

Ryan
White

**Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL**

Ryan White Part A and B Programs
1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

Thursday, March 22, 2018

3:00 p.m.

A G E N D A

CALL TO ORDER Beth Parker
Moment of Silence

NHAS GOALS Member

- Goal 1: To reduce new HIV infections
Goal 2: To increase access to care and improve health outcomes for people living with HIV
Goal 3: To reduce HIV-related disparities and health inequities
Goal 4: To achieve a more coordinated national response to the HIV epidemic

PUBLIC COMMENTS Guests/Members of the Public

APPROVAL OF FEBRUARY 22, 2018 MINUTES Beth Parker

LEAD AGENCY – PART B REPORT Joseph Mims

ADMINISTRATIVE AGENCY – PART A REPORT Sandy Arts

PLANNING COUNCIL CHAIR - REPORT Beth Parker

**REPORTS FROM
CONSUMER ADVISORY BOARDS** AHF; FDOH; UF CARES

COMMITTEE REPORTS

Executive Ne'Tosha Dopson

- Committee Recommendation: That the Council recommends **Veronica Hicks** to the Mayor's Office for reappointment to a 2nd term.

OUR MISSION: The mission of the Planning Council is to provide a means for planning and implementing a coordinated response to the needs of people living with and affected by HIV.

Pharmacy & Therapeutics Ne'Tosha Dopson

- Committee Recommendation: That the Planning Council add Spiriva, Prazosin HCL, Estradiol vaginal, Rifampin, and Tamiflu to the Ryan White Formulary.

Membership Steven Greene

Committee Recommendations:

- That the Council recommends **Elinor Holmes** to the Mayor's Office for appointment to the Jacksonville Planning Council.
- That the Planning Council appoint **Wade Davis** to the Proxy Pool.
- That the Planning Council appoint **Barrett Tyson** to the Proxy Pool.

Community Connections Debbi Carter

Integrated Comp Plan

UNFINISHED BUSINESS Beth Parker

NEW BUSINESS Beth Parker

- Youth Block Party
- Planning Council's Endorsement of the TGA's Continuous Quality Improvement Policy

ANNOUNCEMENTS All

ADJOURNMENT Beth Parker

MEET and GREET Guests and Members

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

MINUTES

Ryan White Part A and B Programs
1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

Thursday, March 22, 2018

Council Members Present: Beth Parker (*Chair*), Ne'Tosha Dopson (*Vice-Chair*), Steven Greene (*PLWHA Rep*), Michael Bennett, Debbi Carter, DeWeece Ogden, Zane Urbanski, and Linda Williams

Council Members Absent: Christie Mathews

Support Staff Present: Sandy Arts, Emily Bracken, Megan Graham, Sandra Sikes, and Graham Watts

Guests: Wade Davis, Veronica Hicks, Elinor Holmes, Jacqueline Johnson, Dan Merkan, Katrina Odell, Claudia Pidgeon, Herb Smith, Vicki Truman, Barrett Tyson, Charles Wilkerson, and Max Wilson

Call to Order

The Jacksonville Planning Council was called to order at 3:00 p.m. by Chair Beth Parker. Following a moment of silence, Barrett Tyson read the NHAS Goals.

Roll Call

Ne'Tosha Dopson took the roll, and a quorum was declared. Beth recognized those having birthdays in March.

Public Comments:

None.

Approval of Minutes

Motion was made and seconded to accept the February 22, 2018 Minutes as presented.

Lead Agency Report

Emily Bracken presented the Part B Lead Agency Report. She reported that Part B 2018-2019 funding would remain level for all four counties (Baker, Clay, Duval, and Nassau). Current test and treat numbers for 2017 were 74 clients and PrEP was 89.

Administrative Agency Report

Sandy Arts, Program Manager for Part A, stated that the new grant year began March 1, and so far the City has received two partial awards from HRSA totaling close to \$3 million. Sandy has been in a cycle of procurement, budget, and OGC (Office of General Counsel). Contracts were done for the initial award, and will be updated to reflect the second award. The following agencies were awarded contracts with the City for Ryan White services: AHF, CAN, DOH, LSS, NFAN, UF CARES, Gateway, River Region, and JALA.

The biggest change that occurred is that CAN is now providing financial eligibility services, instead of UF CARES.

Sandy reported that she's been hearing good things about the peer navigator training and the peers who participated.

Planning Council Chair Report

Beth asked guests and attendees to introduce themselves. The 2018 Planning Council Executive Team has only been working for a few short weeks, but they have hit the ground running and Beth is very excited about what they have going on, and very happy with the committee chairs and co-chairs. She encouraged everyone to stay involved, be committed, and talk to as many people as you can about the Planning Council and how they can get involved.

Consumer Advisory Board Reports

AHF: Wade Davis reported that their C.A.B. meetings are the 3rd Wednesday of every month at 11:00 a.m. and lunch is provided. The meetings are open to AHF clients; their spouses and friends are also invited to attend.

DOH – Duval: Elinor Holmes stated that the C.A.B. meets the 3rd Thursday of every month at noon and lunch is provided. They cover a number of topics from prevention to HIV care.

Committee Reports

Executive

Ne'Tosha Dopson

The Executive Committee met March 13, and discussed whether in the future the Youth Block Party event should be moved to the same day as the National Youth HIV/AIDS Awareness Day, which is April 10. The major drawback is that Dining Out for Life is also held in April, and both groups would be competing for money, prizes, and volunteers.

Committee chairs gave reports and Beth reported on the CHATT webinars held recently. The committee will need to start on the Assessment of the Administrative Agency; Mike Bennett volunteered to head up this sub-committee. The assessment must be finished by September.

During the February Planning Council meeting, the Council did not address a recommendation to forward **Veronica Hick's** name to the Mayor's Office **for reappointment to a second term**. This recommendation was brought to the floor; there was no discussion and following a voice vote, the **motion passed** with all voting in favor of Council Member Hicks' reappointment.

Executive Committee will begin reviewing policies and procedures to send to the Council for approval. Graham Watts will conduct a training session on service standards.

Pharmacy & Therapeutics

Ne'Tosha Dopson

The Pharmacy and Therapeutics Committee met January 31; copies of the minutes were included in the March packet. The committee recommended five drugs to be added to the Ryan White Formulary. The committee reviewed the drug cost standardization and agreed that all pharmacies should be using 340B pricing and requested that those pharmacies present their pricing list to Megan Graham, Part A Contract Manager.

Recommendation was made from the committee **to add Spiriva, Prazosin HCL, Estradiol vaginal, Rifampin, and Tamiflu to the Ryan White Formulary**. Question was asked whether any of these five drugs are considered HIV medications, and the answer was no. Recommendation was voted on by Council members; all voted in favor, and the **motion passed**.

Membership

Steven Greene

The Membership Committee met March 7, and conducted three interviews. Debbi Carter was selected co-chair, and Veronica Hicks will fill in for Debbi in that capacity as needed. Committee meeting time and date will remain at 10:00 a.m. on the first Wednesday of the month, but location will change between the agencies. Steven continues to contact each peer navigator in an effort to get as many peers on the Proxy Pool as possible; so far one peer navigator has declined due to his work schedule.

Committee members reviewed interview questions from two other Planning Councils; their membership applications are much longer than Jacksonville's. Veronica Hicks participated in a *Week of Prayer for the Healing of AIDS* event in Tampa a couple of weeks ago.

Committee recommendation was presented **that the Planning Council recommends the name of Elinor Holmes to the Mayor's Office for appointment to the Council**. This will be for the mandated category of unaligned consumer. There was no discussion; a voice vote was taken and recommendation was approved unanimously.

Committee recommendation was presented **that the Jacksonville Planning Council appoints Wade Davis to its Proxy Pool.** There being no further discussion, the Council then voted unanimously to appoint Mr. Davis to the Proxy Pool.

A third committee recommendation was presented **that the Jacksonville Planning Council appoints Barrett Tyson to its Proxy Pool.** There being no further discussion, the Council then voted unanimously to appoint Mr. Tyson to the Proxy Pool.

Community Connections

Debbi Carter

On March 8, the Community Connections met and they started out with a bang, with over 30 people attending. As part of the program, they broke out in three groups with each group coming up with a list of what they would like to see the CC group do this year. One of the suggestions was that Debbi attends the World AIDS Week Committee meetings, as they also have a sub-committee called Community Connections. Debbie attended that meeting the following week, and learned their Community Connections group has been inactive for the past few months, so Debbi had nothing to report.

The Planning Council's Community Connections committee would like to have more outreach and education and have representatives from insurance companies talk about the services they provide. The group also wants to explore ways to get transportation for clients to attend support group and CAB meetings. They want to coordinate a quarterly or semi-annual meeting of all support groups, CABs and other groups; one or two representatives from each group would meet and share their upcoming calendar of meetings, programs, and events so that everyone can stay connected. More team building exercises, focus on patient care and prevention, and more focused HIV training, such as 500/501.

Zane Urbanski was chosen to be the committee's co-chair.

The comment box was discussed; if any client or anyone has a concern, they should write it down and place it in the box. The comment box is locked; Steven Greene has the key and picks up the comments every one to two weeks. You do not need to put your name on your card, so there are no repercussions.

