



Location:	Zoom virtual meeting		
Date:	15 March 2023	Recorder:	Mark Nickel
Start Time:	9:00 a.m.	End Time:	10:45 a.m.
Presiding Chairs:	Xavier Day, Nilda Fernandez, and Marianne Buchelli		
Attendance:	See end pages for roster of CHPC members and public participants		

MEETING AT A GLANCE

- The CHPC Members approved the main meeting summary for February using a virtual vote.
- Marianne Buchelli will assume interim CHPC Co-Chair leadership responsibilities as the designated liaison from the Connecticut Department of Public Health (CT DPH).
- Dante Gennaro will assume the role of chair for the Membership and Awareness Committee (MAC).
- CHPC Committee leaders piloted a new format of using interactive polls to increase engagement during committee reports.
- The CHPC Needs Assessment Project will host a HIV and Housing discussion on 5 May 2023.
- Three HIV partners shared their respective roles in implementing HIV prevention and care strategies: Marianne Buchelli representing the CT DPH HIV Prevention, Danielle Warren-Dias representing the Greater Hartford Ryan White Part A Planning Council, and Mitchell Namias representing the CT DPH Ryan White Part B.

CALL TO ORDER and MOMENT OF SILENCE

Mr. Xavier Day introduced himself as a CHPC Community Co-Chair and called to order the Connecticut HIV Planning Consortium (CHPC) at 9:03 a.m. He introduced CHPC Co-Chairs Nilda Fernandez and Marianne Buchelli. Mr. Day reviewed meeting behaviors identified by CHPC participants to create a welcoming, inclusive, and respectful meeting environment.

Ms. Fernandez asked that participants hold a moment of silence to honor, recognize, and celebrate the lives of individuals affected by HIV, social injustices, natural disasters, and war. She then reviewed the CHPC Mission, values, and goals.

CHPC BUSINESS UPDATES

Voting Results: Prior CHPC Meeting

Mr. Day reported that the CHPC Members voted virtually to approve the February 2023 meeting summary. The summary will be posted on the CHPC website.

CHPC Co-Chair Change

Mr. Day explained that the CHPC operates with three Chairs of the main group. The CHPC Members elect two (2) of the chairs. The third chair is designated by the CT DPH to maintain alignment and communications between the CHPC and its backbone support organization. Mr. Day stated that Dante Gennaro, the former CT DPH liaison serving as a CHPC chair, had recently started a new job as the Director of the AIDS Education and Training Center (AETC) at Yale University. As a result, CT DPH will



be identifying a designee to serve as the CT DPH liaison. Marianne Buchelli will serve as the interim liaison to the CHPC.

MAC Chair Update

Dante Gennaro will assume the role of chair for the MAC beginning in April 2023. Mr. Day will chair the March MAC meeting.

CHPC Process Improvements

Mr. Day stated that the CHPC community responded positively to the brief videos organized around the theme of "Meet the Members." The Executive Committee agreed that the CHPC would introduce these types of videos from time to time for Members and for CHPC partners. However, the videos would be shorter and perhaps played at different times throughout the meeting as compared to showing several at the same time.

Mr. Day explained that no Meet the Member videos would be shown at this meeting. The CHPC Executive Committee agreed to test out an innovation this month to make the committee reports more engaging.

Upcoming CHPC Presentation Schedule

CHPC Members were reminded of the presentations schedule to occur at upcoming CHPC main meetings¹:

April	Connecticut's HIV Epidemiological Profile / HIV Surveillance
May	Connecticut Sexually Transmitted Disease (STD) Surveillance
June	Connecticut Statewide HIV Prevention Survey Results
July	No CHPC meeting

Mr. Day reminded everyone that the Quality and Performance Measures (QPM) Committee will coordinate a statewide Quality Management Summit in October.

