Greater Hartford Ryan White Part A Planning Council
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Tel: 860-688-5818 Fax 860-688-4858
July 8, 2015

MINUTES

Members Present		
Myrna Millet-Saez	Andre McGuire	Dorine Testori
Loyd Johnson	Nitza Agosto	Denise Morin
Janier Caban Hernandez	Sylvia Miller	Moneca Liz
Francisco Rosa	Janette Rodriguez	Danielle Warren Dias
Mary Prince	Alice Ferguson	Jose Rodriguez
Leander Kelly Jr	Cassie Cain	Monica Martinez
Members Absent		
Yolanda Potter	Carlos Vazquez	
Beth Moshier	Kate Bassett	
Staff		
Yolanda Benjamin	Angelique Croasdale	LaShaunda Drake
Sharon Dixon	Renata Dixon	
Guests		
Joanne Miller	Melanie Alvarez	Shawn Lang
Victoria Odesina	Keysha Starks	
Christina Johnson	Yanira Garcia	
Sandra Smith		

Action Items Completed:

- Service Category Priority Setting (Pages 5-7)
- Raffle winners (Page 7)

1. Welcome & Announcements
Co-chair Andre McGuire called the meeting to order at 10:00 a.m. Andre 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. Andre then reviewed today's agenda. The major agenda items the presentation of the Administrative Assessment by the Evaluation Committee as well as an update from the Grantees office on the 2015 resource allocation, voting on service category priority setting for 2016 and voting on the 2016 allocations.

2. Moment of Silence/Introductions
Co-Chair Loyd Johnson 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, Andre 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:
No meeting minutes were reviewed for approval.

Planning Council Co-chair Andre McGuire, opened the session by noting that today's meeting was the last step in the priority setting process. The Membership Co-Chair and Dixon & Company determined the members eligible to vote on priorities for the Ryan White Part A

Planning Councilt today's meeting and Dixon & Company distributed ballots to eligible members.

4. Administrative Assessment

Moneca Liz, Co-chair of the Evaluation Committee made a presentation to the Planning Council about the 2014 Administrative Assessment.

The Objectives and purpose of this assessment is to:

1. Assess the efficiency of the administrative mechanism,
2. Review of the planning process used by the Planning Council prior to the procurement of services, and
3. To determine how well the services that are funded by the Grantee address the Planning Council's priorities, allocations, and instructions for addressing these priorities.

Moneca reviewed the committee's methodology:

A. We compiled a list of documents and information to request from the Grantee, such as specific services being provided, service utilization, client demographic data, and contractor reimbursement details.

B. We developed a set of written questions to ask the Grantee, about the quality management program, contract monitoring procedures, and contractor deficiencies

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The Evaluation Committee examined:
(a) the priorities and allocations of the Planning Council for FY 2014,
(b) the services funded by the Grantee,
(c) the utilization of those services,
(d) client demographic data,
(e) the reallocation of funds,
(f) contract and fiscal monitoring by the Grantee,
(g) quality management procedures and results,
(h) linkages,
(i) engagement in care.

The committee focused its assessment on four areas:

a. the efficiency of the Grantee in expending emergency funds,
b. contract monitoring, fiscal monitoring and quality assurance procedures,
c. Planning Council priorities and prime policy concerns, and
d. the interaction between the Grantee and service providers.

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(i) engagement in care.

Moneca also reviewed Contract & Fiscal Monitoring
Between October 2014 and December 2014, a 84.6% of the provider sites had been audited.

During the most recent site visit the following service categories had noteworthy deficiencies: food, outpatient/ambulatory health services and medical case management. Among the services identified the following weaknesses were noted, incomplete documentation, failure to incorporate the CAREWare unique record number (URN), inconsistent documentation and outdated Ryan White Part A documentation. After the site visit a written report which acknowledged the strengths and addressed the weaknesses was sent to the providers with recommendations for improvement. The providers were to submit a detailed corrective plan to remedy the concerns within days of receiving the report. In thirty days the steps indicated in the plan were to be implemented.

