

Ryan White EMA Planning Council

New Haven and Fairfield Counties



Roberta Stewart Co-Chair

Planning Council Special PSRA Meeting Minutes

Meeting Date: Wednesday, July 22, 2015
Start Time: 9:09 am
End Time: 1:30 pm
Location: The Burrough's Community Center
Presiding Chair: Roberta Stewart
Recorder: Sara Seaburg

Summary of Committee Business Votes

- Approval of Minutes from June 12, 2015 meeting minutes

(1.0) Moment of Silence

Roberta called the meeting to order at 9:09 a.m. A moment of silence was observed in recognition of all who have been affected by HIV/AIDS.

(1.0) Welcome and Introduction

Roberta welcomed everyone and requested that all Planning Council and guests introduced themselves, their conflicted status and conflicts if applicable, town within the EMA and their Planning Council leadership role, if applicable.

(2.0) Co-Chair Announcements

Roberta reminded all attendees of the goal of today's meeting and the expectations for healthy discussions.

(3.0) Approval of June 12, 2015 Meeting Minutes

A motion to approve the minutes was made by Bob Sideleau and seconded by Joanne Montgomery

For: (10) Robertson, Browne, Cole, Muniz, Ortiz, Montgomery, Tierney, Torres, Sanchez, C. Teel

Against: (0)

Abstain: (3) Stewart, Sideleau, K.Teel

(4.0) FY 2015 Priority Setting and Resource allocation Discussion/Decision

- Thomas Schucker presented an overview of the PSRA process which included:
 1. The Roles of the CEO, Grantee and Planning Council
 2. Detailed listings of Planning Council Responsibilities and Processes.
 3. Priority Setting and Resource Allocation Guidance.
- The Priority Settings Process
 1. The Red Ribbon Exercise was conducted and we created a dataset with this information
 2. The data sets that were used are:
 - a. In Care Statewide Needs Assessment Survey from 2012/2013
 - b. 2015 Red Ribbon Exercise

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- c. In Care Quick Survey 2015
- d. QI Pathway Newly Diagnosed Young MSM (13-24)
- e. QI Pathway Newly Diagnosed AA and Hispanic Women
- f. QI Pathway Newly Diagnosed AA MSM (all ages)
- g. QI Pathway Newly Diagnosed Hispanic MSM
- h. QI Pathway Returned to Care Young MSM (13-24)
- i. QI Pathway Returned to Care AA Women
- j. QI Pathway Returned to Care Hispanic Women
- k. QI Pathway Returned to Care Hispanic MSM

From the list of all of the datasets above, attendees discussed how to weigh each dataset with a 1, 3 or a 5. With 1 being the highest weighed and 5 being the lowest weighed. From this discuss the following Priorities were set.

It was decided to merge all of the datasets from the QM data into one to better balance the weighting.

A discussion took place surrounding the Substance Abuse Outpatient/Inpatient Service Categories and their rankings. There were concerns that the rankings based on the data are not accurate to what is really going on throughout the EMA.

Joanne Montgomery made a motion to accept the FY2016 priorities as set from the information above. Ric Browne seconded it.

For: (14) Browne, Cole, Muniz, Ortiz, Montgomery, Tierney, Torres, Sanchez, C. Teel, Jenkins, Romanik, K. Teel, Sideleau, Rivera

Against: (0)

Abstain: (2) Stewart, Robertson

Service Category	2016 Ranking
Outpatient/Ambulatory Medical Care	1
Housing Services	2
Medical Case Management	3
Food Bank/Home Delivered Meals	4
Early Intervention Services	5
Health Insurance	6
Oral Health Care	7
Medical Transportation	8
Mental Health Services	9
Emergency Financial Assistance	10
Substance Abuse Services-Outpatient	11
Substance Abuse Services-Inpatient	12
AIDS Pharamaceutical Assistance (local)	NF

