



Location:	Zoom virtual meeting		
Date:	19 April 2023	Recorder:	Mark Nickel
Start Time:	9:00 a.m.	End Time:	10:32 a.m.
Presiding Chairs:	Xavier Day, Nilda Fernandez, and Marianne Buchelli		
Attendance:	See end pages for roster of CHPC members and public participants		

MEETING AT A GLANCE

- The CHPC Members approved the main meeting summary for March using a virtual vote.
- The CHPC Needs Assessment Project will host a HIV and Housing discussion on 5 May 2023.
- The Connecticut Department of Public Health (CT DPH) Disease Intervention Specialist team shared information and resources about their role in prevention and care.
- Several individuals shared announcements about events or important changes that may affect access to medication and treatment services.

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CALL TO ORDER and MOMENT OF SILENCE

Ms. Nilda Fernandez introduced herself as a CHPC Community Co-Chair and called to order the Connecticut HIV Planning Consortium (CHPC) at 9:00 a.m. She introduced CHPC Co-Chairs Xavier Day and Marianne Buchelli (CT DPH). Ms. Fernandez reviewed meeting behaviors identified by CHPC participants to create a welcoming, inclusive, and respectful meeting environment.

- Many participants expressed positive feedback about the background music that was played during the pre-meeting and the positive vibe that was created by all participants.

Mr. Day 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. He reviewed the CHPC Mission, values, and goals.

CHPC BUSINESS UPDATES

Voting Results: Prior CHPC Meeting

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

Upcoming CHPC Presentation Schedule

CHPC Members were reminded of the presentations schedule to occur at upcoming CHPC main meetings:

April	Disease Intervention Specialists
May	Connecticut Sexually Transmitted Disease (STD) Surveillance
June	Connecticut Statewide HIV Prevention Survey results
July	No CHPC meeting



The Quality and Performance Measures (QPM) Committee will coordinate a statewide Quality Summit in October.

Resources and Connections

The CHPC Co-Chairs shared information about upcoming events and other participants shared information about events in the chat box. These included:

- HIV and Housing panel discussion on 5 May 2023. Register at HIV and Housing Webinar: [https://us06web.zoom.us/meeting/register/tZlId-yvrzsrHdOj7kKWFMC_jdtEJXN5nFcl#/registration](https://us06web.zoom.us/join/joinMeeting?meetingRef=1234567890)
- Memorial service for Bob Sideleau. RSVP to BobSideleauMemorial2023@gmail.com

CHPC COMMITTEE UPDATES

Mr. Day described the committee charges and introduced the chairs of committees who shared updates.

Positive Prevention CT (PPCT)

Mr. Marcelin Joseph explained that the PPCT creates health communication campaigns and strategies for populations at the highest risk of getting HIV in Connecticut.

- Mr. Joseph shared a video titled, "Pedro" that illustrated the Spanish content available for the Tell Everyone to Screen and Test campaign. He reported that videos had generated 65,000 impressions from 19,000 unique homes with 98% of viewers watching the entire video. Mr. Gennaro explained that the ads are intended to reach priority population groups across the state.
- Mr. Joseph shared screen shots of characters in costume from the Prevention Pack campaign. The campaign content introduced superheroes and misunderstood villains. Mr. Joseph stated that the group will forgo its May meeting so that participants can use the time to participate in filming and production activities for the Prevention Pack campaign.

Meeting participants expressed positive reactions to the video (e.g., "I like it!!", "Love it.") and the Prevention Pack concept (e.g., "Super clever", "awesome").

Needs Assessment Projects (NAP)

Dr. Anthony Santella explained that the NAP helps the CHPC conduct needs assessment projects and other planning and data-related tasks relevant to advance the Statewide HIV Plan.

- Dr. Santella encouraged everyone to attend the May 5 panel discussion on HIV and housing. Housing has been identified as a consistent need over the past decade of needs assessments for persons with HIV. Housing continues to be recognized as an important component of positive health outcomes. The NAP set a registration goal of 100. Currently, 75 people have registered for this free event. Dr. Santella encouraged people to attend the NAP meeting at 12:30 p.m. where the discussion would focus on finalizing the questions for the panelists.
 - Many participants shared in the chat comments such as "housing is a social determinant of health...stable housing is prevention" and "housing is healthcare". Others recognized the CHPC/NAP for taking some type of clear action to change the conversation about housing.



