

Ryan White EMA Planning Council

New Haven and Fairfield Counties



Joanne Montgomery & Roberta Stewart, Co-Chairs

Strategic Planning & Assessment Committee Meeting Minutes

Meeting Date: Thursday, November 3rd, 2011
Start Time: 2:00 p.m.
End Time: 3:30 p.m.
Location: The Greek Olive
Presiding Chair: Roberta Stewart
Recorder: Jeff Daniel

Summary of Committee Business Votes

- Approval of Minutes from the October 6th, 2011 meeting

Council Member Assignments

- Attend Committee/Council meetings as outlined in the Council Bylaws
- Recruit/Promote Planning Council to increase PLWHA participation—especially at the upcoming Planning Council Open Houses—December in New Haven and January in Bridgeport

Staff Member Assignments

- Prepare the EMA's Comprehensive Plan workbook for SPA review/action
- Recruit/Promote Planning Council to increase PLWHA participation

(1.0) Moment of Silence

Roberta Stewart called the meeting to order at 2:00 p.m. A moment of silence was observed in recognition of all who have been affected by HIV/AIDS. Roberta Stewart mentioned Janis Spurlock who recently passed away yesterday (11/2).

(2.0) Welcome and Introduction

All participants introduced themselves.

(3.0) Co-Chair Announcements

None

(4.0) Approval of October 6th, 2011 Meeting Summary

A motion to approve the minutes was made by Brian Kuerze and seconded by Beverly Leach

For: Cousar, Kuerze, Leach, Lyons

Against: None

Abstain: Stewart, Torres

Not Present: Sideleau

(5.0) New Business/Old Business

a. Reviewed SPA PCAT

The Committee reviewed the PCAT and determined to be on track with assigned work activities.

b. Early Intervention Services Model Review

will discuss after the EIS Summit, which is being held on 11/15 and sponsored by the Ryan White Office.

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- c. **EIHA (Early Identification of Individuals with HIV/AIDS—Unaware) strategies review, discussion, action and update**
Discussed in Comp. Plan section of agenda

- d. **Develop Comprehensive Plan and accompanying work plans (CP due May 2012)**
The Committee spent most of the meeting reviewing the Comprehensive Plan guidance issued by Health Resources Services Administration (HRSA) on May 20th, 2011. The Committee read the guidance and reviewed steps for data collection. The committee will spend the next five months working the Comp. Plan. In the Comp. Plan guidance, it has areas that include Early Intervention Services, Unaware strategies and needs assessment activities to inform the plan. The Committee reviewed each section of the guidance. Several data elements will be taken from the FY '12 Part A Grant Application.



2012 Comprehensive Plan Instructions – Part A

I. Where are we now?

Summary: HAB defines a continuum of care as - “An integrated service network that guides and tracks clients through a comprehensive array of clinical, mental, and social services in order to maximize access and outcomes.” - The purpose of this section is to identify populations in most need of HIV care and services as well as barriers to care, provide an overview of the current state of HIV healthcare and service delivery, as well as identify progress and shortfalls.

- A. Description of the local HIV/AIDS epidemic, at a minimum should include:
 - CY 2010 Epi profile
 - Unmet need estimate for 2010: <http://hab.hrsa.gov/tools/unmetneed/ii.htm>
 - Early Identification of Individuals with HIV/AIDS (EIIHA)/Unaware estimate for CY 2009: (Refer to the FY2011 Part A Application Guidance for EIIHA/Unaware Formula)
- B. Description of current continuum of care, at a minimum should include:
 - Ryan White funded – HIV care and service inventory (by service category, organized by core and support services)
 - Non Ryan White funded – HIV care and service inventory (organizations & services)
 - How RW funded care/services interact with Non-RW funded services to ensure continuity of care
 - How the service system/continuum of care has been affected by state and local budget cuts, as well as how the Ryan White Program has adapted.
 - For jurisdictions that lost a TGA, describe the impact on services (Only Puerto Rico, New York, New Jersey and California grantees should respond)
- C. Description of need, at a minimum should include:
 - Care needs
 - Capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities and rural communities
- D. Description of priorities for the allocation of funds based on the following:
 - Size and demographics of the population of individuals with HIV/AIDS
 - Needs of individuals with HIV/AIDS
- E. Description of gaps in care
- F. Description of prevention and service needs
- G. Description of barriers to care, at a minimum should include current:
 - Routine testing (including any state or local legislation barriers)
 - Program related barriers
 - Provider related barriers
 - Client related barriers
- H. Evaluation of 2009 Comprehensive Plan
 - Successes



II. Where do we need to go?

Summary: The purpose of this section is to provide an opportunity to discuss your jurisdiction's vision for an ideal, high quality, comprehensive continuum of care and the elements that shape this ideal system. The Early Identification of Individuals with HIV/AIDS (EIIHA) initiative supports all three of the National HIV/AIDS Strategy (NHAS) goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities.

At a minimum, this section should include the following:

- A. Plan to meet challenges identified in the evaluation of the 2009 Comprehensive Plan
- B. 2012 proposed care goals
- C. Goals regarding individuals *Aware* of their HIV status, but are not in care (Unmet Need)
- D. Goals regarding individuals *Unaware* of their HIV status (EIIHA)
- E. Proposed solutions for closing gaps in care
- F. Proposed solutions for addressing overlaps in care
- G. Provide a description detailing the **proposed coordinating efforts** with the following programs (at a minimum) to ensure optimal access to care:
 - Part B Services, including the AIDS Drug Assistance Program (ADAP)
 - Part C Services
 - Part D Services
 - Part F Services
 - Private Providers (Non-Ryan White Funded)
 - Prevention Programs including; Partner Notification Initiatives and Prevention with Positive Initiatives
 - Substance Abuse Treatment Programs/Facilities
 - STD Programs
 - Medicare
 - Medicaid
 - Children's Health Insurance Program
 - Community Health Centers
- H. For the jurisdictions listed below, describe the role of the Ryan White program in collaborating with the **Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas (MSA's) Most Affected by HIV/AIDS (ECHPP)** initiative.