Resources and Connections

Ms. Buchelli stated that a significant amount of professional development and networking events occur on a regular basis across the state and nation. The three CHPC Co-Chairs shared information about resources that were relevant to the Statewide HIV Plan. Specifically:

- Aging, Comorbidities, & HIV: Conference on Retroviruses and Opportunistic Infections (CROI) Update webinar on Friday, March 24, 2023 @ 1:30 p.m. with Todd Brown, MD, PhD of Johns Hopkins University. Topics include comorbidities in women, HIV and the heart, diabetes in people with HIV, HIV comorbidities and COVID-19, and more. Register at: https://event.webcasts.com/starthere.jsp?ei=1592107&tp_key=eb3dc42455
- The Weitzman Institute is assembling a new HIV/AIDS Taskforce to understand the barriers that PWH experience in receiving oral care and improving access to routine oral care. \$1,000 for

¹ The meeting schedule shown in this meeting summary reflects the changes agreed upon by the Executive Committee at its meeting the day after the CHPC meeting. The information shared at the CHPC meeting indicated that the Connecticut Statewide HIV Prevention Survey Results would be shared in May. However, this presentation had to be rescheduled for June. The Executive Committee agreed to schedule the STD presentation for May as it was identified as a priority and relevant to the Statewide HIV Plan.



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- DPH prevention request for proposal (RFP) will include funding for HIV/HCV Testing using a Status Neutral Care Model, and Harm Reduction Services. Lead contractors will coordinate services by collaborating and subcontracting with agencies within 4 regional service areas identified as: 1) New Haven County, 2) Fairfield County and Litchfield County, 3) Hartford, Middlesex, and Tolland Counties, and 4) New London and Windham Counties. Additionally, one Lead Contractor will be funded to coordinate Harm Reduction Services statewide, and one Contractor will be funded to coordinate HIV/HCV Testing in Clinical Settings statewide.
- AIDSWatch 2023 (March 19 to March 21) in Washington, DC assembles hundreds of people living with HIV and their allies in Washington D.C. to learn about the latest policy issues, messaging strategy and advocacy tactics. Connecticut has and will continue to send many individuals to this event.
- AIDS Awareness Day at Hartford is scheduled to occur on May 23, 2023, with a back-up date of June 16, 2023. Please save the date and plan on attending.

Where relevant, weblinks to these events were shared in the chat box. CHPC Co-Chairs encouraged individuals to share other resources and events in the chat box.

- The Center for Interdisciplinary Research on AIDS (CIRA) at Yale University publishes a regular list of events, new research publications, and funding opportunities relevant to the HIV community. <https://cira.yale.edu/>
- The CHPC list serv communicates job openings, trainings, and events to over 600 individuals. Check out these e-mails that contain PDFs with live links.

CHPC COMMITTEE UPDATES

Ms. Fernandez shared that the Executive Committee explored ideas to make CHPC Committee reports more engaging and interactive, especially for virtual meetings where less interaction tended to occur. The Executive Committee agreed to pilot the use of interactive polls during committee reports to share important information, make key points, or even collect perspectives or try out survey questions that might be used in an important project. The Executive Committee will review feedback on how this worked - like the piloting process with the Meet the Member videos, and determine what, if anything, to incorporate into future meetings.

Positive Prevention CT (PPCT)

Mr. Marcelin Joseph explained that the PPCT creates health communication campaigns and strategies for populations at the highest risk of getting HIV in Connecticut. Mr. Joseph reminded the group that the PPCT meets on the second Monday of the month at 10:00 a.m.

The interactive poll questions identified by PPCT related directly to campaign efforts - exposure of the TEST CT content on various platforms or use of products available at the distribution center.

- 49 individuals responded to a check all that apply question, "Where have you seen the TEST CT campaign?" The options include various video streaming platforms. Only 4% of respondents answered Hulu. Of the other choices (Peacock, Paramount +, Pluto TV, HBO Max, and Sling), zero (0) individuals saw the campaign.



- 49 individuals responded to a check all that apply question, “Which of the following items can you request from the Distribution Center?” All options shown on the question were available from the Distribution Center. Not everyone shared this understanding with 84% identifying condoms followed by print materials on sexual health (69%), personal lubricant (65%), dental dams (59%), Connected til the End branded items (53%), and finger cots (45%).
- 49 individuals responded to the question, “Are you excited about the Prevention Pack campaign?” 51% responded yes followed by I’m not sure or need more information (47%) and one person (2%) said no.

