

Main Meeting Summary

April 16, 2025

Date:	April 16, 2025	Type:	Virtual
Start Time:	9:00 a.m.	End Time:	10:13 a.m.
Participants:	98+ ¹	CHCP Members:	28
Co-Chairs:	Xavier Day, Nilda Fernandez, Africka Hinds		
Next Meeting:	May 21, 2025 (Virtual)		

WELCOME AND CHPC OVERVIEW

CHPC Co-Chair Xavier Day, Nilda Fernandez, and Africka Hinds welcomed participants to the virtual meeting, shared guidance on how participants could contribute to a productive, virtual meeting environment. The group held a moment of silence and reviewed the CHPC vision, mission, values, structure, and goals.

CHPC GENERAL BUSINESS UPDATES

Co-Chair Announcements. CHPC Co-Chairs shared several announcements related to CHPC operations.

- The CHPC meeting in June has been changed to a virtual meeting due to CT DPH travel restriction policies. The meeting schedule will be adjusted to include in-person meetings as soon as possible.
- Congratulations to CHPC Members Reggie Knox and Angel Ruiz who applied to serve as Committee Co-Chairs for the Public Awareness and Engagement Committee (PACE). The Executive Committee confirmed their appointments. They have attended committee leadership onboarding and will slowly assume leadership responsibilities at the committee meetings.
- CHPC Members interested in serving as committee leadership should apply. Current openings exist for the Needs Assessment Project (NAP) with options to add committee co-chairs to Quality and Performance Measures (QPM) and Ending the Syndemic (ETS).
- The CHPC submitted to CT DPH the Letter of Concurrence for the 2022 to 2026 Plan – approved by the CHPC at the March meeting. CT DPH submitted the letter to the federal project officers.
- CHPC Members received a reminder of the meeting attendance policy that will be enforced by the Executive Committee.

Votes. The CHPC Members voted on three business matters.

March Meeting Summary. Meeting summaries get posted on the CHPC website (www.cthivplanning.org) within 10 days after the meeting date and sent to CHPC Members in advance of an approval vote.

VOTE	Approval of CHPC March meeting summary		
Motion	Reggie Knox	Second	Mary Tanner
Discussion	No discussion occurred on this matter		
Outcome	Approved by majority vote		

¹ Number does not include virtual access points where multiple individuals gathered and signed in under one identity.

CHPC Bylaws Change. The CHPC Bylaws set the upper limit of CHPC Members at 35. The Executive Committee reviewed and discussed factors such as a much higher participation rate in CHPC meetings (100+ at main meetings), a waiting list for individuals interested in becoming CHPC Members, and the need to create additional opportunities to involve perspectives from persons with lived experience and partners representing other syndemic areas of focus.

VOTE	Change the CHPC Bylaws to increase the maximum number of CHPC Members to 40.		
Motion	Recommendation from Executive Committee	Second	Not applicable
Discussion	<ul style="list-style-type: none"> Dr. Virata asked whether the new CHPC Membership openings would be reserved for required contractors such as Ryan White Part B regional leads. Representatives from CT DPH contract regional contract lead agency were required by contract to attend meetings and not required to become CHPC Members. A representative could apply to be a CHPC Member. Reggie Knox stated that currently only one individual from New London represents that area. He asked whether the additional Membership openings created by this recommendation would increase representation from that area. CHPC Co-Chairs explained that the CHPC uses a diversity grid to assess how its membership reflects priorities such as representation of persons with HIV and persons with lived experience as well as other areas (e.g., age, geography, race/ethnicity). The current priorities to fill any CHPC openings are PWH/PWLE, persons under age 29, persons from Windham or Tolland County, or representatives from partner organizations currently not at the CHPC table. Dr. Virata asked whether the CHPC Membership reflected the larger demographic of PWH above age 50. The CHPC Membership does contain an appropriate amount of PWH over age 50. The current gap involves recruiting individuals – including PWH under the age of 29. Andre McGuire stated that one of the reasons to increase membership is related to building representation across the syndemic areas of focus. Would additional CHPC Membership openings be filled by individuals representing STDs, Hepatitis C, and SUDs vs. HIV? CHPC Co-Chairs responded that the CHPC remains committed to prioritizing selection for PWH who fill gaps in the diversity grid (e.g., under age 29, Tolland County). Dr. Virata asked why the number 40 was selected and not a higher number. The Co-Chairs indicated that it relates to factors such as history, the interest by individuals who can make the membership and time commitment, and staffing capacity and resources to support the size of the group. 		
Vote Outcome	Approved by majority vote		

