Greater Hartford Ryan White Part A Planning Council
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July 23, 2014

MINUTES

Members Present		
Myrna Millet-Saez	Francisco Rosa	Barbara Mase
Ricardo Cruz	Virginia Ruiz	Denise Morin
Kate Bassett	Mary Prince	Moneca Liz
Loyd Johnson	Cameron Crosby	Danielle Warren Dias
Janier Caban Hernandez	Fernando Morales	Carlos Vazquez
Celia Alamo		
Members Absent		
Anthony Rodrigues	Maria Lasada	James Armour
Izolda Miranda (A)	Kasey Harding (A)	Shawn Lang (A)
George Lawson	Yolanda Potter	Joseph LeMay
Hugo Nunez	Beth Moshier	Miranda Baldwin
Staff		
Yolanda Benjamin	Angelique Croasdale	Lennon Hite
Guests		
Janette Rodriguez	Delita Rose-Daniels	Dorine Testori
Petrina Davis	Keysha Starks	

Action Items Completed:

- Tabled review and approval of July 9rd Meeting Minutes (Page 2)
- 2014 Assessment of the Administrative Mechanism Presentation (Pages 2-4)
- National HIV/AIDS Testing Day Event Presentation (Pages 5-6)
- Resource Allocation Presentation and Vote (Pages 6-9)
- Review of 2014 Planning Council Directives and Vote

1. Welcome & Announcements

Co-chair Fernando Morales called the meeting to order at 12:16 p.m. Fernando 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. Fernando then reviewed today's agenda. The major agenda items are a discussion and vote on 2014 resource allocation. The agenda also includes two other presentations, the Assessment of the Administrative Mechanism and National HIV/AIDS Testing Day event activities.

2. Moment of Silence/Introductions

Fernando 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.

To comply with the Planning Council Conflict of Interest policy, Fernando 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.

3. Council Meeting Minutes: July 3, 2013

The committee reviewed the July 3rd Planning Council meeting**. MOTION:** To approve the revised minutes of the July 3rd Planning Council meeting minutes made by Janier Caban-Hernandez, seconded by Mary Prince and approved by a vote of 11 Yeas, 0 No, with 2 Abstentions.

Planning Council Co-chair Fernando Morales opened the session by noting that today's meeting was the final step in the priority setting process. Members who attended the June 5th meeting and July 3rd meeting are eligible to vote on resource allocation for the Ryan White Part A Planning Council at today's meeting. Fernando explained that each year the Planning Council has to complete an Assessment of the Administrative Mechanism Report. He introduced Evaluation Committee Chair Moneca Liz to summarize the report and answer any questions. Below is a summary of Moneca's presentation. Copies of the presentation and report can be obtained by calling (860) 688-5818.

4. 2013 Assessment of the Administrative Mechanism Presentation

Moneca opened her presentation by noting that the purpose of this assessment is to assess the efficiency of the administrative mechanism. Factors to be considered include how efficiently providers are selected and paid and how well their contracts are monitored. This assessment also

includes a review of the planning process used by the Greater Hartford Ryan White Part A Planning Council prior to the procurement of services to determine how well the services that are funded by the Grantee (City of Hartford) address the Planning Council's priorities, allocations, and instructions for addressing these priorities.

She noted that the Evaluation Committee 1) Compiled a list of documents and information to request from the Grantee, including the specific services being provided with Ryan White funds, service utilization and client demographic data, and contractor reimbursement details; 2) Developed a set of written questions to ask the Grantee, including for example, questions about the Grantee's quality management program, contract monitoring procedures, and contractor deficiencies, as well as questions that address particular Planning Council concerns such as linkages, engagement in care, and funding of last resort and 3) Again used Survey Monkey, an online survey tool to collect responses rather than mailing hard copies out to 15 providers. Nine of the 15 providers responded to the on-line survey. Responses were based on the number of providers who answered and varied based on the question.

Moneca explained that the Evaluation Committee examined: (a) the priorities and allocations of the Planning Council for FY 2010, (b) the services funded by the Grantee, (c) the utilization of those services, (d) client demographic data, (e) the reallocation of funds that were not spent in the first six months of FY 2010, (f) contract and fiscal monitoring by the Grantee, (g) quality management procedures and results, (h) linkages, and (i) engagement in care. The committee focused its assessment on four areas: 1) the efficiency of the Grantee in expending emergency funds to provide needed services; 2) contract monitoring, fiscal monitoring and quality assurance procedures; 3) Planning Council priorities and prime policy concerns; and 4) the interaction between the Grantee and service providers.

