Planning Consortium

16 March 2022 Meeting Summary



Mr. Sideleau summarized AETC workforce development and support learning session offerings, including courses for doctors to get the eight hours on HIV they need to renew their licenses, continuing education credits, learning sessions for dental groups and other non-physicians (e.g., APRN), trainings and technical assistance offerings for AIDS Service Organizations and other non-prescribers (e.g., CT DPH, CHPC), as well as webinars for mixed audiences. The AETC also offers on-demand (i.e., recorded) learning sessions for the community.

Mr. Sideleau reviewed AETC special practice transformation activities it conducts in partnership with three organizations that have identified work plan goals (e.g., universal HIV screening) that AETC helps them to achieve. The AETC provides clinical consultation to these three clinics and holds roundtables with the three clinics to share best practices. The AETC also provides technical assistance and coaching, including reviewing marketing materials. The AETC also does HIV update podcasts, supports an HIV/Hep C phone app that allows anyone to search Hep C in their cell phone and receive education on it, and creates videos available on the AETC website.

Mr. Sideleau described unique AETC local initiatives such as response to COVID-19, an HIV curriculum for internal residents, a Community Health Worker ECHO program (in collaboration with the Community Health Center Association of Connecticut) that represents a training model for providers for treating Hep C that is recognized as effective by the federal Health Resources and Services Administration (HRSA), and an “HIV Update” podcast.

Mr. Sideleau shared a map showing the locations of people in Connecticut who have attended recent AETC trainings. Most of these people are located in areas with the highest HIV incidence.

Mr. Sideleau encouraged participants to review the [presentation slides](#), which are posted to the CHPC website (cthivplanning.org). The slides include several links and resources. Mr. Sideleau also encouraged participants to reach out to him to discuss opportunities to work with their agencies.

Mr. Gennaro said the CHPC will begin share AETC trainings as a regular part of the CHPC meetings.

FEATURED PRESENTATION: CT MENTAL HEALTH TREATMENT AND PREVENTION RESOURCES

Mr. Gennaro introduced Andrea Iger Duarte MPH, LCSW and Natalie DuMont, Ph.D., LPC from the Connecticut Department of Mental Health and Addiction Services (DMHAS) to present on mental health prevention and treatment resources available in Connecticut. This theme continues to come up at CHPC meetings, especially as the CHPC talks about using a syndemic approach. Mental health is a driver of HIV infection.

Dr. DuMont said mental health includes our emotional, psychological, and social well-being, and noted that some populations are disproportionately affected by mental health disorders. Estimates suggest that only half of all people with mental disorders get the treatment they need. PWH are disproportionately impacted by factors that impact mental health, so it makes sense that PWH or those at risk for HIV have significantly higher rates of mental health symptoms and mental health disorders. HIV stigma intersects with other stigmas related to mental health issues, gender, and sex work, among others. Even in the absence of a mental health diagnosis, individuals can experience stress and distress. Mental illness contributes 4-10x increased risk for acquiring HIV, and other factors (e.g., mood disorders, substance use) magnify risk.

Dr. DuMont quoted the National Network to Eliminate Disparities in Behavioral Health (NNED) to highlight mental health disparities: “Racial/ethnic, gender, and sexual minorities often suffer from poor mental health outcomes due to multiple factors including inaccessibility of high-quality mental health care services,



Connecticut HIV Planning Consortium

16 March 2022 Meeting Summary



cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health.” For several reasons (e.g., stigma, discrimination, violence, negative self-image, isolation), the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community suffers from poorer overall mental health compared to heterosexuals. Rates of anxiety, depression, substance use disorder (SUD), suicidality, and post-traumatic stress disorder (PTSD) are higher among LGBTQ populations. From 2018 to 2019, there was a 20.5% increase in mental illness and/or SUD for LGB adults in the U.S.

