

# Chapter 3

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## Community Services Assessment Assessing the HIV Prevention and Care Needs for Connecticut's At-Risk Populations Resource Inventory and Gap Analysis





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## Assessing Connecticut's HIV Prevention Needs

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### **COMMUNITY SERVICES ASSESSMENT**

*Assessing the Need for HIV Prevention Services: A Guide for Community Planning Groups* (1999), published by The Academy for Educational Development (AED), describes a needs assessment as “a process for obtaining and analyzing information to determine the current status and service needs of a defined population or geographic area.”

Needs assessments can be useful for: (a) obtaining information about current conditions in a defined population including problems or service needs and the resources and approaches being used to address them, and, (b) determining met and unmet service needs among specific target populations and for the overall service area or community.<sup>1</sup>

**A needs assessment is a key element of HIV prevention community planning and is guided by information provided through the epidemiologic profile and community services assessment. A comprehensive needs assessment:**

- Targets high-risk populations identified in the epidemiologic profile,
- Describes the HIV prevention and care needs of targeted populations,
- Provides an inventory of existing resources for HIV prevention and care,
- Includes a gap analysis of the met and unmet HIV prevention and care needs within targeted populations, and,

Prior to the new *CDC HIV Prevention Community Planning Guidance*, a needs assessment, resource inventory and gap analysis were considered as three separate, yet interrelated products. The new guidance, approved in April 2003, combined these separate processes into a “three-in-one-component” of community planning – the Community Services Assessment.

The Community Services Assessment provides a description of the prevention and care needs of populations at risk for HIV infection (needs assessment), the prevention/intervention and care activities implemented to address these needs, regardless of funding source (resource inventory), and the met and un-met needs or service gaps (gap analysis). The new guidance specifically states that one of the responsibilities of the Department of Public Health (DPH) and/or its designated contractor/consultant, in collaboration with the CPG, is the development of the community services assessment. The CPG and DPH are responsible for discussing the types of data to be collected, methodologies to be used, collaborative processes, and the format for the community services assessment.

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<sup>1</sup> *Assessing the Need for HIV Prevention Services: A Guide for Community Planning Groups*. Academy for Educational Development, Washington, DC: 1999.

### **DATA COLLECTION**

Data for the Community Service Assessment (Needs Assessment, Resource Inventory and Gap Analysis) were collected through a variety of ways. More often than not, a single data source yielded information valuable for more than one portion of the Community Service Assessment.

Primary data were collected by conducting; 1) focus groups, surveys and key informant interviews with MSM, HIV+, WSW, incarcerated persons, and Transgender persons; and 2) surveys of DPH and non-DPH funded providers of HIV prevention services.

Secondary data were gathered and analyzed from the following sources; 1) the DPH prevention intervention database; 2) current AIDS epidemiology; 3) current DPH funding according to region; 4) R.A.R.E. project reports from both New Haven and Hartford; 5) Information from the Connecticut Department of Education, data from the Connecticut Department of Public Health STD and Viral Hepatitis Programs; 6) Ryan White Title I 2002 Needs Assessment for New Haven/Fairfield counties and the Greater Hartford Title I Eligible Metropolitan Area (EMA) June 2002 Comprehensive HIV Health Services Plan; and 7) the Ryan White Title II Connecticut Comprehensive Statewide Care and Prevention Plan for HIV/AIDS.

### **POPULATION FOCUS GROUPS, SURVEYS AND KEY INFORMANT INTERVIEWS**

Prevention focus groups were constructed to be ethnically diverse, segregated by male and female (Department of Correction), consisted of between 10-15 participants per group, and conducted in Spanish if required. Focus groups were conducted with the following populations; HIV positive persons, MSM's, and incarcerated individuals. Incentives, in the form of stipends and/or food were provided for all group participants, with the exception of the Department of Correction.

Discussion topics for the focus groups included the following:

- Awareness about HIV/AIDS/STDs, transmission modes, and prevention
- HIV/STD services participants would like to see implemented
- Barriers to accessing existing services
- Risk issues and concerns
- Locations where participants would like to get HIV/STD information.

Focus group questions, which had been developed by the CSA Committee in 2003, were adapted to meet the cultural needs of the respective groups (e.g. changing language, question modification and translation into Spanish). Questions were also modified to be non-gender specific.

Groups were conducted from January 2004 through June 2004. Two focus groups were conducted with incarcerated populations (a male group at Osborn Correctional Institution (CI) and a female group at York CI), two with MSM support groups. Focus group facilitators and note-takers included CPG members and CSA Committee co-chairs, Kathey Fowler and Mark Bond-Webster, CPG and CSA Committee member Maggy Morales, and Barbara Mase, Lennon Hite and Frederic Morton of The Parisky Group, contractor for the CPG.

Population surveys were conducted for WSWs. While WSW are not considered a priority population, members of the Community Services Assessment Committee expressed enough interest in this population to warrant a limited survey for informational purposes. Women were surveyed concerning sexual orientation, information regarding HIV and STDs, use of drugs, number of partners (both male and female), use of condoms and sex toys, and HIV status. This

survey was developed by the CSA Committee and administered by Maggy Morales of Latino/as Contra SIDA in Hartford.

Key Informant interviews were conducted focusing on MSMs and Transgender people. In addition to the focus groups, key informant interviews regarding MSMs and their HIV risk were conducted with Mel Thomas and Jesse Grant of the Brothers 4 Brothers Program, Hartford and Willie Castillo of Hispanos Unidos, New Haven. Three transgender individuals, all of whom are involved in transgender advocacy leadership through The Connecticut TransAdvocacy Coalition, Connecticut Outreach Society, The Twenty Club, and connecticuTView, were interviewed.

### **SURVEY OF PROVIDERS**

In order to provide information for all three components of the Community Services Assessment, a survey was conducted among HIV prevention providers (both DPH and Non-DPH funded). Survey questions were developed by the Community Services Assessment Committee. (See 2004 Resource Inventory Questionnaire in Appendix C).

Three hundred seventy five (375) surveys were sent to community-based organizations (CBOs), AIDS service organizations (ASOs), and health care organizations throughout Connecticut. The purpose of this survey was to assess the resources available in Connecticut for HIV prevention and care services and to assess the needs and observations of providers. A total of 99 providers responded. Of these, 91 indicated that they provide HIV prevention services.

Organizations surveyed were asked to provide information regarding: (a) providers' program challenges and needs relative to providing HIV prevention and/or care services to targeted populations, (b) problems encountered by target populations in accessing services, (c) emerging needs in service area, (d) emerging at-risk populations in service area, (e) gaps in services identified in service area, and, (f) suggestions for improvement to prevention and/or care services.

Information provided by the organizations and agencies surveyed closely mirrored the findings of the population specific focus groups, key informant interviews and individual surveys. Therefore, both the populations and organizations confirmed the barriers and needs related to HIV Prevention in Connecticut.

### **SECONDARY SOURCES OF DATA**

Secondary data consisted of findings of research collected through the Rapid Assessment, Response and Evaluation (R.A.R.E.) New Haven 2001 project and the R.A.R.E. Hartford 2003 project.<sup>2</sup> Both R.A.R.E. projects provided information regarding the HIV/AIDS prevention and care needs of high-risk African American and Latino populations (e.g. commercial sex workers, active injection drug users, MSMs, heroin/crack users, and drug sellers).

Additional data was supplied by Bonnie Edmondson, HIV/STD Prevention Coordinator for the Connecticut Department of Education, regarding youth risk behavior and Deborah Cornman of the Center for HIV Prevention and Intervention at the University of Connecticut (HIV positive individuals and Prevention for Positives). Secondary data was also supplied by staff of the Connecticut Department of Public Health. Heidi Jenkins of the Sexually Transmitted Disease Control Program provided data regarding the state of STDs in Connecticut, Andrea Lombard of

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<sup>2</sup> Information on the R.A.R.E. 2001 New Haven Project was supplied by Mark Kinzly of Yale University. R.A.R.E. 2003 Hartford Project information was supplied by the Hispanic Health Council, Hartford

the Viral Hepatitis Program provided information regarding Hepatitis A, B and C, and the HIV/AIDS Surveillance Programs provided HIV/AIDS epidemiological data.

Needs assessment findings were also supplemented with Connecticut data obtained from the Ryan White Title I 2002 Needs Assessment for New Haven/Fairfield counties and the Greater Hartford Title I Eligible Metropolitan Area (EMA) June 2002 Comprehensive HIV Health Services Plan. Additional data was obtained from the Ryan White Title II Connecticut Comprehensive Statewide Care and Prevention Plan for HIV/AIDS. Information from the Ryan White Title II plan was provided by Holt, Wexler and Farnum, LLC.

Finally, information from the Connecticut Department of Public Health's HIV Prevention Interventions database from DPH funded contractors, Epidemiological data concerning the number and location of People Living with AIDS (PLWA) and funding information according to region were also used in the Community Services Assessment.

### **LIMITATIONS**

The major limitation of data is the lack of long-term data involving those who are HIV positive. Connecticut began collecting reports of HIV positive tests in 2001. Therefore, information concerning those who are HIV positive (as opposed to those who are diagnosed with AIDS) is very new. In addition, only 48 percent of HIV Incidence data includes the identified risk. This makes assessing needs and determining gaps more difficult to do. The CPG has brought this to the attention of the DPH and DPH is currently looking at ways to increase identified risk data.

In addition to the above limitation, the DPH Prevention Intervention database, the most extensive source of HIV prevention activities in the state, has its own limitations. Many times providers do not fill out the reporting forms completely and there is often missing demographic data. The DPH has recently instituted a reporting system, The Uniform Reporting System (URS) that requires submission of demographic data. Therefore, this limitation will be solved with the full implementation of the URS System.

Regarding the survey of DPH and non-DPH funded providers, it became apparent that the survey was much too long and cumbersome. This resulted in a lower than desired response and responses that often did not provide the information requested. The CSA committee will take this into consideration when designing future surveys.

Finally, the CSA committee is currently working on conducting a full focus group with Transgender people. Although this will not be completed in time for this Plan, it will be included in the next Plan update.

In addition to focus groups with Transgender people, more data regarding needs and gaps faced by those who are HIV positive would be beneficial. The CSA intends to continue to conduct focus groups and data collection among those who are HIV positive.

### **NEEDS ASSESSMENT**

As the focus for its 2004 Needs Assessment, the Community Services Assessment (CSA) Committee, in collaboration with the DPH, chose to focus its efforts on the prioritized populations for 2005-2008 – HIV+, MSM, IDU, and Heterosexual. In addition, Incarcerated individuals, Transgender people and WSW were also focused on as emerging populations.

Rather than conduct another statewide assessment of HIV prevention needs, which had already occurred in 2000, the CSA elected to build on that needs assessment and pursue focus groups, key interviews, mini-surveys, and research presentations for the following populations:

- **HIV Positive Individuals**
- **Men who have sex with men (MSM)**
- **Late night high-risk populations (R.A.R.E. Hartford and R.A.R.E. New Haven Project Reports)**
- **Transgender (male-to-female and female-to-male)**
- **Department of Correction (male and female)**
- **Women who have sex with women (WSW)**

The assessment process was designed to obtain population specific information, which focused on related risk behaviors, attitudes and beliefs; extent of services being utilized; perceived or real barriers to accessing services; proven effective interventions, activities or programs; related appropriate services and available and accessible resources; and sub-population differences relative to prevention and care issues.

#### **Met and Unmet Needs**

A needs assessment further provides a means of defining a population's met and unmet needs. In the focus group reports that are included in this chapter, as well as in the information from the 2004 Prevention and Care Resource Inventory Survey Questionnaire, a picture of the met and unmet needs of Connecticut's prioritized populations will be highlighted. Also featured in this chapter will be the Care needs of persons living with HIV/AIDS (PLWHA) as documented in the Ryan White Title II Connecticut Comprehensive Statewide Care and Prevention Plan.