Debbi conducted a brief survey at the February Community Connections meeting, and a majority of the members and guests voted to keep the committee meetings at Art Museum Drive, and to keep the 2nd Thursday at noon as the meeting day and time.

The Minutes from the March 14 ICPC meeting was included in the Council packet. Beth thanked each member individually who attended and participated. Assignments for these objectives and strategies were made one to two years ago, but since that time, several people have had to step back from their assignments due to work schedules and other changes. The work of ICPC however, continues on for another several years, and Beth asked that anyone who would like to work on one or two of these assignments, to please let the committee know.

Committee agreed to add 'completed/on-going' as a fourth status.

Dan Merkan has agreed to put together a list of local EBI prevention messages that we have in this area. Attendees at the March Providers' Meeting were asked to update the EBI list, but none were turned in. Dan Merkan was also appointed Interim Chair for the Integrated Comp Plan Committee. Herb Smith volunteered to chair a sub-committee primarily dealing with cultural and language competencies.

Unfinished Business:

There was no unfinished business.

New Business:

- **Youth Block Party:** Katrina Odell reported on the committee's progress so far. The Youth Block Party (YBP) is scheduled for August 18 at A. Phillip Randolph Park. Copies of the Save the Date flyer and prevention messages were included in the Council packets. YBP Committee was looking to get approval from the Planning Council on the flyer and prevention messages before agencies affix their logos to these messages and flyer.

There was a question from the floor regarding several of the prevention messages; member felt that the Planning Council and the City should not endorse those particular messages, but find some that were less offensive. The most pressing need at the moment is to approve the Save The Date Flyer; the prevention messages can be approved at the next Council meeting. A **motion** was made by Debbi Carter, seconded by Zane Urbanski, **to approve the Save The Date Flyer and endorse the Youth Block Party scheduled for August 18.** There was no further discussion and the motion was approved unanimously.

Another item discussed was the Youth Block Party (YBP) Budget. An estimate was distributed to the Planning Council and the floor was open for questions. A **motion** was made by DeWeece Ogden, seconded by Debbi Carter, **to accept the proposed budget for**

YBP. There was no further discussion and a voice vote was taken. Seven were in favor, there were no nays and one abstention; the motion passed.

- Continuous Quality Improvement Policy: Dr. Graham Watts referenced this policy that was included in the Planning Council packets. He asked Council Members to review this over the next 20 days and forward their comments and questions to the Part A Office via email, referencing the page number and section of the item they are commenting on. This will be brought up again during the April 26 meeting, at which time the Council will be asked to endorse the policy.

Announcements

- Sandy Sikes announced the deadline for submitting Taxi Request Applications is Monday, April 2.
- Jacqueline Johnson announced Healing Men and Women's Support Group meets at 12:30 p.m. the first Thursday of each month. Meeting location is the NFAN Office.
- Beth announced Dining Out For Life which is scheduled for Thursday, April 26, the same day as the next Planning Council meeting.
- Debbi announced PFLAG meetings, which are held the third Thursday of the month at Christ Church of Peace. PFLAG is sponsoring an awards dinner on May 10; please see Debbi Carter for tickets or more information.

Adjournment

The meeting was adjourned at approximately 4:43 p.m.

Approved by:



Beth Parker, Planning Council Chair



(date)

Ryan White Part A and B Programs
NFAN Office • 2715 Oak Street • Jacksonville, FL 32205

Tuesday, March 13, 2018
Meeting Minutes

Committee Members Present: Beth Parker (*Chair*), Ne'Tosha Dopson (*Vice-Chair*), Steven Greene (*PLWHA Rep*), Michael Bennett(*Priority & Allocations*), Debbi Carter (*Community Connections*), and Linda Williams (*W.A.C.*)

Support Staff Present: Sandy Arts, Megan Graham and Sandra Sikes

CALL TO ORDER

The meeting was called to order at 9:05 a.m. by Chair Beth Parker, and followed with a moment of silence. Beth opened with sharing a list on characteristics of a good chairman. She reminded committee chairs that as they plan or hear of events regarding Awareness Days, to please let Sandy Sikes know, so she can share with the other Planning Council and committee members.

Since National Youth HIV/AIDS Awareness Day is April 10, and Youth Block Party has been scheduled for August, Sandy Arts asked if we should have a future conversation about combining the two? Beth answered that the challenge would be having two large community-wide events in the same month; Dining Out for Life and also the Youth Block Party/National Youth Awareness Day. Both require volunteers and funding and would compete against each other for those resources.

COMMITTEE CHAIRS' REPORTS

Community Connections: Debbi Carter talked about their March 8 meeting which had over 32 people in attendance. There were break-out sessions with three groups to talk about what they would like to see for next year. Debbi contributed the high attendance to emailing a reminder out to everyone, then following up with a telephone call. For their April meeting, Debbi would like to have a representative from each of the funded Ryan White agencies come in and give a brief run-down on what services the agencies will provide this year, and advise if any of the processes have changed to access those services. Zane Urbanski was elected committee co-chair.

Membership: Steven Green stated their meeting was held March 7 at Lutheran Social Services' office. All committee members were in attendance, and they interviewed three people. The committee will be recommending one person to the Planning Council for the unaligned consumer seat, and two others for the Proxy Pool. Debbi Carter was selected co-chair, and Veronica Hicks volunteered to fill in, if the chair and co-chair are both absent. Members decided to keep the 10:00 a.m. start time on the first Wednesday of each month; they will also move the meeting location around between several agencies.

The committee looked at interview questions being used by two other Planning Councils, to see if they would like to change any of the questions Jacksonville is currently using. In future months, the committee may look at changing the name and composition of the Proxy Pool to include applicants qualifying for any mandated category, not just consumers.

Pharmacy & Therapeutics: Ne'Tosha Dopson reported again on their January 31 meeting. Since the minutes were not available at the February meeting, Ne'Tosha will give a full report to the Planning Council, including the committee recommendation to add five drugs to the local Formulary. This will require a vote by the Council.

Megan Graham advised that Sandra Ellis had forwarded a recent update to the ADAP Formulary; Megan will forward that on to Ne'Tosha. The committee is asking pharmacies to conform to the 340-B price listings in order to standardize prices. Doctors and case managers are reminded to use the Medication Override forms, so Part A can track new medications that should be presented for the committee's review.

Women, Adolescents, and Children: Linda Williams stated that W.A.C. has not met since January, but she and Sherda Pierre attended a National Women & Girls HIV/AIDS Awareness Day event at the downtown campus of FSCJ last Friday. Linda took the opportunity to not only share HIV information to the attendees at the event, but also to tell people about the Jacksonville Planning Council and its committees. She will get with Planning Council staff at a later time and go over ideas about W.A.C. and the Council, including possibility of creating business cards for committee members, keeping a supply of DOH's green books, and developing W.A.C.'s own pamphlet of resources for the North Florida area.

Priority & Allocations: Mike Bennett is the incoming chair of this committee. They have not met since January; next meeting will be in May.

Sandy Arts brought the Executive Committee up-to-speed on where the Administrative Agency is with contracts. The RFP process started with public notices and 16 agencies were invited to the pre-bid conference in December. Bids from eleven agencies were received; two agencies

were disqualified and the bids from the remaining nine agencies were then graded by independent evaluators. The agencies are: AHF, CAN, FDOH, Gateway, JALA, LSS, NFAN, River Region, and UF CARES. Two agencies protested the evaluations and that caused a small delay in getting contracts out, but contracts were emailed to agencies yesterday and are being signed and returned to the Part A Office. Several Executive Committee members asked for a list of the agencies and the services they will be providing; they asked that the list be shared with the Medical Case Managers group. Community Connections would also like a copy.

Integrated Comp Plan Committee: There have been no volunteers to chair ICPC this year. Beth will be contacting one of the members before tomorrow's ICPC meeting and see if that person is interested in taking the role of 'Interim Chair'.

UNFINISHED BUSINESS

CHATT Webinars: Beth mentioned the two recent webinars that were directed to Planning Councils. She received a lot of good information and encouraged other Executive Committee members to view them at their convenience; the webinars can be found on the Target Center website, <https://careacttarget.org>.

Assessment of the Administrative Agency: The committee was advised that this will need to be finished by September. It is the assessment, or performance evaluation, of how the Administrative Agency/Part A Office handles their various responsibilities. Mike Bennett volunteered to be the lead on this, and other committee members will need to assist. More will be discussed at the April Executive Committee meeting.

Reappointment: During their February meeting, the Planning Council did not vote on recommending Veronica Hicks for re-appointment. That recommendation will be made during the Executive Committee's report at the March 22 meeting. Beth asked that Planning Council members accept a part in making sure all items shown on the agenda are addressed. If a member is not sure something was covered, then they should ask.

NEW BUSINESS

Service Standards: Graham Watts has requested 2 hours to train the Executive Committee on Service Standards. The committee will look at this again next month and see what is involved.

