



# Ryan White Planning Council

New Haven & Fairfield Counties  
Ken Teel and Awilda Gonzalez, Co-Chairs

## Membership & Finance Committee Meeting Summary - FINAL FAST FACT PAGE

**Meeting Date:** Thursday, August 7, 2008 from 12:00 to 2:00 pm  
**Start Time:** 12:00 pm  
**End Time:** 2:45 pm  
**Location:** Hill Health Center  
**Presiding Chair:** Ken Teel  
**Recorder:** Sara Nichols, Planning Council Staff

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### Summary of Committee Business Votes:

- Approval of Meeting Minutes for July 3, 2008
- 2 Motions to extend the meeting, total 45 minutes over scheduled time.
- Motion to complete the Resource Allocation Process at the Executive Committee on August 14<sup>th</sup>, 2008 to be able to approve the recommended allocations at the Planning Council on August 15<sup>th</sup>, 2008.
- Motion to hold an additional planning meeting for the co-chairs with CIRA expert the week of August 11<sup>th</sup>.

### Council Member Assignments

- Research models for population-based resource allocation.
- All members will actively recruit new members to apply for participation on Planning Council

### Staff Assignments

- Post approved meeting minutes (7/3/08) on website ([www.ryanwhitecare.org](http://www.ryanwhitecare.org))
- Prepare meeting minutes for 8/7/08.
- Research and update resource allocation matrix for week of August 11<sup>th</sup> planning session, Executive Committee, and Planning Council meetings.
- Update the Planning Council Membership reflectiveness matrix and distribute next meeting.

### Attendance Record - 2008

Committee Members	1/31	2/28	3/27	4/24	5/1	6/5	7/3	8/7	9/4	10/2	11/6	12/4
Carlos Barbier	●	●		●	●							
Adaline DeMarrias	●	●	●	●		●	●					
Jose Garcia	●	●	●	●	●	●						
<b>Awilda Gonzalez</b>	●		●		●	●	●					
Africka Hinds-Ayala												
Tom Kidder	●	●		●	●	●	●	●				
Robert Sideleau	●	●	●	●	●	●	●	●				
Roberta Stewart	●	●		●	●	●	●	●				
<b>Ken Teel</b>	●	●	●	●			●	●				
Ryan White Office	●	●	●	●	●	●		●				
Planning Council Staff	●	●	●	●	●	●	●	●				
PC Members & Public Participants	8/7/08 – (PC) Charlotte Burch, Christine Romanik, Henry Bethea, Dennis Torres, Ric Browne, Jerome Harris, Jennifer Loschiavo, Leif Mitchell. (public) Heather Garofalo, Laura Aponte, Brian Datcher, Christopher Cole, Nick Boshnack											



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### (1.0) Welcome and Introductions

Co-Chair Ken Teel began the Committee meeting at 12:10 p.m. A moment of silence was held in recognition of all who have been affected by HIV/AIDS.

### (2.0) Co-Chair Announcements and Meeting Objectives

(2.1) Ken Teel reviewed the agenda and stated the objective of the meeting is to complete the Resource Allocation for the 2009 fiscal year. He discuss the overall process of resource allocation for the planning would include (a) reviewing HRSA's guidance as it relates to population-based planning; (b) review the current in-care data provided by the Ryan White Office; (c) review the epidemiology data provided by CT HIV/AIDS Surveillance,; and (d) other funding as it relates to the services prioritized by the council.

(2.2) Mr. Teel provided a summary of activities to date for new attendees. He stated the population-based planning is new this year and that we are the only jurisdiction in the country doing this already. He will ask for Jeff Daniel, of Collaborative Research, to describe what exactly the council is required to respond to for HRSA.

### (3.0) Approval of the Meeting Summary

Mr. Teel asked attendees to review the July 3, 2008 Committee Meeting Summary for accuracy and content. Robert Sideleua made a motion to approve the 7/308 Meeting Summary, Ric Browne seconded the motion. Vote to approve with noted correction carried – see voting record attached.

### (4.0) New/Old Business: Resource Allocation Planning

(4.1) Ken Teel asked for Jeff to walk the committee through background information and instruction for completing the RA planning.

