

GREATER HARTFORD RYAN WHITE PART A PLANNING COUNCIL

151 New Park Avenue Suite 14A Hartford, CT 06106

Tel. No. (860) 667-6388 x 5 e-mail RyanWhiteHartford@NCRMHB.ORG



Planning Council Meeting Minutes
999 Asylum Avenue Hartford, CT
Greater Hartford Legal Aid 3rd Floor
June 27th, 2018
12:30 – 3 pm

Members Present: Alice Ferguson, Andre McGuire, Charna Teasley, Clifford Batson, Clifford Lumpkin, Diana Fortin, H. Danielle Green, Jesse Grant, Loyd Johnson, Nitza Agosto, Rhonda Parsons, Shanay Hall, Valerie Ingram, Zaida Hernandez, Maria Rodriguez, Dawn Louzada, Luis Martinez

Members Absent: Bill Petrosky, Jovany Rolon, Ruth Garcia

Guests Present: Shawn Lang, Loretta Miles, Maria Raynor, Monica Martinez

City of Hartford Present: Angelique Croasdale

Staff Present: Sou Thammavong, Shane Putney, Amy Joseph

- I. **Call to order: 12:38 Pm**
- II. **Welcome & Ground rules**
- III. **Review & Approve Minutes for 6/13/18**
 - a. Dawn Louzada and Luis Martinez were voted in unanimously by Planning Council Members during Executive Session and were asked to sit at the table.
 - b. Minutes were reviewed and there was found to be a correction on page 4. With that correction, A motion to accept was made by **Alice** and seconded by **Jesse**. Minutes were approved with 14 votes to Accept with 3 Abstentions
- IV. **Review & Approve minutes for 5/2/18**
 - a. Motion to Accept Minutes made by **Jesse**, Seconded by **Loyd**. Minutes were approved with 12 votes to Accept and 4 Abstentions
- V. **Forms**
 - a. Conflict of Interest and Member Contact Information Forms were handed out for all members to fill out to update records.
- VI. **Co-Chair Candidates**
 - a. **Alice Ferguson, Clifford Lumpkin, Danielle Warren-Dias** and **Loyd Johnson** were deemed eligible to be nominated by the Steering Committee to run for the co-chair position. **Rhonda, Nitza** and **Diana** nominated **Alice**. **Clifford L.** was nominated by the Positive Empowerment Committee. **Alice** and **Clifford** will both give short speeches on 7/11/18 and the members will vote on the new co-chair by ballot.
- VII. **Directives to the Recipient**
 - a. The Planning Council is responsible for formulating specific directions for each service category to the Recipient's Office. Please see the modified and approved Directives for FY 2019-2020 below.
- VIII. **Other Business/ Announcements**
 - a. Hepatis C and PrEP outreach will be conducted at the Greater Hartford Festival of Jazz at Bushnell park on Saturday July 21, 2018 from 4:30-8:30 PM the event will be to Screen & Text (& PrEP). STD testing and consultation will be available as well educational information will be available.
 - b. CHS will be doing another positive self-management workshop 3:30-6 PM. Participants will also receive materials and free bus pass for transportation.
 - c. **Rhonda** asked when can we talk about alternates being at the table? It was stated that alternates sit at the table when there is not quorum.

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d. Raffle winners: **Maria, Loyd, Val**

IX. **Next Meeting** - Wednesday July 11th 12 – 3 pm 999 Asylum Ave 06105

MANDATORY FOR MEMBERS Priority Voting and Allocations for FY 19-20

X. Adjournment at 2:50pm

Ryan White Planning Council

FY2019-20 Directives to the Recipient for Part A & MAI Services

(Specific directions provided to the Recipient’s Office for each service category as noted below)

Approved by Planning Council June 27, 2018

Recommendations to Steering Committee on 6/19/18 are noted in **red** and Planning Council additions in **green**.

All Service Categories	<ol style="list-style-type: none">1. Provide services in a culturally and linguistically competent manner2. Address service gaps for all special populations reflected by the current Early Identification of Individuals with HIV/AIDS (EIIHA) Plan and for individuals who are co infected with Hepatitis C. Motion to Accept: Nitza, 2nd Rhonda, 14 in favor, Motion Passes3. Whenever possible, provide services during nontraditional hours and at locations that offer ease of access.4. Give preference to providers who ensure that all program services are: sensitive to the needs/issues specific to racial/ethnic, and LGBTQ communities; ethnically, culturally and linguistically appropriate; and delivered at a literacy level suitable for the targeted population(s) being served. Shanay suggested to include LGBTQ Motion to Accept: Nitza, 2nd Rhonda, 15 votes in favor, Motion Passes5. The ability to successfully integrate HIV+ Peers within their program models as staff. People Living With
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All Service Categories continued

HIV/AIDS (PLWHA) Peer to Peer staff HIV+ are reflective of the demographics of the population served, and are culturally competent. Diverse staff with diverse leadership should offer education and training. Communication should be effective in languages easily understood – written, spoken, sign, or etc. Systems that use strategic planning, use of epidemiological profiles and needs assessment data, as well as community and consumer involvement will be given preference.

