

WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL

METRO INCLUSIVE HEALTH – SAINT PETERSBURG OFFICE

**WEDNESDAY, AUGUST 4, 2021**

**1:30 P.M. – 3:30 P.M.**

**MINUTES**

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| **CALL TO ORDER** | The meeting of the Ryan White Care Council was called to order by Nolan Finn, Chair, at 1:42 p.m.  |
| ROLL CALL AND INTRODUCTIONS | See attached attendance list.  |
| CHANGES TO AGENDA | Chair, Nolan Finn, added the following items to the agenda, nested within the Resource Prioritization & Allocation Recommendations (RPARC) report:***Part A Reallocations**** 1. *2020 – 2021 Service Priorities*
	2. *Ryan White Services Guidelines*
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| MOMENT OF SILENCE | Vice-Chair, E. Myles, requested a moment of silence to remember those we’ve lost and those who continue to fight the fight to end HIV. |
| ADOPTION OF MINUTES | The minutes for **May 5, 2021** (Attachment)were approved by acclamation **(M: Devine, S: Laffrey) (11 yes, 0 no, 0 abstain)**The minutes for **June 2, 2021** (Attachment)were approved by acclamation **(M: Devine, S: Laffrey) (11 yes, 0 no, 0 abstain)** |
| CHAIR/VICE CHAIR’S REPORT | Chair, Nolan Finn, reported the following [article](https://www.who.int/news-room/q-a-detail/coronavirus-disease-%28covid-19%29-covid-19-vaccines-and-people-living-with-hiv):*“The World Health Organization (WHO) recommends that countries refer to the* [*WHO SAGE Roadmap For Prioritizing Uses Of COVID-19 Vaccines In The Context Of Limited Supply*](https://www.who.int/publications/i/item/who-sage-roadmap-for-prioritizing-uses-of-covid-19-vaccines-in-the-context-of-limited-supply) *which was created under the assumption that there would not be substantive differences in vaccine efficacy among subgroups (for example, in people with comorbidities that increase the risk of severe COVID-19 such as HIV-positive status). Therefore, countries can make plans for people to receive the vaccine in order of priority based on their age, health, occupation, and other factors such as people in living in care or residential homes, or closed settings such as prisons.**Some countries are prioritizing vaccination for all people living with HIV or for those who are immunocompromised (as indicated by having a CD4 cell count <200/mm3). An informal poll of more than 100 countries from all regions revealed at least 40 that have an immunization policy that prioritizes vaccinations for people living with HIV. These policies are supported by recent literature which suggests that people living with HIV at any CD4 cell count appear to be at increased risk for severe outcomes and death due to COVID-19 compared with people without HIV. Independent of immune status, many people living with HIV has one or more comorbidities that may put them at increased risk for a more severe COVID-19.**A new WHO report confirms that HIV infection is a significant independent risk factor for both severe/ critical COVID-19 presentation at hospital admission and in-hospital mortality. Overall, nearly a quarter (23.1%) of all people living with HIV who were hospitalized with COVID-19, died. The report is based on clinical surveillance data from 37 countries regarding the risk of poor COVID-19 outcomes in people living with HIV (PLHIV) admitted to hospital for COVID-19. And found that the risk of developing severe or fatal COVID-19 was 30% greater in PLHIV compared to people without HIV infection. Underlying conditions such as diabetes and hypertension are common among PLHIV. Among male PLHIV over the age of 65 years, diabetes and hypertension were associated with an increased risk of more severe and fatal COVID-19. These conditions are known to put people at increased risk of severe disease and death.**Therefore, all people living with HIV should be prioritized for early vaccination. And people living with HIV with co-morbidities (such as chronic pulmonary disease, diabetes, hypertension, obesity, kidney disease, liver disease, Parkinson’s disease, multiple sclerosis, motor-neuron disease) should be prioritized for early vaccination and management of their co-morbidities. People living with HIV should not be excluded from COVID-19 vaccine access plans regardless of their immune status, and countries should include people living with HIV as a priority group for COVID-19 vaccination according to their epidemiological context.”*Finn concluded his report by asking all attendees to continue to wear masks in public to reduce potential COVID-19 Delta strain infections. |
