**Location:** Chrysalis Center - Hartford, CT

**Date:** January 16, 2019 **Recorders:** Michael Nogelo, David Bechtel

**Start Time:** 9:45a.m. **End Time:** 1:58 p.m.

**Presiding Chairs:** Gina D’Angelo, Blaise Gilchrist, Barry Walters

**Attendance:** See last page for roster of CHPC members and public participants

**Meeting at a Glance**

* CHPC members voted to approve the August 2018 meeting summary without changes.
* CHPC committees met and reported progress to the full CHPC.
* The CHPC co-chairs delivered a presentation refreshing members on projects and achievements from 2018 and outlining priority work for 2019.
* CHPC mentors and new mentees attended an informal “check-in” during lunch.

**Call to Order and Co-Chair Announcements**

CHPC co-chair Mr. Blaise Gilchrist called to order the Connecticut HIV Planning Consortium (CHPC) at 9:45 a.m. The CHPC is a public health HIV/AIDS planning group with a goal to reduce the rate of new HIV infections and to connect people living with and affected by HIV/AIDS with appropriate services.

The Statewide Integrated HIV Prevention and Care Plan’s goals align with those of the National HIV/AIDS Strategy (NHAS) 2020: 1. Reduce new HIV infections; 2. Increase access to care and improve health outcomes for people living with HIV (PLWH); 3. Reduce HIV-related disparities and health inequities; and 4. Achieve a more coordinated response to the epidemic. The CHPC meets on the third Wednesday of the month, typically eight (8) times per year. Meetings are open to the public, including the media. Etiquette guidelines include being present, being prepared, being respectful, and being patient. Participants held a moment of silence to remember and honor all those loved and lost to HIV and AIDS and to recognize friends, family, and community members living with and affected by HIV and AIDS.

CHPC members are expected to be present all day; leaving early counts as an absence. Members receive a warning after two (2) absences in a calendar year, and are administratively discharged after three (3) absences. Members vote on some items, such as meeting summaries. Committees make decisions by consensus. Participants should speak their truths during the meeting or on feedback forms.

**New Member Recognition**

Ms. D’Angelo stated that the CHPC had nine (9) new members join in 2019; she recognized them by name. She also recognized their mentors, who volunteered to provide support to new members.

**Introductions**

CHPC participants introduced themselves by name and affiliation (town or organization), starting with CHPC members and continuing with all participants. See page 7 for a full list of participants.

**Vote – August 2018 Meeting Summary Approval**

CHPC co-chair Mr. Barry Walters explained that the CHPC keeps records of its monthly public planning meetings. He asked CHPC members to review the August 2018 meeting summary. Ms. Laura Aponte motioned to approve the summary and Ms. Angelique Croasdale-Mills seconded the motion. Mr. Walters asked if anyone had additions or corrections to the summary. None were suggested.

Mr. Walters closed discussion and asked CHPC members to vote by raise of hands. The CHPC voted to approve the summary without any changes:

* 15 CHPC members voted yes
* 0 (zero) CHPC members voted no
* Nine (9) CHPC members abstained from voting

The motion carried to approve the August 2018 CHPC meeting summary without any changes.

**Comments & Announcements**

The CHPC reserves time at each meeting to listen to its members, partners, and guests. Ms. D’Angelo asked CHPC members to share any announcements related to the HIV/AIDS community.

CHPC Members

* Mr. Tom Butcher explained that the New Haven Eligible Metropolitan Area (EMA) went out to bid for Ryan White services throughout New Haven and Fairfield Counties. Mr. Butcher is looking for a team of six (6) people to review and score grant applications coming in to the City of New Haven by January 23. Mr. Butcher asked that individuals without a conflict of interest consider participating, including those who have participated in the past.
* Ms. Kat Auguste reminded participants that the CHPC Executive Committee meets after each full CHPC meeting. The Executive Committee reviews all feedback forms and takes comments seriously. They discuss the comments as needed to identify solutions. The feedback forms are confidential. She encouraged participants to use feedback forms to share how they are feeling.
* Mr. Butcher stated that he is submitting a grant application on behalf of the New Haven EMA to the Health Resources and Services Administration (HRSA) to support the statewide Getting to Zero (G2Z) Campaign. The grant award is $100,000 per year for two (2) years. The G2Z Commission published its recommendations in December 2019. Four (4) of the five (5) G2Z cities are in the New Haven/Fairfield County Planning Council’s jurisdiction. He noted that the HRSA funding would be a good resource to help implement the G2Z recommendations. He added that their fiscal year begins in September 2019. He will keep the CHPC updated on this application.
* Mr. Barry Walters stated that the agency previously known as AIDS Project New Haven (APNH) changed its name to A Place to Nourish your Health. APNH also adopted a new mission and outlook. They are expanding services, including those related to behavioral health. New prevention efforts include a partnership with Sex Workers Alliance Network (SWAN) and secondary needle exchange services. APNH has other exciting developments coming up soon.

