

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**PLANNING AND EVALUATION COMMITTEE**

**SUNCOAST HOSPICE, CLEARWATER**

**THURSDAY, DECEMBER 12, 2019**

**9:30 A.M. – 11:00 A.M.**

**MINUTES**

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| **CALL TO ORDER** | The meeting was called to order by Chair, Kirsty Gutierrez, at 9:39 a.m. |
| **ATTENDANCE** | Members Present: Nolan Finn, Sheryl Hoolsema, Elizabeth Rugg, Kirsty Gutierrez  Members Absent: Marylin Merida  Guests Present: None  Recipient Staff Present: Aubrey Arnold  Lead Agency Staff Present: None.  Health Council Staff Present: Lisa Nugent, Naomi Ardjomand-Kermani |
| **CHANGES TO AGENDA** | None |
| **ADOPTION OF MINUTES** | **The minutes for October 10, 2019 were approved by acclamation (M: Hoolsema; S: Finn).**  **The minutes for November 14, 2019 were approved by acclamation (M: Finn; S: Hoolsema).** |
| **SERVICE PRIORITIES** | Staff, Naomi Ardjomand-Kermani, informed committee members that the State has not released the area’s final needs assessment data analysis, but they were able to access the final raw data. In doing so, Ardjomand-Kermani was able to determine that the area’s current service priorities mirror that of the State’s. However, services such as transportation and housing continued to rank low despite continual requests for both services from People with HIV in the total service area (TSA). Co-Chair, Sheryl Hoolsema, wondered if this could be because the State’s survey didn’t ask the right questions or if survey participants were confused as to what they were being asked. Member, Nolan Finn, echoed this concern as the community has clearly stated that both transportation and housing are services with some of the greatest unmet need. Although Housing Opportunities for People with AIDS (HOPWA) is responsible for meeting the need for housing, there are few providers willing to apply for this funding as the availability of these monies is not consistent. Sustainability of funding isn’t promised, and they are remiss to create programs for them to be underfunded later.  Recipient, Aubrey Arnold, added that the Pinellas homeless count will be underway shortly, while Hillsborough recently completed theirs. Both counts will be taken into consideration when addressing the need for housing among those in need. Hillsborough County staff take part in the Tampa Hillsborough Homeless Initiative annually and will do so February 28, 2020 while Pinellas County staff will conduct this count January 23, 2020. Staff, Ardjomand-Kermani, questioned if linkage coordinators could possibly offer housing data as they have face-to-face interactions with people newly diagnosed with HIV and those who are vulnerable to HIV. This data is important as the Pinellas and Hillsborough homeless counts do not collect serostatus.  Member, Nolan Finn, considered that perhaps focusing efforts in south Saint Petersburg, where HIV prevalence rates and housing instability is highest. Surveying this area would identify housing “hot-spots”.  With these issues and the area’s needs assessment results in mind, the Committee decided that keeping the current Service Priorities would be best at this time as this action item it time-sensitive for grant deadlines. A caveat would be included in this vote; however, as data from the State may be in hand at that time. This will still allow the action item to be reviewed and adopted by the Care Council at the February meeting. Before their final vote they discussed that the area must consider conducting our own needs assessment, so we have more control over the survey instruments and way this data is collected and analyzed.  **The Service Priorities were approved as is, with the caveat to amend at the January 2020 meeting, with acclamation (M: Hoolsema; S: Rugg).** |
| **MINIMUM STANDARDS OF CARE (MSOC) REVISION PLAN** | Chair, Kirsty Gutierrez, began discussion of editing the MSOC by stating that a plan must be developed in order to edit all standards to meet Health Resources and Services Administration’s (HRSA) expectations. Gutierrez confirmed with Recipient, Aubrey Arnold, that the current agreed-upon plan is expected to be wrapped up by the end of 2020. Planning Council Support Staff, Naomi Ardjomand-Kermani, Katie Scussel, and Recipient staff will work together to ensure that this project is concluded on time and monitored efficiently and effectively.  The Committee determined that in order to meet this deadline, they will be required to address multiple service standards at each meeting. Service standards like Medical Case Management will be more time-intensive, thus necessitating an entire meeting of its own. Input for these revisions will be gathered from the greater Care Council membership and Ryan White program clients. Providers will be invited to the table for each revision meeting as they are who is required to meet these standards. Arnold offered that although the current timeline is to end December 31, 2020 extra time for completion should not be an issue if requested earlier on. Gutierrez inquired as to whether a template for these standards has been created and Arnold agreed that this template would be necessary for consistency. Arnold promised that this template would be created in time for the committee’s January 2020 meeting.  