

Main Meeting Summary

June 18, 2025

Date:	June 18, 2025	Type:	Virtual
Start Time:	9:15 a.m.	End Time:	11:59 a.m.
Participants:	92	CHPC Members:	27
Co-Chairs:	Dante Gennaro, Nilda Fernandez, Africka Hinds		
Next Meeting:	July 16, 2025 (Virtual)		

WELCOME AND CHPC OVERVIEW

Co-Chairs Dante Gennaro, Nilda Fernandez, and Africka Hinds opened the virtual meeting by welcoming participants and offering guidelines for maintaining an engaging, respectful, and productive meeting environment. The group observed a moment of silence before briefly reviewing the CHPC's vision, mission, values, structure, and goals.

The Co-Chairs asked participants to help celebrate the in-person meeting opportunity and to lift up the community by reminding everyone about the goodness in our hearts. Participants were asked to volunteer and share responses to any of the following questions: (a) What is an act of kindness that you have done for someone recently or someone has done for you?, (b) What activity brings you joy?, (c) What person or creature brings a smile to your face?, and (d) What song would you like to see on the CHPC play list?

Numerous individuals shared their responses with the group with some sharing song lyrics that were special and even singing a verse of the song, some sharing stories of helping out a person and encouraging them to help someone else out in the future, and some sharing stories of how other individuals went above and beyond to help them or a family member or friend. The sharing reminded the group that the CHPC work begins with recognizing the work is first about people, and some of them are living with HIV or affected by HIV.

CHPC GENERAL BUSINESS UPDATES

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

- **CHPC Membership:** Two CHPC Membership openings currently exist. The CHPC Executive Committee will review applications on the wait list. CHPC remains interested in adding as members applicants who (a) are living with HIV, (b) living in Tolland, Litchfield, Windham, or New London County, (c) under the age of 29, or (d) representing resource partners currently not on the CHPC. Interested individuals can access membership applications online at www.cthivplanning.org.
- **CHPC Committee Co-Chair.** A co-chair vacancy remains for the Needs Assessment Project (NAP) Committee. Interested CHPC Members can access the committee co-chair application at www.cthivplanning.org.
- **Integrated Plan Data Projects.** An update was provided on several data initiatives being coordinated by the Connecticut Funders Group and the connection of these projects to the CHPC. These projects will inform the 2027 to 2031 Integrated Plan and include (a) Financial Resources Inventory, (b) People with HIV Needs Assessment Survey, (c) HIV Workforce Survey, (d) Services Inventory, and (e) SWOT and Gap Analysis. The HIV Funders Group will meet next week and partners continue to support small project teams to produce information that will help the CHPC and its partners develop the 2027 to 2031 Plan.
- **Forums and Learning Communities.** The CHPC Co-Chairs explained that CT DPH and other partners were continuing to build collaborative structures and process to help partners connect, network, learn, and problem solve. These events are meant to strengthen relationships, encourage scaling of best practices, and support innovation.

- Sue Major explained the start of a new forum called the **Prevention Power Hour**. This group focuses primarily on CT DPH prevention and harm reduction contractors and is open to other interested parties. The topics focus on prevention and harm reduction. The May 13, 2025 event focused on the syndemic approach. The September 9, 2025 event will focus on PEP and PrEP.
- Africka Hinds introduced the **Crimson Table Talks** which were designed initially to assemble Ryan White Part B Medical Case Managers to build common knowledge and to discuss challenges and barriers. Examples of topics include access to housing, data management, and transportation. Events are open to other care coordinators and case managers as well as other interested parties. The events are scheduled to occur on the odd months of the year. The next event will occur in July.
- Africka Hinds describe the **Ryan White Part B Clinical Quality Management (CQM)** quarterly meetings which assemble RW Part B contractors to discuss Connecticut's CQM Plan and CQM work in regions and in organizations. CT DPH is updating the State plan with technical assistance from the federal funders. A June 12th meeting discussed performance measures (i.e., Viral Load Suppression, Medical Visits) as well as gathered information about providers current approaches (e.g., have a QI team, preference for future QI projects). Africka recognized Allison Traiger, a public health intern, who will support this effort.
- Dante Gennaro shared information about the **AIDS Education and Training Center (AETC)** at Yale University. The AETC at Yale is part of a New England Region effort led by the University of Massachusetts. Yale is a subrecipient. The AETC supports HIV prevention and care education and training and capacity building. Offerings include learning communities, customized training, grand rounds, as well as in-person, virtual, hybrid, and on-demand learning opportunities. Dante shared that budget reductions and cuts mean that the AETC at Yale will provide services only through December 2025.

