

Southwest Florida Regional HIV/AIDS Council (RHAC)

DRAFT Minutes from August 6, 2008, Regular Meeting of RHAC

Charlotte County Health Department Punta Gorda, Florida 9:30AM-11:00AM

Attendees:

- I. Bill Little called the meeting to order and led introductions for the group. The minutes for the March 19, 2008 were presented for approval. Ellen Cordoba motioned for minutes to be approved, with the change made showing her attendance at the meeting. Change was so noted. Pat Dobbins seconded the motion. The March 19 minutes were approved. The May 28, 2008 minutes were presented for approval. Dillard Larson motioned the minutes be approved, Bill Little seconded the motion. The May 28 minutes were approved as presented.

II. Local Advisory Groups

- a. Hendry – no report at this time.
- b. Sarasota – Jim McCloud presented that the Patient Care workgroup has been working on their strategic goals and timelines. HANs has had difficulty recruiting local faith based organizations. Efforts have been made to get more local pastures involved. The local health department is scheduled to make a presentation to the LAG regarding STDs. STDs is a regular item on the LAG agenda. SCHD has been awarded \$70,000 for prevention, education, and media activities in 2009 FY. HANs plans funding individually, however, this year a unified application will be submitted.
- c. Lee – Dr. Hartner stated the LAG meeting is scheduled for August 20. The meeting will consist of improving access to mental health services for HIV/AIDS clients.
- d. Charlotte – Bill McBurnie presented that no meeting had been held. Also, a local support group has been held in June at The Haven. A support group will be held the 3rd Thursday of every month.
- e. Desoto – no report at this time.
- f. Collier – Scott Tims reported a new work plan has been created, along with an updated brochure by the LAG. The community is taking more initiative in the meeting. A meeting is set for Aug. 7 in Immokalee. On September 13 Collier and ICAN have partnered in a prevention promotion for MSM from 18-35 y/o. This event hopes to reach out to between 50-60 men.

III. Lead Agency Reports

- a. Financial Report – Mike Waite presented the RW budget for 4/1/08-6/30/08. The total budget was \$1,678,184.00. As of 6/30/08 RW has spent \$427,541.68. Mike stated RW was about 2% overspent, mostly seen in pharmacy line item. RW expenses are almost at the same amount as the last contract. The HOPWA budget was presented for 7/1/07-6/30/08, the end of contract. The total budget began with \$790,500.00. At the end of the contract HOPWA was underspent by \$220,545.52. This amount was an improvement over last year. Lee County spending went down this contract year. Hendry, Desoto, and Charlotte Counties were overspent this contract year. Sarasota County, HUD, did not need to use any HOPWA money due to clients accessing all the available days early in the year.

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Returning money to the state has not affected next years projected funds for Area 8. The HUD grant has not been accepted by Manatee County. If the grant is not accepted by Manatee, Sarasota County could return to State HOPWA.

