

WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL

**RESOURCE PRIORITIZATION AND ALLOCATION RECOMMENDATIONS**

**SUNCOAST HOSPICE, CLEARWATER**

**THURSDAY, MAY 9, 2019**

**11:00 A.M. – 12:30 P.M.**

 **MINUTES**

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| CALL TO ORDER | The meeting was called to order by the Co-Chair, Nolan Finn, at 11:05 a.m.  |
| ATTENDANCE | Members Present: Nolan Finn, Elizabeth Rugg, Marilyn Merida, Charlie Hughes, Joy WinheimMembers Absent: David Konnerth, Jim RothGuests Present: Adrienne Emanuel, Priya Rajkumar, Rose MartinezRecipient 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 February 14, 2019 were approved by acclamation **(M: Hughes; S: Winheim)**.The minutes for March 14, 2019 were approved by acclamation **(M: Hughes; S: Winheim)**. |
| 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.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 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. |
| RECIPIENT UPDATE | Recipient, Aubrey Arnold, announced long-time monitoring staff, Laura Morgan’s, retirement at the end of May 2019. Her replacement has already been recruited and will be trained, by Laura, before she takes her leave.Per Health Resources and Services Adminstration (HRSA) recommendations, made during the comprehensive site visit, the monitoring of sub-recipients will be changing.The HRSA comprehensive site visit took place over 4 days and although intensive, was overall a positive experience. Some positive feedback included lauding the Eligible Metropolitan Area’s (EMA) timeliness in having contracts in place before the new grant year, ensuring continuity of services. The quick turnaround time in paying providers was another point of acclamation. The EMA expects to receive HRSA’s written report within the next 4-6 weeks. These results will be reported to Care Council and Care Council committees, once received.Arnold went on to inform member that a telecommuting project is in effect for employees of the Hillsborough Board of County Commissioners (HBOCC). Monitoring staff is working from home full-time while Aubrey Arnold, Dorinda Seth, and fiscal staff are working from home on a part-time basis.Upon announcing the exploration of the clean needle exchange program in Hillsborough County member, Joy Winheim, inquired as to whether contracted providers who provide substance use interventions will be included as participants. Arnold responded that multiple community partners, through the Opioid Task Force, will be among the participants. Member, Nolan Finn, asked if this will require additional funding and plans to discuss this topic at next week’s PCPPG meeting. Arnold explained that Miami-Dade’s clean needle exchange program is funded by the Elton John Foundation, MAC makeup company, and Gilead and is overseen by the University of Miami.Arnold concluded his report by mentioning that the President’s Getting to Zero by 2029 initiative may not have eligibility requirements for funding treatment. Hillsborough and Pinellas Counties are 2 of the 48 counties to be targeted by this initiative. |
| PART A EXPENDITURE REPORT | Members reviewed the Part A expenditure report and asked several questions about certain aspects of the report.Member, Charlie Hughes, asked why the encumbrance rate is over 100%, but not all funds are spent. Arnold responded that the Year-to-date encumbrance rate shows the unmet need as Ryan White funds may not be available. In these instances providers may have other streams of funding that cover these deficits.Arnold reported that Part A has historically never expended to the level that it did this past funding year, thanks to a quick close-out by fiscal staff Rose Martinez and Onelia Pineda. With only $16,000 in leftover funds, which will be carried over to next year - this amount is the least left in funding years past.Member, Elizabeth Rugg, pointed out that this report does not show how much money is spent by providers through program income and requested that Rose Martinez begin tracking program income spent.During the comprehensive site visit, HRSA staff inquired as to why the EMA is spending so much for primary care services rather than funding more support services. Arnold explained that due to Florida’s refusal to expand Medicaid, the funding is needed in this category. |
| LEAD AGENCY UPDATE | Lead Agency staff, Floyd Egner, reported that allocations remain the same every year as Part B is flat-funded. More money is put into Medical Case Management as this is the service category most in need of funding. During the PCPPG meeting attendees will discuss areas that are spending all their allocated funds and those that are not, at which time reallocations will be considered for areas receiving less funding without negatively affecting other areas that receive more funding.Hepatitis A prevention and awareness is being mobilized by the Department of Health at this time, with a large population of folks being vaccinated for free. One cause of the spread of Hepatitis A is due to the living conditions among the homeless. |
| PART B EXPENDITURE REPORT | Part B’s fiscal year began April 1, 2019. General Revenue (GR) is one-third of what is spent overall and the remaining two-thirds spent in Part B.Egner reported that this should be the final report, but minor changes may occur in the near future. This report reflects that Part B has zero funds left unspent. Three-quarters of GR expenditures were included in this report as GR is on a different fiscal year timeline. Any unexpended funds will be absorbed internally.Member, Elizabeth Rugg, questioned why it appears that the total administrative budget has increased and Egner responded that this is due to the shifting of money allocated. ie. Money may not be all Part B monies. The GR budget still has a quarter of a year left in the contract at which time these allocations will be settled. He pointed out that all providers have multiple funding streams. Rugg went on to note that the shifting of funds affects reallocation decisions. For example, Planning Council Support decreased by $25,000 and Health Insurance allocations increased by $13,000 due to shifting of funds. As a provider she prefers this method, as it is less burdensome on the provider, but causes numbers to be clean as it is not clear as to when allocations and reallocations occur during these shifts. Egner explained that before the shifting of funds was allowed, significant funds were left unspent. Recipient staff, Aubrey Arnold, pointed out that this process is more onerous for Part A due to Bureau restrictions. In closing, Rugg stated that we should always be mindful of these shifts in funds when reviewing expenditures and the rate in which they are spent. |
| **COMMUNITY INPUT/ ANNOUNCEMENTS**  | None. |
| **ADJOURNMENT**  | There being no further business to come before the committee, the meeting was adjourned at 12:10 p.m.  |
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