Dr. DuMont said that improving mental health outcomes requires screening, treatment, and interventions that help in a variety of ways. Addressing mental health disparities requires the adoption and implementation of the Culturally and Linguistically Appropriate Standards to deliver culturally competent treatment, as well as addressing social determinants of health (SDOH).

Dr. DuMont described the mission and vision of DMHAS, which focus on “promoting the overall health and wellness of persons with behavioral health needs.” DMHAS addresses health disparities by partnering and coordinating with providers, communities, schools, and faith-based organizations to provide equitable and culturally responsive services. DMHAS supports increased access to services by using a “no wrong door” approach. If someone needs a service and a provider is not able to provide it, the provider’s responsibility is to refer the person and connect them to the needed service. DMHAS supports improved coordination.

Dr. DuMont said she leads an infectious disease learning collaborative where mental health and SUD are discussed. Dr. DuMont showed a slide listing several major DMHAS initiatives.

Dr. DuMont shared data highlighting significant nationwide increases in depression, anxiety, and thoughts of suicide and self-harm since the pandemic started in the U.S. in March 2020. The pandemic has highlighted behavioral health disparities, such as lower access to behavioral health care among black and Hispanic populations.

Dr. DuMont noted that, in the recent State of the Union address, President Biden spoke about the national “mental health crisis” as well as the undertreatment of mental illness in “black and brown communities.” Dr. DuMont stressed the importance of state partners and providers working collaboratively to address the mental health crisis, including providing culturally competent services.

- Melanie Alvarez asked (via the chat) what efforts DMHAS has made to educate mental health providers on providing safe and affirming spaces for individuals who are a part of the LGBTQ+ community and also living with HIV.
- Dr. DuMont responded that DMHAS recognizes the importance of this and, through the Women’s Consortium, provides training and resources specifically to that topic for providers and the public so people can receive training to be more culturally competent.
- Justin Gabino asked (via the chat) where participants can access data.
- Dr. DuMont said her [presentation slides](#), which include data and links, would be posted to the Meeting Documents page of the CHPC website (ctshivplanning.org). Dr. DuMont invited participants to email her at Natalie.dumont@ct.gov with any specific data or resource requests.
- Tom Butcher asked (via the chat) about the disconnect between the wealth of mental health programs and initiatives in Connecticut, the “no wrong door” approach to accessing services, and the experience many people and providers have of struggling to access mental health services.



Connecticut HIV Planning Consortium

16 March 2022 Meeting Summary



- Dr. DuMont acknowledged that this is an ongoing challenge, reiterated the importance of the “no wrong door” approach, and encouraged individuals and providers who encounter challenges connecting to care to follow up to make sure that information shared is not missed or misunderstood.

Ms. Duarte said she comes from the mental health prevention side of DMHAS, which coordinates services available through mobile crisis units and the suicide prevention hotline.

Ms. Duarte explained that 988 is a national mental health and suicide crisis number and service system coming to Connecticut in July 2022. 988 is the mental health equivalent of 911 – not just an access point, but a service system for mental health emergencies that provides access to emergency mental health services that do not involve law enforcement or a visit to the hospital emergency department. There has been a lot of activity nationally advocating for a 988 system. Ms. Duarte explained differences between the system for children and the system for adults. Currently, adults who call for mobile crisis services or action line, can reach them through 211, but they will soon be able to access these services through 988. 211 makes a warm transfer to a local crisis center, when needed, but, in most cases, it is not needed. Most children, however, receive a face-to-face contact from a mobile crisis team. Ms. Duarte shared data showing: a) the rate of Connecticut high school students who, prior to COVID, reported depression, anxiety, hopelessness, or suicidal thoughts or attempts; b) the rate of Connecticut adults reporting frequent mental distress, depression, depressive episodes, or anxiety; and c) suicide ideation and attempts in Connecticut.

Ms. Duarte reiterated that PWH are at a higher risk for mental disorders due to the stress associated with living with a serious illness or condition and a variety of situations that can contribute to mental health problems.

