NEW HAVEN / FAIRFIELD COUNTIES
RYAN WHITE PLANNING COUNCIL

Joanne Montgomery, Mitchell Namias & Anthony Santella Co-Chairs

Priority Setting Process Meeting Minutes

Meeting Date:	Wednesday September 9, 2026
Start Time:	9:15 am
End Time:	11: 34 am
Location:	Burroughs Community Center & Zoom Videoconference
Presiding Chairs:	Joanne Montgomery, Mitchell Namias, Anthony Santella
Recorder:	Sara Seaburg

(1.0) Moment of Silence

Joanne Montgomery called the meeting to order at 9:15 a.m. A moment of silence was observed in recognition of all who have been affected by HIV/AIDS.

(2.0) Welcome and Introduction

Joanne welcomed everyone and requested that all Planning Council members and guests introduced themselves, any conflicts, where they live in the EMA and their Planning Council leadership role, if applicable.

(3.0) Co-Chair Announcements

Joanne reminded attendees that conflicts of interest allowed participation in discussions and were announced to provide transparency throughout these discussions.

(4.0) GY2027 Priority Setting and Resource Allocation Training

Joanne presented detailed training of the Ryan White HIV/AIDS Program funding structure and the Planning Council's role in supporting continued federal funding. Members received training regarding the Notice of Funding Opportunity (NOFO), the annual Non-Competing Continuation (NCC) Report, and HRSA's expectations regarding program accountability. The presentation emphasized that Planning Council activities, including needs assessments, community engagement, priority setting, resource allocation, comprehensive planning, consumer participation, and membership compliance, provide critical evidence demonstrating that Ryan White funds are being used appropriately. Members reviewed how Planning Council meeting minutes, attendance records, committee activities, membership rosters, and PSRA documentation ultimately support continuation of the federal grant. Committee leadership stressed that accurate and timely documentation is essential because HRSA reviews these materials during site visits and grant continuation assessments. Members discussed how community involvement and consumer input directly contribute to the grant application and reporting process and were reminded that Planning Council work serves as supporting documentation demonstrating compliance with Ryan White legislation.

She presented a second training focused specifically on conflict-of-interest requirements during PSRA. Leadership reviewed the federal definition of a conflict of interest and explained how affiliations with funded agencies, board memberships, employment relationships, and financial interests can affect participation in funding decisions. Members were reminded that conflict disclosure strengthens public trust and protects the credibility of Planning Council decisions. Discussion focused on balancing provider expertise with the obligation to ensure that service priorities and allocations are based on objective data rather than organizational interests.

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COLLABORATIVE RESEARCH

The committee reviewed examples of acceptable participation, including asking questions, sharing expertise, and contributing to discussions, while also discussing when members must abstain from allocation votes. Members emphasized that consumer representation and transparency remain critical components of the Planning Council process. The training also reinforced that all deliberations should be grounded in documented need, utilization data, and demonstrated service gaps rather than anecdotal preferences or provider interests.

(5.0) Review data sets to be used for the GY 2027 Priority Setting & Resource Allocation Process
Staff presented the following data sets to be used for the priority setting process:

Dataset #1: Non-Virally Suppressed Needs Assessment (2025)
Attendees reviewed findings from a 2025 assessment of non-virally suppressed consumers. Forty-six surveys were completed by a population of ninety-three eligible individuals. The survey identified Medical Case Management, Food Bank/Home Delivered Meals, and Outpatient Ambulatory Health Services among the most important services needed by this population. Committee discussion centered on whether the small sample size should reduce the reliability of the dataset or whether the importance of hearing directly from consumers experiencing poorer outcomes justified a higher rating. Ultimately, members assigned the dataset a rating of 3, concluding that the information was meaningful but not sufficiently broad to warrant the highest weighting.

Dataset #2: Late-Diagnosed Needs Assessment (2022)
Attendees reviewed responses from 126 late-diagnosed individuals collected in 2022. They discussed whether the age of the data reduced its usefulness, noting that allocation decisions being made now would affect services in FY27. Several attendees expressed concern that a dataset collected in 2022 may not fully reflect current service needs. Others argued that consumers entering care late continue to represent an important population and that the information remains valuable. The committee ultimately retained a weighting of **3**.

Dataset #3: All Services Needs Assessment (2023)
Attendees reviewed results from a 2023 all-services survey involving 150 participants across all five EMA regions. Discussion focused on the fact that the survey was geographically balanced and included broad participation but was now older than several other available data sources. Members generally agreed the dataset remained useful but believed newer consumer surveys should receive greater emphasis. The committee assigned a final weighting of 5.

