PURPOSE

This is a **DRAFT** version of the revised HIV Plan goals, objectives and strategies that will be used to gather additional input at the September 21, 2022 CHPC meeting. This version includes revisions and improvements based on small group discussion at the August 2022 CHPC meeting, feedback from 10+ partners, and additional community input.

September 21, 2022 CHPC Meeting Small Group Discussions

Small group discussions will focus on collecting input on DRAFT goals, objectives, and strategies for Goals 3 and 4. The discussion will be guided by two questions:

1. Will the objectives, strategies and activities result in achieving the goal?
2. If no, what would you change?

Table of Contents for This Document

The CHPC and the Ryan White HIV and AIDS Program Partners (RWHAP partners) have identified many strategies that should be featured in this plan. These strategies support multiple goals and objectives. For example:

- Awareness and education campaigns and community engagement activities and events
- Building capacity to conduct routine HIV testing
- Promoting the status-neutral care model
- Access to rapid start medication (prevention and treatment)
- Professional development training in HIV core competencies, diversity, equity, and inclusion, and the status-neutral care model
- Referral mechanisms specifically to increase rapid start medication and viral suppression rates for people with HIV (PWH) who are not receiving care from a Ryan White-funded provider
- Syndemic approach with areas of focus on viral hepatitis, sexually transmitted infections, and substance use disorders (and behavioral health)
- Better collaboration including data-driven solutions such as Data to Care or Outbreak Response Plans and addressing social determinants of health
- Strategies that reduce stigma and discrimination (e.g., status-neutral care model, professional development)

The full plan will include program highlights and areas of focus most relevant to the RWHAP partners. *RWHAP partners will identify what stories and messages they would like to feature in the statewide plan.*

Additional opportunities to provide input and feedback on the plan will occur in the upcoming weeks and months.

CHPC Review Copy 21 Sep 22

List of Acronyms

AETC	AIDS Education and Training Center
CADAP	Connecticut AIDS Drug Assistance Program
CIPA	Connecticut Insurance Premium Assistance Program
CIRA	Center for Interdisciplinary Research on AIDS (at Yale School of Public Health)
CHPC	Connecticut HIV Planning Consortium
CLAS	National Standards for Culturally and Linguistically Appropriate Services
DIS	Disease Intervention Specialist
DPH	Connecticut Department of Public Health
D2C	Data to Care
ETS	Ending the Syndemics Committee (of the CHPC)
MAC	Membership and Awareness Committee (of the CHPC)
NAP	Needs Assessment Projects team (of the CHPC)
PPCT	Positive Prevention Connecticut (of the CHPC)
PWH	Person with HIV
QPM	Quality and Performance Measures team (of the CHPC)
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
RWHAP	Ryan White HIV and AIDS Program
SSP	Syringe services program
STI	Sexually Transmitted Infection(s)
TEST CT	Tell Everyone to Screen and Test Connecticut (statewide campaign)
U = U	Undetectable = Untransmittable

Format of the Plan

Goals

These statements explain the "big picture" of what Connecticut hopes to achieve. These goals align with the goals in the National HIV and AIDS Strategy.

EXAMPLE: Goal 1. Reduce new HIV infections to 174 by 2026 from a baseline of 220 in 2019.

Objectives

These are statements that define measurable actions to achieve the goal. Wherever possible, objectives include references to specific measures. These measures were developed by the Quality and Performance Measures team using valid and reliable data sources.

EXAMPLE: Objective 1.1. Increase awareness of PWH of their HIV status to 93% by 2026 from a baseline of 91% (2019).

Strategies

These are clusters or groups of activities that will lead to achieving an objective.

EXAMPLE: 1.1.2 Build capacity of healthcare providers to implement routine HIV testing and screening

Activities

These statements represent specific examples of actions (within a strategy) that will help contribute to achieving the objective.

EXAMPLE: Launch TEST CT campaign to engage healthcare providers (PPCT, ETS, DPH, RWHAP)

Lead Partner(s)

These are the organizations that are responsible for leading the work in an activity area. Much of this work is already underway. These partners are shown in parentheses using acronyms.

