

Date:	March 25, 2026	Type:	In Person, CHCACT
Start Time:	10:05 a.m.	End Time:	2:05 p.m.
Moderator:	Mitchell Namias (CT DPH)		
Participants:	26 (see attendance list)	Next Meeting:	April 29, 2026

WELCOME & MOMENT OF SILENCE

Leah Lucarelli, VP of Programs and Operations at CHCACT, welcomed everyone and shared background information on the organization. Mitchell Namias welcomed participants to the meeting and asked individuals to share a moment of silence.

PARTNER UPDATES

Mitchell asked participants to share updates:

- **Routine Testing.** Leah updated the group on community health centers' knowledge and implementation of routine HIV testing (per discussion at December meeting). CHCACT surveyed all 17 community health centers – CHCs are aware of the legislation and the Testing Toolkit but have not fully implemented routine testing yet. CHCs requested training on: how to have conversations about sex and testing, HIV medications, HIV monitoring and care, and the Testing Toolkit. CHCACT has monthly meetings for different workgroups that can serve as vehicles for disseminating information and technical assistance. Gina D'Angelo noted that DPH is developing an academic detailing program this year and can share the menu of offerings with CHCACT.
- **Ryan White Part B and Prevention.** Mitchell noted that DPH is considering having one RFP for both RWB and Prevention. This can streamline the application and monitoring process and reduce the reporting requirements for funded programs. Mitchell asked for feedback on this approach. Participants noted that this would reduce reporting burdens for programs and could help in aligning funding cycles. Participants also cautioned that this could be more complicated for applicants (would need extensive education and clarity on uses of funds by source), and that some programs would only want to offer prevention or care. Most agreed that it would make sense to continue exploring this as an option. Mitchell thanked the group and stated that there would be other opportunities to provide input.
- **Ryan White Funding Challenges.** Peta-Gaye Tomlinson stated that the RWA Hartford contract process for the current funding cycle (which started March 1) is stalled. Hartford received less than 50% of the award. The City of Hartford typically "fronts" the money to partners, but the City is not willing to take the risk this time due to fiscal challenges. Chris Cole stated that New Haven has also has this challenge and offered to share different options with Peta-Gaye. Danielle Warren-Dias noted a delay in the release of the RFP for Parts D, and Mitchell noted lack of information on Part B funding beyond an email of a partial award (with the funding cycle ending in 6 days).
- **Federal Housing Funding Challenges.** Erika Mott noted the loss of funding for HOPWA in eastern Connecticut (Alliance for Living and Windham County), limitations in HUD funding for homelessness (agencies that deliver "harm reduction" services are not allowed to apply), and the potential end of federal funding for permanent supportive housing (support transitional housing instead).

PROCESS CHECK: PLAN DEVELOPMENT PROCESS

Mitchell reviewed the timeline for completing the Plan, feedback on Connecticut's draft from the federal project officer, and federal guidance on the use of language in the Plan. Key points include:

- The group is on track to submit the Plan by June 2026.
- Federal project officer suggestions for strengthening the draft included:
 - Confirm objectives are outcome focused
 - Strengthen objective-activity-measurement alignment
 - Clarify specification of priority population
 - Consider interim benchmarks (not all 12/2031)
 - Ensure RESPOND objectives include measurable indicators beyond process measures
 - Confirm monitoring and evaluation process are described in the implementation section

- In the Plan, use language that reflects federal executive orders and avoids DEI / harm reduction terms. For example, the Plan can reference “populations disproportionately impacted by HIV as identified through ongoing surveillance and epidemiologic review, including those with elevated incidence, lower viral suppression, or geographic concentration.”

PLAN GOALS, OBJECTIVES and ACTIVITIES

The group spent most of the meeting reviewing and revising Plan objectives and activities based on the gap analysis from the March CHPC meeting. The attached document summarizes the revisions (highlighted in yellow).

NEXT STEPS

Mitch reviewed the action items identified during the meeting:

- Staff will revise and distribute the updated draft Plan (see attached).
- DPH will share draft with planning partners and request input.
- QPM is developing performance measures (see the attached revised Plan for suggestions from the March QPM meeting).
- The April HIV Funders Group meeting will focus on refinements and monitoring the Plan.
- DPH and CHPC staff will schedule session(s) with consumers to provide feedback on the Plan.

MEETING FEEDBACK / PROCESS IMPROVEMENT

Fifteen (15) participants completed feedback forms as a method to discuss meeting experience and process improvements.

Overall grade. 87% of participants graded the meeting as an “A” and 13% graded as a “B”

Organization of the session. 73% were “very satisfied” and 27% were “satisfied”

Level of interaction. 80% were “very satisfied” and 20% were “satisfied”

Clear on next steps. 80% of participants responded, “strongly agree” and 20% responded “agree”

Like the most. Participants shared these comments:

- Activity - getting through the Pillars!!
- Having everyone in the same room for these big picture conversations is very helpful. In person sessions like this feel very productive.
- Open conversations - lots of collaboration
- Collaboration
- Discussion!
- Being in person
- We got through all objectives!
- Great discussion + feedback
- Camaraderie
- Collaboration / discussion
- Level of participation & interaction with materials
- Engagement
- Having all level of HIV providers at the same table
- The organized information / discussion

Liked the least. Participants shared these comments:

- When the heating changed - cold
- Excess chatter - talking over each other
- Nothing negative - I do think we should have these meetings event outside of 'integrated plan' planning time

Suggestions for improvements. The suggestions included:

- The side conversations that identify key topics that could be helpful to follow up on - making sure someone plans next steps for those things as well
- Add more time to the meeting
- Larger print on paper versions
- Baselines in advance
- Involving non-RW funded providers

ADJOURN

Mitchell adjourned the meeting at 2:05 p.m.

ATTENDANCE

D Warren-Dias, P Tomlinson, A Hinds, M Namias, M Mohammed, C Cole, N Agosto, G D'Angelo, L Corpora, E Mott, M Buchelli, D Rose-Daniels, G Infantas, K Ba, S Major, R Rodriguez-Santana, L Lucarelli, V Ingram, T Moore, N Santana, D Gennaro, J Vargas, C De León, J Merz, D Bechtel, M Nickel

******End of Document******