Mr. Joseph explained that the participation in the poll was intended to increase awareness by our own HIV community of the TEST CT campaign, the products available from the Distribution Center, and upcoming Prevention Pack campaign. The results indicate that if we are not aware of resources available to us, then we will not be able to connect our communities to these resources. Finally, Mr. Joseph showed a short video related to the Prevention Pack campaign.

Comments in the chat box included:

- A Connecticut-based marketing company is coordinating the distribution of the campaign and should be made aware that our own HIV community is not seeing the ads on these platforms or even watching these platforms.
- “This was very eye-opening” and relates to access. Perhaps younger populations have access to these platforms and will benefit from the campaign. We need to make certain the campaign reaches all audiences.
- PPCT and/or the marketing contractor should give a more in-depth presentation of the campaigns and their rollout.

Mr. Joseph thanked everyone for their interest, input, and suggestions. Gina D’Angelo (CT DPH) stated that she will share the information with the marketing contractor.

Needs Assessment Projects (NAP)

Dr. Anthony Santella shared that the NAP conduct and/or supports data collection and analyses that advance planning projects and/or relate to specific priorities – such as the groups temporary involvement in coordinating workforce development training events on a priority topics. Dr. Santella explained that the group was finishing up its involvement in coordinating workforce training events. The two main areas of focus include helping the CHPC identify opportunities to engage more meaningfully in the area of housing, a priority need and in helping the CHPC understanding how the results of the Statewide HIV Prevention Needs Assessment relate to the CHPC’s committee work.

Dr. Santella shared that the NAP is in the process of organizing an event around HIV and housing on May 5, 2023. This event will include a panel discussion featuring subject matter experts from key stakeholders such as the Department of Housing and the Connecticut Coalition to End Homelessness. Dr. Santella stated that his interactive poll questions were intended to spur thought and increase awareness about the connection between HIV and housing. Specifically:

- 49 persons responded to a multiple-choice question, “Which of the following is the biggest consequence of lack of stable housing and homelessness in people with HIV? Of the respondents, 33% selected lack of retention in care followed by exacerbated mental health



(27%), inadequate access to medical care (22%), low rates of adherence to antiretroviral therapy (10%), and other (8%).

- 49 persons responded to a general knowledge question, “Approximately how many affordable housing units are needed in Connecticut for very low-income residents?” The correct answer based on a recent housing study was 85,000 units. No one selected this option. Participants selected 30,000 units (31%), 55,000 units (31%), more than 100,000 units (27%), and less than 10,000 units (12%).

Dr. Santella pointed out that these poll questions showed two things: we need to increase our base knowledge of the situation and the CHPC and HIV partners need to work more closely with other housing partners. The HIV community cannot solve the housing issue in a vacuum. The chat box generated many comments such as:

- The link to the report on low-income housing units was shared: <https://nlihc.org/housing-needs-by-state/connecticut>
- The HIV community cannot solve the housing crisis by itself. We know this by how little the data has changed in the last 20 years.
- Housing is healthcare.
- Social determinants of health include housing.
- HIV funding does not include many resources specific to housing.
- Housing in Connecticut is very expensive.
- Evictions may increase post-COVID 19 pandemic.

Ending the Syndemic (ETS)

Ms. Roberta Stewart stated that the charge of the ETS was to coordinate and support expansion of ending the HIV epidemic and syndemic strategies and activities across the state. The group continues to build resources to support the expansion of routine HIV Testing. The ETS asked participants to share answer two poll questions about their experience in being screened or tested for HIV and other areas of syndemic focus.

- 52 people responded to the question, “At your last visit to your doctor, did the doctor talk to you about ... (check all that apply)? 73% reported the doctor asking about mental health concerns and 50% about STDs. Other areas of syndemic focused were discussed less frequently including substance use (33%), HIV (31%), PrEP or PEP (13%), and Hepatitis (12%).
- 52 people responded to the question, “In the last 12 months, have you been tested for HIV?” 38% stated yes, 44% stated no, and 17% reported the question was not applicable (e.g., persons with HIV)

Ms. Stewart stated in the context of routine HIV testing, even in our own HIV community, nearly half of us do not get a routine (annual) HIV test and most of us do not discuss other areas of syndemic focus with the doctor. These poll questions helped the ETS Committee understand better how to understand the baseline for routine HIV testing and screening.