| RECIPIENT’S REPORT  | Recipient, Aubrey Arnold, began his report with an announcement that the Funding Year (FY) 2022 Part A grant application has been released and will be due in October 2021. They plan to request the ceiling funding amount as it would assist Part A and the Minority AIDS Initiative (MAI). He noted that this application will serve as a multi-year application with no annual grant applications for the next three years. In the interim, non-compete update submissions will be required on an annual basis. Arnold went on to note that the monitoring process is back on track with the provider network and the Part A monitoring department will provide monitoring both virtually and in-person. Fiscal monitoring will be facilitated by the Recipient’s accounting staff.Arnold went on to share that representation from the Recipient, Lead Agency, Planning Council Support, and TAI (The AIDS Institute) offices recently met to discuss the Early Identification of Individuals with HIV/AIDS (EIIHA) section of the FY – 2022 grant application.Arnold went on to share his concern about the rising numbers of COVID-19 and the necessity to move forward while also meeting quorum in-person (50% +1 of voting membership) to pass actionable business. Attendees asked if the Sunshine Law will be waived again, but Arnold replied that he is doubtful this will happen. The Care Council will continue to work around these issues and is hopeful that members will come to an understanding that these meetings are critical to meet deliverables required by the Health Resources and Services Administration (HRSA). Arnold shared his hope, and those members will take this seriously and do their best to achieve in-person quorum, no matter what that looks like.Care Council member, Kamaria Laffrey, asked Arnold to share how the Minority AIDS Initiative (MAI) funding will be addressed under the Ending the HIV Epidemic (EHE) *response* pillars. Arnold shared that there are attempting with work with their current EHE funding to respond to each pillar in the EIIHA section of the grant. He went on to offer to have someone who performs MAI services and Health Education/Risk Reduction (HERR) to present to the Council for more information as to what it involves and what is being paid for. He went on to note that in EHE’s year two, funding will come from three pieces (Centers for Disease Control (CDC) Hillsborough County EHE funding, CDC Pinellas County EHE funding, and Ryan White Part A. In total, there will be 1.6 million dollars that will complement the (Funding Year 2022) 10.3-million-dollar award to Part A.Arnold concluded the Recipient’s report with an announcement that Part A is receiving more information about the upcoming integrated plan (IP) guidance, as the current IP only covered years 2017 - 2021. Staff will be working on the new IP, which includes patient care and prevention, beginning 2022.  |
| LEAD AGENCY REPORT | Lead Agency Representative, Darius Lightsey noted that Part B would not present an expenditure report to the Care Council but will provide this document to members of the Resource Prioritization & Allocation Recommendations Committee (RPARC) at their August 2021 meeting.Chair, Nolan Finn, thanked Lightsey and his Ending the HIV Epidemic (EHE) team for the housing summit they hosted with Empath Partners in Care (EPIC) on July 28 – 29, 2021. He continued by thanking Kayon Henderson, representative of the Housing Opportunities for People with HIV/AIDS (HOPWA) for the information Henderson provided at the summit.  |
