

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**PLANNING AND EVALUATION COMMITTEE**

**EMPATH HEALTH - CLEARWATER**

**THURSDAY, AUGUST 10, 2023**

**9:30 A.M. – 11:00 A.M.**

**MINUTES**

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| **CALL TO ORDER** | The meeting was called to order by Chair, Sheryl Hoolsema, at 9:30 a.m. |
| **ATTENDANCE** | Members Present: Nolan Finn, Sheryl Hoolsema, Angela Kellogg, Nicole Kish, Jeffrey Lluberes, Gina PuglisiMembers Absent: Elizabeth RuggGuests Present: NoneRecipient Staff Present: Aubrey ArnoldLead Agency Staff Present: Nicole HoustonHealth Council Staff Present: Abigail Machtel, Lisa Nugent, Katie Scussel |
| **CHANGES TO AGENDA** | There were no changes to the agenda. |
| **ADOPTION OF MINUTES** | Staff, Katie Scussel, noted one typo within the minutes and said she would edit them. **Members voted to approve the minutes for July 13, 2023, with the typo corrected (M: Kellogg, S: Finn).** |
| **CARE COUNCIL REPORT** | The Care Council met on August 2, 2023 at the Children’s Board of Hillsborough County. Action items included the approval of the changes to the Service Caps, Limits, and Eligibility, that were recommended by Planning and Evaluation. The changes are now considered to be in effect under Part A. Part B will need to amend contracts before changes take effect. The Council also approved the 2022-2023 HIV Care Needs Survey Report, which was brought by Planning and Evaluation, and approved the Care Council Guiding Principles, brought by the Membership and Community Outreach Committee. The Council also reviewed allocations from Part B, brought by the Resource Prioritization and Allocations Recommendations Committee (RPARC).Part A Recipient, Aubrey Arnold, announced that the Non-Competing Continuation (NCC) Progress Report for fiscal year 2024 has now been released. This report is the shorter, non-competitive grant application the Part A program completes in between the longer grant applications every three years. The program will be requesting the ceiling amount, but expecting to receive slightly less, which is typical. There will be two site visits in the upcoming year: one in December 2023 for the HRSA Ending the HIV Epidemic (EHE) grant and one in June 2024 for Part A. Aubrey also reported that Care Council Chair, Myles, had just signed off on the unobligated balances request. The program should receive almost $500,000 in carryover funding from the previous year. It should be received in September or October at the latest.For the Part B report, Nicole Houston shared that Part B was working on updating an expenditure report and would have it ready for the next Resource Prioritization and Allocations Recommendations Committee (RPARC) meeting in September. The Care Council will not meet in September, to accommodate members and staff traveling to the United States Conference on HIV/AIDS (USCHA). The next meeting will be on October 4, 2023 at the Children’s Board.  |
| **2023-2024 SERVICE PRIORITIES** | Members reviewed the 2023 Service Prioritization Worksheet, which included the service priority rankings from the previous year, priority rankings from the 2022-2023 HIV Care Needs Survey, funding amounts form the previous year, the number of clients served for each funded category, and other available funding sources in the area. Members discussed possible reasons for the lower priority ranking for outpatient ambulatory health services (OAHS) in the 2022-2023 survey. Members would like to see the next survey use more plain language, because the term “ambulatory health services” is not a common term for most people. Sheryl Hoolsema commented that she has been hearing that clients now need to see a primary care provider outside of the specialist they see for their HIV care. Many clients may now be getting services from private providers such as CAN or AIDS Healthcare Foundation.Members discussed funding for OAHS in the last fiscal year. Aubrey explained that one provider left a lot of money on the table, which has not been the case in previous years. Other OAHS providers did not leave money on the table. Nolan Finn asked which services had additional funds allocated to them during the year. Aubrey answered that OAHS did actually receive more money in certain contracts. The allocation for case management was also increased by a lot. Lisa Nugent reminded members that the priorities don’t necessarily determine exactly where funding goes.Aubrey commented that due to the decrease in utilization over the last couple years, emergency financial assistance (EFA) and AIDS pharmaceutical assistance (APA) could probably be moved down in priority. Nolan proposed moving medical case management to #2, oral health to #3, health insurance to #4, APA to #5, and EFA to #6. He also asked the group whether housing should be moved up. Members discussed whether to move housing above mental health. Utilization is higher in mental health, as the housing program is still getting off the ground. Nicole Houston noted that food was a high priority in the survey, but low in the current priorities. Members also noted that childcare ranks higher in the current priorities but has always been a low priority in the survey. Members discussed moving food up in priority and swapping childcare and early intervention services (EIS), so that EIS would rank higher.Gina Puglisi asked whether the service prioritization process leads to higher funding for the different services. Aubrey answered that yes, when there is additional funding available, Part A does consider the priorities as part of the process and uses them to justify where funding is allocated to.Nolan motioned to adjust the service priorities to the following:1. Outpatient/Ambulatory Health Services
2. Medical Case Management
3. Oral Health (dental) Care
4. Health Insurance Premium and Cost Sharing Assistance
5. AIDS Pharmaceutical Assistance (local)
6. Emergency Financial Assistance
7. Mental Health Services
8. Substance Abuse Services – outpatient
9. Housing Services
10. Health Education/Risk Reduction
11. Case Management (non-medical)
12. Food Bank/Home Delivered Meals
13. Early Intervention Services
14. Medical Transportation Services
15. Legal Services
16. Outreach Services
17. Childcare Services
18. Treatment Adherence Counseling
19. Medical Nutrition Therapy
20. Psychosocial Support Services
21. Substance Abuse Services- residential
22. Home Health Care
23. Home and Community Based Health Services
24. Rehabilitation Services
25. Linguistic Services (interpretation & translation)
26. Hospice Services
27. Respite Care
28. Referral Services

Angela Kellogg seconded the motion.**Members voted to approve the new ranking of the service priorities (M: Finn, S: Kellogg).** The service priorities will be forwarded to the Care Council for a final vote at the October meeting. |
| **COMMUNITY INPUT/****ANNOUNCEMENTS** | There was no community input or announcements. |
| **ADJOURNMENT**  | There being no further business to come before the committee, the meeting was adjourned at 10:39 a.m. |