- The NAP will be working with the AIDS Education and Training Center to coordinate priority workforce development topics and will explore the development of a monthly professional development series.

Ending the Syndemic (ETS)

Ms. Roberta Stewart stated that the ETS Committee existed to promote the integration and coordination of prevention and care services across the four areas of syndemic focus: HIV, STDs, Hepatitis, and Substance Use Disorder. Ms. Stewart reported that:

- Content for the routine HIV testing provider toolkit has been sent by CT DPH to its marketing contractor. The marketing contractor will edit and format the materials and add graphic design. Draft materials will be shared if possible at the main CHCP meeting.
 - Participants stated that they looked forward to previewing any of these materials and suggested that final materials are shown/reviewed at a future meeting, so everyone is aware of these resources.
- The group will begin to shift its attention to the development of a “syndemic screener” tool. The concept involves identifying key questions (2 or 3) most relevant to each syndemic and assembling these questions on a screener that will allow providers to quickly identify any issue areas that need further discussion or a formal assessment and/or test. The screener tool would be connected to resources if a patient wanted or needed a deeper assessment and/or test. In some cases, the provider may be able to provide the assessment or screening within their practice/system. In other cases, the provider may need to make a referral to another local provider. Once the questions are developed, a pilot process will occur with a small number of providers.

Membership and Awareness Committee (MAC)

Mr. Xavier Day and Mr. Dante Gennaro shared that the MAC supports community engagement, communications, and CHPC Member recruitment. They reported:

- A CHPC Member only social event will occur on Wednesday, May 27, 2023, in Cromwell. The event is intended to help CHPC Members and CT DPH resource liaisons for committees connect in-person. The event will include an educational presentation on HIV and aging.
- The plan is to hold similar events throughout the state and develop an approach that also includes public participants or an event specific to the commitment by the CHPC to hold a more community-facing Voice of the People event.
- Moving ahead, Mr. Gennaro will be chairing the MAC meetings. He encouraged folks to attend, especially those who are interested in community engagement.

Quality and Performance Measures (QPM)

Ms. Peta-Gaye Nembhard explained that the QPM focuses on matters related to the CHPC (statewide) data indicators and quality improvement projects. She reported:

- The QPM has and will continue mapping out a more robust monitoring and accountability plan to assess implementation progress and impact connected to the Statewide HIV Plan. Committees developed workplans with specific deliverables and the CHPC has statewide



indicators. The group is exploring how administrative leads from various funding sources can share or contribute their reports and information.

- The QPM will coordinate a statewide Quality Summit in October that will occur on CHPC Wednesday. The group would like to put out a call for presenters. Ms. Nembhard asked participants to complete an interactive poll that would help inform Summit planning. The question was, "In March, QPM selected the following topics to feature at the October 18, 2023, Quality Summit. Which topic are you MOST interested in?" Of 48 participants who responded, the results showed:
 - 40% (19) for reducing disparities across prevention and care
 - 25% (12) for housing
 - 10% (5) each for retention in care and for STIs
 - 8% (4) for PrEP
 - 6% (3) for viral load suppression