EXAMPLE: Launch TEST CT campaign to engage healthcare providers **(PPCT, ETS, DPH, RWHAP)**

Draft 21 Sep 2022

DATA HIGHLIGHTS (Source: DPH HIV Micro profile)

HIV in Connecticut

Data reported through 2021

Connecticut Department of Public Health

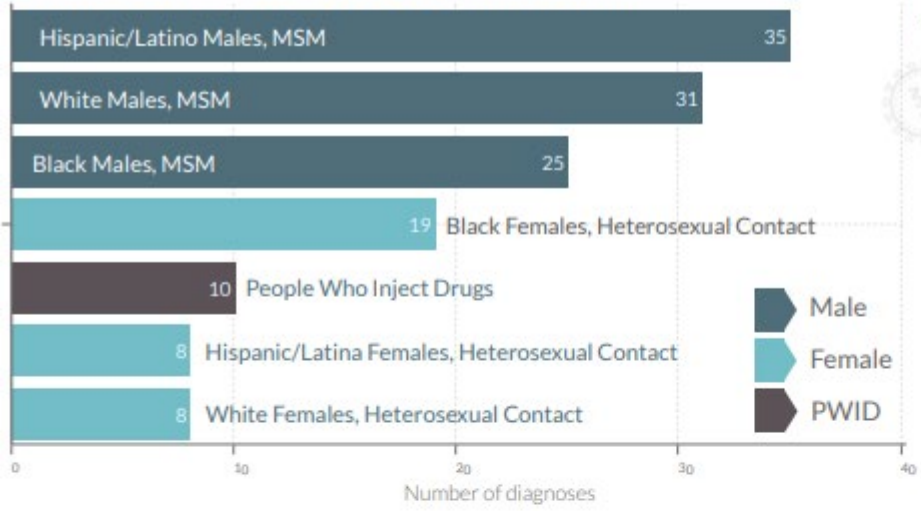
January 2022

In 2020, 174 new HIV infections were reported to DPH.

Of the 174 newly identified HIV diagnoses in 2020:

- 94 (54%) were among gay and bisexual men
- 48 (28%) were among heterosexuals*
- 10 (6%) were among people who inject drugs

2020 HIV Diagnoses in Connecticut, Most Affected Subpopulations



REPORTED TOTALS 1981 - 2020

22,147 ALL HIV-INFECTED PEOPLE LIVING OR DECEASED

8,741 PEOPLE WHO INJECT DRUGS

5,959 GAY OR BISEXUAL MEN

5,010 HETEROSEXUAL

5-Year Trends in Subpopulations, 2016-2020:

* Heterosexual transmission categories include presumed heterosexual risk

** PWID: People who inject drugs

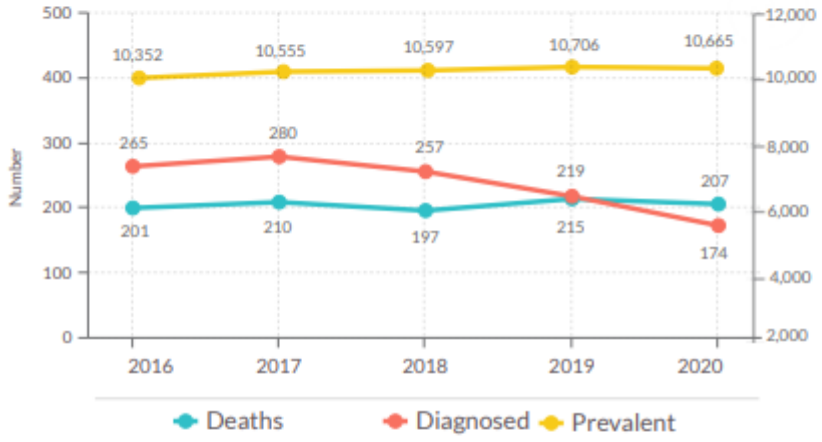
Black/African Americans account for **12%** of the CT population and **33%** of new HIV diagnoses

Hispanic/Latinx account for **17%** of the CT population and **35%** of new HIV diagnoses

10,665

People in CT are LIVING WITH HIV

5-Year Trends in New Diagnoses, Prevalence and Deaths, 2016-2020:



FOR PEOPLE LIVING WITH HIV...

▼77%
received some HIV care

▼50%
were retained in care

▼71%
were virally suppressed

People diagnosed with HIV in CT who died in 2020 **207** *(preliminary data)*

Please note...