(4.2) Jeff Daniel stated that HRSA issues guidance to Part A jurisdictions every year requesting proposals to respond to the guidance outlined. There are 56 Part A Jurisdictions – 22 EMAs, and 34 TGAs – the proposals are competitive and scored to determine funding awards, 34 points) are based on the demonstrated need for funds. Meaning, 34% of the overall application score is dependent on the Planning Council's work and how well we do priority setting, resource allocations, and directives.

(4.2a) Dennis Torres asked a question about the competitive piece of the application.

(4.2b) Jeff Daniel clarified for the participants that the total funding for this TGA actually comes from two awards – Formula (mathematical calculation of # living of cases PLWHA X base dollar amount) and Supplemental (a competitive application process scored according to the guidance).

(4.3) Jeff Daniel presented the guidance language (via LCD projector) that illustrated the rational for using special populations and unit cost data for making funding allocation decisions (reference guidance available online <http://www.hrsa.gov/grants/default.htm>), Sections discussed include:

- Pg 14 – “The FY 2009 plan, budget, and allocations table should be consistent with the discussion of demonstrated need. Factors to be considered in assessing demonstrated need for the FY 2009 application include: The unmet need for HIV-related services determined by the Planning Council or other community input process;”
- Pg. 18 – “The Ryan White HIV/AIDS Program requires Planning Councils and community input processes to determine the needs of emerging populations from the most recent local Needs Assessment, incorporate them into the Implementation Plan and Comprehensive Plan,



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and identify service gaps so that Part A funds can be directed to PLWH/A who may have limited access or are disenfranchised from existing HIV/AIDS care services. Costs associated with providing services to these populations will be considered a factor in determining supplemental funding.

Select ***no more than six (6)*** emerging populations and provide a narrative describing:

- Unique challenges that each population presents to the service delivery system;
- Service gaps; and
- Estimated costs associated with delivering services to each of these populations.”

- Pg. 20 – “The Ryan White HIV/AIDS Program requires that grantees funded under Part A use not less than 75 percent of grant funds, after reductions for Program Administration and Quality Management, for core medical services that are needed in the service area.”
- Pg. 23 – Section 4: Planning and Resource Allocation” – the whole section discussed.

(4.4) Ken Teel thanked Jeff for the overview for helping the committee focus on what is needed to do.

(4.5) Jeff Daniel also presented information regarding the roles and responsibilities of the planning council and the grantee. He stated that Part A funds will not be able to meet all identified needs with appropriate funding. It is the council’s job to do the best that it can to maximize the resources for people in the TGA (available online at [www.hab.hrsa.gov/tools](http://www.hab.hrsa.gov/tools)).

(4.6) Epidemiology Data discussion:

(4.6a) Mr. Daniel provided HRSA’s definitions for HIV and AIDS and the difference between Incidence rates (new cases reported) and Prevalence rates (number of current living cases). He also stated that the request has been made to Ken Carely [CT Department Public Health] to fill in a table required by HRSA on most current HIV and AIDS data for this TGA.

(4.6b) Jeff Daniel stated that the first task for the committee is to estimate the number of new people diagnosed with HIV/AIDS based on the number of newly reported cases available from the state. He suggested to keep in mind that not all new cases would necessarily be eligible to enter Ryan White care system and that there is typically a percentage of new cases who will be out of care for various reasons. He stated typically communities of color are late to care.

(4.6c) Leif Mitchell inquired if the data request was through 12/31/07? Mr. Daniel confirmed that it was per HRSA guidance.

(4.6d) Charlotte Burch asked what about the people who don’t know their status? Mr. Daniel responded that CDC estimates approximately 30% of the PLWHA don’t know their status and we don’t have an exact number on this.

(4.6e) Brian Datcher asked what about duplication? Mr. Daniel responded that the state registry is unduplicated.

(4.6f) Leif Mitchell asked to clarify the review of the process of estimating newly reported cases for the sake of this RA process. Sara Nichols responded that we have the new data, approximately 438 newly diagnosed cases of HIV/AIDS; however, we don’t have the demographic breakout yet as needed by HRSA. We will be receiving that from Ken Carely.



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(4.7) Ken Teel presented committee with a handout to illustrate the **other funding sources** per service category and the rate build up for each special population.