May Meeting Summary Vote. 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.

<i>Vote Topic</i>	Approval of May Meeting Summary					
<i>Voting Method</i>	Raise Hands					
<i>Motion</i>	Chris Cole introduced the motion to approve the meeting summary. Angel Ruiz seconded the motion.					
<i>Discussion</i>	No discussion occurred.					
<i>Vote Outcome</i>	Meeting Summary Approved					
	Yes	20	No	0	Abstain	3

IMPLEMENTATION OF CONNECTICUT INTEGRATED PLAN 2022-2026

CHPC Committees. Committee Co-Chairs reviewed areas of focus for each of the CHPC Committee meetings that were scheduled to begin at 12:45 p.m. Committee meeting links were shared at the end of the meeting and are available on www.cthivplanning.org.

Committee	Area of Focus for Monthly Meeting
<i>Ending the Syndemic</i>	The ETS will hear updates from the Syndemic Partners, discuss how input from May was used to build the draft HIV Workforce Survey, and discuss how to increase awareness of and uptake of syndemic resources
<i>Public Awareness and Community Engagement</i>	The PACE will review the draft of the spring 2025 CHPC newsletter and begin planning for a youth subcommittee and social media resource folder to increase partner engagement

Committee	Area of Focus for Monthly Meeting
<i>Needs Assessment Projects</i>	The NAP will host a regional forum that features the work of Connecticut Harm Reduction Alliance (CTHRA). The CTHRA presentation will then lead into a discussion about strengths, weaknesses, opportunities, and threats related to harm reduction strategies in Connecticut.
<i>Quality and Performance Measures</i>	The QPM will plan for the October Quality Summit and discuss the development of measures for the 2027-2031 Integrated Plan

SPECIAL PRESENTATIONS: UPDATES FROM THE INTEGRATED PLAN JURISDICTIONAL PARTNERS

The meeting featured three presentations by required jurisdictional partners of the Integrated HIV Prevention and Care Plan: (a) Ryan White Part A New Haven and Fairfield Eligible Metropolitan Area (EMA), (b) Ryan White Part A Hartford Transitional Grant Area (TGA), and (c) Ryan White Part B (statewide administered by CT DPH). The Co-Chairs explained that these presentations served multiple purposes including strengthening the connection and communication between the jurisdictional partners as part of a promise made to improve the process, and to build foundational knowledge about the jurisdictional partners that will be helpful as the CHPC community develops the 2027 to 2031 Integrated Plan.

Ryan White Part A New Haven and Fairfield Eligible Metropolitan Area (EMA). Roberta Stewart and Christopher Cole shared information about the EMA. Roberta and Chris are the Co-Chairs of the RW A Planning Council and are also CHPC Members. Highlights from the presentation and discussion include:

- The Ryan White HIV/AIDS Program helps low-income people with HIV by providing medical care and support services to help PWH who live in cities and counties most affected by HIV. The City of New Haven administers federal funding and a Planning Council – including PWH sets priorities and allocates funding for specific service.
- The EMA covers New Haven and Fairfield County. The EMA has established smaller service areas so that anyone living in these counties can access services within 20 miles of where they reside. Local “hubs” include: New Haven, Waterbury (and the Valley), Bridgeport, Stamford, and Danbury.
- Individuals living at 300% of the federal poverty level can access services with PWH living at 500% of the federal poverty level get connected to a Medical Case Manager.
- Federal funding includes RW A as well as Minority AIDS Initiative funds that help support intensive Medical Case Management. The Planning Council allocates funds to a subset of all core medical and support services that RW A funds can support. Core Medical Services include outpatient ambulatory care, medical case management, health insurance premium coverage, mental health, and outpatient, substance use treatment. Supportive services funded by RW A include emergency financial assistance (e.g., utilities), food bank, housing, transportation, and access to residential substance use treatment services provided by one organization that serves the entire EMA.
- The Planning Council will complete its priority setting process in July. The Planning Council uses a data-driven approach with a focus on the needs of various PWH subgroups such as new non- vs. virally suppressed PWH, PWH who were diagnosed late, new diagnosed PWH who are in care, service utilization from prior years.
- The Planning Council and EMA enjoy a positive and productive relationship with the CT DPH and the CHPC. Several RW A Planning Council Members are on the CHPC. Several CT DPH and CHPC Members are members of the Planning Council. Numerous providers funded by the EMA participate in the HIV Funders Group and attend CHPC and/or Planning Council meetings.

Main Meeting Summary

June 18, 2025

- Recent changes in the RW A Program Administration (City of New Haven) have presented opportunities and challenges. A significant challenge remains the uncertainty of federal funding and the piece-meal approach to funding (partial awards).

Ryan White Part A Hartford Transitional Grant Area (TGA). Peta-Gaye Tomlinson presented on behalf of the TGA with support from Andre McGuire RW A Planning Council Co-Chair. Peta-Gaye, Andre, and Jordan Wynn (Planning Council staff) are CHPC Members. Highlights from the presentation and discussion include:

- The Ryan White HIV/AIDS Program helps low-income people with HIV by providing medical care and support services to help PWH who live in cities and counties most affected by HIV. The City of Hartford administers federal funding and a Planning Council – including PWH sets priorities and allocates funding for specific service. Peta-Gaye introduced the team including Mohammed Quartey, Tamika Riley, Dadie Dorsinvil-Sonceau, and Jordan Wynn.
- The TGA services Hartford, Tolland, and Middlesex Counties. This area includes approximately 3,585 PWH, of which 38% reside in the City of Hartford. Black and Hispanic populations continue to be disproportionately affected by the HIV Epidemic.
- The TGA funds 13 providers that offer services in 12 RW A service categories. During 2024 to 2025, RW A funded providers served 2,033 clients - of which 1,365 were PWH, across 37,153 client encounters.
- Of all the clients served, 85% resided in Hartford County, 60% were men, the majority were between the ages of 45 to 64, and 45% were Hispanic (36% Black, 14% White) and 36% were Black. The highest risk factors for all clients served were: heterosexual (52%), MSM (21%), and Injection drug use (15%).
- The Planning Council contains 27 members and operates standing committees including: Continuum of Care, Positive Empowerment Committee, Membership, Priorities and Needs Assessments, and Evaluation. A TGA Quality Management Committee governs and evaluates the TGA Quality management plan including Performance Measures and Standards of Care and works in partnership with the Planning Council. TGA quality improvement projects include areas such as dental, out-of-care, and retention in care.
- Planning Council focus areas include: (a) increasing Planning Council membership, (b) priority setting and resource allocation for FY 2026 to 2027, (c) establish, govern, and evaluate the TGA's Early Identification of Individuals with HIV/AIDS and HCCV (EIIHAH Plan), and (d) conduct focus groups for PWH who were justice-involved within the past year. The EIIHAH Plan is the Hartford TGA's 3- year jurisdictional plan for locating individuals who are unaware of their status, creating linkages to care; as well as re-engagement of individuals who were previously positive. Populations of focus are Persons ages 55 and older, Black Males, and White Males
- Examples of accomplishments and successes include: 93% viral load suppression rate among PWH clients, HRSA Best Practice Model for the RW and HOPWA Integration Project, and numerous federal recognitions (e.g., contracting process, quality management infrastructure).
- The TGA and Planning Council enjoy strong connections to CT DPH and the CHPC as well as the HIV Funders Group. The TGA and Planning Council believe this connection can help strengthen funding applications or result in new opportunities to apply (jointly) for funding. Also, a unified voice to communicate to policy-makers and decision-makers is important.

