Greater Hartford Ryan White Part A Planning Council
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Tel: 860-667-6207 Fax 860-667-6390
August 4, 2010

MINUTES Approved October 6, 2010

Members Present		
Barbara Mase	Freddie Close	Mary Prince
Betsy Correa	George Lawson	Michael Hawkins
Cecilia Lewis	Hugo Nunez	Rebecca Hopko
Charles S. Capers	Janier Caban Hernandez	Ricardo Cruz
Charna Teasley	Jeanne Nodine	Valerie Ingram
Clara Acosta-Glynn	Jody Wynn Rodiger	Yolanda Potter
Denise Morin	Kate Bassett	
Edwin Banning	Ken Flyte	
Members Absent		
Ann Patterson	Kenton Young	Vernal Talley
Efrain DeLeon	Lolita Young	Yvette Bello
Eugene Schempp	Loyd Johnson	
Izolda Miranda	Myrna Millet-Saez	
Personnel	**City of Hartford**	
Joseph Ornato	Angelique Croasdale	Peta-gaye Nemblard
Others Present		
Carlos Vazquez	Danielle Warren Dias	

1. Welcome, Announcements & Introductions
Co-chair Clara Acosta-Glynn called the meeting to order at 9:45 a.m. and welcomed everyone to the Planning Council meeting. She said that the Planning Council has a full agenda today. Most of the meeting will be devoted to resource allocation for fiscal year 2011. The Planning Council also has to discuss and approve the 2010 Assessment of the Administrative Mechanism, reallocate 2010 Ryan White funds that were not expended in the first five months of the fiscal year, and elect the next co-chair of the Planning Council.

Clara 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.

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

2. Moment of Silence Co-chair Jeanne Nodine 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. Election of Planning Council Co-chair – 20 minutes (9:55-10:15)
Clara said that two persons have been nominated to serve as co-chair of the Planning Council. They are Charles Capers and Janier Caban Hernandez. Clara asked Charles and Janier to make a brief statement about their qualifications and why they want to serve as co-chair.

Charles said he was a good candidate for the job. As a consumer he has a first-hand knowledge of HIV and can understand the needs of people living with the disease. He said he has done a lot of work in the community and is currently involved in projects at Connections to help people with HIV.

Janier said that although a great deal has been done to help people with HIV, particularly as a result of the Ryan White Care Act, there is still much more that needs to be done. He noted that the Office of Health Care Policy has just released the administration's strategies for addressing HIV across the nation. The strategies are aimed at reducing the number of new HIV infections and eliminating disparities in healthcare. He said that these are issues that the Planning Council will have to be working on in the coming years. He said that he would like to serve as co-chair and devote his efforts to achieving these goals.

Jeanne passed out ballots and asked each Planning Council member to cast his or her vote for one of the candidates. The ballots were collected and counted. Janier Caban Hernandez was elected co-chair of the Planning Council. His two-year term will begin in November.

4. Reallocation of Unexpended Funds
Clara asked Jody Rodiger and George Lawson, co-chairs of the Priorities and Reallocation Committee, to lead the reallocation discussion. Jody said that the Planning Council has to give final approval to the allocation of carry-over from 2009. Carry-over is money that was not spent last year. The amount of the carryover from 2009 is $63,827. The federal government has given the TGA the okay to use this money in 2010, but we have to allocate it to Outpatient/ambulatory Medical Care because that is how we indicated we would use it when we submitted our carry-over request.

Jody said that the Planning Council also has to reallocate $84,398 from this year that has not been spent in the first five months of the fiscal year. Jody explained that the Priorities and Reallocations Committee met with the grantee to go over service utilization data and information about current funding needs. Based on this information, the committee developed a set of recommendations for the use of the $84,398.

Jody read the recommendations which are print below.

