

<b>Date:</b>	September 17, 2025	<b>Type:</b>	In Person (Hartford)
<b>Start Time:</b>	1:00 p.m.	<b>End Time:</b>	2:25 p.m.
<b>Leaders</b>	Co-Chairs Roberta Stewart; Gina D'Angelo (CT DPH Resource Liaison)		
<b>Participants:</b>	24 (see last page for attendance)	<b>Next Meeting:</b>	November 19, 2025

### WELCOME AND MOMENT OF SILENCE

Roberta Stewart (Co-Chair) welcomed participants to the meeting and asked participants to hold a moment of silence to honor the work and impact associated with the HIV epidemic. Participants introduced themselves. Roberta reviewed the committee charge, meeting agenda, and encouraged participants to turn on their cameras and participate.

### ADMINISTRATIVE MATTERS

**Approval of Prior Meeting Summary.** The July 2025 draft committee meet summary notes were posted on the CHPC website ([www.cthivplanning.org](http://www.cthivplanning.org)) and shared in meeting packets. Participants approved the meeting notes by consensus with no additions or corrections.

**Committee Co-Chair.** Roberta announced that CHPC leadership opportunity exists for the Needs Assessment Project (NAP) Committee.

### SYNDEMIC PARTNERS UPDATE

**Syndemic Partner Group (SPG).** The table summarizes highlights from the syndemic partner reports.

Syndemic Area	Report Highlights
CT DPH Prevention and Policy (Gina D'Angelo)	<ul style="list-style-type: none"> <li>CT DPH has been asked to present on syndemic strategies at a regional NASTAD conference. Connecticut began its path to integrate care and prevention services in 2007 and emphasized a syndemic approach starting in 2017</li> <li>CT DPH policy teams are reviewing language associated with HCV treatment laws to possibly add a treatment recommendation</li> <li>Syndemic Partners Group continues to discuss how individual partner strategies and priorities connect, and which ones lend themselves to a joint approach and which ones need to be driven by a specific partner. This includes strategies related to communications / awareness campaigns, regional networking, professional development, and capacity building (e.g., resources and toolkits, service inventories).</li> </ul>
Sexually Transmitted Diseases (Arleen Lewis)	<ul style="list-style-type: none"> <li>No report</li> </ul>
Hepatitis C (Venesha Heron)	<ul style="list-style-type: none"> <li>Connecticut's first-ever HCV Elimination Plan was approved by the CDC. It is a collaborative plan among many partners across the state</li> <li>VHETAC (Advisory Committee) meets quarterly and will meet next in October</li> <li>Initial planning has begun for an HCV Symposium in April 2026</li> </ul>
Substance Use Disorder (Natalie DuMont)	<ul style="list-style-type: none"> <li>No report</li> </ul>

### 2025 ETS IMPLEMENTATION ACTIVITIES

**HIV Workforce Survey.** Roberta shared that data collection for the HIV Workforce Survey would begin in October. The survey includes syndemic-related questions and will provide meaningful information. The goal is to reach 200 survey responses by November 21.

PWH Needs Assessment Survey. Data collection is underway for the persons with HIV needs assessment survey. The survey includes questions about need for services as well as stigma and discrimination. Participants receive a \$25 gift card and providers across the state are coordinating data collection. The goal is to reach 1,000 survey responses by November 21.

**Pilot to Strengthen Syndemic Partnerships and Referral Process.** The City of Hartford is leading a provider call to action and organizing a provider discussion session in response to the data presentations from the CT DPH data team.

**Community Share: InMOTION Mobile Pharmacy Services.** Dr. Sandra Springer introduced the InMOTION team of Esther Schlossberg, Angela Di Paola, and Anne Stevens and presented information about the context, history, and current impact of this grant funded initiative.

Access to healthcare services remains a critical challenge for underserved populations, particularly for people who use drugs (PWUD) and those living with or at risk for HIV. Dr. Springer envisioned a mobile healthcare system to bring primary, infectious disease, substance use disorder, commonly needed clinical care, and, importantly, medications to people where they live. Dr. Springer won an Avant Garde Award in 2022 by the National Institute on Drug Abuse, which has funded this revolutionary initiative. YNHHS provides the pharmacy services for InMOTION.



This program represents the first legal retail mobile pharmacy to improve access to medications for opioid use disorder (MOUD), HIV treatment and prevention services, and other whole person healthcare needs in underserved communities. In July 2023, the Connecticut (CT) Legislature and Governor Lamont legalized the first legal mobile pharmacy in the United States by passing the CT Senate Bill 1102, "An Act Concerning Pharmacies and Pharmacists". The intervention is a mobile hub-and-spoke model that integrates mobile retail pharmacy services, clinical care, and community outreach for PWUD and those at risk for and/or living with HIV in CT.

InMOTION brings integrated pharmacy services, vaccines, clinical care, and other services to people wherever they live (housed or unhoused). Community Health Workers (CHW) will identify those in need, perform rapid HIV and Hepatitis C testing, alcohol, opioid, and stimulant use screening, blood pressure and glucose testing, and work with clinicians and the mobile pharmacy to dispense prescribed medications to people where they live. CHWs will also identify social needs (food, housing, employment, insurance) and help link individuals to services in their community.

Anyone who could benefit from the accessibility of mobile pharmacy and clinical services should utilize our services. If someone has difficulty making it to medical appointments or picking up medications because they do not have transportation, have young children, support family members living with disability, or are currently unhoused and in need of services where they are, the InMOTION mobile pharmacy can bring vaccinations, medications, and clinical care and disease management to the person needing care. Common conditions like high blood pressure and diabetes can be screened for, and treated with, our primary care services. We also offer testing and treatment for HIV, HCV, and STIs; prevention for HIV (PrEP), as well as wound care, mental health care, diagnosis and treatment of substance use disorders including opioid and alcohol use disorder, and more.