Many participants shared comments in the chat box relevant to how they interpreted the questions and how to improve these questions. For example:



- Clarify or better define the phrase “last visit to your doctor.” The last visit might be to a specialist who does not ask about HIV or other syndemic areas of focus.
- Offer the option of “none” if the issues were discussed. The poll required at least one answer.
- Adjust the question to include pre-screens conducted as part of patient histories or even other healthcare staff who may ask these questions (not just the doctor).
- Explain what is meant by substance abuse to help people understand that it includes alcohol, tobacco/nicotine, cannabis, and other drugs (vs. drugs like cocaine or opioids).
- Recognize that people who may have answered “no” to have you been tested may have been routinely tested and did not even know it. Not knowing you were testing may be connected to a negative test result that represents a missed opportunity to discuss PrEP or PEP.
- Many comments related to a level of discomfort by patients and providers to discuss sexual health histories, the importance of asking specific questions about sexual behavior, or implicit bias by healthcare personnel related to age of patient or marital status, among others.
- The improved questions could be asked to other similar coalitions organizing around issues such as Hepatitis or STDS. Also, the questions could be included in future needs assessments.
- Some individuals shared personal experiences such as, “I fired my OBGYN office because they keep hiring inadequate providers.”
- Re-do this poll at a future CHPC meeting.

Ms. Stewart thanked everyone for their excellent input and the high level of passion to support the expansion of routine HIV testing.

Membership and Awareness Committee (MAC)

Mr. Gennaro stated that the MAC helps recruit and retain CHPC members, facilitates information sharing and public awareness, and increases opportunities for community engagement. The interactive poll questions related to improving the readability and reach of the CHPC newsletter.

- 51 individuals responded to the question, “What is your current approach to reviewing the CHPC Newsletter that gets published 3 x per year?” 47% reported reading only articles of interest followed by 27% who read every issue cover-to-cover, 20% who reported not knowing the CHPC had a newsletter, and 6% who said they did not read it at all.
- 51 individuals responded to the question, “Do you share the newsletter with other by forwarding it?” 47% said no followed by yes (29%) and does not apply (24%).
- 51 individuals responded to the a check all that apply question, “What type of newsletter articles would interest you the most?” The top answer was updates from the CT DPH (80%), followed by human interest stories related to HIV prevention and care (69%), updates about the CHPC (57%), updates from the Ryan White Part A Planning Councils or other partners (51%), puzzles and activities (43%), stories about CHPC members (39%), and other (10%).

Mr. Gennaro shared that the results showed that opportunities for improvement exist in organizing content for the CHPC Newsletter and in sharing. Comments from the chat box included:

- Individuals new to the CHPC community may not have been aware of the Newsletter until the next issue gets published.



- Make more paper copies available. These were discontinued during the COVID-19 pandemic.
- Include interactive links as in previous issues. This does not work for paper copies.
- If each CHPC participant shares this with their network it can make a huge difference (e.g., 70 people at the meeting x 10 = 700 more opportunities for reading and sharing).

Mr. Gennaro shared that a CHPC Members only social event will occur on March 29, 2023, in Cromwell. The event is intended to connect CHPC Members with each other and with CT DPH Resource Liaisons. This personal level of connection does not occur in the same way over virtual meetings. The event will include an educational session on HIV and Aging. A meal will be served and sponsored by a pharmaceutical company.

Quality and Performance Measures (QPM)

Ms. Peta-Gaye Nembhard shared that the QPM develops and monitors CHPC indicators and stimulates coordination and sharing of continuous quality improvement activities. Ms. Nembhard stated that the QPM remains on schedule with its 2023 workplan that includes an increase in monitoring and accountability processes. The two poll questions related to the topic of HIV testing, a priority of the Statewide HIV Plan.

