

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**PLANNING AND EVALUATION COMMITTEE**

**SUNCOAST HOSPICE, CLEARWATER**

**THURSDAY, SEPTEMBER 12, 2019**

**9:30 A.M. – 11:00 A.M.**

**MINUTES**

|  |  |
| --- | --- |
| **CALL TO ORDER** | The meeting was called to order by Chair, Kirsty Gutierrez, at 9:31 a.m. |
| **ATTENDANCE** | Members Present: Kirsty Gutierrez, Sheryl Hoolsema, Elizabeth Rugg, Nolan Finn, Marylin MeridaMembers Absent: Charlie HughesGuests Present: Jim RothRecipient Staff Present: Aubrey ArnoldLead Agency Staff Present: Darius LightseyHealth Council Staff Present: Naomi Ardjomand-Kermani, Lisa Nugent |
| **CHANGES TO AGENDA** | None. |
| **ADOPTION OF MINUTES** | The minutes for July 11, 2019 were approved by acclamation **(M: Finn; S: Hoolsema)**. |
| **CARE COUNCIL REPORT** | Member, Nolan Finn, reported that the last Care Council meeting was held on August 7, 2019. Recipient, Aubrey Arnold, told members that the $100,000 grant was received and will be used to enhance e2Hillsborough by combining all reporting systems to allow for ease of entering and retrieving data on the provider side. The funding year (FY) 2019-20 grant application is in the process of being reviewed internally as the grant application process was delayed due to the absence of data from the state. This year, Part A is requesting $10.8 million.The statewide anonymous needs assessment survey is closed and approximately 618 survey responses were received for the total service area (TSA). There will be a case management training held on September 20, 2019. Recipient, Aubrey Arnold, interjected and thanks Planning Council Staff, Naomi Ardjomand-Kermani, for all the work they did to garner survey responses from the TSA. The eligible metropolitan area (EMA) continues to wait for the written site visit report from Health Resources and Services Administration (HRSA).Part B is in the process of putting together an acuity assessment and the HIV/AIDS section has changed the case management and eligibility guidelines. The guideline revisions are due in October 2019. Pinellas Department of Health (DOH) has applied for $87,000, from the Center for Disease Control (CDC) for planning purposes. The date for the CareWare 6 training is still to be determined due to the travel ban. Part B monitoring is currently ongoing.The programming notice of funding opportunity (NOFO), from HRSA for the Ending the Epidemic initiative, is currently available and will be due in October. Members inquired as to how these two grants will influence one another and were told that this will be more clearly understood once, and if, the funding is received by Part A and Part B.The Community Advisory Committee (CAC) met in New Port Richey and attendees expressed the need for mental health, transportation, and peer navigator services for the area.A new member was voted in, representing Hillsborough. The election for Care Council Chair and Vice-Chair was held and Nolan Finn was elected for the former and Kamaria Laffrey for the latter.Revisions to the Integrated Plan, presented by the Planning and Evaluation Committee (P&E), were voted on and approved. RPARC presented Part A financial reports and reported that all spending is proceeding as expected. |
| **MINIMUM STANDARDS OF CARE REVISION PLAN** | Staff, Naomi Ardjomand-Kermani, briefly referred to the Broward County Service Standards and informed members that the committee will not be expected to mirror this example. Recipient, Aubrey Arnold, spoke with project officer, Michael Carrigan, and was informed that further information would be provided in the written report from the Health Resources and Services Administration (HRSA) site visit. Although the EMA will need to revise the MSOC to meet HRSA standards, the committee will only need to expand on what has already been adopted by the Care Council. Recipient, Aubrey Arnold, added that a technical assistance call will be scheduled for P&E members to participate on, in real-time. Although providers will still be asked to attend and participate in this process, they will not be mandated to do so. Staff, Naomi Ardjomand-Kermani, requested that members review the current MSOC and the HRSA service standards and bring all questions and comments to the October, 2019 P&E meeting. Chair, Kirsty Gutierrez, concluded this agenda item by tabling revisions until October, 2019. |
| **COMMITTEE CHAIR & CO-CHAIR ELECTIONS** | Members were guided through the election process by Staff, Naomi Ardjomand-Kermani.Kirsty Gutierrez was nominated for Chair (M: Finn; S: Hoolsema) and the nomination was approved with acclamation, by the committee. Sherly Hoolsema self-nominated herself for Co-Chair (M: Hoolsema; S: Merida) and the committee approved of this voted in acclamation.Those elected were reminded that one of them must attend Care Council meetings to make the P&E committee report. Members continued on by noting that more participation in committees, from Care Council members, is needed. |