SERVICE CATEGORY	***CARRYOVER/ REALLOCATION RECOMMENDATIONS*** ***-$63,827(carryover to be allocated to Outpatient/ Ambulatory Health Services)*** ***-$84,398 (total to reallocate)***
02 Outpatient/Ambulatory Health Services	***$63,827***
03 Medical Case Mgt (including Treatment Adherence)	***$54,398***

05 Mental Health Services	***$0***
06 Substance Abuse Services - Outpatient	***$0***
07 Early Intervention Services	***($21,356) amount under spent***
08 Oral Health Care	***$0***
11 AIDS Pharmaceutical Assistance (local)	***$10,000***
13 Health Ins Premium & Cost Sharing Assist	***$20,000***
20 Home & Community-Based Healthcare Services	***$0***
01 Housing Services	***$0***
04 Medical Transportation Services	***($30,000) amount under spent***
09 Emergency Financial Assistance	***$0***
10 Psychosocial Support Services	***$0***
12 Food Bank/Home-Delivered Meals	***$0***
14 Legal Services	***$0***
18 Linguistics Services	***$0***
25 Clinical Quality Management	***($33,042) amount under spent)***
26 Administration	***$0***

Janier make a motion to approve the recommendations for carry-over and reallocations. Freddie seconded. Jody called for discussion on the motion.

Clara asked for an explanation of why the funds in Early Intervention Services (EIS) and Transportation were under spent. Angelique said that one of the EIS programs got started late and therefore the funding for the first three months of this program was not expended. With regard to transportation Angelique explained that there were resources carried over from last year that helped offset the costs for this program in the first three months of this year.

Clara asked why money was being reallocated to Medical Case Management. Angelique explained that the original 2010 allocation for Medical Case Management was not sufficient to maintain the program at last year's level. Despite this, the contractor has made every attempt to keep the program at the same level. The relocation of funds to Medical Case Management will help to make this possible.

There were no further questions or discussion. Jody called for a vote on the motion.

The motion passed by a vote of 24 Yeas, zero No's with no abstentions.

5. 2010 Assessment of Administrative Mechanism

Jeanne explained that each year the Planning Council has to complete an Assessment of the Administrative Mechanism. The Planning Council assigns the job of assessing the grantee to the Evaluation Committee. Jeanne asked Cecilia Lewis, co-chair of the Evaluation Committee, to briefly summarize the Assessment of the Administrative Mechanism and to answer any questions. Cecilia Lewis explained that the purpose of the assessment is to assess the efficiency of the grantee in selecting service providers and reimbursing service providers for services. The assessment also reviews the contract monitoring process and determines whether the services the grantee contracts for address needs identified by the Planning Council. Cecilia asked Planning Council members to look at the copy of the Assessment that was sent to everyone.

Cecilia explained that the Evaluation Committee requested information and various documents from the grantee and distributed a questionnaire to Ryan White service providers to get information about their relationship with the grantee and their views on contract monitoring and the RFP process. The assessment focuses on: 1. How efficiently providers are selected and paid; 2. How well contracts are monitored; 3. How well services address Planning Council priorities; and 4. How the grantee interacts with service providers.

Cecilia said that the assessment reached the following conclusions:

1. The grantee very effectively follows instructions from the Planning Council regarding priorities, the allocation of funds and the delivery of services. The services that are provided are those that have been specified by the Planning Council and address needs that have been identified in the TGA.

2. Reallocation funds are quickly, efficiently, and effectively used to provide needed additional services, though a misunderstanding on the part of a new contractor resulted in unspent Ryan White funds in excess of $30,000. The grantee is highly efficient in reimbursing contractors.

3. The grantee developed a new, more efficient tool for contract monitoring which incorporates information collected from CAREWare and provider quarterly reports. The tool is pre-populated with the information and helps to expedite site visit audits

4. Quality management activities that involve site audits, chart extraction, technical assistance, and regular QA meetings, know as PODS, with service providers have helped the TGA achieve and document high rates of compliance with the TGA's standards of care and outstanding outcome measure results. The quality management team has also documented that Part A medical providers score very high marks on HAB clinical performance measures.

