

## Main Meeting Summary

March 19, 2025

<b>Date:</b>	Wednesday, March 19, 2025	<b>Type:</b>	Virtual
<b>Start Time:</b>	9:00 a.m.	<b>End Time:</b>	10:14 a.m.
<b>Participants:</b>	106+ <sup>1</sup>	<b>CHCP Members:</b>	31
<b>Co-Chairs:</b>	Xavier Day, Nilda Fernandez, Africka Hinds		
<b>Next Meeting:</b>	April 16, 2025 (Virtual)		

### WELCOME AND CHPC OVERVIEW

CHPC Co-Chair Xavier Day, Nilda Fernandez, and Africka Hinds welcomed participants to the virtual meeting, shared guidance on how participants could contribute to a productive, virtual meeting environment. The group held a moment of silence and quickly reviewed the CHPC vision, mission, values, structure, and goals.

### CHPC GENERAL BUSINESS UPDATES

**February Meeting Summary.** Meeting summaries get posted on the CHPC website ([www.cthivplanning.org](http://www.cthivplanning.org)) within 10 days after the meeting date.

**CHPC Membership.** The CHPC Co-Chairs reviewed the names of the CHPC current membership roster and welcomed new CHPC Members Clifford Batson, Lauren Beaudry, Christopher Cole, Chrissy Ely, Ben Grippo, Juan Hernandez, James Ianantuoni, Michael Judd, Andre McGuire, and Steven Thalasis. The CHPC Member diversity grid meets or exceeds goals across demographic and priority population categories except for gaps in members under age 29 and representing Tolland County. Information comparing CHPC Member and non-member (general participant) was reviewed. Unique characteristics of CHPC Members include (1) voting on CHPC structure, process, and plans, (2) leading the CHPC or its committees, and (3) receiving member support in areas such as participation stipends, transportation, and technology assistance. CHPC membership recruitment remains open and ongoing throughout the year. Interested individuals may fill out an application form available at [www.cthivplanning.org](http://www.cthivplanning.org).

**CHPC Leadership Openings and Recruitment.** The next CHPC Community Co-Chair election will occur at the April CHPC main meeting. CHPC Members interested in becoming the CHPC Community Co-Chair can apply online at [www.cthivplanning.org](http://www.cthivplanning.org). CHPC Members interested in serving in a leadership role at the committee level should complete the online application available at [www.cthivplanning.org](http://www.cthivplanning.org). The Executive Committee will review applications for committee leadership positions. Immediate openings exist for the Membership and Awareness / Positive Prevention CT and the Needs Assessment Projects.

### IMPLEMENTATION OF CONNECTICUT INTEGRATED PLAN 2022-2026

The CHPC Co-Chairs used this segment of the agenda to address two CHPC Member votes. First, the CHPC Co-Chairs explained the CHPC voting process which includes a review by the Executive Committee to ensure sufficient opportunities exist for discussion and input prior to scheduling a vote. Prior to the meeting, CHPC Members received materials about each of the votes as well as references to other documents (e.g., meeting summaries) that contained discussions on each matter.

**Vote to Change Committee Structure.** The Membership and Awareness Committee (MAC) and the Positive Prevention Connecticut (PPCT) have been meeting jointly for more than 12 months. An overlap and common ground exists in the purposes of these groups such as increasing awareness about the syndemic, available resources, and encouraging involvement in the CHPC and other planning groups. The MAC and PPCT have held multiple discussions about combining forces (vs. sharing meeting time for two separate agendas) into one unified approach that would better support the public awareness strategies in the Statewide Integrated Plan 2022 to

<sup>1</sup> Number does not include virtual access points where multiple individuals gathered and signed in under one identity.

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2026. The CHPC Charter (by-laws) require the CHPC Members to approve any changes to its standing committees. The table summarizes the vote and the result.

