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Public Health

Connecticut HIV Funders Group

Meeting Summary 17 December 2025

Date:	December 17, 2025	**Type:**	In Person, CHC/ACT (Chesire)
Start Time:	10:10 a.m.	**End Time:**	2:00 p.m.
Moderators:	Mitchell Namias (CT DPH)		
Participants:	20 (see attendance list)	**Next Meeting:**	January 28, 2026

WELCOME & MOMENT OF SILENCE

Leah Lucarelli, VP of Programs and Operations at CHCACT, welcomed everyone and shared background information on the organization. CHCACT is the Primary Care Association (PCA) for the 17 federally qualified health centers in Connecticut. CHCACT provides a wide variety of support and training for the health centers, helps connect external stakeholders with the health centers, and is the Part D recipient with 7 sub-recipients.

Mitchell Namias welcomed participants to the meeting and asked individuals to share a moment of silence.

2027 to 2031 PLAN DEVELOPMENT PROCESS

Mark Nickel reviewed the agenda for the meeting, along with background on the approach in developing the Integrated Plan. The overall schedule is as follows:

- Funders Group staff will revise the draft Goals, Objectives, and Activities based on today's meeting, and circulate to the group for additional feedback by early January.
- The CHPC will review the SCSN data at its January and February meetings (i.e., surveys, inventories).
- The Funders Group will meet after each CHPC meeting to revise the Plan based on findings from SCSN projects as well as input from stakeholders and partners.
- The CHPC and other Plan partners will review the Plan Goals and Objectives in March, with guided questions to organize the discussion.

PLAN GOALS, OBJECTIVES and ACTIVITIES

The group spent most of the meeting reviewing and revising the Plan goals and objectives, and identifying activities needed to achieve these objectives. ***Page 3*** shows the revisions to Plan goals and objectives. ***Page 4*** shows a logic model with preliminary ideas for key activities.

NEXT STEPS

Mitch and Mark reviewed the action items identified during the meeting:

- Staff will work with CT DPH staff to refine Plan Objectives based on existing data.
- All Funders Group members will review the draft Plan and provide feedback by January 7, 2026.

MEETING FEEDBACK / PROCESS IMPROVEMENT

Eleven (11) participants completed feedback forms as a method to discuss meeting experience and process improvements.

Overall Grade. 100% of participants graded the meeting as an "A"

Organization of the session. 82% were "very satisfied" and 12% were "satisfied"

Level of Interaction. 73% were "very satisfied" and 27% were "satisfied"

Clear on Next Steps. 70% of participants responded, "strongly agree" and 30% responded "agree"

Like the most. Participants shared these comments:

- Communal engagement - organized discussion, respectful ground rules that aided in the flow
- Inclusivity and hearing ideas from all agencies
- Productivity
- Interaction - ideas - conversation

- Great discussion
- The conversations were great and we made a lot of good movement. Well facilitated, great space
- Format / productivity
- Everything!
- The food, being in person, the organization of the conversation, the facilitation, the location
- I liked the meeting space
- High quality input. Clear goals.

Liked the least. Participants shared these comments:

- Sitting too long
- There were not a lot of providers at the table -- the voices were very DPH heavy
- Sometimes tough to follow but it is a lot trying to be considered so that's understandable. I think it became clearer as the day went on.
- Limit created by funding. Non-funded sites might impact negatively the goals.

Suggestions for improvements. The suggestions included:

- More folks at the table
- Have more folks @ the table
- Expand to more RW funded
- Update not on paper but online on the screen - share with us so we can open on laptops
- More syndemic

ADJOURN

Mitchell Namias adjourned the meeting at 2:00 p.m.

ATTENDANCE

D Warren-Dias, P Tomlinson, A Hinds, M Namias, G D'Angelo, L Corpora, A Pluchino, E Mott, M Buchelli, D Rose-Daniels, S Swaby, G Infantas, C Cummings, G Infantas, K Ba, S Major, R Rodriguez-Santana, D Bechtel, K Plourd, M Nickel

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Connecticut Integrated HIV Prevention and Care Plan 2027 to 2031

Overarching goals: (1) end the HIV epidemic in Connecticut, (2) eliminate HIV-related health disparities, and (3) apply a syndemic approach

Pillar & Goal	Preliminary Objectives
PREVENT new HIV transmissions	P1. Increase the **PrEP-to-Need Ratio (PNR)** to 36 by 12/2031 P2. Increase the number of individuals accessing **Syringe Services Programs** (SSP) to 11,000 by 12/2031 P.3. Increase publicly funded **condom distribution** by 10% by 12/2031
DIAGNOSE All people with HIV as soon as possible	D1. Increase **routine HIV testing** in publicly funded **clinical settings** by ##% by 12/2031 D2. Increase **routine HIV testing** in publicly funded **non-clinical settings** by ##% by 12/2031 D3. Develop **methodology** to assess and analyze **routine HIV testing volume** (statewide) by 12/2031
TREAT people with HIV rapidly and effectively to achieve viral suppression	T1. By 12/2031, increase to 95% newly diagnosed PWH who attend a **routine care visit within 1 month of diagnosis** T2. By 12/2031, increase the ##% of newly diagnosed PWH who receive **Antiretroviral Therapy (ART)** within # days of diagnoses T3. By 12/2031, achieve **viral load suppression** of 95% for all PWH
RESPOND to disease outbreaks and disproportionate rates of disease incidence and prevalence with a data to action approach	R1. HIV Plan partners use data to **review progress** and **update the Plan** annually R2. CT DPH updates its **Cluster Detection and Response Plan** annually R3. HIV Plan partners develop and implement **coordinated process** for technical assistance, training and capacity building by 12/2031