- b. Program Reports – Susan Barrows presented the streamlining of data systems. DOH uses the HMS for data reporting. CAREWare will be set up in September for the local CBOs and HPC. CAREWare and HMS will be integrated to work together. Rich Powers will begin the program for statewide CAREWare use in late August. Basic NWFL and Big Bend Cares will be first to be set up on new system. As of January 2009, extensive data reporting of client level data will need to be submitted to the state. After CAREWare is set up locally there will be trainings held for usage. The RW Client Satisfaction Survey was presented to the RHAC. HPC has received 136 surveys back, however, it was determined this was not a representative sample. Surveys are usually given to clients at the 6 month review. Most of the survey numbers reflected positive feedback. Surveys are needed to be broken down by Provider to get representation of each area. Question 18, there was a 2.2% sample of clients that were unsure if their provider was giving them the newest treatment. Many patients have confidence in their doctors to provide them with the best treatments. It is difficult to stay UTD on all newest HIV/AIDS treatments. Also, patients talk to other patients regarding their care, this is a good way for patients to learn of new and different treatments. Pause magazine is a good source for clients to stay UTD on new HIV/AIDS treatments available. This is available freely in many health departments. To improve knowledge for clients, maybe a one page document can be created regarding the newest information available in the HIV/AIDS treatment. Question 22 was presented with 11% of clients having problems accessing their medications. It was questioned as to the reasoning behind this. A workgroup was created to look at the survey questions to streamline and collect better information. Jeff Trout, Art Gallagher, Pat Dobbins, and Nastassia Mitchell will bring back an updated version of the survey to the Nov. RHAC meeting. Some ideas given to improve the RW survey were to change the focus of the questions or capture just 10 questions at a time, breaking it down into multiple surveys (i.e. case management, provider, medications, dental, mental health). The Scorecard was presented with the raw data that had been entered for 2007-2008 year. A memo regarding AICP Special Services was presented. AICP Special Services has ability to pay for premiums and copayments. The state did so well enrolling clients into the program it has been shut down to new enrollments on June 26, 2008. AICP will pay \$1,200 towards co-pays and \$2,500 towards deductibles. After \$1,200 co-pay is reached RW can again step in to aid payment. Regarding AICP, Robert Bobo request HPC follow up with the issue of Walmart not accepting a 3rd party check for aid in payment for insurance premiums. This problem is not just in Hendry/Glades. The HOPWA Client Satisfaction Survey was presented. The survey has been in use about 4 years and may need updated along with the RW CSS. The number of completed HOPWA surveys needs to be shown on data sheet. The percentages need to be configured to equal a total of 100%. The surveys should be broken down by providers to get representation of each county.

c. HOPWA Funding

- i. An assessment of HOPWA funds and impact on direct services needs to be researched. Gail Counts will draft a letter regarding the HOPWA funds and direct services conflict to Tom Liberti. The letter will include a \$20,000 request to aid HOPWA research and data analysis, by local area universities, on methods to best spend down funds. HOPWA training is another issue. There is no statewide HOPWA training at this time. Clarke will contact Suzanne Stevens in regards to doing an intensive HOPWA training.

d. Planning Update

i. Area 8 Comprehensive Plan 2008-2011

1. Susan Mitchell has been contacted with HPC to work on the Area 8 Comp. Plan. The Comp. Plan was presented to the RHAC and the following changes are to be made before the plan is sent to the state:

a. Section 1 – Section 1C Disparities in Access to Care

- i. Addition: MAI – no funding is available; this is a barrier to the facilitation of the system of care for Area 8.

b. Section 1 – Section 1C Barriers to Care

- i. 1. Categorical funding results in a fragmented system of care that results in delay of care and inefficient use of resources. Because it is a clinical issue, there are few if any resolutions to the problem except to educate clients about their options for care and leaders about the need for funding.
- ii. 2. Medicaid is a barrier to care. In all the focus groups, clients lamented about the lack of primary care and specialty care providers willing to accept Medicaid. Medicaid transportation is also an issue. This puts a tremendous strain on the RW B funds as well as on the existing providers.
- iii. 3. The local economy has been severely impacted by the decline in the job market. The job market is very competitive, housing foreclosure is on the rise, and there are many displaced service industry workers. While this has decreased the price of housing, fuel and food prices have increased. All these factors force other issues such as food and shelter to the front of competing interests. While RW B does afford people access to the basic care they need, there is competition for the non-HIV related resources in the community.

c. Section 1 – Section 1C Service Priorities and Gaps

- i. 2. Medical Case Management – Gap: training, overcapacity of caseloads, inability to access information and expand.

