

WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL

**GOTO MEETING**

**WEDNESDAY, JULY 6, 2022**

**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 E.S. Myles, Vice Chair, at 1:31 p.m.  |
| ROLL CALL AND INTRODUCTIONS | See attached attendance list. For the icebreaker, Nolan Finn, Chair, played a game called, “This or That,” where he asked people to pick between two items, such as cats and dogs. |
| CHANGES TO AGENDA | Planning Council Support (PCS) Staff, Katie Scussel, pointed out that the Vaccine Hesitancy Project presentation that was previously planned under Community Input had been removed from the agenda as the staff member planning to give that presentation was no longer available. |
| MOMENT OF SILENCE | Chair, Nolan Finn, requested a moment of silence to remember those we’ve lost to HIV, those living with HIV, and those who don’t yet know they have it. |
| REVIEW OF MINUTES | Members reviewed the minutes from June 1, 2022 and did not make any changes. Members will vote to adopt the minutes at the next in-person Care Council meeting in August. |
| CHAIR/VICE CHAIR’S REPORT | Myles stated that, as everyone knows, Roe v. Wade was recently overturned by the Supreme Court, which is something that will undoubtedly affect the community that we serve, so we should all be aware and direct our energies how we see fit. Myles also mentioned that there was another mass shooting recently on the Fourth of July. He referred to the last meeting and quoted member, Marylin Merida, who said that gun violence is a public health issue and something we should all be aware of and working to end.Nolan commented to members that we did not have quorum at the last meeting, so there will be many items we will need to vote on at the August meeting. Members will also be voting on the next Chair and Vice Chair, so candidates may either nominate themselves or be nominated. Nolan went on to reflect on the ending of his term as Chair and to make some recommendations. He mentioned that the Rules of Engagement (ROE) that the Care Council is operating under is coming to an end in September and stated his recommendation was to vote in August to extend the ROE for an additional three months so that an Ad Hoc Committee can be put in place to look at the next steps, in terms of keeping the ROE or returning to the original bylaws. He then went on to discuss the Integrated Plan sections and the importance of editing process and whether the Care Council would want to put together an Ad Hoc Committee to look at the sections before bringing them to the Care Council for final approval. Katie clarified that the sections will not be voted on individually, that each section will be brought as an informational item for feedback and then there will be one final vote on the complete document, hopefully in September or October. As a final thought, Nolan commented on the lack of quorum at the last meeting and the need to have in-person quorum in order to conduct business. Nolan went on to say that he believes we should suspend the virtual option for meeting attendance, as we have the option for members to send their alternate when they are unable to attend. He discussed the importance of attendance and reminded everyone that without the Care Council, our agencies can’t get the $10 million for services. Myles thanked Nolan for his insight and echoed the importance of members showing up or sending their alternate. |
| RECIPIENT’S REPORT  | Part A Recipient, Aubrey Arnold, began his report also commenting about meeting attendance. He said it is very concerning to him that he has also heard that for those attending virtually, the audio quality can be bad, and people don’t always get the gist of the meeting. For people in the room, sometimes it can be hard to understand the people who are calling in. Aubrey reiterated what Nolan said about the need to have in-person attendance when we have business items to be voted on. He then said that there will be important business to attend to next month that will affect funding for the provider network, so it is critical that we achieve in-person quorum.Aubrey continued his report noting that Dorinda had reported the previous month that Part A had received its final notice of award amounting to $10,674,132, a 3% increase from the previous year. Hillsborough County also received its Ending the HIV Epidemic (EHE) award on June 15th, so there are full budgets for the year. The EHE grant totals $2,000,400. There will also be some carryover dollars in both Part A and in EHE, which will be reported at a later date, once they are received. Aubrey went on to say that his office had conducted a survey of unmet need for this year, to try to figure out where money should be directed, since the award amount was increased. Aubrey then mentioned that the Part A program will be working on their very big procurement, probably starting in October. Some of the things they are working to improve include the disparity in funding to the outlying counties, Pasco and Hernando, where services such as substance misuse and mental health are either not funded or only receive a little bit of funding. Aubrey said he will be bringing