



Connecticut's Integrated HIV Prevention and Care Plan 2017 - 2021

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HRSA MANDADATES

- Legislatively requirement
- The Purpose of Integrated Plan
 - Collaborative mechanism to identify and address the most significant HIV needs of PLWHA
 - To maximize coordination, integration, and effective linkage across Ryan White HIV/AIDS Program Parts.
 - Both RWHAP and B Recipients are required to submit a comprehensive Plan



CDC Mandates

- The IHPCP is a vehicle to identify HIV Prevention and care needs, existing resources, barriers, and gaps within the jurisdictions and outlines the strategies to address them.



ALIGNMENT

- Requirement to align with National HIV/AIDS Strategies
- HIV Continuum to inform the needs assessment process
- Service Delivery Process



OPTION TO SUBMIT

- Integrated state/city prevention and care plan to CDC and HRSA;
- Integrated state-only prevention and care plan to CDC and HRSA;
- Integrated city-only prevention and care plan to CDC and HRSA;
- City-only prevention to CDC;
- City-only care to HRSA;



CT DID WHAT?

- AN INTEGRATED
PLAN

BUT
WHY?????

HISTORY



Connecticut's 2017 to 2021 Goals and Objectives

GOAL 1. Reduce New Infections	
Objective 1.1	Decrease the number of new infections by 25%, from 291 in 2014 to 218 in 2021.
Focus Area A	Strengthen statewide communication platform to deliver prevention and health promotion messaging
Focus Area B	Increase access to PrEP and n-PEP
Focus Area C	Promote “Treatment as Prevention”
Objective 1.2	Increase number of people being tested through CT funded initiatives (Routine testing, Outreach Testing & Linkage or OTL) from 13,579 in 2014 to 15,000 in 2021.
Focus Area A	Improve evidence-based HIV outreach, testing and linkage services
Focus Area B	Increase access to clean needles and syringe exchange services

Goal 1. Reduce New Infections

Objective 1.2 Increase number of people being tested through CT funded initiatives (Routine testing, Outreach Testing & Linkage or OTL) from 13,579 in 2014 to 15,000 in 2021.

Focus Area	Priority Activities	Outcomes	Implementers
A. Improve evidence-based HIV outreach, testing and linkage services	<ul style="list-style-type: none"> ○ Marketing & Communications / Outreach and Engagement See activities under Objective 1.1, Focus Area A 	● # staff trained on latest generation of testing	<ul style="list-style-type: none"> ● CT DPH Other partners may include: Local health departments, community health centers, private practices, hospitals; Department of Corrections, Department of Mental Health & Addictions Services; substance abuse treatment providers; insurance companies; Department of Social Services (Medicaid/Medicare)
	<ul style="list-style-type: none"> ○ Service Delivery Improvements 	● # OTL service use reflect high risk populations	
	<ul style="list-style-type: none"> ○ Implement most recent HIV testing technology; provide training as warranted 	● # couples receive HIV testing and counseling	
	<ul style="list-style-type: none"> ○ Refine OTL services to reach high risk populations; increase capacity of these models to include peer-driven approaches 	● # events with combined HCV/HIV testing	
	<ul style="list-style-type: none"> ○ Implement Couples HIV Testing and Counseling 	● # tested for HCV	
	<ul style="list-style-type: none"> ○ Implement Social Networks Strategy and connect to Goal 1.1A. 	● # tested for HIV/HCV coinfection	
	<ul style="list-style-type: none"> ○ Link to Treatment Adherence services (Goal 2.2.B; 2.2.C) 	● See Goal 1.1.A.	
B. Increase access to clean needles and syringe exchange services	<ul style="list-style-type: none"> ○ Marketing & Communications 	● See also Goal 1.1.A.	<ul style="list-style-type: none"> ● CT DPH ● DMHAS Other partners may include: pharmacies; Local health departments; community health centers, private practices; hospitals; Department of Corrections; substance abuse treatment providers
	<ul style="list-style-type: none"> ○ Conduct awareness and education campaigns to broaden access to clean syringes (and naloxone distribution) 	● Pharmacy resource	
	<ul style="list-style-type: none"> ○ Outreach, Engagement & Training 	● packet	
	<ul style="list-style-type: none"> ○ Conduct training and/or informational workshops for and with relevant partners such as DMHAS, CT Health Exchange, CT law enforcement 	● Policy change(s)	
	<ul style="list-style-type: none"> ○ Service Delivery Improvement 	●	
	<ul style="list-style-type: none"> ○ Conduct analysis of syringe exchange services model and improve all aspects of program (e.g., best practices, surveillance, evaluation) 	●	
<ul style="list-style-type: none"> ○ Enhance and Scale the DPH Pharmacy Initiative for syringe access and naloxone distribution and community distribution 	●		
<ul style="list-style-type: none"> ○ Policy Development & Sustainability 	●	●	
<ul style="list-style-type: none"> ○ Conduct policy work to increase access to syringe services, harm reduction information and overdose prevention 	●	●	

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	<ul style="list-style-type: none"> ○ Expand and integrate routine testing and OTL with Hepatitis C Virus (HCV) education and screening activities 	● See Goal 2.2.B.	
		● See Goal 2.2.C.	
B. Increase access to clean needles and syringe exchange services	<ul style="list-style-type: none"> ○ Marketing & Communications 		<ul style="list-style-type: none"> ● CT DPH ● DMHAS ● Other partners may include: pharmacies; Local health departments; community health centers, private practices; hospitals; Department of Corrections; substance abuse treatment providers
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