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- ii. 3. Pharmaceutical – Gap: minimal, overcapacity on pharmacy.
- d. Section 1 – Section 1E Resource Inventory
 - i. Changes to some of the PLWH Caseload and Service Utilization numbers need to be reviewed. The numbers in the inventory do not match what the summary boxes are stating.
- e. Section 1 – Section 1E Key Access Points
 - i. The ‘x’ was removed from none and place in the LOA/MOU section of the grid under the Detention Facility row. There is a Jail Linkage program active in Lee and Collier Counties.
 - ii. Each county is interested in knowing what they have in their Key Access Points. Want grid to be sent out to be filled out by each county.
- f. Section 3 – Table 6
 - i. Goal #6 – MAI
 - 1. Objective: Increase MAI in care.
 - a. Task 1: See Goal 8 which states development of additional funding opportunities for services in Area 8.
 - 2. The completed Comp. Plan is due mid August. The changes will be made before the plan is submitted to the state.
 - 3. B. Little has many concerns for the input and accountability, along with the purpose and intent of which the RHAC has on health planning. A conference call was requested by Bill Little regarding how to best apply health planning more to RHAC. Gail will clarify how to best report the impact Area 8 has with needs to Tallahassee. Bill Little, Robert Bobo, Judy Hartner, Gail Counts, Susan Barrows, and Ed Houck will be part of the conference call with the date to be determined. Any comments should be emailed to Susan Barrows.

IV. Committee Reports

- a. Clinical Committee – no report at this time.
- b. Case Management Committee – no report at this time.
- c. Prevention Committee – Peter Bright presented a handout that should be filled out and submitted on the local level for input in to prevention. The Prevention Planning Group Meeting agenda was handed out in the RHAC packet. The meeting is scheduled for August 28 & 29. John Runde brought many brochures for dispersal to the group.
- d. Ad-Hoc Committee
 - i. Service Delivery Workgroup – Susan Craig, the chairperson of the Service Delivery Workgroup, presented the 4 recommendations that were decided upon during the SDW meetings.

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1. Recommendation 1 is to create a draft letter that will be presented to RHAC to be approved/signed which will be sent to the Bureau that will explain the significant increase of clients, acuity, and anticipation of inability to serve clients within the future. This letter will inform the Bureau what Area 8 is implementing as a temporary fix at this time. This recommendation was approved.
 2. Recommendation 2 is to have HPC track quarterly spending for ancillary services for each agency against the guidance for April 1st to see if each agency would like to be allocated a fixed amount of be on a budget which would be issued at the beginning of the contract next year. If allocated a fixed amount, a budget review would be done and money would be reallocated if necessary at 6 month and 9 months. At 10, 11, 12 months HPC would allocate money according to where it would be best suited to be spent down. Robert Bobo stated a barrier for Hendry/Glades would be getting provider's information for My Florida Market Place. Bill McBurnie stated a barrier would be if clients came from other counties, which budget to use moneys from. Would services be able to be capped for their agencies clients? Smaller counties would have a more difficult time to access money for their budget. Dr. Hartner saw a barrier for the clients that receive their primary care at ARC not being able to receive ancillary services elsewhere.
 3. Recommendation 3 is that agencies can choose to have LabCorp/Specialty services paid by the primary care provider and be reimbursed by HPC through the Medical Superbill. This process will be implemented on Sept. 1st, with the submission of the Aug. Superbill. This recommendation was approved.
 4. Recommendation 4 is to have the Collier County Health Dept. pilot the Pharmacy Superbill on Oct. 1st. There would no longer be any authorizations sent to HPC and the CoCHD would request payment to be sent on behalf of the provider. The health dept. would be responsible for reimbursing the provider. If fixed amount is not reached, the remaining amount will be carried over into the next month. This recommendation was approved.
- e. By Laws Revision
- i. Dr. Hartner asked for everyone to review the draft of the by-laws to be presented at the next RHAC.

V. HAPC/RMAC

- a. Gail Counts presented a flyer and sign up sheet for a local Cultural Competency conference being held at the Crowne Plaze in the Bell Tower Shops in Ft. Myers. The conference will focus on Cultural Competency, Communication Barriers, and Group Facilitation. The conference will be held August 27-28, 2008. Also, the new incident report of HIV/AIDs cases has been revised. There are 56,300 newly

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infected persons per year compared to the 40,000 newly infected persons from last year.