Logic Model: State of Connecticut Integrated HIV Prevention and Care Plan 2027 to 2031

Overarching goals: (1) end the HIV epidemic in Connecticut, (2) eliminate HIV-related health disparities, and (3) apply a syndemic approach

Goals	Objectives	Activities (preliminary)
PREVENT new HIV transmissions	P1. Increase the **PrEP-to-Need Ratio (PNR)** to 36 by 12/2031	(1) # PrEP navigation training, detailing and education on co-infections, (2) introduction of PrEP/PEP Drug Assistance Program and pilot project, (3) 1 coordinated statewide public awareness campaign, (4) quality improvement projects focused on PrEP uptake for populations (e.g., B/AA women) with lower PNR , (5) expand access to PEP and DoxyPEP
	P2. Increase the number of individuals accessing **Syringe Services Programs (SSP)** to 11,000 by 12/2031	(1) publicly funded SSPs distribute 2.4 million syringes annually and syringe return rate, (2) conduct at least 1 public awareness campaign that focuses on syndemic-related conditions, (3) strengthen connections between HIV partners and opioid overdose prevention partners, (4) conduct SSP meetings biannually for CT DPH funded sites
	P.3. Increase **condom distribution statewide** by 10% by 12/2031	(1) develop and implement condom distribution plan, (2) expand peer sexual health education among youth and young adults, (3) coordinate a statewide media campaign about sexual health
DIAGNOSE all people with HIV as soon as possible	D1. Increase **routine HIV testing** in **clinical settings** by ##% by 12/2031	(1) academic detailing projects at clinical providers or local health departments, (2) develop and support implementation by key system partners (CHC/ACT, UConn Health, YNHH) to expand routine HIV testing and syndemic screening at FQHCs, (3) coordinate statewide public awareness campaign (TEST CT), (4) share syndemic screener
	D2. Increase **routine HIV testing** in **non-clinical settings** by ##% by 12/2031	(1) academic detailing projects at non-clinical providers, (2) use data to action and expand access to non-clinical sites using mobile units, (3) host at least 4 integrated HIV/HCV testing events, (4) coordinate statewide public awareness campaign, (5) expand use of at-home test kits, (6) engage non-traditional community partners, (7) strengthen follow-up protocols
	D3. Develop **methodology** to assess and analyze **HIV testing volume** (statewide) by 12/2031	(1) convene key partners to develop plan, (2) pilot methodology, (3) develop baseline and indicators, (4) use data to action approach to inform planning and quality improvement projects,
TREAT people with HIV rapidly and effectively to achieve viral suppression	T1. By 12/2031, newly diagnosed PWH who **attend a routine care** visit within 1 month of diagnosis increases to 95%	(1) HIV partners support process to maximize PWH who access RW care coordination services, (2) review indicator and support initiative of quality improvement projects, (3) coordinate # trainings on effective response models – includes trauma informed engagement and linkage to care, (4) update annual service inventory to support referrals, (5) support regional events/forums to strengthen referral networks, (6) assign MCM at point of diagnosis to initiate engagement
	T2. By 12/2031, newly diagnosed PWH who **receive Antiretroviral Therapy (ART)** within # days of diagnoses increases to ##% of	(1) Increase # eligible PWH who use Connecticut Insurance Payment Assistance program, (2) annual review and update of CADAP formulary, (3) coordinate trainings on long-acting HIV medications, (4) expand # of sites implementing rapid ART models, (5) explore CADAP process change to access rapid ART (without confirmatory blood test), (6) provide list of pharmacies trained in receiving new PWH, (7) expand rapid ART initiation protocols, (8) Crimson Table Talks
	T3. By 12/2031, achieve **viral load suppression** of 95% for all PWH	(1) Review and disseminate aggregate and sub-group viral suppression data, (2) implement Data to Care cycles and use of DIS to re-engage PWH in care, (3) support initiation of quality improvement projects, (4) develop process and plan to improve data sharing across agencies – including development of syndemic related indicators (e.g., comorbidities, (5) coordinate trainings, (6) strengthen local and regional referral process and awareness of resources, (7) share treatment cascades for co-infected clients, (8) conduct statewide PWH needs assessment, (9) hold focus groups / listening sessions
RESPOND to disease outbreaks and disproportionate rates of disease incidence and prevalence with a data to action approach	R1. HIV Plan partners use data to review progress and **update the Plan** annually	(1) CHPC meetings, (2) HIV funders meetings, (3) syndemic partner group meetings, (4) RW A Planning Council meetings and priority setting/allocations & EIHA Plans, (5) RW B, (6) coordination with Viral Hepatitis Elimination Technical Assistance Committee, CT Sexual Health Coalition, (7) HOPE conference, NEAETC summits, CHPC summit
	R2. CT DPH updates its **Cluster Detection and Response Plan** annually	(1) CT DPH updates cluster detection and response plan annually, (2) # partners/leaders from communities with high syndemic Area Deprivation Index initiate capacity building approaches, (3) syndemic partners group and CHPC Ending the Syndemic Committee complete # projects, (4) CT DPH educates # communities on Cluster detection and response plan and presentation, (5) HIV partners produce and disseminate infographics and materials
	R3. HIV Plan partners develop and implement **coordinated process** for technical assistance, training and capacity building by 12/2031	(1) HIV Funders Group review and coordinate professional development offerings to support Plan implementation, (2) HIV partners coordinate at least 4 statewide summits, (3) HIV partners develop plan to expand access to on-demand training resources