<i>Vote Topic</i>	Change to CHPC Committee Structure				
<i>Voting Method</i>	Electronic ballot				
<i>Committee of Origin</i>	Membership and Awareness Committee and Positive Prevention Connecticut				
<i>Recommendation</i>	The Membership and Awareness Committee / Positive Prevention Connecticut Committees combine to form a Public Awareness and Community Engagement (PACE) Committee				
<i>Discussion</i>	Dante Gennaro, former MAC/PPCT Committee Chair shared that the committee had discussed the recommendation over several months and members and non-members who attend the meetings agreed by consensus that the benefits of combining the committees				
<i>Vote Outcome</i>	Recommendation approved				
	Yes	23	No	0	Abstain

**Vote to Approve Revisions of 2022 to 2026 Integrated HIV Prevention and Care Plan.** The CHPC Co-Chairs explained that the next vote related to the CHPC is about approving revisions to the goals, objectives, and indicators of the 2022 to 2026 Plan and, with assistance from the Connecticut Department of Public Health (CT DPH) submitting a letter of approval (concurrence) to the federal funders. The cause of the revision reaches back to 2022 when the CHPC submitted the 2022 to 2026 Plan. The CHPC plan contained goals and indicators which deviated from those identified in the National HIV and AIDS Strategy (NHAS). Connecticut’s goals were based on data-driven considerations and other factors such as available resources. This modification was allowed by the federal technical assistance provider and the CHPC voted to approve (concur) with the proposed plan. However, the partner jurisdictions, the Ryan White Part A (RWA) Eligible Metropolitan Area (EMA) and the RWA Transitional Grant Area (TGA) identified this deviation as a concern and issued letters of concurrence with reservation and non-concurrence, respectively. A federal project team intervened and issued new guidance that Connecticut must use the NHAS goals and indicators. Over the course of 14 months, the CHPC then revised the goals, objectives, and indicators of the 2022 to 2026 Plan. The information was shared at CHPC meetings (e.g., October and November 2024) and with the RWA EMA and TGA. The RWA Planning Council leaders were requested to have their groups review the changes and issue a letter of concurrence. The CHPC Executive Committee decided to wait on its own approval vote until the RWA EMA and TGA approved the revisions to the plan. The RWA EMA and TGA submitted letters of approval in February 2025.

CHPC Co-Chairs reviewed the revisions and indicated the federal funders required the CHPC to formally approve any revisions to the Plan. The table summarizes the vote and the result.

<i>Vote Topic</i>	Approval of revisions to the 2022 to 2026 Statewide Integrated HIV Prevention and Care Plan				
<i>Voting Method</i>	Electronic ballot				
<i>Committee of Origin</i>	Executive Committee				
<i>Recommendation</i>	The Executive Committee recommends (a) the CHPC approve the changes to the 2022 to 2026 Plan goals and indicators, (b) the CHPC affirm the approval (concurrence) by the participating jurisdictions (RWA EMA, RWA TGA), and (c) the CHPC Co-Chairs submit a letter of concurrence that will be sent to the federal funding agencies				
<i>Discussion</i>	No discussion occurred; the proposed revisions were discussed at several prior CHPC meetings				
<i>Vote Outcome</i>	Recommendation approved				
	Yes	26	No	0	Abstain

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**CHPC Committees.** Co-Chairs reviewed areas of focus for each of the CHPC Committee meetings. Committee meeting links will be shared at the end of the meeting and are available on [www.cthivplanning.org](http://www.cthivplanning.org).

Committee	Area of Focus for Monthly Meeting
<i>Ending the Syndemic</i>	Update from Syndemic Partners, development of local pilot project to strengthen awareness of and referral relationships for syndemic partners
<i>Public Awareness and Community Engagement</i>	Newsletter content and development, Approach to promoting content across partner network
<i>Needs Assessment Projects</i>	Person with HIV needs assessment survey instrument, future use of NAP as forum for review of Regional RW Part B / Prevention networks
<i>Quality and Performance Measures</i>	Partner updates, quality Improvement spotlight UConn Health, October Quality Summit planning

### PLAN DEVELOPMENT FOR CONNECTICUT INTEGRATED PLAN 2027 – 2031

**Joint State/City Plan Development Process.** The CHPC Co-Chairs reviewed background information about the requirements for the CHPC to develop a 2027 to 2031 Integrated HIV Prevention and Care Plan. Co-Chairs shared news that the RW Part A EMA and TGA each formally notified the CHPC of their intention to participate in the development of a joint state/city Integrated HIV Prevention and Care Plan 2027 to 2031 plan development process. The RW Part A EMA and TGA had an option to develop plans separately from the statewide plan.

