

WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL

**THE CHILDREN’S BOARD OF HILLSBOROUGH COUNTY**

**WEDNESDAY, MARCH 1, 2023**

**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 Rachel Brown, Vice Chair, at 1:30 p.m.  |
| ROLL CALL AND INTRODUCTIONS | See attached attendance list.  |
| CHANGES TO AGENDA | There were no changes to the agenda. |
| MOMENT OF SILENCE | Rachel Brown, Vice Chair, led everyone through a moment of silence, asking everyone to be present in the meeting and honor those who could not be there. |
| ADOPTION OF MINUTES | **The minutes from February 1, 2023 were approved, with one typo corrected under the HOPWA report (M: Kellogg, S: Washington) (16 yes, 0 no, 0 abstain).** |
| CHAIR/VICE CHAIR’S REPORT | Rachel reminded everyone that all committees would be meeting this month. Rachel encouraged everyone to get involved with a committee and reminded members that it is a requirement that each voting member sit on at least one committee. |
| RECIPIENT’S REPORT  | Recipient staff, Aubrey Arnold, reported that he had attended a statewide meeting in Orlando with all Part A and Part B areas from around the state. They discussed the data-sharing agreement that is being worked on between Part A and Part B, so that data about clients can more readily be shared. With the new agreement in place, it will be easier to share information about clients who have fallen out of care or who are being re-engaged in care. The new Notice of Eligibility form has been approved and is ready for release. There are several changes and improvements to the form, including that it will no longer require a client signature. The new form will be going out to all the Part B areas from Tallahassee and will also be distributed to all the Part A areas. The form will be uniform across the state, so if someone moves from another area their eligibility will be valid. Aubrey said that this area has tried to accept other notices of eligibility from other areas for years anyway, but this new form makes the process more seamless. All Part A and B areas have also been working on the new self-attestation form. At the end of a twelve-month period, clients may sign this form to continue eligibility, as long as there have been no significant changes. At twenty-four months, clients will need to go through a full eligibility process. Aubrey reminded everyone that since 2009, eligibility has had to be completed every six months, so this is a big improvement and will help keep clients in care.The new grant year for both Part A and Ending the HIV Epidemic (EHE) began on March 1st. Both Part A and EHE have received partial awards. The partial Part A award is $1,861,121, which also includes Minority AIDS Initiative (MAI) funds, and the partial EHE award is $343,068. The full Part A award is expected by the beginning of May. With the new 2023-2024 fiscal year, Part A has begun funding housing services and substance abuse services in Pasco and Hernando Counties. This is the first time Part A is funding housing services in any county. His staff is currently working on updates to the Policy and Procedures Manual, so that there are new rules in place for the new housing service category. The Planning and Evaluation Committee will be updating the Minimum Standards of Care (MSOC) to add standards for both early intervention services (EIS) and housing. Part A is not currently funding EIS but Aubrey would like to have these standards in place for the future.Aubrey continued his report saying that on the most recent call with the HRSA project officer he learned that the next Part A site visit would likely be in December of this year or January of 2024. Staff from HRSA will be visiting providers and likely attending a Care Council meeting. EHE will also likely have a site visit within the next year, so it’s possible both will occur simultaneously.Part A is working with Part B on organizing the next case management training. The training will be virtual and will likely be offered in April or May. Typically, the local AIDS Education and Training Center (AETC) helps provide training on a relevant topic. Aubrey also reported that he recently had a call with HealthHIV, an education and training organization that contracts with HRSA, on offering a training for providers on program income.Bernard Washington, member, asked about the new self-attestation form. Aubrey answered that the form will ask certain questions, such as whether income or address has changed, and clients will be able to enter in their information and sign to continue eligibility for another twelve months. Marylin Merida, member, asked whether there will still be eligibility specialists. Aubrey answered that eligibility would continue to be done by medical case managers and that it will be interesting to see what kind of impact this has on their time. He then said he expects the change will give case managers more time to actually work with clients, rather than updating eligibility. Bernard added that he has seen it already be helpful, as an incentive, to be able to tell clients they only have to do the process once a year now instead of every six months.Rachel Brown asked about whether the form in the database would be available across all counties, so if a client moved to another county, the form would still be visible in the database. Aubrey answered that it depends on which counties. The e2-Hillsborough database is only available in the four county Eligible Metropolitan Area (EMA), but if the client is in CAREWare, that should be available across the state. Bernard asked about whether the new form would also help clients gain eligibility to HOPWA. Aubrey answered no, since HOPWA is a completely separate program. Nathan Remy asked whether clients can be seen at any health department to get services and Aubrey answered that it depends as different services are offered in different areas. 