

Greater Hartford Ryan White Part A Planning Council
 367 Russell Road, Newington, Connecticut 06111
 Tel: 860-667-6207 Fax 860-667-6390
 June 2, 2010

MINUTES

Approved October 6, 2010

Members Present		
Barbara Mase	George Lawson	Mary Prince
Cecilia Lewis	Janier Caban Hernandez	Reinaldo Rojas
Charna Teasley	Jeanne Nodine	Ricardo Cruz
Clara Acosta Glynn	JoAnna Gibson (A)	Vernal Talley
Edwin Banning	Jody Rodiger	Victoria Odesina
Eugene Schempp, Jr.	Ken Flyte	
Freddie Close	Lolita Young	
Members Absent		
Ann Patterson	Izolda Miranda	Rocky DeLeon
Betsy Correa	Jody Wynn Rodiger	Valerie Ingram
Brenda Sanchez	Kate Bassett	Wesley Moreno
Charles Capers	Kenton Young	Yoland Potter
Denise Morin	Loyd Johnson	Yvette Bello
Hugo Nunez	Michael Hawkins	
Personnel Present		
City of Hartford		
Joseph Ornato	Angelique Croasdale	LaShaunda Ware
Others Present		
Aaron Roome	Joshua Cotto	Myrna Millet-Saez
Alexis Sanchez	Karen McKissick	Rebecca Hopko
Carlos Vazquez	Karen Olinchek	Virginia Ruiz
Danielle Warren Dias	Miguel Gonzalez	

1. Welcome and Announcements

Co-chair Jeanne Nodine called the meeting to order at 12:00 p.m. and welcomed everyone to the Planning Council meeting. Jeanne said that the Planning Council has a few items of business to deal with and then the priority setting training will begin. The training is to get everyone ready for the priority setting and resource allocation process that will begin in earnest next month. The Planning Council meeting on July 7th will be a data presentation meeting. Today's training will introduce everyone to the types of data that will be presented next month

Jeanne reminded everyone that Planning Council members must attend the Data Presentation meeting in order to be eligible to vote for priorities and allocations.

To comply with the Planning Council Conflict of Interest policy, Jeanne asked those in attendance to introduce themselves, state what organization they work for, and what funded Ryan White Part A services their organization provides.

Jeanne reminded everyone that Planning Council meetings are open to the public, but some of the information discussed in these meetings, including people's HIV status, is of a confidential nature, and everyone is expected to honor and respect that confidentiality.

2. Moment of Silence

Co-chair Clara Acosta Glynn asked the group to observe a moment of silence to remember persons we have known and loved who have been lost to the AIDS epidemic and to remember all individuals living with and affected by HIV/AIDS.

3. Approval of Planning Council Meeting Minutes for May 5, 2010

Jeanne asked Council members to take a few minutes to review the minutes from the May 5, 2010, Planning Council meeting. Janier Caban Hernandez made a motion to accept the minutes. Cecilia Lewis seconded. Freddie Close asked if she could update the Planning Council on a transportation issue that was referred to in the minutes. She explained that when she met with consumers and providers to help identify and address problems that clients were having arranging transportation to appointment, some clients and staff complained about the questions that they are asked when they try to schedule Medicaid transportation. The clients and staff felt that the questions revealed too much about the patient's medical condition. Freddie said that she contacted the company that provides transportation for Medicaid clients and was told that the questions referring to the purpose for the doctor's visit were needed to determine if the transportation is covered by Medicaid.

The minutes of the May 5, 2010, meeting were approved by a vote of 17 Yeas, 0 No's, with 1 Abstention.

4. Revision of Planning Council By-laws

Jeanne said that during the past year several committees have proposed changes to the Planning Council by-laws. Therefore, the Council convened an ad hoc committee to review the by-laws and to recommend revisions. Janier Caban Hernandez volunteered to chair the by-laws revision committee. Jeanne asked Janier to report on the work of the ad hoc committee and to discuss the proposed amendments to the by-laws.

Janier went through each section of the by-laws where amendments were being proposed. The amendments are reproduced below in italics in the shaded areas.

Greater Hartford Ryan White Part A Planning Council By-laws Revisions

ARTICLE II – MISSION STATEMENT, *GUIDING PRINCIPLES* GOAL AND OBJECTIVE.

