

Main Meeting Summary

May 20, 2026

Date:	May 20, 2026	Type:	In-Person, Hartford
Start Time:	9:15 a.m.	End Time:	12:01 p.m.
Participants:	83	CHPC Members:	26
Co-Chairs:	Dante Gennaro, Jr., Blaise Gilchrist		
Next Meeting:	June 17, 2026 (in-person)		

WELCOME AND MOMENT OF SILENCE

CHPC Co-Chairs started the meeting by welcoming participants and asking individuals to honor the work with a collective moment of silence. The group reviewed the CHPC vision, mission, values, structure, and process. Participants quickly introduced themselves.

CHPC GENERAL BUSINESS

Dante shared announcements related to CHPC operations.

CHPC Membership. The CHPC welcomed Arthur Harris and Edzon Ruiz as a CHPC Member. Four additional membership openings exist. Please apply at www.cthivplanning.org.

Approval of Prior Meeting Summary. The CHPC Members approved the meeting summary from the prior month using a virtual vote that occurred during the week prior to the CHPC meeting.

CHPC Voting Members Lunch & Learn. The CHPC voting members will assemble separately as a group during the lunch session and discuss items such as roles and responsibilities such as helping other members.

CHPC June Meeting. The meeting will be held in-person and focus on approving the 2027-2031 Plan.

PARTNER COORDINATION AND UPDATES

The Co-Chairs opened the floor for any partners collaborating on the development of the Statewide Integrated HIV Prevention and Care Plan 2027 – 2031 to share any updates from planning groups or individual organizations.

- The Ryan White Part A Planning Council (Greater Hartford) hosted a productive site visit with representatives of the Federal funding agency.
- Please check the AETC website and your e-mail for several upcoming trainings and events – including an in-person Syndemic Symposium.
- The Federal funding opportunities for Ryan White B, C, D, and F have not yet been released. These opportunities have been delayed in some cases for over 6 months. Once released, it is anticipated that the turn-around time to submit a response will be 30 days or less.
- The HIV Funders Group met will meet in May and provide input on any final revisions to the Plan. The group will also discuss its priority work plan items for the remainder of the year.

2027-2031 PLAN DEVELOPMENT: REVIEW OF DRAFT PLAN

Mitchell Namias, CHPC Member and primary CT DPH liaison coordinating the Plan development led the group through a review of the Plan. He showed updated graphic developed in response to feedback on the graphics used in public comment version of the Plan (April 2026).

Pages 2 and 3 contains examples of the updated visual approach. Meeting participants also received detailed handouts of the Plan objectives, key activities, and performance measures.

Connecticut Integrated HIV Prevention and Care Plan 2027–2031

June 2026

 <p>DIAGNOSE</p> <p>Increase HIV testing and identify all people with HIV as early as possible.</p>	 <p>TREAT</p> <p>Engage and retain people with HIV in care and achieve viral suppression.</p>	 <p>PREVENT</p> <p>Reduce new HIV transmissions through evidence-based prevention strategies.</p>	 <p>RESPOND</p> <p>Respond quickly to outbreaks and address health access.</p>
			

Stronger Together. Healthier Connecticut.



A UNIFIED VISION FOR 2027–2031

Connecticut’s roadmap for Ending the HIV Epidemic through an integrated, whole person, and syndemic approach.

HIV Integrated prevention and treatment	STDs Coordinated sexual health response	Substance Use Disorder Prevention services for PWUD and linkage to care	Hepatitis C Expanded testing and treatment	Social Drivers of Health Addressing housing, food, transportation, stigma, and more
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THE FOUNDATION: STATEWIDE COORDINATED STATEMENT OF NEED (SCSN)

The SCSN is the analytical engine behind every goal in this Plan. It transforms data into action by identifying key needs and gaps.

KEY FINDINGS	HOW THE PLAN RESPONDS
Late HIV diagnoses	Expanded testing & earlier identification
Viral suppression gaps	Improved retention & treatment support
Housing instability	Stronger cross-system partnerships
Food insecurity	Whole person care coordination
Geographic differences	Targeted regional interventions
Stigma	Community-led service design

HOW THE INTEGRATED APPROACH WORKS

DATA → ACTION

SCSN findings directly drive priorities across the four Plan pillars.

