

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**PLANNING AND EVALUATION COMMITTEE**

**SUNCOAST HOSPICE, CLEARWATER**

**THURSDAY, MAY 9, 2019**

**9:30 A.M. – 11:00 A.M.**

**MINUTES**

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| **CALL TO ORDER** | The meeting was called to order by Co-Chair, Sheryl Hoolsema, at 9:35 a.m. |
| **ATTENDANCE** | Members Present: Elizabeth Rugg, Nolan Finn, Charlie Hughes, Marylin Merida, Sheryl HoolsemaMembers Absent: Jim RothGuests Present: None.Recipient Staff Present: Aubrey ArnoldLead Agency Staff Present: Floyd EgnerHealth Council Staff Present: Naomi Ardjomand-Kermani, Katie Scussel |
| **CHANGES TO AGENDA** | None. |
| **ADOPTION OF MINUTES** | The minutes for April 11, 2019 were approved by acclamation **(M: Finn, S: Hughes)**. |
| **CARE COUNCIL REPORT** | Member, Charlie Hughes, reported that the last Care Council meeting was held on May 1, 2019. A Standards, Issues, and Operations Committee meeting was held prior to the meeting and was led by Health Resources and Services Administration (HRSA) staff. Members present reported that the discussions held during this meeting were overall positive and insightful. HRSA staff was present during the Care Council meeting as part of the West Central Florida Ryan White Care Council comprehensive site visit.Recipient, Aubrey Arnold, informed Care Council members that Hillsborough County will be among one of the first Florida counties to begin a clean needle exchange program. This news was received with applause by Care Council members. He went on to remind members that the Statewide Anonymous Needs Assessment will be released soon, for 8 weeks, and asked members to do their best to assist with the distribution of these surveys once released.Although a new member application and member renewal application were on the agenda as actions items, both were tabled due to the absence of both parties.Member, Nolan Finn, announced that the Spring Patient Care Prevention Planning Group (PCPPG) meeting will be held May 14-16, 2019 and a People Living with HIV Advisory Group (PAG) meeting will follow on May 16-17, 2019. The statewide Integrated Plan dashboard as well as the evolving Part B allocations will both be discussed at this time. A Coordination of Efforts meeting will be held on May 14, 2019 after the close of the PCPPG meeting.Floyd Egner, of the Lead Agency, reported that Part B ended their funding year at about 98% spent.The Women, Infants, Children, Youth and Families (WICY&F) committee announced that their Spring Mother’s Day event will be held on May 15, 2019 at the St. Petersburg Metro Inclusive Health location from 11:00am – 1:00pm.Planning Council Support Staff reviewed bylaws pertinent to Chair and Vice-Chair elections and took nominations at that time. Nolan Finn and Charlie Hughes were nominated for Chair and Kamaria Laffrey was nominated for Vice-Chair.David Cavalleri was present and requested that PLWH (People Living with HIV) Care Council members attend and participate in future Quality Management (QM) workgroup meetings. Five Care Council members volunteered to come to the June 21, 2019 meeting.The need for a seated Affordable Care Act (ACA) representative on the Care Council was discussed and guest Adrianne Emanuel, Agency for Health Care Administration staff, requested that more information on this need be shared to present to her employer.The next Care Council meeting will be held on June 5, 2019 at the The Children’s Board of Hillsborough County from 1:30pm – 3:00pm. |
| **REVIEW INTEGRATED PLAN** | Member, Nolan Finn, will be reporting data collected for 4 goals at the Patient Care and Prevention Planning Group (PCPPG) meeting next week.Members reviewed each goal, strategy, and activity listed in the Integrated Plan. National HIV/AIDS Strategy (NHAS) goal #1 regarding the increase of Pre-Exposure Prophylaxis (PrEP) providers by 50% has been met and exceeded. A typo for Strategy #2, on Page 40, was observed and changes were noted in the Integrated Plan’s living document (to be reviewed monthly, beginning at the June P&E meeting). Strategy #3 was reported to be on track as there are now billboards and commercials that advertise PrEP and the Department of Health (DOH) is currently running social media ads through the Mary Elizabeth Group. Indicators will be discussed at a Bureau level at the upcoming PCPPG meeting.Member, Marylin Merida, questioned how “best practices to finance PrEP” will be identified and members agreed that this language is no longer relevant and should be changed to “monitor streams of funding” as the provision of PrEP continues to change. Merida and Lead Agency staff, Floyd Egner, discussed that the funding for PrEP navigators is coming from medical services and not from prevention funds.Members discussed how to achieve objective B’s goal of 90% of People Living with HIV (PLWH) being aware of their status. One indicator suggests that testing through the Emergency Room should be implemented across all hospitals in the Eligible Metropolitan Area (EMA). Although Tampa General Hospital is participating in this effort, it is not consistent among all hospitals.Quality Management (QM) will begin tracking suppression rates by zip-codes in order for agencies to identify local hotspots for the purpose of increased outreach and HIV testing. Although QM is able to collect such data from e2Hillsborough and CareWare these systems do not track people prescribed PrEP as these systems are solely for people who are HIV+. One local initiative, Zero Pinellas, has begun tracking these individuals and are recording them using an excel spreadsheet. Recipient, Aubrey Arnold, offered to get in touch with HRSA technical assistance (TA) to discuss whether or not this is a possible project to begin. Member, Nolan Finn, informed members that PrEP will be discussed at the upcoming PCPPG meeting.Language was determined to be inappropriate for strategy #2 B in regards to peers identifying other peers as high risk as it implies that peers will be reporting these folks to surveillance. Instead members suggested that this language be changed to reflect the Peer and Partner training model. Members discussed that strategy #3 is measured through DOH grants that are required to report number of social media posts that educate viewers on HIV testing. Member, Elizabeth Rugg, mentioned that not all sub-recipients are required to report social media posts, for example the West Central Florida Ryan White Care Council is not required to report the number of social media posts. Thus this language should be changed to High Impact Prevention grantees because it is a required deliverable per their grant award.Members decided that provider training activity, per Strategy #2 B, should be eliminated as trainings are not specific to HIV testing. Co-Chair, Sheryl Hoolsema, went on to say that the AIDS Education Training Centers (AETCs) do not provider training to providers that specifically pertains to HIV testing awareness and education, thus it would be impossible to track who is educated based on their need.Member, Nolan Finn, questioned how the EMA will reduce new infections by 10% if there is no baseline logged. Staff, Naomi Ardjomand-Kermani, explained that the baseline would be the incidence rate of HIV in 2017 as compared to the final incidence rate collected in 2021.Member concluded this discussion by requesting that the language used in Strategy #3, regarding social media post reports, be changed to social media posts seen and engagements. |
| **COMMUNITY INPUT/ANNOUNCEMENTS** | Recipient, Aubrey Arnold, shared with members that the Health Resources and Services Administration (HRSA) comprehensive site visit was successful, with 3 HRSA staff, including the EMA’s project office, and 4 HRSA-contracted consultants present. Comments were positive overall and the report is expected within the next 4-6 weeks. HRSA staff applauded the area’s quick turnaround in regards to provider payments. The consumer luncheon, held on the third day of the site visit, was attended by 15 participants.Co-Chair, Nolan Finn, announced that he will be appearing on an episode of HGTV’s House Hunters on May 30th, 2019 at 10:00pm. |
| **ADJOURNMENT**  | There being no further business to come before the Committee, the meeting was adjourned at 10:52 a.m. |
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