Section I – Mission Statement:

The mission of the Greater Hartford Ryan White Part A Planning Council is to determine priorities for how Ryan White Part A funds are allocated based on the documented needs of the HIV/AIDS communities within the TGA. It is the responsibility of the Council to assure that all affected and infected communities and populations of the TGA are represented on the Planning Council.

Section II – Goal and Objective

The goal of the Ryan White Part A Planning Council of Greater Hartford is, through its needs assessment and planning processes and through the allocation of funding, is to create a seamless continuum of care that addresses the needs of the infected and affected populations of the three counties it is charged to serve. It's major objective is to assure access to core medical services and ~~adequate primary medical care, including but not limited to medical services, mental health, substance abuse, dental~~

services, nutritional counseling, home health care and to maintain/engage clients in medical care services.

ARTICLE III – DUTIES AND COMPOSITION OF THE PLANNING COUNCIL

Section I – Duties

In order for the Planning Council to assure a seamless continuum of care and support client’s access to high quality primary care that meets Public Health Service Treatment Guidelines and support services designed to improve the clinical health outcome of people living with HIV/AIDS, the Planning Council shall:

1. Establish priorities...
6. Establish and monitor compliance with operating procedures, which include specific policies for resolving disputes, responding to grievances, minimizing and managing conflicts-of-interest, Standards of Care, *Performance Standards*, as well as with these Bylaws, regarding the governance of the Planning Council.

The Planning Council's decision-making process shall be governed by the following: *guiding principles*:

1. **Epidemiology:** the percentage of cases in specific population categories or geographic area will be the major influence on the selection of services and the allocation of funds;
2. **Major Gaps in Service:** efforts will be made to fill the service gaps identified from the needs assessment and the comprehensive needs assessment review;
3. **Equity:** every attempt will be made to allocate funds so that low income, uninsured and under-insured infected and affected groups receive necessary services based on demonstrated needs,
4. **Unmet Emerging needs:** every attempt will be made to address emerging needs and developing issues by allocating appropriate level of funding.
5. *Unmet need: every attempt will be made to address the need for HIV-related health services by individuals with HIV who are aware of their HIV status, but are not receiving regular primary health care.*

Section II – Composition

The Planning Council shall consist of no less than *thirty (30)* ~~thirty five (35)~~ members and no more than *thirty five (35)* ~~forty (40)~~ members who reside throughout the TGA.

No more than two (2) persons who represent an agency that receives Ryan White Part A funding may serve as members on the Planning Council at any one time.

ARTICLE IV – MEMBERSHIP

Section III (A) – Alternates

The Planning Council will have a pool of alternates, who have been interviewed by the Membership Committee, recommended to the Steering Committee and approved by the Planning Council. Alternates shall be invited to all Planning Council and committee meetings, and shall sit as voting members in place of absent Planning Council members in order to ensure that quorum is met and voting can occur.

Service as an alternate does not convey permanent membership on the Planning Council. The Membership Committee may recommend to the Steering Committee that an alternate, based on the representative needs of the membership roster, fill a vacancy on the Planning Council. The nomination of an alternate to serve as a Planning Council member must follow the nomination process for all new Planning Council appointees (e.g. interviewed by the Membership Committee, recommended to the Steering Committee and approved by the Planning Council). *The term of membership for alternates shall be two (2) years.*

At the end of their two year term, Alternates interested in being considered for membership on the Planning Council may be recommended by the Membership Committee, the Steering Committee, approved by the Planning Council, and appointed by the Mayor.

Section VII - Approval of Nominees/Closed Session

In order to protect the confidentiality of persons nominated for membership on the Planning Council, the approval of nominations shall occur during a closed session at the end of the Planning Council meeting. All non-Planning Council members, as well as potential membership candidates, re-appointees, and any affected party (ies) will be asked to temporarily leave the meeting while Planning Council members vote to approve the nomination of new members and the reappointment of members.

ARTICLE VI – COMMITTEES

Section I – General Provisions

Any standing committees shall have such powers and duties as the Planning Council may determine. Each committee shall consist of no less than three (3) Planning Council members or alternates, provided that each committee is comprised of a minimum of 25% of persons living with HIV/AIDS. *Standing or* Ad hoc Committees of the Planning Council may be created at any time to meet the operational needs of the Planning Council. All Planning Council Members are required to participate in at least one standing committee. The Council shall also encourage interested and knowledgeable individuals, especially persons with HIV/AIDS, who are not members of the Planning Council to participate in the work of the Committees. All committee meetings are open to the public.

