



NEW HAVEN / FAIRFIELD
COUNTIES
RYAN WHITE PLANNING COUNCIL

Joanne Montgomery, Mitchell Namias & Anthony Santella Co-Chairs

Quality Improvement Strategic Planning & Assessment Committee Agenda

Thursday, March 5, 2026

9:30am – 12:00pm

Burroughs Community Center, 2470 Fairfield Avenue, Bridgeport, CT 06605

To Join Zoom Meeting from your computer/laptop or tablet

<https://us02web.zoom.us/j/84426263426?pwd=6a3Xy9xCreHo2ibiQRklcmi7oDgaFP.1>

To join via Cell Phone/Telephone:

Dial (929) 205-6099

Meeting ID: 844 2626 3426

Password: 611551

- 9:30AM a. Moment of Silence
- b. Welcome and Introductions
- c. Co-Chair Announcements
- 9:40AM d. Approval of the February 5, 2026 meeting minutes
- 9:45AM e. New/Old Business
- Review the Quality Improvement Strategic Planning & Assessment Committee Activity Timeline
 - Define One New Study and Present Results –Discuss Updates From the Needs Assessment
 - Identify Datasets/Needs for PSRA and Coordinate with Other Committees to Facilitate the Exchange of Information
 - Review Framework for PSRA
 - Update from CHPC on Integrated HIV Prevention & Care Plan
 - Review Quality Assurance Site Visit 5 Year Trending Document
 - Review/Update By Laws and Policy & Procedure Manual
 - Ryan White Office Report
 - Review EMA'S HIV Care Continua Including Subpopulations and Newly Diagnosed/Linkage
 - Quarterly review of the EMA's CQM performance measure portfolio from the Recipient's Office.
 - Review Quality Assurance Site Visit 5 Year Trending Document
 - Set The Agenda for the April Meeting Along with an Allocated Timeframe for Each Agenda Item.
 - Parking Lot Items – Discuss MAI funding reallocation scenarios
- 11:55AM • Announcements
- 12:00PM f. Adjournment

APRIL MEETINGS

- Quality Improvement Strategic Planning & Assessment Committee – Thursday, April 2nd, 9:30am – 12:00pm
- Executive Committee – Wednesday, April 8th, 2:00pm – 3:00pm
- Membership/Finance Committee - Friday, April 10th, 10:30 am – 11:30am
- Planning Council – Friday, April 10th, 12:00pm – 2:00pm

www.nhffryanwhitehivaidscare.org

Meetings are open to the public, including representatives from the media and the press. Public Participants may express their opinions during three segments of the monthly meetings: during Public Comment Sections and Announcements. All meetings are digitally recorded for the accuracy of the information presented per the Planning Council's Digital Recording Policy.

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Quality Improvement Strategic Planning & Assessment Committee Meeting Minutes

Meeting Date: Thursday, February 5, 2026
Start Time: 9:30am
End Time: 11: 27pm
Location: Burroughs Community Center and Zoom Teleconference
Presiding Chair: Mitchell Namias
Recorder: Sara Seaburg

Summary of Committee Votes

Approval of the January 8, 2026, meeting minutes.

Council Member Assignments

Attend Committee/Council meetings as outlined in the Council Bylaws.

Staff Member Assignments

(1.0) Moment of Silence

Mitchell called the meeting to order at 9:30 am. A moment of silence was observed in recognition of all who have been affected by HIV/AIDS.

(2.0) Welcome and Introduction

All participants introduced themselves.

(3.0) Co-Chair Announcements

Mitchell announced that the CHPC will be meeting, the third Wednesday of this month, and be reviewing part two of the needs assessment information, which will cover stigma, bias, and discrimination, as well as reviewing our workforce survey.

(4.0) Approval of the January 8, 2026 meeting minutes.

Inthiany Ardila made a motion to approve the meeting minutes from January 8, 2026, and Gloria McNeil seconded it.

For: (10) Ardila, Bigby, Burdick, Cole, Davis, Jeter, McNeil, McNair, Santella, Stewart

Against: (0)

Abstain: (4) Datcher, Namias, Pennacchia, Radocchia

(5.0) New Business/Old Business

- **Review the Quality Improvement Strategic Planning and Assessment (QISPA) Planning Council Activity Timeline**

The Committee reviewed the Planning Council Activity Timeline and determined that everything was on track.

- **Review One New Study and Present Results – Update on Adhoc Committee**

Anthony reported on the development of the new streamlined survey tool for Part A services, which has been finalized and piloted with five experienced case managers. The tool will be translated into English and Spanish, with electronic versions expected in the coming weeks. The team discussed survey distribution and incentives for Ryan White Part A clients. They decided to focus on medically case-managed clients, who make up about 90% of the overall client population.

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Natalie will investigate support for incentives from the recipient's office. The plan is for funded agencies to issue English and Spanish survey links to their medical case managers.

