Connecticut HIV Planning Consortium

Needs Assessment Projects Team Meeting Summary

April 15, 2026

Date:	Wednesday, April 15, 2026	**Type:**	In-person Chrysalis Center, Hartford
Start Time:	1:15 p.m.	**End Time:**	2:30 p.m.
Leaders	Xavier Day (Co-chair), Martina De La Cruz (Co-chair), Mitchell Namias (CT DPH Resource Liaison), Sue Major (CT DPH Resource Liaison)		
Participants:		**Next Meeting:**	May 20, 2026

WELCOME AND INTRODUCTIONS

The meeting was opened by Co-Chair Martina De La Cruz, who welcomed participants and reviewed the meeting objectives and etiquette guidelines. Participants were reminded to encourage participation, allow one person to speak at a time, share the floor respectfully, and ask clarifying questions when acronyms or terminology were unfamiliar.

REVIEW AND APPROVAL OF PRIOR MEETING NOTES (March 18, 2026)

Members reviewed the March 18, 2026, meeting summary. The committee approved the meeting summary.

2026 NAP WORKPLAN DISCUSSION

The meeting opened with general committee discussion tied to the NAP 2026 workplan and the group's ongoing responsibility to move survey findings and special project work into usable planning products. Members noted that while some workplan elements remain in progress, the committee has made meaningful headway in developing one-pagers and organizing findings from recent survey and SWOT materials. The conversation reflected a strong interest in ensuring that NAP products are not only completed, but also used strategically to inform future discussions, communications, and planning decisions..

PREVENTION DISCUSSION: TESTING, LINKAGE, SYRINGE ACCESS, AND STORYTELLING

A substantial early discussion focused on HIV prevention among people who inject drugs, particularly the challenges of routine testing when immediate linkage to care or follow-up cannot be assured. Members reflected on situations in which individuals may test positive but are difficult to locate afterward, especially when they are unstably housed, transient, or unable to remain on site long enough to complete the full testing and counseling process. The group emphasized that testing alone is not sufficient if systems are not designed to support timely follow-up and linkage.

Members described how service delivery realities must account for the lived experience of substance use disorder. For many individuals, even waiting 10–15 minutes can be unrealistic if they are in withdrawal, in a hurry to obtain supplies, or otherwise trying to manage immediate needs. Participants noted that this reality has important implications for testing models, outreach strategies, and partner services. The discussion underscored that prevention efforts must be responsive to the rhythms and pressures of people's daily lives.

The committee also engaged in a thoughtful discussion about syringe service programs (SSPs) and how to explain syringe access goals more clearly to outside audiences. Members reflected on an earlier small-group

DRAFT

conversation in which SSP targets were framed not merely as large numbers of syringes, but as the public health goal of ensuring that each person who injects drugs has access to a clean syringe each time they use. Participants noted that this framing helps translate a potentially abstract or controversial metric into a simple and practical harm reduction concept rooted in individual need and evidence-based prevention.

Several members emphasized that these estimates are grounded in research, literature, and scientific analysis, not guesswork. At the same time, the conversation highlighted a broader need for better "storytelling" around substance use disorder and harm reduction. Members noted that many audiences, including policymakers and legislators, still do not understand the realities of substance use, the role of SSPs, or the rationale for clean syringe distribution. Participants stressed the importance of being able to explain these issues in plain language and in ways that are easy to grasp, especially when communicating with external audiences who may not already understand public health or harm reduction principles.

The group also discussed how different audiences may support SSPs for different reasons. Some may focus on HIV prevention, others on reducing visible syringe litter in parks or public spaces, and others on broader community health and safety. This led to recognition that effective communication may require multiple messages tailored to different concerns, while still preserving the core public health purpose of the work.

The discussion additionally highlighted operational issues such as the importance of staffing SSP and testing sites with people who reflect the populations being served, including those with lived experience, and ensuring that hours of operation match community need. Xavier contributed a comment emphasizing that individuals may seek supplies or services at times that do not align well with standard service hours, particularly after being awake all night or trying to access services before going home to rest.

Members also noted strong interest from broader CHPC discussions in learning more about harm reduction vending machines and SSP vending models. This topic was identified as a potential future guest presentation, both because of its practical value and because it could help attract additional interest and engagement in the committee's work.

HIV WORKFORCE ONE-PAGER (PILLAR FORMAT)

The committee then reviewed the HIV Workforce one-pager in pillar format. Ken explained that the draft one-pager drew directly from the SWOT findings and had been reorganized under the corresponding pillars. Members were asked to review whether the information appeared in the right places and whether any important revisions were needed before broader dissemination.