Mr. Dante Gennaro stated that a group called Positive Prevention CT meets monthly to discuss social media marketing strategies to target high-risk populations. The meetings occur on the second Monday of every month from 10:00 a.m. to 12:00 noon, and the location rotates each month to different agencies across the state. Locations are listed at [www.positivepreventionct.org](http://www.positivepreventionct.org). Positive Prevention meetings offer donuts, great conversation, and free giveaways. Mr. Gennaro encouraged anyone interested in participating to contact him directly.  
  
  
Public Participants

* Mr. Cecil Tengatenga acknowledged success of the Ryan White Hartford program on Hepatitis. The program identified an acute HCV infection rate of 17%. Through their SPNS HIV/HCV pilot project, they have treated all but 15% of those identified. Beginning this year, the pilot program will be dissemination its findings (e.g. leveraging pharmacists to increase HCV cure rates and achieve HIV viral suppression.) Mr. Tengatenga encouraged those interested to contact him, and added that he hopes that the project will continue to explore and gather prevention information.
* Ms. Peta-Gaye Nembhard explained that the City of Hartford is in the midst of reporting for Ryan White services and programs. She stated that recipient offices should have notified agencies that it is data clean-up time. Clinics funded to do a service must enter data into CAREWare immediately. Ms. Nembhard explained that HRSA is looking at the data from each program more closely this year than they have in the past. The deadline to enter all data from the 2018 calendar year is Friday, January 25 at 6:00 p.m. Recipients will be notified if CAREWare is missing any of their data after this deadline. Ms. Nembhard added that CAREWare will change to a web-based system in the future. The City of Hartford is facilitating collaboration across recipient offices to execute a plan for training and roll-out. Individuals interested in viewing the future layout of CAREWare can receive a password to do so. She added that more information will be shared in the future.

**Committee Meetings**

Ms. D’Angelo said that the group would move into committee meetings until approximately 11:45 a.m.

**Committee Reports**

Mr. Walters asked committee co-chairs to provide brief oral reports about the committee meetings held earlier that morning. (Full meeting summaries exist in separate documents.)

Membership and Awareness Committee (MAC): (co-chair Ms. Auguste)

* Began planning the March 2019 newsletter. Ms. Auguste encouraged participants to share any newsletter article ideas with MAC staff member Mr. Michael Nogelo.
* Looked at the CHPC member diversity chart and issues with the chart.
* Looked at the 2019 committee work plan. Looking for people willing to do outreach for CHPC at organizations across the state.
* Tabled some issues until the next meeting.

Data and Assessment Committee (DAC) Needs Assessment Projects (NAP) Team: (co-chair Mr. Walters)

* Reviewed high-level preliminary results of Needs Assessment survey.
* Had a robust discussion about the survey results, survey design, and methodology.
* Agreed to identify a framework for corresponding focus groups by February 2019.

DAC Quality and Performance Measures (QPM) Team: (Connecticut Department of Public Health (DPH) representative Ms. Susan Major)

* Held a presentation on quality led by Ms. Nembhard.
* Finalized new CHPC indicators.
* Held a long discussion about a Quality Management (QM) summit in 2019.

**Lunch**

Participants broke for lunch at 12:00 noon. CHPC mentors and new members were encouraged to eat together in a classroom for an informal check-in.

**Afternoon Presentation: 2018 in Review & 2019 Preview**

Each month, the CHPC shares a presentation that connects the consortium in some way to the HIV continuum of care. Ms. D’Angelo explained that the first presentation of the year would review accomplishments from the 2018 CHPC planning year and highlight upcoming priorities for the 2019 planning year. She encouraged participants to engage and ask questions.