| CARE COUNCIL PLANNING SUPPORT (PCS) STAFF REPORT | Planning Council Support (PCS) staff, Naomi Ardjomand-Kermani, requested that voting members confirm their attendance, prior to each in-person meeting to ensure quorum will be achieved. PCS staff, Katie Scussel, added that some locations may need to cap the number of guests allowed. For example, this cap changes often for The Children’s Board of Hillsborough County, based on the state of the local pandemic. Ardjomand-Kermani went on to assure members that staff are flexible with meeting times, dates, and locations.Recipient, Aubrey Arnold, implored members remain engaged more than ever because the program’s funding is dependent on the planning body. He continued that our Eligible Metropolitan Area (EMA) is at the epicenter of both new HIV and COVID-19 cases and needs voting member involvement as stakeholders. Arnold shared that he is open to meeting in various locations to accommodate everyone’s needs - it has been a tough year, but even in these tough times members must be able to pass business, otherwise the planning body fails. Chair, Nolan Finn, shared that on the most recent monthly call with the EMA’s HRSA project officer (PO), that they remain patient with our area’s restrictions and barriers, but by mandate there are required deliverables on the Care Council’s end to provide funding to the community.Member, Laffrey, asked if a start date to begin programming with the National Minority HIV/AIDS Coalition (NMHAC) had been set and Ardjomand-Kermani shared that this is still on hold as NMHAC continues to delay the launch date for their Engage Leadership through Employment, Validation, and Advancing Transformation & Equity (ELEVATE) program. They went on and noted that they have met with several other cultural intelligence consultants and Lead Agency representative, Darius Lightsey, offered to get in touch with Gwendolyn Reese as Ardjomand-Kermani has been unable to reach Ms. Reese. |
| HOUSING OPPORTUNITIES FOR PEOPLE WITH HIV/AIDS (HOPWA) REPORT  | HOPWA representative and Care Council member, Kayon Henderson, reported that the recent Ending the HIV Epidemic (EHE) in Pinellas County: HIV Virtual Housing Summit was a great success. This 1.5-day Summit engaged members of the community to leverage the industry and collaborative network assets/best practices to mobilize innovative HIV housing solutions. Henderson went on to announced that housing fund increases were awarded as follows: $100,000 to Pasco County; $50,000 to Metro Inclusive Health, and $40,000 to EPIC.HOPWA received a $400,000 increase in funding and found the gaps in each of these agencies with the capacity and need for more housing funding. Their action plan will be reviewed by the City Council to start October 1, 2021.Arnold added that the eviction moratorium has been lifted (restored August 3, 2021) and Hillsborough County has stimulus money for housing, to avoid evictions. He then asked if this is the case for other counties to avoid eviction, and Henderson replied that although Congress has approved this funding, it has either not yet been distributed to local areas or has been tied up and not put in hands of those who need it. Lightsey offered that Pinellas County has available funds, but is unsure how much has been distributed, due to many restrictions involved, but assumes that this will be drawn down slowly as they make these funds more accessible. Henderson added that there will be American Rescue Plan funds upcoming, in the amount of $6.5 million, but that these have not been allocated as they are held up in the Department of Treasury for the City of Tampa and Hillsborough County. Henderson went on to note that there is currently $40 million on the street for eviction prevention, with the ability to pay a total of 15 months of rent. They are able to pay upcoming rent in three month blocks and back-rent by up to 12 months. This support can be used to pay utilities, moving costs, and other housing-related need.  |
| COMMITTEE REPORTS | 1. **Standards, Issues, and Operations Committee (SIOC) – E. Myles, Chair and Nolan Finn, Care Council Chair**