1. Part A Expenditure ReportAubrey went over the FY 2022-2023 expenditure report. He explained that the report is not complete for the year and that a final report should be ready in April or May. Aubrey walked members through the report, explaining the difference between encumbrance vs. expenditures. The total encumbrance includes where services have already been provided but the claims have not been paid yet, whereas the expenditure is the actual amount spent out. Aubrey expects about 95% of the grant to be spent this year, which is unusual for the area. Usually the program spends between 98-99%. The encumbrance rate for Ambulatory Outpatient Health Services (OAHS) is currently at 87%, which is much lower than expected. Oral health is also below 90%. Rachel asked what Clinical Quality Management (CQM) entails. Aubrey explained that CQM tracks outcomes within the program, for example viral suppression and retention in care rates across the network, and reports this data to evaluate how well the program is doing at delivering the services. It also entails the Assessment of the Administrative Mechanism (AAM), which is a process that looks at how effective Hillsborough County is at administering the grant funds. There is also a customer satisfaction survey conducted to ensure that clients are satisfied with the services they’re receiving and if they’re having any issues with a particular provider.Nolan Finn, member, asked for clarification on what unspent funds the program would be getting back and Aubrey said that as long as 95% is spent, the rest will be included as carryover funds in the new fiscal year. There is also a waiver process if an area does not spend over 95% but Aubrey said he does expect to reach the 95% threshold to not need the waiver. Nataliya Johnson, member, asked about the underspending in oral health and whether that was because there are not enough providers or patients don’t keep their appointments. Aubrey answered that there are several issues with oral health, one being that there may still be some patient hesitancy from COVID, another being that clients sometimes do not like to visit the provider in their county of residence due to fear of disclosure. There are very few dental providers that apply during the procurement process, so while there is at least one provider in every county, there are not a lot of options. Bernard asked if there was an opportunity to educate providers to reduce stigma, as a lot of providers are hesitant to work in this area due to misinformation about HIV. Aubrey answered that providers in the Ryan White system are held to strict requirements and should have a strong understanding of the client population they serve. Bernard described a situation where a dentist requested a letter from a medical provider to be able to work on a patient. That provider was a Medicaid provider and not part of the Ryan White system. Members discussed the need for more training for providers on person-centered care and cultural sensitivity. |
| LEAD AGENCY REPORT | Joshua Cardwell from the Part B Lead Agency introduced himself and explained that he would be taking over the Grants Manager position, which was formerly Yashika Everhart’s position. Joshua will officially take over that role that coming Friday, March 3rd. JoAnne Lamb is serving as the interim HIV/AIDS Program Coordinator (HAPC), as Darius Lightsey recently stepped down. Joshua then reported that Part B has renewed almost all contracts for the upcoming fiscal year and expects level funding. Members acknowledged that Darius was attending the meeting virtually in his new role working for CAN Community Health. Members wished Darius well in his new position with CAN.  |
| HOUSING OPPORTUNITIES FOR PEOPLE WITH HIV/AIDS (HOPWA) REPORT  | Anne Cronyn with the City of Tampa reported that HOPWA is almost halfway through year three of its three-year agreements. Metro Inclusive Health is going to be awarded funding to provide tenant-based rental assistance (TBRA) with unspent funding from the previous year. There will be a universal Request for Applications (RFA) coming out later that month, which will include multiple programs including HOPWA. There will be new services added, including coverage for security deposits. The caveat is that there will be some different reporting requirements and the deposits must stay with the provider. Anne said that she had mentioned a few meetings ago that the Department of Housing and Urban Development (HUD) had granted the alternative rent standard for the counties that had applied for it. Anne said that agencies are now able to serve people with increasing rent but will still need to provide documentation that rent is reasonable compared to what is available within the community. Providers will also not be able to serve the same amount of people because the same amount of money can only go so far. |
| CARE COUNCIL PLANNING SUPPORT (PCS) STAFF REPORT | Planning Council Support (PCS) Staff, Katie Scussel, gave an update on the 2022 HIV Care Needs Survey, saying that the Needs Assessment Committee met and extended the deadline another month, through April 30, 2023. As of that morning the survey had received 345 responses. Katie reported that responses had slowed down over the past month and asked everyone to continue to push the survey out as much as possible.Katie then reminded everyone that all committees would be meeting that month. At their first meeting, each committee will be electing chairs and co-chairs, deciding on the meeting time and frequency of meetings, and updating their workplans. Katie also reminded everyone that all members are required to be part of at least one committee and that they can get in touch with staff if they have any questions or need help selecting a committee. Katie noted that not all committees will be meeting every month, so if two meetings every month is too much of a time commitment, members should be able to find a meeting schedule that works for them.**1. New Voting Member Application**Katie presented the application for Ashley Hill. Ashley introduced herself and said that she is a clinical pharmacist and works with AIDS Healthcare Foundation (AHF).  **Background**Ashley Hill applied to join the Care Council on January 11, 2023. Member, Jeffrey Lluberes, interviewed Ashley on January 18, 2023. The interview received sufficient scores to be recommended to join the Care Council. **Action Required****THAT THE COUNCIL VOTES TO APPROVE THE MEMBERSHIP APPLICATION OF ASHLEY HILL AS A VOTING MEMBER REPRESENTING PINELLAS COUNTY. THE COUNCIL WILL FORWARD THE NOMINATION TO HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS FOR FINAL APPROVAL.****Members voted to approve the application of Ashley Hill (M: Finn, S: Washington) (16 yes, 0 no, 0 abstain).**Members welcomed Ashley onto the Care Council.2. Integrated Plan Baseline DataKatie presented the 2022-2023 Integrated Plan Monitoring Tool, explaining that the tool was adapted from what was used to monitor the last plan. All items were color-coded, with green signifying goals that had been met, yellow signifying goals that were on track to be met but had not been met yet, red signifying goals that were either not met or unlikely to be met, and peach signifying items that needed further discussion. Katie explained the different sources of data for monitoring, saying that epidemiological data comes from the state and is typically available the summer/fall of the following year, so we are currently operating with 2021 data and should expect to have 2022 data by the fall. There are also indicators that use data from the Ryan White databases, e2-Hillsborough and CAREWare, and these are available whenever needed, so we are able to capture point-in-time data from these sources. Most goals are currently yellow, because they are at baseline. Katie noted that there is one goal related to increasing testing in non-traditional venues that has been hard to capture. Non-traditional venues are defined in the plan as emergency rooms, jails, and testing in unhoused people. Testing in the emergency room has been easy to access, thanks to the testing program at Tampa General Hospital (TGH). TGH is currently the only hospital in the area doing routine testing. Katie said that she has had difficulty identifying sources for testing in jails and unhoused people. The Planning and Evaluation Committee will be reviewing the monitoring tool going forward and will discuss these items at a future meeting.Nolan asked if the Care Council could make changes to the goals and the indicators going forward. Katie answered that yes, like with the last plan, if there are things we are not able to gather data on, we can make changes where it makes sense to do so while still trying to abide by the goals originally set in the plan.Katie then mentioned that in the last few years there was a push to start using the term “Latinx” as a gender-neutral alternative to Latino and Latina, but that it has not really caught on with the population that it is meant to describe and that there does not seem to be one term that the majority of people prefer. Planning Council staff is currently updating epidemiology and care continuum reports and would like to know if anyone wanted to weigh in on the language used to describe this population. Bernice McCoy, member, shared that being of Hispanic origin herself, it is a conundrum finding the right term. The public health world often uses Latinx but her family does not recognize it. Aubrey noted that he has noticed HRSA moving away from using the term as well. Nolan asked Angela Kellogg what term Metro uses. Angela answered that they use Latinx as they try to use gender neutral language whenever possible. Katie said that it is written in the report now as “Hispanic/Latinx.” |
| WOMEN, INFANTS, CHILDREN, YOUTH, AND FAMILIES (WICY&F) WORK GROUP | PCS Staff, Abigail Machtel, reported that WICY&F met on February 23, 2023 on GoTo Meeting. The group discussed the frequency of meetings and decided to meet every other month going forward. Because the group is working on planning its next event, the group decided to meet one more time the next month and then move to the every other month schedule after that. The event will be in May and will be held around Mother’s Day. The next WICY&F meeting will be on March 23, 2023 on GoTo Meeting. |
| COMMUNITY INPUT | Nolan commented that the response rate to the Care Needs Survey was very low and that everyone needed to work to get those responses in. Members discussed the difficulty with getting people to take the survey, with several providers saying that clients are over-surveyed and have too much paperwork to do. Providing an incentive in the future might help but there are limitations on Ryan White funds to provide incentives, so it would have to come from another source. |
| PREVENTION ACTIVITIES/QUALITY MANAGEMENT | David Cavalleri, Quality Management Consultant, introduced himself and said he was starting the Assessment of the Administrative Mechanism process for the year and would be at the next Care Council meeting to go over the process and distribute the AAM surveys. He also said that the next QM meeting would be Friday, March 17th and that anyone was welcome to get in touch with him if they would like to join. |
| PUBLIC POLICY REPORT | There was no public policy report. |
| **ANNOUNCEMENTS** | Katie announced that since all committees would be meeting for the first time that month and there would be no action items, that the Care Council could meet virtually in April if they would like. An all-committee work plan will be presented at this meeting. Katie reminded everyone that the committee meetings will either be in-person or virtual. They will not be hybrid.  |
| ADJOURNMENT | There being no further business to come before the Care Council, the meeting was adjourned at approximately 3:00 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. March 1, 2023 Agenda
2. February 1, 2023 Minutes
3. Part A Quarterly Expenditure Report
4. Background: New Member – Ashley Hill
5. 2022-2026 Integrated Plan Monitoring Tool
6. 2022-2026 Integrated Plan Goals, Activities, and Strategies Table
7. March 2023 Calendar
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| WEBSITES CITED | None |