CHPC’s 2018 Accomplishments

Mr. Gilchrist reviewed CHPC accomplishments from 2018, including four (4) new members; a cumulative attendance of 366 unique participants; participant representation of over 40 agencies; a visit from CT DPH Commissioner Dr. Raul Pino; an overall participant satisfaction rating of 99%; three (3) CHPC newsletters; and regular use of the CHPC website [www.cthivplanning.org](http://www.cthivplanning.org), among others. He noted that the CHPC did not reach membership goals related to member attendance and retention. MAC discussed possible solutions during the morning committee meeting to avoid this outcome in 2019.

Getting to Zero (G2Z) in Connecticut

Ms. D’Angelo shared information and updates about the Getting to Zero Campaign to End AIDS. The project, introduced to the CHPC in June 2017, aims to reach zero (0) new HIV infections, zero (0) AIDS-related deaths, and zero (0) discrimination. Commissioner Pino appointed a G2Z Commission and charged it with developing a report to include statewide and city-specific recommendations for getting to zero (0) in Connecticut. The Commission consisted of 23 members (including advocates from at-risk populations, AIDS service organization (ASO) representatives, local health advocates, individuals living with HIV, and researchers) who convened frequently throughout 2018. . The report focused on five (5) Connecticut cities with the highest HIV incidence rates. It also focused on disproportionately affected populations including men who have sex with men (MSM) of color, African American females, and transgender women. The final report, as well as several resources, can be found on the Commission’s website: [www.gettingtozeroct.org](http://www.gettingtozeroct.org). Ms. D’Angelo explained that CT DPH is looking into the most effective way to implement the recommendations. G2Z contributes to a larger 2019 goal of connecting the CHPC to existing groups to increase its impact. She explained that CHPC leaders will keep the CHPC informed throughout the year on any related developments. Ms. D’Angelo shared a powerful video highlighting G2Z work and some of the individuals who benefit from it. She added that a longer and more formal G2Z presentation will be delivered to the CHPC, likely in February 2019.

Connecticut AIDS Drug Assistance Program (CADAP) Overhaul

Mr. Gilchrist then shared information on the changes to the Connecticut AIDS Drug Assistance Program (CADAP) in 2018. He reminded participants that the CHPC August 2018 presentation reviewed the CADAP changes, which included: transitioning from the CT Department of Social Services to CT DPH as the party responsible for oversight; implementing a streamlined enrollment process which includes the option to enroll online; and the involvement of Magellan RX as the contracted team responsible for the new system and any corresponding technical assistance. Mr. Gilchrist explained that the new turnaround time for applicants enrolling in CADAP is 72 hours, a dramatic improvement from the former process. He explained that the CADAP website launched on November 1, 2018. Mr. Gilchrist stated that the new application process only requires six (6) steps, and the process to get recertified is also simpler. The website is multilingual, and offers Spanish translators as needed. Individuals using the system have access to Magellan support staff through their call center on weekdays. Mr. Gilchrist encouraged individuals who have experienced the new system to share all feedback with CT DPH, either on their CHPC feedback form or by contacting Laura Aponte at [Laura.Aponte@ct.gov](mailto:Laura.Aponte@ct.gov).

Ms. D’Angelo reminded CHPC participants to share suggestions about future CHPC presentations.

* Ms. Croasdale-Mills noted that there is a new Hepatitis C Virus (HCV) program out of the New Haven EMA. She suggested a presentation about HCV surveillance.
* Ms. Croasdale-Mills said that in 2018, CHPC participants asked to recruit representatives from Housing Opportunities for Persons with AIDS (HOPWA) or the Department of Housing and Urban Development (HUD). She shared contact names from HOPWA and HUD.
* Mr. Omar Morrison recommended offering a presentation that shares information about client confidentiality and clarifies who can obtain access to clients’ care files and health records.

Ms. D’Angelo acknowledged that many people have questions related to client confidentiality. She added that CT DPH has very strict rules that allow very few people to access client records.