5. There is overall satisfaction among contractors with their relationship and communication with the grantee. Correspondence and email from the grantee are clear and provide useful guidance. However, additional technical assistance and training is needed regarding the use of Care Ware, especially for preparing monthly and annual reports, and for entering and tracking referrals. There is a consultant on call to address any problems or questions about CAREWare. Providers have indicated that they are generally able to resolve any software issues with the consultant. However, there is a need for additional training and supervision. These are currently being planned and scheduled. One of problems with regard to training has been that each training has to be repeated many times because the facilities that are available for the training have a limited number of computers available. John Milberg has used webinar technology to provide a CAREWare training on Data Sharing. An additional webinar on Custom Reporting is being planned.

Cecilia asked if there were any questions or comments about the Assessment of the Administrative Mechanism. There were no questions. Janier made a motion to accept the Assessment of the Administrative Mechanism. Mary Prince seconded. The 2010 Assessment of the Administrative was approved by the Planning Council by a vote of 24 Yeas, 0 No's, with no Abstention.

6. Allocation of FY 2011 Ryan White Grant

George and Jody led the discussion of the allocation of Ryan White funds for 2011. Jody said that the Planning Council had to decide how Ryan White dollars will be divided among the priorities that the Planning Council voted on at the last meeting. The Planning Council also has to decide on the instructions to give the grantee on how to structure and deliver Ryan White funded services next year.

George said that the guidelines for priority setting and resource allocation specify that: "the priorities and allocations in the current year fiscal year serve as the base for decisions on priorities and allocations for the next fiscal year. Changes in priorities and allocations are based on documented changes in service needs, service gaps, and the availability of services."

Jody explained that since the Planning Council will not know how much funding we will get until next February, we have to plan for several different possibilities. The Planning Council has to decide how to allocate the 2011 Ryan White grant if the TGA is flat-funded. Flat funded means that the TGA receives approximately the same level of funding as this year. The Planning Council also has to decide how much money we really need in order to adequately meet the needs of persons with HIV/AIDS in the TGA. Jody said that we sometimes refer to this as our "wish list." Finally the Planning Council also needs to anticipate a possible cut in funding.

Jody said the Priorities Committee has developed a list of recommendations for the first two possibilities. The recommendations are included in the worksheet that was distributed to Planning Council members. Jody asked Joseph to walk the Planning Council through the worksheet because it seems quite complicated.

Joseph explained that the worksheet is complicated because the total amount of funding for the current fiscal year comes from several sources, and all of these sources of funding are shown on the worksheet. There is a separate Minority AIDS Initiative grant of $272,445. There is the Ryan White Part A formula and supplement grant of $3,626,712, and a one time grant for fiscal year 2010 (which the TGA continues to refer to as Pelosi dollars) of $365,842. The total of all of the sources of funding is $4,263,999. The flat-funding recommendations from the Priorities Committee are based on the 2010 formula and supplemental grant only.

Joseph explained that the Minority AIDS Initiative grant would be substantially the same next year as it is this year and one of the things that the Planning Council has to do is approve the allocation of MAI funding levels for next year. The Priorities Committee has not recommended any changes in these funding levels.

However, the committee has recommended changes in allocations for Ryan White formula and supplemental funding. The most significant of these recommended changes is the transfer of funding from Psychosocial Support to Non-medical Case Management. The recommendations that reflect the funding that the TGA actually needs to adequately address the HIV epidemic (which amounts to an increase of approximately 23 percent) also include this change.

Janier made a motion to accept the recommendations of the Priorities Committee for fiscal year 2011. Ricardo Cruz seconded. Jody called for discussion on the motion.

Freddy Close pointed out that the recommendations of the Priorities Committee would have a significant impact on some service categories while not impacting others at all. Joseph said that he didn't understand this because with the exception of the allocation of funds to Non-medical Case Management and the elimination of funding for Psychosocial Support, all of the other changes were rather minor. There is, for example, a $5,111 recommended increase in funding for AIDS Pharmaceutical Assistance and a decrease of that same amount in Outpatient Substance Abuse Services.

