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Public Health

Connecticut HIV Funders Group

Meeting Summary 25 February 2026

Date:	February 25, 2026	**Type:**	Virtual
Start Time:	10:10 a.m.	**End Time:**	11:30 a.m.
Moderators:	Mitchell Namias (CT DPH)		
Participants:	27 (see attendance list)	**Next Meeting:**	March 25, 2026 (in-person)

WELCOME & MOMENT OF SILENCE

Mitchell Namias opened the meeting and welcomed participants, including those new to the group, such as Crystal Medley from New Haven as well as representatives from CT DPH STD and HCV Programs. The group shared a moment of silence to recognize the important nature of the work and its connection to individuals, families, and communities.

PARTNER UPDATES

Partners were given the opportunity to share any headline news to their respective programs.

- Mitchell and Gina D'Angelo from CT DPH attended an in-person academic detailing training of trainers program in San Francisco. The intent is for CT DPH to develop a program for Connecticut and train a group of detailers who can support this work. The detailing will address provider gaps related to routine testing awareness and implementation, PrEP prescribing – including for priority populations, ART initiative for new diagnosis, and even completing adult case report forms and reporting to CT DPH. Mitchell and Gina shared that other states are using some creative approaches and Connecticut will have access to support adoption of promising practices.

INTEGRATED PLAN 2027-2031 DEVELOPMENT STATUS CHECK

Mitchell recapped the timeline and activities most relevant to the Plan development.

2025

JUL/SEP	Surveillance/Epi and surveillance data presented
NOV	Data collection closed for HIV Needs Assessment Survey and HIV Workforce Survey
DEC	Funders group built the framework (goals/objectives + initial key activities)

2026

JAN	Needs assessment results shared; further refinement of objectives; ad hoc team formed to rework the Respond pillar
FEB	Needs Assessment Part 2 results presented; Workforce results shared at CHPC meeting; HIV Funders Group will review draft of activities/objectives (at least several pillars)
MAR	Resolve unresolved items and raise the level of analysis to confirm that pillars/objectives address gaps/needs/priorities to the greatest extent possible.

Mitchell noted that the communication process with Plan development partners continues to work well and includes: (a) Monthly schedule of activities sent to Ryan White Planning Council leaders, (b) Cross-representation between Funders group and CHPC / Planning Councils, (c) Planning Council and CHPC allocate agenda time for plan-development check-ins, and (d) Feedback suggests this coordination is helping keep partners aligned.

REVIEW OF PLAN GOALS, OBJECTIVES & KEY ACTIVITIES (SMART FORMAT)

Mitchell reviewed the overall Plan goals and objectives. The group confirmed these accurately reflected the approach and were consistent with federal guidance, NASDAD, other states, and relevant to Connecticut's circumstances.

- One word was changed in the overarching objectives. The word "strengthen" was changed to "expand" for the overarching goal related to syndemic approach. The word strengthen was determined to be too vague and posed challenges with respect to measurement.

Pillar 4: RESPOND

Mitchell shared that an ad hoc group had met 2 times since the January meeting to revise Pillar 4 and the CT DPH STD Program team recommended changes to objective R4. The group reviewed and discussed the revised RESPOND pillar.

Objective R1

- The group acknowledged that the approach should include multiple (syndemic) response plans vs. HIV only.
- It was suggested that a glossary and list of acronyms accompany the Plan or all acronyms be written out when communicating with general audiences.

Objective R2

- CT DPH surveillance team members provided descriptions of surveillance activities (e.g., molecular approaches, time space analysis) to help the group understand the key activities for this objective – especially related to pre-cluster alerts and thresholds for outbreaks.
    - Cluster reportable when 5 new diagnoses within the past year are genetically linked (molecular sequence data). The program also detects smaller linked patterns (2–3 links), which Connecticut monitors as "pre-clusters" to act early and prevent escalation.
    - Another monthly method ("time-space analysis") flags anomalies by geography and risk factor groups over multi-year windows, triggering review and response planning.
- The word "strengthen" which was decided to be too vague. Changes were made to language in activities R2.
- A new activity (R2.4) was added to recognize that community partners play an important role in identification of pre-clusters that may lead to outbreaks. Frontline observations (e.g., unusual patterns in new cases among a specific subgroup or geography) have historically provided early warning before CDC alerts.
- The activity related to education and training (previously R2.4) was reframed to "offer" in acknowledgement that providers may or may not participate in the trainings.

Objective R3

- The group was reminded that ADI (Area Deprivation Index) described as a composite of social determinants of health (e.g., education, income, housing) that can be mapped and compared to HIV/HCV/overdose trends. Hartford was cited as acting on ADI mapping down to census tract/neighborhood level to target interventions.
- The word "strengthen" which was decided to be too vague. Changes were made to language in activities R3.

