



# Ryan White Planning Council

New Haven & Fairfield Counties  
Robert Sideleau & Thomas Kidder, Co-Chairs

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## Planning Council Meeting Summary- **FINAL** FAST FACT PAGE

**Meeting Date:** Friday, August 15, 2008 from 12:00 noon to 2:00 pm  
**Start Time:** 12:10 pm  
**End Time:** 1:55 pm  
**Location:** Chase Wellness Building, Bridgeport  
**Presiding Chair:** Tom Kidder  
**Recorder:** Sara Nichols, Planning Council Staff

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### Summary of Council Business Votes

- Approval of July 11, 2008 minutes
- Approval of Service Definitions
- Approval of the Resource Allocation Plan

### Council Member Assignments

- Review Draft Directives, submit comments to Council Co-Chairs and/or Staff before SPA meeting on 9/4/08
- Attend and participate in Committee meetings to contribute to the completion of mandated Council business.
- Encourage members of the public to attend the Council meeting and all Committee meetings.

### Staff Assignments

- Prepare August meeting summary.
- Update Website ([www.ryanwhitecare.org](http://www.ryanwhitecare.org)) with committee agendas and minutes
  1. Membership/Finance: prepare materials for membership reflectiveness and attendance summary.
  2. SPA: prepare notes and research for finalizing Directives



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## Welcome, Moment of Silence, and Introductions

Co-Chair Tom Kidder called the meeting to order at 12:10 pm. Mr. Kidder explained that the Council meeting is open to the public; members of the media or press may attend the meeting and noted that any disclosure of personal information – including HIV status – is voluntary. He asked meeting participants to use good judgment when choosing to share personal information. Robert Sideleau disclosed this meeting will be audio taped for staff to accurately account the discussion for the minutes. Members were asked to silence their cell phones and to refrain from text messaging. Tom Kidder led the group in a moment of silence to remember and respect all individuals whose lives have been touched by HIV/AIDS.

## (1.0) Co-Chair Announcements

Tom Kidder provided the following announcements:

- (1.1) The HRSA Project Officer conference call did not occur this month, however the co-chairs and Grantee plan with meet with her at the All Parts Conference in Washington DC later this month.
- (1.2) The Council Co-Chairs will be attending the All Parts Conference.
- (1.3) Reminder was announced to all council members to attend their committee meetings. At the last Quality Improvement committee held on August 8<sup>th</sup>, there were not enough members for a quorum to vote on council business.
- (1.4) Today's agenda includes important votes on the Service Definitions, The Resource Allocation Plan, and to discuss items needed for completion of the Directives.

## (2.0) Public Comment

Tom Kidder explained that public comment period is set aside to hear the perspectives and opinions of people who are not Council members. Members of the public were invited to share comments with the Council.

- (2.1) Brian Datcher acknowledged all the hard work the members have been doing for the resource allocation plan.

## (3.0) Approval of Meeting Summary

Members reviewed the Friday, July 11, 2008 meeting minutes for accuracy. Council members were reminded that they should abstain from voting on the minutes if they were not present during the meeting.

- (3.1) Adaline DeMarrais motioned to approve the minutes. Leif Mitchell seconded the motion.
- (3.2) Corrections noted on page 5, Matt Lopes and Leif Mitchell clarified comments.
- (3.3) **The Council approved the minutes 9-0** with eight (8) abstentions. (*Please see attached voting sheet detail for all Planning Council votes*)

## (4.0) Quality Improvement Committee

Charlotte Burch reported for the Quality Improvement (QI) Committee held on August 8<sup>th</sup>. The committee did not have a quorum present so they were not able to move the June minutes forward.

- (4.1) The committee reviewed the Medical Case Management summary findings from the site visits completed in July as well as the final Quality Management plan.
- (4.2) Ms. Burch announced there will not be a meeting in September and the next meeting is scheduled for October 3<sup>rd</sup>. The agenda for that meeting will include reviewing the site visit findings from all core services. She asked for more council members to attend the next meeting so the committee can have a quorum to vote on the minutes for 6/6/08 and 8/8/08 and the final Quality Management plan.



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### (5.0) Strategic Planning and Assessment Committee

Roberta Stewart reported for the SPA Committee that met on August 7<sup>th</sup>. The committee voted on the July meeting minutes, reviewed the feedback form, and developed the service definitions to be voted on today. A handout was distributed with the motion from SPA.