Other discussion themes across both RW A presentations included:

- Andre McGuire pointed out the importance of establishing, supporting, and expanding employment and workforce development programs for PWH. He explained how HOPWA funds are being used for this purpose.
- Peta-Gaye spoke to the importance of building strong patient navigation and referral networks, especially for individuals who are newly diagnosed and new to the state or region. The data suggests that a higher number of individuals are moving into or entering Connecticut who may need HIV services.
- Andre encouraged PWH and providers to get involved with the Planning Councils and with the CHPC.
- RW A Planning Councils offer transportation support to their Planning Council Members who need them. The TGA supports van service from provider locations throughout the region. The EMA conducts hybrid meetings that do not require in-person attendance.

Ryan White Part B (statewide administered by CT DPH). Mitchell Namias presented on behalf of CT DPH for RW B. Mitchell manages the Connecticut AIDS Drug Assistance Program (CADAP), is a CHPC Member and also participates on RW A Planning Councils. Highlights from the presentation and discussion include:

- RW B funding helps improve the quality of and access to HIV health care services and provides medications to low-income PWH through the AIDS Drug Assistance Program. In Connecticut, financial eligibility is set at 400% of the Federal Poverty Level (or \$62,600 for 1 person household in 2025). The program is a payer of last resort and operates similar to RW A, RW C, and RW D without as many restrictions.
- CT DPH has 2 contract managers, 3 data staff, 2 accountants, and 1 program supervisor to administer the program with the 2 ADAP pharmacist and outreach staff help as needed.
- There are 23 sites throughout Connecticut providing Part B services. CT DPH has utilized regional lead agencies for the provision of services: Region 1- New Haven County (6 service delivery sites), Region 2 - Fairfield County (4 service delivery sites), Region 3 - Hartford, Middlesex, and Tolland Counties (9 service delivery sites), Region 4 - Litchfield County (1 service delivery site); Region 5 - New London County (2 service delivery sites), Region 6 - Windham County (1 service delivery site), Statewide - TLC Program (Transitional Linkage to the Community, 1 service delivery site) which serves justice-involved individuals being released from the correctional system.
- RW B services are funding by: (a) the State AIDS Budget (\$1,000,000) and (b) RW Rebate Funds (\$8,733,075). Rebates are earned from spending money on ADAP. If rebates are not spent, they are reinvested into the program or ADAP. Rebates do not expire. The Part B grant from HRSA is spent entirely on ADAP.
- RW B funding can support an extensive list of Core Medical Services and Support Services. However, CT DPH currently funds a subset of Core Medical Services (ADAP, Medical Case Management – including treatment adherence, Oral Health Care, and Outpatient/Ambulatory Health Services) and Support Services (Emergency Financial Assistance, Food Bank / Home Delivered Meals, Medical Transportation, Non-Medical Case Management Services).
- Information was provided (see table) about 2024 RW B allocations and expenditures (April 1, 2024 to March 31, 2025).