- 42 individuals responded to a check all that apply question, "At the February QPM meeting, Ramon Rodriguez-Santana present 2021 HIV testing data at state-funded sites. What recommendations did the QPM team make in their discussion of the data. All answers were correct. A tie existed (64%) across two options: incorporate key messages on PrEP and PEP in routine testing toolkit and address disparities in PrEP uptake for Black / African American women. Two other options were selected 60% followed by encourage quality improvement projects for those less likely to be screen for PrEP or PEP and educate providers to help address PrEP disparities.
- 42 individuals responded to a single choice question of "State-funded sites conducted more than 77,000 HIV tests in 2021. How many new HIV diagnoses do you think were identified?" Of the available options, a tie (31%) existed between two answers of 59 and 109. Other individuals selected 32 (21%) and 97 (17%). The correct answer was 109.

Ms. Nembhard stated that the polls were intended to increase awareness of the nature of the QPM work and how it uses a data-driven process. Also, it is important to show the value of the publicly-funded HIV testing sites. Comments in the chat box included:

- How does the 109 (correct answer) relate to the number of total new diagnoses for that year? State-funded testing sites have been identifying approximately 40% of new diagnoses in recent years, and increase from earlier years of the program.

Ms. Nembhard emphasized that it is important for the HIV community to have a common understanding of important data points. She stated that the April presentation will help increase the baseline knowledge because the topic is HIV Epidemiology.

Wrap Up

Ms. Fernandez expressed gratitude to the committee chairs and to the participants for trying out this new format. It appeared to generate a high level of engagement (poll responses, chat box comments) and many valuable suggestions. The Executive Committee will reflect on this approach and take into consideration any participant feedback for using the approach at future meetings.



CHPC FEATURED DISCUSSION: HIV IMPLEMENTATION PARTNER UPDATES AND AREAS OF FOCUS

Ms. Fernandez stated that the HIV community expressed interest in learning more about the work underway by implementation partners and how their areas of focus relate to the Statewide HIV Plan. As a result, the Executive Committee will be scheduling partner presentations to occur more frequently and to include partners who may not operate with high visibility. The initial partner presentations will include CT DPH HIV Prevention, the Greater Hartford Ryan White Part A Planning Council, and the CT DPH Ryan White Part B. Ms. Fernandez stated that participants would share information for approximately 15 minutes followed by a 5-minute question and answer segment. Meeting participants can place their questions in the chat box. These questions can also be answered by the presenters or their teams.

CT DPH HIV/HCV Prevention Services

Marianne Buchelli shared information about the CT DPH HIV Prevention unit. Important themes from the presentation included:

- Federal funding supports approximately \$4 million of prevention activities with an additional \$3 million in State funding. An AIDS Research Education Fund exists and collects tax funds to support special projects. Funding for Hepatitis elimination efforts remains low (\$200,000 for surveillance and \$115,000 for prevention). CT DPH continues to build capacity. A CT Viral Hepatitis Elimination Technical Advisory Committee (VHETAC) exists to advise on the development of a Statewide Hepatitis Elimination Plan that includes prevention, treatment, and support services.
- The CT DPH prevention activities must include 11 components: Systematic Data Collection, Analysis and Dissemination, Identifying PLWH and those at Risk (HIV Testing, Partner Services, D2C), Responding to HIV Clusters and Outbreaks, Comprehensive HIV Services for PLWH, Comprehensive HIV Services for HIV Negative Individuals (PrEP, EBI), Perinatal HIV Prevention & Surveillance, Community Level HIV Prevention Activities (Social Marketing-PPCT, Condom Distribution, SSPs), Partnerships for Integrated HIV Prevention and Care Plan (CHPC, Funders Group, ETS Partners, RWP Partners), Implementation of Structural Strategies (Policy Work), Data Driven Program Planning and Monitoring, and Capacity Building and Technical Assistance.
- HIV funded services through 12/31/2023 include outreach testing and linkage (OTL), routine testing services (RTS), PrEP navigation services, and drug user health programs.
- The CT DPH follows guiding principles of prevention work such as health equity, syndemic focus, partnership and collaborations, and use of status neutral care models.
- HIV testing models include outreach, testing, and linkage (OTL), routine HIV testing services and access to home testing services (11 participating agencies that have resulted in the distribution of 1,716 at home test kits (#RequestFreeHIVTESTCT). Access to HIV testing data with easy to read 2 page summary reports can be found on the CT DPH website. [OTL 2 page report](#) and [RTS 2 page report](#).
- PrEP navigation services are incorporated into all OTL and RTS as a way of implementing the status neutral care model. Navigation services include Navigating insurance and other payment systems, Linkage to a PrEP medical provider, Support with obtaining and adhering to PrEP, and Identifying, and reducing barriers to care.