(5.1) Planning Council feedback – Roberta Stewart reminded all members and public to complete their survey, this is confidential and the comments are taken very seriously. She noted that the committee will be reviewing the survey questions to make them more reflective questions of the current business of the council. From the July meeting, she noted that the theme from the surveys was around the council environment. It was suggested to the Executive Committee to develop a team building activity and refocus members for our work of the Planning Council business.

(5.2) Service Category Definitions – Roberta Stewart referenced the handout with the motion from SPA committee. She provided background information on the purpose of the definitions, such that every service category that is prioritized and funded must have a definition on what the funds can be used for. She noted that HRSA provides definitions and that Planning Councils have the opportunity to make a definition more restrictive to meet the specific needs of the target population; however the definitions cannot be less restrictive than HRSA. The motion comes from committee, so it does not need a second. Discussion followed.

(5.2a) Joanne Montgomery referenced the definition for AID Pharmaceutical Assistance (local) if this category would exclude any non-HIV/AIDS medications that are on the CADAP Formulary. Indicating that CADAP has a larger list than just HIV/AIDS medications.

(5.2b) Leif Mitchell responded that HRSA only includes language HIV/AIDS medications, and that we would need to provide clarification on what medications that specifically includes.

(5.2c) Dennis Torres added if this would include medications for opportunistic infections.

(5.2d) The HRSA Project Officer would be asked for clarification of what HIV/AIDS medications include and if that includes related care, such as for opportunistic infections and care for side effects.

(5.2e) Ken Teel asked if the definitions will be voted on as a slate.

(5.2f) Roberta Stewart confirmed that it would be and called the vote. **The motion to approve the service definitions as presented passed (see voting record).**

*Health Insurance Premium & Cost Sharing Assistance* is the provision of financial assistance for eligible individuals (defined as Ryan White financial eligibility of 300% of Federal Poverty Level) living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. These funds are allowable for co-payments only. Short-term payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time.

*AIDS Pharmaceutical Assistance (local)* includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding. The lowest reimbursement rate available must be applied to the purchase of any medications with Part A funds (e.g. Medicaid, Federal 340b Program, or similar program). Short-term medication payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time.



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(5.3) Roberta Stewart announced that the next SPA meeting will be on September 4<sup>th</sup> from 2-4pm at Optimus in Bridgeport.

### (6.0) Membership / Finance Committee

(6.1) Ken Teel reported for the Membership/Finance Committee that met twice for a total of 6 hours. He stated that the committee had difficulties completing the Resource Allocation plan at the August 7<sup>th</sup> meeting because there were challenges how to interpret the data that was presented up to this point. Mr. Teel stated that guidance from CIRA scientist helped to discuss ways to filter the data to make it meaningful, as it related with the duplication/overlap factor of the special populations. He stated that the committee decided to take the TGA utilization data as a base and then factor the needs (barriers/gaps/pathways to care) of the special populations. Mr. Teel stated that the committee then factored in newly diagnosed and currently out of care into the equation to come up with the total ask.

(6.2) Ken Teel reported that the Resource Allocation plan was completed at the Executive Committee meeting on August 14<sup>th</sup> for which a handout was distributed with the motion. He read each service category allocation and percentage and stated that a minimum of 75% of the funds are required to go to core services, however the committee recommended allocating 77% to core services.

(6.3) Robert Sideleau stated that the motion is on the floor and opened for discussion.

(6.3a) Adaline DeMarrais reminded people that this is an ask, not the actual amount we will get from the Federal Government.

(6.3b) Joanne Montgomery commented, as a contracted provider on behalf of the consumers, if IV drug use still high in this region, why is there a decrease in substance abuse in-patient. Then, she asked if food bank/home delivered meals includes food vouchers. Robert Sideleau responded yes food bank includes food vouchers. Last, she asked why outreach services were taking a cut?

(6.3c) Charlotte Burch stated that she noticed housing wasn't changed from last year, but still don't think this is enough. When people get out of substance abuse treatment they need housing.

(6.3d) Robert Sideleau responded that this is a complicated process of balancing core & support services.

(6.3e) Tom Kidder commented that substance abuse in-patient information came from DMHAS. First, DMHAS is another funding source for this service within the TGA and second, he indicated that there was a long-term evidence-based study report that showed outcome of in-patient care is similar to SA outpatient.

