



## Connecticut HIV Planning Consortium 21 September 2022 Meeting Summary



<b>Location:</b>	Zoom virtual meeting	<b>Recorders:</b>	Michael Nogelo
<b>Date:</b>	21 September 2022	<b>End Time:</b>	10:45 a.m.
<b>Start Time:</b>	9:10 a.m.		
<b>Presiding Chairs:</b>	Nilda Fernandez, Dante Gennaro, Barry Walters		
<b>Attendance:</b>	See end pages for roster of CHPC members and public participants		

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### MEETING AT A GLANCE

- CHPC Co-Chairs announced that: a) CHPC members voted to approve the August meeting summary; and b) CHPC members are encouraged to apply for the CHPC Community Co-Chair opening by October 12.
- CHPC committee leaders provided reports on the work of each committee.
- Participants broke into small groups to discuss draft activities related to Connecticut's 2022-2026 Integrated HIV Prevention and Care Plan goals, objectives, strategies, and activities.
- CHPC committees conducted virtual meetings starting at approximately 11:00 a.m.

### 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 Dante Gennaro and Barry Walters. Ms. Fernandez notified participants that CHPC meetings are open to the public and are recorded to assist with the accuracy of note taking.

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.

Mr. Walters shared the CHPC's mission 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 goals align with national goals and include: 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. Mr. Walters stated that the CHPC, led by its Quality and Performance Measures (QPM) Team, uses data to assess progress towards its goals.

Mr. Walters said CHPC meetings include CHPC members and public participants. CHPC members hold responsibilities such as voting and leading CHPC committees. CHPC participants drive committee processes which use a consensus-based decision-making model. Mr. Walters encouraged anyone interested in becoming a CHPC member for 2023 to request an application in the chat. The CHPC runs five committees.

### CHPC LEADERSHIP ANNOUNCEMENTS

Mr. Gennaro reviewed the meeting agenda and objectives, and made the following announcements:

- CHPC members voted virtually to approve the August CHPC meeting summary.
- Mr. Walters' term as a CHPC co-chair will end in December 2022. Members who are interested in the position were invited to submit an application by October 12.



**COMMITTEE REPORTS**

Mr. Walters invited committee chairs to provide committee updates. Table 1 summarizes these updates.

**Table 1. Summary of Committee Updates**

<b>Committee (Lead)</b>	<b>Charge</b>	<b>Focus for September Meeting</b>	<b>General Focus Areas/Other Updates</b>
Membership & Awareness or MAC (Stephen Feathers)	<ul style="list-style-type: none"> <li>Recruit &amp; retain CHPC members</li> <li>Info sharing &amp; public awareness</li> <li>Amplify community voice</li> </ul>	<ul style="list-style-type: none"> <li>Discuss member recruitment and selection for 2023 CHPC members</li> <li>Plan for Voice of the People panel</li> <li>Community outreach</li> </ul>	<ul style="list-style-type: none"> <li>September newsletter released</li> <li>Encourage assistance recruiting panelists</li> <li>Themes from GBAPP Black Men of Resilience visit</li> </ul>
Positive Prevention CT or PPCT (Marcelin Joseph)	<ul style="list-style-type: none"> <li>Create health communication campaigns &amp; strategies for high-risk populations</li> </ul>	<ul style="list-style-type: none"> <li>Canceled September meeting to conduct principal campaign filming for “Tell Everyone to Screen and Test (T.E.S.T.) CT” campaign</li> </ul>	<ul style="list-style-type: none"> <li>Working on campaign scripts, voice-overs, &amp; audio</li> <li>Will ask agencies about interest in hosting filming</li> <li>Tabled Hartford (9/10) &amp; New Haven (9/17) PrideFest events</li> </ul>
Quality & Performance Measures or QPM (Peta-Gaye Nembhard)	<ul style="list-style-type: none"> <li>Develop &amp; monitor CHPC indicators</li> <li>Facilitate continuous quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>Discuss August recommendations for monitoring Plan implementation</li> </ul>	
Needs Assessment Projects or NAP (Ken Plourd)	<ul style="list-style-type: none"> <li>Conduct or support data efforts that support planning and/or other special projects</li> </ul>	<ul style="list-style-type: none"> <li>Discuss training provider conversation (partnership opportunities, next steps)</li> <li>Discuss needs assessment collection efforts (ideas for future NA reports)</li> </ul>	<ul style="list-style-type: none"> <li>In August: Discussed CHPC initiatives with selected training providers; refined emerging themes from NA discussions; feedback on CT prevention NA survey</li> </ul>
Ending the Syndemic or ETS (Roberta Stewart)	<ul style="list-style-type: none"> <li>Coordinate/support expansion of statewide ending the HIV epidemic strategies/activities</li> </ul>	<ul style="list-style-type: none"> <li>Updates from ad hoc group (discussion that led to “Tell Everyone to Screen and Test,” resources &amp; outreach)</li> <li>Identifying common ground &amp; next steps for emerging priorities from Syndemic Partners Group</li> </ul>	<ul style="list-style-type: none"> <li>In August: Development and discussion of strategies and activities for Plan goals</li> </ul>