- **Updates on the Integrated HIV Prevention and Care Plan**

Mitchell presented the key findings of the statewide needs assessment, highlighting disparities in access to services across different racial and ethnic groups. The assessment revealed significant needs in areas such as dental care, mental health services, and financial assistance, with respondents of color often reporting the highest needs in many categories. This will be used to help inform the Integrated HIV Prevention and Care Plan. He highlighted significant gaps in services, particularly for Black respondents who reported high needs for food and rent assistance. The assessment revealed that while harm reduction services were well-utilized, there were knowledge gaps about syringe service programs, and clients were not using telehealth services despite having access. Oral health, food assistance, and housing were identified as major priorities, with 6% of clients experiencing homelessness and many reporting difficulty accessing dental care. The data showed racial disparities in service needs, with Black respondents having the biggest gap in support services, and gender differences in knowledge gaps about various HIV-related topics. The assessment also found that while Bridgeport was the top residence location, Waterbury and New Haven had lower representation in the survey responses despite being major care locations.

- **Review/Update Service Standards for GY26**

Staff presented all service standards and reviewed the updates requested from last month's meeting and included all language changes to comply with DEI executive orders. Attendees discussed service eligibility requirements and case management approaches under Ryan White funding, particularly focusing on whether clients need to complete full eligibility assessments for one-time services versus brief assessments. The group agreed to review service standards for the next fiscal year to determine appropriate assessment requirements while maximizing limited funding.

- **Review/Update By-Laws for GY2026**

Staff presented the by-laws with updates suggested last month and included all language changes to comply with DEI executive orders. Updates also included a minimum and maximum number of Planning Council members. Staff was asked to look into Planning Council co-chairs and committee co-chairs language around terms and elections.

- **Review Datasets for GY27 Priority Setting & Resource Allocation (PSRA) Process**

Staff presented the datasets that were used for last year's PSRA process for review. It was decided that once the final assessment instrument is completed and disseminated throughout the EMA, this committee will continue to discuss upcoming datasets.

- **Ryan White Office Report**

Valerie gave the following report:

- a. The Annual Quality Improvement Plan for GY26 will be presented by Natalie at the April meeting.
- b. The city received a partial award and this will be discussed in detail next month.
- c. The calculation for the award will be in a 5 year incremental change pattern using the location of where the client currently lives compared to where they were originally diagnosed.

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- **Set the Agenda for the January Meeting along with an allocated timeframe for each agenda item.**

This was discussed and the February agenda is all set.

(7.0) Parking Lot Items

- Minority AIDS Initiative Funding for intensive medical case management – attendees considered scenarios for reallocation of MAI funding to support services, though this would require changes to directives. Staff will send out the current directives for review prior to next months meeting.

(8.0) Announcements - There were no announcements

(9.0) Adjournment

The meeting adjourned at 11:40pm

Quality Improvement/Strategic Planning and Assessment Committee Attendance Record – 2026

	Council Member	Jan	Feb	Mar	April	May	June	Aug PSRA	Sept	Oct	Nov
1.	Inthiany Ardila	X	X								
2.	Maria Bigby	X	X								
3.	Jeremie Burdick	X	X								
4.	<i>Chris Cole PC Co-Chair</i>	X	X								
5.	Brian Datcher	A	X								
6.	Libra Davis	X	X								
7.	Kasima Jeter	X	X								
8.	Christopher Johns	A	A								
9.	Gloria McNeil	X	X								
10.	LaTonya McNair	X	X								
11.	Joanne Montgomery, Co-Chair	X	A								
12.	Mitchell Namias, Co-Chair	A	X								
13.	Ruth Pennacchia	A	X								
14.	Richard Radocchia	A	X								
15.	Anthony Santella, Co-Chair	X	X								
16.	Eddy Rodriguez	A	A								
17.	<i>Roberta Stewart PC Co-Chair</i>	X	X								
18.	Sophie Walton	X	A								
	Ryan White Office	X	X								
	Planning Council Staff	X	X								
	% of Council present:	67%	78%								

Guests: Jenny Bobadilla, Sue Major, Anthony Allen, Sofia Swaby, Hailey Malcom, Jen Degraca, Ronny Andrew, Nitza Agosto, Jean Brown, Denese Smith Monroe

Quality Improvement Strategic Planning & Assessment	March
Compile Unresolved Issues in Parking Lot	X
Identify Datasets/needs for PSRA and coordinate with other committees to facilitate the exchange of information	X
Review EMA'S HIV Care Continua Including Subpopulations and Newly Diagnosed/Linkage	X
Quarterly review of the EMA's CQM performance measure portfolio from the Recipient's Office.	X
Define one new study and present results	X
Review Quality Assurance Site Visit 5 Year Trending Document	X
Review framework for PSRA	X
Update from CHCP on Integrated HIV Prevention & Care Plan	X

GY2025 PLANNING COUNCIL DIRECTIVES TO THE RECIPIENT'S OFFICE

DIRECTIVE 1.0 - TO FACILITATE GEOGRAPHIC FUNDING DISTRIBUTION

The Recipient's Office will adhere to the service category *percentages* allocations by region as approved by the Planning Council during their annual Priority Setting and Resource Allocation Process.