Myles reported that SIOC met on July 30, 2021, to discuss the suggestion to collapse all committees into the greater Care Council, by way of suspending the current bylaws. After much discussion, the following Rules of Engagement have been proposed to replace the bylaws, as read by Care Council Chair, Nolan Finn:1. **Suspension of Bylaws: Rules of Engagement** (Attached)

**Background**In early 2021, the Ryan White Care Council (RWCC) Chair proposed to collapse some or all Care Council’s committees. The Chair called for SIOC to meet to discuss the suggestion further. Chairs and Co-Chairs of each RWCC committee participated in a Standards, Issues, and Operations Committee (SIOC) meeting, in May 2021, to discuss and plan for this or any other potential change(s). Prior to the adjournment of this meeting, SIOC members agreed that further research and planning was required before any procedural changes were made.Planning Council Support (PCS) staff were asked to draft *Rules of Engagement (ROE)*, based on research and technical assistance (TA) from planning bodies nationwide to ensure a strong and productive body. PCS staff focused on forming operating procedures that will encourage engagement and cover key topic areas such as Membership, Voting, Quorum, Vision/Values, and RWCC Requirements (including, but not limited to: Sunshine Law, Conflict of Interest, and HRSA dictates). The goal was to define some basic guiding principles that are not as cumbersome as the current by-laws but cover all operational procedures and both member and community engagement. The following is a suggested draft of the *ROE*, based on the research conducted by PCS staff, along with input and guidance from the Recipient, Lead Agency, RWCC Chair and Vice-Chair:Suspend the current bylaws for a trial period of one year beginning: [\_\_\_\_\_\_\_\_]* 1. In doing so, the RWCC will collapse all committees (apart from the Women, Infants, Children, Youth, and Families Committee) and integrate all Health Resources and Services Administration (HRSA) required deliverables into the workplan of the general Care Council e.g., Priority Setting and Resource Allocation, etc.

Membership:* 1. All current committee Chairs, Co-Chairs, and committee members will be given the option to join the RWCC as a voting member, upon the suspension of bylaws.
		1. Those who do not choose to join, within 30 days after the suspension of bylaws, will be required to undergo the membership application process (application, interview, voted-in)
	2. All members will be required to complete and sign the following documents:
		1. Demographics
		2. Code of Conduct
		3. Conflict of Interest
	3. Chair and Vice-Chair will share governing responsibilities and may designate RWCC voting members as facilitators of agenda items if they so choose e.g., Minimum Standards of Care, Reallocation Recommendations, etc.
	4. Within 45 days of the vote to suspend the bylaws, the Chair and Vice-Chair will be elected by the membership to serve a one-year term.
	5. Recommendations to remove voting members is at the eligible voting members’ discretion.
	6. All unaligned RWCC members who live with HIV will be eligible for mileage reimbursement.

Voting:* 1. Quorum will be defined as 50% of eligible voting members present in-person + 1.
	2. All voting members present in-person are eligible to vote.
		1. Providers may have more than 1 agency representative, but only 1 will be eligible to vote in-person at each meeting.
	3. Members may decide to table action items at their collective will.

Values:* 1. The mission of the West Central Florida Ryan White Care Council (RWCC) is to manage a high quality, cost-effective, easily accessible, culturally responsive, and comprehensive continuum of care that improves the lives of all individuals living with and impacted by HIV.
	2. The vision of the RWCC is a community where all persons living with and vulnerable to HIV have access to the resources and support necessary to lead healthy lives.

Upon conclusion of these ROE, Finn acknowledged that this is a different approach, but that this would be a great year to try-out, with the barriers COVID-19 has placed on in-person attendance. Member, J. Carl Devine, inquired as to the current number of voting members and was told that it stands at 14 members, with three new applications to be voted on later in the agenda. Planning and Evaluation (P&E) Committee Chair, Kirsty Gutierrez, shared that while she understands and values this proposition and recognizes the need for quorum (to pass business in a timely manner) she has concerns that the workload from P&E and RPARC will overwhelm members and surpass the allotted meeting time. Gutierrez suggested a “slow roll-out” of the ROE to ensure that it is effective for the Care Council, adding that P&E and RPARC should remain as their own individual standing committees. She went on to express her discomfort with the proposed voting section of the ROE, as it relates to only one agency representative having autonomy to vote at each meeting. Elaborating that each representative of the same agency has differing perspectives and the ROE would limit the voices heard, defeating the purpose of the Care Council. Finn shared that much work and many hours have been committed to this project, by planning council support staff, and that the ROE is considered a draft as it stands. He went on that the purpose of this proposal is to meaningfully engage with the communityin different ways. Continuing, Finn reminded attendees that HRSA does not require standing committees, but rather the Care Council (planning body) as a whole. He went on that ad hoc committees would be project-based with no need for chairs to spearhead every deliverable; some attendees make be experts in these project fields, but only attend Care Council meetings and not the committees that oversee them. Ardjomand-Kermani added that business as usual is not successfully functioning as in-person quorum continues to be an issue; the intention is to create synergy among both Council members and members of the communities it serves, while also reducing COVID-19 exposures. Other members, including Joel Carrier, expressed discomfort with the proposed definition of quorum and several ideas popcorned (reducing the percentage of people needed for quorum; requiring a specific number of attendees for quorum, etc.). Finn noted that the EMA’s PO has left this decision to us, but that he struggles with this because this decision should be universally accepted as fair, while also respecting requirements to transact business. A **motion** was then made by **J. Carl Devine** to move this conversation back to SIOC prior to the September Care Council meeting and was **seconded** by **Jeffrey** Lluberes, members agreed in acclamation **(11 yes, 0 no, 0 abstain).**1. **Community Advisory Committee (CAC) – Kamaria Laffrey, Member**