Ms. Duarte shared the key components of the 988 plan and an overview of Connecticut’s crisis line services at United Way of CT/211, which includes youth and adult mobile crisis services, 24/7 referrals to health and human services, and National Suicide Prevention Lifeline (NSPL) services. The 211 [Adult Crisis Telephone Intervention and Options Network \(ACTION Line\)](#) offers a centralized call center for adults in crisis. Ms. Duarte also shared information on Connecticut’s adult mobile crisis services and [Mobile Crisis Intervention Services \(Mobile Crisis\) for youth](#). There has been a backlog of emergency beds for children because of an inability to bypass the ER.

Ms. Duarte reported that one important aspect of the 988 rollout will involve determining when people should call 211 and when they should call 988. 988 will launch in July 2022 for calls, text, and chat, but it will take time to make sure it is functioning properly, so it will not be aggressively promoted until July 2023. 988 is linked to the NSPL. The NSPL 800 number will always be live, but promotion will gradually transition to 988. Ms. Duarte presented slides with detailed guidance on when to call 211 (988 starting in July 2023) and when to call 911 for police or an ambulance (if you are concerned about someone’s life or immediate safety). Ms. Duarte noted that child mobile crisis providers represent a doorway to other resources.

Ms. Duarte said her [presentation slides](#) would be posted to the Meeting Documents page of the CHPC website (ctshivplanning.org). Ms. Duarte invited participants to email her at andrea.duarte@ct.gov with any questions.

- Danielle Warren-Dias asked (via the chat) if mental health providers screen for sexually transmitted infections (STIs) and HIV.



Connecticut HIV Planning Consortium

16 March 2022 Meeting Summary



- Ms. Duarte said people are assessed based on their level of risk and may be encouraged to get tested.
- Ms. Duarte said some cities have new initiatives for community-based response groups. DMHAS is working closely with the entire emergency response system, including police, while waiting for national guidance on criteria-based dispatching, which needs to add mental health criteria.
- Ms. Warren-Dias asked what is being done to educate the general public about when to call for a mobile crisis response unit versus the police to avoid unnecessary police encounters.
- Ms. Duarte responded that promotion is one area of the implementation plan for 988. They will promote suicide prevention resources across the state. DMHAS is working with DPH to integrate a U.S. Centers for Disease Control and Prevention (CDC) grant with 988 outreach to promote the NSPL and 211. A lot of people already call 211 to reach the NSPL. They will continue to promote the use of 211 until they have national permission to start promoting 988.

Mr. Gennaro thanked Dr. DuMont and Ms. Duarte for their presentations.

OTHER BUSINESS

Ms. Gennaro announced that committee meetings would begin shortly.

ADJOURNMENT

Mr. Gennaro encouraged all participants to complete a 1-minute survey to share any feedback on how to improve virtual CHPC meetings. The survey can be accessed by scanning a QR code on the slide or by clicking a link in an email sent to all participants after the meeting. Mr. Gennaro thanked everyone for a productive meeting, and adjourned the meeting at 11:14 a.m.



Connecticut HIV Planning Consortium
16 March 2022 Meeting Summary



CHPC ATTENDANCE RECORDS (1 = present; 0 = absent; arriving late is counted as an absence for official records)

First Name	Last Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Victor	Acevedo	1	1	1						
Melanie	Alvarez	1	1	1						
Laura	Aponte	1	0	1						
Erma	Benedetto	1	1	1						
Thomas	Butcher	0	1	1						
Gigi	Chaux	0	0	1						
Wallace	Daniels	0	1	0						
Brian	Datcher	1	0	0						
Xavier	Day	1	1	0						
Martina	De La Cruz	1	1	0						
Natalie	DuMont	1	1	1						
Taylor	Edelmann***	1	1	-						
Stephen	Feathers	1	1	1						
Nilda	Fernandez	1	1	1						
Carl	Ferris	1	1	1						
Justin	Gabino	1	1	1						
Dante	Gennaro	1	1	1						
Charles	Hardy	1	1	1						
Tawana	Hart	1	1	1						
Cynthia	Hall	1	1	1						
Luis	Irizarry**	1	--	--						
Marcelin	Joseph	1	1	1						
Reggie	Knox	1	1	0						
Waleska	Mercado*	--	--	--						
Mitchell	Namias	1	1	1						
Peta-Gaye	Nembhard	1	1	1						
Anthony	Santella	1	1	0						
Bob	Sideleau	0	1	1						
Roberta	Stewart	1	1	1						
Barry	Walters	1	1	1						
Lisa	Weeks	0	0	0						
TOTAL		25	25	21						
PERCENTAGE		83%	86%	75%						

