

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**HEALTH SERVICES ADVISORY COMMITTEE**

**VIRTUAL GOTOWEBINAR**

**THURSDAY, APRIL 15, 2021**

**1:30 P.M. – 3:00 P.M.**

**MINUTES**

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| **CALL TO ORDER** | The meeting was called to order by Chair, Elizabeth Rugg at 1:33 P.M.  |
| **ATTENDANCE** | Members Present: Elizabeth Rugg, Terry Law, Elizabeth Rugg, Peggy Wallace, Amanda Miller, Kim MolnarMembers Absent: Michelle KeyesGuests Present: Jason RemynRecipient Staff Present: Dorinda SethLead Agency Staff Present: Yashika EverhartHealth Council Staff Present: Lisa Nugent, Naomi Ardjomand-Kermani |
| **CHANGES TO AGENDA** | None |
| **ADOPTION OF MINUTES** | All minutes were tabled until in-person meetings reconvene. |
| **CARE COUNCIL REPORT** | Planning Council Support staff, Naomi Ardjomand-Kermani gave the Care Council report:Recipient, Aubrey Arnold informed the Care Council that the Eligible Metropolitan Area (EMA) received the Part A award for the new funding year (FY) 2021-2022, in the amount of $10,353,255. The EMA has received their final scoring criteria for the current Part A award, with no findings or weaknesses cited, for a 96% final score. He noted that he is puzzled when looking at all pieces, that cuts occurred within the Minority AIDS Initiative (MAI) in supplemental funding. All other funding is flat, as is historically the case, and all contracts are in place for this year. Part A is in the process of closing the FY 2020 grant, prepping final numbers, and financial reports for the Health Resources and Services Administration (HRSA). The EMA has spent out over 98% of the total grant award, despite all issues faced due to the pandemic. As additional information, Arnold shared that the full grant award for Ending the HIV Epidemic Initiative (EHE) FY 2021-2022 was received for a total $1,667,000. Of this funding $667,000 is additional (60% to Hillsborough County and 40% to Pinellas County) and Part A will be working with partnerships in Pinellas and Hillsborough Counties for allocation recommendations. The hope to add supportive housing and mental health services in both counties, ramp up Early Intervention Services (EIS), and boost mental health services. A procurement opportunity will be announced within the coming month. A virtual site visit, with HRAS in January, went well and were commended on the work that the EHE is doing in Hillsborough and Pinellas Counties. Arnold has been asked to share their successes, via a quarterly EHE webinar, on March 17, 2021. No significant findings or corrective action was required; however, 4 recommendations were made.Lead Agency staff, Darius Lightsey, reported that Pinellas County’s EHE initiative is still in year 1 of 5 of the funding periods, which runs from August to July each year. All unexpended funds will be rolled to year 2. They are amid the internal budget process for the Department of Health (DOH), settling on the upcoming Part B budget as well as EHE’s budget. The next quarterly EHE Advisory Council meeting will be held virtually on April 29, 2021 – registration information will be shared soon. Housing Opportunities for People With AIDS (HOPWA) Representative and Care Council member, Kayon Henderson, reported that HOPWA has an additional $800,000 for HIV housing. Their grant with DOH has been a challenge as the two-year grant agreement for 2 years was received, but the 2019-2020 reimbursements have yet to arrive. Henderson expressed concern over the need to provide more housing relief to individuals in need, but with no timeline for reimbursement in place. She noted that services in 2020 were not 100% reimbursed as DOH felt that HOPWA didn’t do enough to advertise the available funding. It is because of this that HOPWA is skeptical about taking additional funding to bridge gaps if they are not certain that they will be reimbursed to sustain programming. Hillsborough County hopes to find more housing to offer, but contracts keep increasing prices once they know that the City of Tampa is willing to pay. They are currently looking for housing in Ybor’s industrial district to house 100-300 people at once.Henderson continued and noted a slight increase in HOPWA funds, with three-year agreement in place. They do not expect to advertise procurement for new services for another 3 years unless additional funding is received. They are currently using administration funds to have applications for the city and county processed and have been successfully hitting the mark of processing approximately 1,000 applications per week. They are currently focused on those who are 50% below the Federal Poverty Line (FPL) and will be moving on to those 80% below the FPL.Care Council member, J. Carl Devine, asked why it’s so difficult for smaller organizations to receive HOPWA funding and Henderson replied that they advertised and requested smaller organizations sit on procurement committees. She went on that HOPWA must consider the families and cannot rely on an agency to continue to receive funding and avoid disrupting services, thus they execute 3-year contracts. Henderson continued that all size agencies are encouraged to apply – they are more concerned with providing housing in all 4 counties they serve and not the size of the agency providing services. Devine responded with frustration over the lack of advertisement of the request for applications (RFA) and then asked how many minority-owned agencies are funded by HOPWA and Henderson explained that only 501(c)(3) non-profits are eligible, thus applying agencies cannot be owned.Planning Council Support (PCS) staff, Naomi Ardjomand-Kermani presented and reviewed the Tampa – Saint Petersburg Eligible Metropolitan Area (EMA) 2020 HIV Care Continuum Report and the Tampa – Saint Petersburg EMA 2020 – 2021 Epidemiology Report. Both of which, were voted on and adopted by the Care Council.Resource Prioritization & Allocation Recommendations Committee (RPARC) Co-Chair, Lillie Bruton, presented and reviewed the Part A expenditure report with a preface that the expenditures reviewed at that time are quite different from the actual expenditures as Part A is almost spent-out at this time. No attendees asked questions about the report.The meeting ran over time as Bernice K. McCoy, MPH, Associate Director of Social Medicine Programs in the Division of Emergency Medicine at Tampa General Hospital presented Infectious Disease Elimination Act (IDEA) Exchange Tampa to Care Council members to share their plans for Tampa.  |