COVID-19 Impact

The HIV Surveillance Program has maintained usual operations and activities since the start of the pandemic. With implementation of "Stay Safe-Stay Home," tele-health, and home testing, there was a reduction in HIV-related laboratory reporting.

2020 HIV Surveillance Data

It is recommended that 2020 data be interpreted with caution. New HIV cases may be under-reported. People with HIV who are identified as "not-in-care," may have had a tele-health visit that would not reflect in HIV surveillance data.

For more HIV surveillance data visit: www.ct.gov/dph/hivsurveillance

Goal 1. Reduce new HIV infections to 174 by 2026 from a baseline of 220 in 2019.

Objective 1.1. Increase awareness of PWH of their HIV status to 93% by 2026 from a baseline of 91% (2019).

1.1.1 Promote routine HIV testing and syndemic screening campaigns and other health promotion campaigns

- Launch Tell Everyone to Screen and Test (TEST CT) campaign to engage residents (PPCT)
- Update website landing pages to contain relevant information for residents and providers (PPCT, DPH)
- Develop and implement at least two statewide prevention related campaigns each year (PPCT, DPH RWHAP partners)
- Coordinate message campaigns with other statewide initiatives and partners on issues including social determinants of health, syndemic areas of focus, and others (PPCT, DPH, RWHAP partners)

1.1.2 Build capacity of healthcare providers to implement routine HIV testing and screening

- Launch TEST CT campaign to engage healthcare providers (PPCT, ETS, DPH, RWHAP)
- Deliver events, training, and resources to help providers implement routine testing and screening (ETS, RWHAP partners, AETC and training partners)
- Coordinate and support Academic Detailing projects to help providers adjust routine testing and screening workflows (DPH)
- Assist legislatively mandated task force to develop and implement routine HIV testing in Emergency Departments (DPH, ETS)
- See also activities related to expanding implementation of status-neutral care model (RWHAP partners, AETC and training partners)
- See also activities under objective 2.1 to strengthen referral mechanisms (ETS, RWHAP partners, DPH, Syndemic Partners Group)

1.1.3 Promote community awareness and engagement efforts that increase knowledge equity about issues and available resources

- RWHAP partners conduct local events based on community needs and priorities (RWHAP partners)
- DPH and RWHAP partners collaborate to attract resources to support and scale pilot projects such as engaging leaders of black faith communities (RWHAP partners, DPH)
- Facilitate information sharing on important topics through CHPC meetings, website content, social media, and CHPC list serv (DPH, CHPC, PPCT)

1.1.4 HIV partners participate in and promote other prevention, health promotion, and harm reduction related efforts and initiatives to engage the community

- Conduct first ever statewide HIV prevention survey (DPH, CHPC)
- Collaborate in development and implementation of Sexually Transmitted Infections Elimination Plan (DPH, CHPC, RWHAP partners)
- Collaborate in development and implementation of Viral Hepatitis Elimination Plan (DPH, CHPC, RWHAP partners)
- Collaborate with the Department of Mental Health and Addiction Services (DMHAS) to support prevention, health promotion, treatment, and recovery initiatives and events most relevant to HIV-related priority populations (Syndemic Partners Group, RWHAP partners)

Objective 1.2. Achieve a 25% decrease in new HIV diagnoses among MSM, Black men and women, and Latino men and women.

1.2.1 Promote education and message campaigns to increase awareness about HIV-related health inequities and disparities

- Develop and conduct awareness campaigns for priority subpopulations (PPCT, DPH, RWHAP partners)
- Websites updated to provide residents with resource materials (PPCT, DPH, RWHAP partners)
- HIV partners support other campaigns and initiatives that address social determinants of health and reach priority subpopulations (PPCT, DPH, RWHAP partners)

1.2.2 Promote expansion of the status-neutral care model as the standard for HIV-related services

- Define standards for status-neutral service delivery model across syndemic areas of foci (DPH, Syndemic Partners Group, RWHAP partners)
- Change contract language about status-neutral model (DPH, RWHAP partners)
- See routine HIV testing activities 1.1.2 to expand the number of providers implementing a status-neutral service delivery model (DPH, Syndemic Partners Group, RWHAP partners, AETC)