She noted that the Committee reviewed samples of billing and payment dates to determine how quickly the Grantee pays contractors for services. The Committee reviewed samples of billing and payment dates to determine how quickly the Grantee pays contractors for services. Overall the average number of calendar days between invoice receipt and check dated for the requested sample was 15 days for May 2012 and 26 days for September 2012. However, the same 3 providers were late in submitting payment requests in both May and September, and as a result, did not meet the 15th of the month submission deadline spelled out in their contract. She also noted that between January 2012 and February 2013, a site visit was performed for each provider. All findings were minor in nature, and involved late and/or incomplete payment request submissions (4 providers), late and/or incomplete program income reporting (9 providers) and improvements to the accuracy/timeliness of projecting unspent funds (1 provider). Timely corrective action was taken in all cases, and the grantee is monitoring providers for sustained compliance.

Moneca then described the demographic breakdown of the clients served by Ryan White. Ryan White funded programs served 2,334 eligible clients, of which: Thirty-eight point seven percent (38.7%) (903) were female and 60.8% (1421) were male. Seventeen point two percent (17.2%) were White, 38.9% African American/Black, and 38.2% Hispanic. Risk factors included: Heterosexual 55.1% (1286); Injection Drug Use (IDU) 21% (490), men who have sex with Men

(MSM) 15.8% (370), Perinatal 2.9% (69) Not Specified 2.1% (50), Other 1.4% (33), MSM & IDU <1% (22) and Transfusion <1% (14)

A link to the on-line provider survey was e-mailed to 15 service providers. The surveys included questions about the level communication between the Grantee office and contractors, clarity of directions, instructions and other correspondence, support services, fiscal monitoring, contract monitoring and quality assurance. Responses were based on the number of providers who answered and varied based on the question. 73% (11) of the providers completed the survey and 63% were either "Very Satisfied" or "Satisfied" with the "communication between your agency and the City of Hartford Ryan White Office". Fifty-four percent (54%) of providers were either "Very Satisfied" or "Satisfied" with the "technical assistance" provided by the City of Hartford Ryan White Office. 90% of providers noted that instructions for preparing invoices were "Very Clear" or "Clear". 63% of providers indicated that instructions for preparing monthly reports and budgets were "Very Clear" or "Clear". Providers also noted assistance by the Hartford Ryan White in the areas of fiscal monitoring and CAREWare troubleshooting.

In November 2012 the Grantees Office issued two Request for Proposals for HIV services. Forty-five (45%) of providers were either "Very Satisfied or "Satisfied" with the directions and explanations for responding to the RFP. Comments included sometimes inconsistent instructions concerning cutoff time for posting questions. Eighteen percent (18%) of providers were Very Satisfied or "Satisfied" with the Bidders conference webinar. Comments included the preference for a face to face session to interact with other providers.

Danielle Warren Dias expressed concerns about provider responses and wanted more detail in the presentation on provider concerns. She also noted since report goes to the Human Resources Services Administration along with the application for funding explanations of provider concerns should be in the Assessment Report. Angelique and Lennon responded that provider concerns varied and there was no consistent theme. Moneca suggested placing concerns in the Parking Lot so that the Evaluation Committee could review them for consideration in the future.

The Evaluation Committee outlined the following conclusions based on the report:

1. The Grantee is very effective in following 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 have been quickly, efficiently, and effectively used to provide needed additional services. The Grantee is highly efficient in reimbursing contractors.

3. The Grantee has been proactive in developing tools to monitor data and has 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. There is overall satisfaction among contractors with their relationship and communication with the Grantee. Some respondents did note inconsistent responses from the Grantee's office.

MOTION: To accept the Assessment of the Administrative Mechanism Report made by Janier Caban Hernandez, seconded by Loyd Johnson and passed 11 Yeas, 0 No's with 2 abstentions.

5. National HIV Testing Day Event Presentation

Fernando introduced Virginia Ruiz, the chair of the Latino Caucus and Lennon Hite representing the African American Caribbean Care team presenting on National HIV/AIDS Testing Day event activities in the Greater Hartford TGA. Virginia explained that the Greater Hartford Ryan White Part A Planning Council's African American Caribbean Care Team & Latino Caucus sponsored a group of FREE events on Thursday, June 27th, National HIV Testing Day, encouraging everyone to take advantage of this day and get tested for HIV.