All Committees will be required to develop a timeline outlining the start and end date of activities their respective committee will undertake throughout the year.

Section II – Standing Committee

Standing committees shall meet regularly and define *their its* own voting rights and procedures as related to *their-its* respective committee work. The co-chairs of the standing committees must be members of the Planning Council. The standing committee co-chairs shall be voting members of the Steering Committee and will report their activities and recommendations at the monthly Steering Committee meeting and then to the Planning Council. No one member of the Planning Council shall be co-chairs of more than one standing committee.

3. Priorities, Allocation and Reallocation Committee

The Priority, Allocation and Reallocation Committee shall:

(a) Design, develop and coordinate the process used by the Planning Council to decide which services to fund and how much money should be spent on these services as well as prepare directives to the grantee,

(b) Make recommendations to the full Planning Council on the allocation of Ryan White funds

(c) Develop and review service categories to insure consistency with HRSA/HAB definitions and policies,

(d) Monitor expenditures and service utilization data by service categories as reported by the grantee,

(e) Consider requests and recommendations for reallocating funds during the fiscal year, and

(f) Make recommendations to the full Planning Council on the reallocation of unexpended funds.

ARTICLE VIII – MEETINGS

Section V – Quorum

At any Planning Council meeting, the presence of a majority of the members and the presence of a minimum of 35% of consumer members shall be necessary to constitute a quorum for the purpose of engaging in any formal decision-making. *A quorum can only be called by a Planning Council member.*

Section VI – Voting

Each member of the Planning Council shall be entitled to one vote upon any matter before the Council. Voting upon any issue shall be by voice vote, or by show of hands, of the members. A majority is 51% of those voting. An abstention is considered a vote.

Upon the request of any member in attendance, voting on an issue shall be by a roll call. Voting for the Planning Council co-chair shall be by written ballot.

Decisions of the Council will be by vote of all present voting members. The decision making process will include the following stages:

- a. Issue or recommendation is presented,*
- b. A motion to approve or accept is made,*
- c. The motion is seconded,*
- d. The motion is opened for discussion,*
- e. During discussion, amendments to the motion will be considered, and*
- f. The motion is then called for a vote.*

Voting in committee meetings is restricted to committee members and the Co-Chairs of the Planning Council, who shall be members of all standing and ad hoc committees. Action may be taken by the committee on the basis of a simple majority of votes of those members present at a meeting.

ARTICLE XII – EXPENSE REIMBURSEMENT AND TRANSPORTATION TO MEETINGS

Members of the Planning Council shall serve without compensation.

Planning Council members infected with HIV/AIDS may be reimbursed for reasonable travel expenses (e.g. mileage, gas or bus tokens or passes) to attend meetings. *If funds permit, non-aligned consumer members with regular full-time employment may be reimbursed for lost wages up to 3 hours per month, provided that the member provides documentation from his/her employer that the member is not being paid while he/she attends Planning Council meetings.*

If funds permit, transportation may be arranged for consumer members to attend Planning Council meetings, using the least costly transportation option available, including bus tokens and passes.

If funds permit, transportation may be provided for HIV positive prospective members to attend two (2) Planning Council meetings as part of the interview process.

Costs associated with routine meeting attendance are not generally reimbursable to non-consumer members.

When required to travel outside the TGA in the performance of their Planning Council duties or for HRSA approved conferences, members may be reimbursed from CARE Act funds for their necessary traveling expenses, including transportation and lodging. To be reimbursable, such travel and arrangements must receive prior approval, and reimbursement is subject to the availability of funds.

All Council expenditures are governed by the purchasing and procurement standards of the City of Hartford. Therefore there is considerable independent audit and oversight responsibility for all fiscal activities of the Council.

Janier called for a motion to approve the proposed amendments to the by-laws. George Lawson made a motion to approve the amendments. Ken Flyte seconded.

Janier asked if there were any questions about the proposed amendments. Cecelia Lewis asked about the provision that allows the Planning Council to reimburse consumer members for lost wages. She wanted to know how this would work if an individual did not disclose his or her HIV status to their employer. Janier explained that the grantee's and HRSA's audit and oversight responsibility for all fiscal activities of the Council" require documentation of the legitimacy of Planning Council expenses, and in this particular case we need employee verification of lost wages.