(4.7a) Ric Browne asked Laura Aponte, from Ryan White Part B, details about what Part B funds cover for each categories. She stated CARC covers housing services for non-TGA areas, Part B does not fund a housing specialist salary, and HOPWA only pays for rental subsidies. Part B Mental Health funds cover some salary and mostly reimbursement of services.

(4.7b) Nick Boshnack stated that funding for mental health services from both Part A and B covers services provided by outside contractors, fee for service. The clients are assessed for level of care needed and could see any number of providers from counselor to psychiatrist.

(4.7c) Ric Browne stated that it is important to understand that there are differences of what services are paid for based on the other funding sources.

(4.8) Robert Sideleau described the illustration on the handout for the **rate build up** for each special population.

(4.8a) Questions/Comments/Discussion from participants included the following:

(4.8b) Nick Boshnack asked about the crossover issue for the special populations?

(4.8c) Roberta Stewart asked what category trumps the other, race/ethnicity or risk category?

(4.8d) Jeff Daniel responded that of our current database system, de-duplication was done to the best of our ability. Tom Butcher added that the committee should note this when determining the process for next year and finding out a way to de-duplicate the client level data.

(4.8e) Jeff Daniel described the illustration of how populations access care differently, and how populations access core and support services differently. For example, African Americans seemed to utilize more support services than other populations.

(4.8f) Nick Boshanck – primary care visits have other payer sources, how is Part A being utilized as payer of last resort?

(4.8g) Dennis Torres – how was the annual cost per client determined? Is it the same for each region? Sara Nichols stated that the unit cost formula was presented at the July Planning Council meeting.

(4.8h) Roberta Stewart stated she understood the pathways to care are different, but she didn't understand why the cost per visit was different. Tom Butcher responded the face-to-face visit recorded in URS was calculated for a unit cost per service. The same unit cost was applied equally across all populations.

(4.8i) Leif Mitchell asked why only 9 service categories were used for the rate build up. Tom Butcher responded that the data is based on the funded categories for the Fiscal Year 2007-2008.

(4.8j) Robert Sideleau asked after looking at the target populations, then what?

(4.8k) Jeff Daniel responded if we took everything as presented on the handout, the TGA would be asking for approximately 11 million dollars for our area. Last year we asked for 9 million and received 4.8 million base award (not including the carryover, congress allocation)



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(4.8l) Tom Butcher added that by telling the story of need, it could really cost this for maintain those people in care.

(4.8m) Jeff Daniel reminded the committee that last year, the matrix included component 1 = maintaining those in care; component 2 = new cases entering care based on epi profile; and component 3 = bring folks from out of care into care. This year, we could determine the number of clients for components 2 and 3 for each of the special populations to build our allocation ask.

(4.8n) Dennis Torres asked a question about unit cost and the figure for the total TGA should equal the actual award. Tom Butcher responded that if there was an overlap, that would be another factor to further work out next year as the committee fine tunes the population-based planning process.

(4.8o) Ken Teel asked if there is a method the committee could consistently use to determine the number of clients to add to the formula? For example, needing to increase the actual numbers by a percentage indicated by the epi profile? Are there models to use to get a more accurate formula?

(4.8p) Tom Butcher stated that the grant is due September 29<sup>th</sup>, and the council will need to vote on this at the August 15<sup>th</sup> meeting. He stated he was concerned about time.

(4.8q) Charlotte Burch stated this [presentation] shows what we really need and we need to do the best we can.

(4.8r) Jeff Daniel stated that last year the TGA asked for \$9 M and received \$4.8 M, asking for \$11 M is not that far off. He reminded the committee that the other special funding will be going away.

(4.8s) Heather Garofalo commented that the data being used is utilization from URS only, but providers only report on the encounters that are reimbursed by RW, not the visits that were still provided because of client need. The agencies are eating these costs. Jeff Daniel responded that earlier the committee discussed the fact that Ryan White is not able to pay for everything that is needed however the committee needs to allocate the money the best way possible to maximize what is available.

(4.8t) Roberta Stewart stated that there is a difference between looking at utilization and need. Jeff Daniel responded that both need to be assessed in this process.