Virginia noted that free HIV/AIDS tests were available are the following locations in the Greater Hartford TGA: Walgreens Parking Lot (Washington Street) (South End), Unity Plaza (Barbour St.) (North End), Bravo Supermarket Plaza (Woodland St./Albany Ave.) (North End), Community Health Services (Albany Ave.) (North End), Hartford Gay & Lesbian Health Collective, (Broad St.) (South End), Community Health Center in Middletown and the Human Resource Agency of New Britain, Inc. in New Britain.

Virginia also pointed that that information tables were set up at the following locations in Hartford: Walgreens Parking Lot (Washington Street), Community Health Services (Albany Ave.), Hartford Gay & Lesbian Health Collective (Broad St.), Charter Oak Health Center (Grand St.) and Hartford Hospital (Retreat Ave.). Information tables were also set up in Middletown at Community Health Center and in Britain at Human Resource Agency of New Britain, Inc.

Lennon reported that 134 total tests were done during the day with no positives. One hundred sixteen tests were done in Hartford and 18 tests were done outside of Hartford in Middletown and New Britain.

The African American Caribbean Care Team & Latino Caucus also developed a survey and distributed it to individuals at the testing sites during the day. One hundred thirty one total surveys were completed. Fifty percent of the surveys were completed by females, 49% by males and less than 1% by transgender male to female. Fifty-three percent of the surveys were completed by Latinos, 31% by African Americans/Blacks, 11% by Whites, 4% by others (mostly biracial) and 1% American Indian. Eighty-seven percent identified themselves as straight/heterosexual, 6% bisexual, 5% Gay and 2% Lesbian. Thirty-two percent were between the ages of 45-64, 25% 35-44, 19% 25-34, 12% 20-24, 8% 13-19 and 4% were over 65.

The survey also asked participants were you ever tested for HIV and 88% responded yes, 12% responded no. Of the 12% who responded no, 32% didn't think they were at risk, 23% didn't know where to get a free test, 18% didn't think they needed one, 14% have never been asked, 9% were scared of finding out they were positive and 4% said they (provider) didn't speak their language/respect their culture. Planning Council members wanted to know if the location of participants was asked on the survey. Lennon responded that it was and that a majority of the participants were from the following zip codes: 06106, 06105, 06114, 06112 (all in Hartford)

and 06457 in Middletown. Kate Bassett asked if the no response explanations could be separated by zip code, Lennon responded that they could and would do it. Lennon also noted that some members of the African American Caribbean Care Team & Latino Caucus during their recent meeting expressed doubts about the high rate of participants who had been tested and noted that some individuals might think that HIV testing is a routine part of their physical (it is not).

After the event, the African American Caribbean Care Team & Latino Caucus met, reviewed the data from the meeting and made the following Joint Committee Recommendations:

- Advertise Free HIV Testing Sites/times on the Planning Council website and local public access stations
- Upgrade Planning Council Website to include links to HIV/AIDS care and prevention providers
- Add Facebook presence
- Reframe HIV message (stigma/denial)
- Work with organizations like True Colors to gain greater access to Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) communities

Lennon noted that the event was co-sponsored by the City of Hartford, AIDS Connecticut, AIDS Legal Network, Central AHEC, Charter Oak Health Center, Community Health Center (Middletown, CT), Community Health Services, Connecticut Children's Medical Center, Hartford Gay & Lesbian Health Collective, Hartford Hospital, Hispanic Health Council, Latino Community Services, Human Resources Agency of New Britain, Inc. and Walgreens. Lennon praised Walgreens and Joan Karas of Walgreens for their commitment and participation in the day's events.

2014 Resource Allocation Presentation

Next, Co-chair Fernando Morales explained the today eligible Planning Council members will be asked to cast their vote for resource allocation proposals forwarded by the Planning Council's Priorities-Needs Assessment Joint Committee and Steering Committee.

Fernando began by addressing a housekeeping issue regarding conflict of interest. Since Planning Council membership requirements have been set by the federal government, it is to be expected that some Planning Council members are in a position to vote for priorities or allocations that have the potential to benefit an agency they work for or on whose board they sit. The conflict of interest policy that the Planning Council has adopted allows these members to participate in all discussions and vote on all priorities so long as they disclose their relationship with the agencies that could benefit from the Planning Council decisions. Fernando read the conflict of interest policy and eligible Planning Council members completed the forms and returned them to the contractor. Below is the policy as written in the Planning Council bylaws (Article 9, Section 1):

"In accordance with Heath Resources Services Administration guidelines, a Council member shall be deemed to have a conflict of interest if the member, and/or the member's spouse, partner, parent or child is a director, trustee, member, volunteer, or salaried employee, or who derives a financial or economic benefit from association with any public or private organization or entity

that currently receives or is an applicant for funding under Part A of the Ryan White Care Act of 1990 as amended in 1996, 2000, 2006 and 2010. Conflict of interest does not refer to persons living with HIV/AIDS whose relationship to a grant funded service provider is as a client receiving services.

