MEETING SUMMARY

17 March 2021

Date:	17 March 2021	**Start Time:**	11:05 a.m.	**End Time:**	12:34 p.m.
Chair:	Brian Datcher	**DPH Liaison:**	Gina D'Angelo	**Location:**	Zoom
Attendees:	Refer to page 5	**Recorder:**	M. Nickel		

RESULTS

1. The group approved by consensus the February 2021 meeting summary with no further additions or corrections.
2. A group of subject matter experts shared their perspectives about Routine HIV Testing. This represented the pilot or prototype for the G2Z stakeholder group engagement series across topics related to the statewide G2Z recommendations by the Commission.
3. The group decided to invite subject matter experts from sexual health education / STI prevention to the April committee meeting as the next topic for the G2Z stakeholder group engagement series.
4. The received an update about the most recent local stakeholder group sessions conducted as part of the City of New Haven G2Z capacity building grant.

ACTION ITEMS

1. Committee staff will draft a meeting summary. Participants will review the draft meeting summary and provide any additions and/or corrections.
2. Ms. Gina D'Angelo and Dr. A.C. Demidont will take the lead on inviting a small set of subject matter experts on sexual health prevention / STI prevention to the April meeting. Other individuals may be called upon to assist and access subject matter experts in their personal and/or professional networks.
3. Mr. Datcher, Ms. D'Angelo, and Mr. Walters will finalize questions using the questions from March as a guide. The G2Z leaders will explore holding a brief meet-up prior to the 21 April 2021 G2Z Committee meeting. The purpose of the meeting will be to discuss further the results of the Routine HIV Testing discussion and immediate action steps.
4. Ms. Natalie DuMont will identify potential dates and times in May or June for SUDs providers or relevant infectious disease personnel to schedule a stakeholder group that would not be at the G2Z committee meeting.
5. Mr. Sapero will share by the next G2Z Committee meeting a compilation of the information from the local stakeholder engagement groups.
6. The group will meet virtually on 21 April 2021 @ 11:00 a.m.

* *

CALL TO ORDER

Mr. Brian Datcher called to order the committee meeting at 11:05 a.m.

WELCOME AND INTRODUCTIONS

Mr. Datcher introduced himself as the G2Z Committee chair and explained the purpose of the G2Z Committee. Participants were sent an e-mail prior to the meeting to explain the adjusted format such as recording the meeting for purpose of accurate note taking and adjustments to the agenda to expand discussion time for stakeholder engagement group.

Mr. Datcher used a roll call process that allowed each individual to say their name, position, organizational or town affiliation. Mr. Datcher made a special point to welcome the subject matter experts.

APPROVAL OF PRIOR MEETING SUMMARY

Mr. Datcher explained that the February 2021 G2Z Committee notes had been circulated in draft format. He stated that the committee uses a consensus process for approval of meeting notes. Mr. Datcher asked participants use the chat box to place any final additions and/or corrections in the chat box as well as their approval. No one offered any additional changes. The committee approved by consensus the February 2021 meeting notes.

STAKEHOLDER ENGAGEMENT GROUP SERIES: ROUTINE HIV TESTING

Mr. Datcher explained briefly that the G2Z Committee had set out to conduct a series of stakeholder engagement groups on topics most relevant to support the implementation of the G2Z recommendations developed by the statewide G2Z Commission. The first discussion will focus on Routine HIV Testing which corresponds to the recommendation to establish Routine HIV Testing in Connecticut as well as a recent effort to introduce legislation (SB 400). The bill was fashioned after the successful approach used in New York City. The bill did not move out of committee. As a matter of reference, Mr. Datcher reminded the group that for the purposes of discussion today, Routine HIV Testing was defined as offering to every person ages 13 to 64 an HIV test at least once per year when visiting a particular setting or healthcare environment such as a hospital emergency room, a community health center, or a family physician's office (i.e., private practice).

Mr. Datcher reported that subject matter experts from four diverse organizations that conduct Routine HIV Testing agreed to participate today. Mr. Datcher explained the discussion process. The G2Z Committee had identified four general questions. Mr. Datcher would ask one question and each of the subject matter experts would share their knowledge and perspectives on the topic. After all of the subject matter experts had answered the question, Mr. Datcher would move on to ask the next question. After the subject matter experts had answered all four questions, he will open the floor for general questions and discussion. Throughout the process G2Z Committee participants could ask questions in the chat box which would be monitored by Mr. Barry Walters and Ms. Gina D'Angelo. These two individuals would decide to share the questions during the specific discussion segment or save them until the general discussion segment that would occur after each subject matter expert had answered all of the questions.