Client Served Demographics

- Ryan White funded programs served 1,594 eligible clients, of which:
  - 42.8% (683) were women and 56.7% (904) were men,
  - 17.1% White, 36.4% Black, and 42.5% Hispanic.
- Risk factors include:
    - Heterosexual 44.1% (430)
    - IDU 23.5% (249)
    - MSM 20.1% (196)
    - Perinatal 3.6% (37)
    - Not Specified 2.9% (28)
    - MSM & IDU 1.2% (12)
    - Other <1% (2)
    - Transfusion 1.1% (11)

How the Grantee Interacts in Service Providers

- 13 service providers received a survey asking about the level communication between the Grantee office and contractors, clarity of directions, support services, fiscal monitoring, contract monitoring and quality assurance.
- 100% (13) of the providers completed the survey and:

- 76% indicated that “communication between your agency and the City of Hartford Ryan White Office” was “Clear”.
- 76% of providers reported that with the “technical assistance” provided by the City of Hartford Ryan White Office was “Clear”.
- 69% of providers noted that instructions for preparing invoices were “Clear”.
- 76% of providers indicated that instructions for preparing monthly reports and budgets were “Clear”. Providers also noted assistance by the Hartford Ryan White in the areas of fiscal monitoring and CAREWare troubleshooting.

Conclusions

- 1. The Grantee is 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 efficiently, and effectively used to provide needed additional services. The Grantee is 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 timely communication issues by the Grantees Office.

The Evaluation Committee will create performance measures on the provider survey. Should a provider have deficiencies, there would be a corrective plan developed to address deficiencies.

4. Priority Setting

Next, Co-chair Andre McGuire explained the today eligible Planning Council members will be asked to cast their vote for what they believe are the most important services to meet the needs of persons with HIV.

Andre began by addressing the conflict of interest policy. 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. Andre 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."

Members were given time to complete the disclosure forms and the completed forms were collected by the Membership Co-Chair and Dixon & Company.

Next Andre asked if there were anyone had any questions or needed any clarification on the data presented on the June 5th Planning Council meeting. Hearing no response, Andre also asked if there were any other questions about the priority setting process and there were no questions.

Ballots

After copies of the priority setting ballot were distributed, Andre reviewed the ballot for those present. He noted that the ballot lists all service categories that can be prioritized and funded with Ryan White Part A dollars. He explained that service categories can be prioritized even if the Planning Council does not decide to fund the service. If the

Planning Council does prioritize a service category, but does not fund it, the council can reallocate money for the service during the year if the need arises. But if a service category is not prioritized, the Planning Council cannot spend Ryan White money on it during the year, even if the funds become available. Andre also noted that the Priorities-Needs Assessment Committee decided not to place categories not prioritized in 2015 on the 2016 ballot. The committee also decided to eliminate priority setting order from 2015 on the 2016 ballot.

Andre explained that the front page stating that you understand the priority setting process and have acted independently in making priority setting decisions needed to be signed and dated. Janier noted that the reason the ballots needed to be signed was so that the contractor could clarify any issues on the completed ballot with members. Below is the certification:

I, _____, certify that I understand the process being used by the Ryan White Part A Planning Council to set priorities for the Greater Hartford Transitional Grant Area (TGA). I have participated in the data presentation sponsored by the Planning Council.
.
I also certify that I have independently prioritized service categories, and that I have based my priorities on available data assessing the needs of people with HIV and AIDS within the TGA, including individuals currently in and out of HIV-related primary medical care.

Following the balloting, the votes were tabulated and included in the worksheet for the review of allocations.

2015 Resource Allocation Presentation

Next, Co-chair Andre McGuire explained the today eligible Planning Council members will be asked to cast their vote for resource allocation proposals as outlined.

The 2015 funding allocation table was distributed and the Planning Council reviewed each core- and non-core funding category in order to determine if any changes should be made for 2016.

Proposed FY 2016 Service Category
Assuming Flat Funding in FY 2016, the Planning Council reviewed a proposal for flat funding in all service categories, except for the following service categories:

- Oral Health Care,
- Mental Health Services
- Substance Abuse Services – Outpatient
- Health Insurance Premium & Cost Sharing Assistance
- Case Management (non-Medical)
- Pychosocial Support Services

Please also see these changes reflected in the 2016 Allocations Worksheet which is attached.