- A **met** need is a service within a specific target population that is currently being addressed through existing services that are (1) *available* to that target population, (2) *appropriate* for that target population, and, (3) *accessible* to the target population.
- An **unmet** need is a service within the target population that is not currently being addressed through existing prevention and care services or activities because: (1) no services are currently available, (2) available services are inappropriate, or (3) the service is inaccessible to the target population.

In order to assess the needs of these identified populations, key informant interviews were conducted with service providers, outreach workers and community advocates. Focus groups were conducted with HIV positive people, MSMs and incarcerated persons in addition to a survey conducted with WSW. Finally, data collected as a part of the R.A.R.E. projects in New Haven and Hartford was examined.

Information gathered by these methods, described more fully under the data collection section above and in Appendix B, Focus Group Reports, together with data obtained through the survey of providers (also described more fully under data collection) provided most of the information used to conduct the needs assessment.

### **STATEWIDE COORDINATED STATEMENT OF NEED (SCSN)<sup>3</sup>**

In 2003, Connecticut conducted its first assessment process that examined both HIV prevention and HIV care. Termed a Statewide Coordinated Statement of Need (SCSN), this document provides a mechanism to (a) collaboratively identify and address significant HIV care issues related to the needs of People Living With HIV/AIDS, and where appropriate individuals affected by HIV/AIDS; and (b) maximize planning, coordination, integration and effective linkages across the Care Act Titles with prevention.

Assessing these service gaps across the state involved the review of data sets that had been compiled through different venues and sources (e.g. studies, outreach efforts, consumer and provider surveys, seminars, as well as needs assessments and evaluations conducted by DPH, Hartford and New Haven/Fairfield Ryan White Title I Planning Councils, the Statewide Care Consortium, and the CPG). Gaps and needs identified through this assessment process were classified and prioritized by an Ad Hoc Committee, consisting of DPH staff and representatives of Ryan White Titles I, II, III and IV and the CPG, and presented to the full Statewide HIV/AIDS Care Consortium for review.

As confirmed by the SCSN, the identified statewide gaps, emerging needs and recommendations are as follows:

#### **Cross-Cutting Themes**

- Healthcare Costs
- Cultural Competency / Linguistic Complexity / Serving the Deaf and Hard of Hearing
- Education and Outreach
- Non-Medication Adherence
- People Not in Care
- Prevention Needs of PLWHA

#### **Emerging Needs**

- Maturing Population (age 50+)
- Hispanic Population
- Undocumented Population / Migrant Workers
- Primary and Secondary HIV Prevention
- Mitigating Heterosexual HIV Transmission
- Cross Training (among HIV/AIDS Case Management and Outreach workers)
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#### **Disproportionately Represented and Underserved Populations**

- Men
- African American
- Hispanic
- Men who have Sex with Men (MSM)
- Injection Drug Users (IDU)
- Women
- Adults age 50+
- Dually diagnosed
- Prison inmates
- Youth (13-24 years old)

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<sup>3</sup> Executive Summary, The Connecticut Comprehensive Statewide Care and Prevention Plan for HIV/AIDS, 2004-2007

## Critical Gaps

### **Physical Needs:**

- Help Paying for and Help Finding Housing
- Emergency Financial Assistance

### **Medical Needs:**

- Dental Services
- Alternative Therapy
- Nutritional Counseling
- Links to Other Systems of Care
- Information About Available Services

The preceding Statewide Care Consortium Needs Assessment data suggests that important care services are being used, but that significant unmet needs exist, particularly in housing, dental, emergency financial assistance, and HIV prevention/risk reduction. Data also indicates that unmet needs exist for outreach efforts to move individuals into primary medical care and connect new clients with systems of care. This Statewide Care Consortium assessment of met and unmet needs is extremely consistent and compatible with the findings of the 2004 CPG Needs Assessment process.

Recommendations developed by the Statewide Consortium are also reflective in many ways of the recommendations brought forth in the CPG 2004 Needs Assessment:

- Services will be culturally sensitive, geographically accessible and offer flexible hours.
- Providers will reflect the HIV/AIDS population they serve.
- Individuals will receive culturally appropriate and comprehensive information on HIV/AIDS, primary and secondary prevention, and the full range of services available at each and every portal of entry into the continuum of care.
- System of care linkages will be strengthened through collaborative planning, co-location, cross-training and referral strategies among all service categories, with a particular emphasis on collaboration between substance abuse treatment, mental health treatment, housing, case management, and across medical providers to coordinate the delivery of care and prevention.
- Providers will improve efforts to prevent relapse and improve medication adherence.
- Providers will increase efforts to engage and bring individuals into care, especially individuals that are Hispanic, female, migrants, and among the 50+ age populations.
- Providers will make best efforts to bring under- and un-insured individuals into care, especially minorities.
- Providers should be increasingly aware of and plan to meet the needs of an aging AIDS population.

*Further Information regarding the process of integrating care and prevention services is addressed in Chapter 6: Linkages, Surveillance and Research, Technical Assistance and Capacity Building.*

## **2004 PREVENTION AND CARE NEEDS ASSESSMENT FINDINGS**

The prevention and care needs assessments findings contained in Connecticut's 2005-2008 comprehensive plan, provide a snapshot of the prevention and care needs of

Connecticut populations that most closely resemble the statewide priority populations - injection drug users (IDUs), men who have sex with men (MSMs – gay and non-gay identified), heterosexual males and females, people living with HIV, and three emerging populations at risk for HIV infection – transgender, women who have sex with women (WSW) and incarcerated populations.

### **Focus Group Themes: Commonalities and Needs**

Upon review of the focus group reports, it became apparent that common themes regarding barriers to services and population issues, as well as prevention needs, appeared across all populations. These include individual barriers, community-level barriers and systems barriers.

### ***Prevention Barriers***

Populations are mostly aware of the need for risk behavior change and for the need to use condoms/dental dams, but actually making and sustaining behavior changes is the challenge (e.g. difficulty in sustaining safer-sex behaviors). Barriers to prevention and services identified include:

#### **Individual Level Barriers**

- Dislike being “labeled”
- Distrust of medical providers, doctors and health care environment
- Feelings of isolation and depression
- Fear of identifying and loss of anonymity
- Fear of being judged and of being rejected by family, friends and church
- Internalized racism, homophobia and heterosexism
- Multiple sex partners and infrequent condom use
- No perceived risk for HIV infection
- Mental health and substance abuse issues
- AIDS-fatigue
- Undocumented immigrants
- Inadequate or no health insurance
- Problems with reading comprehension
- Misconceptions about HIV

#### **Community Level Barriers**

- Cultural, family, religious, and economic issues and influences affect an individual’s ability or willingness to access prevention and care services
- Racism, homophobia and heterosexism
- Stigma, discrimination and violence
- Lack of safe “gathering spaces” and effective support groups
- Misconceptions about HIV

#### **Systems Barriers**

- No bilingual or culturally sensitive prevention staff
- Culturally incompetent medical and service providers and personal physicians
- Inadequate transportation, housing and health care
- Gaps in hours of services and few late night services

- Sharing needles for injecting drugs and hormones (e.g. need to expand needle exchange programs)
- Language barriers – cultural and population generated (e.g. Transgender terminology and vocabulary)
- Misconceptions about HIV

### ***Prevention Needs***

Based on feedback provided by the focus groups, key informant interviews and surveys, Connecticut's HIV prevention needs include:

- HIV/AIDS information and prevention programs/outreach services need to be culturally appropriate to populations and sub-populations.
- More mental health, substance abuse, and detox programs and shorter waiting lists
- Culturally appropriate medication adherence programs for HIV+ individuals
- Peer educators and identified “role models” and “spokespersons”
- More innovative outreach and information strategies (e.g. use of the internet)
- Holistic approaches to intervention, which include basic needs
- Bilingual prevention information – especially in dialect of populations
- Better access to transportation (e.g. longer hours of service)
- Condom availability in prisons and in high-risk locations (e.g. parks, on the street, bars)
- Access to clean needles
- Late-night services and outreach
- Culturally appropriate safer sex workshops
- Mandatory HIV testing in prisons
- Address cultural, social, economic and psychological issues of populations and not just HIV.
- Wider availability of HIV counseling & testing in non-medical settings (e.g. bars, clubs, community locations)
- Creation of “safe spaces”

**Provider Survey Themes: Commonalities and Needs**

Upon review of the provider survey results, it became apparent that common themes regarding challenges, barriers, needs and gaps were encountered or observed by a large number of providers, regardless of population served.

<b><u>Table 3a: 2004 Needs Assessment Findings</u></b>	
<b><i>Program Challenges and Needs (in rank order of importance)</i></b>	<ul style="list-style-type: none"> <li>• Funding/resources</li> <li>• Insufficient staffing</li> <li>• Coordination with other agencies</li> <li>• Dual diagnosis/complicated problems</li> <li>• Difficulties in accessing populations</li> <li>• Referrals</li> <li>• Lack of bilingual staff</li> <li>• Target population not aware of services</li> <li>• Lack of bilingual or culturally appropriate material</li> <li>• Limited hours of operation</li> <li>• Evaluation</li> <li>• Duplication of services</li> <li>• Lack of available training for staff</li> <li>• Quality assurance/improvement programs</li> <li>• Small size of target population</li> <li>• Staff retention/turnover</li> </ul>
<b><i>Problems encountered by clients in accessing services</i></b>	<ul style="list-style-type: none"> <li>• Lack of service coordination among agencies providing services</li> <li>• No continuity of care</li> <li>• Lack of transportation</li> <li>• Insurance (insufficient or lack thereof)</li> <li>• Cultural/language barriers</li> <li>• Lack of knowledge about services available</li> <li>• Lack of safe, affordable housing</li> <li>• Long waiting lists for services and treatment programs (drug treatment, mental health, substance abuse and detox)</li> <li>• Stigma</li> <li>• Fear of arrest</li> </ul>

**Table 3a: 2004 Needs Assessment Findings**

<p><b><i>Emerging Needs in Service Area (provider identified)</i></b></p>	<ul style="list-style-type: none"> <li>• Relevant HIV/STD prevention education and materials</li> <li>• Nutritional components addressing PLWHAs</li> <li>• Safe and affordable housing (rural and urban)</li> <li>• HIV prevention services for immigrant communities</li> <li>• Mental health services for youth</li> <li>• Accessible, affordable and dependable public transportation</li> <li>• Hepatitis testing</li> <li>• Counseling (e.g. mental health counseling for families)</li> <li>• Insufficient resources and funding to address needs of populations underserved</li> <li>• Primary care (e.g. state and uninsured patients)</li> <li>• Employment related services for PLWHAs</li> <li>• High rate of co-occurring mental health and substance abuse</li> <li>• Lack of medical insurance</li> <li>• Long waiting lists for services and programs</li> <li>• Coordinated substance abuse treatment</li> </ul>
<p><b><i>Emerging Populations (provider identified)</i></b></p>	<ul style="list-style-type: none"> <li>• MSM</li> <li>• IDU</li> <li>• Undocumented immigrants</li> <li>• Newly diagnosed patients with AIDS – never in care</li> <li>• Over 50 Population</li> <li>• Homeless</li> <li>• Hispanic</li> <li>• Pregnant women</li> <li>• Migrant and immigrant populations</li> <li>• Deaf and hard of hearing</li> <li>• Youth at risk and out of system (e.g. drop outs, run away, homeless)</li> <li>• Elderly</li> <li>• Sexual minority youth</li> <li>• HIV+ heterosexual males</li> <li>• Africans, Jamaicans, Haitians, persons from Central and South America</li> <li>• Caribbean Islanders</li> <li>• Asian population</li> <li>• Young Latinas and Latinas in committed relationships</li> </ul>