Laffrey noted there was nothing to report as the committee did not meet. **C. Health Services Advisory Committee (HSAC) – Elizabeth Rugg, Chair**HSAC Chair, Elizabeth Rugg, reported that the committee did not meet in May, but will do so on August 19, 2021, at 1:30 p.m. at The Children’s Board of Hillsborough County.**D. Membership, Nominations, Recruitment & Training Committee – Tonicia Freeman-Foster, Chair**The Membership Committee met virtually on July 19, 2021, with in-person quorum achieved. Freeman-Foster then presented and reviewed the (3) following membership applications:1. **New Membership Applications** (Attachments)

**Background**: Antonio MilesThe Membership Committee has reviewed the membership application of Antonio Miles. He is being recommended for voting membership on the Care Council based on his application scores, interview assessment, and the HRSA (Health Resources and Services Administration) category that he will fill. **Action Required**The Committee recommends that the Care Council members adopt the following recommendation:**THAT THE COUNCIL ACCEPTS THE NOMINATION OF ANTONIO MILES AS A VOTING MEMBER REPRESENTING HILLSBOROUGH COUNTY (2021-2024). THE COUNCIL WILL FORWARD THE NOMINATION TO HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS FOR FINAL APPROVAL.**The motion was **seconded** by **Kamaria Laffrey** and approved by acclamation **(11 yes, 0 no, 0 abstain)****Background**: Nicole KishThe Membership Committee has reviewed the membership application of Nicole Kish. She is being recommended for voting membership on the Care Council based on her application scores, interview assessment, and the HRSA (Health Resources and Services Administration) category that she will fill. **Action Required**The Committee recommends that the Care Council members adopt the following recommendation:**THAT THE COUNCIL ACCEPTS THE NOMINATION OF NICOLE KISH AS A VOTING MEMBER REPRESENTING POLK COUNTY (2021-2024). THE COUNCIL WILL FORWARD THE NOMINATION TO HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS FOR FINAL APPROVAL.**The motion was **seconded** by **J. Carl Devine** and approved by acclamation **(11 yes, 0 no, 0 abstain)****Background**: Teriko PerkinsThe Membership Committee has reviewed the membership application of Teriko Perkins. He is being recommended for voting membership on the Care Council based on his application scores, interview assessment, and the HRSA (Health Resources and Services Administration) category that he will fill. **Action Required**The Committee recommends that the Care Council members adopt the following recommendation:**THAT THE COUNCIL ACCEPTS THE NOMINATION OF TERIKO PERKINS AS A VOTING MEMBER REPRESENTING HILLSBOROUGH COUNTY (2021-2024). THE COUNCIL WILL FORWARD THE NOMINATION TO HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS FOR FINAL APPROVAL.**The motion was **seconded** by **J. Carl Devine** and approved by acclamation **(11 yes, 0 no, 0 abstain)**1. **Chair and Vice-Chair Elections**

