# Connecticut HIV Planning Consortium

## Needs Assessment Projects Team Meeting Summary

September 17, 2025

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| **Date:** | Wednesday, September 17, 2025 | **Type:** | In-person Chrysalis Center, Hartford |
| **Start Time:** | 1:00 p.m. | **End Time:** | 2:20 p.m. |
| **Leaders** | Mitchell Namias (CT DPH Resource Liaison) | | |
| **Participants:** | | **Next Meeting:** | November 19, 2025 (Virtual) |

### 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 SERIES

#### Methodology Review & Process Check

The group reviewed the guiding question set that is sent to presenters and agreed that it remains clear and appropriate; no changes were recommended. Members noted differences in how the sessions flow depending on the format: virtual presentations tend to be more concise and have a smoother cadence, while one in-person session ended up taking up most of the meeting time and left little opportunity for discussion. To keep the series moving efficiently, participants suggested scheduling virtual spotlights during months when the committee does not have a regular meeting and, when appropriate, folding certain presentations into the main CHPC meeting.

The committee reviewed detailed strengths, weaknesses, opportunities, and threats (SWOT) for two key statewide partners, Advancing Connecticut Together (ACT) and the Connecticut Harm Reduction Alliance (CTHRA). These companion analyses capture both organizations' contributions to HIV prevention, care, and harm-reduction efforts as well as the challenges they face. The summaries below highlight each organization's internal capacities and external pressures, offering a foundation for future planning and identifying where additional support or strategic action may be needed.

#### ACT (Advancing CT Together) – SWOT Synthesis

**Strengths:** Strong coordination backbone (HMIS/admin/housing integration); distinctive *employment navigation* bridging Ryan White & workforce; *warm referrals* over cold handoffs; comprehensive portfolio (HIV prevention & care, housing, financial ed, peer programs).

**Weaknesses:** *Prevention staffing* limits outreach and implementation; *geographic restrictions* (e.g., Hartford-specific programs) despite broader need; *undocumented client barriers* due to federal limits; *supervision/impact support* constraints (common sector issue).

**Opportunities:** Expand employment model statewide; formalize/scale *peer programs*; deepen housing integration beyond Hartford; *policy education* around protections for undocumented clients.

**Threats:** Workforce morale/burnout, structural barriers (immigration status, ID), inconsistent coordination outside core hubs, geographically siloed funding streams.

**CTHRA (CT Harm Reduction Alliance) – SWOT Synthesis**

**Strengths:** Largest state distributor of syringes (~54%); deep *community trust* and lived-experience staff; *mobile RV* with showers/nursing/outreach; cross-sector partnerships; robust metrics (syringe returns, naloxone, trainings).

**Weaknesses:** *Hep C testing* uptake/logistics (clients unwilling to wait; NC tests vs Hep C time burden/hydration); *limited onsite clinical services; referral integration gaps* (partners don't always know schedules/services); *follow-up with unhoused*; staff burnout/turnover.

**Opportunities:** Integrate with *street medicine/onsite clinical capacity* (MD/NP), Medicaid billing*, mobile pharmacy*, stronger partner communication (publish schedules), *MI training* tailored to SSP workers.

**Threats:** Emerging drug supply (xylazine/medetomidine) not responsive to naloxone; legal limits on SCS; participant distrust/lack of ID; unstable *SSP funding* environment; workforce burnout.

**Cross-cutting Gaps & Ideas (System Level) -** During the discussion, members identified several overarching issues that cut across individual agencies and affect the broader HIV prevention and care network. These are not tied to a single provider but instead reflect statewide challenges and opportunities for improvement. The themes below capture key areas where collective action could strengthen testing, communication, and access to services for people at risk or living with HIV.

- **Testing & linkage**: Need to raise HIV/HCV testing in SSP settings without sacrificing how many clients the program can serve in a given time; explore "test-first then service" ethics/practicality vs harm reduction ethos; standardized 30-second micro-scripts to normalize repeat offers; incentives used carefully.
- **Partner communications**: Centralize and broadcast "what/where/when" (e.g., mobile showers) so agencies can refer seamlessly.
- **Undocumented clients**: Determine which services can legitimately be offered under Ryan White and workforce program rules, and identify alternative community resources to connect people with help when certain programs are not allowed to serve them.
- **Late testers**: Desire to understand barriers preceding late diagnosis and tailor outreach/messaging (e.g., normalize routine testing before illness; evening/weekend/holiday access).

**Integrated Plan Pillars – Draft Alignment -** To connect the committee's observations and recommendations with the framework of Connecticut's forthcoming Integrated HIV Prevention and Care Plan, the group organized key strategies under the plan's four federal "pillars." These pillars—Diagnose, Treat, Prevent, and

Respond, offer a structured way to translate meeting discussions into actionable statewide priorities. The draft alignment below highlights how the ideas generated in the session can be mapped to each pillar, providing a clear starting point for future plan development and implementation.

- **Diagnose**: Increase routine testing access (SSP/mobile/event-based), reduce late diagnoses through targeted messaging and hours.
- **Treat**: Strengthen warm handoffs from SSP to care; pilot street-medicine linkage; track first appointment.
- **Prevent**: Scale MI for SSPs; expand access to PrEP/PEP referrals (close Hartford vs non-Hartford disparities); publish partner service directories & schedules.
- **Respond**: Create and organize regional convenings (SSPs + partners); develop communications protocol for shared resources (showers, mobile sites); implement workforce supports to mitigate burnout.