**The Connecticut HIV Funders Group (CT HFG).** The Co-Chairs introduced Mitchell Namias, Pharm.D., from CT DPH who is the moderator and facilitator of the CT HFG and explained that he would share information about the CT HFG, how its work supports the CHPC planning process, and the scope and timing of upcoming tasks. Mitchell reviewed the CHPC’s general roadmap and timeline for developing the 2027 to 2031 Plan and submitting it on or before June 2026. The CT HFG convened on February 26, 2025 and agreed to assist the CHPC in completing several planning tasks that would result in completing Statewide Coordinated Statement of Need (SCSN) requirements for the 2027 to 2031 Plan.

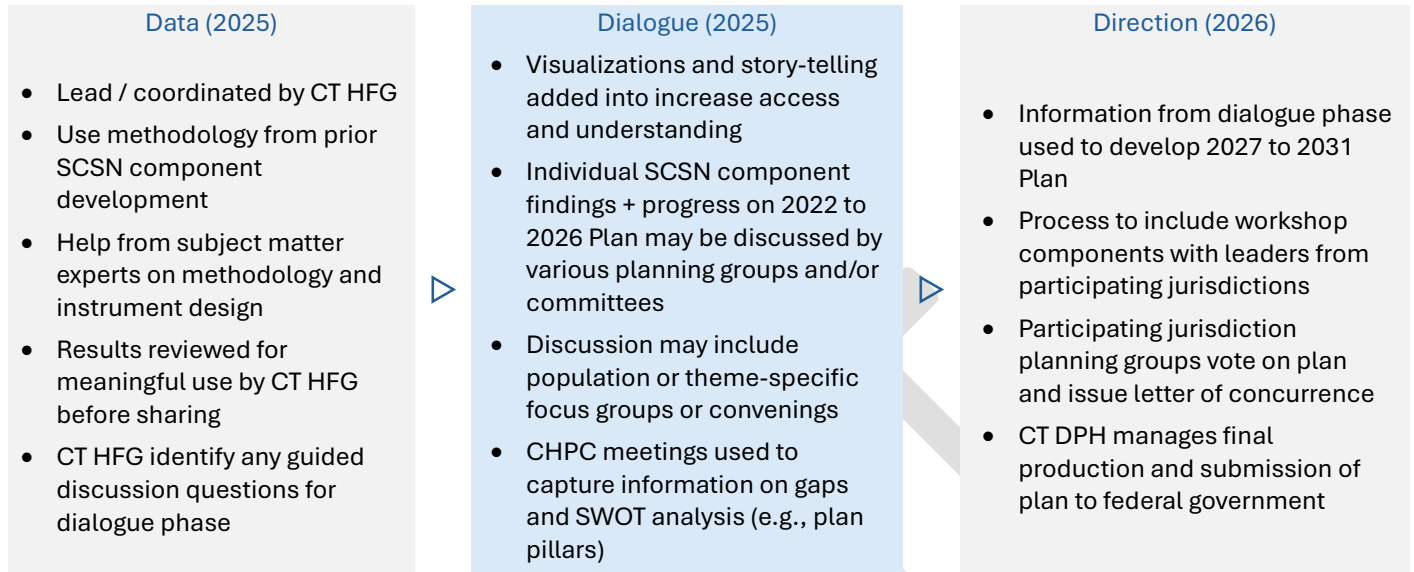
Context and Roles. Mitchell shared that the CT HFG was first established in 2016 to support the development of Connecticut’s first Integrated HIV Prevention and Care Plan, and the process worked quite well. He shared the current member list. The CT HFG (1) includes Representatives from agencies/organizations that directly receive HIV prevention and care funding, (2) Are best positioned to facilitate access to data or coordinate new data collection for required planning tasks, contribute technical subject matter experts for methodology and analysis, and ensure data privacy and security, (3) Will assemble small project teams to support completion of SCSN tasks – working on multiple projects at the same time, and (4) does NOT make any decisions about the Plan, rather it reviews results and assists in interpretation and offers suggestions about areas for further discussion by CHPC and other planning groups.