The table shows the subject matter experts and a brief description of the sites:

Site and Subject Matter Experts	**Description** *(Source: Organization websites)*
Anchor Health Initiative – Stamford (office and pharmacy location) and Hamden ***Chris Adams,*** *RN Practice Manager*	Anchor Health Initiative is a health care provider offering medical services to everyone in the community with particular expertise in the area of HIV/AIDS, Hepatitis C, and Transgender medicine. Anchor Health Initiative offers a welcoming, supportive and safe environment for the lesbian, gay, bisexual, transgender and questioning (LGBTQ) community. For many, simply knowing that allies exist can be a big source of support.
Connecticut Children's Medical Center (CCMC) – locations statewide discussion on location in Hartford area locations (e.g., Farmington) *Danielle Warren Dias*	Connecticut Children's is a not-for-profit organization with a mission to improve access to health care for all children. Connecticut Children's is the only health system in Connecticut dedicated to children, providing more than 30 pediatric specialties along with community-based programs. We're known for exceptional care that kids and parents love, conveniently delivered at locations close to home and by Video Visit.
Generations Family Health Center – Danielson, Norwich, Putnam, and Willimantic ***Nicole Jones,*** *RN, Director of Nursing, Director of Ryan White Programs*	A private, not-for-profit, regional Federally Qualified Health Center (FQHC) that has been serving eastern Connecticut since 1984. Generations provides a full continuum of primary health care, oral health care, behavioral health care and case management and support services for people of all ages through sites in Willimantic, Norwich, Putnam and Danielson. Generations is accredited by the Joint Commission. The mission of Generations Family Health Center, Inc. is to provide quality, compassionate and professional health care that is affordable, easily accessible and without discrimination to the communities we serve.
Yale New Haven Hospital AIDS Care Program ***Kelly Moore*** *and* ***Dr. Michael Virata***	The Yale New Haven Hospital AIDS Care Program was established in 1984 in response to the increasing number of individuals being treated for HIV/AIDS at Yale New Haven Hospital. The program provides comprehensive care to adults, adolescents and children living with HIV/AIDS and their families and significant others. Services include outreach, testing, counseling, outpatient and inpatient clinical care, clinical research trials and community support. The AIDS Care Program is staffed by a multidisciplinary team of physicians, physician assistant, nurses, HIV counselors, social workers and clinical researchers.

Pages 4 and 5 contains a summary of the responses by the subject matter experts to each questions.

Subject Matter Experts	Question 1: Describe what Routine HIV Testing looks like in your organization.
Anchor Health Initiative ***Chris Adams,*** *RN Practice Manager*	• Office in Hamden and Stamford that serve the LGBTQ community with gender-affirming, status neutral services including prevention and treatment of HIV / STI and primary care. • Incorporate Routine HIV Testing into practices. For example, any new patient receives a panel of lab work that includes HIV testing. Opt out approach exists. Established patients get tested (more frequently) based on risk factors relevant to their sexual health. This approach creates pathways for same-day PrEP start. • Also, conduct HIV testing for any patients who request express STI screening. These patients may not be regular patients.
Connecticut Children's Medical Center (CCMC) ***Danielle Warren Dias, MS****, Director of Family Support – HIV Health Program*	• Implement Routine HIV Testing to approximately 15,000 youth 16 to 26 each year. The older youth corresponds to the limits of young adults benefiting from being a dependent on their parent's insurance. Initiative was started two years ago. Promoting Routine HIV Testing with the younger populations helps reinforce a norm for patients (and parents). Plus the CCMC serves patients from across the state. A small set of physicians championed this effort and set the tone (e.g., Alyssa Bennett, MD). The peer-to-peer approach among providers made a significant difference in adoption of this approach. • Primary Care Centers that fall under hospital did continue to do Routine HIV (and Hep C) Testing even during COVID-19. For example, these include Primary Care Center East and West; the Adolescent Medicine Center and the Emergency Department. Rapid testing is typically used except in locations such as the Emergency Department. Blood draw with labs during annual visit or if present with any other risk factors including behavioral health – a leading cause for admission among youth at the ED. • Providers noticed that even in settings where labs were on site, patients would be asked to get a lab test and walk past the lab on their way out without completing the test. This resulted in a decision to use the rapid test. All medical technicians receive training on rapid test administration.
Generations Family Health Center ***Nicole Jones,*** *RN, Director of Nursing, Director of Ryan White Programs*	• Five years ago no Routine HIV Testing occurred at any of Generations four sites. Today, all medical assistants and nurses are trained to deliver Routine HIV Testing using rapid test and opt out protocols. Primary Care providers who notice a test has not been completed ask patient for a test (and patient can opt out). • Ryan White staff are on site and in the event of a positive test can provide immediate counseling and support as well as linkage (within one week) to other services including infectious disease doctors. • The approach also involves visiting other settings at least once a month to conduct rapid testing. These settings include: community soup kitchens, in-patient detox, and high schools to do 1 x per month rapid testing • The Centers offer telehealth which requires an in-person visit for rapid testing or a blood draw.
Yale New Haven Hospital AIDS Care Program ***Kelly Moore*** *and* ***Dr. Michael Virata***	• Dr. Virata describe his work in the subspecialty care clinic with patients who have already been diagnosed and the processes YNHH used to conduct outreach within the YNHH system in Connecticut and Rhode Island to promote expanded and even Routine HIV Testing across settings. Dr. Virata acknowledge the contributions of June Holmes in this work. Ms. Moore described the various settings in which HIV testing occurs (e.g., Adult Primary Care, Adolescent Care, Women's Center, SRC, St Raphael's, Bridgeport Hospital Primary Care and OBGYN clinics and emergency departments. Outreach and engagement efforts include social media, Facebook, and twitter. • A recent primary care partnership with FQHCs in New Haven means that it may be possible to conduct Routine HIV Testing in a unified approach and setting. This is still a work in process. Also, more work must be done with the school-based clinics which serve some youth who do not or cannot access community health centers or other health providers. Finally, YNHH is exploring options to expand self-testing or other innovations relevant to high risk populations that may not have access to care or who mistrust the healthcare system.