**Identifying Next Presenters -** Members suggested inviting agencies such as APEX, APNH, and the Alliance for Living (AFL), as well as the regional HIV Planning Councils. For the Planning Councils, participants emphasized that these bodies focus primarily on HIV care and treatment under the federal Ryan White Program and do not have a formal prevention mandate. To capture a full picture for the Integrated Plan, the group recommended pairing Planning Council representatives with the regional prevention leads for a joint presentation, or alternatively organizing a separate session dedicated to prevention. This approach would ensure that both care and prevention perspectives are reflected and aligned with the four pillars of the Integrated Plan.

**Syringe Services Program (SSP) Discussion -** The committee devoted significant time to exploring how Connecticut's syringe services programs (SSPs) handle HIV and hepatitis C (HCV) testing and what changes might strengthen their role in statewide prevention. Members agreed that, while SSPs excel at providing sterile injection equipment and naloxone, testing rates for HIV and HCV remain lower than desired. A key challenge is maintaining the ability to serve large numbers of clients efficiently while offering tests that can take extra time, such as HCV finger-stick assays that require about twenty minutes and adequate hydration for a good blood sample. Staff frequently find that clients, especially those who are actively using substances, may be dehydrated and unwilling or unable to wait for results, which limits testing uptake.

Participants discussed the challenge of *balancing harm-reduction values (offering services with no strings attached), with the idea of a more directive "test-first" policy*, where clients would be expected or strongly encouraged to complete an HIV or hepatitis C test before receiving other services. The group noted that while a test-first model might increase the number of people who learn their status, it could also undermine the welcoming, non-judgmental approach that is central to harm-reduction programs and potentially discourage clients from seeking help. The group favored repeated low-pressure offers, such as a standard 30-second script delivered at each client contact, to normalize testing over time until clients are ready to participate.

Another theme was the need for *stronger partner communication*. Even well-established services such as CTHRA's mobile showers and outreach vans are not always visible to other community organizations, making referrals inconsistent. Members recommended creating a single, always updated "source of truth" link that lists the locations and schedules of mobile services so that partners can confidently direct clients.

The committee also focused on *support for undocumented clients*. Because Ryan White HIV programs and American Job Centers have federal eligibility restrictions, undocumented individuals often cannot access

certain services. Members called for mapping “off-system” resources such as community or nonprofit options outside those federally funded programs so case managers can still connect people to care.

Finally, participants highlighted the challenge of *late testers*—people diagnosed only after they have progressed to AIDS or severe illness. They proposed that Disease Intervention Specialists (DIS) add new questions to their intake interviews to understand why testing was delayed (for example, fear, stigma, or lack of routine medical care). Those insights could guide future public health messaging and outreach efforts.

To move this work forward, the committee agreed to host a statewide virtual SSP convening within the next few months. This meeting will bring together all Connecticut SSPs to share their HIV/HCV testing workflows, describe common barriers (including staffing and hydration issues), and showcase approaches that are already working well. Insights from this convening will shape the next step: scouting external technical assistance (TA) from high-performing SSP models in other states. By understanding local needs first, the group can target outside expertise more precisely and adapt best practices that will strengthen testing, linkage to care, and overall harm-reduction services across the state.

## DECISIONS AND ACTION ITEMS

| Item | Owner | When | What / Notes | Status |
|---|---|---|---|---|
| MI training for SSP workers | Dante; (Ken assist w/ evaluation if needed) | Next Thursday + 30-day follow-up | Add pre/post + 30-day follow-up; track testing volume and qualitative changes. | Scheduled |
| Identify next presenter for “Regional Forum Series” | NAP leadership | 30 days | Reach out to RW Planning Councils & Organizations identified by group. | Planned |
| SSP convening (virtual) | NAP leadership | 1-2 months | Invite all CT SSPs; surface testing workflows/barriers; capture models. | Planned |
| CTHRA service schedule share-out | CTHRA + NAP comms | 1-2 months | Publish simple, always-current mobile RV/shower/testing schedule link for partners. | In progress |
| External TA scouting | NAP leadership | 3-4 months | Identify exemplar SSP programs (SF/NYC/CA) for TA webinar; co-design Qs. | Planned |
| PC & Prevention spotlights | NAP leadership | 3-4 months | Panel format; pillar-aligned prompts. | Planned |
| Late tester insight plan | NAP + DPH DIS liaison | 3-4 months | Propose DIS fields; assess feasibility; draft messaging concepts. | Planned |
| Needs Assessment /report-back | Survey team (Cross Sector + DPH) | Field 2 months; Nov status; Jan/Feb report | E2 platform; ~2,000 clients; real-time dashboard. | Launched |

## MEETING CLOSE

Mitchell reminded the group that there is still an opening for the NAP Community Co-chair leadership position. If anyone is interested in applying, please visit https://www.cthivplanning.org/

The next meeting will be on November 19th via Zoom.

## ATTENDANCE

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

## ADJOURN

The committee meeting ended at 2:20 p.m.