



Ryan White Planning Council

New Haven & Fairfield Counties

Leif Mitchell & Roberta Stewart, Co-Chairs

Strategic Planning & Assessment Committee

*** Special * Meeting Summary - FINAL**

FAST FACT PAGE

Meeting Date: Thursday, May 15, 2008 from 2:00 to 4:00 pm
Start Time 2:10 pm
End Time: 4:00 pm
Location: Leeway, 40 Albert St., New Haven, CT
Presiding Chair: Roberta Stewart
Recorder: Sara Nichols, Planning Council Staff

Summary of Council Business Votes

- None

Council Member Assignments

- Review presentation distributed at the 5/15/08 meeting, “Care Patterns by SIX (6) Special Populations”.
- Focus on data points for care patterns/service category importance for “Primary Medical Care Retention” (including Barriers, Needs and Gaps) and the “Out-of-Care but ‘Would Return to Care’ Services

Staff Assignments

- Prepare May meeting minutes for 5/1 & 5/15.
- Prepare Feedback Summary from Planning Council Meeting on May 9th
- Prepare Presentation for Committee meeting - Assess pathways to care and need/barrier/gap to care for selected special populations and regional variance.



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Attendance Record

(SPA Committee Members in Bold)

	Council Member	1/15	2/19	3/26	4/15	4/24	5/1	5/15*	6/5	7/3	8/7	9/4	10/2
1.	Jose Aquino				●	●	●						
2.	Carlos Barbier					●							
3.	Ariel Berrios												
4.	Henry Bethea				●	●							
5.	Ric Browne				●								
6.	Charlotte Burch				●	●	●						
7.	Brian Datcher	●		●	●			●					
8.	Adaline DeMarrais												
9.	Jose Garcia												
10.	Jerod Geter	●			●	●	●						
11.	Awilda Gonzalez				●	●	●						
12.	Jerome Harris												
13.	Africka Hinds-Ayala												
14.	Thomas Kidder	●		●	●	●	●	●					
15.	Leif Mitchell	●	●	●	●	●	●	●					
16.	James Pitts												
17.	Christine Romanik				●								
18.	Robert Sideleau	●	●	●	●	●	●	●					
19.	Roberta Stewart	●	●	●	●	●	●	●					
20.	Ken Teel				●	●	●	●					
21.	Dennis Torres				●	●	●	●					
22.	Javier Velez	●	●	●	●		●	●					
23.	Angie Young												
	Ryan White Office	●	●	●	●	●		●					
	Planning Council Staff	●	●	●	●	●		●					
	Public Participants	5/15/08 – Jennifer Loschiavo, Lorrie Wesoly											

* Meeting attendance policy does not apply for special meetings per By-Laws.



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Welcome, Moment of Silence, and Introductions

Roberta Stewart, Co-Chair of the Committee, called the meeting to order at 2:10 p.m. and welcomed members of the committee and the public. Ms. Stewart asked that the participants silence their cell phones for the duration of the meeting and led the group in a moment of silence to remember and respect all individuals whose lives have been touched by HIV/AIDS. She reminded the attending members that all meetings are open to the public and advised that care should be used when sharing any personal or private information. Ms. Stewart announced that this was a special meeting to continue the process work on Priority Setting and Resource Allocation.

