

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**PLANNING AND EVALUATION COMMITTEE**

**EMPATH HEALTH - CLEARWATER**

**THURSDAY, JANUARY 11, 2024**

**9:30 A.M. – 11:00 A.M.**

**MINUTES**

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| **CALL TO ORDER** | The meeting was called to order by the Chair, Sheryl Hoolsema, at 9:32 a.m. |
| **ATTENDANCE** | Members Present: Nolan Finn, Sheryl Hoolsema, Angela Kellogg, Nicole Kish, Jeffrey Lluberes, Gina Puglisi, Elizabeth RuggMembers Absent: Marylin MeridaGuests Present: Allyson JonesRecipient Staff Present: Aubrey ArnoldLead Agency Staff Present: Joshua CardwellHealth Council Staff Present: Abigail Dees, Katie Scussel |
| **CHANGES TO AGENDA** | There were no changes to the agenda. |
| **ADOPTION OF MINUTES** | **Members voted to approve the minutes for November 9, 2023 (M: Kellogg, S: Finn).** |
| **CARE COUNCIL REPORT** | Committee Co-Chair, Nolan Finn, reported that the Care Council did not meet in January. The next meeting will be on February 7, 2024 at 1:30 pm at the Children’s Board of Hillsborough County.  |
| **INTEGRATED PLAN UPDATE** | Members reviewed the 2022-2026 Integrated Plan Monitoring Tool. Staff, Katie Scussel, gave an update on jail testing under Pillar I, Goal 2. Angela Kellogg referred Katie to Lorna Engelbert with the Florida Department of Health (DOH), after the last meeting. Katie spoke with Lorna and learned that testing in the Pinellas County jail by DOH staff was halted during the pandemic. A new staff member was hired in August of 2023, which is when testing resumed. DOH is conducting an average of 120 tests per month, with 375 conducted in 2023 (August through December). It does not seem like testing numbers in the jails are aggregated by any entity, so testing done by Community Based Organizations will have to be collected separately. Jeffrey Lluberes shared that EPIC is testing in both Pinellas and Hillsborough County jails and can get numbers to Katie. Angela said she believed there was someone named Rob who does linkage in Pasco County jail who may know more about the status of testing there. She said she would reach out. Aubrey Arnold recalled from the last meeting that Kevin Williams had offered to look into emergency room testing numbers for the Baycare ERs.Nolan asked if there was a timeline that data comes out, or a time of year that most things are updated. Katie answered that it depended on the source. The epidemiology profiles from DOH usually come out in the fall. Some testing numbers are sometimes released in the spring. Numbers for local Ryan White clients can be obtained at any time. David Cavalleri collects the performance measures quarterly, so Katie said she usually looks at the most recent figure to update those numbers.Members discussed Pillar II, Goal 3: Increase the use of telehealth to reach 450 clients throughout the EMA. No one could recall how the 450 was set as the goal. In 2022, 1,460 clients were reached though telehealth. There was not yet a total for 2023. Elizabeth Rugg commented that the number of telehealth sessions was likely higher in 2022 because COVID was still more of a concern. When the Integrated Plan goal was written, it was assumed that increased telehealth usage helped increase retention in care but, now that COVID is less of a concern, it is unclear how telehealth impacts retention. Members discussed the pros and cons of telehealth. Some clients are more suited to it than others, depending on a number of factors, including transportation, work hours, having kids at home, etc. Members agreed that while face-to-face visits tend to be better, a telehealth visit is better than no visit at all. Sheryl Hoolsema commented that clients are having more face-to-face visits for medical care, but that counseling-based services like mental health and substance use tend to still be virtual.Nolan asked whether the monitoring tool should be reviewed again before the upcoming Part A site visit in June, so that everything is as up-to-date as possible. Members agreed to review it again in May. Katie said that she was using this monitoring tool for now, as it was what was used for the last plan, but that eventually we would be moving to the Visual Mission Services Goals (VMSG) Dashboard. The state will be using the VMSG dashboard to track progress towards the statewide plan and most EMAs have agreed to follow suit. There was supposed to be an upcoming training on the dashboard in the beginning of the year. Katie asked Aubrey if he had heard any updates about the training, and he said that he had not but would follow up if he heard anything.Members discussed several goals related to training items, II.2.c., II.3.a., II.4.a., and II.4.b. The activity for II.4.a. was to facilitate a training for telehealth providers on properly entering telehealth services into e2-Hillsborough by December 2023, which did not happen. Aubrey noted that he was planning to hold a provider training before the end of the grant year and could include entering telehealth services in e2. Members talked about the need in general for more training on data input. Elizabeth asked about the status of data sharing between databases. Aubrey said that was a project he hoped to work on in the new grant year, to be able export data from one database to another. Angela noted that lab results can already be exported, but billing items cannot. Members discussed items II.4.a: facilitate a capacity training for medical and mental health/substance use providers by December 2023 and II.4.b.: facilitate two community trainings for the Ryan White Care Council or other community groups on mental health/substance use topics by December 2024. Katie noted that for the community trainings, one was already given in January 2023, a presentation on IDEA Tampa, a local syringe exchange program. For a second training, Katie said that Suncoast Health Council staff had recently participated in a Naloxone awareness training and were going to discuss with Membership whether the same training should be offered to Care Council members. Aubrey said that he was considering working with the North Floria AIDS Education and Training Center (AETC) for the next case management training and that previous trainings with the AETC have been very successful. Aubrey then suggested a call between himself, Katie, Joshua, and David Cavalleri to discuss all training needs.Members discussed goal IV.2., increase culturally and linguistically competent outreach efforts for Black and non-Black persons of color throughout the EMA. Strategy b. is to ensure provider staff are reflective of service population. Members discussed language in the most recent application documenting reflectiveness of staff. Strategy d. involves focus groups and town halls on retention strategies. Sheryl noted that there were some Ending the HIV Epidemic (EHE) focus groups conducted last year, that may count under this goal. Members discussed the Care Council possibly hosting additional focus groups or town halls this year. |
| **COMMUNITY INPUT/****ANNOUNCEMENTS** | Nolan shared that his brother was recently diagnosed with cancer and that he would be traveling back and forth to Minnesota, so would not be at the next upcoming meetings. Members offered their condolences to Nolan. Aubrey commended Nolan for his steadfastness and dedication to the program over many years of service.Joshua announced that at the most recent Florida Comprehensive Planning Network (FCPN) meeting in December, the Florida Department of Health shared more information on the new statewide service delivery model. The state will be transitioning to a statewide fiduciary agent. There will be no more local Lead Agencies. Services should continue without disruption. Planning Councils will remain as a method of gathering community input for the state. Joshua said he was unsure about the status of Quality Management. He also said that there is not a definitive timeline yet for the transition. Current contracts will continue for one more year. He expects that the Pinellas County Health Department will remain as the local Lead Agency for at least until the end of the state fiscal year, which ends in July. |
| **ADJOURNMENT**  | There being no further business to come before the committee, the meeting was adjourned at 10:59 a.m. |