1.2.3 Expand access to PrEP and PEP

- Develop and conduct PrEP awareness campaigns (PPCT, DPH, RWHAP partners)
- Annual updates to websites with new PrEP resources and information (PPCT, DPH, RWHAP partners)
- Expand use of PrEP and PEP Patient Navigation model (DPH, RWHAP partners)
- Propose legislation to epand PrEP/PEP (DPH)
- Explore feasibility of PrEP/PEP Drug Assistance Program (DPH)
- Build PrEP/PEP Centers of Excellence (DPH, RWHAP partners)
- Implement same day PrEP/PEP as standard of care (DPH, RWHAP partners)
- See also activities under objective 2.1 effective referral mechanism

1.2.4 Increase access to syringe service programs (SSPs)

- Expand SSP with partners to reach priority populations (DPH, RWHAP partners)
- Evaluate SSP to enhance and improve service delivery to priority populations (DPH, QPM)
- See also activities under objective 2.1 effective referral mechanism

1.2.5 Expand and enhance harm reduction and recovery services to reach priority populations

- Participate in Opioid Overdose Prevention Task Force (DPH, Syndemic Partners Group)
- Promote the use of peer support groups to increase resilience and/or recovery (DPH, RWHAP partners)
- Support pilot projects (e.g., medication storage for unstably housed) and distribution of resources (e.g., vending machines to dispense and collect syringes) to priority populations (DPH, RWHAP partners, Syndemic Partners Group)

1.2.6 Support the delivery of school- and community-based comprehensive sexual health education programs

- Collaborate in development and implementation of Sexually Transmitted Infections Elimination Plan (DPH, CHPC, RWHAP partners)
- Conduct first ever statewide HIV prevention survey and use process to engage community partners (DPH, CHPC)
- Support implementation by schools of comprehensive sexual health education programming (DPH, CHPC, AETC, RWHAP partners)
- Support innovation in developing community-based solutions across various settings (e.g., DPH, RWHAP partners, CIRA)

Objective 1.3. Promote the value of treatment as prevention.

1.3.1 Implement and support awareness campaigns related to treatment as prevention.

- Develop and conduct awareness campaigns for priority subpopulations using new or existing (e.g., U=U) resources (PPCT, DPH, RWHAP partners)
- Websites updated to provide residents with resource materials (PPCT, DPH, RWHAP partners)
- HIV partners support other campaigns and initiatives that address social determinants of health and reach priority subpopulations (See activity 1.1.4)

1.3.2 Communicate to PWH and their partners the benefits of viral suppression to reduce HIV transmission

- See Goal 2 strategies designed to increase achieve viral suppression

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Goal 2. Achieve a 95% viral load suppression rate among PWH who are in care by 2026 (vs. 90% in 2019) and an 87% viral load suppression rate among people with diagnosed HIV (vs. 74% in 2019).

Objective 2.1. 90% of newly diagnosed PWH attend a routine HIV care visit within 1 month of diagnosis (vs. 87% in 2019).

2.1.1 Improve implementation of Data to Care (D2C) and coordination with local partners

- RWHAP partners update and implement early identification of individuals with HIV/AIDS (EIIHA) plans for priority populations in regional and/or local jurisdictions (RWHAP partners, DPH)
- DPH builds capacity (technology, personnel) to implement D2C systems, deploys Disease Intervention Specialists in an optimal way, and shares performance dashboards (DPH)
- Professional development offerings and events occur for program-facing staff to support D2C implementation
- DPH coordinates integration of D2C data systems relevant to other efforts and initiatives such as Outbreak Response Plan, syndemic areas of focus, and effective referral mechanisms (DPH, RWHAP partners, local health departments)
- Policy proposals to support data sharing to identify and engage out-of-care (DPH, RWHAP partners)
- See also activities under 2.1.2 improve referral processes
- Partners support pilot projects or innovations including new technologies (e.g., DPH, RWHAP partners, CIRA)

2.1.2. Develop and implement a plan to improve referral processes that result in linkage to care (core medical and supportive services)

- Develop initial inventory of providers with capacity and capabilities to support referrals generated from routine HIV testing campaigns and update this inventory annually (DPH, ETS, RWHAP partners)
- See also activities under strategy 1.1.2 to build capacity of healthcare providers to implement routine HIV testing and screening (DPH, ETS, RWHAP partners)
- Document existing referral mechanisms or new pilot projects to facilitate referral process (DPH, ETS, Syndemic Partners Group, RWHAP partners)
- Conduct an analysis that explores the use of existing or emerging technology-based systems to support the referral process.
- Develop and implement recommendations for use of new technologies and/or protocols to improve the referral process including recommendations by the ED Routine HIV Testing Task Force (e.g., DPH, RWHAP partners, Syndemic Partners Group, ETS, healthcare systems)