Ms. Fernandez showed a timeline of planned activities at future CHPC meetings. In September, the CHPC will hold small-group discussions on Plan goals 3 and 4, and committees will meet at 11:00 a.m. In October, the CHPC meeting will run from 9:10 a.m. to 12:30 p.m., with no committee meetings. Part 1 of the October meeting will feature the Voice of the People panel and Part 2 will include a high-level review of the draft Plan. In November, CHPC members will vote virtually on the near-final Plan and, if needed, a 60-minute meeting can be scheduled. CHPC committees will meet as needed, on a voluntary basis, in November and December.

**KNOWLEDGE BUILD: THEMES FROM AUGUST SMALL-GROUP DISCUSSIONS**

Mr. Gennaro presented themes from small-group discussions held during the August CHPC meeting where small groups discussed draft Plan goals, objectives, and activities.



### General Comments

- Use the word “activities” instead of milestones
- Change to “partner” instead of “CHPC” in the table heading and identify individual (lead) partners
- Do not use CHPC indicators as strategies
- Provide the definitions for the indicators and baseline measures (QPM developed these based on the best available data)

### Goal 1. Prevent (*Input from 5 groups or 50+ participants*)

- Simplify language (reduce new infections)
- Communicate connection to syndemic areas of focus
- Emphasize important activities such as pre-exposure prophylaxis (PrEP), outreach testing and linkage (OTL), and harm reduction, and mention priority populations
- Emphasize treatment is prevention (TasP)

### Goal 2. HIV-related health outcomes (*input from 4 groups*)

- Need a better understanding of plans to improve the referral mechanism
- Increase emphasis on same-day or rapid start treatment
- Increase emphasis on status-neutral care approach

### Goal 3 – Addressing Equity and Health Disparities (*input from 4 groups of which 3 had limited discussion*)

- Place harm reduction activities into goal 1
- Make certain these activities will make a difference to priority populations (e.g., men who have sex with men (MSM) of color)
- Is it realistic that overdoses will decrease in five years?
- Strong connection to PrEP uptake and status-neutral care
- Add in activities that focus on stigma reduction

### Goal 4 – Coordination and Integration (*input from 1 group only*)

- Questions about capacity of syndemic partners to contribute
- Need better understanding of areas related to DPH data systems and staffing (e.g., Data to Care)

### **BREAKOUT GROUPS: SMALL-GROUP DISCUSSIONS ABOUT 2022-2026 PLAN ACTIVITIES**

Mr. Gennaro showed a summary of the draft Plan goals and objectives, and said a detailed version of this information was sent out to the CHPC listserv and posted on the CHPC website. Plan goals are connected to the National HIV/AIDS Strategy. Goals 1 and 2 reflect two core measures that the CHPC’s work intends to affect: reduce new HIV infections and increase viral suppression rates. The objectives have been revised based on feedback from the August meeting and input from other partners. The voices of CHPC members and participants are improving the Plan. The CHPC Executive Committee is and will continue to review and incorporate feedback and suggestions in the upcoming months.

Mr. Walters said the small-group discussion process would continue with a focus on Plan goals 3 and 4. Mr. Walters described the small-group discussion process, and participants were broken up into small groups.

The following pages summarize the feedback from the four small groups.