CHPC Community Co-Chair Election. The CHPC Community Co-Chairs are elected by CHPC Members and typically serve a 2-year leadership term. Xavier Day's leadership term will end as CHPC Co-Chair is ending and the CHPC must hold an election to fill the opening. Eligible CHPC Members were invited to apply. Dante Gennaro applied for the opening. Dante addressed the group and shared information about his reason and qualifications for holding this leadership position. For example, he holds a long history of helping people – including long before his diagnosis. During his healthcare journey, he experienced many non-examples for how patients should be treated and respected and remains highly motivated to help improve the patient experience. He has held positions at community-based organizations, at the CT DPH, and at the AIDS Education and Training Center which give him a balance of prevention and care knowledge and an extensive network of relationships. He has knowledge of the CHPC and was formerly a CHPC Community Co-Chair designated by CT DPH and had to exit the leadership position because of a job change (at which time he moved to lead a CHPC Committee).

VOTE	CHPC elect a Community Co-Chair from the eligible applicants on the ballot		
Motion	Recommendation from Executive Committee	Second	Not applicable
Discussion	<ul style="list-style-type: none"> Reggie Knox shared that he felt Dante was highly qualified and the perfect candidate. Danielle Warren-Dias asked what “extra” Dante will bring to the table since his last CHPC leadership experience. Dante reiterated that he has more care and treatment experience and professional networks since working at the AIDS Education and Training Center (AETC) and is much more familiar with the programs funded by Ryan White. Nilda Fernandez asked how his role at AETC would affect, if at all, his CHPC leadership. Dante restated that he did not want to step away from his prior CHPC Co-Chair role but had too because he changed jobs and could no longer fill the role as CT DPH designated Co-Chair. The AETC supports his involvement with the CHPC – including as a CHPC Co-Chair if elected, and it would strengthen the connection of AETC training and support to the CHPC community. 		
Vote Outcome	Approved by majority vote		

IMPLEMENTATION OF CONNECTICUT INTEGRATED PLAN 2022-2026

Training Topics for the CHPC Community. Dante Gennaro explained that the AIDS Education and Training Center (AETC) at Yale University provides access to education and training events and to award Continuing Medical Education credits to clinicians. The AETC partners with CHPC and CT DPH in offering trainings that build capacity to implement strategies or support continuous quality improvement. The AETC offers a monthly virtual training as part of the virtual CHPC meetings. The AETC would like to learn more about the CHPC community’s level of interest across a variety of training topics. CHPC meeting participants completed interactive poll questions to identify priority topics. The table shows the top responses for topics and training categories.

Topic/Title	Category	% Selecting Topic
Integrated care for mental health, SUD, and HIV	Behavioral Health and Syndemic-focused Training	79%
Building trust and engagement with people with lived experience	Health Equity, Cultural Humility, Community Engagement	69%
Addressing HIV-related social barriers and negative preconceived views in clinical practices	Healthy Equity, Cultural Humility, Community Engagement	64%
Substance use overdose prevention – including naloxone use and fentanyl testing	Behavioral Health and Syndemic-focused Training	64%
Best practices in community-centered prevention and care messaging	Health Equity, Cultural Humility, Community Engagement	59%
Routine HIV testing in primary care and emergency settings	Clinical and Biomedical Competencies	57%
Screening & referring for intimate partner violence	Behavioral Health and Syndemic-focused Training	56%
Creating friendly testing and care environments for youth & at-risk populations	Health Equity, Cultural Humility, Community Engagement	54%

A brief discussion occurred about the results.

- Several mainstay Clinical and Biomedical Competency topics received lower ratings suggesting that

a recent commitment to expanding training and education in these areas may be addressing needs.