**Table 3a: 2004 Needs Assessment Findings**

<p><b><i>Gaps in service areas (provider identified)</i></b></p>	<ul style="list-style-type: none"> <li>• Services for undocumented clients</li> <li>• Inter-agency collaboration</li> <li>• Foreign born and undocumented with no insurance for prenatal care</li> <li>• Lack of psychiatric and dental services in rural areas; insufficient in urban areas</li> <li>• Staffing</li> <li>• Cultural and language understanding</li> <li>• Housing</li> <li>• Bilingual mental health services</li> <li>• Medication follow-up</li> <li>• Needle exchange programs</li> <li>• Transportation</li> <li>• Insufficient shelter and detox beds</li> <li>• Spanish services in DOC health areas</li> <li>• Methadone program</li> <li>• Voucher programs with supports (e.g. community case managers)</li> <li>• Hotlines not accessible or responsible to deaf and hard of hearing</li> <li>• Home care services for undocumented and uninsured</li> <li>• Lack of public school HIV education and information</li> </ul>
<p><b>Suggestions for improvement of prevention and/or care services</b></p>	<ul style="list-style-type: none"> <li>• Increase funding for emergency care needs</li> <li>• Increase case management</li> <li>• Provide honest, open and relevant communications that address issues leading to risky behavior</li> <li>• Establish a rural-based needle exchange program</li> <li>• Develop affordable, safe and accessible housing for PLWHAs with appropriate supportive services</li> <li>• Augment/implement mental health services for affected/infected children</li> <li>• Create better collaborations and client follow-up between agencies</li> <li>• Provide more accessible mental health care</li> <li>• Connect the prevention/wellness message with other initiatives such as coordinated public school health.</li> <li>• Closer linkage of prevention and care services</li> <li>• Increase secondary prevention programs/activities and services for HIV+</li> <li>• Early identification of individuals at very high risk with unknown serostatus</li> <li>• Increase area-specific education around resources available to HIV+ individuals</li> </ul>

### **Barriers Discussion**

As part of the subjective factor component of the 2004 Priority Setting Process, an open discussion was facilitated between CPG members and members of the public concerning barriers to accessing services and barriers to serving populations. Once again, common themes emerged:

Barriers to accessing services – transportation; social isolation; services not available; lack of support for basic needs; fear; lack of culturally sensitive or age-appropriate services; denial; no access to clean syringes; waiting lists, and lack of youth-driven services.

Barriers to serving the population: hours of operation; lack of culturally sensitive providers; lack of training, funding and staffing; lack of collaboration/ cooperation between organizations and professional resources; lack of relevant educational materials and curriculum; lack of services targeting specific populations.

### **RESOURCE INVENTORY**

The CDC's *Guidance on HIV Prevention Community Planning* defines a resource inventory as one of the three components of a Community Services Assessment. A resource Inventory assesses existing community resources for HIV prevention and care to determine the community's capability and capacity for responding to the HIV epidemic.

According to the Academy for Educational Development (AED), a resource inventory is more than just a list of prevention and care programs and their respective funding levels and sources. As a source for determining and defining existing HIV prevention and care services within a particular jurisdiction, the resource inventory should also detail information about service providers included in the inventory:

**Contact information:** provider name, address and other relevant contact information

**Resources:** funding sources and amounts/values of resources

**Program focus:** HIV prevention and/or care or other related services (e.g. pregnancy prevention, domestic violence, substance abuse)

**Project area:** geographic area served (e.g. Ryan White Title I EMA, Title II Statewide, Titles III and IV, and CPG Region)

**CPG target populations served:** demographic and risk behavior of individuals served  
Service capacity: number of different individuals served per year

**Prevention/care intervention or strategies:** specific interventions such as counseling and testing, behavior modification, risk reduction, prevention for positives, perinatal, etc

**Assessment:** accessibility and suitability for targeted populations

During the 2003-2004 planning cycle, the CPG engaged in the development of a statewide resource inventory of prevention and care providers, as well as the creation of a gap analysis, which documented both the met and unmet prevention and care needs in the state. This year-long process laid the framework for the roll-out of Connecticut's new HIV resource inventory for the 2005-2008 Comprehensive Prevention Planning Cycle.

The CPG's resource inventory is designed to define current HIV prevention/care and related resources and activities, regardless of the funding source (federal, state, private). It also includes information regarding HIV prevention and care activities throughout the state, as well as other education, prevention and care services and activities that are likely to contribute to HIV risk reduction. These resources, either directly or indirectly HIV related, include the existence of social networks, educational institutions, businesses or other community-building activities.

The CPG's statewide resource inventory of prevention and care services and resources will serve as a comprehensive reference tool for providers as well as people living with HIV/AIDS (PLWHA). As part of the community services assessment, the resource inventory will provide an understanding of current community resources and capacity for HIV prevention and care.

#### **2004 CPG Resource Inventory Process**

The 2003 resource inventory workplan, covering the period from July 2002 through May 2003, called for the creation of a resource inventory survey tool for DPH funded providers as well as one for private and state funded providers of prevention and care related services. Since a data base of 65 DPH funded providers already existed, which reflected interventions, targeted populations, number of clients served, and geographic region, the Community Services Assessment (CSA) Committee, in collaboration with AIDS Project Hartford, Dr. Deborah Cornman of the University of Connecticut, and the DPH developed a survey tool in August 2003 to help glean additional information about prevention services, interventions provided, targeted populations, collaborations, capacity to provide services, and funding streams.

This prevention inventory of HIV prevention interventions was pre-formatted with known contractor-specific prevention intervention data, emailed to providers for their review and update, and returned to the Department of Public Health for processing and analysis. (See Inventory of HIV Prevention Interventions survey tool included in Appendix B). From these surveys, the DPH was able to assess intervention specific needs and gaps in services, numbers of clients and populations served, as well as the capacity of providers to implement prevention interventions and activities.

The survey tool determined both DPH-funded and non-DPH funded statewide prevention and care providers (e.g. social service agencies, educational institutions, health centers and other community-based organizations) was developed by the Parisky Group (contractor) and CSA Committee. (See Connecticut HIV Prevention Community Planning Group 2004 Resource Inventory Questionnaire in Appendix B).

Designed to be completed on line and returned electronically, the survey also had a Business reply/postage-paid return ability. This questionnaire contained both prevention intervention and care service-related questions: agency types; services provided; geographic areas served; client demographics; number of patients/clients served in a 12 month period; percentage of clients who are HIV+ (not AIDS diagnosed) and the number of clients who are HIV+ and AIDS diagnosed; service capacity (number of clients served in various categories ranging from Gay/Lesbian/Bisexual to Deaf and Hard of Hearing); HIV prevention interventions provided; populations targeted with HIV prevention and care services; program challenges and needs; funding sources (private and public) , and care services offered through Ryan White Titles I, II, III, and IV.

Because no one central information repository existed of comprehensive statewide prevention and care services, an Access database was developed by the contractor, which contained a listing of the 375 statewide agencies and organizations. Additional fields were also included in the database to record the information contained on the survey forms. Agencies and organizations included on this database, as potential prevention intervention and care providers, were emailed and mailed a copy of the provider survey for their input and return to the Parisky Group for processing and analysis.

**RESOURCE INVENTORY FINDINGS**

**Northcentral Region**

The Northcentral CPG Region consists of Hartford County. Hartford County is the capital region of Connecticut consisting of the City of Hartford, Connecticut’s third largest city and its surrounding suburbs. The total population of this region is 857,183. Of this population, approximately 77 percent are white and 12 percent African American. Close to 12 percent of the population is Latino of any race.

A total of 25 HIV prevention service providers, both DPH funded and non-DPH funded, were identified in this region. Total DPH HIV prevention funding for this region is \$1,871,076. Other funding sources for HIV prevention identified through the survey totaled \$ 976,671. DPH prevention funds spent on programs for youth ages 13-24 totals \$482,937, or 26 percent of total funds for the region. DPH prevention funds spent on programs for positive people is \$202,031, representing 11 percent of total funds for the region.

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
AIDS Project Hartford Ed Paquette Director, Prevention Services 110 Bartholomew Ave. Hartford CT 06106 860-951-4833 860-951-4779  DPH Contractor	Health Communications Public Information Community Level Interventions Prevention Case Management Individual Level Intervention Group Level Intervention Needle exchange Outreach Specific interventions for HIV+	Bisexual, Black Heterosexual, Black IDU, Black MSM, HIV Positive Adults Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latinos/as MSM, Lesbian, People over 50, Recently released or on parolee, Transgender, White Heterosexual, White IDU, White MSM
Bristol Burlington Health Dist Dr. Patricia J. Checko, Director 240 Stafford Avenue Bristol, CT 06010 860-584-7682  DPH Contractor	Individual Level Intervention Outreach Group Level Intervention	Black Heterosexual, Black MSM, Latino MSM, Youth 13-19, Youth 20-24

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PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
Catholic Charities Migration and Refugee Services Sister Dorothy Strelchun 125 Market St. Hartford CT 06103 860-548-0059 860-549-8696  DPH Contractor	Outreach	Asian, People over 50, Pregnant Women, Youth 13-19, Youth 20-24
Center City Churches Peters Retreat Ron Krom Program Director 40 Pratt St., Suite 210 Hartford CT 06103 860-247-4140 860-247-5177	Prevention Case Management Health Communications Public Information Individual Level Intervention Specific interventions for HIV+	Commercial sex workers, HIV Positive Adults, Homeless, Latinos/as Heterosexual, Latinos/as IDU White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24
Central Connecticut AHEC Brenda DelGado 30 Arbor Street North Hartford, CT 06106 860-233-7561  DPH Contractor	Individual Level Interventions Community Level Intervention Group Level Intervention	American Indian/Alaskan Native, Asian, Bisexual, Black Heterosexual, Black IDU, Black MSM, Commercial sex workers, HIV Positive Adults, Homeless, Incarcerated, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, Native Hawaiian or Pacific Islander, People over 50, Recently released or on parole, Transgender, Undocumented, White Heterosexual, White IDU, White MSM, Youth 20-24, Youth 13-19
Charter Oak Health Center Angelique Croasdale HIV Program Manager 21 Grand St. Hartford CT 06106 860-550-7500 x6568  DPH Contractor	Health Communications Public Information Individual Level Intervention Partner Counseling and Referral Services Outreach Specific interventions for HIV+	Black Heterosexual, Homeless, Latinos/as Heterosexual, Latinos/as IDU, White IDU, Youth 13-19
Chrysalis Center, Inc. Michele Psutka Services Director 278 Farmington Ave. Hartford CT 06060 860-525-1261 860-527-0297	Prevention Case Management Health Communications Public Information Individual Level Intervention Outreach Group Level Intervention	American Indian/Alaskan Native, Asian, Bisexual, Black Heterosexual, Black IDU, Black MSM, Commercial sex workers, Deaf/hard of hearing, HIV Positive Adults, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latinos/as MSM, Lesbian, Migrant farm workers, Native Hawaiian or Pacific Islander, People over 50, Pregnant women, Recently released or on parole, Transgender White Heterosexual, White IDU, White MSM, Youth 20-24