CHPC FEATURED DISCUSSION: DISEASE INTERVENTION SPECIALISTS

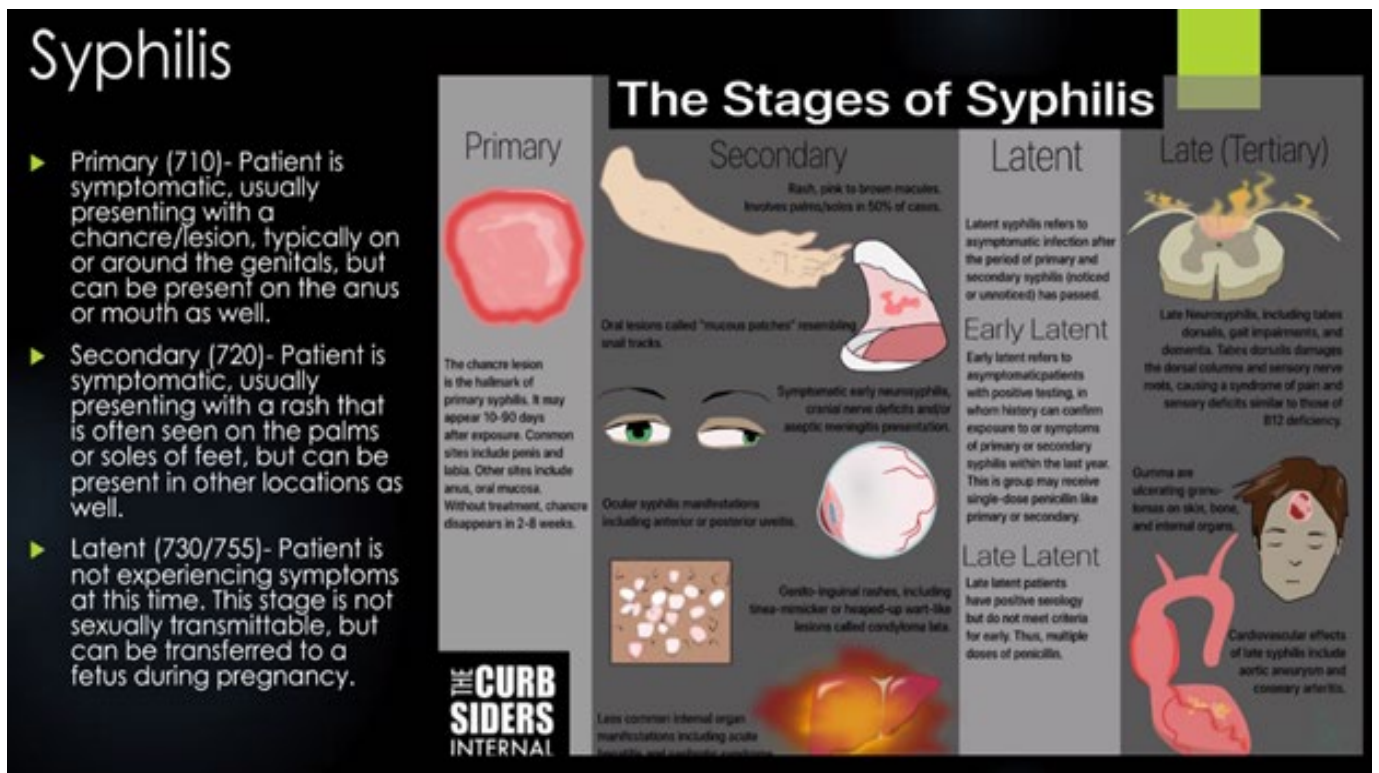
Ms. Fernandez explained that the presentation topic was changed for the meeting. The presentation will focus on the work of the Disease Intervention Specialists (DIS) instead of HIV Surveillance data. Ms. Fernandez stated that the DIS work related to many areas of the statewide HIV Plan including preventing new infections and better health outcomes by way of getting people into care and connected to treatment. Mr. Nathan Santana, Epidemiologist with the CT DPH HIV/STD Program.

Mr. Santana thanked everyone for the opportunity to share information about the DIS workers. He clarified that the DIS workers are technically classified as epidemiologists and explained that the CT DPH organizes the work into two regions across the state with hubs in Hartford and New Haven. Mr. Santana stated that several of his colleagues would present information. This was intentional to recognize and acknowledge the work of the DIS team and to help the CHPC community connect the faces and the names of the DIS workers such as Kimberly Williams, Ashley Fowler, Lisa Corpora, and Carlos Rodriguez.

- Mr. Carlos Rodriguez asked, "How many people in the United States are infected with an STD?" Possible answers were: 1 in 10; 1 in 5; 1 in 25; and 1 in 100. He encouraged people to put their responses in the poll. Over 30 people responded, and the majority selected 1 in 5 which was the correct answer.
- Mr. Rodriguez next asked people, "What is a DIS?" The options included: data and information services; disease intelligence staff; direct, intensive strategies; and disease intervention specialists. Most of the respondents entered "disease intervention specialist" into the chat box which was the correct answer.
- Ms. Kimberly Williams explained that DIS are non-licensed public health professionals who take on many roles to protect people across the nation. Whether tackling STD prevention, tuberculosis outbreak response, HIV exposure notification, or emergency response, DIS brings a special set of skills and level of dedication matched by few in the field. DIS skills include

expertise in case analysis, education and counseling, linkage to care, provider and community engagement, and, critically, contact tracing and partner services.