Overall, members felt the one-pager was strong and reflected the source material well. However, the group identified several areas where the language needed to be sharpened to better reflect the data and avoid overgeneralization.

One of the main discussions centered on prevention-related findings about PrEP, screening, and provider practice. Members questioned whether the draft language was too narrowly focused on provider "confidence" and whether the more fundamental issue might be that providers are not consistently screening for or discussing

DRAFT

sexual health and PrEP at all. In response, the group supported revising the prevention language to explicitly include screening in addition to discussion.

A related discussion focused on the finding regarding PrEP for youth. Members noted that some providers may have answered this question based not on low confidence, but on legal or scope-of-practice limitations, including whether they serve youth at all. Participants expressed concern that the original wording may have blended together distinct issues: general provider comfort, actual prescribing practice, and legal restrictions related to youth care. The group agreed that the one-pager should better distinguish these dynamics and avoid implying that all limitations are confidence-based.

The committee also discussed whether the one-pager should more explicitly identify differences in training need by workforce role. Members noted that some provider groups, such as medical case managers, may need more frequent foundational HIV education because of high turnover and the ongoing need for 101-level orientation. Others may require more specialized or advanced content. This led to a broader discussion about the challenge of matching training content to the appropriate audience level. Members observed that when trainings are not clearly framed by audience or complexity, participants may attend sessions that are either too advanced or too basic for their needs.

Another revision identified during the review was the absence of an "Implications for Planning" section under the Treat pillar. Members agreed that this should be added so the format is consistent across all pillars. The proposed direction was to make the planning implications more explicit, particularly around targeted training and role-specific workforce development.

The conversation then shifted to the purpose and strategy for disseminating the HIV Workforce one-pager. Members agreed that the document has value not only within NAP, but also as a communications product that can showcase CHPC's work and highlight workforce priorities across the system. Ideas discussed included posting the one-pager on the website, incorporating it into newsletters, sharing it through CHPC leadership channels, and using it repeatedly in future training and meeting contexts. Members stressed that dissemination should not be viewed as a one-time action. Instead, findings need to be referenced over and over again so that they become part of the system's shared understanding and can support future planning, messaging, and training.

DRAFT

PREVENTION NEEDS ASSESSMENT SURVEY INSTRUMENT

The committee next reviewed the Prevention Needs Assessment survey instrument, in alignment with the agenda item devoted to the PNA tool. Members generally agreed that the previous survey instrument remains a strong starting point and that changes should be limited unless there is a clear and necessary reason to revise specific items. Ramon emphasized that preserving the core structure of the survey is important for trend analysis. If the committee wants to understand whether conditions, provider practices, or needs are changing over time, the instrument must remain stable enough to allow valid comparison across survey cycles.

At the same time, members acknowledged that there may be a few targeted changes worth considering. One issue raised was whether certain questions should include a "non-applicable" response option, especially in

cases where providers may not serve the population referenced in the question or may not be in a position to prescribe. Members felt that the absence of such an option may have affected how some items were answered.

The group also discussed whether newer developments in care—particularly injectable options—should be reflected in the next survey. Members noted that if the survey captures emerging needs or preferences around newer modalities, the information could potentially be useful for future advocacy, planning, or responses to payer barriers. However, this idea was balanced against the desire to preserve comparability and avoid changing the survey so much that trend analysis becomes difficult.

A more sensitive discussion focused on survey questions related to gender identity and transgender status in light of changing federal restrictions and the role of federal funding in the survey effort. Members expressed frustration about the possibility that certain items may need to be removed or revised because of federal guidance or funding constraints. At the same time, the group discussed whether community-based, university-based, or other non-federally funded efforts might offer alternative ways to gather information relevant to transgender communities, especially if the federally supported survey can no longer capture that information in the same way. Members were clearly concerned about losing visibility into the experiences and needs of this population.

The committee also discussed survey dissemination and incentives. Members referenced the prior PNA as a robust process that used multiple collection methods and reached a large number of respondents. There was agreement that a similarly thoughtful methodology will be needed again, including advance planning about where and how the survey is administered. Discussion also turned to participant incentives, with some members suggesting that the amount should be increased because prior feedback indicated that the survey was lengthy relative to the incentive provided. A possible increase to $20 was discussed and identified as something to raise with funders.

Finally, members requested that prior survey summaries, fact sheets, or related materials be brought back to a future meeting so the committee can review the previous instrument alongside its findings. This was seen as helpful for grounding the discussion in what the survey actually produced and for guiding decisions about what should remain unchanged and what may merit limited revision.