Objective R4 (revised by the CT DPH STD Program)

- The group discussed the DIS process and how it related to the proposed activities (e.g., how opt-outs are counted and managed).
- Danielle raised historic models of provider-delivered partner treatment (EPT) as a way to address STI resurgence (e.g., gonorrhea). STD program staff confirmed: (a) EPT remains allowable under Connecticut statute, but provider utilization is inconsistent; provider comfort, policies, liability, and workflow barriers persist, and (b) Recent provider training reinforced EPT, and DPH updated web resources (including letterhead/date) to signal currency.
- The group confirmed the connection of DIS activities to the PREVENT pillar (i.e., partner linkage to PrEP).

General Impressions of the Revised RESPOND Pillar. The majority indicated high agreement that objectives look solid; a meaningful minority signaled some fine-tuning may need to occur at the March HIV Funders Group meeting.

- Gina inquire as to whether the Plan (Pillar 4 or elsewhere) should include an objective that specifically addresses high STD rates as precursors to HIV risk. Most folks agreed this warrants additional consideration and the objective may be considered as part of the PREVENT pillar.

Pillar 2: DIAGNOSE

Mitchell noted that limited time existed for the group to begin reviewing another pillar. He noted that he would like to focus on the DIAGNOSE pillar.

Objective D1

- A suggestion was made to include an intentional emphasis on changing behavior of healthcare leaders and decision-makers (vs. patient facing staff).
    - Clarification was made that academic detailing can target not only clinicians, but also CMOs/CNOs, leadership, front office, and facility-level workflows.
    - The group agreed to revise the language in activity D1.2 and broaden wording in key activities beyond "providers" to reflect the program's ability to reach multiple roles/settings
- The group agreed to refine language around academic detailing and replace "QI project" with more practical, process-oriented wording.
    - Language was changed in activity D1.3 to shift language to implementing a process (vs. a QI project).

Objective D2. The group agreed to table the discussion on the remaining objectives of the pillar until the March meeting.

RECAP & NEXT STEPS

Recap. Mitchell recapped key themes from the discussion:

- Clarity and plain language matter: The plan must work for community readers; abbreviations and jargon need a glossary and/or write-outs.
- Action verbs over vague verbs: "Strengthen" repeatedly triggered concerns; the group wants measurable, observable actions.
- Data + community intelligence = earlier response: Surveillance systems are essential, but frontline providers/community partners often detect "pre-clusters" first.
- Syndemic integration requires cross-pillar design: STIs, EPT, partner services, and PrEP linkage are interdependent; partners want the plan to reflect that reality.
- Academic detailing is a promising lever: Seen as a practical mechanism to move routine testing, screening, and reporting practice into real workflows—if the audience is defined broadly enough.

Next Steps.

- Project staff will produce a meeting summary.
- Project staff will revise the SMART format document based on the discussion. The information will be sent to CT DPH first for further alignment with any feedback from the initial review by the Federal project officer. The group will receive updates during the first part of March.
- The March (in-person) meeting will focus on further revision of the Plan including guidance from the Federal project officer, discussion about including a specific objective to prevent STDs, DIS and Partner Services linkage of clients to PrEP (prevent pillar), and any disconnects of Plan objectives or key activities to "gaps" identified through data sets or by planning groups.

MEETING FEEDBACK / PROCESS IMPROVEMENT

Sixteen (16) participants completed feedback forms as a method to discuss meeting experience and process improvements.

Overall Grade. 75% of participants graded the meeting as an "A" and 25% graded the meeting as a "B".

2027 – 2031 Plan Goals and Objectives. 50% of participants "strongly agreed" and 50% "agreed" that the plan goals and objectives make sense given the needs, gaps, resources, and building blocks of the 2022-2026 Plan.

Plan Pillar that Needs the Most Refinement. The highest response was "none" followed by prevent (n=3).

Clear about Next Steps. 63% "strongly agreed" and 37% "agreed" that they were clear on next steps in the upcoming 30 days.

Like the most. Participants shared these comments:

- Discussion

- Discussion – felt like folks were heard and engaged
- Productive
- Engagement

Suggestions for improvements. The suggestions included:

- More time or time management
- I like the polls
- None at this time (2)

ADJOURN

Mitchell Namias adjourned the meeting at 11:30 a.m.

ATTENDANCE

M Namias, G D'Angelo, A Lewis, D Warren-Dias, J Vargas, V Ingram, S Major, D Gennaro, K Medley, G Infantas, N Fernandez, D Adetiba, M Thornton, M Mohhamed, D Rose-Daniels, M Buchelli, P Tomlinson, A Hinds, D Dorsinvil-Sonceau, M Keith, K Lynch, C Cole, C Cummings, K Harding, B Gilchrist, K Plourd, M Nickel

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