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<b>PROVIDER</b>	<b>PREVENTION SERVICES</b>	<b>TARGET POPULATION(s)</b>
<p>City of Hartford, Hartford Health &amp; Human Services 131 Coventry Street Hartford CT 06112 860-543-8822 860-722-6713</p> <p>DPH Contractor</p>	<p>Prevention Case Management Community Level Interventions Individual Level Intervention Group Level Intervention Partner Counseling and Referral Services School-based health clinic</p>	<p>Asian, Bisexual, Black Heterosexual, Black IDU, Black MSM, Commercial sex workers, Deaf/hard of hearing, HIV Positive Adults, Incarcerated, Latinos/as Heterosexual, Latinos/as IDU, Latinos/as MSM, Lesbian, People over 50, Pregnant women, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24</p>
<p>Community Child Guidance Mary Montany LCSW 317 North Main St. Manchester CT 06040 860-643-2101 860-645-1470</p> <p>DPH Contractor</p>	<p>Individual Level Intervention Group Level Intervention</p>	<p>Children, HIV Positive Adults</p>
<p>Community Health Services Michael Sherman, CEO 500 Albany Avenue Hartford, CT 06120 860-808-8703 860-808-1540</p> <p>DPH Contractor</p>	<p>Community Level Interventions Individual Level Intervention Group Level Intervention Outreach</p>	<p>Bisexual, Black heterosexual, Black IDU, Black MSM, Homeless, Latinos/as heterosexual, Latino MSM White IDU, White MSM</p>
<p>East Hartford Health Dept Baker Salsbury, Director 740 Main Street East Hartford, CT 06108 860-291-7293 860 291-7304</p> <p>DPH Contractor</p>	<p>Individual Level Intervention Outreach</p>	<p>Black heterosexual, Black IDU, White IDU, Latino IDU</p>
<p>Hartford Behavioral Health Susan R. Niemitz Acting Executive Director 1 Main St. Hartford CT 06106 860-727-8703 860-548-2045</p>	<p>Prevention Case Management Individual Level Intervention Partner Counseling and Referral Services</p>	<p>Asian, Bisexual, Black Heterosexual, Black IDU, Black MSM, Commercial sex workers, HIV Positive Adults, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, People over 50, Pregnant women, Recently released or on parole, Transgender, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24</p>

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Hartford Dispensary Cheryl Sposito, ID Coordinator 345 Main Street Hartford, CT 06120 860-527-5100  DPH Contractor	Prevention Case Management Individual Level Intervention Partner Counseling and Referral Services Outreach Group Level Intervention Community Level Interventions Specific interventions for HIV+	Black IDU, Latinos/as IDU, Pregnant Women, White IDU
Hartford Gay & Lesbian Health Collective Joseph Simard Director of Clinical Svcs P.O. Box 2094 Hartford CT 06145-2094 860-278-4163 860-278-5995  DPH Contractor	Community Level Interventions Individual Level Intervention Outreach Partner Counseling and Referral Services Prevention Case Management Health Communications Public Information	Bisexual, Black MSM, HIV Positive Adults, Lesbian, Latino MSM, Lesbian, Transgender, White MSM, Youth 13-19, Youth 20-24
Hispanic Health Council 175 Main Street Hartford CT 06106 860-527-0856 860-724-0437  DPH Contractor	Community Level Interventions Individual Level Intervention Outreach Group Level Intervention	Bisexual, Latino MSM, Transgender
Human Resources Agency of New Britain, Inc. Deborah Gosselin, Director AIDS Prevention Program 336 Arch St. New Britain CT 06051 860-826-4482 860-832-4663  DPH Contractor	Prevention Case Management Community Level Interventions Group Level Intervention Specific interventions for HIV+	Asian, Bisexual, Black Heterosexual, Black IDU, Black MSM, Commercial sex workers, HIV Positive Adults, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian People over 50, Pregnant women, Recently released or on parole, Transgender, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24
Latinos/as Contra SIDA 184 Wethersfield Avenue Hartford, CT 06114 860-296-6400 860-728-3782  DPH Contractor	Prevention Case Management Community Level Interventions Individual Level Intervention Group Level Intervention Outreach Partner Counseling and Referral Services Specific interventions for HIV+	Bisexual, Commercial sex workers, HIV positive adults, HIV positive children/youth, Homeless, Latinos/as heterosexual, Latinos/as IDU, Latino MSM, Lesbian, Migrant farm workers, Transgender, Youth 13-19
McKinney Shelter Mria Rajos 34 Huyshope Avenue Hartford CT 06106 860-722-6921	Prevention Case Management Community Level Interventions Individual Level Intervention	Bisexual, Black Heterosexual, Black IDU, Black IDU, HIV Positive Adults, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latinos/as MSM, People over 50, Recently released or on parole, Undocumented

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<p>New Britain Health Department Gail Ide, Project Director 31 High Street New Britain, CT 06051 860-826-3464</p> <p>DPH Contractor</p>	<p>Individual Level Intervention Outreach</p>	<p>Black Heterosexual, Black IDU</p>
<p>Open Hearth Association, Inc. Mary Barnes P.O. Box 1077 Hartford CT 06143-1077 860-525-3447 860-920-0011</p>	<p>Prevention Case Management Individual Level Intervention Group Level Intervention</p>	<p>Homeless All Homeless men over 18</p>
<p>Salvation Army – AIDS Ministries Program 855 Asylum Avenue Hartford, CT 06142 860-543-8400</p>	<p>Group Level Intervention Health Communications Public Information Community Level Intervention Individual Level Intervention Outreach</p>	<p>HIV Positive Adults, Latino/as Heterosexual, Black Heterosexual, Homeless, Youth 13-19</p>
<p>UCONN/CCMC HIV Pediatric and Youth Program Clara Acosta-Glynn, Family Support Services Coordinator CCMC-2-L 280 Washington St, Hartford CT 06106 860-547-7477 860-545-7490</p> <p>DPH Contractor</p>	<p>Community Level Intervention Individual Level Intervention Group Level Intervention Outreach Partner Counseling and Referral Services Specific interventions for HIV+</p>	<p>Black Heterosexual, HIV Positive Children, Homeless, Incarcerated, Latinos/as Heterosexual, Pregnant women, White Heterosexual, Youth 13-19, Youth 20-24</p>
<p>Urban League of Greater Hartford Suzette Benn, Dir of Community Health 140 Woodland Street Hartford, CT 06105 860-527-0147 x147</p> <p>DPH Contractor</p>	<p>Individual Level Intervention Community Level Interventions Health Communications Public Information</p>	<p>Black heterosexual, Black IDU</p>
<p>Village for Families and Children 1680 Albany Ave Hartford CT 06105 860-236-4511</p> <p>DPH Contractor</p>	<p>Prevention Case Management Specific interventions for HIV+ Community Level Interventions Outreach Group Level Intervention</p>	<p>Black heterosexual, HIV positive adults, HIV positive children, Latinos/as heterosexual</p>

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
Wheeler Clinic, Inc. Laura Minor Prevention & Wellness Program Coordinator 334 Farmington Avenue Plainville CT 06062 860-793-2164 860-793-9813  DPH Contractor	Group Level Intervention Health Communications Public Information Community Level Interventions Individual Level Intervention	Youth 13-19 Youth 20-24 Deaf and hard of hearing

**Southcentral Region**

The Southcentral CPG Region consists of New Haven and Middlesex Counties. Major metropolitan areas in this region include New Haven, Waterbury and Middletown. Both counties have a combined population of 995,336 people making it the CPG Region with the largest population. Approximately 10 percent of the population is African American and 81 percent white. Nine percent of the population is Latino of any race.

A total of 24 HIV prevention service providers, both DPH funded and non-DPH funded, were identified in this region. Total DPH HIV prevention funding for this region is \$1,713,545. Other HIV prevention funding sources identified through the survey totaled 870,065.

DPH prevention funds spent on programs for youth ages 13-24 totals \$565,468, or 33 percent of total funds for the region. DPH prevention funds spent on programs for positive people is \$193,679, representing 11 percent of total funds for the region.

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
AIDS Interfaith Network Joyce Poole Executive Director 1303 Chapel Street, New Haven, CT 06511 (203) 624-4350  DPH Contractor	Community Level Interventions Group Level Intervention Outreach	Black Heterosexual, People over 50 Youth 13-19
AIDS Project New Haven Ellen Gabrielle Executive Director 1302 Chapel Street New Haven, CT 06511 203-624-0947  DPH Contractor	Group Level Intervention Community Level Interventions Prevention Case Management Outreach	Black Heterosexual, Black IDU, Black MSM, Latinos/as IDU, Latinos/as MSM, White MSM, White IDU, Youth 13-19, Youth 20-24

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PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
<p>APT Foundation, Inc Bob Freeman Coordinator Clinical Services 1 Long Wharf Drive New Haven CT 06511 203-781-4600 203-781-4624</p> <p>DPH Contractor</p>	<p>Prevention Case Management Individual Level Intervention Group Level Intervention Specific interventions for HIV+</p>	<p>Black Heterosexual, Black IDU, HIV Positive Adults, Latinos/as Heterosexual, Latinos/as IDU, White Heterosexual, White IDU</p>
<p>Birmingham Group Health Services 435 East Main St Ansonia, CT 06401 203-736-2601</p> <p>DPH Contractor</p>	<p>Health Communications Public Information Outreach</p>	<p>Black Heterosexual</p>
<p>Clifford Beers Guidance Clinics Toni Nixon 93 Edwards St. New Haven, CT 06511 203-772-1270</p> <p>DPH Contractor</p>	<p>Individual Level Intervention Group Level Intervention</p>	<p>Children, HIV Positive Adults</p>
<p>Community Health Center Inc Yvette Francis-Highsmith 635 Main Street Middletown, CT 06457 860-347-6971</p> <p>DPH Contractor</p>	<p>Group Level Intervention Individual Level Intervention Outreach Specific interventions for HIV+</p>	<p>Youth 13-19, Youth 20-24, Black Heterosexual, Latino MSM, Homeless, Black IDU, Latino/a IDU, White IDU</p>
<p>Fair Haven Comm Health Ctr Magalys Perez HIV Program Coordinator 374 Grand Avenue New Haven CT 06513 203-777-7411 203-777-8506</p> <p>DPH Contractor</p>	<p>Individual Level Intervention Outreach School-based health clinic Specific interventions for HIV+</p>	<p>HIV Positive Adults, Latinos/as Heterosexual, Latinos/as IDU, Latinos/as MSM, Undocumented, Youth 20-24</p>
<p>Fellowship, Inc. 441 Elm Street New Haven, CT 06511 (203) 401-4227</p> <p>DPH Contractor</p>	<p>Group Level Intervention Individual Level Intervention Outreach Health Communications Public Information Community Level Intervention</p>	<p>Bisexual, Black Heterosexual, Homeless, Latinos/as Heterosexual, Latino MSM, White Heterosexual, White MSM.</p>

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<b>PROVIDER</b>	<b>PREVENTION SERVICES</b>	<b>TARGET POPULATION(s)</b>
<p>Family Intervention Center Community Promise Program 1875 Thomaston Avenue Waterbury CT 06704 203-756-6032</p> <p>DPH Contractor</p>	<p>Community Level Intervention Individual Level Intervention Outreach</p>	<p>Bisexual, Black Heterosexual, Black IDU, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latinos/as MSM, Lesbian, People over 50, White IDU, Youth 13-19, Youth 20-24</p>
<p>Hill Health Center: HIV/AIDS Division 428 Columbus Ave New Haven, CT 06519 203-503-3183</p> <p>DPH Contractor</p>	<p>Prevention Case Management Individual Level Intervention</p>	<p>Black Heterosexual, Hispanic Heterosexual</p>
<p>Hispanos Unidos Inc. Luz Gonzalez Executive Director 116 Sherman Avenue New Haven CT 06511 203-781-0226 203-781-0229</p> <p>DPH Contractor</p>	<p>Health Communications Public Information Prevention Case Management Community Level Interventions Individual Level Intervention Partner Counseling and Referral Services Group Level Intervention Outreach Specific interventions for HIV+</p>	<p>Black Heterosexual, Black IDU, Black MSM, HIV Positive Adults, Homeless Incarcerated, Latinos/as Heterosexual, Latinos/as IDU, Latinos/as MSM, Migrant farm workers, People over 50, Recently released or on parole, Transgender, Undocumented, White MSM, Youth 13-19, Youth 20-24</p>
<p>Hospital of Saint Raphael Annette E. Hird Grants Specialist 1450 Chapel Street Scranton 107 New Haven, CT 06511 203-789-3596</p> <p>DPH Contractor</p>	<p>Community Level Interventions Individual Level Intervention Partner Counseling and Referral Services Group Level Intervention Outreach School-based health clinic Specific intervention for HIV+</p>	<p>American Indian/Alaskan Native, Latinos/as Heterosexual, Asian, Bisexual, Black heterosexual, Black IDU, Black MSM, Commercial sex workers, HIV Positive Adults, HIV Positive Children/Youth, Incarcerated, Latino MSM, Latinos/as IDU, Lesbian, Native Hawaiian or Pacific Islander, People over Fifty, Pregnant Women, Recently released or parole, Undocumented, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24</p>
<p>Meriden Dept. of Health/Human Services Beth Vumbaco Director 165 Miller St. Meriden CT 06450 203-630-4221 203-639-0039</p> <p>DPH Contractor</p>	<p>Prevention Case Management Community Level Interventions Individual Level Intervention Group Level Intervention Outreach Partner Counseling and Referral Services Specific interventions for HIV+</p>	<p>American Indian/Alaskan Native, Asian, Bisexual, Black Heterosexual, Black IDU, Black MSM, Commercial sex workers, HIV Positive Adults, HIV Positive Children, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, People over 50, Pregnant women, Recently released or on parole, Transgender, Undocumented, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24</p>