Policy and Procedures Review: Sandy Arts stated that part of our corrective action plan from last year's HRSA site visit is to review and update policies and procedures that affect the Planning Council. Since all members of the Bylaws committee are also members of

Executive, it was decided to review several procedures at a time during the next two or three Executive committee meetings. The suggested revisions will be presented to the Planning Council for approval; they will not require a second reading.

STAFF REPORT

Agenda: The March 22 Council agenda was reviewed with no major changes offered.

Taxi Program: The Pilot Program for Taxi Service ended February 28. There were only three people in the program, and they have been notified in writing that they can re-apply. Taxi service is now open to PLWHA who have not attended any committee or Planning Council meetings; they need to complete the forms and submit to the Part A Office. There are only six slots available, so it is competitive. Case Managers and Peer Navigators are being asked to get the word out.

WRAP UP

Public Comments: There were no public comments.

Announcements: The next Executive Committee meeting will be 9:00 a.m. Tuesday, April 10 at the NFAN Office.

Adjournment: The meeting was adjourned at 11:00 a.m.

Committee Recommendation to the Planning Council

To recommend Veronica Hicks to the Mayor's Office for reappointment to the Jacksonville Planning Council.

Meeting Minutes distributed via email to committee members on 03/15/18.

Minutes reviewed by



Beth Parker, Planning Council Chair

Meeting Minutes will be approved by the Planning Council on 03/22/18.

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

PHARMACY & THERAPEUTICS COMMITTEE

Ryan White Part A and B Programs
1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

Wednesday, January 31, 2018

Summary of Meeting

Committee Members Present: Ne'Tosha Dopson (*Chair*), Sandra Ellis, Frank Emanuel, Jeff Hodo, Mohammed Reza, and Vicki Truman

Support Staff Present: Sandy Arts and Megan Graham

CALL TO ORDER: The meeting was called to order at 10:06 a.m. by Committee Chair Ne'Tosha Dopson. After observing a moment of silence, members and guests introduced themselves.

UNFINISHED BUSINESS: Statewide Formulary: There is no further word on a statewide formulary for Part B. Sandra Ellis said she would email Tallahassee for an update.

NEW BUSINESS: Drug Utilization Review: Reviewed the Drug Utilization List for DOH and AHF Pharmacies. DOH was listed by scripts filled and AHF was based on quantity. It was requested in the future the Utilization Report be based on number of scripts filled.

Group consensus was to recommend that the Planning Council add Spiriva, Prazosin HCL, Estradiol vaginal, Rifampin, Tamiflu based on utilization to the formulary.

Chlorthalidone was discussed and not added to the formulary. Sandra Ellis said she will speak to Dr. Smith and advise to stop prescribing this and use another in the class.

There was no medication override documentation to support the adding of any additional drugs.

ViiBryd and Latuda were requested by AHF Provider to be added to the formulary. There were no medication overrides for these medications. Decided to table these two medications until next meeting to see if there are any overrides.

Drug Cost Standardization: Discussed discrepancy in cost of medication coming across on invoices. Ne'Tosha liked the idea of having the providers ensure that they are using 340B pricing and that they submit a standard form with price listings (per pill/per bottle/per 30 day supply) for Formulary medications.

Discussed needing to get Megan access to a 340B Price Listing.

Policies

ADAP medications only come across Part A Invoices as Emergency Financial Assistance. Emergency Financial Assistance requests will be sent to Sandy Arts for approval and then sent to DOH to be filled as the provider who has emergency financial assistance funding.

Medication Overrides need to be used to track whether we will eventually add drugs to the Ryan White Formulary.

Discussed the 1,800.00 Copay per patient per year. Just for people using copay assistance not LPAP.

Reviewed the LPAP policy for accuracy. Removed PAC Waiver language.

WRAP-UP:

There were no public comments and no announcements.

This meeting was adjourned at 11:20 a.m.

**COMMITTEE
RECOMMENDATIONS
TO THE COUNCIL:**

That the Jacksonville Planning Council add the following medications to the Ryan White Formulary:

Rifampin
Spiriva
Prazosin HCL
Estradiol vaginal
Tamiflu

Meeting Minutes distributed via email to committee chair on 03/01/18.

Minutes reviewed by



Ne'Tosha Dopson, Committee Chair

Meeting Minutes will be approved by the Planning Council on 03/22/18.

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

MEMBERSHIP COMMITTEE

Ryan White Part A and B Programs
Lutheran Social Services • 4615 Phillips Highway • Jacksonville, FL

Wednesday, March 7, 2018
Meeting Minutes

Committee Members Present: Steven Greene (*Chair*), Debbi Carter (*Co-Chair*), Ne'Tosha Dopson, Veronica Hicks, and Beth Parker (*Ex-Officio*)

Staff Present: Sandra Sikes

CALL TO ORDER

The meeting was called to order at 10:00 a.m. by Chair Steven Greene, and was followed by a moment of silence.

The Committee briefly discussed the unaligned ratio. Since there are a number of changes happening this month, an updated chart showing unaligned ratio and Planning Council representation will be available at the next Membership meeting.

INTERVIEWS

- ♦ The committee interviewed Elinor Holmes for a seat on the Planning Council as unaligned consumer. A **motion** was made by Ne'Tosha Dopson, seconded by Debbi Carter, **that Elinor Holmes' name be submitted to the Council for their recommendation to Mayor Curry for appointment.** There was no further discussion and the motion passed.
- ♦ The committee interviewed Wade Davis for a seat on the Proxy Pool. Beth Parker made a **motion**, seconded by Debbi Carter, **to recommend that the Planning Council appoint Wade Davis to the Jacksonville Planning Council's Proxy Pool.** There was no further discussion and the motion passed.
- ♦ The committee then interviewed Barrett Tyson for a seat on the Proxy Pool. Ne'Tosha Dopson made a **motion**, seconded by Debbi Carter, **to recommend that the Planning Council appoint Barrett Tyson to the Jacksonville Planning Council's Proxy Pool.** There was no further discussion and the motion passed with Beth Parker abstaining.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

- Co-Chair: Members selected Debbi Carter as committee co-chair. Veronica Hicks volunteered to fill-in during the months that Debbi will be out.
- 2018 Committee Meetings: Members will keep the 10:00 a.m. start time, and continue meeting on the first Wednesday of the month. Meetings will be scheduled monthly. The group was agreeable to moving the meeting location around, between three or four sites. Next month's meeting will be at the NFAN Office.
- Peer Navigator Recruitment: There has been a recent uptick in the number of peer navigators who are attending Community Connections and Planning Council meetings. Steven contacted a few other peers who have not yet attended any meetings. One peer is unable to attend due to his other commitments. Steven will continue to invite the other peer navigators, especially during their monthly co-op meetings.
- Questionnaires: Steven provided copies of interview questions used by two other Planning Councils. He asked members to please read through them; committee members might want to replace one or several of the questions they are currently using for the Jacksonville interviews.

WRAP-UP

- Public Comments: There were no comments.
- Announcements: Veronica said she was participating in a Week of Prayer for the Healing of AIDS event in the Tampa area this weekend. She and several members of Positively You are putting on a program where they share how they disclosed their HIV status to loved ones.
- Adjournment: The meeting adjourned at 11:30 a.m.

COMMITTEE RECOMMENDATIONS TO THE PLANNING COUNCIL:

- That the Council recommends Elinor Holmes to the Mayor's Office for appointment to the Jacksonville Planning Council.
- That the Council appoints Wade Davis to the Proxy Pool.
- That the Council appoints Barrett Tyson to the Proxy Pool.

Meeting Minutes distributed via email to committee members on 03/09/18.

Minutes reviewed by  3/12/18
Steven Green, Committee Chair

Meeting Minutes will be approved by the Planning Council on 03/22/18.

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

COMMUNITY CONNECTIONS

Ryan White Part A and B Programs
1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

Thursday, March 8, 2018
Meeting Minutes

Committee Members Present: Debbi Carter (*Chair*), Zane Urbanski (*Co-Chair*), Gloria Coon, Wade Davis, Carole Faria, Mary Glenn, Steven Green, Veronica Hicks, Elinor Holmes, Sharon Hunter, Jacqueline Johnson, Cat King, Brian Law, Kristin Maranville, Ranjeet Martin, Dan Merkan, Samuel Reese, Teresa Rose, Rikki Stubbs, Antoinette Turner, Laurie Turner, Barrett Tyson, and Beth Parker (*Ex Officio*)

Members Absent: Nathaniel Hendley, Foxxie Moody, DeWeece Ogden, and Linda Williams (*Absent-in-Service*)

Guests: Harriet Brock, Dwayne Brown, Ron Rico Corey, and Marty Crowell, Marion Merritt, Brandon Montanez, and Mary Sterle

Support Staff Present: Megan Graham and Sandra Sikes

CALL TO ORDER

The meeting was called to order at 12:01 p.m. by Chair Debbi Carter.

MISSION STATEMENT

The mission statement was read by Past Committee Chair Veronica Hicks.

“Our mission is to educate, advocate, support and empower all PLWHAA (People Living with HIV/AIDS and Affected) in Northeast Florida communities. We exist as a vocal planning body, focused on raising awareness through “High Impact Prevention” strategies, leading us to our goal of “Getting to Zero”.