2.1.3. Develop and pilot strategies to reduce internal and external stigma that affects decision-making to access care

- See activities under objective 1.2.2 to promote expansion of the status-neutral care model as the standard for HIV-related services (DPH, Syndemic Partners Group, RWHAP partners, AETC)
- See activities under objective 3.1.1 to develop methodology to assess stigma, develop indicators, and identify evidence-based strategies to pilot and/or scale (NAP, QPM, DPH, RWHAP partners)

Objective 2.2. Increase access by PWH to high quality HIV healthcare (core medical) and medication.

2.2.1 RWHAP partners set priorities and allocations for core medical services in response to needs and priority populations within their jurisdictions and implement these plans.

- Develop and update plans within RW jurisdictions to support and coordinate core medical services (outpatient ambulatory care services, medical case management, medication adherence, medication assisted treatment, and oral health) (RWHAP partners)
- Support and scale improvements to the referral process that result in linkage to care. See activities under strategy 2.1.2. (RWHAP partners)
- Conduct pilot projects to support innovative practices in core medical services such as community-based medication lockers, medication adherence, or use of injectables as indicated (RWHAP partners, CIRA)
- Conduct statewide and regional needs assessment of PWH and use findings to inform approach (CHPC, DPH, RWHAP partners)
- Implement quality assurance plans and programs within respective RW jurisdictions (RWHAP partners)
- Facilitate access to professional development in HIV core competencies and other topic-specific areas to support delivery of core medical services (RWHAP partners, DPH, AETC)
- See activities under objective 1.2.2 to promote expansion of the status-neutral care model as the standard for HIV-related services (DPH, Syndemic Partners Group, RWHAP partners, AETC)
- Conduct follow-up study and identify recommendations to improve access to oral health services (NAP, RWHAP partners)
- Implement syndemic areas of focus to improve access to services for substance abuse disorders (SUDs) and other behavioral health issues. See activities under objective 4.2.2. (RWHAP partners)
- Coordinate an annual statewide quality management summit on a topic relevant to the HIV plan which could include a focus on core medical services (QPM, RWHAP partners, DPH)

2.2.2. RWHAP partners establish rapid start standards and protocols for PWH to access safe, effective, and affordable medication

- Improve upon and scale existing contracts, policies, protocols, and processes to make rapid-start (same day or within 7 days) medication the norm (RWHAP partners, DPH)
- Coordinate rapid start medication protocols and process with Data to Care process to quickly engage PWH who did not meet the rapid start time horizon and may be at risk for falling out of care. See activities under strategy 2.1.1. (RWHAP partners)
- Update CADAP formulary (e.g., add new medications, remove unsafe medications) using input from RWHAP partners and CADAP advisory group (DPH, RWHAP partners)
- Support and scale improvements to the referral process that result in linkage to care. See activities under strategy 2.1.2. (RWHAP partners)
- Facilitate access to professional development in HIV core competencies and other topic-specific areas to support delivery of core medical services (RWHAP partners, DPH, AETC)
- Coordinate an annual statewide quality management summit on a topic relevant to the HIV plan which could include a focus on core medical services (QPM, RWHAP partners, DPH)

2.2.3 Increase access to affordable health insurance and co-pays

- Coordinate eligibility criteria to access financial supports
- Promote Connecticut Insurance Premium Assistance (CIPA) program
- Promote Access Health CT, Connecticut's insurance exchange (DPH, CHPC, RWHAP partners)
- Promote pilot projects that involve education and training that lead to employment with health benefits (DPH, RWHAP partners)

2.2.4 Reduce stigma that prevents linkage to care (See Goal 3)

Objective 2.3. Increase access by PWH to supportive services.

2.3.1. RWHAP partners set priorities and allocations for core medical services in response to needs and priority populations within their jurisdictions and implement these plans.