recommendations to the Care Council for the budget going forward with the procurement, which the group will have to vote on. Aubrey then gave an update on the changes to eligibility, saying he expects the change from every six months to yearly should be implemented starting October 1st of this year. Aubrey said that there is work that will need to be done on the backend to update the database to account for this change, so that will be coming in a couple months in the fall. With that, he said he also wanted to discuss the data sharing agreement, which is part of Integrated Plan Section 3, which will also be discussed later on in the agenda. Hillsborough County is in the process of making changes to the agreement to accommodate some participation by subrecipients. The latest version of the data sharing agreement went to Tallahassee the previous week and is expected to be signed by the Department of Health and then will come back before the Hillsborough County Board of County Commissioners. Aubrey went on to discuss the changes being made to the patient authorization, or patient consent form. The form is in the process of being translated into Spanish and should be finalized soon. The form will be more expansive, in terms of the permissions it gives. Tying back to the data sharing agreement, the form will give permission for the Florida Department of Health to see data. It will be incorporated into the database, so that it is easy to locate the correct version that should be used and so that it may potentially be able to be signed electronically in the future.Registration is ongoing for the National Ryan White Conference in August. The conference is fully virtual, so there is no cap on how many people may attend from each area. Aubrey encouraged anyone who is interested in attending to register. The Florida Comprehensive Planning Network (FCPN) will be meeting in August and Aubrey said he believes the sole topic on the agenda will be the Integrated Plan. |
| LEAD AGENCY REPORT | Lead Agency staff, Darius Lightsey, reported that Part B currently has three vacancies and one position that just closed, which was the linkage to care physician, so he will be doing interviews soon for that position. Part B will be having a procurement in the fall, so more information will be forthcoming on that. EHE will be having a meeting on the 28th of July. It will be a hybrid meeting at James B. Sanderlin Center with a virtual option through Zoom. Lunch will be provided for the in-person attendees. The AIDS Drug Assistance Program (ADAP) is doing well and then ADAP staff is doing a good job of getting people in. Darius complemented his team for their involvement in the St. Pete Pride activities this past month, both the parade and the festival. Myles jumped in to thank the team for all of the effort put into Pride.  |
| **HOUSING OPPORTUNITIES FOR PEOPLE WITH HIV/AIDS (HOPWA) REPORT**  | Anne Cronyn started her report noting a misspelling of her last name in the June meeting minutes. PCS staff agreed to correct the misspelling. Anne continued that if you refer back to the June minutes, she gave a pretty lengthy explanation at that meeting on why the City of Tampa is getting additional money due to the HOPWA modernization process and how that will impact some providers. HOPWA is in the final quarter of year two of their three-year agreements with providers, which means that year three will be starting on October 1st. Any increases will be going before City Council. Award letters have been sent out to those agencies who will receive an increase. For the HOPWA competitive funds, the fully executed grant agreement with Housing and Urban Development (HUD) was received the previous week and the agreement is effective July 1st. The recommendation was that current HOPWA provider agreements are amended, if they are interested in participating in this program, so the legal department is currently working on those amendments. It is expected that the program will be administered by the City of Tampa, EPIC, and a collaboration between Metro Inclusive Health and Catholic Charities. |
| CARE COUNCIL PLANNING SUPPORT (PCS) STAFF REPORT | Planning Council Support (PCS) Staff, Katie Scussel, began her report saying that, as Nolan had mentioned, the Care Council will be electing a new Chair and Vice Chair next month, so be prepared with who you would like to nominate or whether you’d like to nominate yourself. Nominations can be sent to Katie in advance, or they can be done on the same day at the meeting.1. 