| **REVIEW OF IMPACT OF ADAP & ACA** | HSAC Chair, Elizabeth Rugg, began the meeting by informing members that the Insurance Services Program (ISP) has been transitioning clients over to AIDS Drug Assistance Program (ADAP) Premium Plus. Rugg continued and asked committee members to begin discussing HSAC’s purpose and function. Members expressed interest in funded providers attending future HSAC meetings to share information about services they provide and how they overcame challenges faced due to COVID. For example, how they engaged with clients via telemedicine, reduced barriers to care, and how they will continue to employ these methods. Rugg suggested that oral health providers attend the next meeting as Recipient, Aubrey Arnold, recently shared that dentists will soon be using new and innovative equipment. Member, Peggy Wallace, supported Rugg’s idea and offered to discuss how BayCare has conducted appointments via telehealth, over the past year, along with the processes their system used to meet client needs whilst also focused on spending down funding. Wallace shared that BayCare has been experiencing issues with Oral Health services and would appreciate guidance to overcome these barriers. In April and May of 2020 BayCare’s system of health and services, they discontinued face-to-face client appointments but continued to draw labs one patient at a time to reduce potential exposure to COVID-19. Although their processes were well-organized, Wallace shared that it was difficult to meaningfully interact with clients. Some ways they safely managed in-person blood draws was to require all staff be outfitted with personal protective equipment (PPE), ask patients to self-screen for symptoms, as well as to move chairs from the lobby waiting room to the sidewalk outside their clinics. They offered COVID-19 testing, at their sites, as well. Pharmaceutical representatives and guests were not permitted to enter the clinic. Come June of 2020, they slowly began to invite clients back to the clinic but continued the use of telehealth so no clients felt pressured to face potential exposure to the virus. However, some clients were unable to access telehealth services due to the absence of free WiFi in Hillsborough County. Come fall of 2020, Baycare reinstated their initial processes as cases of COVID ramped up once again and continued to do so until after the Superbowl in February 2020.Member, Terry Law, noted that Pinellas BayCare followed Hillsborough’s lead, but did not shut down their labs as workers felt comfortable continuing to see clients suited up in their PPE. They realized quickly that a shutdown would reduce access to their clients’ results and follow-up appointments. They began meeting with clients over phone but were met with issues as not all patients had accessible phones. When grant-permissible they employed the use of telehealth services. In-person appointments followed the same protocols shared by Wallace. They both confirmed that all offices were disinfected following patient appointments and most staff remained in their private office as much as possible. Peggy Wallace added that plexiglass dividers were installed at each front desk. Chair, Elizabeth Rugg, shared that all of Suncoast Health Council’s staff have been vaccinated and both Wallace and Law shared that their staff are almost all fully vaccinated. Law added that vaccination is the key to overcoming COVID-19, but news such as the federal decision to pull the Johnson & Johnson vaccine has resulted in over 100 doses put on hold at their clinic. Patients already hesitant about the vaccine have even more distrust in the medical system as a result. Another barrier they have been met with is that many of their clients are refused the vaccine until they have a letter from their infectious disease provider, to be considered eligible under the *special conditions* requirement. Wallace expressed angrily that this is blatant discrimination against marginalized communities, further limiting their access to quality care.Looping back to the initial conversation regarding oral health, Wallace expressed confusion as to why patients are unable to access services to maintain they teeth but are instead only offered the option to have their teeth pulled and receive partials and dentures in their place. She asked for assistance navigating this process as it is concerning that young patients are not able to save their own teeth by way of prophylactic options. She asked that the committee revisit this conversation to potentially expand funding for these services. Rugg agreed that this should be reviewed by the committees overseeing funding decisions. Recipient, Dorinda Seth, noted that she has never heard of this issue and that the Recipient follows the Health Resources and Services Administration’s (HRSA) definition of services for different levels of care each clinic can provide. Seth noted that the Planning and Evaluation (P&E) Committee should review the Minimum Standards of Care and address the current funding caps per client. She continued that this may also be a result of the provider’s capacity to provide these services, but that clients have always had the option to travel to other funded counties to receive services. Wallace shared that one of her clients traveled to a dental provider in Saint Petersburg and were told that root canals are not covered under Ryan White funding despite HRSA’s definition of oral care (shared by Suncoast Health Council Staff, Lisa Nugent): “*Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.”* Wallace continued that dental health conversations should continue and agreed that having providers attend future HSAC meetings would help clear up these and other issues as well as to share all services offered by their clinics. Rugg added that perhaps the providers are unaware of all covered services themselves. |
| **ANNOUNCEMENTS/****COMMUNITY CONCERNS** | Committee Co-Chair, Kim Molnar, announced that the upcoming Florida Comprehensive Planning Network (FCPN) spring meeting has been put on hold due to scheduling conflicts; however, the FCPN medication workgroup is currently reviewing all Ryan White formulas. She noted that the committee will be updated on any changes or discoveries made. Rugg requested more information regarding the process of determining which medications are removed from the formulary and Molnar replied that utilization reports are run, providers are interviewed and asked for indications for prescribing specific medications to patients. |
| **ADJOURNMENT**  | There being no further business to come before the Committee, the meeting was adjourned at 2:24 p.m.  |