MOMENT OF SILENCE OBSERVED

ATTENDANCE

Attendance was taken and members completed their new committee applications for 2018. New members and first time guests were introduced.

Debbi gave a few brief remarks as the new chair of the committee. One of her goals is to increase attendance at the meetings. A second goal is for the committee to explore ways they can give back to the community. Many PLWHAs attending the meetings have done very well in managing their HIV. They continue to see their doctor on a regular basis, and do the things they need to do to stay healthy, and these are the people who are best at encouraging others to do the same. That is the committee’s way of having an impact on the community.

ANNOUNCEMENTS

- AHF Consumer Advisory Board meets the third Wednesday of every month at 11:00 a.m. Teresa Rose is co-chair and encouraged AHF clients who can, to attend their meetings.
- Department of Health's Consumer Advisory Board meets the third Thursday of every month at noon.
- Healing Men and Women's Support Group meets 12:30 p.m. the first Thursday of every month at the NFAN Office.
- Helping Hands for All meets 6:00 p.m. the first Monday of the month at CRC Agency.
- UF CARES Consumer Advisory Board meets 11:30 a.m. the Tuesday of the month at their office. This C.A.B. is for patients of UF CARES.

NEW BUSINESS

- Co-Chair: The committee voted via written ballots for a new co-chair. Zane Urbanski was elected to serve for 2018.

PROGRAM

Members and guests participated in an interactive program to discuss what they would like to see happen with the committee. Attendees broke out in three groups to see what they would like Community Connections to do and accomplish this year. Following a fifteen minute break-out session, attendees reconvened and shared the following ideas:

- Committee chair should attend an upcoming World AIDS Day Committee meeting and meet with the WAD sub-committee, which is also called Community Connections. The purpose is to see what the WAD Community Connections sub-committee does, and if their goals and purpose are the same as this group.
- Do more outreach and education in the community.
- Have representative from local insurance carriers come talk to the committee about services they provide, including transportation to medical appointments.
- Hosting social events.
- Get more clarity on if and how transportation can be provided for PLWHAs attending C.A.B. and support group meetings and social events.
- Participate in planning and working with the 2018 Youth Block Party committee.
- Have all local boards, C.A.B.s, and support groups who work with or on behalf of PLWHAs meet quarterly or semi-annually and share their info and coordinate their future events.
- More team building activities during meetings.
- Focus on both prevention and patient care when planning group activities and outreach.
- More focused training, such as HIV101, and information from FDOH on their 500/501 class and any opportunity to have the fee waived for committee members.

- To enhance members' skills in being able to share what they learn in these meetings with people outside.

UNFINISHED BUSINESS

- Comment Box: Members were shown the white comment box which will be housed at the Art Museum Drive location. If a Ryan White client has a comment or concern about service they received at an agency, please write the comment on an index card and drop it in the box next time you are at Art Museum Drive. The box will be locked; Steven Greene, PLWHA Representative, will have the key and will collect cards every couple of weeks. The box and the comment cards will be under his control.
- Surveys: Last month members completed a survey on when and where they wanted to hold Community Connections' meetings. The majority stated they wanted to keep the meetings at Art Museum Drive, on the 2nd Thursday of each month. They also wanted to keep the meetings at noon. Debbi shared survey results with the Jacksonville Planning Council during the Council's training session last month.

PUBLIC COMMENTS

- UF CARES has been doing financial eligibility/re-certification this week on a walk-in basis. The plan is to continue this next week as well, so clients who need to re-certify can do that as a walk-in.

The meeting was adjourned at approximately 1:25 pm

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL: None

Meeting Minutes distributed via email to committee members on 03/12/18.

Minutes reviewed by

Debbi Carter, Committee Chair

Debbi Carter, Committee Chair

Meeting Minutes will be approved by the Planning Council on 03/22/18.

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

INTEGRATED COMP PLAN COMMITTEE
(I P C P)

Ryan White Part A and B Programs
1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

2:00 p.m. Wednesday, March 14, 2018

Meeting Minutes

Committee Members Present: Debbi Carter, Irfan Kakezai, Christie Mathews, Dan Merkan, Katrina Odell, Herb Smith, and Beth Parker (*Ex-Officio*)

Committee Members Absent: Mary Glenn and DeWeece Ogden

Support Staff Present: Brian Hopkins, Sandra Sikes, and Graham Watts

CALL TO ORDER

The meeting was called to order at 2:00 p.m. Following a moment of silence, members did self-introductions.

ACTION ITEMS

- **HRSA Conference Call:** Graham Watts spoke about the February 20 conference call HRSA and the CDC had with Florida EMAs and TGA. Jacksonville needs to submit their updates to the Comp Plan by the end of September. Graham's suggestion was that the lead stakeholders (Sandy Arts, Joe Mims, Graham Watts, and any other volunteers) draft an initial document and present to the committee at their June 13 meeting. Members can discuss and review; if the committee wants to offer additional changes or revisions, they can do so prior to September 12. When ICPC meets again on September 12, they will need to finalize the updates to Jacksonville's Comp Plan.
- **Activities List:** Members reviewed the *in progress* and *not started* activities on the Activities List. The updated list is attached to these minutes.

Committee agreed to add 'completed/on-going' as a fourth status. There were a number of activities that required a form or process to be developed, and then to use that form or process going forward. This new status shows that while the activity is still going on, the committee's work on developing that activity is completed.

Beth Parker will be at the March 16 Providers' Meeting, and she will ask agencies to review the list of local EBI training resources, and update if needed. Copies of the EBI list will be distributed at the meeting and Beth will collect them and forward to Dan. Also, Sandy Arts will request agencies to email Dan Merkan any prevention messaging that they have been using. Dan made this request at the March 3 FCCAPP meeting, and Sandy Arts will follow up at the Providers' Meeting.

- Sub-committee Assignments: Herb Smith volunteered to chair sub-committee #15. Dan Merkan volunteered to contact someone at UNF to see if that person would be interested in joining ICPC and/or providing any help with the 3.2 strategies listed under Goal 3.

WRAP UP

Public Comments: There were no public comments.

Announcements: Each member spent a couple of minutes sharing information and recapping activities in their agency or group.

Adjournment: The meeting was adjourned at 3:30 p.m.

Committee Recommendations to the Planning Council:

None

Meeting Minutes distributed via email to committee members on 03/15/18.

Minutes reviewed by



Beth Parker, Planning Council Chair

Meeting Minutes will be approved by the Planning Council on 03/22/18.

Sub-Committee #	Sub-Committee Chair	Committee Composition
1	Irfan Kakezai	MAC (Minority AIDS Coordinator); EIC (Early Intervention Coordinator); APO; FCCAPP; Prevention Team
2	Dan Merkan	FCCAPP; APO; DOH
3	Rod Brown	FCCAPP; APO; Planning Council; ICPC
4	Rod Brown	MAC; EIS; Planning Council
5	Joe Mims	APO Contract Manager
6	Bonita Drayton	TOPWA Grantee; MCM (Medical Case Managers) Committee
7	Bonita Drayton	TOPWA Grantee
8	Beth Parker	MCM Committee
9	Graham Watts	Parts A and B; LSS; JSO Jail Link Team
10	Heather Vaughan	Part A; MCM Committee; JSO Jail Link Team
11	Peer Navigator Group	Parts A and B; Peer Navigators; PLWHAs
12	Beth Parker	Ryan White Providers; MCM Committee
13	Heather Vaughan	LSS; DOH; JSO Jail Link Team
14	Justin Bell	MCM Committee; CHEQR (Center for Health Equality & Quality Research); FCCAPP; Peer Navigators
15	Herb Smith	ICPC Task Force
16	Lauri Wright	UNF; Part A; PLWHAs
17	Debbi Carter	FCCAPP; Parts A, B, and C; Other Partners
18	Planning Council Chair	Planning Council; FCCAPP

INTEGRATED HIV PREVENTION & CARE PLAN ACTIVITIES FOR GOAL 1 (Revised March 14, 2018)