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<p>Middletown Health Department Louis Carta, Health Educator 245 DeKoven Dr P.O. Box 1300 Middletown, CT 06457 860-344-3588</p> <p>DPH Contractor</p>	<p>Health Communications Public Information Individual Level Intervention Community Level Interventions Outreach</p>	<p>American Indian/Alaskan Native, Latinos/as Heterosexual, Undocumented, Asian, Latinos/as IDU, White Heterosexual, Bisexual, Latino MSM, White IDU, Black heterosexual, Lesbian, White MSM, Black IDU, Youth 13-19, Black MSM, Commercial sex workers, Deaf /Hard of Hearing, People over Fifty, HIV Positive Adults, Pregnant Women, HIV Positive Children/Youth, Recently released or parole, Homeless, Transgender</p>
<p>Midstate Behavioral Health System John W. Sykes 883 Paddock Avenue Meriden CT 06450 203-630-5266 203-634-7083</p> <p>DPH Contractor</p>	<p>Health Communications Public Information Prevention Case Management Community Level Interventions Individual Level Intervention Group Level Intervention Outreach</p>	<p>Bisexual, Black MSM, HIV Positive Adults, Homeless, Incarcerated, People over 50, Recently released or on parole, Transgender, White Heterosexual, White IDU</p>
<p>Morris Foundation Dr. Donald Edwardson Director of Prevention 95 Scovill Street Waterbury, CT 06706 203-755-1143 203-753-3274</p> <p>DPH Contractor</p>	<p>Prevention Case Management Group Level Intervention</p>	<p>Black IDU, White IDU, Hispanic IDU, HIV positive adults</p>
<p>New Haven Health Department Matthew Lopes, Coordinator of AIDS Services 54 Meadow Street New Haven, CT 06519 203-946-8351</p> <p>DPH Contractor</p>	<p>Health Communications Public Information Community Level Interventions Individual Level Intervention Prevention Case Management Partner Counseling and Referral Services Group Level Intervention Needle exchange Outreach</p>	<p>Bisexual, Black Heterosexual, Black Heterosexual, Black IDU, Black MSM, Commercial sex workers, HIV Positive Adults, HIV Positive Children, Homeless, Incarcerated, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, Migrant farm workers, People over 50, Recently released or on parole, Transgender, Undocumented, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24</p>

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Planned Parenthood of CT HIV Prevention Education Services Sarah Hendon Planning and Grants Associate 345 Whitney Avenue New Haven CT 06511 203-865-5158 203-624-1333  DPH Contractor	Individual Level Intervention Group Level Intervention	Asian, Black heterosexual, Latinos/as heterosexual, White heterosexual, Youth 13-19, Youth 20-24
Positive Solutions Norman Bishop President 381 Main Street Middletown CT 06457 860-704-8067 860-704-8068	Community Level Interventions Health Communications Public Information	HIV Positive Adults
Quinnipiack Valley Health Dist Debbie Culligan Deputy Dir. 1151 Hartford Turnpike North Haven CT 06473 203-248-4528 203-248-6671  DPH Contractor	Community Level Interventions School-based health clinic	Youth 13-19
The Connection, Inc. Stacey Barriault Health Service Provider 196 Court Street Middletown CT 06457 860-343-5510 860-343-5507	Prevention Case Management Health Communications Public Information Community Level Interventions Individual Level Intervention Partner Counseling and Referral Services Group Level Intervention Specific interventions for HIV+	American Indian/Alaskan Native, Asian, Bisexual, Black Heterosexual, Black IDU, Black MSM, Commercial sex workers, HIV Positive Adults, HIV Positive Children, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, Native Hawaiian or Pacific Islander, People over 50, Pregnant women, Recently released or on parole, Transgender, Undocumented, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24
Visiting Nurses Association of South Central CT Ellen Rubin Comm. Health Clin. Specialist One Long Wharf Drive New Haven CT 06511 203-777-5521 203-787-5198  DPH Contractor	Community Level Interventions Group Level Intervention	HIV Positive Adults, HIV Positive Children, Homeless, People over 50, Pregnant women

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
Waterbury Health Department Elizabeth Davis Program Coordinator 95 Scovill Street Waterbury CT 06706 203-597-3417 203-573-6680  DPH Contractor	Community Level Interventions Individual Level Intervention Group Level Intervention Outreach	Bisexual, Black Heterosexual, Black IDU, Black MSM, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Recently released or on parole, White Heterosexual, White IDU, White MSM, Youth 20-24
Yale New Haven Hospital Carla Giles 135 College Street, Suite 323 New Haven, CT 06510-2483 203-688-3184 203-688-3211  DPH Contractor	Individual Level Intervention Partner Counseling and Referral Services	American Indian/Alaskan Native, Asian, Bisexual, Black Heterosexual, Black IDU, Black MSM, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24

**Northeast Region**

The Northeast CPG Region is made up of Tolland and Windham Counties. These counties are mostly rural areas and the eastern suburbs of Hartford. These counties have a combined population of 252, 429. Of these, 92 percent are identified as white, 2.4 percent African American and 4.7 percent as Latino of any race.

A total of 5 HIV prevention service providers, both DPH funded and non-DPH funded, were identified in this region. Total DPH HIV prevention funding for this region is \$211,117. Other funding sources identified through the survey totaled \$170,000.

DPH prevention funds spent on programs for youth ages 13-24 totals \$60,657, or 29 percent of total funds for the region. DPH prevention funds spent on programs for positive people is \$9,118, representing 4 percent of total funds for the region.

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
Covenant Soup Kitchen Paul Doyle, Director 220 Valley Street Willimantic CT 06226 860-423-1643 860-423-1644	Health Communications Public Information Community Level Interventions Individual Level Intervention Partner Counseling and Referral Services Outreach Group Level Intervention	Entire community
Perceptions Program Linda Gorman, Director P.O. Box 407 1003 Main Street Willimantic CT 06226 860-450-7248  DPH Contractor	Health Communications Public Information Prevention Case Management Community Level Interventions Individual Level Intervention Group Level Intervention Outreach Specific interventions for HIV+	Bisexual, Black Heterosexual, Black IDU, Black MSM, Commercial sex workers, HIV Positive Adults, HIV Positive Children, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, Migrant farm workers, Recently released or on parole, White IDU, White MSM, Youth 20-24

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
Rockville General Hospital Linda J. Parkany 145 Union Street Vernon CT 06066 860-872-5158 860-872-5626	Individual Level Intervention Group Level Intervention	Bisexual, HIV Positive Adults, Latinos/as Heterosexual, People over 50, Recently released or on parole, White Heterosexual, White IDU, White MSM
Visiting Nurse and Health Svcs of Connecticut Fredericka Close AIDS Program Director 8 Keynote Drive Vernon CT 06066 860-872-9163 860-872-2419  DPH Contractor	Individual Level Interventions	HIV Positive Adults
Windham Regional Community Council Kathey Fowler, Director Outreach Services Program 872 Main St. Willimantic CT 06226 860-423-4534 x320 860-423-2601  DPH Contractor	Health Communications Public Information Community Level Interventions Individual Level Intervention Group Level Intervention Outreach Specific interventions for HIV+	Bisexual, Black Heterosexual, Black Heterosexual, Black MSM, Commercial sex workers, Deaf/hard of hearing, HIV Positive Adults, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, People over 50, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24

**Northwest Region**

The Northwest CGP Region consists of Litchfield County. This county has a population of 186,515 making it the CPG Region with the smallest population. Of these, approximately 96 percent are white and 1.1 percent African American. A total of 2.1 percent are identified as Latino of any race.

One HIV prevention service provider, both DPH funded and non-DPH funded, was identified in this region. Total DPH HIV prevention funding for this region is \$122,115. Other funding sources identified through the survey totaled 48,105

DPH prevention funds spent on programs for youth ages 13-24 totals \$43,706 or 36 percent of total funds for the region. DPH prevention funds spent on programs for positive people is \$2,389, representing 2 percent of total funds for the region.

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
Northwestern Connecticut AIDS Project Debi Thibeault, Executive Dir. 100 Migeon Avenue Torrington CT 06790 860-482-1596 860-482-3606 DPH Contractor	Health Communications Public Information Community Level Interventions Prevention Case Management Individual Level Intervention Group Level Intervention Outreach Specific interventions for HIV+	Black IDU, HIV Positive Adults, Latinos/as Heterosexual, Latinos/as IDU, People over 50, White IDU, Youth 13-19, Youth 20-24

**Southwest Region**

The Southwest Region consists of Connecticut’s most populous county – Fairfield. 896,202 people live in Fairfield County. Of these 10 percent are African American and 79 percent are identified as white. A total of 12 percent are identified as Latino of any race.

A total of 22 HIV prevention service providers, both DPH funded and non-DPH funded, were identified in this region. Total DPH HIV prevention funding for this region is \$1,669,795. Other HIV prevention funding sources identified through the survey totaled \$946,500.

DPH prevention funds spent on programs for youth ages 13-24 totals \$592,897, or 36 percent of total funds for the region. DPH prevention funds spent on programs for positive people is \$169,339, representing 10 percent of total funds for the region.

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
AIDS Project Greater Danbury Tanya Medve 30 West Street Danbury CT, 06810 203-778-2437  DPH Contractor	Individual Level Intervention Group Level Intervention Outreach Prevention Case Management	Black Heterosexual, Black IDU, Black MSM, HIV Positive Adults, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24
Bridgeport Community Health Center Raphael Munz HIV Counselor 471 Barnum Avenue Bridgeport CT 06608 203-696-3260 203-615-0085  DPH Contractor	Case management Community awareness Community-wide HIV events Condom distribution Counseling and testing Multi-session workshops Outreach Peer counseling Physician intervention Prevention case management Risk reduction counseling Street outreach Support groups	Bisexual, Black Heterosexual, Black IDU, Black MSM, HIV Positive Adults, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, People over 50, Pregnant women, Recently released or on parole, Transgender, Undocumented, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24

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Bridgeport Health Department Robin Clark-Smith AIDS Program Director 752 E. Main St. Bridgeport CT 06610 203-576-7679 203-332-5507  DPH Contractor	Community Level Interventions Individual Level Intervention Group Level Intervention Outreach Needle exchange PCRS Prevention Case Management School-based health clinic Specific interventions for HIV+	Asian, Bisexual, Black Heterosexual, Black IDU, Black MSM, Commercial sex workers, HIV Positive Adults, HIV Positive Children, Homeless, Incarcerated, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, People over 50, Pregnant women, Recently released or on parole, Transgender, Undocumented, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24
Bridgeport Hospital Mary Unfricht HIV Prevention Nurse 226 Mill Hill Avenue Bridgeport CT 06610 203-384-3347 203-384-4362  DPH Contractor	Individual Level Intervention Group Level Intervention Specific interventions for HIV+	HIV Positive Children, Pregnant women
Casey Family Services Linda Gardeni Berg Division Director 789 Reservoir Avenue Bridgeport CT 06606 203-372-3722 203-372-3558  DPH Contractor	Individual Level Intervention Group Level Interventions	Black Heterosexual, HIV Positive Adults, Latinos/as Heterosexual, People over 50, Pregnant women, Recently released or on parole, Undocumented, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24
Child Guidance Center of Greater Bridgeport L. Philip Guzman Executive Director 180 Fairfield Avenue Bridgeport CT 06604 203-367-5361 203-339-4522  DPH Contractor	Specific interventions for HIV+ Individual Level Intervention	Black Heterosexual, HIV Positive Children, Latinos/as Heterosexual, Transgender, Undocumented, Youth 13-19, Youth 20-24
Child Guidance Center of Southern Connecticut 103 West Broad Street Stamford, CT 06902 203-324-6127  DPH Contractor	Individual Level Intervention Group Level Intervention	Children, HIV Positive Adults