- Ms. William explained that the DIS place a strong focus on STDs, particularly syphilis. She reviewed the three stages of syphilis: primary, secondary, and latent. She pointed out that STDs can be asymptomatic and reinforced the importance of routine screening and testing. She also stated that treatment for syphilis required multiple visits with a healthcare provider. It was not a “one and done” process. Treatment adherence matters.



Syphilis

- ▶ **Primary (710)**- Patient is symptomatic, usually presenting with a chancre/lesion, typically on or around the genitals, but can be present on the anus or mouth as well.
- ▶ **Secondary (720)**- Patient is symptomatic, usually presenting with a rash that is often seen on the palms or soles of feet, but can be present in other locations as well.
- ▶ **Latent (730/755)**- Patient is not experiencing symptoms at this time. This stage is not sexually transmittable, but can be transferred to a fetus during pregnancy.

The Stages of Syphilis

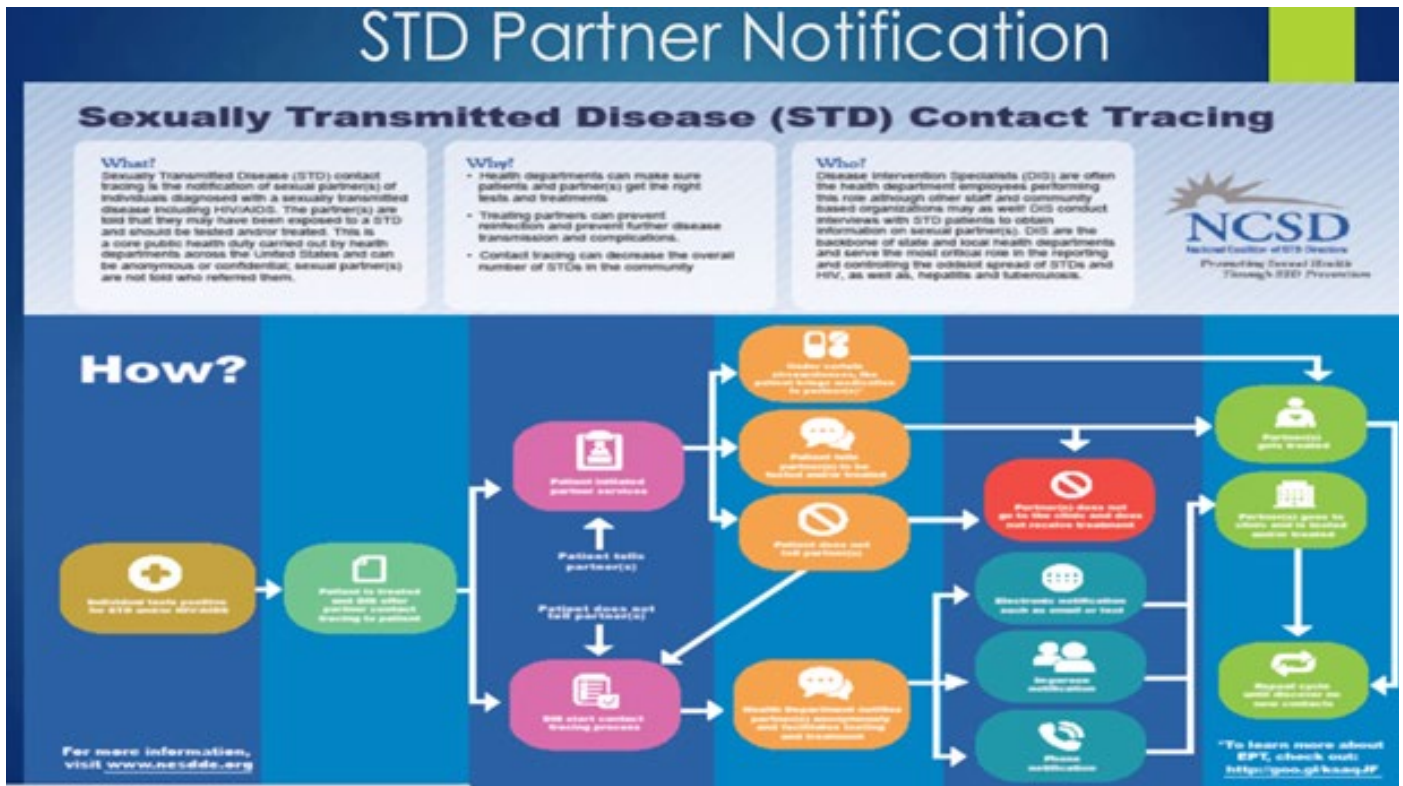
Primary	Secondary	Latent	Late (Tertiary)
<p>Primary</p> <p>The chancre lesion is the hallmark of primary syphilis. It may appear 10-90 days after exposure. Common sites include penis and labia. Other sites include anus, oral mucosa. Without treatment, chancre disappears in 2-8 weeks.</p>	<p>Secondary</p> <p>Rash, pink to brown macules. Involves palms/soles in 50% of cases.</p> <p>Oral lesions called "mucous patches" resembling small tracks.</p> <p>Symptomatic early neurosyphilis, cranial nerve deficits and/or aseptic meningitis presentation.</p> <p>Ocular syphilis manifestations including anterior or posterior uveitis.</p> <p>Genito-inguinal rashes, including tree-nerve-like or heaped-up wart-like lesions called condyloma lata.</p> <p>Late congenital syphilis manifestations including aortic regurgitation and saddle nose deformity.</p>	<p>Latent</p> <p>Latent syphilis refers to asymptomatic infection after the period of primary and secondary syphilis (noticed or unnoticed) has passed.</p> <p>Early Latent</p> <p>Early latent refers to asymptomatic patients with positive testing, in whom history can confirm exposure to or symptoms of primary or secondary syphilis within the last year. This is group may receive single-dose penicillin like primary or secondary.</p> <p>Late Latent</p> <p>Late latent patients have positive serology but do not meet criteria for early. Thus, multiple doses of penicillin.</p>	<p>Late (Tertiary)</p> <p>Late Neurosyphilis, including tabes dorsalis, gait impairments, and dementia. Tabes dorsalis damages the dorsal column and sensory nerve roots, causing a syndrome of pain and sensory deficits similar to those of B12 deficiency.</p> <p>Gummas are ulcerating granulomas on skin, bone, and internal organs.</p> <p>Cardiovascular effects of late syphilis include aortic aneurysm and coronary arteritis.</p>