2022-2026 Integrated Plan Section III: Contributing Data Sets and AssessmentsKatie began the presentation of Integrated Plan Section III by explaining that the section was very long, so she condensed the information into a two-page outline, which was sent out in the meeting packet, to give an overview of everything that’s covered in the section. The section is broken down into four components and covers how HIV impacts the Eligible Metropolitan Area (EMA), services needed by clients to access and maintain prevention, care, and treatment, barriers to accessing services, and gaps in the system. The first part, Data Sharing and Use, was primarily written by Aubrey Arnold, who discussed some of the information on data sharing during his Recipient’s report earlier in the meeting. Katie explained that the section details the data sharing agreement between Part A and Part B and how we used that to coordinate care between the programs, as well as some of the barriers the agreement presents. The second section is the Epidemiology Snapshot. Katie explained that this section details the socio-demographics characteristics of the region, characteristics of people with HIV, new diagnoses, care continuum data, priority populations, and some information on recent clusters in our area. Katie explained that the data used in this section was through 2020, and that there would be a presentation on this same data later on in the agenda for the Epidemiology Report. The third section is the Resource Inventory, which is a table that lists out the different funding sources in the area and the amount of funding for prevention, care, and supportive services. It also discusses strengths and gaps in the system. The last section is the Needs Assessment, which lists priorities for care and prevention, barriers, and actions taken to improve care. Katie highlighted the list of actions taken, saying it’s always helpful to see a list of actions spelled out to get a sense of ways our area has worked to expand access over the last several years, to remember that the work we all do on the Care Council is meaningful and it does make a difference.Aubrey thanked Katie for her work summarizing all of the information in this section and then went on to discuss the data sharing component of the piece. He explained that being able to share data on people newly diagnosed or out of care will help, in particular in terms of early intervention services funded right now through EHE. He explained that these populations are most vulnerable and that, if people have been lost to care, we want to get them back into care so that we can get them back on medication regimes and increase levels of viral suppression. The EMA is currently around 88% virally suppressed and we want to continue inching that up year by year to get it over 90% in the next couple years. Katie thanked Aubrey for his explanation and asked for feedback on the section, either at the time or later over email. Nolan chimed in to ask members, especially those who are skilled in this kind of data, to please check over this section. He reminded members that we will be using this plan for five years to come. Marylin Merida stated in the chat that she was willing to help with editing and review.Nolan asked Katie for an update on the open PCS staff position. Katie answered that there are interviews scheduled so we could potentially have someone by the next meeting, but if not, hopefully the one after that. Nolan offered that if there was a volunteer voice needed to help with that process that he would be happy to serve in whatever way he can.2. 2022-2026 Integrated Plan Section V: Goals and ObjectivesDavid Cavalleri planned to present Section V but had technical difficulties with his audio, so Katie took over the presentation. Katie explained that the goals are organized under the four pillars of EHE: Diagnose, Treat, Prevent, and Respond. Katie went through each goal and encouraged members to speak up if they wanted to comment. Elizabeth Rugg spoke up to ask about one of the measures, increasing those retained in medical care from 81% to 87%. Elizabeth asked what outcome would be tied to this goal if it was met, such as hiring additional case managers. Aubrey said that obviously if we reach 87% we would want to move the goalpost higher. Elizabeth asked if additional funding would be tied to that and Aubrey said possibly, but it would depend on what other resources and streams of funding we have.Janelle Taveras asked where these numerical goals came from, whether they are HRSA standards or locally derived. Aubrey explained that they are locally driven but based on HRSA standard indicators. Nolan then chimed in to say that he is a representative on FCPN and has to take these goals to August FCPN meeting, to look at how the local goals will be incorporated into the statewide goals. Nolan said that he is struggling with understanding who is responsible for which indicators and where we are monitoring them. He mentioned the goal of increasing testing in non-traditional venues, such as emergency rooms and prisons, and asked whether the goal could be something like expanding testing to one new emergency room each year and assigning the task to a specific entity. Elizabeth Rugg asked whether key partners gave input on the key activities and strategies. Katie answered that the writing team gave input in the initial drafting of the plan, but that this is the first time the larger group is seeing it. Elizabeth asked if any of the case management agencies have anyone in jails or prisons doing HIV testing? Angela Kellogg answered that Metro Inclusive Health has medical case managers inside the jails in Pinellas and Hillsborough Counties, but they don’t do HIV testing, they are working with those who are already diagnosed. Testing services in the jail are primarily