**Attendance**

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| **Care Council Members** | **Attendance** |
| (Myles) Edward Myles *(Chair)* | *Virtual* |
| Rachel Brown *(Vice-Chair)* | In-person |
| Steven Becker |  |
| Lillie Bruton | In-person |
| Joel Carrier |  |
| Anne Cronyn | In-person |
| J Carl Devine |  |
| Nolan Finn | In-person |
| Ashley Hill | In-person |
| Sheryl Hoolsema | *Virtual* |
| Nataliya Johnson | In-person |
| Riley Johnson |  |
| Vincent Kaborycha |  |
| Angela Kellogg | In-person |
| Nicole Kish | In-person |
| Kamaria Laffrey  |  |
| Jeffrey Lluberes | In-person |
| Bernice McCoy | In-person |
| Marylin Merida | In-person |
| Antonio Miles |  |
| Kim Molnar | In-person |
| Teriko Perkins | *Virtual* |
| Peggy Wallace | In-person |
| Bernard Washington | In-person |
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| **Associate Members** | **Attendance** |
| Chris Gudis |  |
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| **Recipient Staff** | **Attendance** |
| Aubrey Arnold | In-person |
| Dorinda Creighton-Seth |  |
| Maria Teresa Jaureguizar | *Virtual* |
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| **Lead Agency Staff** | **Attendance** |
| Joshua Cardwell | In-person |
| JoAnne Lamb | *Virtual* |
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| **Health Council Staff** | **Attendance** |
| Abigail Machtel | In-person |
| Lisa Nugent | In-person |
| Katie Scussel | In-person |
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| **Regular Guests** | **Attendance** |
| David Cavalleri  | *Virtual* |
| Emily Hughart | *Virtual* |
| Elizabeth Rugg |  |
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| **Guests** | **Attendance** |
| Holly Beaver | In-person |
| LaShonda Coulbertson | In-person |
| Darius Lightsey | *Virtual* |
| Mike Neuges | *Virtual* |
| Indira Palamino |  |
| Nathan Remy | In-person |
| Kevin Williams | *Virtual* |

*ALT= Alternate present*  *EX = Excused*

I, Chair E.S. Myles, do certify that these minutes have been approved by me and the members of the Care Council on this day, May 3, 2023.

E.S. Myles, Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_