Connecticut Statewide Needs Assessment Survey

Mr. Walters shared information and updates about Connecticut’s Needs Assessment process. He stated that the Centers for Disease Control & Prevention (CDC) and HRSA ask Connecticut to describe the needs of PLWH in Connecticut, as well as available services and service delivery system gaps and barriers, every two (2) to three (3) years. In part, this information is collected via a needs assessment survey. The HIV Funders Group worked on a brand new survey tool in late 2017 and early 2018 after reviewing a range of existing tools and discussing priority areas. The tool was completed in spring 2018, and providers were trained in June and July on administering the survey to selected clients. The NAP Team assumed responsibility for monitoring the surveys throughout the summer of 2018. Mr. Walters explained that, to ensure meaningful data would be collected, the survey focused on priority topics and questions were limited to one (1) page per topic. The topics included employment, housing support, dental coverage, transportation support, paying for healthcare, and mental health, among others. Mr. Walters reviewed the different steps to complete the survey process, noting that many steps (drafting and finalizing a tool; monitoring and coordinating progress; identifying a timeline; engaging partners; disseminating surveys; assessing raw data) have been completed. Now, the CHPC and its partners must analyze bigger data trends and discuss how the survey findings will inform allocation of resources. Mr. Walters shared a demographic breakdown of individuals who took the survey, including their gender identity, race / ethnicity, and age.

* Ms. Charna Teasley noted that oftentimes, clients who enter her agency are newly diagnosed individuals coming from other states or countries. She expressed interest in learning more about how CT DPH shares their information related to the number of PLWH in Connecticut, considering the number of undocumented individuals. She added that some people come to her agency when they need services, and are entered into the agency’s database, but they disappear after they have received the services that they need. It becomes hard to keep track of and assist these people, who may have specific reasons for remaining difficult to reach.
* Ms. Marianne Buchelli acknowledged the difficulty of keeping track of clients. She asked for more clarification on the numbers Ms. Teasley mentioned.
* Ms. Teasley explained that she was referring to the number of newly-diagnosed, undocumented people coming from other countries or states who get services and then seem to disappear.

Ms. D’Angelo stated that the clients would need to have a documented HIV diagnosis to get services, so this information is shared with the Surveillance Department at CT DPH. When someone is diagnosed, they stay in the CT DPH surveillance database regardless of what happens to them. If someone falls out of care, State Disease Intervention Specialists (DIS) try to locate and re-engage them.

Mr. Walters added that the information he was sharing on the slides represented a random sample of individuals who were engaged in the needs assessment survey through CAREWare. The random sample for this particular survey only pulled from individuals who were listed as “active” in CAREWare. If someone goes missing for years, they will not be considered active.

Ms. D’Angelo added that the survey only included those receiving Ryan White services. She added that Connecticut had never done this type of survey before; in the past, they had used a convenience sample instead of a more complicated random sample. Many people selected as part of the random sample came back as “missing.” One of the lessons learned for future surveys is to build in more time to clean and check databases, as well as implement a back-up plan in case a lot of people are missing or unreachable. Ms. D’Angelo explained that they did not anticipate a few of those obstacles.

Mr. Walters added that, on almost every multiple-choice survey question, the participant had an option to select “Other” and write in a new answer. The high number of written responses made it more difficult to analyze, but did provide useful information.

Mr. Walters asked participants for any other feedback on the 2019 CHPC priorities.

* Ms. Nembhard stated that it would be helpful to use CHPC meeting time to have participants present what their respective jurisdictions do for early intervention services (EIS) and for DIS. She noted a lack of understanding about what housing case managers can do to re-engage people in care.
* Ms. Noemi Soto suggested that a presentation on stigma and discrimination would bring value to the CHPC in 2019. She said that there are many helpful evidence-based programs, as well as strategies, to address stigma and discrimination.

Ms. D’Angelo encouraged participants to share other suggestions for 2019 presentations on their feedback forms.

* Mr. Taylor Edelmann suggested a presentation on Culturally and Linguistically Appropriate Standards (CLAS) and Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) competency standards. He stated the importance of knowing how to address the needs of those communities, and recommended the Triangle Community Center in Norwalk or True Colors in Hartford as possible resources.

Ms. D’Angelo added that CT DPH is developing trainings related to working with the LGBTQ community, and they should be uploaded to CT DPH’s “CT Train” online training portal soon.

* Mr. Butcher stated that there is a Quality Assurance Manager position open and advertised through City of New Haven. Interested individuals should visit the City of New Haven website.
* Ms. D’Angelo reminded participants to share information about job openings with Ms. Emily Jablonski to be shared via email and on the CHPC website, or to share information about job openings during the morning Comments & Announcements portion of the CHPC meeting.