Gutierrez decided that the committee will start revising non-funded services in January, as the understanding is that all service categories must have standards, regardless of which are funded in the area. Finn suggested that a schedule for standard revisions should be shared publicly to encourage participation from providers. Member, Elizabeth Rugg, expressed concern for non-funded service standards as there are no contracted providers for these services. Arnold offered that other area’s service standards will be reviewed to assist in this process. Rugg went on to suggest that the anticipated template be sent directly to providers for input, but members did not feel as though this would be successful due to the scarcity of providers’ time. Recipient, Arnold, agreed that providers must be held responsible for their specific standards of care, but asking them to create these standards on their own would be unreasonable, even if a fill-in-the-blank template is provided to them. Finn requested that this template be approved by HRSA prior to any edits made so no time is wasted on the committee’s end. Arnold agreed and requested that staff, Ardjomand-Kermani, participate on a call scheduled with the eligible metropolitan area’s (EMA) project officer (PO) as their expectations for MSOC revisions are still largely unclear. In doing so, communication between HRSA and the EMA can also be better established.  Rugg went on to offer that, as the Insurance Services Provider (ISP), attempts to revise their service standards were difficult as examples from other areas relied heavily on their Quality Management (QM) team. The Tampa-Saint Petersburg EMA does not include this participation in their contract, and they would be unable to fund this additional service as these monies would ultimately reduce funding for prioritized services. Gutierrez emphasized the need for provider buy-in as a result of this lack of contracted support and concluded that a HRSA-approved template tool must be created prior to planning the schedule for MSOC revisions. |
| **CARE COUNCIL REPORT** | Committee member and Care Council Chair, Nolan Finn, reported that Care Council last met on December 4, 2019 at the Children’s Board of Hillsborough County. Attendance of voting members and alternates was high. This meeting was abbreviated due to the members’ winter leadership retreat; however, the draft of the Assessment of the Administrative Mechanism (AAM) was reviewed and approved by members and a new member, Polk and Highlands Counties HIV/AIDS Program Coordinator (HAPC), was voted in.  Finn went on to report the winter retreat’s agenda, in which results from a survey conducted by the Membership Committee were reviewed. Results of this survey was largely positive as members stated they felt valued and engaged by the Council. On the other hand, these results indicated the need for participation in Care Council committees. Addressing membership retention is of the utmost importance and Finn wondered how he and other members can assist in following up with members who “fall off the radar”. Arnold reminded the committee that Florida’s Sunshine Law prohibits members from communicating with one another outside of meetings, but Finn countered that this is the EMA’s interpretation which is unlike other EMA’s interpretation. Recipient, Arnold, agreed that the area’s interpretation is conservative, but this issue is out of our hands. Finn wondered if perhaps a Standards, Issues, Operations Committee (SIOC) meeting is necessary to address low membership, but staff reminded the committee that the last SIOC meeting was called for this exact reason and ideas to address this issue had no effect on membership for either Care Council or Council committees, thus calling a meeting may not be effective. Arnold offered that people are often remiss to participate in the Council unless their services are threatened, at which time, they will participate temporarily until their issues are resolved.  Finn went on to inform committee members that the retreat included a review of the Council’s mission and vision statements as they have not been updated since the early 2000’s. Language and current science were both considered during the process of editing both statements. Attendance at the retreat was successful and members were reminded that the Council will not meet January 2020. |
| **COMMUNITY INPUT/ANNOUNCEMENTS** | Staff, Ardjomand-Kermani, reminded providers in attendance that data has yet to be submitted for the February Integrated Plan report and requested that they do so by no later than the committee’s January 2020 meeting.  Finn announced New York City’s success in reducing new cases of HIV for the second year in a row and suggested that we look to them for strategies to employ locally. Recipient and Staff responded by reminding members that NYC receives far more funding than our local EMA and added that New York expanded Medicaid, whereas Florida has not. Access to health insurance weighs heavily on health outcomes. He then noted that we must speak with housing providers to question their refusal to apply for available and largely unused HOPWA funding as clients consistently express concerns about the lack of housing for People with HIV. Recipient, Arnold, noted that the Ending the HIV Epidemic (EhE) initiative may assist in this issue with funding the area will receive. The EMA does not anticipate receiving the funding requested but may be able to fund housing as it is separate from the Ryan White funding stream. This will have to be considered after the EMA receives notice of award as the federal budget has yet to approve EhE funding.  Co-Chair, Sheryl Hoolsema, called for a discussion of service caps, specifically for Case Management services. The $2,000 cap is inefficient for clients who require more assistance, whereas clients who need very little assistance do not meet the cap. This cap does not allow for the shifting of leftover client funding and would like for this issue to be addressed at the Recipient level. Recipient, Arnold, agreed that this cap limit is outdated and must be reviewed and changed. Revising this cap would remove the requirement of exception waiver requirements, thus assisting in case manager’s total caseload and time commitment for each client.  Finn wrapped up announcements by expressing gratitude for all members present, as their commitment to committee meeting attendance on a regular basis is noted and appreciated. |
| **ADJOURNMENT** | There being no further business to come before the Committee, the meeting was adjourned at 11:03 a.m. |