

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**PLANNING AND EVALUATION COMMITTEE**

**SUNCOAST HOSPICE, CLEARWATER**

**THURSDAY, JUNE 13, 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 9:42 a.m. |
| **ATTENDANCE** | Members Present: Kirsty Gutierrez, Sheryl Hoolsema, Elizabeth Rugg, Nolan Finn  Members Absent: Charlie Hughes, Marylin Merida, Jim Roth  Guests Present: None  Recipient Staff Present: Aubrey Arnold  Lead Agency Staff Present: Floyd Egner  Health Council Staff Present: Naomi Ardjomand-Kermani, Katie Scussel, Lisa Nugent |
| **CHANGES TO AGENDA** | None. |
| **ADOPTION OF MINUTES** | The minutes for May 9, 2019 were tabled due to a lack of quorum. |
| **CARE COUNCIL REPORT** | Staff, Naomi Ardjomand-Kermani, reported that the last Care Council meeting was held on June 5, 2019 at The Children’s Board of Hillsborough County. Vice-Chair, Kamaria Laffrey, held a moment of silence in honor of Long-Term Survivor’s Day and read members a letter she wrote for the occasion.  Aubrey Arnold reported that the Health Resources and Services Administration (HRSA) site visit went smoothly and that upon exit interview Part A was commended for how well the providers work together and how contracts are executed in a timely manner. Long--time monitoring staff, Laura Morgan, has retired and a replacement has officially been hired. Her replacement served in Hillsborough Ageing Services for approximately 10 years as a business analyst for quality management (QM) and will be announced at the August Care Council meeting. They will be working closely with David Cavalleri in QM monitoring and fiscal programming. Arnold went on to announce that the awardees of the capacity building grant, applied for by Part A, will be announced on June 24, 2019.  Both Arnold and Staff informed members that statewide anonymous needs assessment was released and members were reminded of the importance of them promoting the survey in order to garner as many survey responses as possible. Staff provided flyers in Haitian Creole, Spanish, and English for distribution and promotion of the survey.  The Lead Agency reported that the Medical Case Management (MCM) guidelines will be changing and eligibility determination and MCM will now have separate funding streams. June 30, 2019 will mark the end of the Part B’s fiscal year and CareWare 6 will be released sometime in September. A train-the-trainer event will be held at the end of June in preparation for its release.  Two new membership applications and one membership renewal were voted on and three members were voted to be removed as a result of their poor attendance. RPARC presented Part A and Part B for Council members to review. No questions were raised at that time.  Lastly, the meeting was abbreviated to accommodate the Spring leadership training on compassion fatigue. Staff reminded Council members that, as part of their responsibilities as voting members, they are required to attend both Fall and Spring trainings. |
| **REVIEW STANDARDS OF CARE AND MINIMUM STANDARDS OF CARE** | Staff, Naomi Ardjomand-Kermani, explained that upon exit interview with the HRSA staff a recommendation was made to improve the Minimum Standards of Care to be representative of Health Resources and Services Administration (HRSA) and the HIV/AIDS Bureau (HAB) monitoring standards. These monitoring standards and the Service Standards section of the Part A manual were presented by staff and reviewed briefly by members.  This recommendation was made by consultants hired by HRSA for the comprehensive site visit and the expectations were not clearly defined. This will be a major project and members decided that further clarification is needed before any changes can be made. Recipient, Aubrey Arnold, offered to reach out to our Eligible Metropolitan Area (EMA) Part A project officer, Michael Carrigan to request examples of other area’s service standards as a template. |
| **REVIEW REVISED INTEGRATED PLAN & INTEGRATED PLAN MONITORING TOOL** | Members discussed the manner in which the Integrated Plan will be monitored as the statewide monitoring tool has yet to be released. Recipient Aubrey Arnold speculated that the Hillsborough County Ryan White membership dashboard may be a manner in which summary level information can be extracted.  Staff presented the committee with a monitoring tool created from a template provided by Miami-Dade’s area, with the local area’s goals, objectives, and strategies entered within the tool. This tool was determined to be acceptable by the members of the committee and staff will use this tool to monitor the success of the Integrated Plan.  A living document of the Integrated Plan was distributed among members with changes made to Goal #1, per the previous P&E meeting. Members used their time during this meeting to review and make changes to Goal #2.  