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<b>PROVIDER</b>	<b>PREVENTION SERVICES</b>	<b>TARGET POPULATION(s)</b>
<p>Connecticut Counseling Centers, Inc. Rochelle Bolton Health Educator 20 North Main St. Norwalk CT 06854 203-838-6508 203-852-7021</p>	<p>Prevention Case Management Individual Level Intervention PCRS Group Level Intervention Specific interventions for HIV+</p>	<p>Bisexual, Black Heterosexual, Black Heterosexual, Black MSM, Commercial sex workers, HIV Positive Adults, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, People over 50, Pregnant women, Recently released or on parole, Transgender, Undocumented, White Heterosexual, White IDU, White MSM</p>
<p>FSW - Formerly Family Services Woodfield Dorothy Timmermann Director HIV Services 475 Clinton Avenue Bridgeport CT 06605 203-368-4291 203-332-7247</p> <p>DPH Contractor</p>	<p>Community Level Interventions Individual Level Intervention Group Level Intervention Prevention Case Management Prevention case management Specific interventions for HIV+</p>	<p>Bisexual, Black Heterosexual, Black IDU, Black IDU, Deaf/hard of hearing, HIV Positive Adults, HIV Positive Children, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, People over 50, Pregnant women, Recently released or on parole, Transgender, Undocumented, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24</p>
<p>Greater Bridgeport Adolescent Pregnancy Pgm, Inc. Tom Goldring Director of Programs 200 Mill Hill Ave. Bridgeport CT 06610 203-384-3629 203-338-8453</p> <p>DPH Contractor</p>	<p>Prevention Case Management Community Level Interventions Individual Level Intervention Group Level Intervention Outreach</p>	<p>Black Heterosexual, Black IDU, Black MSM, HIV Positive Adults, HIV Positive Children, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Pregnant women, Youth 13-19, Youth 20-24, Youth in all categories Black &amp; Latino</p>
<p>Greenwich Health Department 101 Field Pit Rd Greenwich, CT 06830</p>	<p>Individual Level Intervention</p>	<p>All</p>
<p>Interfaith AIDS Ministry of Greater Danbury Miozotis Galarza Director of AIDS Education 46 Main Street Danbury CT 06810 203-748-4077 203-748-2841</p> <p>DPH Contractor</p>	<p>Community Level Interventions Individual Level Intervention Group Level Intervention Outreach</p>	<p>Bisexual, Black MSM, HIV Positive Adults, HIV Positive Children, Latino MSM, White MSM, Youth 13-19, Brazilian MSM, Brazilian Heterosexual, General Community</p>

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<b>PROVIDER</b>	<b>PREVENTION SERVICES</b>	<b>TARGET POPULATION(s)</b>
<p>Mid-Fairfield AIDS Project, Inc. Stuart Lane, Director 16 River Street Norwalk, CT 06850 203-855-9535 203-855-1531</p> <p>DPH Contractor</p>	<p>Individual Level Intervention Group Level Intervention Prevention Case Management Specific Intervention for HIV+</p>	<p>White MSM, Black MSM, Latino MSM Latinos/as IDU, HIV Positives</p>
<p>Norwalk Health Department Beverly Gibson-Mohamed Program Coordinator 137 East Avenue Norwalk CT 06851 203-854-7979 203-854-7926</p> <p>DPH Contractor</p>	<p>Street outreach Risk reduction counseling Multi-session workshops Outreach Community-wide HIV events Counseling and testing Distribution of bleach kits</p>	<p>Migrant farm workers, Homeless Latinos/as Heterosexual, Latino MSM, Pregnant women, White IDU White MSM Black IDU</p>
<p>Regional Network of Programs Center for Human Services Cathy Fowles, LPN 1549 Fairfield Avenue Bridgeport CT 06605 203-335-2171 203-394-6275</p> <p>DPH Contractor</p>	<p>Individual Level Intervention PCRS</p>	<p>All Populations</p>
<p>Shelter for the Homeless Elton Perry DTA 597 Pacific Street Stamford CT 06901 203-348-2792 203-348-5813</p> <p>DPH Contractor</p>	<p>Individual Level Intervention Outreach</p>	<p>Black Heterosexual, Black IDU, Black MSM, HIV Positive Adults, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Undocumented, White Heterosexual, White IDU, Black MSM</p>
<p>Southeastern Fairfield Co. Chapter - ARC Trisha Piacentini, Asistant Dir. Comm. Ed. &amp; Youth Council 158 Brooklawn Avenue Bridgeport CT 06604 203-576-1010 203-576-0080</p>	<p>Community Level Interventions</p>	<p>Youth 20-24, Hispanic Teens, African-American Teens</p>

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Southwest Community Health Center Stephanie Lozada 351 Birch Street Bridgeport CT 06605 203-330-6000 203-576-8444  DPH Contractor	Prevention Case Management Community Level Interventions Individual Level Intervention Group Level Intervention Outreach Specific interventions for HIV+	Bisexual, Black Heterosexual, Black IDU, Black MSM, HIV Positive Adults, Incarcerated, Latinos/as IDU, Latino MSM, Lesbian, People over 50, Transgender, White Heterosexual, White IDU, White MSM, Youth 20-24
Southwestern AHEC Meredith C. Ferraro Executive Director 5151 Park Avenue Fairfield CT 06825-1000 203-396-8381 203-396-8383	Outreach	All
St. Luke's LifeWorks Bread & Roses Suzanne Curto Chief Program Officer 141 Franklin Street Stamford CT 06902 203-388-0151 203-359-2517	Community Level Interventions Individual Level Intervention Outreach	Bisexual, Black IDU, Black MSM, Commercial sex workers, HIV Positive Adults, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian
Stamford CARES Megan E. Cassano Project Director 888 Washington Blvd 8 <sup>th</sup> fl Stamford CT 06901 203-977-5096 203-977-5460	Case management Community-wide HIV events Condom distribution Couples counseling Outreach Street outreach Support groups	American Indian/Alaskan Native, Asian, Bisexual, Black Heterosexual, Black IDU, Black IDU, Commercial sex workers, Deaf/hard of hearing, HIV Positive Adults, HIV Positive Children, Homeless, Incarcerated Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, People over 50, Pregnant women, Recently released or on parole, Transgender, Undocumented, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24
Stamford Health Department Debra Katz Director of Prevention Program 888 Washington Blvd 8 <sup>th</sup> floor Stamford CT 06901 203-977-4387 203-9775460  DPH Contractor	Community Level Interventions Individual Level Intervention Health Communications Public Information Group Level Intervention Needle exchange Outreach Prevention Case Management	Asian, Bisexual, Black Heterosexual, Black IDU, Black MSM, Commercial sex workers, HIV Positive Adults, HIV Positive Children, Homeless, Incarcerated, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, People over 50, Pregnant women, Recently released or on parole, Transgender, Undocumented, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24

**Southeast Region**

The Southeast CPG Region consists of New London County. This county has a total population of 262,689. Of these, 87 percent are identified as white and 5.3 percent as African American. A total of 5.1 percent are identified as Latino of any race.

A total of 7 HIV prevention service providers, both DPH funded and non-DPH funded, were identified in this region. Total DPH HIV prevention funding for this region is \$409,046. Other HIV prevention funding sources identified through the survey totaled \$397,008.

DPH prevention funds spent on programs for youth ages 13-24 totals \$26,521, or 6 percent of total funds for the region. DPH prevention funds spent on programs for positive people is \$112,946, representing 27 percent of total funds for the region.

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
A Moveable Feast Maude Pellegrino Executive Director 76 Fereal Street New London CT 06320 860-444-1278 860-444-1099	Individual Level Intervention	Homebound
Alliance For Living Mike Giconi, Assistant Director 154 Broad Street New London, CT 06320 860-447-0884  DPH Contractor	Broadcast media Case management Condom Distribution Prevention case management Support Groups	American Indian/Alaskan Native, Asian, Bisexual, Black Heterosexual, Black IDU, Black MSM, Commerical sex workers, HIV Positive Adults, HIV Positive Children, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Lesbian, People over 50, Pregnant women, Recently released or on parole, Transgender, White Heterosexual, White IDU, White MSM, Youth 13-19, Youth 20-24
Child & Family Agency of Southeastern CT, Inc. Amy Sizer Clinician & Grant Coordinator 75 Granite St New London CT 06320 860-437-4550 860-437-4552  DPH Contractor	School-based health clinic	Youth 13-19

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
New London Dept of Health & Social Services Lizabeth Love Ryan, Coordinator 120 Broad St. New London CT 06320 860-447-5233 860-447-5246  DPH Contractor	Individual Level Intervention PCRS Group Level Intervention Outreach Prevention Case Management Specific interventions for HIV+	Black Heterosexual, Black IDU Black MSM, HIV Positive Adults
OIC Of New London 106 Truman Street New London, CT 06320  DPH Contractor	Group Level Intervention Prevention Case Management Individual Level Intervention Community Level Intervention	Black MSM, Black Heterosexual, Latino MSM, White MSM, HIV Positive Adults, Youth
Stonington Institute Donna Leedham 75 Swantown Hill Road North Stonington CT 06359 860-535-1010 860-535-4820	Individual Level Intervention Group Level Intervention	All
William W. Backus Hospital Ann Hartman, RN IDC Coordinator 326 Washington St. Norwich CT 06360 860-889-8331 860-823-6582  DPH Contractor	Community Level Interventions Individual Level Intervention Group Level Intervention	Black Heterosexual, Black IDU, HIV Positive Adults, General Population at risk thru C&T program

**STATEWIDE**

A total of 6 HIV Prevention service providers were identified as providers of prevention services with a statewide scope.

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
211 Infoline Melanie Lowewnstein Senior Vice President 1344 Silas Deanne Hwy Rocky Hill CT 06067 860-571-7500 860-571-6093	Clearinghouse Referrals	Statewide

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<b>PROVIDER</b>	<b>PREVENTION SERVICES</b>	<b>TARGET POPULATION(s)</b>
CT AIDS Residence Coalition John Merz Executive Director 58 Arbor Street Hartford CT 06106 860-231-8212 860-231-9745  DPH Contractor	Community Level Interventions Individual Level Intervention	Statewide HIV Positive
Connecticut Council on Occupational Safety & Health Eddie Sapiain Labor Educator/Migrant Health Coordinator 683 North Mountain Road Newington CT 06111 860-953-2674 860-953-1053  DPH Contractor	Community Level Interventions Individual Level Intervention Group Level Intervention Outreach PCRS Prevention Case Management	Bisexual, Homeless, Latinos/as Heterosexual, Latinos/as IDU, Latino MSM, Migrant farm workers, People over 50, Pregnant women, Undocumented, White Heterosexual, Youth 13-19, Youth 20-24
Connecticut Department of Education Bonnie J. Edmonson HIV/STD Prevention Coordinator 25 Industrial Park Road Middletown CT 06457 860-807-2077	Community Level Interventions	Youth 13-19
Guardian Health Association Rev. Alexander R. Garbera P.O. Box 365 West Haven CT06516 203-937-8085 203-937-8085	Health Communications Public Information Community Level Interventions Individual Level Intervention Group Level Intervention Outreach	All
True Colors, Inc. Sexual Minority Youth and Family Services of CT Robin McHaelen, MSW Executive Director 945 Main Street, Suite 211 Manchester, CT 06040 860-649-7386 860-649-7386  DPH Contractor	Community Level Interventions Health Communications Public Information	Youth 13-19, Youth 20-24, General population

**DEPARTMENT OF CORRECTION**

A total of 2 HIV prevention service providers were identified as providers of services to incarcerated people. Total DPH prevention funding for HIV prevention amounts to \$749,174.