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- Jeff presented the EMAs Continuum of Care and explained that every service category that is funded must be connected to a 'bar' on the Continuum of Care graph. Our EMA currently has a little over 6,000 PLWHAs. The Guidance and Federal Government is going to use this Continuum of Care model and how our PSRA process impacts each stage. Everything that our EMA funds must have an impact on Viral Suppression.
- He compared FY 2014 to our current FY 2015 allocated amounts and noted all the differences between the two FYs. He also presented allocated funding amounts to actual amounts spent which were nearly identical.
- Jeff then presented a service category breakdown FY 2012, 2013, and 2014 looking at unduplicated client counts, units of services, units per clients, unit cost and finally cost per client.
- *Moving forward we would like to have a way to look at mechanisms to understand our MAI situation, is it working, is it not working? How is it impacting EIS and do we still need to use these funds for EIS? Racial Ethnicity Breakdown, Risk Breakdown, CADAP or Insurance may be mechanisms that could be used. MAI funding must go towards working with racial ethnic minorities with the goal of bringing this population into care or if out of care back into care. Part of the role of MAI then is to determine insurance status and enroll people in CADAP or other types of insurance. People funded under MAI need to report out of that to HRSA.*
- The MCM Health Insurance Survey Results were discussed and there was some confusion regarding the number of uninsurable clients vs. the reason they were uninsurable. The issue was brought up on how to capture truly uninsurable clients. The total amounts for both years 2014 and 2015 were compared. The number of Medicaid clients increased to almost the same number as the newly diagnosed in 2014 who tend to have Medicaid.
- The survey results will go back to the SPA Committee for a more detailed review and discussion.
- The 2015 Allocated Grant Award numbers and percentages were reviewed and compared to the 2014 amounts.
- The question was asked regarding the reduction in percentage allocation in OAMC and there has been no marked impact as of yet this year.
- Jeff shared that he felt that funding will most likely remain approximately the same as FY2015.
- Jeff explained that the part A award is formula dollars 70%, grant score and supplemental. There is also another TGA participating in Part A funding.
- The committee looked in detail at the unduplicated client count and decided that the numbers from 2014 will be used exclusively as component #1.
- It was decided in order to account for new clients coming into the system (component #2) the percentage will be 6%.
- Component #3 is returned to care and it was decided that in FY2016 this number will be 4% which equates to bringing 72 people back into care.
- Component #4 is the number of people who are unaware of their status. A rough estimate of people unaware of their status is 700 in CT. It was decided that this percentage will be 10%.
- *How many people fall out of care was asked and will be looked at in the future.*
- *Out of CAREWare we can capture newly diagnosed and back into care numbers for FY2015, please have this for the future.*
- Based on all the component calculations, our total ask for FY2016 will be **\$6,035,638.**

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- Percentage allocations were then looked at since all the percentages were done based on the component decisions.
- Percentages were mirrored from the FY2015 percentage allocations.
- *Comments were made that our services are not 'gay friendly' and what exactly does that mean? We would need to speak with men who use our services and find out what that would look like to them. DPH had a meeting trying to narrow down how do we make our agencies more LGBTQ friendly. They are having another group to discuss this further on August 27th.*
- *Are there any services where funding was maxed out? Regions spoke about food, transportation and health insurance premiums were some items discussed. We need to look at this moving forward.*
- All other funding sources were reviewed to get a bigger picture of alternate funds to Ryan White that may impact percentage allocation decisions. The question was asked if there was any new money that came into the region and the answer was no.
- It was decided the keep the percentage allocations the same as they were in FY2016.

Bob Sideleau made a motion to accept the FY2016 Resource Allocation Percentages based on the discussion above. Joanne Montgomery seconded it.

For: (14) Cole, Muniz, Ortiz, Montgomery, Tierney, Torres, Sanchez, C. Teel, Jenkins, Romanik, K. Teel, Sideleau, Delgado, Robertson

Against: (0)

Abstain: (2) Stewart, Browne

Service Category (HRSA)	% of Request
Medical Transportation	2.00%
Outpatient/Ambulatory Medical Care	12.00%
Housing Services	6.00%
Medical Case Management	27.00%
Food Bank/Home Delivered Meals	4.00%
Emergency Financial Assistance	3.00%
Substance Abuse Services-Outpatient	17.00%
Mental Health Services	14.00%
Oral Health Care	3.00%
Health Insurance Premium/Cost Sharing	1.00%
Substance Abuse Services-Inpatient	10.00%
AIDS Pharmaceutical Assistance (local)	0.00%
Early Intervention Services	0.00%
Total Services	100%

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(5.0) Announcements

- Roberta asked people to fill out the feedback form and return them to Sara.

(6.0) Adjournment - The meeting adjourned at 1:30pm

(7.0) Upcoming Planning Council Meetings –

- SPA –Thursday, September 3rd , 10:00am – 12:00pm
- QI –Thursday, September 3rd , 12:00pm – 2:00pm
- MF – Thursday, September 3rd , 2:00pm – 4:00pm
- Executive Committee – Friday, September 11th, 10:00am – 11:30am
- Planning Council- Friday, September 11th, 12:00pm – 2:00pm

Attendance Record

Planning Council Members:

Bob Sideleau, Sabrina Delgado, Christine Romanik, Heidi Jenkins, Lauren Tierney, Roberta Stewart, Joanne Montgomery, Dennis Torres, Ric Browne, Jackie Robertson, Ken Teel, Charlotte Teel, Chris Cole, Alex Ortiz, Raphael Muniz, Mark Sanchez, Johny Rivera

Grantee:

Tom Butcher, Arvil Alicea

Guests:

Nadine Repinecz, Jennifer Loschiavo, Nancy Kingwood, Clunie Jean-Baptiste, Charlene Lee, Dustin Pawlow, Sara Burns