(6.3f) Joanne Montgomery stated it is two different levels of care, they should not be compared.

(6.3g) Carlos Barbier commented on the outreach discussion and that it is important to have this service to ensure the new clients get to the care system.

(6.3h) Roberta Stewart commented on the outreach, and the fact that we did not have data from the current year yet to see how effective it is. Also discussed was the shift of definition of medical case management of closer tracking of those in care, so there would not be a loss of activity in this category.

(6.3i) Leif Mitchell further commented on this regarding the planned allocation of funds for outreach and what could be done within the TGA to make it more effective use of the funds.

(6.3j) Joanne Montgomery asked what is the council planning to do with the money?



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(6.3k) Leif Mitchell responded that there were hard discussions about shifting allocations within the supportive care services, for example housing was the highest need for special populations so it would make sense to have more money there. We were also looking at sequence of service accessed for special populations, and outreach doesn't come up so it was difficult to assume the weight of this service from the data we had.

(6.3l) Ken Teel also reminded the council of the ridged structure of the 75/25 split and there is only so much we can do with this, and all the data indicated use patterns and needs were reviewed.

(6.3m) Joanne Montgomery stated that there was a comment that decisions were based on not having enough data yet the council didn't ask for it. It is bad for the council if our problem of not having the data, that is not the consumers problem, it is ours and effects our consumers.

(6.3n) Ken Teel responded that these were hard decisions and the utilization data came from URS out of the Ryan White Office, not from providers special requests.

(6.3o) Tom Kidder stated that data utilization and pathways to care data is new. He reminded council that we cannot fund everything that we would like to do.

(6.3p) Leif Mitchell stated that he was happy that the percent for support services was higher than last year. He reminded people that last year it was closer to an 80/20 split with core and support. He stated that clearly there is a need for the supportive services and that we are making the case of need for the TGA. He stated that these have been difficult meeting and appreciate the thought and energy of all participants. We used the best data available.

(6.3q) Carlos Barbier commented that these assumptions are incorrect – that outreach cannot be measured and everyone who needs services can get them. These are false and we need to reach the people to get them into care. There is an increase of cases but a decrease of funds, this will be problematic.

(6.3r) Charlotte Burch asked for an answer about the housing allocation. How many people could really be helped.

(6.3s) Tom Kidder responded that all these funds are emergency dollars and they are to be used for limited time and limited use. Clients should be working with case managers to get more stable housing.

(6.3t) Ken Teel agreed that it is the case for all services, limited time limited use, and that many other funding streams are pushing clients into other long-term programs

(6.3u) Brian Datcher asked what is the mission of the Planning Council.

(6.3v) Robert Sideleau read from the By-Laws: “the Planning Council will strive to ensure delivery of a comprehensive and integrated system of health and social services that guarantees 100% access to services and 0% disparity in health outcomes for all persons living with HIV/AIDS in New Haven and Fairfield Counties and will strive to meet the needs of those affected by HIV/AIDS.”

(6.3w) Afrika Hinds-Ayala asked about what the notation was on the handout. Sara Nichols responded that there were 3 services categories that utilized a unit cost factor from the FY2006 year (SA inpatient, Outreach, and Pharmaceutical assistance local), and 1 service category that had an estimated unit cost factor (Health Insurance). These were not funded in the FY2007 from which the other service unit costs were calculated.

(6.3x) Karin Reeki asked if there was data to add new service categories. Robert Sideleau responded that there were, data sources included the most recent 2008 In-care needs assessment.



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(6.3y) Joanne Montgomery asked why put something in if its not going to be effective? What is the council’s intension for outreach services?

(6.3z) Tom Kidder requested that this goes on the parking lot for the QI Committee to address with the standard of care for outreach.

(6.3aa) Leif Mitchell stated that this was just an ask, not the actual award and that Membership/Finance Committee will do the reconciliation of award.

(6.3bb) Ken Teel stated we don’t know what is going to happen with funding.

(6.3cc) Tom Butcher referenced the guidance that asks for a contingency plan.

(6.3dd) Tom Kidder called the question for the vote on the motion. 13 yes, 3 no, 1 abstention. The motion as listed below passed.