2024 RW B allocations and expenditures (April 1, 2024 to March 31, 2025)

Service Category	Approved Budget	Expenditures	% Expended
Medical Case Management	\$5,068,854.36	\$4,230,630.48	83.46%
Oral Health	\$1,457,491.27	\$809,492.21	55.54%
Outpatient/Ambulatory Health Services	\$1,091,551.18	\$605,052.58	55.43%
Food Bank/Home Delivered Meals	\$526,391.43	\$460,136.07	87.41%
Medical Transportation	\$169,701.04	\$132,646.93	78.17%
Emergency Financial Assistance	\$915,064.20	\$558,289.63	61.01%
Non-Medical Case Management	\$253,025.60	\$214,828.36	84.90%
Clinical Quality Management	\$250,995.93	\$173,314.33	69.05%
Total	\$9,733,075.00	\$7,184,390.59	73.81%

- Information was presented on RW B performance measures that focus on viral load suppression and medical visits as well. Specifically, viral load suppression rates were 81.17% for all RW B clients served for all services and 90.51% using the HRSA measure. 88.49% of RW B clients completed one medical visit per year for all services. Using the HRSA measure, the percentage was 68.7%.
- Data on health disparities were also shared (see table) for the most recent quarter (January 1, 2025 to March 31, 2025). No data was reported for Black Transgender, Hispanic; Other, Transgender, Hispanic, and Other, Transgender, Non-Hispanic. Also, small sample sizes are shown with a **.

RW B Viral Suppression by Population Groups (1/1/2025 to 3/31/2025)

Race/Gender/Ethnicity	Denominator	Viral Suppression
Other, Female, Hispanic	6	100.00%
Other, Male, Hispanic	11	90.91%
White, Transgender, Hispanic	8	87.50%
Black, Female, Non-Hispanic	193	86.53%
White, Male, Hispanic	252	86.51%
Black, Female, Non-Hispanic	27	85.19%
White, Female, Hispanic	127	85.04%
White, Male, Non-Hispanic	184	83.15%
Black, Male, Non-Hispanic	210	80.48%
White, Female, Non-Hispanic	61	80.33%
Black, Transgender, Non-Hispanic	5	80.00%
Black, Male, Hispanic	31	74.19%
Other, Female, Non-Hispanic	7	71.43%
Other, Male, Non-Hispanic	19	68.42%
White, Transgender, Non-Hispanic	**	50.00%

- Data on viral load suppression by Federal Poverty Level were also shared (see table) for the most recent quarter (January 1, 2025 to March 31, 2025).

RW B Viral Suppression by Federal Poverty Level (1/1/2025 to 3/31/2025)

Main Meeting Summary

June 18, 2025

Federal Poverty Level	Denominator	Viral Suppression
<100%	628	82.17%
101-200%	338	85.50%
201-300%	168	88.69%
301-400%	31	80.65%

Participants completed several interactive polls and responded to discussion questions regarding RW B expenditures and performance measures.

RW B Expenditures Poll Results and Discussion

Results from interactive polls (n = 74) included:

- What surprised you the most about RW B expenditures? The top answers included the amount of money unspent (38) and the amount of money available (30).
- 89% of respondents felt that RW B should fund other services.
 - Other Core Medical Services included: Mental Health (41), Substance Abuse Outpatient Care (3), and Home Health Care (24)
 - Other Support Services included: Housing (39), Residential Substance Abuse Services (27), Psychosocial Support Services (24), and Outreach Services (23)
- 80% felt that of the services currently funded, non should be removed from the funding list.

Themes from the discussion included:

- A consensus appeared to emerge that RW B funding allocations should consider more funding in areas such as mental health, substance use treatment, housing assistance, and home health care.
- In 2020, RW B funding totaled \$3.2 million, much less than the current funding. Folks should expect a reduction in funding which may mean that the current expenditures (\$7.13 million) might serve as a more realistic annual budget total.
- A suggestion was made to consider using funds to help support intensive case management and case finding for PWH who are chronically NON-virally suppressed.

RW B Performance Measures Poll Results and Discussion

Results from interactive polls (n = 74) included:

- 43% were surprised by how well the state is doing with viral load suppression.
- 42% were surprised by how higher income clients had lower viral suppression rates and 35% were surprised by the large amount of PWH under the 100% FPL.