- Multiple participants noted that the top selection involved mental health.
- Venesha Heron encouraged the group to include Hepatitis C explicitly in syndemic-related training topics.

Dante thanked the group for their input. AETC and CHPC Co-Chairs will use results to shape upcoming trainings and to inform the 2027–2031 Plan.

Regional Forum Concept at CHPC Needs Assessment Committee Meetings. Mitchell Namias explained that the CHPC Needs Assessment Project (NAP) Committee is exploring an idea and would like input from the CHPC community. The idea reflects a practice used by the CHPC Quality and Performance Measures (QPM) Committee in which it invites providers and subject matter experts to present on specific topics and discuss implications for the statewide Plan. The idea would be to invite the lead CT DPH contractors (and their partners) of regional prevention and care hubs or statewide providers to share brief presentations that share information about partners, objectives, progress/performance, barriers, and gaps. The information from the discussions can be used to inform the 2027 to 2031 plan development (e.g., strengths, gaps) and the work of other committees.

Poll Question	% Yes	% No
Should the NAP use part of its meeting time to host regional forums?	86%	14%

The group discussed the results and shared additional perspectives.

- The forums could be promoted in advance to increase the engagement of partners or patients from that specific region. They could learn more about their regional resources and share what is working and where gaps exist.
- Roberta Stewart requested clarification that these forums would not be contract monitoring events. The CHPC does not involve itself in contract monitoring and that focus would most likely reduce community engagement. The conversations focus on what is working, what is not working, and how CHPC and other partners can help. Mitchell confirmed that these would not involve contract monitoring.

Mitchell stated the NAP Committee will incorporate feedback and refine its workplan to include forums.

CHPC Committees. Co-Chairs reviewed areas of focus for each of the CHPC Committee meetings. Committee meeting links will be shared at the end of the meeting and are available on www.cthivplanning.org.

Committee	Area of Focus for Monthly Meeting
Ending.the.Syndemic	Update from Syndemic Partners, development of local pilot project to strengthen awareness of and referral relationships for syndemic partners, tools and resources for patients and connection to awareness campaigns
Public.Awareness.and.Community.Engagement	Newsletter content and development, approach to promoting content across partner network
Needs.Assessment.Projects	Ryan White Needs Assessment Survey instrument, future use of NAP as forum for review of Regional RW Part B / Prevention networks
Quality.and.Performance.Measures	Quality Improvement spotlight Planned Parenthood of Southern New England, October Quality Summit planning

PLAN DEVELOPMENT FOR CONNECTICUT INTEGRATED PLAN 2027 – 2031

Joint State/City Plan Development Process. Africka Hinds reminded the group about the ongoing activities to develop the 2027 to 2031 Plan due in June 2026. A federal webinar will occur on April 30th to review the guidelines. The Connecticut HIV Funders Group continues to coordinate activities for multiple projects necessary to complete the Statewide Coordinated Statement of Need (SCSN) planning requirements.

Mitchell Namias reported that the HIV Funders Group will meet on April 23rd as a full group. The meeting agenda will include project team updates for (1) funding resource inventory, (2) PWH needs assessment survey instrument and methodology, (3) initial input on a workforce needs assessment instrument used in another state, and (4) planning next steps to conduct a service inventory.

Mitchell reminded the CHPC community that the HIV Funders Group does not make any planning decisions. As data projects are completed, the information and any recommendations get shared with the CHPC and other planning groups. Also, the HIV Funders Group project teams get feedback from CHPC Committees as warranted (e.g., input on PWH needs assessment survey questions).

NEW BUSINESS AND ANNOUNCEMENTS

No new business was introduced. Participants shared announcements and can send information to CHPC support staff members for distribution to the CHPC contact list.

- Dante Gennaro reminded the CHPC community that the AETC virtual meeting at 12 noon today would focus on HIV Prevention contractors and providers.

MEETING FEEDBACK

Sixty five (65) participants completed an interactive poll to share their meeting experience and suggestions for improvement. 98% of respondents (members and public participants) reported the CHPC event was well organized, inclusive, and respectful.

ADOURN

The CHPC Co-Chairs adjourned the meeting at 10:13 a.m.

ATTENDANCE

Attendance records are on file with the CHPC support staff.