Kate Bassett explained that Freddie was referring to the total 2010 funding including the one time grant. Joseph said that the Priorities Committee based its flat-funding recommendations on the Part A formula and supplement grant, not on the total funding for 2010. He said that using the total funding as a basis for flat funding recommendations was an alternative that the Planning Council could consider if someone wanted to propose an amendment of the recommendations.

Kate made a motion to prorate any loss in funding between the 2010 total funding level and 2011 formula and supplemental funding. She said this way service categories such as Outpatient/Ambulatory Medical Care and Medical Case Management would not experience as large a cut as they would if the Planning Council accepts the Priorities Committee recommendations. Janier argued said that using this alternative formula would result in disproportionately large cuts in funding to service categories with small allocations. He also pointed out that every time that the Planning Council has used ancillary grants, such at the one time Pelosi funding, he and several other Planning Council members have only agreed to vote for the increased allocations with the understanding that they would not bind the Planning Council to the increased funding level in the future.

Several members of the Planning Council tried to clarify the meaning of the motion, so that everyone would understand the amendment they were voting on. When it appeared that there was a general level of understanding and no further questions, Jody called for a vote on the motion. The motion was defeated by a vote of 1 Yeas, 23 No's, with no Abstentions.

Denise Morin raised a different question with regard to the Priorities Committee recommendations. She said that the elimination of funding for Psychosocial Support would severely affect the TGA's HIV Wellness Center because they provide most of the psychosocial support services. Joseph explained that the TGA's quality manage consultant has indicated that Psychosocial Support service providers only achieved a 60% level of compliance with their respective standards of care. According to the consultant, this is because the providers are offering services that are more closely related to non-medical case management than to the provision of support and counseling activities which is the function of Psychosocial Support. Joseph suggested that the Planning Council consider using directives to ensure the viability of the HIV wellness centers. He said that the Priorities Committee was, in fact, recommending changes in the Planning Council directives that would accomplish just that.

George called for a vote on the motion. Janier pointed out that a vote to approve the recommendations would maintain MAI funding at 2010 percentages, flat fund most service categories at 2010 formula and supplement levels, request an increase in funding of

approximately 23 percent to meet the needs of persons with HIV in the TGA, and fund Non-medical Case Management services, but eliminate funding for Psychosocial Support. Denise added that de-funding Psychosocial Support would only be acceptable if it was accompanied by directives which spelled out the Planning Council intent to offer a complement of services in one location, through the co-location of services at HIV Wellness Centers.

The recommendations of the Planning Council were approved by a vote of 23 Yeas, 0 No's, with 1 Abstention.

Freddie made a motion to prorate any loss in Ryan White Part A formula and supplemental funding in 2011 among all services categories. Hugo Nunez seconded. There was no discussion of the motion. The motion passed by a vote of 24 Yeas, 0 No's with no Abstentions.

The Planning Council approved allocations for FY 2011 are in a table at the end of these minutes.

9. Planning Council Directives for FY 2011

Jody said that directives are instructions that the Planning Council gives to the grantee on how to deliver Ryan White funded services in order to more effectively meet the needs of persons with HIV. She read the directives that the Planning Council issued for the current fiscal year.

George asked if there were any proposed changes to the directives. Janier suggested that the Planning Council discuss any proposed changes and include them as amendments if there is general agreement among voting members. When all changes have been recorded, the Planning Council can take one vote on the directives as amended.

Ricardo Cruz said that the Continuum of Care Committee wanted to recommend changing the directives for Early Intervention Services (EIS). He said that the TGA contracted with Harold Philips to do a study and assessment of the EIS program. The Continuum of Care Committee worked very closing with Harold. The proposed changes to the EIS directives are the result of recommendations that Harold made to update the service definition for EIS to cover HIV testing, referral services, linkage to care and health education and literacy. Ricardo proposed replacing the current EIS directive with the following directives:

1. Provide services that act as a bridge between testing and care by steering individuals from testing and linking them to primary medical care and medical case management, mental health and substance abuse treatment and support services. EIS services should be designed to work closely with key points of entry thus facilitating easy access to the HIV care system once an individual learns of their status. Key points of entry are places where HIV testing occurs. For the Hartford TGA these include but are not limited to public health departments, HIV counseling and testing sites, emergency rooms, substance abuse and mental health treatment programs, detoxifications centers, detention facilities, STD clinics, and homeless shelters. EIS providers must have referral/linkage agreements with key points of entry that should be monitored by the grantee to ensure effective linkage mechanisms are in place and active.

