

Greater Hartford Ryan White Part A Planning Council
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 January 5, 2011

MINUTES

Members Present		
Barbara Mase	Edwin Banning	Kate Bassett
Betsy Correa	Freddie Close	Ken Flyte
Carlos Vazquez (A)	George Lawson	Loyd Johnson
Charles Capers	Janier Caban Hernandez	Mary Prince
Charna Teasley	Jeanne Nodine	Michael Hawkins
Denise Morin	Jody Rodiger	Myrna Millet
Members Absent		
Ann Patterson	Izolda Miranda	Shawn Lang (A)
Cecilia Lewis	Lolita Young	Valerie Ingram
Clara Acosta-Glynn	Orlando Perez Rivera	Yolanda Potter
Efrain DeLeon	Ramiro Mejia	Yvette Bello
Eugene Schempp	Rebecca Hopko	
Hugo Nunez	Ricardo Cruz	
Staff		
Joseph Ornato	Angelique Croasdale	Peta-gaye Nemblard
Guests		
Greta Gaetz	Maryann Vahidy	William Caldrello
Joseph LeMay	Fernando Morales	Elia Vecchitto
Alexis Sanchez	Joe Cordeira	
Jose Vega	Nitza Agosta	

1. Welcome, Announcements & Introductions

Co-chair Janier Caban Hernandez called the meeting to order at 12:05 p.m. He said that December 6th is Three Kings Day. Many persons from Puerto Rico celebrate Three Kings Day rather than Christmas Day. The special Puerto Rican food that was featured at today's lunch is in celebration of Three Kings Day.

Janier 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, Janier 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. Approval of Council Meeting Minutes for November 5, 2010, and December 8, 2010.

Janier asked Council members to take a few minutes to review the minutes from November 5, 2010, and the December 8, 2010, Planning Council meetings. Janier asked if there were any corrections to the November 5th minutes. Several members pointed out typographical and spelling errors. Jody Rodiger made a motion to approve the minutes for the November 5th meeting as corrected. Betsy Correa seconded. Janier called for a vote on the motion. The minutes for November 5, 2010, meeting were approved by a vote of 17 Yeas, 0 No's, with no Abstentions.

Janier asked if there were any corrections to the December 8th minutes. Freddie Close pointed that she said there was a waiting list for medical case management "east of the river" at the December meeting, not that there was a waiting list in Manchester and Tolland County as reported in the minutes. Cecilia Lewis made a motion to approve the minutes for the December 8th meeting, subject to Freddie's correction. Loyd Johnson seconded. Janier called for a vote on the motion. The minutes for December 8, 2010, meeting were approved, as amended, by a vote of 17 Yeas, 0 No's, with no Abstentions.

4. Comprehensive HIV Health Services Plan

The Planning Council began the process of assessing the TGA's success in achieving the goals set forth in the TGA's 2008 Comprehensive HIV Health Services Plan. The five goals of the Plan are:

Goal I. Core medical services are readily available and easily accessible.

Goal II. The system of care is appropriate for populations of persons with HIV/AIDS.

Goal III. Persons with HIV/AIDS enter the care system as early as possible after diagnosis and remain in care.

Goal IV. The highest quality of HIV care and services is provided.

Goal V. The Greater Hartford Planning Council operates efficiently and effectively.

The Planning Council reviewed the strategies outlined in the Plan that contribute to achieving each of the goals. Members of the Council provided information about the HIV care delivery system to demonstrate that the strategy has been successfully implemented, or that efforts to implement the strategy have failed, or that additional strategies are needed to fully achieve the goal. Beginning with the first strategy related to Goal I, namely to "Provide mid-level HIV primary medical care...", some Council members reported that the loss of HIV medical providers, in particular infectious disease doctors, and the increase in the number of persons with HIV needing care is putting a burden on the system. Mid-level support provided by RN's and APRN's supervised by qualified HIV practitioners has helped to increase the capacity to provide HIV primary medical care that meets PHS guidelines, but the situation is likely to become more acute, especially if efforts to identify persons with HIV and link them to care succeed.

The second strategy calls for the TGA to “Encourage service providers, and provide funding as necessary, to offer core medical services that are easily and conveniently accessible, such as open clinic hours, evening/weekend appointments, walk-in care, and one stop multi-service access.” Although there is evidence that clients will take advantage of extended hours and non-traditional hours (for example, the Saturday clinic hours at Community Health Center in Middletown are always full), there are limited non-traditional hours of service at other HIV medical providers. This is especially true east of the Connecticut River. More work and more resources will be necessary to implement this strategy.

The TGA has succeeded reasonably well in implementing the third strategy which is to provide mental health and substance abuse assessments in clinic setting. This is particularly important because behavioral health issues figure heavily as co-morbidities in the Hartford TGA. Forty-three percent of persons living with HIV/AIDS trace their infection to IDU. According to the TGA latest needs assessment, twenty-eight of persons with HIV/AIDS have mental health problems. All HIV clinics in the TGA that receive Ryan White funding provide mental health and substance abuse assessments on intake. In addition, medical case managers follow protocols which require that they conduct mental health and substance abuse assessments of their clients every six months and to coordinate access to substance abuse and mental health programs for clients needing these services.