There were no further questions. Janier called for a vote on the revisions to the by-laws. The motion was passed by a vote of 17 Yeas, 0 Nos, with no abstentions.

5. Planning Council Co-chair Election Process

Clara said that the Planning Council needed to begin the nomination process for the election of the Planning Council co-chair to take over from her when her term ends in November.

She read the statement of qualifications for co-chair from the Planning Council by-laws and explained that the Steering Committee reviewed the list of current members of the Council and determined that nine members meet the qualifications. The staff contacted these nine members, and three have indicated that they would be interested in serving as co-chair. The three members are: Loyd Johnson, Charles Capers, and Janier Caban Hernandez.

Clara said that the Steering Committee and the Positive Empowerment Committee may choose to nominate one or more of these persons. At the July 7th meeting of the Planning Council, nominations will also be accepted from the floor. At the August 4th meeting, anyone who is nominated will be asked to make a brief statement of why he or she wants to serve a co-chair. After each of the candidates speaks, the Planning council will vote for the next co-chair.

6. Training: Priority Setting/Resource Allocation

The Priority Setting/Resource Allocation training consisted of five PowerPoint presentations. Joseph began with an overview of the priority setting and resource allocation process, including definitions of basic terms such as “service category”, “directives”, and “unmet need.” He described the work that various committees have done during the year in order to have everything in place for the Planning Council to set priorities and allocate Ryan White funds.

Barbara Mase made a presentation on the Ryan White needs assessment that is used to gather information about the needs of persons with HIV. She said that conducting a needs assessment of persons with HIV is one of the major responsibilities of Planning Council. In 2010 a new needs assessment was conducted through a collaborative effort of the Department of Public Health, the Connecticut HIV Planning Consortium, Ryan White Parts A and B, and CAPAP. The needs assessment survey gathered information about insurance coverage, living arrangements, health care and support service needs, barriers to getting health care and support services, HIV risk assessment information, and basic demographic information about the persons with HIV. An analysis of the data from the 2010 needs assessment will be available for the Planning Council to use when setting priorities. The data will provide information about HIV services that are used by persons with HIV and services that are needed but not available. Barbara said it will provide a good picture of the HIV care and prevention needs and service gaps for people living with HIV in the TGA.

Aaron Roome, director of the HIV/AIDS Surveillance Unit of the Department of Public Health, talked about HIV epidemiology and the data collected by his Unit. The questions that surveillance data seek to answer are, “How many people are infected with HIV?”, “Who is a risk for HIV?”, “What are the trends in demographic and risk characteristics?”, and “How many persons are being treated for HIV?” The answers to these questions help to determine how funding for HIV care and prevention should be allocated. Funding decisions need to be based on a credible and defensible process. Epidemiological data is scientifically credible information. Aaron said that there are 10,574 persons living with HIV/AIDS in the state of Connecticut, of which approximately one-third live in the Hartford TGA.

LaShaunda Ware, Ryan White Contract Officer, discussed the role of the grantee in the priority setting process, which is to provide information needed by the Planning Council. The information provided by the grantee includes service unit costs and service utilization data. Service unit costs cover the amount of money assigned to each service encounter and the caps per client for certain services. Considerations that affect service unit costs include the location of services, the credentials of the provider, and the complexity of services. Service utilization information includes the number of clients served and the number of service encounters for each service category, as well as demographic information for the overall number of clients served.

Finally, Jody Rodiger made a presentation on charts and graphs, and how they are used to present data for priority setting. Jody explained that graphs come in many different shapes and forms. Certain types are more useful and suited for providing specific kinds of information. For example you might use a line graph to show changes in a quantity over a period of time, or a bar chart to compare several

groups of data; while a pie chart is often used to show the components of one data element. Charts and graphs make it easier to visualize and comprehend information and to compare one set of data to another.

At the end of the data training, Jody reminded everyone that the Priority Setting/Resource Allocation process for FY 2010 would begin on July 7, 2010, with a Data Presentation meeting. She also reminded Planning Council members that in order to be eligible to vote for priorities and allocations, members must attend the data presentation meeting.

7. Raffle

The co-chairs conducted the Planning Council raffle.

The meeting was adjourned at 2:35 p.m.