2. Provide intensive support over a course of several months (3-6 months) to build trust, orient clients to the system of HIV care, increase their knowledge about living with HIV, educate them regarding the importance of routine medical care, increase their health literacy and begin the process of developing the foundation for disease self management.
3. Provide services that reengage individuals with HIV who have fallen out of care, are erratically engaged in care, or are at risk of falling out of the HIV care system.
4. EIS services should serve to identify persons with HIV who are unaware of their status; make them aware of their HIV infection; educate them about HIV, the importance of care and the Ryan White system; and link them to primary medical care and case management.

There were no objections to these proposed changes.

George said that the Priorities Committee wants to offer changes to the directives now that the Planning Council has approved funding for Non-medical Case Management. The proposed directives for Non-medical Case Management are:

1. Provide HIV positive persons with assistance in obtaining medical, social, community, legal, financial and other needed services.
2. Whenever possible provide services through the TGA's four HIV wellness centers.

George said that the Priorities Committee also wanted to propose adding the following to the list of directives that apply to all service categories.

- Select providers and provide services in such manner as to foster and sustain the TGA's four HIV Wellness Centers.

Denise Morin said the second directive for Non-medical Case Manages should more clearly state the Planning Council's commitment to the TGA's Wellness Centers. She proposed that the directive state: "Provide services through the TGA's HIV wellness centers."

There were no objections to this change.

Freddie Close objected to the current directive for Transportation that state: "Provide transportation throughout the TGA in proportion to the epidemic." She said if the grantee followed this directive, rural area in the TGA, where public transportation is minimal, would not have any transportation for persons with HIV. She said that the transportation directives should serve to provide parity between rural areas and areas with public transportation. She proposed changing the transportation directive to the following:

- Special consideration should be given to individuals in the rural area based on cost

There were no objections to this change.

Ken Flyte asked about the directives for Medical Case Management that specifies that the TGA provide centralized and decentralized Medical Case Management and centralized training, supervision and education to all case managers. Danielle Warren Dias added that requiring all

contractor offering medical case management to accept centralized supervision was illegal because it violated the confidentiality of clients. Angelique objected to this characterization. She said that the city's lawyers review Ryan White contracts as do the legal teams of service providers. Also all providers negotiate their contracts with the city and all have accepted the centralized supervision provision in the Medical Case Management contracts. Freddie Close said that the centralized clinical supervision had nothing to do with the day to day supervision of personnel which was handled by each provider themselves. Denise Morin pointed out that all Ryan White clients sign release of information forms that allow providers to share information about clients. Danielle also argued that the centralized case management model did not serve the best interest of the client because different populations have different needs. Angelique said that the centralized case management model was highly cost effective and allowed the TGA to serve many more clients. Joseph added that the TGA" Medical Case Management program has been recognized as a "best practices" model. Yolanda Potter said she could not understand why we were trying to change a program that is working.

Janier proposed specifying that the centralized supervision of medical case managers be limited to clinical supervision. He proposed the following language for the directive:

- Provide centralized training, clinical supervision, and education to all case managers (medical site and community based)

There were no objections to this change.

Danielle said that under the current directives, step down housing appears to be limited to families with substance abuse issues. Yolanda pointed out that as currently administered the program is aimed at reuniting families affected by HIV. Janier suggested changing the language of the directive to state that preference is given to clients with a history of substance and their families.

There were no objections to this change.

Finally, Angelique asked that the Planning Council consider allowing housing related referral services to include Rep-payee services which are prohibited under the current directives. Janier proposed changing the directive with regard to housing related referral services to the following"

- Provide housing related referral services, with an emphasis on persons with HIV who are homeless.

There were no objections to this change.