Chair, Nolan Finn, asked members if the election should be delayed until the Care Council decides if they will suspend the bylaws (thus instating the Rules of Engagement). Membership Committee Chair, Tonicia Freeman-Foster, agreed that the elections should be tabled as suspending the bylaws would then mean more individuals will be eligible for nomination.A motion **(J. Carl Devine)** was made and seconded **(Kamaria Laffrey)** to suspend the Chair and Vice-Chair elections until after the members of Care Council decides to/against suspend the current bylawsand members approved by acclamation **(M: Devine, S: Laffrey) (11 yes, 0 no, 0 abstain)**The Membership Committee will meet next on August 16, 2021, at 11:00 a.m. *(new meeting time)* at Empath Partners in Care (EPIC) Suncoast Saint Petersburg location.**E. Planning & Evaluation Committee (P&E) – Naomi Ardjomand-Kermani, Planning Council Support Staff**Ardjomand-Kermani reported that P&E met virtually on July 8, 2021, and members spent much of their meeting discussing the ROE that had been discussed in the SIOC meeting prior.Recipient, Aubrey Arnold, announced that the Part A grant application was recently released and includes questions about planning committees. He went on to emphasize the importance of having a foundational plan to submit within the application. Keeping the conversations from the May 2021 SIOC in mind, Arnold added that the Integrated Plan does not necessarily have to be completed at the committee level but must include members of Care Council. P&E Committee Chair, Kirsty Gutierrez, added that it would be exceptional to engage more members in the development of the Integrated Plan (IP) to give them an opportunity to learn what goes into the IP and how it is monitored. Arnold added that Pinellas and Hillsborough County’s Ending the HIV Epidemic (EHE) plans should overlap with the IP to be as inclusive as possible. Gutierrez continued that member should feel as though they are a part of the product; that they have contributed to the IP and feel invested in the community’s needs. P&E Committee member, Marylin Merida, concluded the conversation with a nod to the potential of collapsing the committee structure to increase engagement as many people do not understand how they fit in at the Care Council level.P&E will meet next on August 12, 2021, at 9:30 a.m. by way of GoToMeeting.F. **Resource Prioritization & Allocation Recommendations (RPARC) – Naomi Ardjomand-Kermani, Planning Council Support Staff**Ardjomand-Kermani reported that the committee met on July 8, 2021, by way of GoToMeeting, at which time they reviewed the Part A expenditure report.1. Part A Expenditure Report (Attachment)

Care Council Chair, Nolan Finn, opened the floor for any questions as he reviewed the report, while noting Part A’s excellent job of spending 98% of funding. The Eligible Metropolitan Area’s (EMA) is fortunate to have providers who were able to pivot to providing services in a virtual environment when the pandemic arose.Recipient, Aubrey Arnold, pointed out that the first quarter is spending down consistently with the Recipient’s office planning to conduct a needs assessment among providers to gauge unmet need. He acknowledged the excess of funds in the Emergency Financial Assistance (EFA) and local pharmaceutical assistance and segued into the consequential Part A Reallocation Recommendations. He added that, although these recommendations are historically reviewed by RPARC, prior to the Care Council, he requested and received permission from the committee Chairs to expedite this as an action item.1. **Part A Reallocation Recommendations** (Attachment)