- Develop and update plans within RW jurisdictions to coordinate delivery of support services (RWHAP partners)
- Implement quality assurance plans and programs within respective RW jurisdictions (RWHAP partners)
- Support and scale improvements to the referral process that result in linkage to care. See activities under strategy 2.1.2. (RWHAP partners)
- Conduct pilot projects to support and expand innovative practices in support services such as innovative approaches to housing (DPH, RWHAP partners, Syndemic Partners Group, CIRA)
- Coordinate an annual statewide quality management summit on a topic relevant to the HIV plan which could include a focus on support services (QPM, RWHAP partners, DPH)

2.3.2 Reduce stigma and discrimination (See Goal 3)

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Goal 3. Reduce HIV-related disparities and health inequities.

Objective 3.1. Reduce HIV stigma and discrimination.

3.1.1 Develop and implement methods to measure and assess stigma and discrimination – internal and external

- Pilot instrument and methodology to collect information on stigma and discrimination at the provider and individual level (NAP, DPH, RWHAP partners, CIRA)
- Develop recommendations for a sustainable approach to collect data on stigma and discrimination (NAP, DPH, RWHAP partners, CIRA)
- Develop stigma and discrimination indicators and as indicated, add this to the CHPC indicator list (QPM, CIRA, CHPC)

3.1.2 Normalize routine HIV testing and syndemic screening

- See strategy 1.1.1 to promote awareness of routine HIV testing
- See strategy 1.1.2 to build provider capacity for routine HIV testing and syndemic screening
- See strategy 1.2.2 to scale the status-neutral care model

3.1.3 Encourage healthcare providers to comply with best practices and standards that promote patient empowerment, equity, and access

- Encourage the adoption and use of National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care (AETC, DPH, RWHAP partners)
- Promote awareness of the patients' bill of rights (DPH, RWHAP partners)
- Promote and expand approaches that support patient self-advocacy and peer-based advocacy (DPH, RWHAP partners)
- Share best practices and evidence-based awareness, health promotion, prevention, harm reduction, and care strategies for priority populations (DPH, RWHAP partners, Syndemic Partners Group, CIRA, AETC)

3.1.4 Increase the diversity and capacity of the HIV prevention and care workforce

- Conduct a statewide HIV prevention and care workforce assessment (NAP, DPH, RWHAP partners)
- Offer core HIV 101 core competency training to facilitate onboarding and knowledge equity and other specialized training topics based on priorities (DPH, RWHAP partners, AETC)
- Share best practices in contracting, policy, and program that relate to recruiting, hiring, training, and retaining diverse and competent workers (DPH, RWHAP partners)
- Provide opportunities for professional networking, mentoring, and self-care for the HIV prevention and care workforce (DPH, CHPC, RWHAP partners, AETC)

Objective 3.2. Address social determinants of health (SDOH) through policy and partnerships.

3.2.1 Strengthen participation and representation on statewide, regional, and local SDOH partnerships.

- Expand CHPC membership to include partners representing statewide and/or regional SDOH initiatives and efforts (CHPC)
- Encourage HIV partners to support participation of staff, contractors, and patients in statewide/regional, and local SDOH initiatives and efforts (DPH, RWHAP partners)

3.2.2 Promote and/or coordinate trainings and events that address topics such as equity, cultural relevance, diversity, and inclusion

- Coordinate presentations and knowledge builds from subject matter experts at CHPC meetings (CHPC)
- Coordinate presentations and events for healthcare professionals and students (AETC)
- Promote and share information about events, trainings, and resources offered by other national and/or state partners (CHPC, RWHAP partners)
- See strategy 1.1.3 on strategy for community awareness and engagement (RWHAP partners, DPH, CHPC)

3.2.3 Ensure data collection systems include fields that facilitate analyses relevant to understanding inequities and disparities

- Analyze CHPC indicators by subpopulations and review annually to understand existing or emerging inequities (DPH, QPM)
- Use data to identify priority subpopulations most relevant to RW jurisdictions and core services (RWHAP partners)
- Promote standardized use of demographic questions in surveys and/or other qualitative data collection protocols (NAP, DPH, RWHAP partners, CIRA)
- Promote and encourage use of culturally relevant data collection instruments and/or methodologies such as translation options (NAP, DPH, RWHAP partners)

3.2.4 Support continuous quality improvement and innovation to effectively engage priority populations in health promotion, prevention, and care services

- Coordinate an annual statewide quality management summit on a topic relevant to the HIV plan which could include a focus on SDOH and/or inequities (QPM, RWHAP partners, DPH)
- Attract and allocate resources to pilot and/or scale effective peer-driven programs

Objective 3.3. Implement a syndemic approach with areas of focus on sexually transmitted infections, viral hepatitis, and substance use disorders (and behavioral health).