George asked if there were any additional proposed changes to the directives. There were none. George asked for a motion to approve all of the changes that were proposed as amendment to the Planning Council directives. Freddie made a motion to approve the directives as amended. Kate Bassett seconded. The amended directives were approved by a vote of 22 Yeas, 0 No's, with 2 Abstentions.

The 2011 Planning Council Directives for the grantee as amended are attached to these minutes.

10. Raffle
Jeanne Nodine conducted the Planning Council raffle.

The meeting was adjourned at 2:20 p.m.

PLANNING COUNCIL APPROVED ALLOCATIONS FOR FY 2011 AUGUST 4, 2010

Priority & Service Category	**2011 MAI**	***Proposed 2011 Flat Funding***	***Proposed 2011 23% increase***	***Proposed 2011 10% Cut***
02 Outpatient/Ambulatory Health Services	$111,611	$616,223	$830,408	Prorate cut among service categories
03 Medical Case Mgt (incl. Treatment Adher. Sup.	$65,554	$717,747	$867,747	
05 Mental Health Services	$0	$227,543	$277,543	
06 Substance Abuse Services - Outpatient	$0	$345,304	$345,304	
07 Early Intervention Services	$0	$175,046	$225,000	
08 Oral Health Care	$0	$142,136	$182,136	
11 AIDS Pharmaceutical Assistance (local)	$0	$60,000	$75,000	
13 Health Ins Premium & Cost Sharing Assist	$0	$36,000	$50,000	
SUBTOTALS	***$177,165***	***$2,319,999***	**$ 2,853,138**	
01 Housing Services	$32,473	$286,983	$345,983	
04 Medical Transportation Services	$0	$178,807	$198,807	
09 Emergency Financial Assistance	$0	$16,969	$36,969	
10 Psychosocial Support Services	$0	$0	$0	
12 Food Bank/Home-Delivered Meals	$0	$112,009	$139,790	
14 Legal Services	$0	$34,285	$42,285	
15 Outreach Services	$0	$0	$0	
16 Case Management (non-Medical)	$0	$132,804	$157,804	
17 Medical Nutrition Therapy	$0	$0	$0	
18 Linguistics Services	$21,940	$0	$18,000	
19 Substance Abuse Services - Residential	$0	$0	$0	
20 Home & Commun.-Based Healthcare Serv.	$0	$0	$0	
21 Respite Care	$0	$0	$0	
22 Treatment Adherence Counseling	$0	$0	$0	
23 Child Care Services	$0	$0	$0	
24 Rehabilitation Services	$0	$0	$0	
SUBTOTALS	***$54,413***	***$761,857***	***$939,638***	
TOTAL SERVICES FUNDING	***231,578***	***3,081,856***	***$3,792,776***	
25 Clinical Quality Management	$13,622	$181,285	$223,105	
26 Administration	$27,245	$362,571	$446,209	
TOTAL	**$272,445**	**$3,625,712**	**$4,462,090**	

Planning Council Directives for FY 2011

Directives that apply to all service categories

- Provide services in a culturally and linguistically competent manner.
- Address service gaps for all special populations with emphasis on men of color who have sex with men and Black and Latina women.
- Provide services that address the emerging needs of the aging HIV population.
- Whenever possible, provide services during nontraditional hours and at locations that offer ease of access.
- Give preference to providers who demonstrate successful systems of culturally and linguistically competent service provision for the special populations they are either serving or seeking to serve. Characteristics of successful systems include: culturally competent care, diverse staff and leadership, education and training, language access (written, oral, sign, etc.), strategic planning, use of epidemiological profiles and needs assessment data, and community and consumer involvement.
- In an effort to address unmet need and fill service gaps of those in care, agencies must demonstrate the ability to collaborate with both Ryan White and non-Ryan White funded providers in their proposed service plans and through the provision of current Memoranda of Understanding or Agreement.
- Select providers and provide services in such manner as to foster and sustain the TGA's four HIV Wellness Centers
- Ensure services are proportionately available to rural areas to the extent possible.
- Require service providers to conduct annual client satisfaction surveys.