**Goal 3: Reduce HIV-related disparities and health inequities**

Strategy #	Strategy	Will it Achieve Goal?	Feedback & Additional Information Needed
<b>Objective 3.1. Reduce HIV stigma &amp; discrimination</b>			
3.1.1	Develop & implement methods to measure & assess stigma & discrimination – internal & external	Yes	<ul style="list-style-type: none"> <li>- Look at what other states do</li> <li>- Add HCV component</li> <li>- Use data collected to inform action (RFPs, campaigns, services)</li> <li>- Many ways to accomplish this in partnership w/providers</li> <li>- Collect data via focus groups, listening sessions</li> </ul>
3.1.2	Normalize routine HIV testing & syndemic screening	Yes	<ul style="list-style-type: none"> <li>- Include HCV testing</li> <li>- Include public awareness activities</li> <li>- Run “health” groups for inmates</li> <li>- Connect to provider toolkit</li> </ul>
3.1.3	Encourage healthcare providers to comply with best practices & standards that promote patient empowerment, equity, & access	Yes	<ul style="list-style-type: none"> <li>- Specify provider training/ education (for all staff)</li> <li>- Use QA/QI lens</li> <li>- Involve people with lived experience</li> <li>- Incorporate bias (clients’ “look,” language) &amp; technology</li> <li>- Include CT Hospital Association</li> <li>- Streamline eligibility processes (undocumented, income)</li> </ul>
3.1.4	Increase diversity & capacity of HIV prevention & care workforce	Yes	<ul style="list-style-type: none"> <li>- Involve consumers in projects</li> <li>- Diversity must include persons with lived experience</li> <li>- Need more male frontline staff to reflect population LWH</li> <li>- Promote continuous learning as the field evolves</li> <li>- Train 211 workers &amp; others on relevant programs/services</li> </ul>
<b>Objective 3.2. Address social determinants of health (SDOH) through policy &amp; partnerships</b>			
3.2.1	Strengthen participation & representation on statewide, regional, & local SDOH partnerships	Yes	<ul style="list-style-type: none"> <li>- Make consumer representation intentional</li> <li>- Align SDOH with Statewide Health Improvement Plan</li> <li>- HIV Epi Profile has more information on SDOH</li> </ul>
3.2.2	Promote &/or coordinate trainings & events addressing equity, cultural relevance, diversity, & inclusion	Yes	- <i>No comments</i>
3.2.3	Ensure data collection systems include fields that facilitate analyses to understand inequities & disparities	Mixed	<ul style="list-style-type: none"> <li>- Seems incomplete; need more specific deliverables</li> <li>- Specify sub-populations</li> <li>- Address how data is integrated and translates to services</li> </ul>
3.2.4	Support continuous quality improvement & innovation to engage priority pops in health promotion, prevention, & care services	Yes	<ul style="list-style-type: none"> <li>- Summit could cover multiple topics</li> <li>- Find more money to support this</li> <li>- Consumer quality improvement tools must be added</li> </ul>
<b>Objective 3.3. Implement a syndemic approach with areas of focus on sexually transmitted infections, viral hepatitis, &amp; substance use disorders (&amp; behavioral health)</b>			
3.3.1	Integrate syndemic approach into HIV Prevention & Care Plan	Yes	<ul style="list-style-type: none"> <li>- Remove parenthesis around “and behavioral health” or change to “mental health”</li> </ul>



**Goal 4: Achieve integrated, coordinated efforts that address the HIV epidemic across all partners and interested parties**