The following EMA's must respond to the question above: New York, NY; Los Angeles, CA; Washington, DC; Chicago, IL; Atlanta, GA; Miami, FL; Philadelphia, PA; Houston, TX; San Francisco, CA; Baltimore, MD; Dallas, TX; San Juan, PR.



III. How will we get there?

Summary: The purpose of this section is to describe the specific Strategy, Plan, Activities, and Timeline associated with achieving specified goals and meeting identified challenges.

- A. Strategy, plan, activities (including responsible parties), and timeline to close gaps in care
- B. Strategy, plan, activities (including responsible parties), and timeline to address the needs of individuals *Aware* of their HIV status, but are not in care (with an emphasis on retention in care)
- C. Strategy, plan, activities (including responsible parties), and timeline to address the needs of individuals *Unaware* of their HIV status (with an emphasis on identifying, informing, referring, and linkage to care needs)
- D. Strategy, plan, activities (including responsible parties) for addressing the needs of special populations including but not limited to; adolescents, injection drug users, homeless, and transgender
- E. Provide a description detailing the **activities to implement** the proposed coordinating efforts with the following programs (at a minimum) to ensure optimal access to care:
 - Part B Services, including the AIDS Drug Assistance Program (ADAP)
 - Part C Services
 - Part D Services
 - Part F Services
 - Providers (Non-Ryan White Funded, including private providers)
 - Prevention Programs including; Partner Notification Initiatives and Prevention with Positives Initiatives
 - Substance Abuse Treatment Programs/Facilities
 - STD Programs
 - Medicare
 - Medicaid
 - Children’s Health Insurance Program
 - Community Health Centers
- F. How the plan addresses Healthy People 2020 objectives:
<http://www.healthypeople.gov/2020/default.aspx>
- G. How this plan reflects the Statewide Coordinated Statement of Need (SCSN)
- H. How this plan is coordinated with and adapts to changes that will occur with the implementation of the Affordable Care Act (ACA).
- I. Describe how the comprehensive plan addresses the goals of the National HIV/AIDS Strategy (NHAS), as well as which specific NHAS goals are addressed.
- J. Discuss the strategy to respond to any additional or unanticipated changes in the continuum of care as a result of state or local budget cuts.



IV. How will we monitor progress?

Summary: The purpose of this section is to describe the methods and/or means by which progress in achieving goals and meeting challenges will be monitored.

- A. Describe the plan to monitor and evaluate progress in achieving proposed goals and identified challenges. The plan should also describe how the impact of the Early Identification of Individuals with HIV/AIDS (EIIHA) initiative will be assessed. A

timeline for implementing the monitoring and evaluation process should be clearly stated. The monitoring and evaluation plan should describe a process for tracking changes in a variety of areas with a focus on the following:

- Improved use of Ryan White client level data
- Use of data in monitoring service utilization
- Measurement of clinical outcomes

- e. **Needs Assessment Activity**
Discussed in Comp. Plan section of agenda

(6.0) Announcements

1. World AIDS Day is December 1st and there are several activities occurring throughout the EMA. Contact Regional Leads for activities in each region.
2. Statewide Cross Part Summit is scheduled for November 10th in Cromwell.

(7.0) Adjournment

The meeting adjourned at 3:30 p.m.

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Attendance Record – 2011

	Council Member	1/6	2/3	3/3	4/7	5/5	6/2	7/7	8/4	9/1	10/6	11/3	12/1
1.	Ric Browne												
2.	Charlotte Burch		X	X									
3.	Kenneth Cousar								X	X	X	X	
4.	Brian Datcher			X		X	X	X	X				
5.	Adaline DeMarrais			X						X	X		
6.	Heidi Jenkins				X	X		X		X			
7.	Tom Kidder			X		X			X		X		
8.	Brian Kuerze	X	X	X	X	X	X	X			X	X	
9.	<i>Beverly Leach PC Co-Chair</i>	X	X	X	X		X		X	X	X	X	
10.	Ronald Lee				X	X		X	X		X		
11.	Andrew Lyons									X	X	X	
12.	<i>Leif Mitchell PC Co-Chair</i>	X		X	X		X	X	X	X	X		
13.	Caesar Moffett, Jr.												
14.	Ken Teel												
15.	Joanne Montgomery Co-Chair	X	X		X	X	X		X	X	X		
16.	Clara Ramos		X	X	X		X		X		X		
17.	Cedric Reid												
18.	Christine Romanik												
19.	Gabrielle Rosa		X	X	X		X	X	X		X		
20.	Robert Sideleau	X	X	X			X	X		X	X	X	
21.	Roberta Stewart Co-Chair	X		X	X	X	X	X	X	X	X	X	
22.	Dennis Torres	X	X	X		X	X	X	X	X		X	
	Ryan White Office	X	X	X	X	X	X	X	X	X			
	Planning Council Staff	X	X	X	X	X	X	X	X	X	X	X	
	% of Council present:	50%	53%	67%	53%	41%	55%	50%	57%	48%	59%	32%	