- Use the to schedule a visit/ <https://redcap.link/inmotionqr> or call 1-833-MEDSVAN (633-7826).
- AS of July, 2025, over 900 individuals have received services from InMOTION (46% where females and 38% were Hispanic) and over 2,400 medications had been dispensed, 13 individuals received HIV medications and 1 new diagnosis occurred (out of 313 rapid HIV tests).

As an example of the impact, the information below contains the abstract from a study published in April 2025 in the Open Forum Infectious Disease titled, "Pilot findings from the first legalized mobile retail pharmacy clinic in the United States for infectious disease treatment and prevention tailored to reach people who use drugs."

From 13 December 2023 through 5 November 2024, the MPC engaged with 414 participants, of whom 43% were female, 26% Black/African American, 32% uninsured, and 37% unhoused or unstably housed. Fifty-one had a previous diagnosis of an opioid use disorder (OUD), 163 accepted

screening, 1 received a new diagnosis of moderate to severe OUD, and 37 received medication for OUD. Nine participants requested sexually transmitted infection testing; 3 people had positive results, all were prescribed treatment, and 1 received doxycycline postexposure prophylaxis. Four people had existing HIV diagnoses; 166 accepted rapid point-of-care (POC) testing, resulting in 1 positive test; all received ART (2 oral, 3 injectable); 9 who tested HIV negative accepted PrEP, and 1 accepted the injectable formulation. Twenty-two had known HCV, 157 accepted rapid POC HCV testing, 9 tested positive for HCV antibodies, and 11 underwent HCV viral load (VL) testing; 1 self-cleared, and 8 of 10 with detectable HCV VL received direct-acting antivirals from the MPC. Six were treated for xylazine-related wounds.

The following themes emerged from general discussion or question and answer.

- The InMOTION team may want to consider exploring opportunities to set up visit dates and times in Waterbury and Bridgeport (a 2024 discussion occurred).
- The InMOTION team does not have detailed knowledge of local services and relies on collaborating with local resource partners such as CHWs for outreach and referrals. They also gather information for a local resource inventory (e.g., transportation, co-pays).
- InMOTION can address lab requests and does not do any blood draws for un-insured individuals.
- Mental health services are available on the unit. It is important to treat mental health, substance use and health conditions simultaneously.
- City of Hartford Health Department has a very similar health van that does not dispense medication. Maybe this van could be enhanced.
- InMOTION could connect with efforts to build stronger regional referral and resource hubs and other resources (e.g., E2CT Care Finder).
- A Racial Equity Strategic Plan developed by a Commission on Racial Equity and Public Health might offer some insights about how to position the effort for more visibility and funding.
- Referrals to other providers or healthcare system represent create patients and future revenues. Perhaps referrals fees can help support the model, or fees to support services for high-cost chronic diseases and prevent ED visits, costly care options, or even penalties for hospital re-admission.
- InMOTION could play an important role if the PrEP Drug Assistance Program moves forward.

Dr. Springer thanked everyone for their interest and input about InMOTION.

### OTHER / NEW BUSINESS

Roberta reminded the group that the CHPC and the ETS committee would not meet in October because of the Quality Summit.

### MEETING FEEDBACK

The table shows the results from the 12 participants who completed the feedback forms at the end of the meeting.

**Summary Table from Interactive Meeting Feedback Poll (n = 16)**

Questions	Yes	No	Unsure
1. CHPC Member?	8%	92%	*
2. The agenda was clear and was used to guide the meeting	100%	0%	*
3. I understood the meeting information and materials	100%	6%	*
4. The meeting felt inclusive and respectful of all voices	100%		

5. Overall, the CHPC event was well organized	100%		
6. What did you like best about the committee meeting? (a) Presentation and engagement, (b) InMOTION discussion afterwords about working together, (c) InMOTION presentation, (d) Mobile van, (e) An openness to hear, (f) Presenters + information sharing with attendees, (g) Presentation and partner reports, (h) Meeting + syndemic presentation, and (i) The presenter Dr. Springer			
7. Suggestions for improvement: (a) Next steps / ID solutions and tasks, (b) It was my first time at this committee meeting and I really enjoyed the presentation, and (c) more room			

### RECAP & ADJOURN

Mark reviewed the action items:

- Mark will produce a meeting summary.
- Esther will share slides of Dr. Springer's presentation
- Gina will promote the InMOTION model with the Syndemic Partners Group and other CT DPH staff to ensure CT DPH prevention and treatment contractors are aware of these services
- Dr. Springer and team will follow up with individuals from the meeting who expressed interest in setting up services InMOTION services in their communities
- Providers participating on the ETS Committee will help promote the HIV Workforce Survey to their colleagues and take the survey themselves when data collection begins in August.

Roberta Stewart adjourned the meeting at 2:25 p.m.

### ATTENDANCE

The CHPC project support staff maintains attendance records. Participants at the meeting included: S Springer, E Schlossberg, A Stevens, A Di Paola, B Ligan, J Brown, V Heron, L McPherson, D Rose-Daniels, V Ingram, A McGuire, D Dones-Mendez, C Romanik, A Torres, R Wimbish, J Cubano, B Allen, G D'Angelo, B Grippo, M White, S Swaby, E Ellis, R Stewart, M Nickel