Strategy #	Strategy	Will it Achieve Goal?	Feedback & Additional Information Needed
<b>Objective 4.1. Maintain the vitality &amp; relevance of the CHPC as a statewide HIV prevention &amp; care planning entity</b>			
4.1.1	Strengthen & enhance engagement of partners & diverse individuals with lived experience in planning processes & activities	Yes	<ul style="list-style-type: none"> <li>- Create room for CHPC to review its structure &amp; processes</li> <li>- DPH &amp; CHPC work together to complete</li> <li>- Activities 1 &amp; 3 are measures rather than activities</li> <li>- Be specific about member leadership development</li> <li>- Use data (HIV, PrEP, HCV) to inform community outreach</li> <li>- Add committee for consumers to have collective voice</li> </ul>
4.1.2	Facilitate structures & processes that support statewide, coordinated planning activities	Yes	<ul style="list-style-type: none"> <li>- Care providers should see same databases &amp; improve EMR access (collaboration helps patients)</li> <li>- Integrated health network for Ryan White Programs</li> <li>- Funds groups can address input at higher level</li> </ul>
4.1.3	Implement monitoring & accountability process to show progress on Plan implementation & identify mid-course adjustments	Yes	<ul style="list-style-type: none"> <li>- Develop &amp; implement monitoring plan should involve other planning bodies/state partners &amp; include consumers</li> <li>- Mention needs assessment &amp; surveys</li> </ul>
<b>Objective 4.2. DPH strengthens collaborative workspace &amp; capacity to improve coordination &amp; integration of HIV services with other areas of syndemic focus</b>			
4.2.1	DPH convenes Syndemic Partners Group	Yes	<ul style="list-style-type: none"> <li>- Ask syndemic partners how to help achieve their goals</li> <li>- Connect syndemic partners to policy change activities</li> <li>- Ensure high-level support from partners &amp; other agencies</li> </ul>
4.2.2	DPH convenes Connecticut HIV Funders Group	Yes	<ul style="list-style-type: none"> <li>- Can DPH staffing levels support this level of activity?</li> <li>- Can partners/structures help w/work &amp;/or resources?</li> </ul>
4.2.3	DPH employees participate on other groups relevant to HIV Plan	Yes	<ul style="list-style-type: none"> <li>- Change to "DPH and partners..."</li> </ul>
<b>Objective 4.3. DPH increases capacity of public health system to implement plan &amp; respond to outbreaks or public health emergencies relevant to HIV</b>			
4.3.1	DPH develops annual legislative agenda to address policy-related matters	Yes	<ul style="list-style-type: none"> <li>- Could add priorities such as: a) PrEP/PEP drug assistance program; b) Data to Care; c) STIs (proceed with caution to avoid unfavorable changes)</li> <li>- Align HCV and HIV language</li> </ul>
4.3.2	DPH provides communication support to promote collaboration & information sharing	Yes	<ul style="list-style-type: none"> <li>- Consider emphasis on attracting new funding</li> <li>- Add connection to healthcare systems and funding</li> <li>- Add telehealth/e-health innovations</li> <li>- Consider workforce training capacity</li> </ul>
4.3.3	DPH proposes & implements service delivery improvements (funding, efficiencies, outcomes)	--	<ul style="list-style-type: none"> <li>- Hold focus groups to implement changes</li> </ul>
4.3.4	DPH strengthens & enhances its data collection systems & capacity	Yes	<ul style="list-style-type: none"> <li>- Advocate for laws for Data to Care to work better</li> <li>- Educate on ("HIV") Outbreak Detection &amp; Response Plan</li> <li>- Apply lessons learned from COVID or monkeypox</li> <li>- Add other data systems (EvaluationWeb, CareWare)</li> <li>- Master list of providers to blast information to?</li> </ul>



### **Overarching/Cross-Cutting Feedback**

- The word “encourage” is not strong/actionable. Use a stronger verb in strategies and activities.
- Use “people-first” language: “People with lived experience” vs. “consumers” vs. “customers”?
- The input and involvement of people with lived experience should be more interwoven across all goals, objectives, strategies, and activities and/or highlighted in separate objectives and strategies.
- Across objectives, strategies, and activities, change “DPH” to “DPH and partners,” as appropriate.
- Various sections of the Plan should call out SDOH-related topics, including connection to syndemic areas of focus.
- Add prevention services across goals and integrate Ryan White Parts A, B, C, and D into Plan.
- Add timelines and responsible people to increase accountability.
- In goal 3 strategies, be more specific about equity and inclusion.
- For objective 4.2: a) DPH may survey about what other legislative agenda it can initiate; and b) Needs assessment data should be used to drive the policy and legislative agenda.
- For objective 4.3: a) Change “public health system” to “public health community”; and b) Change “relevant to HIV” to “relevant to syndemic approach.”

Mr. Walters asked two groups to share highlights from their discussions.

- Marianne Buchelli said Group 2 had many suggestions on goal 3, including: a) being intentional about collecting data from people with lived experience via community-based data collection; b) including hospital associations to get outside the Ryan White landscape; c) removing unnecessary paperwork involved in referral processes to remove barriers; d) ensuring language in RFPs emphasizes health equity; e) training 211 workers about programs and strategies related to HIV; and f) identifying and visiting providers who deal with housing, poverty, and other social determinants of health.
- Mr. Gennaro suggested expanding reach within the community by extending training opportunities to community members about issues such as stigma.
- Susan Major said Group 4 emphasized: a) including the voices of consumers; b) adding other partners to avoid over-focusing on DPH; c) including other Ryan White Parts; d) adding timelines and responsible parties to increase accountability; and e) increasing the focus on other syndemic areas.
- Peta-Gaye Nembhard said Group 4 believes “we are the public health system” and suggested using the term “public health community.” The group also emphasized mining data to make good decisions and involving target populations in the CHPC planning process.