Service Category	Cost/Service	% of Request	Core/Support
<b>Outpatient/Ambulatory Medical Care</b>	\$ 1,813,596	20%	<b>Core</b>
<b>Medical Case Management Services</b>	\$ 2,085,635	23%	<b>Core</b>
<b>Housing Services</b>	\$ 634,758	7%	<b>Support</b>
<b>Substance Abuse Services (Outpatient)</b>	\$ 1,632,236	18%	<b>Core</b>
<b>Mental Health Services</b>	\$ 1,178,837	13%	<b>Core</b>
<b>Substance Abuse Services (In-patient)*</b>	\$ 453,399	5%	<b>Support</b>
<b>Medical Transportation</b>	\$ 181,360	2%	<b>Support</b>
<b>Emergency Financial Assistance</b>	\$ 362,719	4%	<b>Support</b>
<b>Food Bank/Home Delivered Meals</b>	\$ 453,399	5%	<b>Support</b>
<b>Oral Health Care</b>	\$ 136,020	1.5%	<b>Core</b>
<b>Outreach Services*</b>	\$ 45,340	0.5%	<b>Support</b>
<b>AIDS Pharmaceutical Assistance (local)*</b>	\$ 45,340	0.5%	<b>Core</b>
<b>Health Insurance Assistance^</b>	\$ 45,340	0.5%	<b>Core</b>
<b>Cost for Total Services</b>	<b>\$ 9,067,978</b>	<b>100%</b>	

Core Services 77%  
Support Services 24%  
Total Grant Ask = \$10,428,175

*(Includes Total Services x 15% for Grantee, PC Support and Quality Management)*

## (7.0) Ryan White Office Report (Grantee’s Office)

(7.1) Tom Butcher reported on behalf of the Ryan White Office. He stated that he is currently working on the grant application and needs the necessary Planning Council votes to be completed in time. The grant application is due September 29<sup>th</sup> with the submission date of September 25<sup>th</sup>.

(7.2) The MAI report – Mr. Butcher stated that one application was submitted for Region 4 (Stamford/Norwalk) and it was not successful. The Ryan White Office went out to bid again for Region 4 and the deadline is 8/19/08. In addition, in Region 2 (Waterbury), Outpatient Substance Abuse Services went unrequested; there wasn’t another place to put the money of \$6000 per the directives; therefore the Ryan White Office went out to rebid for providers to serve in Waterbury.

(7.2a) Tom Butcher asked the council to provide direction on what if the funds available does not get applied for again in this region, what does the council want to do with this money.



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(7.2b) Tom Kidder asked for clarification on whether an adjacent region could apply as long as services were provided in Waterbury. Tom Butcher confirmed this would qualify.

(7.3) Mr. Butcher reported that review process would convene the first week of September and he may have a report for the council in September.

## (8.0) Old / New Business

The Council Co-Chairs distributed draft language for the directives. Robert Sideleau explained that the committees have not been able to accomplish this task and asked for the council to review each drafted directive and indicate if they would like to comment. Each comment would be recorded and then further discussed at the SPA Committee meeting on September 4<sup>th</sup> for a final council vote at the September 12<sup>th</sup> meeting.

The notes are recorded as follows: The items that participants wanted to discuss include: 1.1, 1.2, 1.3, 3.1, and 3.3

### *1. Directive 1.1: to facilitate geographic fund distribution*

**Leif:** use the most up to date percentages for regions. Ken Carley (CT DPH) needs to be asked for these numbers. Although the current grant application has been using data as of 12/31/07, Leif suggested the future planning for allocating funds should really be using data as of 7/30/08, which is available on the website. Bob made the suggestion that we have both sets of data so the council could determine the best source to use.

**Joanne:** Where did these percentages come from? Request to include the current directives as they were approved last year and have a side-by-side comparison of what the suggested changes are. Who wrote these? Doesn't usually come out of committee?

### *2. Directive 1.2: To facilitate cost effectiveness and full expenditure of funding across all service categories*

**Ken:** Concerns with this directive and in relation to the overall process. He stated that he feels because of the changes in the legislature about how councils conduct business has impacted the perception of transparency with process. This directive is an example of that.

**Leif:** Where did this idea come from? What concerns does this address? Are there legal issues on contracting? Would there be legal issues with a restrictive RFP like this? He had heard there may be issues with this and I would like to understand this more.