Dataset #4: Newly Diagnosed Needs Assessment (2023)
Results from a survey of newly diagnosed consumers were reviewed. Although 17 of 20 eligible participants completed the survey, members expressed concern that such a small sample might not adequately represent service needs across the EMA. Discussion also considered whether newly diagnosed clients' needs were already reflected in other datasets. Following more discussion, the committee assigned a weighting of 5.

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Dataset #5 and Dataset #6: In-Care Needs Assessment (2024) Populations of Focus Needs Assessment
The committee reviewed data from a 2024 assessment completed by 500 in-care consumers and a separate assessment completed by 141 consumers representing priority populations. Members discussed the importance of hearing directly from consumers who are actively receiving services as well as from populations disproportionately affected by HIV. Several members supported assigning greater weight to the priority population assessment because it specifically captured experiences from populations identified as most vulnerable. Following discussion and voting, both datasets received a weighting of 3.

Dataset #7: Statewide Needs Assessment (2026)
The statewide DPH Needs Assessment included responses from 619 individuals and represented the most recent and largest dataset reviewed by the committee. Attendees emphasized its value due to its size, recency, and representation of multiple Ryan White funding streams. Discussion highlighted that the survey captured service gaps among consumers who may not currently receive Part A-funded services but could need those services in the future. The committee agreed this was one of the strongest datasets available and assigned it a weighting of 1.

Dataset #8: NHFF EMA Needs Assessment (2026, services needed but could not get)
Attendees reviewed the 2026 NHFF EMA Needs Assessment data focusing on services consumers reported needing but being unable to access. This dataset reflected responses from 530 Ryan White Part A consumers and was considered one of the most recent and comprehensive datasets available for the PSRA process. It was discussed that the survey focused specifically on services currently funded by the EMA, allowing respondents to identify unmet needs within the existing service system. Results showed Housing Services, Emergency Financial Assistance, Medical Case Management, Food Bank/Home Delivered Meals, and Health Insurance Premium Cost Sharing Assistance among the highest-ranked unmet service needs.

Discussion focused on the strength of the dataset due to its large sample size, recent collection period, and direct relevance to the EMA service system. Members noted that the information reflected current consumer experiences and provided valuable insight into service gaps. Several members stated that the dataset represented a strong measure of current unmet need because it specifically asked consumers which services they could not access. Following discussion, the committee overwhelmingly agreed that the dataset was highly relevant and assigned it a weighting score of 1, indicating a high-priority data source for the FY27 priority setting process.

Dataset #9: NHFF EMA Needs Assessment (2026, medical services needed to stay healthy)
Next reviewed was the medical services component of the 2026 NHFF EMA Needs Assessment. The survey asked consumers to identify medical services they believed were necessary to maintain their health. Initial rankings showed AIDS Drug Assistance Program services, Medical Case Management, Local AIDS Pharmaceutical Assistance, Health Insurance Premium Cost Sharing Assistance, and Early Intervention Services among the highest-rated categories.

Significant discussion occurred regarding the wording of the survey question and the resulting rankings. Members questioned whether respondents interpreted the phrase "medical services"

consistently and whether consumers would naturally think of behavioral health and substance use services when responding. Several participants commented that many consumers may associate the term "medical services" primarily with physician care, medications, and clinic visits rather than broader core medical categories. During review, staff examined the original survey instrument and determined that several services had default rankings assigned because they were not selected rather than because they were unavailable as response options. Adjustments were made to ensure services offered in the survey were ranked appropriately within the dataset.

Despite the corrections, many committee members expressed reduced confidence in the dataset because of concerns about how the question was structured and interpreted. Some noted that the use of the term "medical services" could create confusion and potentially affect how respondents selected services. Other members stated that because the methodology required clarification during the meeting, they were less comfortable assigning the dataset a high weight. After discussion and a final discussion, the committee assigned the dataset a weighting score of 5, indicating lower confidence in its usefulness as a priority-setting tool. Members specifically requested that future documentation note that the lower score reflected concerns regarding question construction and confidence in the dataset, not a dismissal of consumer input.

Dataset #10: NHFF EMA Needs Assessment (2026, support services needed to stay healthy)
The committee then reviewed the support services component of the 2026 NHFF EMA Needs Assessment. Consumers were asked to identify support services needed to maintain their health and well-being. Initial rankings identified Emergency Financial Assistance, Food Bank/Home Delivered Meals, Child Care Services, Housing Services, Linguistic Services, and Medical Transportation as the highest-ranked support service needs.