THE CURB SIDERS INTERNAL

Ms. Williams explained the point of contact tracing to help identify (and treat) the source of a disease and prevent/limit its spread and adverse effects. She stated that DIS workers conduct risk assessments, perform counseling, connect individuals to PrEP services and other treatment and care resources. She shared a slide about why we need DIS:

- Help stop / slow the spread of STDs
- Educate the public on safe sex practices
- Connect patients with resources
- Give the general population a face to put with the CT DPH
- Show compassion
- Prevent long term complications such as neurologic or cardiovascular problems, blindness, and still birth or miscarriage of pregnant women

- Ms. Williams provided a high-level explanation of partner notification as it relates to STDs and HIV. Partner notification is a way of telling people that they have had sex with someone infected with STDs including HIV. A disease intervention specialist (DIS) will let your partners know that they might have STDs without using your name. Partners need to know so they won't get infected, become sick, or infect other people. You can access a partner notification brochure at https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/std/partner/STDPAT1Epdf.pdf



Mr. Carlos Rodriguez shared a video on the day in the life of a DIS worker (who Ms. Gaines had worked with for five years). This short video shared the story of how a DIS worker approached his work, the nature and types of interactions with individuals and community, and the passion and sense of urgency to perform the work. Mr. Rodriguez noted that DIS workers are persistent and absolutely must meet people where they are physically, emotionally, and in different community settings. It is absolutely understandable that some people express negative emotions or have attitudes. However, the DIS workers recognize that they must earn trust, protect privacy and confidentiality, and help individuals access information and health services as needed.

