

<b>Date:</b>	Wednesday, July 16, 2025	<b>Type:</b>	Virtual via Zoom
<b>Start Time:</b>	10:15 a.m.	<b>End Time:</b>	11:45 a.m.
<b>Leaders</b>	Mitchell Namias (CT DPH Resource Liaison)		
<b>Participants:</b>	14	<b>Next Meeting:</b>	September 17, 2025

### WELCOME AND INTRODUCTIONS

Mitchell Namias opened the meeting by welcoming all participants and facilitating introductions.

### APPROVE JUNE MEETING SUMMARY

The group conducted a brief review of the June meeting summary, which was subsequently approved

### REGIONAL FORUM PRESENTATION: ADVANCING CONNECTICUT TOGETHER –STRATEGIES & INSIGHTS FROM THE FIELD

Mitchell reminded the group that The Needs Assessment Projects (NAP) Committee is inviting selected agencies to participate in regional forums aimed to highlight their agencies work and to gather field-based insights that will inform the next Integrated HIV Prevention and Care Plan for 2027–2031, including the Statewide Coordinated Statement of Need (SCSN). Mitchell clarified this is not a monitoring or funder-directed review; rather, this is an opportunity to showcase their agency’s services, share successes and innovations, and identify challenges and gaps in a supportive, non-critical setting.

#### Advancing Connecticut Together (ACT)

Erika Mott from Advancing Connecticut Together (ACT) delivered an engaging and thorough presentation outlining ACT’s evolution, wide-ranging services, system-level coordination efforts, and the complex challenges shaping its work across HIV care, prevention, housing, and economic justice.

Erica began by sharing ACT’s organizational history, which began with the merger of AIDS Project Hartford and the Connecticut AIDS Resource Coalition. In 2020, ACT broadened its mission by integrating the Connecticut Association for Human Services, allowing the organization to offer not only HIV-related services but also financial empowerment programs. ACT now operates as a multi-service agency focused on addressing the root causes of poverty, addiction, and health inequities through a combination of direct services, systems coordination, and community-centered advocacy. Expanding partnerships to enhance HIV prevention & harm reduction outreach.

#### Core Programs and Service Areas

ACT’s comprehensive service portfolio includes HIV case management, housing navigation, peer support, emergency financial assistance, syringe services, and outreach. It also provides early intervention services (EIS) and formerly operated a community distribution center, which is scheduled to end in 2025. In addition, ACT

supports economic empowerment through banking access (Bank On), financial literacy training (CT Money School), reentry services (Returning Citizens Program), and a free tax preparation program.

### Systems-Level Roles and Infrastructure

Beyond direct services, ACT plays a critical role in statewide HIV and housing infrastructure. It serves as the lead administrator for the Housing Management Information System (HMIS) and manages quality assurance monitoring for housing programs funded by the Department of Housing. ACT also facilitates HOPWA Coordinated Access Network (CAN) referrals and convenes monthly case management meetings between Ryan White and housing providers, creating a collaborative space for service alignment and resource coordination. The organization also provides fiscal sponsorship to smaller coalitions and grassroots efforts.

### Employment Navigation: A Nationally Unique Model

Erika highlighted ACT's Employment Navigation Program, currently based in the Hartford region. This is the only known program in the country designed specifically to support people living with HIV in exploring and securing employment. Through goal setting, coaching, and warm handoffs to workforce partners like Capital Workforce Partners, the program ensures individuals are not navigating job systems alone. The initiative has generated interest for replication beyond Hartford but is currently limited by funding geography.

### Workforce, Training, and Prevention Challenges

ACT's coordination work has surfaced multiple challenges within the workforce and service delivery ecosystem. Staffing instability—including burnout and turnover among both managers and front-line staff—has created gaps in supervision and hindered continuity in case management. Staff consistently report needing more training in lab result interpretation, HIV medications, and aging-related care. Documentation practices and case note quality also remain an area of focus.

On the prevention side, ACT's small team has struggled to scale peer support models and implement social network-based strategies (SNR) for outreach and PrEP promotion. While clients sometimes show informal interest in helping with outreach, there is reluctance to engage in formalized roles, often due to a lack of supportive infrastructure or training. Erika acknowledged this as a development area where technical assistance and staffing support would be welcome.

### Client Needs and Structural Barriers

Housing remains the most urgent and consistent need among ACT's clients. Demand spans emergency shelter, supportive housing, and access to stable, long-term options like homeownership. Clients aging with HIV also require more specialized services, including dementia support and assistance with daily living activities (ADLs). Another rising concern is access to legal services, especially for undocumented individuals who face eligibility restrictions when trying to connect to workforce, housing, or public benefit programs. Some agencies have even rebranded programs to avoid detection and protect service delivery to this population.

### Community Voice and Engagement

ACT works to ensure that programming is informed by the voices of people it serves. Feedback is collected through client satisfaction surveys, an advisory board based at the Hartford Connections Wellness Center and

focus groups for emerging programs like employment navigation. The organization is also working with an external partner to build a structured, replicable feedback loop for its case management services.

### Staffing Structure and Capacity

ACT operates with fewer than 50 staff across its programs, with many team members fulfilling multiple roles. Prevention is currently staffed by two to three people; case management is delivered through teams in Hartford and Manchester; and the employment program includes two to three navigators and coordinators. Administrative functions like finance, quality assurance, HMIS, and policy are handled by a lean central team. Erika described ACT as “small but mighty,” emphasizing its ability to do high-impact work despite limited resources.

### Closing Reflections and Future Vision

Committee members responded positively to ACT’s presentation, noting its integration of services, leadership in coordination, and openness to community feedback. Erica expressed interest in further technical assistance around prevention strategies and peer support and voiced a desire to expand employment navigation to additional regions. She also highlighted future service goals, including providing mobile showers, nutrition services, and enhanced aging support—should resources allow. The presentation concluded with a shared appreciation for collaboration and a commitment to continuous improvement in how HIV and housing services are delivered statewide.

### ATTENDANCE

Attendance records are kept on file with the CHPC support staff.

### ADJOURN

The committee meeting ended at 11:45 a.m.