ACTIVITIES MAPPED TO IHPCP GOAL 1 OBJECTIVES & STRATEGIES	Sub-Comm	Strategy	Activity	Work Group Chair	Start Date	End Date	Activity Status
Develop list of potential health care providers offering routine HIV testing	3	1.1.1	1	Brown	12/01/16	05/31/17	Completed
Distribute routine testing guidance & related marketing materials, incl. EIIHA testing packet	3	1.1.1	2	Brown	06/01/17	06/30/17	Completed
Conduct routine testing follow-up during HIV surveillance site visits to providers	3	1.1.2		Brown	07/01/17	07/31/17	Completed
Identify list of existing HIV test sites in outlying counties	4	1.2.1	1	Brown	08/01/17	10/31/17	Completed
Identify list of potential HIV test sites in outlying counties	4	1.2.1	2	Brown	08/01/17	10/31/18	In Progress
Support HIV testing events & info dissemination in Area 4 o/s Duval, incl. Awareness Days	4	1.2.1	3	Brown	11/01/17	11/30/18	In Progress
Develop plan to ID agencies capable of HIV testing in outlying counties	5	1.2.2	1	Mims	12/01/16	03/31/18	In Progress
Enter into High Impact Prevention (HIP) contract with eligible testing agencies	5	1.2.2	2	Mims	12/01/16	03/31/17	Completed
Develop youth-centric HIV prevention & care messages & mobile testing materials	3	1.3.1	1	Brown	06/01/17	07/31/18	In Progress
Pilot test youth-centric HIV prev/n & care msgs in venues where high risk youth assemble	3	1.3.1	2	Brown	08/01/17	09/30/18	In Progress
Compile list of prevention messages from state and national sources	2	1.3.2	1	Merkan	06/17/17	07/17/18	In Progress
Provide examples of prevention messages to local HIV providers	2	1.3.2	2	Merkan	08/17/18	09/17/18	In Progress
Facilitate provider forums to share social marketing content	2	1.3.2	3	Merkan	08/17/18	09/17/18	In Progress
Develop a local guidance from statewide PrEP/nPEP plan	3	1.4.1		Brown	10/01/17	11/30/18	In Progress
Distribute the local PrEP/nPEP guidance to providers	3	1.4.2		Brown	12/01/18	12/31/18	Not Started
Conduct PrEP/nPEP follow-up during HIV surveillance site visits to providers	3	1.4.3		Brown	12/01/18	12/30/18	Not Started
Map existing distribution of condoms by publically funded HIV & other service providers	1	1.5.1	1	Kakezai	06/17/16	01/31/17	Completed
Disseminate condom distribution maps to FCCAPP	1	1.5.1	2	Kakezai	08/17/16	09/17/16	Completed
Conduct site visits or other activities to provide capacity bldg for condom distribution	1	1.5.2		Kakezai	12/13/16	01/30/17	Completed
Conduct gap analysis for evidence based interventions (EBIs)	2	1.6.1		Merkan	03/01/17	03/28/18	In Progress
Develop inventory of funding opportunities for evidence based interventions (EBIs)	2	1.6.2		Merkan	04/01/17	05/31/17	Completed
Identify local training resources for EBIs	2	1.6.3	1	Merkan	06/01/17	09/30/18	In Progress
Identify national training resources for EBIs	2	1.6.3	2	Merkan	06/01/17	09/30/18	In Progress
Provide EBI training to HIV prevention providers	2	1.6.3	3	Merkan	08/01/17	09/30/18	In Progress

INTEGRATED HIV PREVENTION & CARE PLAN ACTIVITIES FOR GOAL 2 (Revised March 14, 2018)

ACTIVITIES MAPPED TO IHPCP GOAL 2 OBJECTIVES & STRATEGIES	Sub-Comm	Strategy	Activity	Work Group Chair	Start Date	End Date	Activity Status
Develop barriers-to-care tool for client care, including traumatized youth	12	2.1.1	1	Parker	03/01/17	05/31/17	Completed/On-going
Use barriers-to-care tool in barrier reduction activities & ISP development	12	2.1.1	2	Parker	06/01/17	12/31/17	Completed/On-going
ID positive activities in lives of clients & offer positive praise / encouragement	12	2.1.2	1	Parker	03/01/17	12/31/17	Completed/On-going
Co-create with clients a care journey (map) for reliable access to care	12	2.1.2	2	Parker	03/01/17	12/31/17	Completed/On-going
Provide TA to promote Client-Centered Approach to Services (CCAS) training	11	2.1.3	1	Peer Nav.	07/01/17	08/03/17	Completed/On-going
Assess clients feeling valued by provider communication modalities	11	2.1.3	2	Peer Nav.	10/01/18	11/20/18	Not Started
Evaluate client feedback & share with all stakeholders	11	2.1.3	3	Peer Nav.	08/01/18	12/31/18	Not Started
Determine indicators of lost-to-care (LTC) and include in ISP	12	2.2.1	1	Parker	01/01/17	04/11/17	Completed/On-going
Conduct review of client's barriers profile in CAREWare	8	2.2.1	2	Parker	06/01/17	10/28/17	Completed/On-going
Relink clients lost to care by utilizing barrier's profile	12	2.2.2	1	Parker	04/17/17	08/17/18	Completed/On-going
Conduct barrier reduction case conferencing	12	2.2.2	2	Parker	04/17/17	08/17/17	Completed/On-going
Create standard evaluation form for client's feedback to assess barriers program	12	2.2.3		Parker	08/01/17	12/31/17	Completed
Identify & enroll pregnant HIV+ women to TOPWA	7	2.3.1	1	Drayton	01/04/17	12/17/17	Completed/On-going
Conduct targeted outreach to ID previously undiagnosed HIV+ pregnant women	7	2.3.1	2	Drayton	06/01/17	12/17/17	Completed/On-going
Assess pregnancy expectations of HIV+ women of childbearing age	7	2.3.2	1	Drayton	03/01/17	12/17/17	Completed/On-going
Assess housing status, residential mobility, & co-occurring cond. that pose barriers	6	2.3.2	2	Drayton	03/01/17	08/31/17	Completed/On-going

ACTIVITIES MAPPED TO IHPCP GOAL 2 OBJECTIVES & STRATEGIES

03/14/2018

	Sub-Comm	Strategy	Activity	Work Group Chair	Start Date	End Date	Activity Status
Distribute TOPWA program referral materials to all prenatal svcs providers	7	2.3.3	1	Drayton	03/01/17	04/17/17	Completed/On-going
Do medication adherence counseling to prevent perinatal HIV transmission	12	2.3.3	2	Parker	03/01/17	12/31/17	Completed/On-going
Implement & monitor Jail Link protocol, including staffing & cost	9	2.4.1	1	Watts	09/01/17	12/30/18	In Progress
Evaluate protocol of Jail Linkage Project - staffing & cost	9	2.4.1	2	Watts	01/01/18	02/28/18	In Progress
Determine sustainability of protocol for Jail Linkage Project	9	2.4.1	3	Watts	03/01/18	05/01/18	In Progress
Review rapid linkage protocols, such as Early Referral & Linkage Initiative	10	2.5.1	1	Vaughan	01/13/17	02/28/17	Completed/On-going
Develop & implement rapid linkage protocol to meet PLWHA needs in the TGA	10	2.5.1	2	Vaughan	01/13/17	02/28/17	Completed/On-going
Create online survey for provider & client comments on fast track linkage	5	2.5.2	1	Mims	03/10/17	07/01/18	In Progress
Review & share comments quarterly on fast track linkage at Providers' mtgs	5	2.5.2	2	Mims	03/10/17	07/01/18	In Progress
ID avg time & staff needed for preparing HIV+ inmate for connectivity to care/svs	13	2.6.1	1	Vaughan	04/01/18	05/31/18	Not Started
ID health system infrastructure needed to transition inmates to 1st OAMC appt	13	2.6.1	2	Vaughan	06/01/18	07/31/18	Not Started
Disseminate a linkage to care manuscript on the formerly incarcerated	13	2.6.2	1	Vaughan	09/01/17	12/10/17	Completed
Offer TA to interested Jail Link stakeholders in outlying counties	13	2.6.2	2	Vaughan	10/01/18	12/31/18	In Progress
Disseminate a Jail Link 'How-To' package to stakeholders in outlying counties	13	2.6.2	3	Vaughan	08/01/18	09/30/18	Not Started

INTEGRATED HIV PREVENTION & CARE PLAN ACTIVITIES FOR GOAL 3 (Revised March 14, 2018)

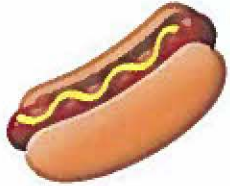
ACTIVITIES MAPPED TO IHPCP GOAL 3 OBJECTIVES & STRATEGIES	Sub-	Strategy	Activity	Work Group	Start Date	End Date	Activity Status
	Comm			Chair			
Publish dashboard of clients, including youth, perceptions of their health disparities	14	3.1.1	1	Bell	03/01/17	05/31/18	In Progress
Publish dashboard of provider's perceptions of client health disparities	14	3.1.1	2	Bell	06/01/17	08/31/18	In Progress
Analyze data & report trends in HIV health disparities & strategies to promote retention	14	3.1.1	3	Bell	09/01/17	09/30/18	In Progress
Develop & promote use of health literacy assessment (HLA) tool in health care	14	3.2.1	1	Bell	01/15/18	12/15/18	In Progress
Develop training modules to help staff ID & remove barriers & ID cultural differences	14	3.2.1	2	Bell	11/15/18	12/15/18	Not Started
Utilize HLA findings to involve clients in making choices re their health care	14	3.2.1	3	Bell	11/15/18	12/15/18	Not Started
ID best practices for enhancing client's perceived self-esteem (PSE)	15	3.2.2	1	Smith	08/01/18	12/15/18	Not Started
Train providers in the implementation of client confidence building	15	3.2.2	2	Smith	01/20/18	04/20/18	Not Started
Implement services & activities that promote client self-worth	15	3.2.2	3	Smith	08/01/18	07/31/20	Not Started
ID cultural & linguistic competency (CLC) skills of service providers relating to PLWHA	15	3.2.3	1	Smith	11/01/18	01/31/19	Not Started
Develop & disseminate CLC training modules clients & providers can access electronically	15	3.2.3	2	Smith	07/01/19	10/31/19	Not Started
Assess impact of CLC training on providers & clients	15	3.2.3	3	Smith	04/01/20	08/31/20	Not Started
ID/develop tool to assess nutritional needs & food services access	16	3.3.1	1	Wright	02/01/17	04/12/17	Completed
Conduct client-centered nutritional needs assessment, incl. food insecurity & co-morbidities	16	3.3.1	2	Wright	07/01/17	09/30/18	Completed/On-going
Disseminate to stakeholders a food insecurity & nutrition needs assessment of PLWHA	16	3.3.2	1	Wright	11/01/17	12/10/18	In Progress
Implement the FINNA findings when stocking Part A food pantries (address client needs)	16	3.3.2	2	Wright	01/10/18	04/10/18	Not Started
Assemble coalition & assess equity of treatment to Jax TGA PLWHAs	17	3.4.1	1	Carter	03/01/20	04/25/20	In Progress
Design & disseminate a digital storyboard showing the equity of treatment findings	17	3.4.1	2	Carter	08/01/20	09/30/20	Not Started
Make a plan & recruit opinion leaders to help educate other leaders on disparities	18	3.4.2	1	PC Chair	07/01/20	08/25/20	Not Started
Share critical information & messages with opinion leaders	18	3.4.2	2	PC Chair	09/01/20	12/20/20	Not Started
Start periodic communication w/ comm leaders at outside events re HIV health disparities	18	3.4.2	3	PC Chair	10/25/20	02/23/21	Not Started