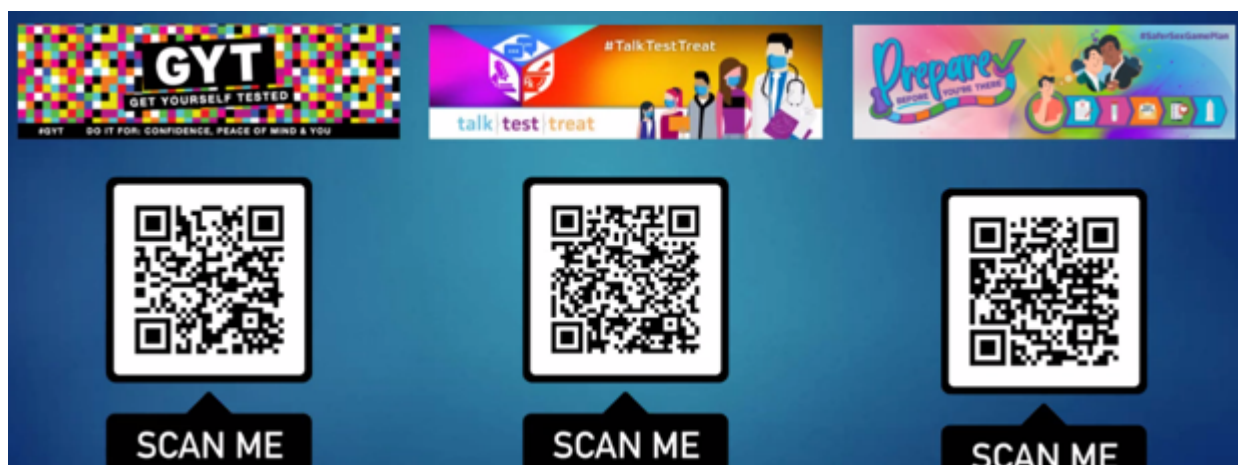
The video and discussion by DIS workers evoked numerous comments in the chat box and experiences by individuals at the meeting who had interacted with DIS workers. Ms. Gaines shared that the DIS team continues to grow and contains some amazing individuals. The DIS teams assemble monthly to conduct case reviews or chalk talks to share ideas and best practices. The team discusses difficult cases that are assigned to DIS staff for investigation. They share networking ideas and help each other identify the source and spread of infection. The current emphasis for DIS workers is on HIV and syphilis follow-ups - including partner services.

Ms. Gaines shared a syphilis case to show how the work unfolds. The patient's name was changed to protect the patient identity and privacy. For example, one case involved an individual who was in a Department of Connecticut Correctional facility and had requested medical help. (DOC does not conduct routine screening for STDs. DOC does tests for HIV at intakes.) The DIS worker reviewed the laboratory information which revealed a diagnosis of syphilis in the secondary phase (e.g., presenting with a rash). The individual shared the following information about a sexual encounter prior to entering prison, "She looks like Rihanna but is Hispanic. She lives in Hartford next to an auto store. She is curvaceous, cute, and fun to be with. It was a one-night stand and did involve drugs. I hand with her when I am not incarcerated." This example shows the clues and information that DIS staff work with to piece together the story and do contact tracing. The work is challenging and requires exceptional detective skills while protecting the privacy and confidentiality of all parties involved.

Ms. Alida Cuevas shared that DIS workers support individuals who see primary care physicians who are not affiliated with the Ryan White (HIV) provider network. DIS workers follow up on positive laboratory tests. The best-case scenario includes the DIS worker having a line of communication with the provider and the provider sharing with the patient the test results, the help a DIS worker can provide, and the importance of protecting the health of other partners who may be in harms way. Ms. Cuevas shared details of a difficult case in which a patient had been tested (positive) and had moved out of state prior to getting the results. The DIS worker started the case finding and contact tracing process and found this person had moved to Washington, DC. The DIS worker was able to contact the individual, share his test results over the phone (not the ideal circumstances), and help the person problem solve to find access to nearby services. The DIS worker helped the individual find services in the area.

Ms. Camron Berrian shared information about STI awareness week and activities occurring throughout the state and resources available on the CDC website and the CT DPH website. She also shared information about the "Leave it to Us" campaign to help increase the awareness of how CT DPH DIS workers can help contact current and former partners of individuals with an STI/STD.

Leave it to Us campaign to increase awareness of DIS workers



Ms. Berrian and other members of the DIS team expressed appreciation and gratitude to all of the individuals in the community who help them perform their work including healthcare professionals, community health workers, medical case managers, case managers, and so many individuals from this CHPC community.