Subject Matter Experts	Question 2: Describe the challenges and barriers to implement Routine HIV Testing.
Anchor Health Initiative ***Chris Adams,*** *RN Practice Manager*	• COVID-19 affected patient access. Patients now can access care through telemedicine options. However, blood draws still require a physical visit to a lab. Patients report feeling anxiety and fear about leaving home for a blood draw. • Any factor that interferes with a "point of care" test administration should be considered a barrier. This means providers must use rapid tests when access to labs do not exist. Anchor has medical assistants conduct a rapid test during intake. A confirmatory blood lab can be conducted later. It is important to start the process.
Connecticut Children's Medical Center (CCMC) ***Danielle Warren Dias, MS,*** *Director of Family Support – HIV Health Program*	• A critical barrier involved physician's level of comfort to discuss the test, especially with younger patients and their parents/guardians. Physicians needed guidance and clarity about roles and responsibilities – including legal and privacy concerns. Finding a physician to champion the cause (not just a protocol or procedure) makes a significant difference. It still takes time and require champions to emerge at each satellite setting. • The Routine HIV Testing approach started first with 16 year olds and above with an intent to expand the approach downward to age 13. Initially, physicians expressed interest and need in getting guidance for how to manage and navigate these conversations. Initially, physicians were not comfortable saying that "we do this for everyone" especially because it was a new approach. Also, physicians wanted guidance on how to respond to parents/guardians who would ask, "why is my child being tested for HIV?" • Finally, providers express concern about what happens next after an HIV test (positive or negative). This includes sharing the results as well as connecting the patient/family to appropriate and available resources.
Generations Family Health Center ***Nicole Jones,*** *RN, Director of Nursing, Director of Ryan White Programs*	• Establishing Routine HIV Testing at the hospital emergency department has been a challenge. The hospital is located nearby the health center. The default approach has been to tell patients to go over to the health center and get tested. This guidance does not work – much like at CCMC with patients walking right by the lab. Practical, administrative, and legal barriers must be overcome to make this service available to patients. • COVID-19 has affected the ability to connect patients with blood draws and/or schedule them for in-person visits and conduct a rapid test. • Encouraging providers to conduct comprehensive sexual health histories and using sex-positive and status neutral approaches remains a challenge. Some providers appear to remain uncomfortable holding these conversations. Not offering a HIV test may mean a provider can table this discussion.
Yale New Haven Hospital AIDS Care Program ***Kelly Moore*** *and* ***Dr. Michael Virata***	• COVID-19 resulted in fewer HIV tests. Telehealth site is not yet operational at the newly formed Primary Care Center partnerships between YNHH and the FQHCs. • Missed opportunities for testing continue as the ED or urgent care patients do not yet get Routine HIV testing due to reluctance of providers. Providers will administer HIV tests if requested by patients. More work remains to help manage the responsibility and transition to services associated with HIV test results. This requires physician/provider education. • Opportunities exist to include prompts for Routine HIV Testing or other screening in the electronic health record as part of normal health maintenance. • More must be done for young people especially in school settings. The recent effort to get PrEP to adolescents shows Connecticut can make important change – including in the school-based delivery systems.