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- From January 1, 2022, to December 31, 2022, there were: 17,895 individuals screened for PrEP (46% Male, 68.3% Black & Latinx, 56.4% Ages 20-39, and 14.3% Hetero Female); 11,858 Individuals eligible for PrEP (50.7% Female, 74.3% Black & Latinx, 48% Ages 20-39, and 41.7% Hetero Female); and 1,967 individuals referred to a PrEP Provider (60% Male, 46.2 White, 62.6% Ages 20-39, and 30.8% MSM)
- Drug user health services or harm reduction and meeting people where they are at includes a wide range of activities: Syringe Services Programs (SSPs); Distribution & Collection of Syringes; Safer Injection Practices; Wound Care; Overdose Prevention Training; Naloxone Distribution; Facilitation of Drug Treatment for Those Interested; HIV and HCV Testing for all new clients; and Linkage to PrEP/PEP Services. A 2-page drug user health reports can be accessed at [SSP 2 page report](#).
- CT DPH continues to advance policy change efforts. CT DPH can educate on proposed bills and how to provide testimony. CT DPH cannot ask for support or advocate. Examples include:
 - HB5500 Routine HIV Testing. Passed in 2022 begins in Primary Care in 2023 and Emergency Departments in 2024
 - HB6733 Universal Hepatitis C Testing. Proposed bill for 2023 session that would require all persons 18 and older and all pregnant women be offered a test for hepatitis C
 - SB1068 PrEP/PEP Drug Assistance Program. Proposed bill for 2023 session that would establish a payor of last resort program to pay for PrEP medications for people who are uninsured, underinsured or uninsurable
 - Successful Policy Change: Removal of 14-day prior authorization requirement for Hepatitis C treatment
- All the CT DPH HIV/HCV Prevention Services align with the National HIV and AIDS Strategy and the Statewide HIV Plan. CT DPH surveillance and prevention data helps monitor plan activities and outcomes. CT DPH helps promote community partnerships and policy work to pave the way for successful HIV initiatives.

Comments and questions from the chat box included:

- A participant asked whether a cure existed for Hepatitis C. A clarification was made that a cure does exist for Hepatitis C using an 8 to 12-week antiviral course of action.
- A suggestion was made to add a data point to show of the total individuals referred, how many initiated PrEP.
- Kudos to Gina D'Angelo for her ongoing efforts to promote policy change.
- Appreciation to the CT DPH HIV/HCV Prevention Services team.

Ms. Fernandez thanked Ms. Buchelli for the excellent presentation.

Greater Hartford Ryan White Part A Planning Council

Ms. Danielle Warren-Dias, Co-Chair of the Planning Council, shared the following information:

- Demographics of the TGA including 45% Hispanic and 35% Black or African American and service delivery to counties: Hartford (88%), Middlesex (2%), and Tolland (1%).



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- The purpose and Council charge as well as the structure of how the Planning Council relates to the City which allocates funds to 15 sub-recipients, and other system-level approaches such as Using Innovation Intervention Strategies to Improve Health Outcomes among People with HIV (2iS).
- An overview of the Council's committees: Steering, Evaluation, Priorities Needs Assessment Committee, Positive Empowerment & Multicultural Committee, Continuum of Care Committee, and Membership committee.
- Highlights of 2022 achievements such as increased engagement of PWH, including Council membership, viral load suppression rates of 93%, reduction of out-of-care population from 130 to 90, increased funding resources to provide more services, and uniform documentation and triage model for Ryan White Part A and Part B.
- Areas of focus for 2023 that relate to the Statewide HIV Plan include: early identification of individuals living with HIV/AIDS and Hepatitis C (EIHHAH), provide status neutral service, viral load suppression, further reduce out-of-care population, reduce new infections, and strengthen collaborations with housing partners (housing as health care), among others.