In **Core Services**, the following adjustments in funding were passed by the Planning Council:

MOTION: To increase Oral Health funding by $20,000 and reduce Mental Health Services by $20,000. Motion made by Danielle Warren Dias and seconded by Alice Ferguson and passed 12 Yeas, 0 No and 1 abstention.

MOTION: To increase Health Insurance Premium & Cost Sharing Assistance by $20,000 and reduce Substance Abuse Services – Outpatient by $20,000.

In **Non-Core Services**, following a spirited debate, the Planning Council passed the following adjustment.

MOTION: To increase Psychosocial Support Services by $25,000 and reduce for Case Management (non-Medical) by $25,000

Motion made by Andre McGuire and seconded by Alice Ferguson and passed 6 Yeas, 5 No and 1 abstention.

Discussion: Members of the public encouraged the Planning Council not to change medical and non-medical service percentages, noting that this would potentially mean cuts in services. Several comments were made that there has not been enough time to evaluate the fairly new peer-to-peer services and that the Council should wait before increasing funding for these services. Several members cited that the discussion on peer-to-peer services was reviewed extensively last year and that it was time to increase funding so that the progam can be implemented more successfully. Other members noted that program guidelines needed to be further developed and suggested that this could be further explored as part of the 2016 service directives. Concern was expressed about funding cuts and their effects on People Living with HIV. Several consumers noted the good number of consumers present. Several members expressed concern that the implementation of peer-to-peer program was slow and that these were vital services for people living with AIDS.

All other categories are projected at flat funding. The breakdown by category is shown in the attachment.

Next, Planning Council then discussed the recommendation for a 10% decrease in funding, and the same funding percentages for a 10% decrease in funding. Again, the uncertainty around future funding was cited as the rationale for this approach.

Discussion: Angelique noted that while it was most likely that funding will be reduced the Council should also have a plan in place should funding be increased. .

MOTION: To accept the recommendation that an increase or decrease in funding, and the suggestion that the same funding percentage of 10% be used if there if a decrease or an increase in funding made by Janier Caban-Hernandez, seconded by Moneca Liz, passed 12 Yeas, 0 No and 1 abstention.

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. If the 2016 award differs from the 2015 award by more than 15% increase in funding, the Planning Council will reconvene at that time to review allocations and determine whether allocation changes

MOTION: To accept the recommendation for a " 15% trigger" meaning that if the funding allocation increases or decreases by 15%, the Planning Council will reconvene to review allocations and determine whether allocation changes, made by Janier Caban-Hernandez, seconded by Moneca Liz, passed 12 Yeas, 0 No and 1 abstention.

The final item of resource allocation business was the 75%-25% split between Core and non-services.

Discussion: Planning Council members favored a 75% -25% split between Core and Non-Core services citing the reduction in funding in 2016 and the need for more dollars in non-core services.

MOTION: To approve a 75% Core and 25% Non-Core Services funding allocation.

Service Directives

It was decided that the Service Directive would be reviewed and voted on at the next meeting. Concerning the Directives, although there was not enough time to vote on the 2016 Directives at this meeting, the Planning Council will review and approve them as soon as possible. Angelique cited the time constraints, noting that the application to the Human Resources Services Administration is due in September.

Raffle Winners

Janier Caban-Hernandez, Andre McGuire and Keysha Starks won the monthly raffle drawing.

Meeting adjourned at 1:45 p.m.