YOUTH BLOCK PARTY

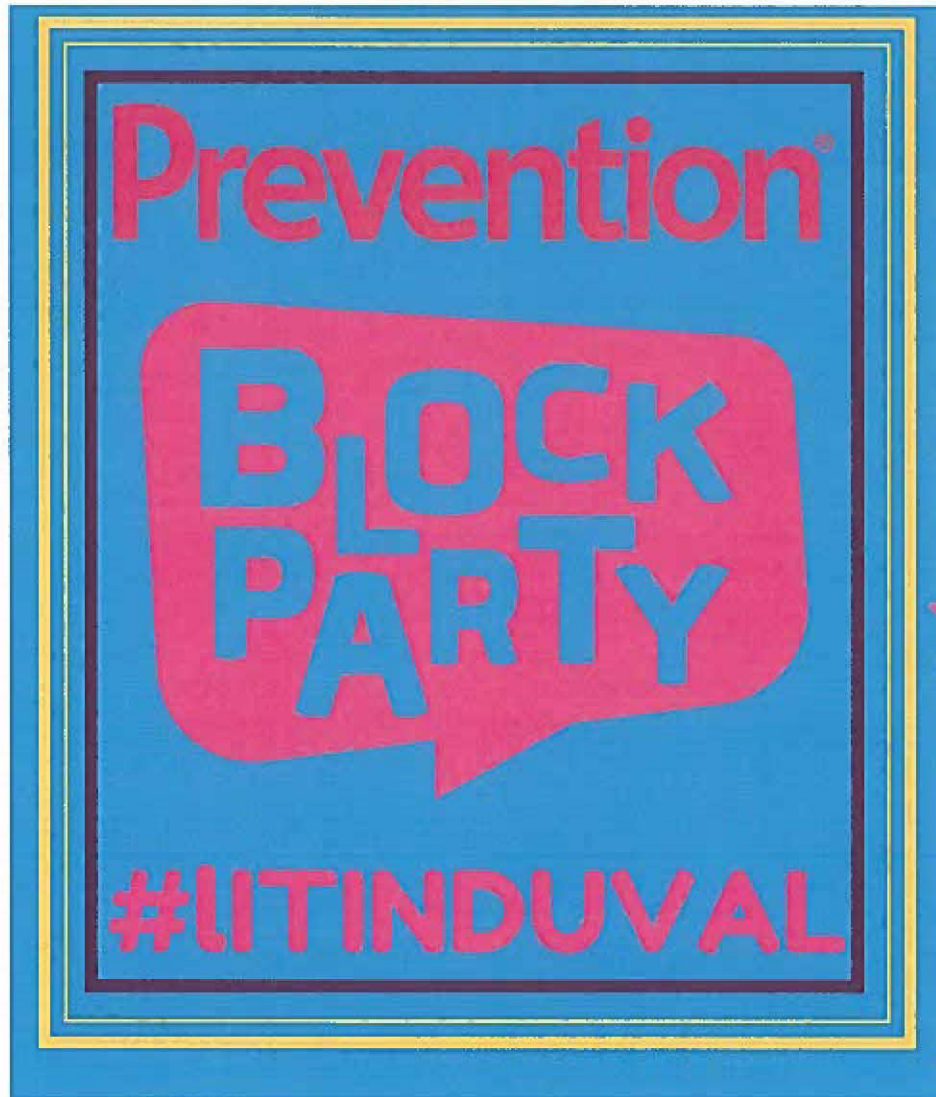
Under New Business, the Youth Block Party Committee (YBP) will discuss plans for their event scheduled August 18. YBP is seeking approval from the Jacksonville Planning Council to use the following flyers and posters to publicize the Block Party. Council members are asked to review this and be prepared to vote at the March 22 meeting.



SAVE THE DATE
8-18-2018
11 AM



-FREE
FOOD
-GAMES



-GIVEAWAYS
-LIVE MUSIC



Sponsored by Area 4 Partners



1096 A PHILIP RANDOLPH BLVD,
JACKSONVILLE, FL 32206

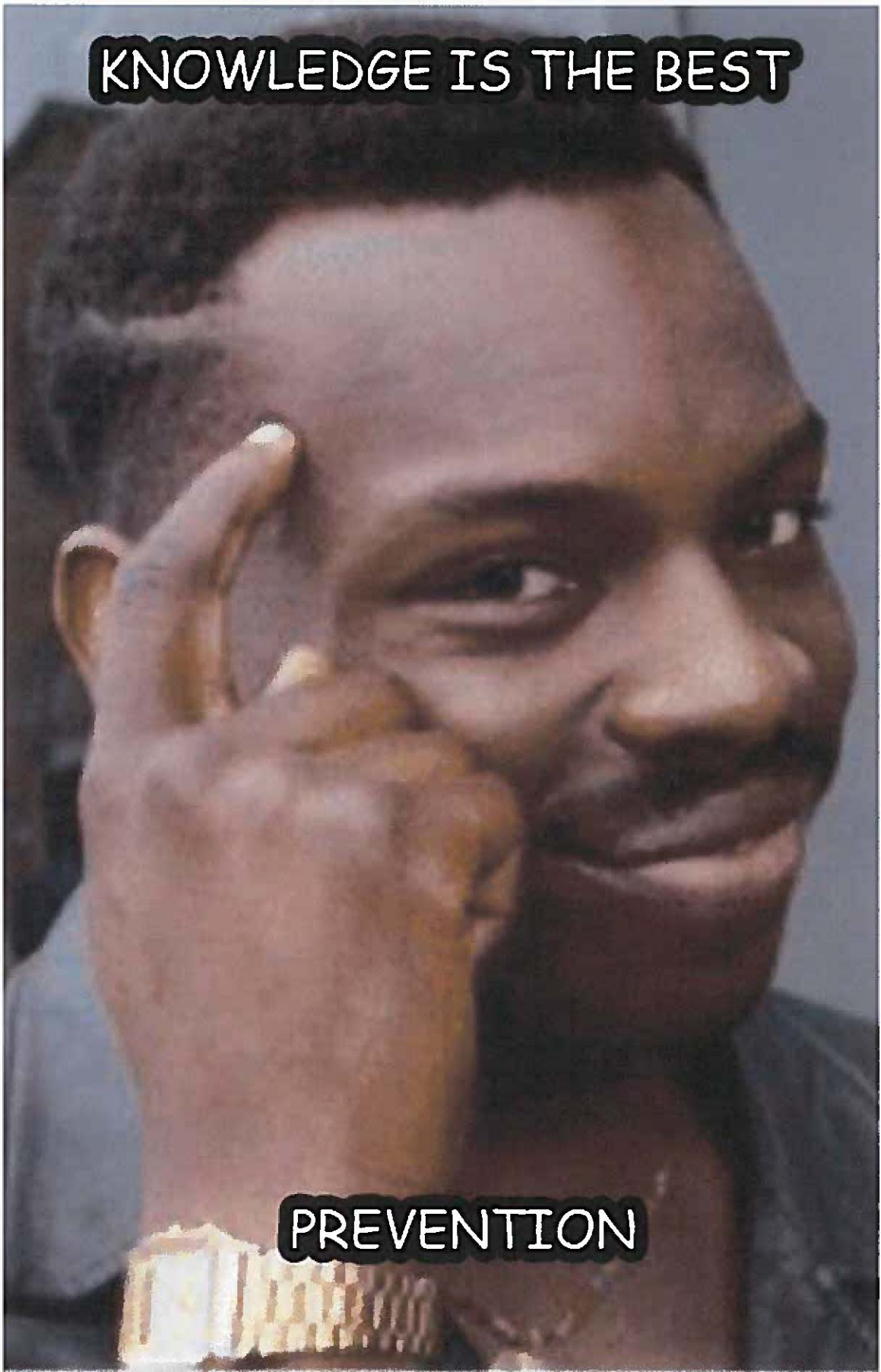


**BE PROUD BE RESPONSIBLE
BE SAFE**

#BPBRBS



KNOWLEDGE IS THE BEST



PREVENTION

AIDS IS NO JOKE



**THINK BEFORE YOU
POKE!!**

There are myths about how HIV is transmitted, but HIV can only be transmitted via four ways.