**Dennis:** Process question: will we be limited to discussion this at committee only to what we are discussing now? Bob responded that this discussion is to assist with preparing in advance for the SPA committee so that we can complete the task with the necessary information to make decisions. He stated issues of confidentiality with the model. This needs data to support this model. Is there data to support this model? And if so, we should present that to the committee.

**Awilda:** What is different with this from last year's directive? We need to make this easier to understand what we are doing for this overall process.

**Joanne:** The directive about reallocating funding was taken out, and that's an issue to allow Ryan White to do what they want to. Also, concerns with having a single fiduciary, especially if that agency isn't familiar with administration of services they are not familiar with.



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**Jerod:** recommend consumers to attend the SPA committee so they can understand this all better.

### *3. Directive 1.3: To facilitate effective disbursement of Minority AIDS Initiative Funds*

**Joanne:** Would this have the same 'single' fiduciary model as the Part A? And would this have to be the same fiduciary for both programs? What if the fiduciary does not qualify as a MAI agency?

### *4. Directive 3.1: To promote population based service coordination and consumer involvement within each of the Planning Council's five regions*

**Brian:** Offered his assistance to help areas build a consumer advisory board (CAB) as he is a HRSA certified trainer in this area. It's about the consumers.

**Joanne:** without a consortium, how does the consumers and contractors along with community providers stay informed of the Ryan White program, in which they support the same clients although not RW funded?

**Jerod:** concerns with fiduciary concept.

**Ric:** In the Waterbury Region this already happens. There may be other regions that this does not happen, especially without having consumers present. By convening the meeting, the region addresses what the needs of the region are and have brought that information back to SPA for discussion of what services are needed to address the needs of the consumers. By forcing a centralized process and mandating everything is applied for brings concerns that the council will still not listen to what the regions are saying.

**Dennis:** Supports the CAB idea, however concerned with unfunded mandates of needing to have one to be in compliance with a contract. You are mandating the people to help the people that you are mandating, and this concept is interesting. CABs work better when its organic and organized at the grassroots level to address needs of the people verse needs of a contract. Organizing where there are concerns.

### *5. Directive 3.3: The facilitate service utilization data*

**Tom Butcher:** we will be using CareWare, so there will not be URS or another system for data collection and reporting.

#### **Overall concerns:**

**Bob:** These comments will be brought to SPA committee Sept 4<sup>th</sup> and where there are answers we will present them, and state where we were not able to find information.

**Leif:** comment for the co-chairs to look for other examples or models at other EMA/TGAs regarding the single fiduciary model, possibly at the All Parts conference. Also, as the co-chair to facilitate the SPA committee meeting in September, he would like to get this information in advance to prepare for facilitating this discussion. Comparison of the old and new will be important as this will be a heated discussion.

#### **Additional New Business:**

**Ken:** urge council to think about putting together committee work plans for each committee. It seems that some of the issues we had was because we didn't have these in place. These





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should be comprehensive work plans and to look this process discussion in January to prepare for the upcoming year.

**Roberta:** A workplan was in place, what was difficult was changes happened at the 11<sup>th</sup> hour and we didn't know who or what needed to be completed when.

**Joanne:** If the work plan is made by the council, how and why were there changes to the workplan? As an outsider, this was concerning when my staff came back from a meeting indicating a panic of a vote that they didn't understand.

**Bob:** It changed because all the work took too long to complete and everything got back up.

**Leif:** Part of the reason was that the PSRA took longer because of the new process of population-based planning. It was difficult because we didn't allow enough time for this completely new and complex process.

**Adaline:** Do we know anything about when the state money will be available?

### (9.0) Public Comment:

**Matt Lopes:** the state money did come in and all the contractors should have received their notice with a revised scope of service. We are getting the same amount of money as last year.

**Leif:** Even though the Pelosi/Dodd money came through, it still doesn't bring us back up to the original funding level.

**Brian:** Although this all was a new process, you are all heading in the right direction. And change is hard but good.

### (10.0) Announcements:

**Joanne:** Regional Network of Programs has a just opening the first program in the state for co-occurring clinic with DMHAS 3-year funding, 20 residential beds in Bridgeport on top the shelters, paid by Access to Recovery (ATR) for uninsured and confirmed psychiatric diagnosis.

**Awilda:** October 4<sup>th</sup> is the 19<sup>th</sup> Annual AIDS Walk in Bridgeport, sponsors, walker and helpers needed.