SCSN Components. Mitchell explained the various project components that comprise the Statewide Coordinated Statement of Need (SCSN), create inputs for discussions about SWOT and gap analysis, and ultimately inform development of the 2027 to 2031 Plan. The components include: (1) progress on the current Plan implementation, (2) epidemiological profile which includes social determinants of health and the syndemic approach, (3) financial resource inventory, (4) statewide HIV prevention needs assessment, (5) persons with HIV (PWH) needs assessment, (6) CADAP utilization, (7) service inventory, (8) workforce inventory, and (9) special studies (e.g., subpopulations, policy analysis, partner networks). Mitchell explained that some of these SCSN components have been completed or are in-process using strong methodology (e.g., CT DPH producing epidemiological profile). Some of the projects lend themselves to the involvement of a subset of HFG partners. The work will be organized into project teams at the CT HFG and intersect with the activities of other CHPC committees or planning groups.

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Process. The group discussed a three-phase process to complete SCSN components and move the results into broader dissemination and discussion processes that would inform the development of the plan.



Mitchell used the 2022 Statewide HIV Prevention Needs Assessment as an example of how the CT HFG would support SCSN projects and how the CHPC and other planning groups would use the results to inform their plan development process.

### NEW BUSINESS AND ANNOUNCEMENTS

No new business was introduced. Participants shared announcements and can send information to CHPC support staff members for distribution to the CHPC contact list.

- Dr. Michael Virata noted the ongoing volatility in HIV prevention and care funding, the increasing number of news alerts related to the dismantlement of HIV prevention programs at the Centers for Disease Control and Prevention and calls for action by various (national) groups. He asked for guidance about how Connecticut partners make their voices heard. Marianne Buchelli (CT DPH) acknowledged the challenging climate and indicated that the CT DPH was working through allowable channels such as NASTAD to stay current on the issues and to convey Connecticut’s position. Marianne shared that (1) the CHPC is a planning group and cannot take part in lobbying, (2) restrictions regarding the involvement of state and city employees in these matters, and (3) that Connecticut currently does not have a statewide advocacy group such as the AIDS Life Campaign. Marianne encouraged individuals to reach out to their local and state elected officials.
- Dante Gennaro shared information about a Shawn Lang Memorial Task Force charged to raise funds for an historic marker to those who have died of AIDS as well as those who continue to live with and work to end the HIV epidemic. The memorial would be in Hartford. A process is underway to select and commission an artist and to solicit input about the design from persons with lived experience. Additional information will be sent out to the CHPC contact list or email Dante: [dante.gennaro@yale.edu](mailto:dante.gennaro@yale.edu)
- Dante Gennaro shared information about the (in-person) Connecticut Hepatitis C Symposium on April 11, 2025 at High Watch Recovery Center in Kent, Connecticut. Use this link to see details of the event and to register: <https://www.neaetc.org/events/view/28423>

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- Ben Grippo shared information about artist submission raffle donation volunteers for an upcoming 2025 Artists Against Overdose silent auction. Email Ben at [bgrippo@CT-HRA.org](mailto:bgrippo@CT-HRA.org) for additional information.

### MEETING FEEDBACK

Sixty three (63) participants completed an interactive poll to share their meeting experience and suggestions for improvement. 99% of respondents (members and public participants) reported the CHPC event was well organized, inclusive, and respectful.

### ADOURN

The CHPC Co-Chairs adjourned the meeting at 10:14 a.m. Africka Hinds suggested the committees adjust their start times to 10:20 a.m.

### ATTENDANCE

Attendance records are on file with the CHPC support staff.

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