**Other Business, Feedback Forms, & Adjournment**

No new business was introduced. Mr. Gilchrist encouraged participants to complete their feedback forms before leaving the meeting. The next CHPC meeting will occur on February 20, 2019. Mr. Gilchrist thanked everyone for their participation and adjourned the meeting at 1:58 p.m.

**Public participants (48)**

Melanie Alvarez; Audrey Bell; Joyce Boone; Samuel Bowens; Jahmyia Boyette; Marianne Buchelli; Sara Burns; Erick B. Carrion; Allison Champlin; Belinda Clarke; David Colbert; Tamara Corley; Johanna Cruz; Daniel Davidson; Martina De la Cruz; Luis Diaz; Mildred Diaz; Dulce Dones; Wanda Dunbar; Gloria Eason; Taylor Edelmann; Deborah Gosselin; Tawana Guadarrama; Daniel Hulton; Clunie Jean-Baptiste; Coley Jones; Barbara Ligon; Heather Linardos; Debra Lombardo; Erin Malgioglio; Sue Major; Mukhtar Mohammed; Consuelo Munoz; Peta-Gaye Nembhard; Hilary Norica; Willy Quesada; Jackie Robertson; Emily Recalde; Carlos Rivera; Rosie Rodriguez; Ramon Rodriguez-Santana; Hector Rosa; Lisa Roth; DeLita Rose-Daniels; Noemi Soto; Pam Studley; Charna Teasley; Sandi Wade

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| **Member Attendance\*** | **1/16** | **2/20** | **3/20** | **4/17** | **5/15** | **6/19** | **7/17** | **8/21** |
| 1. Laura Aponte | **P** |  |  |  |  |  |  |  |
| 1. Kat Auguste | **P** |  |  |  |  |  |  |  |
| 1. Clifford Batson | **P** |  |  |  |  |  |  |  |
| 1. Susan Bouffard | **A** |  |  |  |  |  |  |  |
| 1. Thomas Butcher | **P** |  |  |  |  |  |  |  |
| 1. Angelique Croasdale-Mills | **P** |  |  |  |  |  |  |  |
| 1. Carmen Cruz | **P** |  |  |  |  |  |  |  |
| 1. Gina D’Angelo | **P** |  |  |  |  |  |  |  |
| 1. Thomas Evans | **P** |  |  |  |  |  |  |  |
| 1. Stephen Feathers | **P** |  |  |  |  |  |  |  |
| 1. Nilda Fernandez | **A** |  |  |  |  |  |  |  |
| 1. Carl Ferris | **P** |  |  |  |  |  |  |  |
| 1. Jose Figueroa | **P** |  |  |  |  |  |  |  |
| 1. Ann Galloway Johnson | **A** |  |  |  |  |  |  |  |
| 1. Lauren Gau | **P** |  |  |  |  |  |  |  |
| 1. Dante Gennaro | **P** |  |  |  |  |  |  |  |
| 1. Blaise Gilchrist | **P** |  |  |  |  |  |  |  |
| 1. Ana Gonzalez | **P** |  |  |  |  |  |  |  |
| 1. Juan Gonzalez | **P** |  |  |  |  |  |  |  |
| 1. Dan Huang | **P** |  |  |  |  |  |  |  |
| 1. Clara Langley | **P** |  |  |  |  |  |  |  |
| 1. Ron Lee | **P** |  |  |  |  |  |  |  |
| 1. Andrea Lombard | **A** |  |  |  |  |  |  |  |
| 1. Luis Magana | **P** |  |  |  |  |  |  |  |
| 1. Angel Medina | **A** |  |  |  |  |  |  |  |
| 1. Waleska Mercado | **P** |  |  |  |  |  |  |  |
| 1. Omar Morrison | **P** |  |  |  |  |  |  |  |
| 1. Ronald Rouse | **A** |  |  |  |  |  |  |  |
| 1. Nadine Ruff | **A** |  |  |  |  |  |  |  |
| 1. Glenn Scott | **P** |  |  |  |  |  |  |  |
| 1. Jeffrey Snell | **P** |  |  |  |  |  |  |  |
| 1. Roberta Stewart | **P** |  |  |  |  |  |  |  |
| 1. Barry Walters | **P** |  |  |  |  |  |  |  |
| Total Present | **26** |  |  |  |  |  |  |  |
| \*Members who arrive after the first vote or leave before the end of the meeting are listed as absent. | | | | | | | | |