The TGA has also succeeded in implementing the fourth strategy to “Employ medical case managers to coordinate access and follow-up on core medical services.” The TGA’s medical case managers receive extensive training and supervision with regard to the medical model of case management that is followed in the TGA. The model requires thorough documentation of core services needs, appointments, follow-up, and outcomes. The TGA needs 13 full time medical case managers to meet the need for services. Because of funding cuts, the TGA has not been able to consistently employ 13 medical case managers, but reallocation funds are used when possible to maintain this level. When the number of medical case managers falls below 13, waiting lists have developed. The allocation of funds for non-medical case management services in 2011 may offset some of the need for services.

The fifth strategy to achieve the goal of insuring that “Core medical services are readily available and easily accessible” is to “Explore best practice models for ways to streamline access to services.” One of the best practice models that is followed in the TGA is the co-location of services. Through co-location of services, the TGA builds bridges to care access that are especially important for hard to reach, emerging populations. Substance abuse assessment and treatment services, mental health counseling, and medical case management are offered at health centers and HIV clinics. Ryan White funded HIV primary care, as well as substance abuse and mental health counseling, are also provided on-site in area homeless shelters. Co-location makes it easier for patients to access, and for providers to deliver, the combination of services that multiply diagnosed persons need.

One best practice model that has been much talked about in the TGA but not employed successfully is the use of peers to engage and maintain persons with HIV in core medical services. Further consideration, planning, and oversight will be needed if the TGA is to develop service delivery components that make greater use of peers.

Finally, the TGA has fine-tuned its methodology to implement the sixth strategy which is to “Assess changes in need and retool care delivery systems to meet those needs.” Each year the Planning Council considers an array of data and information about consumer needs, trends in the HIV epidemic, service utilization, quality of care, and changes in the health care delivery system. Using priority setting, resource allocation, and directives, the Planning Council focuses attention and resources on components of the HIV continuum of care to address unmet need for HIV medical care, fill gaps in services, and improve the quality of care. The Planning Council also uses the reallocation process to temporarily respond to emerging service needs.

At subsequent meetings, the Planning Council will continue to review the goals and strategies of the TGA Comprehensive HIV Health Services Plan.

5. Planning Council Talent

Planning Council member Michael Hawkins read some of this poetry. Michael explained that he has been writing poems for many years and that his poetry speaks to the many experiences and junctures in his life. His poems offer a poignant, candid, and intimate record of romance, incarceration, the loss of friends, and HIV. With the permission of the author, several of Michael’s poems are reprinted below.

QUESTIONS

Who am I? What am I?
The questions for so many years
Why am I? When will I overcome all my fears.
How am I? Where am I?
Oh so many tears.
No more will I question my God
I will have faith, I will trust,
He will allow me no more than I can bear.

time to care

Afraid to know, if I flirted
With death
will this be the year, I Breathe my
Last Breath
with the Person I got high with, with the
one I had sex with
could it be that I, that I am
infected
how would I tell the ones that
I love,
will I be Rejected, or will I be
hugged

would I keep it to myself, what
a load to bear
passing it around as if I didn't care

Then a voice from above, said your
true sickness is ignorance and fear
now hold up you head, and wipe
away your tears,
you are one of many, and can have
many years
through knowledge and understanding, step up, step up
it's time to care

PHIL

Through the eyes of Phil my heart holds a special place.
Through the eyes of Phil we learned that we are all the same;
black, white, straight or gay.

Always placing others before himself, asking nothing in return,
but to be good to each other and take care of our health.

Through the eyes of Phil, what a wonderful being.
We thank God for knowing you. Blind minds now seeing.

Thank you Phil.

HIV

I have a friend named HIV, he wasn't always a friend but once an enemy. You see, he came into my life unannounced, he brought me from 180 to 90 pounds and once ounce. I didn't want learn about him nor did I want him in my life. You see he has a cousin named AIDS, who brings death, pain and strife. But soon I had to face the reality that HIV was not just a part of my life, it has become part of me. Ask me why HIV in now my friend. He taught me how to empathize, and to appreciate life for the simple things. Yes HIV has taught me how to live again. HIV like any disease eventually causes death, but ignorance and fear are the true threats. Knowledge and understanding and a warm embrace will save lives and bring smiles to the Human Race.

6. Committee Reports

Only the Evaluation and the Continuum of Care committees met in December. These committees held a joint meeting during which they revised the TGA's Standards of Care for Early Intervention Services (EIS). The standards of care needed to be revised in order to incorporate specific references and guidance with regard to the new Early Identification of

Individuals with HIV/AIDS initiative. The core component of the TGA's strategy to identify persons with HIV and engage them in care is its emphasis on EIS.

7. Grantee Update

Angelique reported that the TGA has a new Project Officer. Anita Edwards will serve as Project Officer until HRSA hires a permanent replacement for Latrece Timmons. The TGA will most likely receive a partial Ryan White award in March because the federal government has not passed a budget for FY 2011. There may be a cut in Ryan White funding.

8. Raffle

The co-chairs conducted the Planning Council raffle. Raffle prizes are made possible through grants from Glaxo, Smith, Kline and Abbot Laboratories.

The meeting was adjourned at 2:00 p.m.