Motion to Accept: Alice, 2nd Val, 16 votes in favor.
Motion Passes

6. Points on the Request for Proposal shall be added to bidders who show successful PLWHA Peer-to-PLWHA Peer staff and are reflective of the demographics of the population served.
7. 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
8. Select providers and provide services in such manner as to foster and sustain the TGA's HIV Wellness Centers
9. Ensure services are proportionately available to rural areas to the extent possible
10. Require service providers to conduct annual client satisfaction surveys

Accept 6-10 as is

11. Require contracted providers to **secure** membership applications **from their consumers to join the** Planning Council **as Members** and to participate in committee meetings

Motion to Accept: Nitza, 2nd Dawn, 15 votes in favor.
Motion Passes

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<p>All Service Categories continued</p>	<p>12. Require contracted providers to address the Connecticut Integrated HIV Prevention and Care Plan 2017 - 2021 as it is related to care and prevention services as needed</p> <p>13. Participate in Data Integration project between Housing Opportunities for Persons With AIDS (HOPWA) and Ryan White</p> <p>Motion to Accept: Rhonda, 2nd Val, 15 votes in favor. Motion passes</p>
<p>Emergency Financial Assistance (EFA)</p>	<ul style="list-style-type: none"> • one-time emergency rental assistance [back rent, 1st month rent, emergency (hotels)] • essential utilities • short term medication coverage • Sub-recipient(s) in conjunction with Case managers will work with pharmacies to ensure timely and effective Medication Co Pay policies that would not result in withholding medications for their clients • Provide reasonable flexibility to the recipient to adjust existing caps to meet clients' needs <p>Motion to Accept: Val, 2nd Loyd, 15 votes in favor. Motion Passes</p>
<p>Housing</p>	<ul style="list-style-type: none"> • Give preference to providers able to provide a multiplicity of housing services in the most cost-effective manner. • Provide, if funds are available: <ol style="list-style-type: none"> 1. short-term rental assistance [\$150 month], 2. supportive housing [scatter site with case management], 3. step-down housing [preference given to clients with a history of reunification with their families] with a case management component, 4. housing related referral services, with an emphasis on persons with HIV who are homeless.

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<p>Medical Case Management (incl Treatment Adherence)</p>	<ol style="list-style-type: none">1. 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 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.2. Develop and maintain a triage system wherein individuals are able to receive assistance in obtaining medical, social, community, legal, financial and other needed services.3. 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.4. Provide centralized and/or decentralized training, supervision, and education to all on site case managers (medical site and community based).5. Provide treatment adherence support.6. To Ensure services are proportionately available to rural areas to the extent possible. Ensure services are available to reduce disparities and health inequities in Persons Over 50 Years of Age, Black and Hispanic Heterosexual Males, Gay and Bisexual Men in alignment with the Early Identification of Individuals Living with HIV/AIDS Plan Address Late Testers, specifically Black and African American women
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<p>Medical Case Management (incl Treatment Adherence) continued</p>	<p>Planning Council Members agreed to task the Continuum of Care Committee to identify the sup populations per the EIIHA Plan</p> <p>7. All Ryan White-funded Case Managers are required to attend at least one Case Management Training Institute training per quarter, conducted by AIDS Connecticut, and are encouraged to regularly attend the monthly Peer Care Coordination meeting. Motion to Accept: Nitza, 2nd Val, 15 votes in favor. Motion Passes</p> <p>8. The Federal poverty level increased to 400% for those who do not have access to Medical Case Management Services. Medical Case Management should give preference to those who are out of care, to those who are not virally suppressed, and for individuals who have a history of Mental Health concerns and Substance Use Disorders</p> <p>Motion to Accept: Dawn, 2nd Val, 15 votes in favor. Motion Passes</p>
<p>Outpatient/ Ambulatory Medical Care</p>	<ol style="list-style-type: none"> 1. Ensure medical care is available to disproportionately infected minority populations including adolescent/ youth 2. Provide women’s and men’s health services that is specific to the population seeking health services, to the extent possible 3. 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 4. Ensure services are proportionately available to rural areas to the extent possible 5. Ensure that a referral process is in place to link individuals in homeless shelter to clinic and support services