HIV Transmission

- 1 Unsafe sex**
HIV or AIDS transmitted through Sexual contact with an Infected person.
- 2 From an infected mother to her Child**
Child born from HIV-positive women can be infected with the virus before or during birth.
- 3 Contaminated needles**
Sharing injection needles with each other during drug
- 4 Blood Product**
Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV.



FB, IG

#DidYouKnow 1 in 5 new HIV infections occur in youth ages 13-24

#gettested


ONE

IN

FIVE

#knowyourstatus

FB, IG

<p>HIV stands for human immunodeficiency virus, which is the virus that causes HIV infection. The abbreviation “HIV” can refer to the virus or to HIV infection. HIV attacks and destroys the infection-fighting CD4 cells of the immune system. The loss of CD4 cells makes it difficult for the body to fight infections and certain cancers. Without treatment, HIV can gradually destroy the immune system and advance to AIDS.</p>		<p>FB, IG</p>
<p>For a listing of Free HIV testing sites in Duval County, visit the site below. HIV testing is free, confidential, and available for anyone over the age of 13. Link: https://flhiv.doh.state.fl.us/ClinicSearch/Results.aspx?county=Duval</p>		<p>FB</p>
<p>There are various types of condoms. Some are fun and some are tasty. Learn more about them by checking out the article below. https://www.verywell.com/condom-types-906789</p>		<p>FB</p>

Keep condoms safe so that they can keep you safe.

Where **NOT** to Store Condoms

FB,IG



1. When it comes to HIV, using a condom makes sex 10,000 times safer than not using a condom.[1]
2. There is no medical reason why someone can't use a condom.[2] Even people with latex allergies can use them — there are latex-free condoms made of polyurethane and polyisoprene.
3. Condoms have been around a long, long time. The earliest known illustration of a man using a condom is a 12,000–15,000-year-old painting on the wall of a cave in France.[3]
4. One in four acts of vaginal intercourse is condom-protected in the U.S. It is one in three among single people.[4]
5. People who use condoms feel their experiences are just as pleasurable as people who don't.[5]
6. Ninety-three percent of sexually active American women aged 15–44 have had a partner that used a male condom.[6]
7. Condom availability in places of need around the world is increasing significantly, with 25.8 million female condoms provided through international and nongovernmental funding sources in 2009. Condom distribution increased by 10 million between 2008 and 2009.[7]
8. The condom is one of the most accessible and inexpensive forms of birth control available. The cost of condoms is as low as \$0.04 per unit.[8]
9. The vast majority of American teens (68 percent of females and 82 percent of males) use a condom the first time they have sex.[9]
10. Only 39 percent of American high school students are taught how to correctly use a condom in their health classes.[10] Programs that teach young people about abstinence as well as contraception, including condom use, help youth to delay first sex and use condoms and other forms of contraception when they do have sex.[11]



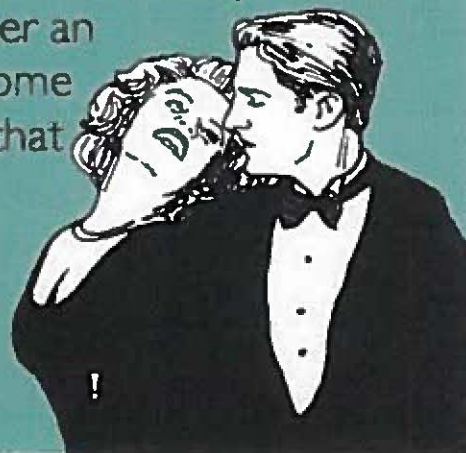
Learn the ABCs of condom use

https://www.youtube.com/watch?v=3TJNGci2_FE

FB

Condom slogan: Don't let your affection give her an infection, put some protection on that erection!

your  cards



FB, IG



JACKSONVILLE TRANSITIONAL GRANT AREA RYAN WHITE PART A
CONTINUOUS QUALITY IMPROVEMENT, (CQI), POLICY DIRECTION—UN
AIDS 90-90-90 TARGETS ARE OUR HORIZON

Graham F. Watts, Sr., Ph.D.



McFadden & Whitehead Ain't No Stopping Us Now (long
Version).wmv

patricia du pré • 9.7M views • 7 years ago

Ain't No Stopping Us Now (long Version).

MARCH 5, 2018

RECOMMEND APPENDING THIS DOCUMENT AS A COMPONENT OF THE PROVIDER CONTRACT

**Respectfully Request Inclusion of this Document as an Action Item on the Planning
Council Agenda for Review, Recommendations, & Approval Consideration**



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General Information

Terminology:

1. **Capacity Development:** The acquisition of knowledge, skills, and experience for increasing operational effectiveness
2. **Dialog:** The exchange of thoughts and ideas
3. **Planned Communication:** Dialog that takes place based on an analysis of goals, the needs of participants, the aims of organizations represented in the dialog, and the problem types frequently encountered
4. **Strategic Communication:** Communication that begins with the end in mind. More simply, we must wrap our minds around challenges, understand them from diverse perspectives, and select from among competitive options potential approaches, which if implemented with fidelity, holds promise to change the status quo.

Meeting Dates:

1. The CQM/I meeting is the second, (2nd), Wednesday of every quarter
2. The dates are as follows: April 11, 2018; July 11, 2018; October 10, 2018, & January 9, 2019

Meeting Time: 10:30 am to Noon

Part A CQM/I Program Questions:

1. What does the Administrative Agency expect Ryan White Quality Managers to do to assure stakeholders of systematic improvements in the quality of funded services?
2. How can the Administrative Agency guide Ryan White Quality Managers in the pursuit of excellence while delivering services to PLWHAs?

Meeting Objective: To provide a context for dialog that facilitates capacity development utilizing planned and strategic communication.



U.S. Public Policy Directions with Implications for HIV Health Services



The Federation of American Hospitals, (FAH), posted their conference schedule of speakers for Monday, March 5, 2018 online (<https://fah.org/blog/fah-announces-speakers-for-2018-annual-public-policy-conference-business-e>). It included featured speakers such as **Health and Human Services Secretary Alex Azar**, whose remarks focused on “**Value-Based Transformation to the Federation of American Hospitals.**” Here is a paragraph from Azar’s remarks sent to Graham’s email client on March 5, 2018.

“There is no turning back to an unsustainable system that pays for procedures rather than value. In fact, the only option is to charge forward — for HHS to take bolder action, and for providers and payers to join with us. This administration and this President are not interested in incremental steps. We are unafraid of disrupting existing arrangements simply because they’re backed by powerful special interests.”

The audacious, (bold, brave), remarks by Azar point to the serious, national commitment that exists regarding adding value to health services. This value option gives us two fundamental levers or gears. **Healthcare and service providers may shift to being change agents or shift to being change obstacles!** Whichever lever of gear our individual freedom of choice leads to, it will not circumvent, (skirt, dodge, or bypass), the national emphasis on improvement in health care and services now. **To that end, this document articulates CQM/CQI expectations, a strategic direction, agency level HIV health services operations management, and participatory accountability in planned, quarterly CQM/CQI meetings.**



Expectations—knowing where we’re headed & how to get there

Public Law 109-415 requires the establishment of a clinical quality management program pursuant to receipt of Ryan White funding. Therefore, expectations, responsibilities, and supportive communication are part of the implementation equation, which spirals downward to jurisdictions, planning bodies, and funded-providers. This document is a conceptual playbook that offers a framework, much like the skeletal structure in the human body, for empowering the Planning Council and funded providers to shape agency specific quality improvement planning and implementation under the auspices of Administrative Agency.

Risks are inherent in the notice of any ambitious plan. Let us explore this notion through historical lenses. On May 25, 1961, John F. Kennedy announced America’s plan to land a man on the moon.¹ His address included the words, “These are extraordinary times and we face an extraordinary challenge.” Yet, history shows that Apollo 11 landed on the moon on July 20, 1969 and returned to earth on July 24, 1969.² What began as a dream came to fruition 2,952 days later by those who embraced the ideas and worked diligently to support its fulfillment. Since then, space exploration has been a source of enormous pride for the United States. “On May 7, 2009, the Obama Administration announced the launch of an independent review of planned U.S. human space flight activities with the goal of ensuring that the nation is on a vigorous and sustainable path to achieving its boldest aspirations in space.”³ On February 5, 2018, the Washington Examiner reported an article bearing the headline, “Mike Pence vows to make America’s space program great again.”⁴ So what is point here? An articulated vision provides a picture of a desirable future, intended to stir up our best energies for taking action to make the dream come through.