Themes from the discussion included:

- Participants discussed the value of looking at the performance measure data over a 12 month period (vs. most recent quarter).
- RW A Planning Council Members requested Mitchell to share the data sets as it would help their priority setting and allocation process.
- Suggestions were made to analyze and show the performance measures and priority populations by:

Main Meeting Summary

June 18, 2025

- Geographic area – to better inform outreach
- Age group
- Housing status
- The PWH with higher incomes appeared to have the worst viral load suppression rates. It was unclear whether this was because they were working and could not arrange to miss work and attend medical visits or if they were considered working poor and could not afford to cover gaps in health coverage.
- Clarification was made about how income for retired individuals gets calculated in the context of the Federal Poverty Level. Mitchell explained that income includes pension, social security, retirement account payouts, and other forms (e.g., part-time work).

Mitchell thanked everyone for their input and stated that the CT DPH will take this input into consideration as it plans for future funding allocations. Also, the results of the 2025 PWH Needs Assessment Survey would be used to inform future planning for RW B.

- Peta-Gaye asked whether an advisory group would be assembled to assist CT DPH in its planning. Mitchell stated that a specific advisory group may not be needed because of the existence of other groups (e.g., HIV Funders, CHPC).
- Mitchell clarified that PWH survey would be available to all RW Parts (A, B, C, D, F) including providers who may not have a case manager.
- Mitchell reported that PWH who complete the needs assessment survey will receive a \$25 gift card.

NEW BUSINESS AND ANNOUNCEMENTS

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

- Andre McGuire will be leading a session about Heterosexual Males and HIV at the 2025 US Conference of HIV and AIDS.
- The City of Hartford will be hosting an HIV Testing Day themed around “Your Health. Your Power.” It will be held from 11:00 a.m. to 3:00 p.m. at 131 Coventry Street and include health resources, access to testing and screening, and fun (e.g., music, food). Peta-Gaye will share additional information through the CHPC contact list.
- Dante Gennaro announced an upcoming AETC symposium on substance use disorder scheduled for July 25th at High Watch Recovery Center in Kent, Connecticut.
- Gina D’Angelo reported a contract change will affect the Distribution Center. Currently, CT DPH is moving to empty materials (e.g., condoms, printed resources) in the Distribution Center and will assume coordination of materials to CT DPH prevention contractors on January 1, 2026.
- Ben Grippo announced a June 28, 2025 silent art auction for the Connecticut Harm Reduction Alliance. Art work can still be submitted. A flyer will be sent out to the CHPC contact list. The event will have music (DJ), pizza, cannoli, ice cream, raffles, and more.
- Ramon Rodriguez-Santana recognized the work of Leonardo Pereda for his exemplary data analysis work at CT DPH.
- Brittany Shumpert shared information about a twice monthly (2nd and 4th Wednesday at 12:30 p.m.) virtual recovery group at CCMC, HYHIL for young adults that uses Smart Recovery tools and peer supports.

Main Meeting Summary

June 18, 2025

- The Health Collective will be hosting its Annual Queer Prom on June 27th. A flyer will be circulated. Reduced fee tickets will be made available as needed.
- Arleen Lewis encouraged individuals to check out the STD Provider Toolkit and reminded participants that the Connecticut Sexual Health Coalition is currently on temporary hiatus as resourcing issues are addressed.
- Africka shared information about an interactive, immersive, and self-guided art experience themes around queer love that will take place June 20 to 22. Contact Africka for additional information.
- Africka encouraged people to recognize or celebrate Juneteenth.

MEETING FEEDBACK

Forty three (43) participants completed an interactive poll to share their meeting experience and suggestions for improvement. 99% of respondents (members and public participants) reported the CHPC event was well organized, inclusive, and respectful with many positive comments about the engagement activities and gratitude for meeting in person.

ADJOURN

The CHPC Co-Chairs adjourned the meeting at 11:58 a.m. and announce committee meetings would begin at 12:45 p.m. The full group would not re-assemble after committee meetings.

ATTENDANCE

Attendance records are on file with the CHPC support staff.