DIRECTIVE 2.0 - TO FACILITATE COST EFFECTIVENESS AND FULL EXPENDITURE OF FUNDING ACROSS ALL SERVICE CATEGORIES

The Recipient's Office will ensure that prioritized and funded HIV services are available to all Persons with HIV (PWH) in the Eligible Metropolitan Area (EMA)'s five regions. The Recipient's Office shall provide four financial updates to the Membership/Finance Committee throughout the grant year. One of the financial updates will include a report showing allocations for the current grant year, based on the EMA's notice of award(s).

The Recipient's Office shall use HRSA service category definitions defined and approved by the Planning Council.

DIRECTIVE 3.0 – TO PREVENT THE POTENTIAL CONFLICT OF INTEREST IN RYAN WHITE AWARDS

Only organizations that provide direct HIV services may apply for Ryan White Part A funds. State and city entities cannot apply for Ryan White Part A (including Minority AIDS Initiative funds) funding.

DIRECTIVE 4.0 – TO PROMOTE COLLABORATIVE PLANNING AND POLICY-MAKING WITHIN EACH OF THE EMA'S FIVE REGIONS

The Recipient's Office will ensure that in each region of the EMA, Part A funded subs and sub/sub recipients will convene a regional planning group. The regional planning group must be comprised of PWH who receive Part A services and a representative from each Part A funded organization operating in the respective region. The regional planning group should include other representatives from Ryan White Part B, Part C, Part D, state and federal HIV prevention and care recipients (where applicable), Planning Council members and other parties relevant to building the region's HIV care continuum. The regional planning group must meet monthly at least 10 times per year for the purpose of discussing issues including but not limited to: viral suppression rates; the EMA's priority populations; integration of prevention/care services; co-location of services; barriers to care; funding opportunities; consumer participation; continuous quality improvement and review of Part A expenditures and service utilization. Regional Lead representation is required at meetings of the Planning Council including Priority Setting and Resource Allocation. The individual(s) selected to represent the lead agency must be submitted to the Recipient for review and approval based on their knowledge of and involvement with the Ryan White Part A Program.

DIRECTIVE 5.0 – TO FACILITATE DEVELOPMENT OF AND ADHERENCE TO THE EMA'S SERVICE STANDARDS

All Ryan White Part A funded organizations shall adhere to the EMA's Service Standards developed in partnership with the Recipient's office and approved by the Planning Council.

Annually, the Recipient's Office shall monitor the EMA's Service Standards for compliance, produce a report and present the results to the Planning Council's Quality Improvement Strategic Planning & Assessment Committee.

<https://www.nhffryanwhitehivaidscare.org/service-standards>

DIRECTIVE 6.0 – DATA REQUESTS AND RECIPIENT’S OFFICE RESPONSE

The Recipient’s Office, upon receipt of a data request from Planning Council Support Staff, shall produce requested report(s) within 15 business days to inform Planning Council decision(s). See the EMA’s Memorandum of Understanding designated communication contacts/channels.

https://www.nhffryanwhitehivaidscare.org/files/ugd/580e14_fa0ec4f7850940c9a4b8adf5dd019119.pdf

DIRECTIVE 7.0 – MINORITY AIDS FUNDING DISTRIBUTION

Minority AIDS Initiative (MAI) funding received by the EMA will be divided equally among the EMA’s five regions for Intensive Medical Case Management. Intensive Medical Case Management (IMCM) utilizes all MAI funding and focuses on the EMA priority populations; women of color, transgender people of color and men of color who have sex with men. The goal of which is to help clients re-enter or maintain medical care and other supportive services and to ultimately achieve viral suppression. IMCM teams develop care plans, enhancing life skills, addressing health and mental health/substance use needs, engaging in meaningful activities and building social and community relations. It is designed for clients who are, newly diagnosed, returned to care or not virally suppressed and who are identified as needing intensive support (higher acuity) for a shorter and time-delineated period.

DIRECTIVE 8.0 – REALLOCATION OF FUNDS

To ensure all Ryan White Part A funds are expended in a timely manner, the Planning Council authorizes the Recipient to implement the following actions:

1. After August 20th of the grant year, the Recipient can reallocate Ryan White Part A funding using the following parameters:
 - a. Reallocate up to 10% of a Region’s service category allocation from one service category subrecipient to another same service category subrecipient in the same region.
 - b. If “a” is not possible, reallocate up to 10% of a Region’s service category allocation from one service category subrecipient to another same service category subrecipient in the EMA and providing justification of how PWH services will be provided in the Region of origin.
2. The Recipient may request an increase above the 10% service category allocation by requesting approval from the Quality Improvement Strategic Planning and Assessment Committee and full Planning Council.