Mr. Walters said the small-group discussion themes will be used to update the Plan document. CHPC staff will send out the revised Plan goals and objectives for additional feedback.

### **OTHER BUSINESS**

Ms. Fernandez asked for ideas for the October CHPC meeting in the chat.

### **ADJOURNMENT**

Ms. Fernandez encouraged all participants to complete a 1-minute survey to share 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. Ms. Fernandez thanked everyone for a productive meeting, and adjourned the meeting at 10:45 a.m.



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**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	1	1	0	1	1	1
Melanie	Alvarez#	1	1	1	1	1	1	1	1	--
Laura	Aponte^^^	1	0	1	1	1	0	--	--	--
Erma	Benedetto	1	1	1	1	1	1	1	1	1
Thomas	Butcher	0	1	1	0	1	1	1	1	0
Gigi	Chaux	0	0	1	1	1	1	1	1	1
Wallace	Daniels^	0	1	0	0	--	--	--	--	--
Brian	Datcher****	1	0	0	--	--	--	--	--	--
Xavier	Day	1	1	0	1	1	0	1	1	1
Martina	De La Cruz	1	1	0	1	1	1	1	0	1
Natalie	DuMont	1	1	1	1	1	1	1	0	0
Taylor	Edelmann***	1	1	-	--	--	--	--	--	--
Stephen	Feathers	1	1	1	1	1	1	1	1	1
Nilda	Fernandez	1	1	1	1	1	0	1	1	1
Carl	Ferris	1	1	1	0	1	1	1	1	1
Justin	Gabino^^	1	1	1	0	--	--	--	--	--
Dante	Gennaro	1	1	1	1	0	1	1	1	1
Cynthia	Hall	1	1	1	1	1	1	0	1	1
Charles	Hardy	1	1	1	1	1	1	1	1	1
Tawana	Hart	1	1	1	1	0	1	1	1	1
Luis	Irizarry**	1	--	--	--	--	--	--	--	--
Marcelin	Joseph	1	1	1	0	1	1	1	1	1
Reggie	Knox	1	1	0	1	1	0	1	1	1
Waleska	Mercado*	--	--	--	--	--	--	--	--	--
Mitchell	Namias	1	1	1	1	1	1	0	1	1
Peta-Gaye	Nembhard	1	1	1	1	1	1	1	1	1
Anthony	Santella	1	1	0	1	1	1	1	1	0
Bob	Sideleau	0	1	1	1	1	1	0	1	0
Roberta	Stewart	1	1	1	1	1	1	1	1	1
Barry	Walters	1	1	1	0	1	1	1	1	1
Lisa	Weeks	0	0	0	--	--	--	--	--	--
<b>TOTAL</b>		<b>25</b>	<b>25</b>	<b>21</b>	<b>20</b>	<b>22</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>18</b>
<b>PERCENTAGE</b>		<b>83%</b>	<b>86%</b>	<b>75%</b>	<b>77%</b>	<b>92%</b>	<b>79%</b>	<b>87%</b>	<b>91%</b>	<b>82%</b>

- \* On leave while meetings occur virtually
- \*\*Resigned prior to February meeting
- \*\*\*Resigned prior to March meeting
- \*\*\*\*Resigned after March meeting
- ^Dismissed after April meeting
- ^^Resigned prior to May meeting
- ^^^Retired on June 30
- #Resigned after August meeting





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### PUBLIC PARTICIPANTS (1 = present)