In order to prevent the existence, or the appearance of the existence, of a conflict of interest, all Planning Council members must complete a yearly **Disclosure Form**. In the event that a matter that raises a potential conflict of interest comes before the Council or a committee for consideration, recommendation or decision, the member shall disclose the conflict of interest as soon as he/she becomes aware of it. This shall, however, not preclude such a member from voting on matters affecting a group of service categories including the one in which he or she has an interest

This "conflict-of-interest" principle shall not be construed as preventing any member of the Planning Council from full participation in discussion about community needs, service priorities, and allocation of funds to broad service categories, and the process from and results of evaluation of service effectiveness. Rather, individual members are expected to draw upon their lay and professional experiences and knowledge of the HIV/AIDS service delivery system as long as they disclose verbally any potential conflicts of interest at the beginning of such discussion."

Lennon Hite presented the Priorities-Needs Assessment Joint Committee recommendations to the Planning Council. He presented the following resource allocation funding formula:

Proposed FY 2014 Service Category

- Assuming Flat Funding in FY 2014, the Priorities-Needs Assessment Committee proposes flat funding in all service categories

Discussion: Several members cited the likelihood of flat or reduced funding in upcoming years.

MOTION: To accept the Priorities-Needs Assessment Joint Committee recommendation of a Assuming Flat Funding in FY 2014, made by Janier Caban-Hernandez, seconded by Moneca Liz and passed 12 Yeas, 0 No and 1 abstention.

The breakdown by category is attachment A.

Next, Planning Council discussed the Priorities-Needs Assessment recommendations in two scenarios, an increase or decrease in funding, the Priorities-Needs Assessment Committee recommended the same funding percentages if there if an increase in funding. The committee cited the Affordable Care Act and the uncertainty around its implementation for its recommendation.

Discussion: Kate Bassett encouraged the Planning Council to review service category percentages, noting that it has been several years since the Planning Council changed the percentages. Angelique asked Barbara Mase which service categories would be most affected by ACA. Barbara discussed increasing funding in the future in three categories Medical Transportation Services (to provide transportation especially in rural areas), Oral Health (cited as

a need on the 2013 Needs Assessment Survey) and Health Insurance Premium & Cost-Sharing (to help pay for insurance).

MOTION: To accept the Priorities-Needs Assessment Joint Committee recommendation of a Assuming Flat Funding in FY 2014, made by Janier Caban-Hernandez, seconded by Moneca Liz, friendly amendment by Danielle Warren Dias: that preference given in case of an increase in funding to the following service categories: Medical Transportation Services, Oral Health and Health Insurance Premium & Cost-Sharing, passed 12 Yeas, 0 No and 1 abstention.

Planning Council then discussed the Priorities-Needs Assessment recommendation for a 10% decrease in funding, the Priorities-Needs Assessment Committee recommended the same funding percentages for a 10% decrease in funding. Again, the committee cited the Affordable Care Act and the uncertainty around its implementation for its recommendation.

Discussion: Kate Bassett again encouraged the Planning Council to review service category percentages, noting that it has been several years since the Planning Council changed the percentages. Francisco Rosa expressed concerns about funding cuts and their effects on People Living with HIV. He also noted the lack of consumers present. Danielle suggested postponing the vote and calling a special meeting at a later date. Angelique cited the time constraints, noting that the application to the Human Resources Services Administration is due in September and today's meeting was the last meeting scheduled between now and submission of the application. Lennon noted that the Planning Council approved the 2013-14 schedule six months ago and questioned whether meeting attendance who increase at a special meeting. Celia Alamo agreed noting the attendance at a meeting scheduled six months ago.
MOTION: To accept the Priorities-Needs Assessment Joint Committee recommendation of a Assuming a 10% decrease in Funding in FY 2014, made by Janier Caban-Hernandez, seconded by Moneca Liz and passed 8 Yeas, 2 No and 2 abstentions.

The Planning Council Committee discussed the need for a "trigger" if the funding allocation increases or decreases by a certain percentage. Last year the Planning Council choose a 15% trigger.