The edits are as follows:   * Goal #2, Objective A, Strategy #1, activity:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Timeframe** | **Responsible Parties** | **Activity** | **Target Population** | **Data Indicators** | | Annually, by the end of January for the previous calendar year | ~~Re-entry providers, DOH-funded Linkage Coordinators~~  Part A inmate Case Managers | Track the number of individuals who are referred to inmate Ryan White care | Difficult to reach persons newly diagnosed with HIV | Number of persons referred to care |  * Goal #2, Objective A, Strategy #2 eliminated:   ~~Strategy 2: Establish a baseline of persons eligible for Ryan White funding in the EMA who are linked to Part A, Part B, and Part D-funded medical care.~~   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **~~Timeframe~~** | **~~Responsible Parties~~** | **~~Activity~~** | **~~Target Population~~** | **~~Data Indicators~~** | | ~~Annually, by the end of January for the previous calendar year~~ | ~~Part A, Part B, and Part D~~ | ~~Compare the names of newly diagnosed individuals referred to care with those in the Ryan White care database~~ | ~~Difficult to reach persons newly diagnosed with HIV~~ | ~~Number of persons referred to care vs. number of persons in care~~ | | ~~Annually, by the end of January for the previous calendar year~~ | ~~Linkage Coordinators, Part A, Part B, and Part D.~~ | ~~Meet to review baseline data and discuss strategies to enhance linkage and engagement in care~~ | ~~Difficult to reach persons newly diagnosed with HIV~~ | ~~Meeting attendance~~ |  * Goal #2, Objective A, Strategy #3 was re-numbered to Strategy #2 and the following edits were made:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Timeframe** | **Responsible Parties** | **Activity** | **Target Population** | **Data Indicators** | | By December 2021 | CBOs | ~~Create a community resource guide detailing available services at community providers utilizing the What’s Next resource guide as a baseline~~  Encourage providers to consistently contribute to Tampa Bay Health Resources and promote use of resource guide | Persons living with HIV  Case managers | Creation of a community resource guide |  * The language for Goal #2, Objective B was corrected from Outpatient Ambulatory Medical Care (OAMC) to the current language of Outpatient Ambulatory Health Services (OAHS) * Goal #2, Objective B, Strategy #1 activity:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Timeframe** | **Responsible Parties** | **Activity** | **Target Population** | **Data Indicators** | | ~~Ongoing~~  Annually by February 1 for previous calendar year | CBOs | ~~Increase~~ Survey number of support groups offered in the EMA | ~~Women~~  ~~Youth~~  ~~Heterosexual men~~  ~~Persons who have fallen out of care~~  Persons living with HIV | Number of support groups, by target population, offered in the EMA as reported to the Care Council and HIV Planning Partnership |  * Goal #2, Objective B, Strategy #3 activity:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Timeframe** | **Responsible Parties** | **Activity** | **Target Population** | **Data Indicators** | | Ongoing | CBOs | ~~Replicate successful evidenced-based program from other communities~~  Provide support training and resources for peer intervention programs | Persons living with HIV | Number of peer programs available in the EMA |  * The language for Goal #2, Objective C was corrected from Outpatient Ambulatory Medical Care (OAMC) to the current language of Outpatient Ambulatory Health Services (OAHS). All activities with OAMC language was changed to OAHS as well. * Goal #2, Objective C, Strategy #3 language was further clarified:   *Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-related co-infection Hepatitis C (HCV).*   * Goal #2, Objective C, Strategy #3 activity:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Timeframe** | **Responsible Parties** | **Activity** | **Target Population** | **Data Indicators** | | Ongoing | Healthcare Providers, CBOs, Department of Health | Encourage providers to refer persons living with HIV to other community services (i.e., housing, child care, etc.) | Persons living with HIV | ~~Creation of a community resource guide~~  Number of people receiving medical case management plan |   Upon completion of edits to Goal #2, the committee agreed to edit Goal #3 at the July 11, 2019 meeting after which the Integrated Plan will be amended in its entirety. Staff will present the monitoring tool, with these edits, at the August meeting with collected data entered. |
| **COMMUNITY INPUT/ANNOUNCEMENTS** | Lead Agency staff, Floyd Egner, reminded the committee that the state’s office of HIV/AIDS has decided to change the guidelines for Medical Case Management (MCM). Eligibility determination and MCM will now have separate funding streams. The state has given Part B until October 1, 2019 to complete these changes. Recipient, Aubrey Arnold, asked Egner if this would affect Part A’s MCM, but Egner was unable to answer the question at that time. Further information on these guideline changes will be sent to staff by e-mail. |
| **ADJOURNMENT** | There being no further business to come before the Committee, the meeting was adjourned at 10:58 a.m. |
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