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Adam, Lenon									1
Agosto, Nitza	1	1		1			1	1	1
Allen, Whitney		1		1					
Auretta, Megan			1						1
Berrian, Camron		1	1	1	1	1	1	1	1
Bogacki, Alessandra					1				
Bond, Maritza								1	
Bowens, Sam		1	1						
Brooks, Ralph					1				
Brown, Jean	1			1					1
Buchelli, Marianne	1		1	1	1	1	1		1
Cahill, Patrick				1					
Corpora, Lisa									1
Cole, Christopher	1	1	1	1				1	
Croasdale-Mills, Angelique	1	1	1	1	1	1	1	1	1
Cruz, Veronica	1								
Cubano, Jenny			1	1	1		1	1	1
Cumberbatch, Angela			1	1	1	1			
Cutaia, Sam	1	1							
D'Angelo, Gina	1	1	1	1	1	1	1	1	1
Davidson, Daniel	1				1	1	1	1	1
Defosse, Joseph				1					
Del Vecchio, Christina	1	1	1	1	1	1		1	1
Diaz, Luis	1	1	1		1	1	1	1	1
Dittmore, Alixe		1	1		1	1	1		
Dones-Mendez, Dulce	1					1			1
Duarte, Andrea			1						
Edelmann, Taylor			1						
Ferraro, Linda	1	1		1					
Fowler, Brianna								1	
Francis, Shannon	1								
Gaines, Tia		1		1	1	1			
Garcia, Ruth				1					
Geter, Kasima									1
Gibson, René				1					
Gilchrist, Blaise						1	1		
Gjika, Jonida	1	1	1	1	1	1	1		1
Gosselin, Deborah			1	1					
Gruber, Dierdre				1					
Heron, Venesha	1	1	1		1	1	1	1	1
Hong, Grace				1					
Hulton, Daniel	1			1	1	1	1	1	1
Hunt-Anderson, LaJuan			1	1	1	1	1	1	1
Jacob, Neena			1	1			1		
Janssen, Doug	1	1							
Jean-Baptiste, Clunie	1	1	1	1	1	1	1		1
Johnson, Loveth									1
Johnson, Sara						1			
Kinsey, Jennine		1		1				1	
Kotey, Dionne									1
Lane, Stuart					1	1			
Ligon, Barbara		1	1						





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Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Linardos, Heather		1			1				
Lindsey, Sean	1			1		1	1	1	
Lorius, Jean		1							
Magaña, Luis	1			1		1	1	1	
Major, Susan	1	1	1	1	1	1		1	1
Maresca, Angela				1					
Marquis, John		1							
Martinez, Luis							1		
McGuire, André	1								
McKay, Sharen			1						
Medley, Krystal							1	1	1
Melendez, Tatiana								1	
Mierzwa, Sharon	1		1	1	1	1	1		
Mohamed, Mukhtar	1	1	1	1	1	1	1		1
Montgomery, Joanne		1	1			1			
Moore, Kelly	1	1	1	1	1	1	1		1
Moore, Tayla	1	1	1					1	
Moskowitz, Katrin						1			
Mott, Erika	1	1	1	1	1	1	1	1	1
Muñoz, Consuelo	1	1	1	1	1	1	1	1	1
Nepaul, Ava	1	1	1		1				
Ngongi-Wumba, Sarah			1	1	1	1			
Nichols, Lisa					1				
Norton, Joe	1	1	1	1					
Novis, Steve							1	1	
O, Janiel	1								
Ostapoff, Michael	1								
Ostrej, S			1	1					
Pawlow, Dustin	1	1	1	1	1	1	1	1	1
Piekarz, Ariella									1
Pierre-Louis, Ludger	1	1	1	1	1	1		1	1
Price, Carolina				1					
Radda, Kim									1
Radocchia, Rich	1	1	1		1	1			
Raynor, Marie			1		1		1		
Reyes, Beverly		1		1					
Reyes, Dawn			1						
Rios, Dawn			1						1
Rivera, Mildred					1				
Robinson, Takima								1	
Rodriguez, Carlos	1	1		1	1		1		
Rodriguez-Santana, Ramon		1	1	1	1	1	1	1	1
Roman, Virgen				1					
Romanik, Christine	1								
Ruiz, Angel	1	1	1	1	1		1	1	1
Santana, Nathan				1	1				
Sapero, John	1		1			1			
Speers, Sue		1	1						
Tastensen, Meghan	1	1	1	1	1	1	1	1	
Taylor, Keith								1	
Thornton, Meg							1	1	1
Tyson, LaToya		1							



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Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Unoh, Mercy						1			
Vandis, Caroline						1			
Vargas, Jennifer	1	1	1	1	1	1		1	
Vassallo, Anna				1					
Vazquez-Yopp, Melinda	1	1	1	1	1	1	1	1	1
Warren-Dias, Danielle	1	1	1	1	1	1	1	1	1
Weeks, Lisa								1	
Wegener, Maximilian					1				
Williams, Kimberly		1		1	1		1		
Wimbish, Roselyn			1	1	1		1	1	1
Unidentified participants	1		2	1	1	2			
<b>TOTAL COUNT</b>	<b>45</b>	<b>45</b>	<b>51</b>	<b>55</b>	<b>46</b>	<b>43</b>	<b>37</b>	<b>37</b>	<b>39</b>