Old / New Business

- Review of the historical processes for PSRA and comparing the differences for Population-Based verses Services-Based analysis; Review of current progress to date on the PSRA process
 - The motion for the six special populations for the TGA were approved at the May 9th Planning Council meeting.
 - The focus of the SPA meeting for 5/15/08 is to review patterns of care for these six populations.
- Committee Data Review: A handout was distributed to members to review the data.
 - Slide 6: “Care Status Comparative Relevance” – 4 care status categories were reviewed:
 - (1) Primary Care Entry (total newly diagnosed per year who ENTERED care within that year; n=472)
 - (2) Primary Care Retention (full population based chart review; ‘stably’ IN CARE for 1+ year; n=4000)
 - (3) Primary Care Return to Care (full chart review & Out of Care Study; n=450)
 - (4) Out of Care ‘Would Return to Care’ (Out of care study, respondents to the question; n=1796)
 - Slide 7: Care Patterns in Entering Care (data source: In Care Needs Assessment; n= 327 respondents). Discussion about the sequence of services each population utilized BEFORE entering primary medical care. The average for the TGA: 5.2 services, 1 month and 5 days from entering ‘decision; to enter care. Substance abuse & mental health treatment, case management and accessing basic needs were services used before entering PMC. Comment from the May 1st meeting: DMHAS will not authorize initial SA IP no matter the acuity of symptoms. This could account for access for MH and SA IP post PMC entry.
 - Slide 8: Care Patterns – Services USED (data source In Care Needs Assessment AND Full Population Base Chart Review). Discussion about the RANK ORDER of what people said they USED to retain in care. Comment that IDU population was more stable in care population; Foreign Born was most erratically in care. Non-HIV meds was listed for 3 populations however had different meanings for each population. For African Americans, this was primarily medications for chronic conditions (i.e. diabetes, hypertension), for IDU it included Hepatitis C medications; and for Foreign Born it was meds for acute infectious diseases (i.e. tuberculosis).
 - Slide 9: Care Patterns – BARRIERS (need services and have trouble getting it). Mental health treatment for limited English and Spanish only was ranked high for a barrier. Substance Abuse IP treatment was discussed. Comment from committee member about possibility for Ryan White to assist the capacity building ability for SA IP rehab. A question that maybe providers are creating a gap for SA IP by not accessing available resources. Comment that Department of Mental Health and Addiction Services (DMHAS) only approves IP for persons with multiple detox with mental health issues.
 - Slide 10: Care Patterns – GAP (need services and can’t get it) – similar comments about SA and mental health treatment. Non-HIV medications listed for all populations but all have different meanings unrelated to HIV care. Housing and Transportation listed as high gaps for all



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populations; the money should follow the needs. Comment that HOPWA funds rental assistance (dollars for rent); not for a housing specialist to help find affordable housing. Comment that directives from the Planning Council to Ryan White office may need to address eliminating gaps specifically. Comment that it would be interesting to evaluate the Regional Differences more closely to see if the same care patterns exist. Calling to question regional service utilization of mental health, substance abuse, and dental.

- Slide 11: Return to Active Care – only three populations had different care patterns upon re-entry than initial presentation (1) incarcerated/recently release; (2) PLWHA regularly interrupting care by leaving the area (i.e. residency in Puerto Rico and CT); and (3) substance abuse attendees who interrupt care to enter inpatient rehab. Discussion that those erratically in care is important for medical case management. Also, the patterns of PLWHA mirror other people with other chronic conditions.
- Slide 12: Out of Care but Would Return – discussion of the services that would bring people back into care. Discussion about IDU would most return to care and actually will return. MSM are most likely to never return to care. They are generally long-term survivors and self manage the health care system.
- Comment that the Needs Assessment survey and Full Population Base Chart review included clients
- It was noted that the consumers self select to respond (to the survey) and self report (to survey and service provider). Comment that the respondents to the surveys have demographics that were reflective of the overall epidemiology of the TGA and the sample number of respondents in each region was reflective of epidemiology of location of PLWHA.
- The meeting concluded with staff assignment for the for care pattern analysis to be updated for June meeting to demonstrate the number of people who responded within the Special Population and Region variances. Committee participant agreed to look further at the Regional comparisons at the June 6th SPA meeting by looking at the retention in care and the out of care population

Announcements

- **Next Meetings:** Thursday, June 5th 2-4pm at Hill Health (New Haven) – Assess pathways to care and need/barrier/gap to care for selected special populations and regional variance.

Adjournment

Roberta Stewart thanked Council members for their work and adjourned the meeting at 4:00 pm.