Comments and questions from the chat box included:

- Thank you for the effort to engage consumers and elevating the consumers voices.
- These Ryan White Part A achievements are the building blocks for strategies in the statewide HIV Plan: community engagement, viral load suppression and engaging out-of-care and coordination/collaboration between HIV partners.
- It would be great to hear an update from New Haven / Fairfield Counties Part A Planning Council to hear and learn more about the amazing work underway.²
- It was great to learn how the Hartford TGA is the same and also is different from the New Haven EMA.
- The Hartford TGA places a focus on populations and funds outpatient ambulatory care to help the TGA achieve a 93% viral suppression rate. The populations include Black/African American Individuals Who Are Unaware of Their HIV+ Status or Who Are Out of Care; Hispanic Individuals Who Are Unaware of Their HIV+ Status or Who Are Out of Care; and Black/African American Men Who Have Sex with Men Who Are Unaware of Their HIV+ Status or Who Are Out of Care.
- Many people expressed appreciation to Danielle for the informative and insightful presentation.

Ms. Fernandez thanked Ms. Warren-Dias for the excellent presentation.

CT DPH Ryan White Part B

Mr. Mitchell Namias, Project Director of the Healthcare and Support Services Program at CT DPH, shared the following information.

- An overview of the five Ryan White funded Parts (A, B, C, D, F), the purpose of each funding stream, and how the funding reaches Connecticut (e.g., goes to a City, a state agency, a health center, a community-based organization).

² The group was invited to present this month and were unable to do so.



- An overview of the Ryan White Part B program. Specifically, HRSA HIV/AIDS Part B Program provides funding to the state for the provision of HIV core medical and support services, including the AIDS Drug Assistance Program (ADAP). Funding is intended to address the care needs of low-income People Living With HIV (PLWH) with priority given to underserved communities within the state. HRSA and the Connecticut Office of Rural Health (CT-ORH) have identified Litchfield, New London, and Windham counties as predominantly rural and designated as Federal Medically Underserved Populations (MUP). HRSA RW Part B funds are not to offset the funding reduction of other Ryan White Programs or state funds.
- Mr. Namias reviewed the service delivery approach within each of the Ryan White Part B service areas. CT DPH contracts with a lead agency in each of these areas. The lead agency in turn subcontracts with other community providers. The lead agencies include: Advancing Connecticut Together which supports the statewide Transitional Linkage to the Community (TLC) program for individuals released from prison; Yale New Haven Hospital - New Haven (Region 1); Apex Community Care - Danbury (Region 2, Region 4); City of Hartford - Hartford (Region 3); Alliance for Living - New London & Norwich (Region 5); Windham Regional Community Council - Willimantic (Region 6).
- A review of Connecticut's HIV data that showed areas of emphasis by priority populations and areas in which disparities exist (e.g., female, individuals under 29 years of age).
- Mr. Namias explained Ryan White Part B eligibility requirements in Connecticut. Specifically: Client eligibility is verified by collecting HIV status, income residency and insurance information; Client must be at or below 400% Federal Poverty Level (FPL) for all RWPB services; For calendar year 2023, income limit is \$58,320 for 1 person household; Annual proof of income or zero income affidavit required; Program income is used for RWPB client services. Referrals can be made to case managers at Ryan White Part B funded organizations.
- Ryan White Part B funded services include Medical Case Management (MCM), Outpatient/Ambulatory Health Services, Oral Health Services, Medical Transportation, Emergency Financial Assistance (Housing, Utilities), Food Bank/Home Delivered Meals, and Non-Medical Case Management. Of the 1,261 clients served during the period 4/1/2021 to 3/31/2022, 1,084 benefitted from Medical Case Management. The next highest client count by service category was food bank/home-delivered meals (215).
- During the period 4/1/2021 to 3/31/2022 1,261 clients were served; 83.9% of these clients were virally suppressed with a higher rate of viral suppression (89.7%) for clients connected to Medical Case Management services. Mr. Namias noted that using federal viral suppression formulas, the viral suppression rate for Ryan White Part B clients equals 94.7%.
- Mr. Namias described the Connecticut AIDS Drug Assistance Program (CADAP), another service category of Ryan White Part B. It provides financial assistance for the procurement of HIV treatments, including comorbidities. It can provide insurance premium assistance. Eligibility requirements include 400% Federal Poverty Level, HIV+ and a Connecticut resident. Services are provided by Magellan Rx Management.
- During the period of 4/1/2021 to 3/31/2022, CADAP served 1,412 clients and these clients achieved a viral suppression rate of 93.85%.