| **COMMITTEE WORK PLAN UPDATE** | Members reviewed the current work plan and determined that some changes would need to be made for the upcoming year. Member, Nolan Finn, spoke to members about the need for more focus on the EMA’s needs assessment process and wanted to know how to expand on what is already conducted. Staff, Naomi Ardjomand-Kermani, explained that the needs assessment is in the budget and is completed by Planning Council staff. Recipient, Aubrey Arnold, explained that the combined consortia is responsible for funding the needs assessment, but this is included within the planning council support grant, as is are salaries paid to staff. The budget provided to planning council support, by Part A, is a fixed budget and has remained the same for many years, without increases made. Funding from Part B to planning council support has decreased over the years. Arnold went on to note that the state needs assessment adds to what is already done in the EMA by planning council support staff. Finn, went on to suggest focus groups, but was reminded that there is no funding available for this costly project to take place. Chair, Kirsty Gutierrez, asked member how the EMA can leverage current resources to gather voices for assessing needs and Finn mentioned that the Community Advisory Chair, Vincent Kaborycha, suggests using existing framework of committee meetings.Chair, Kirsty Gutierrez, proposed that the timeline for review of the Integrated Plan be changed to *ongoing*. Staff, Naomi Ardjomand-Kermani, explained how issues have arisen in collecting data for the Plan and that the Plan would instead be reviewed twice a year as a result. Lead Agency staff, Darius Lightsey, went on to say that data cannot be collected from organizations who are not contracted through Part B. Other agencies, which are contracted, consider this data to be proprietary and refuse to release this data to staff. This, in turn, creates difficulty insofar as monitoring the progress of the Plan. Recipient, Aubrey Arnold, expressed frustration and asked where this presents issue and staff, Naomi Ardjomand-Kermani, explained that although surveillance data is available other information is hard to access. Data that is received is fragmented and not representative of the totality of the EMA’s communities. For example, data can be collected from Metro Inclusive Health and Empath Partners in Care (EPIC), but not many others. Arnold stated that the department of health (DOH) needs to convene to discuss community contracts and their responsibilities to report data so gaps are not an issue. Member, Elizabeth Rugg, added that the committee must admit that some mistakes were made in the process of writing the Plan as the determined responsible parties are not able or willing to provide data. Modifications must be made to the next iteration of the Plan.Upon conclusion of this discussion, changes were made to dates and an addition was made to the steps of the second goal’s first objective, *Determine need for revisions by reviewing MSOC in conjunction with other committees*, with the second step of *updating the MSOC to reflect HRSA requirements*.Members voted to adopt the work plan, with revisions **(M: Rugg; S: Merida)** with acclamation. |
| **COMMITTEE TIME, DAY, LOCATION** | Members decided to stick with the status quo for committee meeting time, day, and location. **(M: Gutierrez; S: Merida)** with acclamation.Member, Nolan Finn, informed the committee that he will be dedicating time to garner commitment from voting members of the Care Council to participate in committees. Especially those smaller counties within the total service area (TSA). |
| **COMMUNITY INPUT/ANNOUNCEMENTS** | Lead Agency staff, Darius Lightsey, informed members that Yashika Everhart has left the county and is now employed by the Lead Agency in district 8. This position is now being advertised to determine her replacement. It is also possible that a AIDS Drug Assistance Program (ADAP) position will be opening soon as well.Co-Chair, Nolan Finn, informed members that the Florida Patient Care Network (FCPN) has yet to determine how redistricting of Lead Agency areas will occur. This will continue to be discussed at FCPN meetings from now until 2021. Furthermore, there has been no news released in regards as to how data, for the Integrated Plan, will be reported to the state. Lead Agency staff, Darius Lightsey, went on inform members that lead agencies may be asked to step away from participating in this planning process due to a conflict of interest. The workgroup determining the redistricting has been moved from a phone call workgroup to an in-person workgroup as conversation is becoming increasingly contentious.Recipient, Aubrey Arnold, went on to mention that Laura Reeves states the fall FCPN meeting will take place November 19-21, 2019. Members responded with concern that these dates will be difficult for many as it falls during the week of the holiday. |
| **ADJOURNMENT**  | There being no further business to come before the Committee, the meeting was adjourned at 10:30 a.m. |
|  |  |
|  |  |