The DIS team shared that:

- National DIS recognition day occurs on the first Friday in October.
- Openings remain on the team and application links have and will continue to be promoted and shared.
- The May CHPC meeting will feature a presentation on STI/STD surveillance.
- A Connecticut Sexual Health Coalition has recently been established by CT DPH. The next meeting will occur on May 25, 2023, in Hartford. The Coalition is in the process of developing a strategic plan.
- Contact Nathan Santana (Nathan.santana@ct.gov) for additional information or Kimberly Williams (Kimberly.williams@ct.gov).

Connecticut's DIS Team (photo does not include all recently hired DIS workers)



Time existed for a brief question and answer session or to address questions in the chat box. The content below summarizes the exchanges.

- Mr. Dante Gennaro stated that he had noted that medical residents may not be receiving accurate information about the DIS process. Where should these individuals be directed to receive more accurate information?
 - CT DPH has a web page with information and videos about DIS.
 - Some confusion exists among healthcare providers about their responsibilities for reportable diseases.
 - Also, providers who are aware of DIS workers' role can share this information with the patients. Patients tend to be more receptive to outreach by DIS workers when they are not surprised, and the process represents health care workers who want to help them, and their partners protect their health.



- Mr. Butcher expressed his appreciation for the DIS team and their energy and compassionate approach. He asked what clinical presentation warrants a DIS investigation for chlamydia or gonorrhea (not identified as areas of emphasis by DIS workers in the presentation).
 - Ms. Ava NePaul stated that priority cases include a provider who has done a dilation and curettage (D & C) procedure and found out after the procedure of a positive gonorrhea test. Or an untreated person with gonorrhea sepsis in which the provider may need help locating the client. Or patients with a positive test who also have other conditions which compromise their immune systems. Or a patient who is pregnant.
- Dr. Anthony Santella asked DIS Workers to share any patterns or trends emerging during the post-COVID 19 pandemic period.
 - STIs/STD incidence and prevalence is high.
 - HIV positives appear to be increasing.
 - Cases are more complex and often more involved (difficult to locate).
- A question in the chat box asked why the Department of Corrections does not do uniform STI/STD testing at intake like they do for HIV. Why make inmates ask for medical care after issues emerge, especially when STIs can be asymptomatic?
 - The current policy requires an inmate to make a medical request for STI/STD screening.
 - The CT DPH Syndemic Partners group or perhaps a research team could explore this situation to better understand alternatives.
- Mr. Gennaro asked what we can do to help support and make the work of the DIS team easier. DIS team members shared the following:
 - Be aware of the role DIS workers play.
 - Share this information with providers and patients. Reinforce this is a private, confidential process to help them protect their health and the health of others.
 - Reach out to DIS workers and help the team establish connections to providers in your community. We will bring this presentation to you.
 - Make sure those STD 23 / HIV confidential case report forms are submitted to CT DPH.
 - Apply for open positions or share the posting. <https://www.jobapscloud.com/CT/>
 - Call the STD Control Program: (860) 509-7920.
 - Access and share information (videos and posters)
 - Video - English - <https://www.youtube.com/watch?v=oRqTxROmGb4>
 - Video - Spanish - https://www.youtube.com/watch?v=YT_9b_aYZQM&feature=youtube
 - Posters - English- https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Infectious-Diseases/STD/18-704-DPH_STD_Poster.pdf

- Posters - Spanish - <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Infectious-Diseases/STD/18-704-DPH STD Poster Spanish.pdf>

The DIS presentation evoked numerous comments in the chat box and many emojis. Samples of comments included:

- I love how you are giving us the real, raw reality of your DIS work.
- So needed an eye-opening.
- I love DIS!!!
- Awesome job DIS Team! You rock!
- I love the videos.
- I really like this team. So much heart.
- Thank you for all that you do. I know the public tends not to know about DIS services, which is unfortunate. We appreciate you all.
- Amazing team! Amazing work! Thank you for all that you do.

The DIS team thanked everyone for the opportunity to share their story. Ms. Fernandez thanked the DIS team for their contributions to the individuals and to the community. Numerous participants shared additional emojis and accolades in the chat box.

OTHER BUSINESS

Marcelin Joseph Receives Award

Ms. Marianne Buchelli announced that CHPC Member Marcelin Joseph had received an award as the Outstanding Master of Public Health Student from Southern Connecticut State University. Mr. Joseph chairs the CHPC MAC and interns at CT DPH in addition to his full-time job at GBAPP.