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- Mr. Namias identified the lead CT DPH staff members connected to oversight of the Ryan White Part B Program and expressed appreciation for their contributions toward the results that this program achieves.

Comments and questions from the chat box included:

- Excellent summary of the Ryan White Parts. We should use this for employee orientation and onboarding!
- Suggestions were made to fund Medical Nutritional Therapy and include/increase support for legal, housing, behavioral health, and medical supplies/equipment.
- Love the data-driven approach used by Ryan White Part B.
- Many individuals stated positive affirmations such as "great presentation" and "excellent information."

Ms. Fernandez thanked Mr. Namias for the excellent presentation.

OTHER BUSINESS

Future Agenda Items and General Announcements

Mr. Day asked meeting participants to use the chat box and share any future CHPC meeting agenda items or general information announcements.

Meeting Feedback

Mr. Day encouraged all participants to complete a 1-minute survey to share feedback on how to improve virtual CHPC meetings.

ADJOURNMENT

Mr. Day reminded participants of the CHPC Committee meeting schedule and access information. She adjourned the meeting at 10:45 a.m.



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CHPC ATTENDANCE RECORDS (1 = present; 0 = absent - attend less than 75% of meeting)

First Name	Last Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Victor	Acevedo	1	1	1							
Thomas	Butcher	1	1	1							
Santos	Cancel	1	1	1							
Gigi	Chaux	1	1	0							
Angel	Cotto	1	1	0							
Xavier	Day	1	1	1							
Martina	De La Cruz	0	1	1							
Jennifer	Dragaca	1	1	1							
Natalie	DuMont	1	1	1							
Evette	Ellis	1	1	1							
Blaise	Gilchrist	1	0	1							
Stephen	Feathers	1	1	1							
Nilda	Fernandez	1	1	1							
Carl	Ferris	1	1	1							
Jessica	Figueroa	1	1	1							
Dante	Gennaro	1	1	1							
Cynthia	Hall	0	0	1							
Charles	Hardy	0	1	1							
Tawana	Hart	1	1	1							
Marcelin	Joseph	1	1	1							
Reggie	Knox	1	1	1							
Norma	Little	1	1	1							
Mitchell	Namias	1	1	1							
Peta-Gaye	Nembhard	1	1	1							
Joao "Jack"	Neto	0	1	0							
Rebecca	O'Brien	0	0	1							
Ludger	Pierre-Louis, Sr.	1	1	0							
Marie	Raynor	1	1	1							
Angel	Ruiz	1	1	1							
Anthony	Santella	1	1	1							
Roberta	Stewart	0	1	1							
Mary	Tanner	1	0	1							
Attendance		26	28	28							
Total Count Membership Roster		32	32	32							
PERCENTAGE		81%	88%	88%							

Public Participants who signed into the meeting: B. Ligon, B. Colbert, Cairo Romaguera, C. Berrian, C. Figaro, Christina Del Vecchio, Center for Key Populations team (4), Consuelo Munoz, Danielle Warren-Dias, Dave Bechtel, David Reyes, Doug Janssen, Dustin Pawlow, Ella Piekarz, Erika Mott, Gina D'Angelo, Johanna Cruz, Jean M Brown, Jennifer Vargas, Jessica Figueroa, Karina Danvers, Keith Taylor, Ken Plourd, Krystal Medley, Lisa Weeks, Luis Diaz, Makayla Dawkins, Marianne Buchelli, Mark Nickel, Martina Delacruz, Meghan Tastensen, Melinda Vazquez-Yopp, Michel Daud, Miguel's iPhone, Mukhtar Mohamed, Nitza Agosto, Nola Hanrahan, Patrick Cahill, Ramon Rodriguez-Santana, Roselyn Wimbish, Ruth Garcia, Sarah Hendon, Sean (no last name), Selma Gooding, Shay Montemurro, Sue Major, Tatiana Melendez, Venesha Heron