Ambulatory/Outpatient

- Ensure medical care is available to disproportionately infected minority populations including adolescent and youth.
- Provide mid-level providers (APRN, NP, PA, with HIV specialty) to make available more HIV care and to free up Infectious Disease physicians' time to work on more complex cases, and provide RN support as needed
- Ensure services are proportionately available to rural areas to the extent possible.
- Provide ambulatory/outpatient care in homeless shelters that is linked to clinic and support services.
- Give preference to providers, when available, who offer a co-location model of core clinical services such as mental health, substance abuse treatment and medical case management and support services designed to contribute to increased health outcomes for those in care.

Medical Case Management

- Provide centralized and/or decentralized medical case management services that increase the number of case managers in medical settings and, where appropriate, the number of case managers employed directly by medical sites, while recognizing the continued need under appropriate circumstances for community-based case management services. In

either model (centralized or decentralized) whether medical setting or community sited, there needs to be proof (such as the availability of office space for confidential meetings, inclusion of the medical case manager in client case conferences, or other methods to ensure that the medical case managers can work to help keep clients in care) of the incorporation of the medical case manager into the clinical care team.

- Provide triage services for medical case management to ensure that the TGA does not develop a waiting list for medical case management.
- Give preference to providers, when available, who offer a co-location model of core clinical services such as mental health, substance abuse treatment and medical case management and support services designed to contribute to increased health outcomes for those in care.
- Provide centralized training, clinical supervision, and education to all case managers (medical site and community based).
- Provide treatment adherence support.
- Ensure services are available to Black women and Black men who have sex with men.

Outpatient Substance Abuse

- Provide substance abuse services at homeless shelters and where possible in conjunction with housing providers who provide links and referrals to outpatient ambulatory medical care.
- Provide co-location of substance abuse services in clinic and community settings.
- Provide acupuncture to reduce drug cravings.

Mental Health

- Provide co-location of mental health services in clinic and community settings.
- Provide mental health services at homeless shelters.

Early Intervention Services

- Provide services that act as a bridge between testing and care by steering individuals from testing and linking them to primary medical care and medical case management, mental health and substance abuse treatment and support services. EIS services should be designed to work closely with key points of entry thus facilitating easy access to the HIV care system once an individual learns of their status. Key points of entry are places where HIV testing occurs. For the Hartford TGA these include but are not limited to public health departments, HIV counseling and testing sites, emergency rooms, substance abuse and mental health treatment programs, detoxifications centers, detention facilities, STD clinics, and homeless shelters. EIS providers must have referral/linkage agreements with key points of entry that should be monitored by the grantee to ensure effective linkage mechanisms are in place and active.
- Provide intensive support over a course of several months (3-6 months) to build trust, orient clients to the system of HIV care, increase their knowledge about living with HIV, educate them regarding the importance of routine medical care, increase their health literacy and begin the process of developing the foundation for disease self management.

- Provide services that reengage individuals with HIV who have fallen out of care, are erratically engaged in care, or are at risk of falling out of the HIV care system.
- EIS services should serve to identify persons with HIV who are unaware of their status; make them aware of their HIV infection; educate them about HIV, the importance of care and the Ryan White system; and link them to primary medical care and case management.

Housing

- Provide, if funds are available:
  (1) short-term rental assistance [$150 month]
  (2) one-time emergency rental assistance [back rent, 1st month rent],
  (3) supportive housing [scatter site with case management],
  (4) step-down housing (preference given to clients with a history of substance abuse and their families) with a case management component and
  (5) transitional housing programs [emergency – hotels],
  (6) make homeless shelter(s) available to PLWHA during daytime hours,
  (7) housing related referral services, with an emphasis on persons with HIV who are homeless.

- Give preference to providers able to provide a multiplicity of housing services in the most cost effective manner.

Transportation

- Special consideration should be given to individuals in the rural area based on cost.

Case Management Non-medical

- Provide HIV positive persons with assistance in obtaining medical, social, community, legal, financial and other needed services.
- Provide services through the TGA's HIV wellness centers.