3.3.1 Integrate the syndemic approach into the Integrated HIV Prevention and Care Plan

- See strategy 4.2.2 that describes the Syndemic Partners Group and the approach to facilitate integration

3.3.2 See strategy 1.2.2 to scale the status-neutral care model

3.3.3 See strategy 2.1.2 to develop and implement a plan to improve referral processes that result in linkage to care (core medical and supportive services)

Goal 4. Achieve integrated, coordinated efforts that address the HIV epidemic across all partners and interested parties.

Objective 4.1. Maintain the vitality and relevance of the Connecticut HIV Planning Consortium as a statewide HIV prevention and care planning entity.

4.1.1 Strengthen and enhance the engagement of partners and diverse individuals with lived experience in the planning processes and activities

- CHPC membership reflects PWH and individuals with lived experience across syndemic areas of focus (CHPC, MAC)
- Conduct community outreach to priority populations and persons with lived experience (MAC, RWHAP partners)
- CHPC participant meeting satisfaction and experience scores meet or exceed standards (CHPC)
- Publish "News and Notes" newsletter (MAC)
- Facilitate information sharing via list serv, website, and social media (CHPC, DPH, RWHAP partners)
- CHPC coordinates with other RWHAP and prevention partners on best practices to engage PWH and persons with lived experience (MAC, CHPC, DPH, RWHAP partners)
- Promote leadership development opportunities and mentoring program for CHPC members (MAC)
- Improve incentives for CHPC members who are not employed or who must forego work to access and/or attend CHPC meetings (CHPC, MAC, DPH)

4.1.2 Facilitate structures and processes that support statewide, coordinated planning activities

- Review CHPC organizational and committee structure to align with plan activities and changing conditions affecting the work (CHPC, Executive)
- Maintain regular, structured communication between CHPC and RWHAP Part A Planning Councils (CHPC co-chairs)
- Conduct annual needs assessments in areas that represent gaps or needs in relation to other ongoing needs assessment projects (NAP)
- Coordinate annual statewide quality management summit on a topic relevant to the HIV plan (QPM, RWHAP partners, DPH)

4.1.3 Implement a monitoring and accountability process to show progress on implementation of the plan and to identify areas for mid-course adjustments

- Develop annual committee work plans (CHPC committees)
- Develop and implement CHPC monitoring plan (QPM)
- CHPC Co-Chairs maintain regular communication with RWHAP partners, particularly RW Part A Planning Council Co-Chairs (CHPC, RWHAP partners)
- Review progress annually including changes to data dashboards and DPH performance measures (QPM, CHPC)

Objective 4.2 DPH strengthens collaborative workspace and capacity to improve coordination and integration of HIV services with other areas of syndemic focus.

4.2.1 DPH Convenes Syndemic Partners Group

- Conduct SWOT analysis across syndemic partners (Syndemic Partners Group)
- Identify priorities and common ground to collaborate (Syndemic Partners Group)
- Develop recommendations and next steps for collaboration, coordination, and integration such as assessment tools, referral mechanisms, adjustments to contracts or funding (Syndemic Partners Group)
- Participate on each other's planning groups as indicated such as members or presenters (Syndemic Partners Group)

4.2.2. DPH convenes Connecticut HIV Funders Group

- Convene quarterly meetings (DPH, RWHAP partners)
- Develop annual workplan (DPH, RWHAP partners)
- Facilitate data sharing and data collection (DPH, RWHAP partners)
- Identify priorities to improve and/or change policies (DPH, RWHAP partners)
- Identify priorities for quality improvement (DPH, RWHAP partners)

4.2.3 DPH employees participate on other groups relevant to the HIV plan

- CHPC / DPH co-chairs or representatives participate on RWHAP Part A councils or other advisory groups, and vice-versa (DPH, CHPC, RWHAP partners)
- CHPC and RWHAP Part A Councils encourage their members to participate on other HIV-related planning groups (CHPC, RWHAP partners)
- Syndemic partners participate on each other's planning and/or advisory groups as indicated including statewide STI Coalition and the Viral Hepatitis Elimination Technical Advisory Committee (Syndemic partners, DPH, RWHAP partners)
- CHPC, DPH, and RWHAP program partners participate on SDOH initiatives as well as other statewide plans related to syndemic areas of focus (CHPC, DPH, RWHAP partners, Syndemic Partners Group)

Objective 4.3 DPH increases capacity of public health system to implement plan and respond to outbreaks or public health emergencies relevant to HIV.