2016 Allocations Worksheet

	FORMULA + SUPPLEMENTAL					MAI					TOTAL	
Service Category	**2016 Priority Vote**	**2015 Form + Suppl**	**Adjustments**	**2016 ADJUSTED FORM + SUPPL (if flat funded)**	**% of Service Type**	**% Core vs. Non-Core**	**2015 MAI**	**Adjustments**	**2016 ADJUSTED MAI (if flat funded)**	**% of Service Type**	**% Core vs. Non-Core**	**2016 TOTAL PART A (if flat funded)**	**% Core vs. Non-Core**
01 Outpatient/Ambulatory Health Services	1	$ 692,729		$ 692,729	35.0%	of core	$ 114,521		$ 114,521	65.0%	of core	$ 807,250	
02 Medical Case Mgt (incl Treatment Adher)	2	$ 710,526		$ 710,526	35.9%	of core	$ 61,567		$ 61,567	35.0%	of core	$ 772,093	
03 Oral Health Care	7	$ 98,067	$ 20,000	$ 118,067	6.0%	of core	$ -		$ -	0.0%	of core	$ 118,067	
05 Mental Health Services	4	$ 131,200	$ (20,000)	$ 111,200	5.6%	of core	$ -		$ -	0.0%	of core	$ 111,200	
07 Early Intervention Services	11	$ 143,988		$ 143,988	7.3%	of core	$ -		$ -	0.0%	of core	$ 143,988	
11 Substance Abuse Services - Outpatient	10	$ 160,553	$ (20,000)	$ 140,553	7.1%	of core	$ -		$ -	0.0%	of core	$ 140,553	
13 Health Ins Premium & Cost Sharing Assist	13	$ 39,847	$ 20,000	$ 59,847	3.0%	of core	$ -		$ -	0.0%	of core	$ 59,847	
14 Medical Nutrition Therapy		$ -		$ -	0.0%	of core	$ -		$ -	0.0%	of core	$ -	
16 Home & Comm-based Health Services		$ -		$ -	0.0%	of core	$ -		$ -	0.0%	of core	$ -	
-- AIDS Pharmaceutical Assistance (local)	12	$ -		$ -	0.0%	of core	$ -		$ -	0.0%	of core	$ -	
TOTAL CORE		**$ 1,976,910**	**$ -**	**$ 1,976,910**	**100.0%**	**75.0%**	**$ 176,088**		**$ 176,088**	**100.0%**	**75.0%**	**$ 2,152,998**	**75.0%**
04 Housing Services	3	$ 270,032		$ 270,032	41.0%	of non-core	$ 58,695		$ 58,695	100.0%	of non-core	$ 328,727	
06 Emergency Financial Assistance	8	$ 38,541		$ 38,541	5.8%	of non-core	$ -		$ -	0.0%	of non-core	$ 38,541	
08 Medical Transportation Services	6	$ 135,899		$ 135,899	20.6%	of non-core	$ -		$ -	0.0%	of non-core	$ 135,899	
09 Case Management (non-Medical)	9	$ 102,639	$ (25,000)	$ 77,639	11.8%	of non-core	$ -		$ -	0.0%	of non-core	$ 77,639	
10 Food Bank/Home-Delivered Meals	14	$ 83,567		$ 83,567	12.7%	of non-core	$ -		$ -	0.0%	of non-core	$ 83,567	
12 Psychosocial Support Services	5	$ 28,292	$ 25,000	$ 53,292	8.1%	of non-core	$ -		$ -	0.0%	of non-core	$ 53,292	
15 Outreach Services		$ -		$ -	0.0%	of non-core	$ -		$ -	0.0%	of non-core	$ -	
17 Legal Services		$ -		$ -	0.0%	of non-core	$ -		$ -	0.0%	of non-core	$ -	
18 Substance Abuse Services - Residential		$ -		$ -	0.0%	of non-core	$ -		$ -	0.0%	of non-core	$ -	
19 Linguistics Services		$ -		$ -	0.0%	of non-core	$ -		$ -	0.0%	of non-core	$ -	
TOTAL NON-CORE		**$ 658,970**	**$ -**	**$ 658,970**	**100.0%**	**25.0%**	**$ 58,695**		**$ 58,695**	**100.0%**	**25.0%**	**$ 717,665**	**25.0%**
20 Clinical Quality Management		$ 155,050	$ -	$ 155,050	5.0%	of award	$ 13,810		$ 13,810	5.0%	of award	$ 168,860	
21 Administration		$ 310,102	$ -	$ 310,102	10.0%	of award	$ 27,621		$ 27,621	10.0%	of award	$ 337,723	
TOTAL NON-SERVICE		**$ 465,152**	**$ -**	**$ 465,152**			**$ 41,431**		**$ 41,431**			**$ 506,583**	
TOTAL		**$ 3,101,032**	**$ -**	**$ 3,101,032**			**$ 276,214**	**$ -**	**$ 276,214**			**$ 3,377,246**	

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