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(s)
Community Partners in Action Beyond Fear Program Dennis O'Neill Pgm Manager 110 Bartholomew Suite 4020 Hartford CT 06106 860-293-3985 860-293-3952  DPH Contractor	Individual Level Intervention Group Level Intervention Outreach	Incarcerated, Youth 13-19 Youth 20-24
UCONN Correctional Managed Healthcare Brian Goodrich, LCSW HIV Prevention Program Manager 263 Farmington Ave. Farmington CT 06030 860-679-5545 860-679-5505  DPH Contractor	Individual Level Intervention Group Level Intervention Specific interventions for HIV+	Incarcerated

Number of providers who conduct the following interventions per region	Northcentral	Northeast	Northwest	Southcentral	Southwest	Southeast	TOTAL
Broadcast Media	1	2	1	0	0	2	6
Capacity Building	2	1	0	1	1	2	7
Case management	13	0	1	4	6	1	25
Clearinghouse	1	1	0	1	0	2	5
Community awareness	11	3	1	6	6	5	32
Community mobilization	1	1	0	2	0	1	5
Community-wide HIV events	9	2	0	4	6	3	24
Condom distribution	11	4	1	6	12	5	39
Counseling and testing	7	3	1	11	10	4	36
Couples counseling	2	1	0	5	3	1	12
Distribution of bleach kits	3	3	0	5	3	0	14
Drug treatment advocacy	5	1	0	3	2	2	13
Drug/alcohol counseling	6	3	0	6	6	2	23
Hotlines	2	0	1	1	2	0	6
Methadone Maintenance	1	1	0	1	2	0	5
Motivational interviewing	5	0	0	3	1	1	10
Multi-session workshops	7	2	1	8	10	5	33
Syringe Exchange	1	0	0	1	0	0	2
Outreach Count	12	3	1	10	11	3	40
Partner counseling & referral	4	1	0	4	4	2	15
Peer counseling	8	3	0	6	4	3	24
Physician intervention	2	2	0	5	4	1	14
Policy intervention	2	1	0	0	0	3	6
Prevention case management	9	0	0	4	8	4	25
Risk reduction counseling	11	2	1	11	11	7	43
School-based health clinic	1	0	0	3	1	1	6
Social marketing	2	1	0	2	0	1	6
Specific interventions for HIV+	7	2	1	8	7	3	28
Street outreach	8	3	1	6	10	3	31
Support groups	9	2	1	5	5	5	27

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<b>Number of Providers target the following populations</b>	<b>Northcentral</b>	<b>Northeast</b>	<b>Northwest</b>	<b>Southcentral</b>	<b>Southwest</b>	<b>Southeast</b>	<b>Statewide &amp; DOC</b>	<b>TOTAL</b>
American Indian/Alaskan Native	1	0	0	6	1	1	0	9
Asian	4	0	0	6	2	1	0	13
Bisexual	10	2	0	11	8	1	1	33
Black Heterosexual	14	3	0	18	13	4	0	52
Black IDU	13	1	1	14	14	3	0	46
Black MSM	7	2	0	11	12	3	0	35
Commercial sex workers	6	2	0	6	4	1	0	19
Deaf/hard of hearing	3	1	0	1	2	0	0	7
HIV Positive Adults	11	4	1	15	15	4	0	50
HIV Positive Children	3	1	0	7	8	1	0	20
Homeless	12	2	0	11	7	1	2	35
Incarcerated	2	0	0	5	3	0	2	12
Latinos/as Heterosexual	13	3	1	13	13	1	1	45
Latinos/as IDU	10	2	1	13	12	1	1	40
Latino MSM	11	2	0	13	14	2	1	43
Lesbian	7	2	0	5	7	1	0	22
Migrant farm workers	0	1	0	2	1	0	1	5
Native Hawaiian or Pacific Islander	0	0	0	1	0	0	0	1
People over 50	6	2	1	10	7	1	1	28
Pregnant women	6	0	0	5	10	1	1	23
Recently released or on parolee	5	2	0	8	6	1	0	22
Transgender	7	0	0	6	7	1	0	21
Undocumented	1	0	0	7	9	1	1	19
White Heterosexual	7	2	0	11	10	1	1	32
White IDU	10	3	1	13	11	1	0	39
White MSM	6	3	0	11	12	2	0	34
Youth 13-19	10	0	1	14	10	2	4	41
Youth 20-24	9	0	1	13	11	1	3	38

### **Gap Analysis**

A thorough gap analysis identifies and quantifies met and unmet needs of target populations in order to assist community planning groups and other planning bodies in the priority setting process. The unmet needs are identified by a comparison of the needs assessment and resource inventory components of the Community Services Assessment.

The Academy for Educational Development lists the following steps for carrying out a gap analysis:

- List and review each target population identified through the epidemiology profile
- Estimate total need for that target population
- Estimate major differences between need and demand for services for the target population
- Identify barriers to HIV prevention and care services for the target population
- Assess the suitability of available prevention and care services for the target population.
- Estimate met need for the target population.
- Identify the portion of met need that CDC HIV prevention and HRSA Ryan White Care dollars are responsible for meeting
- Estimate unmet need: compare total needs and met needs and determine the gap between the two (TOTAL NEED – MET NEED = UNMET NEED)

### **2004 Gap Analysis for the 2005-2008 Comprehensive HIV Prevention Plan**

In order to prepare the Gap Analysis for the 2005-2008 Plan, the CSA Committee and DPH reviewed the Connecticut 2003 Epidemiological Profile and 2004 Update, the DPH Interventions Database, the 2004 Needs Assessment, as well as the data about population specific prevention and care services and resources provided throughout the state (2004 Resource Inventory).

### **GAPS in Services- DPH Funded Providers**

The Department of Public Health maintains an HIV prevention interventions database for DPH funded programs. This database was analyzed to determine gaps in services for HIV prevention services throughout the State. Prevention services funded by DPH were labeled as gaps if more than 2 CPG regions reported no interventions for the specific target population. DPH providers received funding based on the previous CPG priority populations, however this gap analysis uses the populations that CPG labeled a priority in 2004. The gaps for HIV prevention services are as follows:

***HIV+ persons:*** Gaps in services were found in Individual Level Interventions including Peer Counseling, Motivational Interviewing, and Couples Counseling; Prevention Case Management; and Peer and Non-Peer Outreach.

***Men who have Sex with Men (MSM):*** Gaps in services were found in Individual Level Interventions including Peer Counseling and Motivational Interviewing; Group Level Interventions including Support Groups, Multiple Session Workgroups, and Single Session Workgroups; Prevention Case Management; and Peer and Non-Peer Outreach.

***Intravenous Drug Users (IDU):*** Gaps in services were found in Individual Level Interventions including Peer Counseling and Motivational Interviewing; Prevention Case Management; Peer and Non-Peer Outreach; and Drug Treatment Advocacy.

**Heterosexuals:** Gaps in services were found in Individual Level Interventions including Peer Counseling and Motivational Interviewing; Prevention Case Management; and Drug Treatment Advocacy.

**GAPS IN SERVICES- ALL HIV PREVENTION AND CARE PROVIDERS**

Forty-five agencies filled out the survey and listed emerging populations that they feel are at-risk for HIV infection in their region of the state. Some of the populations that have been identified as new and emerging represent populations that have been identified as statewide priority populations both in this and previous plans. Therefore, these populations represent new and emerging populations the service areas of individual agencies. The populations are as follows:

Population	Percentage of Providers who Listed this Emerging Population
Undocumented Immigrants	35%
Youth	29%
MSM	16%
Over 50	13%
Latinos/as	13%
IDU	4%
Dual Diagnosis (Psychiatric and HIV+)	4%
Homeless	4%
Immigrants from Africa	2%
Immigrants from Eastern Europe	2%
Partners of Incarcerated People	2%
Women	2%
Deaf and Hard of Hearing	2%
Pregnant Women	2%
Caribbean Islanders	2%
Asians	2%
Transgender	2%
Heterosexuals	2%
HIV+	2%

The populations viewed at highest risk for HIV transmission are the undocumented, youth, people over the age of 50, Latino/as, and MSM. It is important to note that although youth was mentioned as an emerging population that needs HIV prevention information, currently 59% of all DPH funded interventions target youth.

**Programs Needs and Challenges: Problems Encountered in Accessing Services**

Thirty-one programs responded to the statewide survey to care and prevention providers with problems encountered in accessing services for clients and their families. The problems are as follows:

Problem Encountered	Percentage of Providers who Listed this problem
Lack of support services (housing, psychiatric, medical, mental health)	26%
Lack of transportation	23%
Lack of appropriate staff (bi-lingual, bi-cultural)	23%
Limited coordination of services between agencies	16%
Lack of funding	10%
Limited hours of operation	10%
Duplication of services between agencies	6%
Lack of HIV prevention services (drug treatment advocacy, prevention case management)	6%
Providing services for undocumented clients	6%
Cultural Issues	6%
Lack of training	3%

The most identified problems are lack of coordination of services, supportive services, transportation, and appropriate staff. Quite a few respondents indicated that with funding becoming scarce, it is important for agencies to collaborate in order to continue to offer an array of services.

**Programs Needs and Challenges: Emerging Needs**

Fifty programs responded to the statewide survey to care and prevention providers with emerging needs in their service area. The needs are as follows:

Emerging Need	Percentage of Providers who Listed this Need
More support services (medical, housing, mental health)	50%
Transportation	12%
More research-based HIV prevention interventions	10%
Qualified staff	10%
Increased coordination between agencies	8%
HIV Positive people with mental health issues	6%
Increased funding	6%
Medical care for undocumented	6%
MSM Outreach/Services	4%
Training	2%
Needle Exchange	2%
HIV Positive Women and Youth	2%
Undocumented Immigrants	2%
Respite Care for Family/Caregivers	2%

Emerging Need	Percentage of Providers who Listed this Need
Bilingual staff	2%
Recreation/Mentoring programs for youth	2%
More rapid testing	2%

The most identified needs are support services, appropriate interventions, additional staff, and increased coordination between agencies.

**Programs Needs and Challenges: Important Changes**

Forty-three programs responded to the statewide survey to care and prevention providers with important changes needed to improve prevention and care services.

Important Change	Percentage of Providers who Listed this as a change
Support services	26%
Funding	33%
Education in the schools	19%
Improved collaboration	12%
Appropriate staff	12%
Respite Care for Caregivers/Families	5%
More Services after business hours	5%
Needle Exchange	2%
More media exposure	2%
Transportation	2%
Duplication of services	2%
Working with the uninsured	2%

Providers felt that there needs to be more HIV education in the schools, increased access to support services, improved collaboration between agencies, and more funding for programs in order to improve care and prevention services for individuals and families infected or affected by HIV/AIDS.

**Gaps in Services Summary**

Most providers felt that more services for HIV infected individuals, increased collaboration between and within agencies, and appropriate staff were needed to better meet their client's needs. There was also a concern about the duplication of services being offered, lack of funding, and working with undocumented clients. The importance of collaboration and ensuring there is no duplication of services was stressed by agencies, especially with reduced levels of funding.

**GAPS AND NEEDS – FUNDING FOR PREVENTION WITH HIV POSITIVE PEOPLE**

As Stated above, gaps in services for prevention with HIV positive people were found in Individual Level Interventions including Peer Counseling, Motivational Interviewing, and Couples Counseling; Prevention Case Management; and Peer and Non-Peer Outreach. In addition to gaps in services, a significant gap in funding for prevention with positives exists.