Subject Matter Experts	Question 3: What else do you need to expand and institutionalize Routine HIV Testing in your organization or community? Examples might include legislation, request the test campaigns, provider detailing, staff training, or other system changes.
Anchor Health Initiative ***Chris Adams,*** *RN Practice Manager*	• Support and endorsement for use of best practices such as use of rapid tests during patient visits by other members of the care team. This can be connected to other best practices for same-day start-up of PrEP. • Nature and culture of the practice differs appreciably from many other traditional practices and could serve as a model for status neutral services and application of a sex-positive approach.
Connecticut Children's Medical Center ***Danielle Warren Dias, MS****, Director of Family Support – HIV Health Program*	• Pathways in medical record. For example, prompts for HIV testing at time of yearly exams or additional testing for individuals who present with conditions (e.g., STIs) that warrant more frequent HIV testing. • HCV as part of any Routine HIV Testing initiative or visa-versa. For example, CCMC did 450 HCV screenings in recent months and not this many HIV tests. • Consistency in practices across satellite offices as healthcare systems expand or add affiliate sites. This might be training initiatives for Patient Navigators and also administrative staff and technicians. • Expand Routine HIV Testing in urgent care centers that are affiliated with healthcare systems and represent critical points of patient contact. For example, use rapid test in Farmington urgent care center. Use blood draw at emergency departments. • Mandate Routine HIV Testing. • Replicate delivery approaches used for COVID-19 pave the way for Routine HIV Testing. Normalize HIV testing as part of regular panel.
Generations Family Health Center ***Nicole Jones,*** *RN, Director of Nursing, Director of Ryan White Programs*	• Routine HIV Testing protocols and processes in emergency departments that link to community services. • Education and training for physicians and providers about normalizing testing and managing test results (positive or negative) + referral options to available community resources
Yale New Haven Hospital AIDS Care Program ***Kelly Moore*** *and* ***Dr. Michael Virata***	• Waiting to understand the new opportunities associated with the new primary care center partnership with the community health centers. • Continue to advocate for Routine HIV testing (legislation). • Continue to explore other system change (e.g., prompts in medical records). • Education and access for the youth/student population.

Subject Matter Experts	Question 4: What one action can Connecticut take to make Routine HIV Testing the norm?
Anchor Health Initiative ***Chris Adams,*** *RN Practice Manager*	• Education of nurses and clinicians. • Normalizing conversations about sexual health which will lead to patients and providers talking comfortably. • Reinforce the importance and relevance of fundamentals. For example, a patient went through a $40,000 diagnostic work up that revealed rectal gonorrhea. This could have been caught with a comprehensive sexual history and much less invasive and inexpensive tests.
Connecticut Children's Medical Center (CCMC) ***Danielle Warren Dias, MS****, Director of Family Support – HIV Health Program*	• Share and scale best practices that we know work now. • Empower patients. • Educate providers – especially those who may not specialize in HIV prevention and care.
Generations Family Health Center ***Nicole Jones,*** *RN, Director of Nursing, Director of Ryan White Programs*	• Find a way to make HIV testing mandatory and/or normalize the approach for providers and patients so that HIV testing becomes no different than checking your cholesterol, blood pressure, or PSA levels. • Refresh or reform how providers receive education – including in college and medical school – especially with the fundamentals and practice in taking a sex-positive, status neutral approach to comprehensive sexual health histories. Provides who are not comfortable asking these questions will be less likely to support Routine HIV Testing. • Continue to expand the audiences exposed to presentations on sex-positivity. • Encourage patients to "request the test" from the providers.
Yale New Haven Hospital AIDS Care Program ***Kelly Moore*** *and* ***Dr. Michael Virata***	• Normalize Routine HIV Testing in the community. Use high visibility, broad-based campaigns so people can see it. • Adjust physician and provider training to think "routine" and "wellness" and beyond testing only in response to a "perceived risk" that leaves open the door for stigma.