4.3.1 DPH develops annual legislative agenda to address any policy-related matters

- Initial priorities include:
  - Align viral hepatitis language with 2022 routine HIV testing language
  - Expand PrEP/PEP
  - Reduce data sharing restrictions to better support Data to Care efforts
  - Support increases in funding for pilot projects and to scale effective strategies

4.3.2 DPH provides communication support to promote collaboration and information sharing

- Post information and data on CHPC website (CHPC)
- Provide funding for statewide education and awareness campaigns relevant to the HIV plan (DPH, PPCT)
- Assist in promoting messaging through communication platforms of other (state) partners (DPH, PPCT)
- Coordinate and/or promote events and seminars such as the Monkey Pox series in 2022 or the health equity summit (DPH, PPCT)

4.3.3 DPH proposes and implements service delivery improvements that optimize funding, increase efficiencies, and improve outcomes

- Revise approach to funding models (e.g., regional approach, expectations to include syndemic areas of focus, coordinate care and prevention) (DPH)
- Promote standards of care (e.g., rapid start medication) (DPH)
- Coordinate enhanced approach to professional development and training (DPH)

4.3.4 DPH strengthens and enhances its data collection systems and capacity

- Finalize CT DPH Outbreak Detection and Response Plan (DPH)
- Enhance statewide epidemiological profile to address priority areas such as syndemic areas of focus (DPH)
- Align Data to Care initiative resources to local needs and priorities and emerging innovations such as improvements to referral process (DPH)
- Ongoing updates to E2CT platform that supports CADAP and Ryan White Part B (DPH)
- Share and produce infographics and other surveillance products because of more capacity in HIV and syndemic areas of focus (DPH)

2022-2026 Statewide HIV Prevention and Care Indicators: Baseline (2019) and Goals (2026)

The Quality and Performance Measures (QPM) Team recommended these indicators based on a thorough study of the most relevant epidemiological and program-related data sets.

2022-2026 Plan Indicator	2019 Baseline	2026 Goal
Goal 1: Reduce new HIV infections		
PrEP-to-Need Ratio: The number of people taking PrEP divided by the number of people newly diagnosed with HIV	12.0	36.0
New Diagnoses: Number of people newly diagnosed with HIV	220	174
Knowledge of HIV Status: Percent of PLWH aware of their status	91%	93%
Goal 2: Improve HIV-related health outcomes		
Late Testers: Percent of people presenting with or diagnosed with AIDS within 3 months of their initial HIV diagnosis	29%	20%
Linkage to Care: Percent of newly diagnosed who attended a routine HIV care visit within 1 month of diagnosis	87%	90%
Partner Services: The number of newly diagnosed clients interviewed by DIS / Partner Services	143	8% increase*
Viral Load Suppression: Percent of people with diagnosed HIV who are virally suppressed Percent of PWH in care who are virally suppressed	74% 90%	87% 95%**
Goal 3: Reduce disparities		
New diagnoses: Annual number of new HIV diagnoses among: MSM, Black men and women, and Latino men and women	15% decrease	25% decrease
Viral load suppression: Viral load suppression among MSM, Black MSM, Latino MSM, Black women, transgender women, people who inject drugs, and youth (13-24)	See DPH website for details	TBD at September QPM meeting
Goal 4: Achieve integrated, coordinated efforts		
Syringe Services Program (SSP): Number of SSP clients served Number of syringes distributed	4,428 1.2 million	9,000 2.4 million**
Sexually Transmitted Infections (STIs): Number of syphilis cases	210	204
Hepatitis C: Number of newly diagnosed chronic Hep C infections	1,309	1,178
Substance Use: Number of overdose deaths Total number of overdoses (ED visits for suspected overdoses)	1,528 (2021) 12,000 (approx.)	1,750 13,950**

** Tentative Goal: QPM will revisit goal after Partner Services is able to present to the team on additional data.*

*** Goal based on QPM decision for primary measure.*

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