through the Jail Medical Services and since the COVID pandemic began, it has become more difficult for the jails to allow other agencies in to provide services. Taylor Witkowski with Cove Behavioral Health stated that they have staff that are cleared to do testing in the jails. Kenisha McCoy with Positively U said that they do as well. Elizabeth said that was good to know, for collecting data, and that part of the challenge of the last plan was that it was difficult to know who had access to what data for monitoring. Marylin Merida said that USF has a memorandum of understanding (MOU) with Tampa General Hospital for what they call the Fast Track Youth Initiative, so that when youth are diagnosed in the ER they are referred to USF and that data is tracked. Aubrey chimed in to say that he is pretty sure all of this testing data flows back to the respective health departments, so health departments are really the partners we would be looking to here to help with proper reporting. Lisa Nugent said the thing we have to remember about this plan is that it is an integrated plan between both prevention and care and is not just necessarily underneath the Care Council, so it’s not necessarily just the Care Council’s role to accomplish these goals, it’s supposed to be accomplished by all prevention and care across the four-county area. She also said that when we are writing these goals, we have to make sure that they are things we are able to monitor and report back on and that we’re able to get the information we need. There were issues with the last plan where people said they were able to get certain pieces of data and then we weren’t able to get it when people changed positions and it became an issue. She said we need to make sure these goals are things that we can see a change in and report and change in. Lisa encouraged the group to set goals that are higher level, rather than nitty gritty things that we’re not able to see a lot of change in. The overall goal of this plan is to make life better for people who are living with HIV and have fewer diagnosis of HIV in our community, so all of the goals should be working towards those things, keeping in mind what little teeth we have to make people do the things we set as goals in this plan. Lisa said that the writing teams anticipated this section to be the most in-depth part that we wanted to work on with everybody, because this is the part that will move us forward and that says what we’re going to be doing for the next five years. Nolan asked a question to Aubrey about whether the strategies written into this plan could be part of the procurement process that is coming up. Aubrey answered that we have to remember this is a prevention and care plan, and that what we are funding through Part A is for patient care, so some of the prevention aspects of the plan are through other sources.Myles reminded everyone of the time and the need to keep moving forward with the agenda. Myles asked to have any additional questions sent to Katie. Katie encouraged everyone to look at this section on their own time and that we can take another look at it in a future meeting.  |
| WOMEN, INFANTS, CHILDREN, YOUTH & FAMILIES (WICY&F) WORKGROUP REPORT  | PCS staff, Katie Scussel, reported that WICY&F met on June 23rd and there were twelve people present. The group continued to discuss the fall event and brainstormed potential locations and narrowed down potential dates. The location will be in Pinellas. There was also a presentation on the vaccine hesitancy project. The next WICY&F workgroup meeting will be held at 10:00 AM on Thursday, July 28th on GoTo Meeting. |
| EPIDEMIOLOGY REPORT | Katie explained that the Epidemiology Report is reviewed annually by the Care Council. It is a little confusing because we also had an epidemiology section in the Integrated Plan sections that were discussed today, so there were two different epidemiology reports that went out in this meeting packet. The epidemiology section in the Integrated Plan is a bit longer and more in depth. The Care Council’s Epidemiology Report is more concise. Katie explained that she did something a little different this year and created a one-pager, so that members could have something quick to look at to see the information summarized in one place. The one-pager was sent out as a stand-alone document in the meeting packet and is also included as the first page of the report.Katie gave a presentation on the content of the epidemiology report, going over basic epidemiology terms, the demographics of the area, HIV prevalence by gender, race, and age, HIV incidence by gender, race, and age, three-year trends by race and gender, and incidence by mode of transmission. |
| COMMUNITY INPUT | None. |
| **PUBLIC POLICY REPORT** | None. |
| **PREVENTION ACTIVITIES/****QUALITY MANAGEMENT (QM)** | None. |