The Northeast Alliance for LGBTQ+ Health

Mr. Dante Gennaro announced an upcoming event on promising practices for LGBTQ+ patients and clients (in-person for 50 people and hybrid). The event will include six sessions over two days.

CADAP Updates

Mr. Mitchell Namias stated that on April 1, 2023, CADAP eligibility thresholds move to 500% of the Federal Poverty Level. Individuals should review how this change impacts (improves) their access to medication assistance and insurance premium assistance.





Mr. Namias shared that the end of the public health emergency for COVID will mean that adjustments in Medicaid may revert to pre-COVID policies. For example, during the COVID 19 pandemic, eligibility redeterminations were waived. Eligibility redetermination will be required again. Please read the information shared by the Department of Social Services (DSS) about any changes in Medicaid that may affect access to medication and treatment.

Hepatitis A, B and C Event

Ms. Venesha Heron encouraged people to register for the upcoming ABCs of Hepatitis event that will occur on May 9, 2023.

Future Agenda Items and General Announcements

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

Meeting Feedback

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

ADJOURNMENT

Ms. Fernandez reminded participants of the CHPC Committee meeting schedule and access information. She adjourned the meeting at 10:32 a.m.



Connecticut HIV Planning Consortium 19 April 2023 Meeting Summary



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	1	1						
Thomas	Butcher	1	1	1	1						
Santos	Cancel	1	1	1	1						
Gigi	Chaux	1	1	0	1						
Angel	Cotto	1	1	0	1						
Xavier	Day	1	1	1	1						
Martina	De La Cruz	0	1	1	1						
Jennifer	Dragaca	1	1	1	1						
Natalie	DuMont	1	1	1	1						
Evette	Ellis	1	1	1	1						
Blaise	Gilchrist	1	0	1	1						
Stephen	Feathers	1	1	1	1						
Nilda	Fernandez	1	1	1	1						
Carl	Ferris	1	1	1	1						
Jessica	Figueroa	1	1	1	1						
Dante	Gennaro	1	1	1	1						
Cynthia	Hall	0	0	1	1						
Charles	Hardy	0	1	1	1						
Tawana	Hart	1	1	1	1						
Marcelin	Joseph	1	1	1	1						
Reggie	Knox	1	1	1	1						
Norma	Little	1	1	1	1						
Mitchell	Namias	1	1	1	1						
Peta-Gaye	Nembhard	1	1	1	1						
Joao "Jack"	Neto	0	1	0	1						
Rebecca	O'Brien	0	0	1	0						
Ludger	Pierre-Louis, Sr.	1	1	0	1						
Marie	Raynor	1	1	1	1						
Angel	Ruiz	1	1	1	0						
Anthony	Santella	1	1	1	1						
Roberta	Stewart	0	1	1	1						
Mary	Tanner	1	0	1	1						
Attendance		26	28	28	30						
Total Count Membership Roster		32	32	32	32						
PERCENTAGE		81%	88%	88%	94%						

Public Participants who signed into the meeting: A. Cuevas, A. Clark, A. Croasdale-Mills, A. Fowler, A. Buccino, A. Nepaul, B. Colbert, C. Romaguera, C. Berrian, c. Rodriguez, C. Price, C. Del Vecchio, C. Romanik, C. Figaro, C. Munoz, C. Patterson, D. Janssen, D. Pawlow, E. Mott, G. D'Angelo, J. Vargas, J. Cubano, J. Cruz, K. Moore, K. Williams, K. Medley, L. Corpora, L. Rioux, L. Vasquez, L. Diaz, L. Magana, M. Buchelli, M. Tastensen, M. Vazquez-Yopp, M. Sgambato, M. Virata, M. Judd, M. McGowan, M. Diaz, N. Santan, N. Hanrahan, R. Rodriguez-Santan, R. Ortiz, R. Wimbish, S. Linsey, S. Major, T. Riley, T. Gaines, V. Ruby Ingram, V. Heron, W. Richardson., S. Montemurro, D. Reyes, K. Ploud, S. Gooding, D. Bechtel, M. Nickel + 3 others who were identified only by telephone + several others who attended by way of a multi-person approach to participating in the meeting.