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<p>Outpatient/ Ambulatory Medical Care continued</p>	<ol style="list-style-type: none"> 6. Give preference to providers, when available, who offer a co-location 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 7. Where possible develop individualized special projects for viral load suppression in sub populations 8. Providers are required to participate in state wide initiatives 9. Provide treatment to individuals who are coinfectd with Hepatitis C 10. Develop quality improvement initiatives for individuals who are not virally suppressed <p>Motion to Accept: Luis, 2nd Jesse, 15 votes in favor. Motion Passes</p>
<p>Mental Health</p>	<ol style="list-style-type: none"> 1. Provide co-location of mental health services in clinics and community settings. 2. Provide fee for service for Mental Health services
<p>Early Intervention Services (EIS)</p>	<ol style="list-style-type: none"> 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. <p>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</p>

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<p>Early Intervention Services (EIS) continued</p>	<p>should be monitored by the Recipient to ensure effective linkage mechanisms are in place and active</p> <ol style="list-style-type: none">2. Provide services to targeted populations in line with current demographics of PLWA in the TGA3. EIS services must 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 management4. EIS should document concerted attempts at face to face contact with client within 7-10 days from receiving Referral. Provide intensive support over a course of several months (3-6months) 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-management5. Provide co-location of services, where possible at Outpatient Ambulatory sites 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 system6. EIS services to target those populations in neighborhoods throughout the TGA (Hartford, Middlesex & Tolland Counties) which are disproportionately affected with HIV/AIDS and STDs based on most recent epidemiological data to target late testers, individuals lost to care and those not virally suppressed <p>Motion to Accept: Alice, 2nd Clifford B. 15 votes in favor. Motion Passes</p> <ol style="list-style-type: none">7. Provide services during nontraditional hours and at locations that offer ease of access. These hours should include weekends and nights
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<p>Early Intervention Services (EIS) continued</p>	<ol style="list-style-type: none"> 8. Ensure EIS services are linked to partner notification and aligned with the TGA's Early Identification of Individuals with HIV/AIDS (EIIHA) model 9. 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 10. Where possible use PLWHA Peer-to-PLWHA Peer model to deliver services 11. Identify and collaborate with other prevention providers and participate in community wide events 12. EIS should support psychosocial services to link clients who are out of care and/or lost to care. Motion to Accept: Dawn, 2nd Alice. 15 votes in favor. Motion Passes
<p>Substance Abuse- Outpatient</p>	<ol style="list-style-type: none"> 1. Provide co-location of substance abuse services in clinic and community settings.
<p>Medical Transportation Services</p>	<ol style="list-style-type: none"> 1. Special consideration should be given to individuals in the rural area based on cost. 2. Special consideration should be given to nontraditional hours to offer ease of access to care during these hours. 3. Special consideration for use of alternative and cost-effective forms of transportation Motion to Accept: Loyd, 2nd Jesse. 15 votes in favor. Motion Passes
<p>Psychosocial Support Services</p>	<ol style="list-style-type: none"> 1. The PLWHA Peer is to provide a bridge between providers and clients that facilitates the medical and psychosocial care of clients. 2. The PLWHA Peer is to be an integral part of the treatment adherence program as he/she provides specialized services in a professional environment according to the agency. 3. The PLWHA Peer works to encourage engagement into care and support adherence to treatment by providing

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<p>Psychosocial Support Services continued</p>	<p>client centered individual and group level skill building sessions to achieve client goals.</p> <ol style="list-style-type: none"> 4. The PLWHA Peer works in a team setting as one component of the clients coordinated care. However, the PLWHA Peer is an advocate for the client, and maintains a relationship with the client that fosters trust and understanding distinct from the provider role. 5. The PLWHA Peer is expected to serve as a model who provides reliable information, assist in the coordination of appropriate referrals with the client care team, and emotional support to clients who are infected with HIV or AIDS. 6. Peer Navigators also help clients access services (medical, emotional, economic, and legal) and sometimes accompany clients to appointments or arrange for transportation as needed. 7. Provide centralized supervision for Peer to peer (HIV+) staff Motion to Accept: Luis, 2nd Nitza. 14 votes in favor. Motion Passes 8. Programs should have a framework to describe how peers are integrated into their program models and consider utilizing the proposed Peer Model developed by CHPC, to address how peers will be recruited, trained, retained and reimbursed. See addendum at end for examples Motion to Accept: Luis, 2nd Nitza. 14 votes in favor. Motion Passes
<p>Food Bank/Home Delivered Meals</p>	<ol style="list-style-type: none"> 1. Provide meals/foods at wellness centers for PLWHA 2. Considerations to caps 3. PC to fund food voucher/documentation process for ease of access 4. Need language regarding funding food vouchers and the documentation process for ease of access

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Food Bank/Home Delivered Meals continued	Planning Council requested for Evaluation committee to address
Oral Health	<ol style="list-style-type: none">1. For those who are 300 – 400% of poverty line and have no access to Case Management, funded sites should establish eligibility and provide services accordingly to include oral health EFA <p>Motion to Accept: Danielle, 2nd Zaida. 15 votes in Favor. Motion Passes</p>