General Discussion or Clarifying Questions

- Several participants observed that the same challenges have existed for decades. Therefore the focus and energy must be on recommendations, actions, and next steps.
- Roberta Stewart described the challenges of establishing Routine HIV Testing across settings in Danbury. The emergency department does not do Routine HIV Testing and attempts have been made to connect the emergency department to other testing resources to no avail. The hospital sites legal and liability issues as the major barrier. A solution that offered some type of release or liability waiver would change these discussions.
- Natalie Dumont emphasized the importance of creating linkages between the existing champions and resources – perhaps starting first with practical MOUs. Perhaps getting the Connecticut Hospital Association involved in the discussion could make a difference.
- Reverend Garbera shared that physician education and training and commitments for patient follow up care to conduct Routine HIV Testing is important and that AETC training does not reach the broader physician community. Also, legislation or policies that indemnify physicians from negative results of HIV testing will impact negatively incentives for patients to receive proper counseling, linkage, and care. Finally, implementing Routine HIV Testing without raising eligibility to Ryan White Part A services will be detrimental to BIPOC individuals, families, and communities of the working poor.
- Luis Irizarry shared experiences from his time working in other health care settings in New York and Connecticut. He explained processes in which it was an administrative policy that everyone got offered an HIV test and personnel where trained to follow the policies. Other providers – even those delivering mental health services could be given a screening sheet that references Routine HIV Testing and connections to local providers who do the testing.
- Angel Ruiz shared that a campaign regarding Routine HIV Testing and encouragement for individuals to "request the test" would add credibility and voices to any efforts to pass legislation.
- Several participants stated that after one conversation with legislators, these individuals agreed to support the SB 400.
- Danielle Warren-Dias encouraged people to use a strength-based approach centered on patient wellness (v. finding an infectious disease).
- The group acknowledge the important contributions of June Holmes, particularly in the context of the build out of HIV/AIDS services at YNHH.
- CTDPH must understand and explore how Routine HIV Testing legislation would be implemented from the perspective of any monitoring or monitoring actions. Currently, CTDP monitors for facility and practitioner licensing. This would require a system change. However, this system change responds to a CDC and State G2Z Commission recommendation.
- Health insurance plans should include provisions or requirements for Routine HIV Testing as part of wellness care. The group agreed and acknowledge this is a big task.

Emerging Best Practice Areas and/or Action Items

- ADDRESSING RACISM AND STIGMA – GENERAL: Participants agreed that the conversation in the public has begun to shift. Efforts must be made to increase the readiness and capabilities of individuals to have courageous and honest conversations about racism, disparities, and stigma, among others.
- DELIVERING CULTRUALLY APPROPRIATE AND STATUS NEUTRAL CARE: Participants discussed actions that involved changing approaches to hiring and training.
    - Interview questions are being used by some organizations to screen out candidates who do not feel comfortable discussing relevant and sensitive issues.
    - Training on topics such as sex-positivity or status-neutral care must increase and become a regular and required component of professional development.
    - Diversity in hiring providers that reflect the communities and populations as compared to "cisgender, male, and heterosexual/heteronormative" providers. (Quote from chat box.)
    - All of the above will create gender-affirming care environments.
- ACTIVATING ELECTED OFFICIALS AND ADMINISTRATORS. Several individuals stated that a campaign must occur to educate and activate elected officials and health administrators. They must be educated on the issues, the impact, and the solutions – including data from other effective models, or perhaps even tours of transformation efforts done in New York City. The group could develop a set of talking points and a short letter. Part of the message for administrators must relate to how solutions do not leave them open to liability.
- SHARING AND SCALING BEST PRACTICES. The subject matter experts identified several best practices that could be replicated and shared in some way (e.g., QI summit, another session that involves only providers sharing approaches – perhaps organized by associations or provider networks). Example best practices include:
    - Offering HIV tests with COVID-19 tests, Hepatitis C tests, STI tests, or other routine services that tend to attract patients to care settings.
    - Match up type of HIV tests appropriate to the facility and expand rapid testing. Use a rapid test if no blood draw is readily available and connect these facilities through a referral / linkage process that focuses on patient care and patient experience. Have Medical Assistance or Physician Assistants conduct rapid testing. Train them ALL to conduct rapid tests.
    - Physician and administrator training modules or videos that address sensitive issues such as taking a sexual health history or interacting with patients (and parent/guardians) who are under 18 years of age. When possible, use a peer-based approach that features a physician champion.
    - Appropriate training and monitoring across facilities – especially in health systems with many satellite sites.
    - Program electronic health records with automated reminders to offer or conduct Routine HIV Testing.
    - Asking providers from NYC to share policies and/or protocols on Routine HIV Testing and/or provide workshops. Gilead provides this type of expertise as well.
- HEALTH ACCESS. Participants identified that individuals must have access to the health care system. This means insurance. This means access to quality and appropriate services. Any legislative or policy options must take a holistic approach.