**Jerod:** As providers, please encourage your consumers to register and vote this year for the presidential election.

Meeting adjourned at 1:55 pm.

### (11.0) Adjournment

Tom Kidder thanked Council members for their work and adjourned the meeting at 1:55 pm.



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## Planning Council Meeting Attendance Record<sup>1</sup>

	Council Member	1/11	2/8	3/14	4/11	5/9	6/13	7/11	8/15	9/12	10/10	11/14	12/12
1.	Jose Aquino		•	•	•	•							
2.	Carlos Barbier	•	•	•	•				•				
3.	Ariel Berrios				•	•							
4.	Henry Bethea	•	•	•	•	•	•						
5.	Ric Browne	•	•	•	•	•	•	•	•				
6.	Charlotte Burch	•	•	•	•	•	•	•	•				
7.	Adaline DeMarrais	•	•	•	•	•	•	•	•				
8.	Jose Garcia		•	•	•			•					
9.	Awilda Gonzalez	•	•	•	•	•	•		•				
10.	Jerome Harris	•	•	•	•			•					
11.	Africka Hinds-Ayala		•	•	•	•	•		•				
12.	Jerod Geter	•	•	•	•	•		•	•				
13.	Thomas Kidder	•	•	•	•	•	•	•	•				
14.	Jennifer Loschiavo						•		•				
15.	Leif Mitchell	•	•		•	•	•	•	•				
16.	James Pitts												
17.	Stacie Riveria								•				
18.	Christine Romanik	•	•	•	•	•	•	•	•				
19.	Robert Sideleau	•	•	•	•	•	•	•	•				
20.	Roberta Stewart	•	•		•	•	•	•	•				
21.	Ken Teel	•	•	•	•	•	•	•	•				
22.	Dennis Torres				•		•	•	•				
23.	Javier Velez	•	•	•		•	•	•					
24.	Angie Young	•	•	•	•	•	•		•				
	% of Council present:	86%	87%	83%	86%	82%	66%	63%	77%				
	Ryan White Office	•	•	•	•	•	•	•	•				
	Planning Council Staff	•	•	•	•	•	•	•	•				
	Public Participants	8/15/08 – Sandra Gossart-Walker, Trina Barnes, Victoria Dicks, Carolee Paruta, Ana Torres, Matt Lopes, Joanne Montgomery, Karen Ricki, Brian Datcher											

\* Note: The attendance chart has been updated to reflect current planning council members only (5/9/08)

<sup>1</sup> Note: Council Members must not miss more than four Council meetings per year regardless of reason.



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## Planning Council Meeting Voting Record

	Council Member	7/11/08 Meeting Minutes Approval	Service Definitions	Resource Allocation Plan
	1 <sup>st</sup> Motion		SPA Committee	Membership/Finance Committee
	2 <sup>nd</sup> Motion		-	-
1.	Jose Aquino	NP	NP	NP
2.	Carlos Barbier	AB	Y	Y
3.	Ariel Berrios	NP	NP	NP
4.	Henry Bethea	NP	NP	NP
5.	Ric Browne	Y	Y	Y
6.	Charlotte Burch	Y	Y	Y
7.	Adaline DeMarrais	Y	Y	Y
8.	Jose Garcia	NP	NP	NP
9.	Awilda Gonzalez	AB	Y	Y
10.	Jerome Harris	NP	NP	NP
11.	Africka Hinds-Ayala	AB	Y	Y
12.	Jerod Geter	Y	Y	N
13.	Thomas Kidder	AB	AB	AB
14.	Jennifer Loschiavo	AB	Y	Y
15.	Leif Mitchell	Y	Y	Y
16.	James Pitts	NP	NP	NP
17.	Stacie Riveria	AB	Y	N
18.	Christine Romanik	Y	Y	Y
19.	Robert Sideleau	AB	Y	Y
20.	Roberta Stewart	Y	Y	Y
21.	Ken Teel	Y	N	N
22.	Dennis Torres	Y	N	Y
23.	Javier Velez	NP	NP	NP
24.	Angie Young	AB	Y	Y
		<b>9-Y, 8-AB, 7-NP</b>	<b>15-Y, 1-N, 1-AB, 7-NP</b>	<b>13-Y, 3-N, 1-AB, 7-NP</b>

Y= YES      N=NO      AB=ABSTENTION      NP=NOT PRESENT