



APPROVAL OF PRIOR MEETING SUMMARY

NAP members approve by consensus the June 15, 2022 meeting summary.

WORKFORCE TRAINING COORDINATION

Debrief on June Training

Anthony expresses thanks to Xavier for his help identifying the presenter, Melita Arms and Bob Sideleau for coordinating the training, *Understanding the Complexity of Mental Health and HIV* on June 29th. He states that she was very knowledgeable in her area of expertise.

Bob emailed Anthony that 65 people registered for the event, and 31 people attended. Half of the attendees completed the evaluation survey and most folks reported, *positive knowledge increase* and they would *recommend this training* and overall had positive things to say.

Anthony reminds the group that the training was recorded and we need to make sure it gets appropriately posted so that folks may access at their convenience.

Discussion: The Role of NAP and Workforce Training

Anthony - Historically this group has generated topics based on data and emerging issues in the HIV workforce and has held a role organizing sessions both on their own and more recently with the AECT. I want us to think about if this is how it should be? Given that the AECT, both planning councils, Yale (CIRA), and quite a number of other groups have a very long history that adds knowledge build training and many if not all of these groups keep these sessions open, free of charge. So, should we continue doing what we've been doing and continue to identify trainings and offering them OR should we identify based on the needs that come through us and then issue guidance to these other groups that already host the trainings?

Mitchell - I think that's a decent idea, there are lots of other resources out there and if we take a more streamed line approach and if we identify what trainings are needed we can send out requests to these groups requesting the training. And, we can support it by distributing the information - this may be a better approach.

Angelique - it just becomes so segmented when we leave it up to say an AECT because sometimes the trainings are only extended to his EMA or my team. At least if we started on a state wide level it would be open to everyone. I know it is a little time consuming and takes a little while to put it together, but in most cases we could at least have it open to anyone who wants to attend.

Marianne – I agree with everyone, especially with Angelic, we continue to struggle and I just have to tell you, that part of our grant with the HIV funding brings in almost 4 million dollars, we are required to work with CBA and CDC. Training is a core component and we are required to use the CBA, for capacity building and also due to the nature of the work, we use it for testing and screening and referrals - the core of HIV prevention, what is the skill set to give a result. Earlier in the HIV epidemic those were real important a skill set that to have. We have rapid testing and the testing time gone from an hour back in



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the day to only 10 minutes so a lot has shifted but that doesn't mean the Workforce doesn't need these potential skills. I'm bringing this up because we have to do a training for anyone that we fund with our money. Our contactors need that training and sometimes we don't have to go through another entities like the Ryan White because sometimes it is prevention focused training. We have to do this, so how can we interrogate it where the skill sets can be mirrored by other providers. If we are saying lets remove this, we need to be careful because anyone who is part of our workforce needs training and personally I don't feel comfortable letting someone outside of the DPH or our funding circle to do this.

Anthony - Are you saying this is the role of DPH or our group?

Marianne- That's the disconnect, because within NAP there needs to be some link to CHPC and other committees with our training. When I think of NAP, I think of needs assessments and surveys. Moving forward, do you think we, (NAP), need to offer the trainings? I don't.

Anthony- Perhaps we produce a memo of what's needed and send to our partners on what we recommend. But we aren't going to be the ones that offer this. We can co-sponsor and/or help promote the training event. I want to make sure that we have a clear and defined role, so that people know what to expect from us. I will put a list together identifying various training stakeholders from CT and will reach out to them to affirm their interest and commitment to partnering with us.

- NAP group identifies several training partners including the ATC, CMTI, DMHAS, DPH, Weisman Institute, CIRA and CBA. (Ken will provide DMHAS contact, Marianne will provide CBA contact info.)

Mitchell – So are we officially moving away from organizing training and we are going to be the central conduit for disseminating training?

Anthony we can still produce the topics and rationale. And then disseminate that with the stakeholders we identify.

Mitchell – Can I suggest that we have regular scheduled meetings with these training entities to discuss what trainings they are currently offering and when they are held?

Anthony – Yes, we can even invite them to our next meetings in August and September. That way we can all hear from them directly and if they may be able to partner with up in the future.

Angelique – The QPM committee has not reported anything to the NAP group in terms of possible training topics.

Anthony will follow-up with Peta-Gaye and QPM and discuss a future meeting.

Anthony will touch base with Bob to identify a presenter for the Fall event topic, *“Social Drivers of Health Equity.”*



NEEDS ASSESSMENT SURVEY PRESENTATIONS

Anthony transitions to needs assessment survey feedback and shares his screen so the NAP committee can view the responses of several groups from the CHPC meeting. (The groups were asked three questions after reviewing several needs assessment findings.) ***See attached document containing all responses***

1. What surprised you the most about the needs assessment information?
2. What are the top three needs for Persons with HIV?
3. What other information or needs assessments should the CHPC and its partners consider doing in the upcoming years?

NAP group reviews all the responses for question #2 (priority needs for people living with HIV) and identify the most common responses, in order, as: **housing, ambulatory and medical case management, oral health needs, substance misuse, and co-occurring mental health/substance misuse.** *note there are still two groups who have not shared their responses with NAP.*

Angelique – States that future needs assessment surveys need to have a focus on prevention. Currently the NA focus on the care side.

Marianne – We are aware of that and DPH is in the process of working on a survey/annual assessment to be administered in October. Luis and Dante are working on the survey and will share with the NAP group for feedback.

NEXT STEPS

- Luis will send Ken the draft of the Prevention Needs Assessment survey to distribute to NAP committee members for their feedback.
- Anthony will reach out to training stakeholders identified by the NAP group and invite them to NAP's August meeting in efforts to identify a possible partnership.
- Anthony to reach out to Bob to discuss last NAP training speaker for October.
- Anthony will compile all CHPC responses to the needs assessments in to one document. Ken will circulate this document with the meeting minutes.

ADJOURNMENT

Anthony thanks group for attending and reminds everyone the NAP committee will meet next on August 17, 2022 at 11:00 am. The NAP Team adjourned the meeting at 12:27 p.m.