The highest percent of funds spent on prevention interventions specific to HIV positive people is found in the Southcentral CPG region. In this region, 7.6 percent of all HIV prevention funds

were spent on interventions for HIV positive people. The Southeast region follows with 2.3 percent of funds spent on prevention interventions with positives. The Northeast and Southwest follow with 2.5 percent and 2 percent of total funds spent for prevention with HIV positives respectively. The Northcentral region, at 1.2 percent, and Northwest region, 1 percent, had the lowest percent of funds used for prevention interventions for HIV positive people.

### **GAPS AND NEEDS IDENTIFIED THROUGH FOCUS GROUPS**

Throughout all populations, there emerged a strong common theme concerning the need for support groups, a supportive ongoing “community,” to help people discuss, implement and sustain prevention behaviors. For those who were HIV positive, it also included creation of a supportive group to help people deal with living with HIV/AIDS.

In addition to helping people implement and sustain prevention behaviors and/or help with living with HIV, participants indicated that helping people deal with mental health issues, issues related to self esteem, reducing isolation, helping people deal with racism and positive/supportive spiritual help were crucial. Participants stressed that these need to be integrated into HIV/AIDS specific programs since these factors are all interconnected with prevention and/or living with HIV.

Another additional theme that emerged across populations was the need for culturally and population appropriate services. Interventions tailored to the factors affecting target populations are needed. For example, programs for MSMs of color must take into account factors such as self esteem problems caused by racism, acceptance by one’s community, and the effects of religion and spirituality on individuals and their behaviors.

MSMs who do not identify as gay also require population-specific interventions. This population is often hard to reach in “traditional” settings where HIV prevention interventions are conducted nor do they respond to messages tailored for men who identify as gay. Moreover, since this population is often not easily identifiable and often does not have a sustained social support system, prevention interventions are even more difficult to conduct.

Women who have sex with women are often overlooked as a target population. Based on focus group/surveys with WSWs, there appears to be a need for communicating how WSWs can be at risk and the steps that can be taken to prevent transmission.

Transgender individuals require interventions that take into account their needs and the special characteristics of the Transgender community. Like MSMs who do not identify as gay, the Transgender community is widely scattered and often does not have easily identified places in which to conduct prevention activities. Like Black and Latino MSMs, Transgender people have to deal with a high level of societal discrimination and discrimination from certain lesbian, gay and bisexual individuals.

The restrictions placed on incarcerated individuals also require population-specific interventions. The lack of condoms in prisons and HIV prevention programs with waiting lists require crafting programs that take these factors into account. Moreover, any potential prevention intervention program would have to at least consider trying to make changes that would secure access to condoms and the adoption of other policy changes that would enhance prevention efforts.

HIV positive individuals indicated that aside from medical assistance programs and support groups, issues specific to HIV positive people such as dealing with HIV in relationships, dating

issues, and finding people to establish a positive relationship with were also identified. These population-specific needs must be taken into account when planning effective interventions.

The New Haven and Hartford R.A.R.E. reports stressed the need for culturally and population relevant interventions. Programs conducted on weekends and late at night will be necessary to reach IDU's, commercial sex workers, and other at risk populations. One recommendation included a late night drop in program/shelter. This program or shelter would not only help to provide a setting for prevention, it would also help individuals access other services and provide a safe place for those at risk of becoming a victim of violence.

In addition to holistic support groups and culturally competent and population-specific prevention interventions, the focus group participants also indicated that they believe there is a great need for outreach services. Other issues identified as needs included funding, housing and education of faith groups.

**GAPS IDENTIFIED BY COMPARING FUNDING AMOUNT PER PLWA BY REGION**

The following tables identify funding amount according to behavioral risk and race/ethnicity per persons living with AIDS in each region. It should be noted that that the number of PLWA does not include those who are HIV positive without an AIDS diagnosis.

In addition, it must be noted that the ratio of PLWA per behavioral risk/ethnicity has not been taken into account due to the inability to determine the people who identify as MSMs, IDUs or Heterosexuals in Connecticut. It is impossible to determine an accurate total number of each population according to behavioral risk factor. Therefore, actual numbers of PLWA are being used rather than the rate of PLWA per population.

**STATEWIDE**

<b>HIV Risk</b>	<b>Funding Amount</b>	<b>Number of PLWA</b>	<b>Funding Amount Per Number of PLWA</b>
Heterosexual African Americans	\$1,333,000	539	\$2473
Heterosexual Latinos/as	\$930,000	412	\$2257
Heterosexual Whites	\$837,000	332	\$2521
African American IDU	\$777,000	1248	\$623
Latino/a IDU	\$819,000	1018	\$805
White IDU	\$504,000	819	\$615
African American MSM	\$300,000	200	\$1500
Latino MSM	\$420,000	183	\$2295
White MSM	\$280,000	828	\$338
HIV+ African Americans	\$238,500	2270	\$105
HIV+ Latinos/as	\$103,500	1870	\$55
HIV+ White	\$108,000	2303	\$47

**Department of Correction Region**

***Heterosexuals***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$24,721	40	\$618
Latino	\$17,979	7	\$2568
White	\$29,215	5	\$5843

***Injection Drug Users (IDU)***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$109,521	399	\$274
Latino	\$156,980	336	\$467
White	\$98,569	183	\$539

***Men Who Have Sex with Men (MSM)***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$0	10	\$0
Latino	\$0	3	\$0
White	\$0	11	\$0

**Northeast Region**

***Heterosexuals***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$14,304	4	\$3576
Latino	\$35,817	7	\$5117
White	\$44,909	19	\$2364

***Injection Drug Users (IDU)***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$7456	10	\$746
Latino	\$9177	22	\$417
White	\$12,044	38	\$317

***Men Who Have Sex with Men (MSM)***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$0	5	\$0
Latino	\$0	3	\$0
White	\$0	36	\$0

**Northcentral Region**

***Heterosexuals***

<b>Race/Ethnicity</b>	<b>Funding Amount</b>	<b>Number of PLWA</b>	<b>Funding Amount per Number of PLWA</b>
Black	\$360,551	127	\$2839
Latino	\$257,536	159	\$1620
White	\$58,866	88	\$669

***Injection Drug Users (IDU)***

<b>Race/Ethnicity</b>	<b>Funding Amount</b>	<b>Number of PLWA</b>	<b>Funding Amount per Number of PLWA</b>
Black	\$114,531	278	\$412
Latino	\$264,302	387	\$683
White	\$48,455	158	\$307

***Men Who Have Sex with Men (MSM)***

<b>Race/Ethnicity</b>	<b>Funding Amount</b>	<b>Number of PLWA</b>	<b>Funding Amount per Number of PLWA</b>
Black	\$49,821	67	\$744
Latino	\$109,606	55	\$1993
White	\$64,767	211	\$307

**Northwest Region**

***Heterosexuals***

<b>Race/Ethnicity</b>	<b>Funding Amount</b>	<b>Number of PLWA</b>	<b>Funding Amount per Number of PLWA</b>
Black	\$4580	0	\$0
Latino	\$3989	2	\$1995
White	\$63,552	9	\$7061

***Injection Drug Users (IDU)***

<b>Race/Ethnicity</b>	<b>Funding Amount</b>	<b>Number of PLWA</b>	<b>Funding Amount per Number of PLWA</b>
Black	\$1944	7	\$278
Latino	\$1020	4	\$255
White	\$14,141	14	\$1010

***Men Who Have Sex with Men (MSM)***

<b>Race/Ethnicity</b>	<b>Funding Amount</b>	<b>Number of PLWA</b>	<b>Funding Amount per Number of PLWA</b>
Black	\$1944	0	\$0
Latino	\$1020	1	\$1020
White	\$14,141	26	\$544

**South Central Region**

***Heterosexuals***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$299,954	199	\$1507
Latino	\$183,646	147	\$1249
White	\$67,337	118	\$571

***Injection Drug Users (IDU)***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$271,358	348	\$780
Latino	\$242,794	210	\$1156
White	\$178,525	265	\$674

***Men Who Have Sex with Men (MSM)***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$271,358	70	\$3877
Latino	\$242,794	66	\$3679
White	\$178,525	285	\$626

**Southeast Region**

***Heterosexuals***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$20,020	19	\$1054
Latino	\$2107	22	\$96
White	\$2180	27	\$81

***Injection Drug Users (IDU)***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$81,012	33	\$2455
Latino	\$21,761	19	\$1145
White	\$43,862	46	\$954

***Men Who Have Sex with Men (MSM)***

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$18,465	5	\$3693
Latino	\$4616	4	\$1154
White	\$4328	69	\$63

**Southwest Region**  
**Heterosexuals**

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$344,348	167	\$2062
Latino	\$226,640	94	\$2411
White	\$346,568	85	\$4077

**Injection Drug Users (IDU)**

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$150,634	196	\$769
Latino	\$82,504	140	\$589
White	\$45,970	165	\$279

**Men Who Have Sex with Men (MSM)**

Race/Ethnicity	Funding Amount	Number of PLWA	Funding Amount per Number of PLWA
Black	\$51,798	50	\$1036
Latino	\$43,952	61	\$721
White	\$68,370	232	\$295

**SUMMARY AND FINDINGS REGARDING PREVENTION NEEDS**

Because of the richness of information collected in the 2004 Needs Assessment, some conclusions can be drawn regarding barriers to services, emerging needs, emerging populations, perceived and/or real gaps in services, and recommendations for change.

**Barriers to services (populations):** Fear; isolation; cultural, family, religious and economic issues; stigma; language barriers; culturally incompetent service and medical providers; inadequate transportation; insufficient or lack of insurance; mental health and substance abuse issues.

**Emerging needs/issues:** service coordination among agencies; affordable, accessible and adequate housing; mental health services, substance abuse and detox services; case management; accessible and dependable transportation; funding; resources; staffing; medical insurance; long waiting lists; dual diagnosis or co-occurring issues; culturally competent and/or bilingual materials.

**Emerging populations:** MSM; IDU; undocumented; over 50 population; migrant/immigrants/refugees; Hispanic; individuals from Africa; Asians; at risk youth/sexual minority youth.

**Perceived and/or real gaps in services:** services for undocumented individuals; interagency collaboration; lack of insurance or sufficient medical coverage; culturally competent and population appropriate services, staffing, medical providers and information; transportation; housing; needle exchange programs; psychiatric and dental services; and shelter and detox beds.

## **RECOMMENDATIONS REGARDING PREVENTION NEEDS**

Recommendations are classified into three categories; 1) Primary prevention, steps to prevent HIV among those who are not HIV positive; 2) Secondary prevention, steps to prevent or minimize the effects of HIV; and 3) Supportive, steps that would promote both primary and secondary prevention efforts.

### **Primary Prevention**

- Prevention efforts must address environmental and individual factors that effect the target population(s) and that are barriers to adoption and continuance of prevention behaviors. These factors include, but are not limited to, racism, economic issues, fear, isolation, homophobia and religious/spiritual issues.
- Establish more needle-exchange programs (particularly in rural areas).
- Establish prevention programs that focus on religious and faith communities and their role in prevention.
- Establish prevention programs for white MSMs.
- Establish prevention programs for documented and undocumented immigrants.

### **Secondary Prevention**

- Increase funding for emergency care needs and emergency financial assistance.
- Increase programs for HIV+ individuals that address factors that are barriers to prevention and care.
- Develop affordable, accessible and safe housing for PLWHAs.
- Expanded counseling and testing services (in non-medical settings)

### **Supportive**

- Ensure that programs are holistic in nature, addressing all aspects effecting participants.
- Establish programs that provide a supportive environment for participants.
- Ensure programs that are culturally and linguistically competent
- Develop systems of affordable and accessible public transportation.
- Provide cultural competency training for medical providers and agency staff and insure that agencies institutionalize policies and practices that ensure cultural competency.
- Develop culturally competent and population appropriate interventions and information.
- Create better collaborative efforts across agencies.
- Provide more accessible mental health, substance abuse, and detox services.