Discussion: The Planning Council discussed forming a special committee to review service category percentages, noting that it has been several years since the Planning Council changed the percentages.
MOTION: To accept the Priorities-Needs Assessment Joint Committee recommendation that if the funding allocation increases or decreases 15% , the Planning Council we convene a special meeting to discuss resource allocation, with a friendly amendment by Danielle Warren Dias the Planning Council convene an ad-hoc committee to discuss resource allocation service category percentages, made by Janier Caban-Hernandez, seconded by Moneca Liz and passed 13 Yeas, 0 No and 1 abstention.

MOTION: If the 2013 award differs from the 2012 award by more than 15% increase in funding, the Planning Council will reconvene at that time to review allocations and determine whether allocation changes are necessary, made by Ron Caron, seconded by Tony Rodrigues and passed 18 Yeas, 0 No and 0 abstention

The final item of resource allocation business was the 75%-25% split between Core and non-services. Last year the committee approved a 77%-23% split in the services. The Priorities-Needs Assessment Committee recommended retaining the split. No member offered a motion to retain the 77%-23% split in the services.

Discussion: Planning Council members favored a 75% -25% split between Core and Non-Core services citing the reduction in funding in 2013 and the need for more dollars in non-core services.

MOTION: To approve a 75 Core and 25% Non-Core Services allocation of funding, made by Janier Caban Hernandez, seconded by Danielle Warren Dias and passed unanimously 13 Yeas, 0 No and 0.

2014 Planning Council Directives

Lennon Hite presented the 2014 Planning Council Directives recommended by the Priorities-Needs Assessment Joint Committee. The proposed changes are in red. The Planning Council decided to vote on all the changes at once rather than section by section.

2014 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 who have sex with men and Black and Latina women, aging and transgendered.
- 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 HIV Wellness Centers
- Ensure services are proportionately available to rural areas to the extent possible.
- Require service providers to conduct annual client satisfaction surveys.
- Require contracted providers to request membership on Planning Council and participate in committee meetings

Discussion: The Priorities Committee proposed adding two special populations, the aging (people over 50) and transgendered population to the special population list. The committee also

proposed requiring contracted providers to participate in the Planning Council process on the committee and regular meeting level.

Ambulatory/Outpatient

- Ensure medical care is available to disproportionately infected minority populations including adolescent/ youth.
- Provide women's and men's health services that is specific to the population seeking health services, to the extent possible.
- 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/LPN support as needed
- Ensure services are proportionately available to rural areas to the extent possible.
- Ensure that a referral process is in place to link individuals in homeless shelter 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.

Discussion: Danielle Warren Dias noted that the word "adolescent" provided a better description of youth under the age of 18. The Priorities Committee recommended LPN for cost flexibility reasons and wanted to make sure a referral process was in place to link individuals in homeless shelters to 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\Latinos and to those living in disproportionally impoverished neighborhoods, including the North End of Hartford.
- Ensure case management services are linked to partner notification and early intervention services and the TGA's Early Identification of Individuals with HIV/AIDS (EIIHA) model.
- Where possible use peer to peer model.

Discussion: The Priorities Committee recommended the use of peer models recently discussed at Planning Council meetings by Co-chair George Lawson.

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.

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, private providers, 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.

- EIS services to target those neighborhoods disproportionately affected with HIV/AIDS and STD based on epidemiological data
- Whenever possible, provide services during nontraditional hours and at locations that offer ease of access. These hours should include weekends and nights.
- Ensure EIS services are linked to partner notification and the TGA's Early Identification of Individuals with HIV/AIDS (EIIHA) model.
- Where there is co-location of EIS with other HIV testing services, EIS should become a referral based linkage program without creating a barrier to services.
- Where possible use peer to peer model to deliver services.

Discussion: The Priorities Committee recommended the use that EIS provide services in nontraditional hours and ensure that individuals are linked to Partner Notification Services. The committee also recommended the use of peer models recently discussed at Planning Council meetings by Co-chair George Lawson.

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,
  (5) transitional housing programs [emergency – hotels],
  (6) 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.
- Utilize a variety of transportation options such as, bus passes, van rides and cab rides to ensure that the TGA has the most cost-effective transportation system.
- Ensure that medical transportation through Medicaid and other state and city transportation programs is used first.

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.

MOTION: MOTION: To approve the 2014 revised Planning Council Directives, made by Janier Caban Hernandez, seconded by Danielle Warren Dias and passed acclamation.

Incentive Drawing
Janier Caban-Hernandez, Fernando Morales and Keysha Starks won the monthly incentive drawing.

Meeting adjourned at 1:30 p.m.