DIAGNOSE Target late diagnoses Expand HIV/HCV/STD testing	TREAT Close viral suppression gaps Improve linkage and retention in care	PREVENT Increase PrEP access Reduce transmission risk	RESPOND Health access Strengthen outbreak response
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COMMUNITY-DRIVEN PLANNING

People with HIV, providers, and community partners shaped every stage of development.

People with lived experience	Ryan White consumers and providers	Community-based organizations	Clinical providers	Prevention specialists	Public health leaders & regional partners
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CONNECTICUT’S JURISDICTIONAL APPROACH

CONTINUOUS EVOLUTION Building on success from the 2022–2026 Plan and using a syndemic approach.	UNIFIED STATEWIDE STRUCTURE Coordinated by the Connecticut HIV Planning Consortium.	CLEAR, CONNECTED PLAN DESIGN Easy to understand and organized to meet all federal requirements.	COMPLIANCE & TOTAL ALIGNMENT <ul style="list-style-type: none"> ✓ CDC Requirements Met ✓ HRSA Requirements Met ✓ Letters of Concurrence Included
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Mitchell reviewed each section of the Plan. Participants asked clarifying questions and discussed various topics.

- Language will need to be adjusted further. The current version of the Plan and the graphics contain words that do not conform with Executive Orders issued by the President
- A discussion occurred about access to condoms and challenges related to changes in the condom distribution process. Clarification was made that no reduction in resources occurred. The community distribution center process was shifted to the CT DPH regional contract leads, each of which was required to have a condom distribution policy. In some instances, this caused disruption to access and resulted in organizations reaching out to other partners in an effort to identify how to access supplies.
- Clarification was made that the membership of the CHPC well as the Ryan White Planning Councils was reflective of the HIV epidemic and did include a significant proportion of members with lived experience.
- Discussion occurred about the data point from the Prevention Needs Assessment (2023) around providers denying access to prevention services such as PrEP.
 - Patients and participants seeing the word “deny” equate this to providers not “caring”.
 - Data collection occurred in 2022 (before implementation of routine HIV testing). Another survey will occur in 2026 which will provide updated data.
 - Also, several efforts are underway to increase access to PrEP including a pilot project. These activities are referenced as key activities in the Prevention pillar.
 - Others noted that tests are often ordered and require the patient to take an additional step (e.g., go to a lab appointment). In some cases, this does not happen (e.g., transportation, costs) and could also be equated to being denied services.
 - The Plan includes an objective (Diagnose, Objective 3) that relates to analyzing newly available HIV negative lab test results (statewide). This information will show where HIV testing is and is not occurring. This information will help focus outreach to providers or areas where more testing should occur.
- The group discussed whether some of the Diagnose objectives were “ambitious” enough to reach the overall Plan goals. For example, a 10% increase in publicly funded testing at clinical and non-clinical sites may not be sufficient to get the overall number of persons with HIV newly diagnosed to 25 (in 2030).
 - This was recognized as a valid perspective.
 - The group discussed that it needed to focus first on areas that could be influenced more directly. In this case, publicly funded contractors vs. general healthcare system providers.
 - The current 2022-2026 Plan includes several objectives that have yet to be achieved. This does not mean that progress is not occurring. The group felt it was important to be realistic and practical, especially in an environment with uncertainty and challenges.
 - The group noted that this Plan was a living document. The CHPC and required partners would be reviewing the Plan each year. The Plan could be adjusted in the event that the objectives are achieved early.
- The group discussed the role of peer-support specialists and community involvement – including in Respond.
 - Ryan White A funding supports peer specialists and gets reviewed each year.
 - State laws (i.e., patient privacy and confidentiality) prevent the involvement of peer support specialists such as the roles and responsibilities of Disease Intervention Specialists or Partner Services.
- The group discussed technical issues related to accessing rapid testing and also the more gaps in data sharing in situations such as home testing or even HIV test results that occur as part of health exams for life insurance. Also, insurance and even the federal government does not (yet) recognize rapid testing results to “expedite” access to treatment.