**Background**The recommendations were derived based on the underutilization of funding for AIDS Pharmaceutical Assistance (Local) and Emergency Financial Assistance (EFA) and the unmet need for additional Oral Health funding. The recommendations were also based on service priority, prior reallocations, and other factors. This reallocation process occurs routinely in the latter part of the grant year to ensure maximum expenditures. **Action Required****THAT THE CARE COUNCIL ADOPTS THE PART A FY 21-22 FUNDING REALLOCATION RECCOMENDATIONS AS FOLLOWS:**Arnold explained that these reallocations recommendations were based on a survey of all contracted providers to document for unmet need. Of the $501,077 in givebacks, only $450,000 has been recommended for reallocation with $49,077 yet to be determined for allocation. Finn asked if these additional funds could be allocated to Planning Council Support staff and Arnold explained that these funds can only be used for direct services between now and December 2021. The next sweep of unmet need, among contracted providers, will be presented at the November 2021 Care Council meeting. Finn asked for further information regarding the deduction of funds from oral health and reallocation to mental health when oral health services continue to be an issue for clients to access. Arnold shared that there isreluctance among patients to go to providers due to COVID-19, although all oral services are running. He went on to remind members that last year Part A provided funding for personal protective equipment (PPE) and air circulation machines for operatories among oral health providers. Care Council member, Lisa Conder, asked Arnold to name funded agencies, but was reminded by PCS staff, Katie Scussel, that under HRSA legislation this is not allowable and only service categories can be shared.The motion to accept the Part A Reallocation Recommendations was **seconded** by **E. Myles** and approved by acclamation, by way of roll-call vote **(11 yes, 0 no, 0 abstain)****F. Women, Infants, Children, Youth, & Families (WICY&F) – Lisa Conder, Member**Committee member, Lisa Conder, reported that WICY&F last met virtually on July 22, 2021 with, members, guests, and staff present. Member discussion focused on back-to-school information and details, considering COVID-19.WICY&F will meet virtually on August 26, 2021, at 10:00 a.m. and the committee hopes to meet in-person at their September 2021 meeting. |
| ANNOUNCEMENTS | PCS Staff, Ardjomand-Kermani, asked attendees to e-mail them with any announcement they have, to be included in the next infoshare e-mail blast. |
| ADJOURNMENT | There being no further business to come before the Care Council, the meeting was adjourned at approximately 3:30 p.m. |
| Note: A recording of the meeting is available for review at the Suncoast Health Council. | For further details about this Care Council meeting, please visit thecarecouncil.org to access meeting minutes and handouts. |
| LIST OF HANDOUTS AND ATTACHMENTS | 1. August 4, 2021, Agenda
2. August 2021 Calendar
3. **May 5, 2021, Minutes**
4. **June 2, 2021, Minutes**
5. **Background: New Member Applications (x3)**
6. **Background (SIOC): Rules of Engagement**
7. **Part A Final Allocations Recommendations**
8. Ryan White Services Guidelines
9. Part A Expenditure Report
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| WEBSITE ARTICLES CITED | 1. Coronavirus disease (COVID-19): COVID-19 vaccines and people living with HIV: [https://www.who.int/news-room/q-a-detail/coronavirus-disease-(covid-19)-covid-19-vaccines-and-people-living-with-hiv](https://www.who.int/news-room/q-a-detail/coronavirus-disease-%28covid-19%29-covid-19-vaccines-and-people-living-with-hiv)
2. WHO SAGE Roadmap for Prioritizing Uses Of COVID-19 Vaccines In The Context Of Limited Supply: <https://www.who.int/publications/i/item/who-sage-roadmap-for-prioritizing-uses-of-covid-19-vaccines-in-the-context-of-limited-supply>
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**ATTENDANCE LIST: AUGUST 4, 2021**