- ROUTINE HIV TESTING LEGISLATION. Ms. D'Angelo shared that Routine HIV Testing legislation increased HIV testing in New York. Peer-to-peer strategies and practice transformation can produce a significant, measurable difference. For example, some providers are testing for HIV and COVID-19 during the same visit. The patients are coming primarily for COVID-19 tests.

Reflection on Approach

Mr. Datcher and Ms. D'Angelo asked the group to reflect upon the process and approach of the stakeholder engagement group. Did it work? What can be improved? What are the limitations? The following themes emerged:

- The majority of participants felt the process worked well and were pleased with how the questions were distilled and simplified to allow participants to share their interpretation and experience.
- Several participants noted that it was nice to see the subject matter experts ask each other questions about their approaches. This also means that room for improvement exists to share best practices.
- Participants who had been skeptical or cautious about using the G2Z Committee as the forum for the discussion agreed that the process worked well for this type of group. All participants agreed that this process will not work for all potential topics and/or groups as discussed in previous meetings.

The group discussed options to convene the next stakeholder group at the April G2Z Committee meeting or to focus more on processing the results of this discussion. The group decided to:

- Move forward in scheduling subject matter experts on the topic of sexual health education / STI prevention for the April committee meeting.
- Exploring alternatives to process today's meeting discussion in a different way such as sharing information through e-mail or holding an optional extra meeting for anyone who was available to participate. Mr. Datcher, Mr. Walters, and Ms. D'Angelo will discuss this more and create some type of pathway to action.

Mr. Datcher thanked everyone who helped to organize and coordinate the participation of the subject matter experts, and he thanked the subject matter experts for sharing their knowledge, experience, and insights.

COORDINATING ENDING THE HIV EPIDEMIC ACTIVITIES

Mr. Datcher requested very brief updates on the coordination of ending the HIV epidemic activities.

UPDATE: CTDPH – Development of the Syndemics Plan

Ms. D'Angelo shared the following update:

- CTDPH continues to work internally on reviewing and revising policies to support status neutral approaches to service delivery and revising forms to facilitate linkages that will lead to G2Z.

Update: New Haven G2Z Capacity Building

Mr. Butcher and Mr. Sapero provided an update on stakeholder engagement groups underway as part of the City of New Haven G2Z capacity building grant. The process involved:

- 115 people from HIV public health programs, CBOs and planning entities
- 347 individual ideas around ETH
- 65 strategies identified distilled into 25 themes

- Themes most relevant to HIV testing included: more testing; opt out; mandatory testing; integrate into general health /wellness and annual physicals.

Mr. Sapero shared in the chat box that information has or will be posted on OurHIVPlan.org

OTHER BUSINESS

Participants did not introduce any other business items.

NEXT MEETING

The group will meet virtually on 21 April 2021 @ 11:00 a.m.

MEETING FEEDBACK

In general, participants expressed through oral comments and that chat box that the discussion was highly productive, engaging, and informative. Many individuals expressed interest in continuing to work on this important topic – including getting involved in any legislative actions.

ADJOURN

Mr. Datcher adjourned the meeting at 12:34 p.m.

ATTENDANCE

Name	CHPC Member	1/20	2/17	3/17					
C. Adams				x					
E. Benedetto	Yes	x	x	x					
S. Birth				x					
J. Bonelli				x					
S. Bowens				x					
J. Brown			x	x					
T. Butcher	Yes	x	x	x					
A. Croasdale-Mills			x	x					
G. D'Angelo		x	x	x					
B. Datcher	Yes	x	x	x					
A.C. Demidont		x	x						
N. Dumont	Yes	x	x	x					
A. Garbera		x	x	x					
L. Irizarry				x					
N. Jones				x					
M. Joseph	Yes	x	x	x					
R. Knox	Yes	x	x	x					
O. Mairena		x	x						
L. McNair				x					
L. McPherson				x					
K. Moore				x					
D. Pawlow		x	x						
F. Quettant			x	x					
J. Sapero		x	x	x					
R. Stewart	Yes		x	x					
Y. Velez		x	x	x					
M. Virata				x					
B. Walters	Yes	x	x	x					
D. Warren-Dias			x	x					
Unidentifiable		2	1	2					
	TOTAL	16	20	27					