(4.9) Ken Teel noted the meeting time and asked for a motion to extend the meeting or adjourn. Roberta Stewart motioned to extend the meeting for 30 minutes; Leif Mitchell seconded the motion. Motion passed – see voting record attached.

(4.10) Ken Teel stated that there needs to be a decision on how many people we want to serve, based on the adjustments of the other data.

(4.10a) Leif Mitchell stated this rate build up concept is good, and if we could get rid of duplication it could be so much better.

(4.10b) Roberta Stewart stated that understanding this process is most challenging.



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(4.10c) Dennis Torres stated that he was not comfortable with the starting point and was having a hard time moving forward with this process. He suggested to look at the process through one lens as a starting place, either by race/ethnicity or by risk category.

(4.10d) Leif Mitchell stated he was not feeling confident with this model. He asked how do the other factors that have been reviewed in earlier meetings overlay with this current handout.

(4.10e) Tom Butcher stated that the council has always done the best possible with the data that was available.

(4.11) Ken Teel noted the meeting time and asked for a motion to adjourn or to extend the meeting. Roberta Stewart motioned to extend the meeting by 15 minutes, Leif Mitchell seconded the motion. Motion passed – see vote record.

(4.12) Leif Mitchell suggested holding a separate meeting next week with a Yale scientist to develop a model for deduplicating the numbers and applying a methodology to determine the ask.

(4.12a) Ken Teel stated that there is a time line to complete this process.

(4.12b) Roberta Stewart stated that all the committee co-chairs, staff and grantee will be at the Executive Committee on August 14<sup>th</sup>, could we invite the scientist to that meeting.

(4.12c) Tom Butcher stated that by not completing this process today that he is in a difficult place. The allocations need to be defensible, clearly connected with priorities and links to the implementation plan.

(4.12d) Leif Mitchell stated that a brain who does math/statistical methods would help, plus the system of layering other data.

(4.12e) Roberta Stewart asked if the committee could have an additional meeting? Could the Planning Council meeting get postponed a week.

(4.13) Ken Teel noted the meeting time.

(4.14) Leif Mitchell made a motion to have an additional planning meeting at a date agreeable for the co-chair and the Yale scientist to develop a model to complete the Resource allocation process at the Executive Committee meeting on August 14<sup>th</sup> to be able to present a motion to the Planning Council at the August 15<sup>th</sup> meeting for the total “ask”. Ric Browne seconded the motion. Motion carried – see vote record.

### **(5.0) Announcements**

Ken Teel announced the next meeting will be Thursday, September 4 at 12 – 2pm in Bridgeport at Optimus Health Care.

### **(6.0) Adjournment**

Ken Teel adjourned the meeting at 2:45 p.m.



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## Voting Record

	<i>PC Committee Members (COMMITTEE MEMBERS LISTED FIRST)</i>	<i>7/3/08 Meeting Minutes</i>	<i>Motion to extend the meeting 30 minutes</i>	<i>Motion to extend the meeting 15 minutes</i>	<i>Motion to have (a) planning meeting with Yale scientist and co-chair, (b) complete RA at Executive Committee, and (c) present a motion to the PC on 8/15<sup>th</sup> of the "ask" dollar amount.</i>
1.	Carlos Barbier	NP	NP	NP	NP
2.	Adaline DeMarrias	NP	NP	NP	NP
3.	Jose Garcia	NP	NP	NP	NP
4.	Awilda Gonzalez	NP	NP	NP	NP
5.	Africka Hinds-Ayala	NP	NP	NP	NP
6.	Tom Kidder	Y	Y	Y	Y
7.	Robert Sideleau	Y	Y	Y	Y
8.	Roberta Stewart	Y	Y	Y	Y
9.	Ken Teel	AB	AB	AB	AB
10.	Ric Browne	Y	NV	Y	Y
11.	Leif Mitchell	Y	Y	Y	Y
12.	Dennis Torres	Y	Y	NV	NV
13.	Jerome Harris	Y	Y	Y	Y
14.	Jennifer Loschiavo	Y	Y	Y	Y
15.	Charlotte Burch	AB	Y	Y	Y
16.	Christine Romanik	AB	NV	NV	NV
17.	Henry Bethea	AB	NV	NV	NV

Y = yes; O = opposed; AB = abstention; NP = not present at time of vote; NV = no vote