* On leave while meetings occur virtually
 **Resigned prior to February meeting
 ***Resigned prior to March meeting



Connecticut HIV Planning Consortium

16 March 2022 Meeting Summary



PUBLIC PARTICIPANTS (1 = present)

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Agosto, Nitza	1	1							
Allen, Whitney		1							
Auretta, Megan			1						
Berrian, Camron		1	1						
Bowens, Sam		1	1						
Brown, Jean	1								
Buchelli, Marianne	1		1						
Cole, Christopher	1	1	1						
Croasdale-Mills, Angelique	1	1	1						
Cruz, Veronica	1								
Cubano, Jenny			1						
Cumberbatch, A			1						
Cutaia, Sam	1	1							
D'Angelo, Gina	1	1	1						
Davidson, Daniel	1								
Del Vecchio, Christina	1	1	1						
Diaz, Luis	1	1	1						
Dittmore, Alixe		1	1						
Dones-Mendez, Dulce	1								
Duarte, Andrea			1						
Edelmann, Taylor			1						
Ferraro, Linda	1	1							
Francis, Shannon	1								
Gaines, Tia		1							
Gjika, Jonida	1	1	1						
Gosselin, Deborah			1						
Heron, Venesha	1	1	1						
Hulton, Daniel	1								
Hunt, LaJuan			1						
Jacob, Neena			1						
Janssen, Doug	1	1							
Jean-Baptiste, Clunie	1	1	1						
Kinsey, Jennine		1							
Ligon, Barbara		1	1						
Linardos, Heather		1							
Lindsey, Sean	1								
Lorius, Jean		1							
Magaña, Luis	1								
Major, Susan	1	1	1						
Marquis, John		1							
McGuire, André	1								
McKay, Sharen			1						
Mierzwa, Sharon	1		1						
Mohamed, Mukhtar	1	1	1						
Montgomery, Joanne		1	1						
Moore, Kelly	1	1	1						
Moore, Tayla	1	1	1						
Mott, Erika	1	1	1						
Muñoz, Consuelo	1	1	1						
Nepaul, Ava	1	1	1						
Ngongi-Wumba, Sarah			1						
Norton, Joe	1	1	1						



Connecticut HIV Planning Consortium
16 March 2022 Meeting Summary



Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
O, Janiel	1								
Ostapoff, Michael	1								
Ostrej, S			1						
Pawlow, Dustin	1	1	1						
Pierre-Louis, Ludger	1	1	1						
Radocchia, Rich	1	1	1						
Raynor, Marie			1						
Reyes, Beverly		1							
Reyes, Dawn			1						
Rios, Dawn			1						
Rodriguez, Carlos	1	1							
Rodriguez-Santana, Ramon		1	1						
Romanik, Christine	1								
Ruiz, Angel	1	1	1						
Sapero, John	1		1						
Speers, Sue		1	1						
Tastensen, Meghan	1	1	1						
Tyson, LaToya		1							
Vargas, Jennifer	1	1	1						
Vazquez-Yopp, Melinda	1	1	1						
Warren-Dias, Danielle	1	1	1						
Williams, Kimberly		1							
Wimbish, Roselyn			1						
Unidentified participants	1		2						
TOTAL COUNT	45	45	51						