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| **Care Council Members** | **Attendance** |
| Nolan Finn *(Chair)* | X *in-person* |
| (Myles) Edward Myles *(Vice-Chair)* | X *in-person* |
| Joel Carrier | X |
| Lisa Conder  | X  |
| Paula Delgado  |  |
| J Carl Devine | X *in-person* |
| Kayon Henderson | X |
| Vincent Kaborycha | ALT *in-person* |
| Nicole Kish\* | X *in-person* |
| Kamaria Laffrey  | X *in-person* |
| Jeffrey Lluberes | X *in-person* |
| Michelle McKinney |  |
| Antonio Miles\* | X *in-person* |
| Amanda Miller | X *in-person* |
| Teriko Perkins\* | X |
| Peggy Wallace | ALT *in-person* |
| Charles Ware | X *in-person* |
|  |  |
| **Associate Members** | **Attendance** |
| Nicole Kish | X *in-person*  |
|  |  |
| **Recipient Staff** | **Attendance** |
| Aubrey Arnold | X *in-person* |
| Dorinda Seth |  |
| Maria Teresa Jaureguizar | X |
|  |  |
| **Lead Agency Staff** | **Attendance** |
| Darius Lightsey | X *in-person* |
| Yashika Everhart | X |
|  |  |
| **Health Council Staff** | **Attendance** |
| Lisa Nugent | X |
| Katie Scussel | X *in-person* |
| Naomi Ardjomand-Kermani | X *in-person* |
|  |  |
| **Regular Guests** | **Attendance** |
| Jim Roth |  |
| Dave Konnerth |  |
| Elizabeth Rugg | X  |
| Emily Hughart | X |
| David Cavalleri  | X  |
| Tonicia Freeman-Foster | X |
| Kirsty Gutierrez | X |
| Allison Rapp |  |
| Lillie Bruton | X *in-person* |
| Crystal Waddy |  |
| Angela Kellogg |  |
| Michelle Keyes |  |
| Sam Quintero | X *in-person* |
| Donna Sabatino | X |
| Antonio Miles | X *in-person*  |
| Kim Molnar | X |
| Sheryl Hoolsema | X |
|  |  |
| **Guests** | **Attendance** |
| Michael Alonso |  |
| Jasmine Alvarado |  |
| Katherine Barbera |  |
| Conrad Barzarea |  |
| Catherine Benson |  |
| Frances Benton |  |
| Shakayla Birch |  |
| Dawn Branley |  |
| Taryn Buckley |  |
| Jose Camino |  |
| Joshua Cardwell |  |
| Michael Carlton |  |
| Mike Catala |  |
| Gregory Clark |  |
| Everis Clarke |  |
| Donna Corpuz |  |
| Anne Cronyn | X |
| Diamond Cunningham  |  |
| Scott Dartange |  |
| Luis Delgado | X *in-person* |
| Michael Dunn |  |
| Darlene Duran |  |
| Lolita Emanuel-Brown |  |
| Brittany Frederick |  |
| Karlie Gallagher |  |
| Geneva Galloway | X |
| Beth Gotti |  |
| Tashann Grant |  |
| Pierre Guttenberg |  |
| Khalil Hall |  |
| Indica Harris |  |
| Tequila Harris |  |
| Chris Holland |  |
| Lovell Harp |  |
| Shayla Hobbs |  |
| Michael Holder |  |
| Sherri Hoover |  |
| Nicole Houston |  |
| Karen Hoyle |  |
| Marylin Jones |  |
| Vicki Kenyon |  |
| Janet Kitchen |  |
| Josh Kratz |  |
| Topher Larkin |  |
| Grace Levy-Clarke |  |
| Andrew Maldonado |  |
| Olinda Manjenje |  |
| Bernice McCoy |  |
| Kenisha McCoy |  |
| Andrew McFarbme |  |
| Sean McIntosh |  |
| Mark Mischan |  |
| Carmen Millie Montanez |  |
| Lauren Miller |  |
| Jamie Morano |  |
| Denise Mote | X |
| Michael Neuges |  |
| Sheyla Nobles |  |
| James Ogedegbe |  |
| Vicky Oliver |  |
| Sebastian Osorio |  |
| Steve Palermo |  |
| Terrell Parker |  |
| Tariq Perkins | X |
| Guttenberg Pierre | X |
| Juliana Pinero |  |
| Dee Prendergast |  |
| Hope Sharon Proell |  |
| Ashley Quidaciolu |  |
| Dedra Richardson |  |
| Shaquira Robinson |  |
| Allison Ruby |  |
| Sheila Ruck |  |
| Christine Santos |  |
| Michelle Scavnicky |  |
| Dartange Scott |  |
| Garrett Sears |  |
| Ashley Smith |  |
| Ashley Snug |  |
| Diego Villalba |  |
| Chris Walker | X |
| Miyisha Wall |  |
| Bernard Washington |  |
| Ronald Weston |  |

*ALT= Alternate present EX = Excused*

I, Chair Nolan Finn, do certify that these minutes have been approved by me and the members of the Care Council on this day, September 1, 2021.

Nolan Finn, Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_