DRAFT

GUEST PRESENTATION UPDATE

The committee reviewed the draft guest presentation template, which is intended to guide future presentations from external organizations. Ken explained that the template closely follows the format used in previous presentations, with only minor tailoring for the specific organization being invited. Members generally supported keeping the format consistent so that presentations remain comparable and can feed into a structured SWOT process.

Discussion then moved beyond the presentation template itself to consider what presenters should receive afterward. Members agreed that when organizations are willing to present openly about their services, challenges, and opportunities, NAP should provide more than a summary of strengths and weaknesses. Several participants supported the idea of including a more explicit "data to action" component in the follow-up

materials sent to presenters. This could include recommendations, action steps, training opportunities, technical assistance options, or links to relevant supports. The intention would be to make the process more collaborative and useful, rather than simply reflective.

Members emphasized that this kind of follow-up would help presenters feel supported rather than judged. It would also align with the committee's broader interest in helping organizations improve services and address identified weaknesses in practical ways. At the same time, the group was careful to note that such recommendations should not be framed as mandates or monitoring requirements, but as constructive support.

The committee also discussed whether future guest presentations should be promoted beyond the immediate NAP membership. Members suggested that when especially relevant presenters are scheduled—particularly those addressing clear system gaps or innovative models—other agencies, community-based organizations, or peer providers might be invited to attend. This was seen as a possible strategy to increase attendance and make NAP meetings more attractive and useful to a wider audience. Members noted that presentations on topics such as Yale's SSP model or harm reduction vending approaches could generate particularly strong interest.

NAP NAME DISCUSSION

The committee spent time discussing whether the current committee's name, "NAP," still reflects the nature and energy of the group's work. Members expressed concern that "NAP" may sound passive, unclear, or uninviting, and several noted jokingly that the name does not convey action or urgency.

The discussion generated interest in finding a name that better reflects the committee's purpose: identifying needs and gaps, interpreting findings, and translating data into meaningful response. The phrase "Data to Action" received strong support, as did concepts related to gap identification and recovery. Members discussed whether those ideas could be combined into a name that captures both the committee's analytical role and its commitment to response and improvement.

The group agreed on a process for moving forward. Several possible names will be generated, narrowed down, and then brought back for additional discussion and eventually broader input. Members also noted that AI could be a useful tool for quickly brainstorming name options based on the committee's goals and themes.

ADDITIONAL DISCUSSION THEMES

Toward the end of the meeting, members raised concerns about care linkage and continuity for people leaving correctional settings, including those with HIV or hepatitis C. Participants noted the challenge of ensuring that people who are diagnosed while incarcerated or in DOC-connected settings are linked effectively to care upon release. The conversation highlighted frustrations with system fragmentation and the need for stronger reentry partnerships.

Relatedly, members discussed halfway houses and transition settings as important but often overlooked partners. One participant described situations in which clients struggle to attend medical appointments because halfway house activities or rules conflict with healthcare scheduling. This led to discussion about the importance

DRAFT

of more holistic coordination and the possibility of elevating these issues through future presentations or committee work.

The group also touched on youth prevention and school-based education. Members noted that school-based sexual health education and youth engagement continue to surface as areas of need, and there was optimism that recently added staffing focused on youth education may help address some of these gaps. Some organizations were noted as having stronger school-based access than others, reinforcing the idea that future discussion may benefit from more focused exploration of youth and school-based prevention work.

NEXT STEPS

- Revise the HIV Workforce one-pager language to better distinguish screening, discussion, prescribing, legal limitations, and youth-specific issues.
- Add an "Implications for Planning" section to the Treat pillar.
- Consider how training needs may need to be framed by workforce role.
- Explore communication and dissemination strategies for the HIV Workforce one-pager, including repeated use across newsletters, trainings, website content, and CHPC messaging.
- Bring prior PNA fact sheets, summaries, and related materials to a future meeting for review.
- Preserve the overall structure of the PNA instrument while considering a limited number of carefully justified edits.
- Continue planning for survey dissemination methods and revisit the participant incentive amount with funders.
- Maintain the guest presentation template while strengthening the follow-up component so that presenters receive more explicit recommendations, support options, or "data to action" suggestions.
- Continue discussing future presentation topics, including harm reduction vending models, reentry coordination, and other innovative practices.
- Develop possible replacement names for the NAP Committee and bring options back for further discussion.

ADJOURN

The committee meeting ended at 2:30 p.m.

DRAFT