VI. The next RHAC meeting has been rescheduled for September 24, 2008 from 9:30-11:00AM.

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RHAC Members and Guests Attendance List 2007-2008		5/28/08	8/6/08	9/24/08				
RHAC County Health Department Members								
Steven Mitnick, Administrator	Charlotte CHD	✓	✓					
Joan Colfer, MD, Director	Collier CHD							
Mary Kay Burns, Administrator	DeSoto CHD	✓						
Pat Dobbins	Glades CHD	✓	✓					
Neftali Fernandez, MD, Director	Hendry CHD	✓						
Judith Hartner, MD, Director	Lee CHD	✓	✓					
Bill Little, Administrator	Sarasota CHD	✓	✓					
RHAC Community Representative Members								
Lisa Crytser	Charlotte County							
Ellen Cordoba	Collier County	✓	✓					
Pat Barrera	DeSoto County							
Art Gallagher	Glades County	✓	✓					
Robert Bobo	Hendry County	✓	✓					
Jeff Trout	Lee County	✓	✓					
Jim McCloud	Sarasota County	✓	✓					
RHAC At-Large Members								
Dillard Larson	Patient Care Planning	✓	✓					
Peter Bright	Prevention Planning	✓	✓					
Area 8 DOH Representatives								
Gail Counts	Area 8 HAPC	✓	✓					
Clarke Kirby	Area 8 Contract Manager	✓	✓					
Lead Agency Staff								
Ed Houck	HPC	✓	✓					
Susan Barrows	HPC	✓	✓					
Mike Waite	HPC		✓					
Kim White	HPC	✓	✓					
Spencer Edwards	HPC							
Amanda Harm	HPC	✓	✓					
RHAC Guests								
Amy Zamot	DOH	✓	✓					
Beth Smith	Sarasota CHD	✓	✓					
Bill McBurnie	Charlotte CHD	✓	✓					
Carolyn Moore	ICAN	✓						
Christine Griffith	Sarasota CHD							
Joan Surso	Sarasota CHD	✓	✓					

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John Runde	DOH, Prevention	✓	✓					
Sharon Murphy	McGregor Clinic	✓						
Marlene LaLota	Tallahassee							
Suzanne Stevens	Tallahassee							
Nasstasia Mitchell	Sarasota CHD	✓	✓					
Kim Hustad	Lee CHS	✓	✓					
Ruth Pinkerton	DeSoto CHD							
Carrod Hunter	Genesis Clinic	✓						
Pat Barrera	DeSoto CHD							
Susan Craig	Collier CHD	✓						
Marie Boisol	McGregor Clinic	✓						
Martha Kennedy	CMS							
William Mehall	ICAN							
Teresa Fuentes	ICAN							
Jeff McQuilken	ICAN							
Roxanne Smith	ICAN							
Jeanne Wyman	Charlotte CHD							
Tara Landers	Charlotte CHD							
George Filhour	The Haven	✓						
Amy Pinter	Positive Healthcare		✓					
Scott Tims	Collier CHD	✓	✓					
Stacy Revay	Collier CHD							
Mark Cunningham	CAB McGregor Clinic							
William Shelley	McGregor Clinic							
Sharleen Traynor	Charlotte CHD							
Susan Terry	CAN							
Brenda Lastinger	Hendry/Glades CHD		✓					
Lauren Zink	Sarasota CHD							
Donna Olson	Charlotte CHD							
Ronald Weston	Positive Healthcare							
Eric Stockley								
Lyzza Archipov	McGregor Clinic	✓	✓					
Cheryl Adams								
Kris Thompson								
Richard Sapp	Source of Light	✓						
Penny Kurtz	Desoto CHD		✓					
Laura Barrie	Positive Healthcare		✓					