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- The group discussed finding ways to expand “human compassion” in the key activities by rooted more of them in community groups and community engagement ranging from faith-based settings to salons and barbershops as well as social groups – including fraternities and sororities.
- Discussion occurred about raising the visibility of “treatment as prevention” messaging and using innovative search engine optimization strategies to focus messaging in geographic areas where a large volume of internet searches occur around key terms (e.g., PrEP).
- Discussion occurred to clarify the way in which Syringe Service Programs (SSPs) were referenced in the Plan (e.g., prevention services for persons who use drugs).
 - Clarification occurred about the nature and type of supplies available through SSPs and how SSPs measure their services and even second distribution.
 - Clarification occurred about the impact of second-hand distribution.
 - Clarification occurred about the nature and type of data collected by the SSPs.

Based on input from the group, the following areas of the Plan will be further refined:

Diagnose, Objective 1 Activities

- Develop process to analyze late tester data...

Diagnose, Objective 3 Activities

- Pilot methodology for use of data from HIV negative lab tests...

Treat, Objective 1 Activities

- Make referral resources available to providers (e.g., RW medical case managers, peer support specialists) [maybe also note RW support services among referral resources although this wasn't clear to me]

Treat, Objective 2 Measures

- Percentage of newly diagnosed PWH prescribed ART within 12 months

Treat, Objective 3 Activities

- Conduct annual MCM trainings on CADAP and CIPA
- Conduct outreach and education in non-RW settings (e.g., faith, community-based organizations, local businesses)
- Incorporate U=U and Treatment as Prevention messages in planned awareness campaigns

Treat Objective 3 Measures

- Number on MCM trainings
- Number of outreach and education activities in non-RW settings

Prevent, Objective 1 Activities

- Support a minimum of three different pilot projects or quality improvement projects...
- Deliver technical assistance to agencies on how to accurately report PrEP data

Prevent, Objective 2 Measures

- Secondary distribution of prevention supplies
- Return rate for prevention supplies

Prevent, Objective 3 Activities

- ... condom distribution plan [we could include example of ideas from meeting: partner with state university system to expand condom distribution, expand in community settings such as barber shops and beauty salons, at high schools, fraternities and sororities, develop condom distribution network list]

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Mitchell thanked everyone for their thoughtful questions and input. He indicated that additional revisions will be made to the Plan. The HIV Funders Group would provide input next week, and the staff and CT DPH will share an updated draft Plan at the beginning of the month that can be used by the Ryan White A Planning Councils and the CHPC as the reference point for their votes on approving the Plan. Also, CT DPH will be scheduling a meeting to review the Plan with the Commissioner.

CHPC COMMITTEE OVERVIEW

CHPC Committee meetings will start 10 to 15 minutes after the adjournment of the main CHPC meeting. Areas of focus for each committee meeting were reviewed (see table).

Ending the Syndemic (ETS)	Public Awareness & Community Engagement (PACE)	Needs Assessment Projects (NAP)	Quality & Performance Measures (QPM)
<ul style="list-style-type: none"> Review meeting notes Syndemic Partners Group updates Review of draft patient micro-tool Update on syndemic summit 	<ul style="list-style-type: none"> Review meeting notes Review of 2026 work plan Social media campaign concept June newsletter Youth subcommittee update 	<ul style="list-style-type: none"> Review meeting notes Review committee name Workforce needs assessment 1 pagers Prevention needs assessment survey 	<ul style="list-style-type: none"> Review meeting notes QI Spotlight, Community Health Services QI priorities for 2026

ANNOUNCEMENTS

CHPC Co-Chairs asked participants to share any announcements or important updates relevant to their programs, services, or communities.

- Martina De Le Cruz asked participants to approach CHPC meetings with grace and gratitude for the opportunity to assemble in person at a very well organized meeting, transportation supports for CHPC Members, lunch, and refreshments throughout the day.

Participants were asked to share information about any upcoming events with the CHPC staff so it could be disseminated through the CHPC contact list.

MEETING FEEDBACK

43 participants completed a CHPC main meeting feedback poll to share their meeting experience and suggestions for improvement. 96% of members and 100% of public participants who completed feedback surveys graded the CHPC event as an “A” or a “B” and expressed positive feedback for the presentation and discussion space.

ADOURN

The CHPC Co-Chairs adjourned the meeting at 12:01 p.m.

ATTENDANCE

Attendance records are on file with the CHPC support staff.