Discussion closely mirrored the concerns raised regarding Data Set #9. Members revisited questions about survey design, service categorization, and ranking methodology. During review, committee members examined whether all available support services had been correctly ranked and whether services that received no selections were being interpreted appropriately in the final calculations. Staff clarified that services not selected by respondents had originally received default numerical rankings and reviewed the original survey to confirm which services were available as response options. Corrections were made to ensure all support services were ranked consistently.

Although members acknowledged that the survey was current and involved a large number of respondents, several participants indicated that their confidence in the results had been reduced by the confusion surrounding services and rankings. The importance of improving survey construction was discussed before future PSRA cycles. Following discussion and voting, the committee assigned Data Set #10 a weighting score of 5. Like Data Set #9, members requested that the meeting record clearly reflect that the lower score was based on concerns about question structure and confidence in the ranking process rather than the importance of the underlying consumer feedback.

Throughout the meeting, concerns that behavioral health needs are not being fully reflected in the available data were discussed. Members repeatedly questioned why mental health and substance

use services continue to rank lower than expected despite extensive provider experience indicating significant demand. It was suggested that future needs assessments should specifically capture

behavioral health service utilization and unmet need through more targeted questions. The committee agreed to revisit this issue during the annual PSRA debrief and consider incorporating new data sources or survey methodologies that better capture these service needs

Final FY27 Priority Rankings
Chris Cole made a motion to accept the GY2026 service category priorities and Rich Radocchia seconded the motion. A role call vote was conducted:

For: (12) Burdick, Cole, Datcher, Davis, Jeter, Johns, McNair, Pennacchia, Radocchia, Santella, Stewart, Taylor
Against: (0)
Abstain: (2) Montgomery, Namias

Service Category GY2027 Priorities Approved 9/9/2026			
Food Bank/Home Delivered Meals	1	Health Education & Risk Reduction (HERR)	15
Medical Case Management	2	Non-Medical Case Management Services	16
Emergency Financial Assistance	3	Local AIDS Pharmaceutical Assistance	17
Outpatient/Ambulatory Health Services	4	Early Intervention Services	18
Mental Health Services	5	Psychosocial Support Services	19
Housing Services	6	Home & Community-Based Health Services	20
Oral Health Care	7	Linguistic Services	21
Medical Transportation	8	Other Professional Services	22
Health Insurance Premium/Cost Sharing Assistance	9	Outreach Services	23
Substance Abuse Services-Outpatient	10	Child Care Services	24
Substance Abuse Services-Inpatient	11	Hospice Services	25
AIDS Drug Assistance Program (CADAP) Treatments	12	Rehabilitation Services	26
Referral for Healthcare and Supportive Services	13	Home Health Care	27
Medical Nutrition Therapy	14	Respite Care	28
Denotes Core Service			
Denotes Support Service			

(6.0) Announcements
None

(7.0) Adjournment - The meeting adjourned at 11:34am.

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	Council Member	Jan	Feb	Mar	April	May	June	PSRA Day 1	PSRA Day2	Sept	Oct	Nov
1.	Maria Bigby	X	X	X	A	A	A	A				
2.	Jeremie Burdick	X	X	X	X	X	X	X				
3.	*Chris Cole PC Co-Chair*	X	X	X	X	A	X	X				
4.	Brian Datcher	A	X	X	X	X	X	X				
5.	Libra Davis	X	X	X	X	X	X	X				
6.	Kasima Jeter	X	X	X	X	X	A	X				
7.	Christopher Johns	A	A	A	A	A	X	X				
8.	Gloria McNeil	X	X	X	A	X	A	A				
9.	LaTonya McNair	X	X	X	A	X	X	X				
10.	**Joanne Montgomery, Co-Chair**	X	A	X	X	X	X	X				
11.	**Mitchell Namias, Co-Chair**	A	X	A	X	X	X	X				
12.	Ruth Pennacchia	A	X	X	X	X	X	X				
13.	Richard Radocchia	A	X	X	X	X	A	X				
14.	**Anthony Santella, Co-Chair**	X	X	X	X	X	X	X				
15.	*Roberta Stewart PC Co-Chair*	X	X	X	X	X	X	X				
16.	Keith Taylor	-	-	-	-	-	X	X				
17.	Sophie Walton	X	A	X	X	X	X	A				
	Ryan White Office	X	X	X	X	X	X	X				
	Planning Council Staff	X	X	X	X	X	X	X				
	% of Council present:	67%	78%	83%	72%	78%	76%	82%				

Guests: Nida Butt, Clunie Jean-Baptiste, Jamelia Beckford, Nick Boshnack, Nitza Agosto, Sofia Swaby, Jennifer Dagraca. Sofia Swaby, Laura Adams, Vernette Moone-Ellis, Chloe Johnson, Jackson Monarca

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