| ANNOUNCEMENTS | Antonio Miles announced that every Thursday Positively U provides free clothing and food at their Tampa office, as well as STI testing from 10:00 am to 2:00 pm. The same services are available in the Winter Haven office on Wednesdays.Myles circled back to the epidemiology report and read a comment from Aubrey in the chat, saying that it was very obvious the disproportionate impact on the Black population and that we still have a lot of work to do. Myles said that stood out to him too. He gave another shout out to Darius and his team for their intentional outreach efforts with the Pride events over the past weekend and said that that visibility is needed. |
| ADJOURNMENT | There being no further business to come before the Care Council, the meeting was adjourned at approximately 3:19 p.m. |
| Note: A recording of the meeting is available by request | For further details about this Care Council meeting, please visit thecarecouncil.org to access meeting minutes and handouts.  |
| LIST OF HANDOUTS AND ATTACHMENTS | 1. July 6, 2022 Agenda
2. June 1, 2022 Minutes
3. 2022-2026 Integrated Plan Section III: Contributing Data Sets and Assessments
4. 2022-2026 Integrated Plan Section V: Goals and Objectives
5. Integrated Plan Outline
6. 2021-2022 Epidemiology Report for the Tampa-St. Petersburg EMA
7. 2021-2022 Epidemiology Summary
8. July 2022 Calendar
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| WEBSITES CITED | None |

**Attendance**

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| **Care Council Members** | **Attendance** |
| Nolan Finn *(Chair)* | Virtual |
| (Myles) Edward Myles *(Vice-Chair)* | Virtual |
| Rachel Brown | Virtual |
| Lillie Bruton |  |
| Joel Carrier |  |
| Lisa Conder  |  |
| Anne Cronyn | Virtual |
| J Carl Devine | Virtual |
| Sheryl Hoolsema | Virtual |
| Vincent Kaborycha |  |
| Angela Kellogg | Virtual |
| Nicole Kish | Virtual |
| Kamaria Laffrey  |  |
| Jeffrey Lluberes | Virtual |
| Michelle McKinney | Virtual |
| Marylin Merida | Virtual |
| Antonio Miles | Virtual |
| Naketa Mohammed  |  |
| Kim Molnar | Virtual |
| Amanda Miller | Virtual |
| Teriko Perkins | Virtual |
| Peggy Wallace | Virtual |
| Charles Ware |  |
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| **Associate Members** | **Attendance** |
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| **Recipient Staff** | **Attendance** |
| Aubrey Arnold | Virtual |
| Dorinda Seth | Virtual |
| Maria Teresa Jaureguizar |  |
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| **Lead Agency Staff** | **Attendance** |
| Darius Lightsey | Virtual |
| Yashika Everhart | Virtual |
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| **Health Council Staff** | **Attendance** |
| Lisa Nugent | Virtual |
| Katie Scussel | Virtual |
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| **Regular Guests** | **Attendance** |
| David Cavalleri  | Virtual |
| Nicole Houston | Virtual |
| Emily Hughart | Virtual |
| Michelle Keyes |  |
| Dave Konnerth |  |
| Denise Mote |  |
| Mike Neuges | Virtual |
| Sam Quintero |  |
| Jim Roth |  |
| Elizabeth Rugg | Virtual |
| Donna Sabatino |  |
| Chris Walker | Virtual |
| Miyisha Wall | Virtual |
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| **Guests** | **Attendance** |
| Michael Alonso |  |
| Jasmine Alvarado |  |
| Naomi Ardjomand-Kermani | Virtual |
| Jade Baranich |  |
| Conrad Barzarea |  |
| Holly Beaver | Virtual |
| Frances Benton |  |
| Dawn Branley |  |
| Zack Brown |  |
| Taryn Buckley |  |
| Jose Camino |  |
| Joshua Cardwell |  |
| Michael Carlton |  |
| Astrid Carrasquillo |  |
| Mike Catala |  |
| Gregory Clark |  |
| Everis Clarke |  |
| Donna Corpuz |  |
| Luis Delgado |  |
| Darlene Duran |  |
| Lolita Emanuel-Brown |  |
| Karlie Gallagher |  |
| Geneva Galloway |  |
| Beth Gotti |  |
| Pierre Guttenberg |  |
| Khalil Hall |  |
| Laurie Hardy |  |
| Indica Harris |  |
| Tequila Harris |  |
| Lovell Harp |  |
| Michael Holder |  |
| Chris Holland |  |
| Sherri Hoover |  |
| Karen Hoyle |  |
| Nataliya Johnson | Virtual |
| Marylin Jones |  |
| Vicki Kenyon |  |
| Janet Kitchen |  |
| Josh Kratz |  |
| Roberta Lambert |  |
| Topher Larkin |  |
| Grace Levy-Clarke |  |
| Kristen Lewis | Virtual |
| Andrew Maldonado |  |
| Paola Mancera |  |
| Olinda Manjenje |  |
| Ian Martin |  |
| Bernice McCoy |  |
| Kenisha McCoy | Virtual |
| Andrew McFarbme |  |
| Sean McIntosh |  |
| Mark Mischan |  |
| Carmen Millie Montanez |  |
| Christine Montero | Virtual |
| Jamie Morano |  |
| Dionne Nixon |  |
| Sheyla Nobles |  |
| James Ogedegbe |  |
| Vicky Oliver |  |
| Christopher Paisano |  |
| Steve Palermo |  |
| Indira Palomino |  |
| Terrell Parker |  |
| Guttenberg Pierre |  |
| Juliana Pinero |  |
| Melanie Posner |  |
| Dee Prendergast |  |
| Ashley Quidaciolu |  |
| Nathan Remy | Virtual |
| Dedra Richardson |  |
| Benjamin Rodriguez | Virtual |
| Kelly Roy |  |
| Solita Royal |  |
| Allison Ruby |  |
| Sheila Ruck |  |
| Christine Santos |  |
| Michelle Scavnicky | Virtual |
| Brian Schenker | Virtual |
| Garrett Sears |  |
| Joni Simmons |  |
| Ashley Snug |  |
| Janelle Taveras | Virtual |
| Danielle Taylor |  |
| Kristi Thomas |  |
| DeAnne Turner |  |
| Wanda Vazquez | Virtual |
| Diego Villalba |  |
| Crystal Waddy |  |
| Bernard Washington | Virtual |
| Kevin Williams | Virtual |
| Max Wilson | Virtual |
| Taylor Witkowski | Virtual |

*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, August 3, 2022.

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