How the JTGA funded provider’s position themselves will influence the outcome of the vision articulated here. Quality improvement is not a single instance, instantaneous event. The Administrative Agency **does not** expect a rapid response that overnight accounts for major changes in organizational structure, processes, outputs, and outcomes of HIV care and services. In contrast, the expectation is that funded providers will accept the challenge to be systematic, continuous, and incremental in planned activities to achieve optimization, (best possible outcomes and service experiences), for in-care PLWHAs. In the last six months, at least ⅓ of our nine agencies have undergone transformation in leadership or staff, and these changes have far-reaching effects on clients’ service experiences. Therefore, to support institutionalization of a culture of quality improvement, and to foster the alignment of potential areas of quality improvement with the annual HRSA grant application, the local Ryan White Request for Proposals process, and the Integrated HIV Prevention and Patient Care Plan, this documents pools major themes for guiding agency practices. **To be clear, improvement is NOT maintenance of the status quo!**

¹ <https://www.youtube.com/watch?v=TUXuV7XbZvU>

² <https://www.nasa.gov/audience/forstudents/k-4/stories/first-person-on-moon.html>

³ https://en.wikipedia.org/wiki/List_of_NASA_missions

⁴ <http://www.washingtonexaminer.com/mike-pence-vows-to-make-americas-space-program-great-again/article/2636599>



JTGA Strategic CQM/CQI Direction (collective foci and pursuits) & the Grant Application

The grant application the Planning Council submits to... HRSA, each year describes, what our area plans to do to address the HIV epidemic in the JTGA. One may summarize the application this way:

1. Keep PLWHAs in care,
2. Reconnect PLWHAs lost to care,
3. [Offer a menu of core and support services to address the needs of PLWHAs] and
4. Reduce the unmet needs of [in-care] PLWHAs (**Planning Council Bi-Annual Training, 2018, p. 5**).

JTGA Strategic CQM/CQI Direction (collective foci and pursuits)

1. Mission (glue that holds us together through time) Focus:
 - a. To facilitate CQM/CQI planning, implementation, and evaluation within and between funded agencies of the JTGA Ryan White network
2. Vision (the future we want):
 - a. To be one of several areas in the world where being virally undetectable is the norm
3. Culture (values and basic assumption that represent us as a group):
 - a. A safe, collegial, positive deviance, brainstorming environment for dialog, questions, exchange of information, giving and receiving perspectives, (analytically, professionally, and sensitively) that yields insights for innovative, CQM/CQI problem solving
4. Core Values, (inner guiding principles):
 - a. **C**ontinuous striving for excellence in all aspects of HIV health services
 - b. **A**lways alert to the dynamic challenges that threaten PLWHAs retention in HIV services
 - c. **N**ever conceding to mediocrity in any aspect of HIV health services
 - d. **D**eveloping innovative solutions to make retention in HIV services sustainable
 - e. **Y**ielding the status quo to accountable and demonstrable structural and process improvements
5. Goals (the imaginable, intended destination that fuels our pursuit of excellence):
 - a. Maintain an open HIV Continuum of Care portal for rapid linkage to treatment
 - b. Close HIV continuum of care gaps and stop leaks, (clients attrition)
 - c. Transition PLWHAs across the stages of the HIV continuum of care



Agency Level CQM/CQI Operations Management for HIV Health Services

Objectives, (SMART concrete steps to achieve goal 5a)—Maintain an open HIV Continuum of Care Portal

- a. **5a1 (Activate Care Coordination Roster)**: Within three hours of contact with an HIV+ aware person not in care or with care gaps, Linkage-to-HIV Care specialists or Peer Navigators will use multiple methods to alert HIV Medical Case Management agencies of clients' situations.
- b. **5a2 (Activate OAMC Appointment Scheduling Roster)**: Within five hours of contact with an HIV+ aware person not-in-care or with care gaps, HIV Medical Case Managers will use multiple methods to alert HIV primary medical care agencies of clients' availability of OAMC appointments, if the clients consent to treatment.
- c. **5a3 (Assess Clients' Brief Strengths & Barriers Profile)**: Within seven hours of contact with an HIV+ aware person not-in-care or with care gaps, HIV Medical Case Managers will assess clients' strengths and barriers for attending the anticipated, scheduled OAMC appointment.
- d. **5a4 (Catalog Resources to Augment Clients' Strengths & Mitigate Barriers)**: Within 24 hours of contact with an HIV+ aware person not in care or with care gaps, HIV Medical Case Managers will mobilize resources for increasing the likelihood OAMC appointment keeping.
- e. **5a5 (Assign Clients to Peer Navigation if at Risk of Missing OAMC Appointment)**: Within 48 hours of contact with an HIV+ aware person not in care or with care gaps, HIV Medical Case Managers will link clients at risk of missing scheduled OAMC appointments with Peer Navigation services.
- f. **5a6 (Create Expedited OAMC Appointments for New & Returning Clients)**: Funded HIV primary medical care agencies will schedule OAMC appointments for new and returning PLWHAs within 3 business days from the date the MCM alerted the agency of clients' availability for an OAMC appointment.
- g. **5a7 (Document OAMC Appointments Status in CAREWare)**: HIV primary medical care providers will document OAMC appointment status in CAREWare within 24 hours of the planned HIV medical care encounter.



Objectives, (SMART concrete steps to achieve goal 5b)—Close HIV Continuum of Care Gaps, stop leaks

- a. **5b1 (Completion of Initial CAREWare Screenings):**
 - a. At the initial Eligibility encounter, the attending Eligibility worker will complete all CAREWare screening tools as a component of Eligibility certification.
 - b. At each Medical Case Management encounter, the MCM will update clients' strengths and barriers profile if one exists or screen clients for strengths and barriers to care engagement.
- b. **5b2 (Reduction of Barriers to Care):**
 - a. Within each Eligibility period, the MCM will document clients' ISPs to show how services are targeting reduction of identified barriers.
- c. **5b3 (Identification of Clients' Strengths—Social Emotional Skills):**
 - a. At least semiannually, the Medical Case Manager will document clients' ISP for a minimum of two strengths. Examples of strengths include
 - i. "Optimism that change, (e.g., personal health improvements), can occur
 - ii. Motivation and readiness for [care engagement]
 - iii. Exercising self-direction—[e.g., taking ownership for self-care]
 - iv. Knowledge of medications
 - v. [Awareness of medication side-effects]
 - vi. Cultural, spiritual, religious, [or] community involvement
 - vii. [Engaging] supportive [others]"⁵
 - viii. Other factors that clinical or client experiences deem appropriate
- d. **5b4 (Utilization of Strengths—Social Emotional Skills):**
 - a. ISPs dated January 2018 and beyond will include documentation showing how clients' strengths support HIV medical appointment keeping and receipt of essential elements of clinical HIV care
- e. **5b5 (Identification of Clients at Risk of Care Attrition):**
 - a. Within the first five days of each quarter, the MCM runs a CAREWare report to identify clients who did NOT have a medical visit in the last 6 months of the programmatic measurement year, (Gap in HIV Medical Visit).
- f. **5b6 (Intervening to Reduce Risk of Care Attrition):**
 - a. Within one week of the completed *Gap in HIV Medical Visits* report, MCMs will request Peer Navigators services for clients on the report.

⁵ <https://manual.jointcommission.org/releases/TJC2013A/DataElem0152.html>



- b. When clients on the *Gap in HIV Medical Visits* report become lost-to-care, MCMs will formally request network level Case Finding services using the protocol established by the Case Finding agency.
- g. **5b7 (Identification of Adherence⁶ Complexity):**
 - a. Within seven working days of the ISP development or update, MCMs, in collaboration with Peer Navigators—if warranted, will assemble clients' chronic diseases profile, if one exists.
 - b. Within 7 working days of compilation of clients' chronic diseases profile, MCMs will case conference with other JTGA HIV care professional to assess the extent to which acuity threatens client functioning
 - c. Within 24 hours of completion of the chronic diseases profile case conference, MCMs will document the footnotes in clients' CAREWare ISPs.
- ⁶ Definition: "Adherence is the degree to which behavior coincides with medical or health advice."⁶
- h. **5b8 (Implementation of Adherence Strategies):**
 - a. Within 45 days of documenting clients' chronic diseases profile in CAREWare, MCMs will take the lead in collaborating with other disease management professionals and clients to develop care adherence strategies.
 - b. Within 45 days of the development of adherence strategies, MCMs will implement the said strategies, with client involvement, and document clients' ISPs.
- i. **5b9 (Other objectives to achieve the goal):**
 - a. **To be determined by the agency. Translate your thoughts and ideas into objectives.**

⁶ Higa, D. H., Marks, G., Crepaz, N., Liao, A., & Lyles, C. M. (2012). Interventions to improve retention in hiv primary care: A systematic review of u.s. studies. *Current HIV/AIDS Reports*, 9(4), 313–325. <https://doi.org/10.1007/s11904-012-0136-6>



Objectives, (SMART concrete steps to achieve goal 5c)—Transition PLWHAs across HCC stages

- a. **5c1 (Establish a Baseline)**: Within seven days of the new calendar year, (each January), funded Ryan White Part A agencies CQM/CQI managers will request, (from Brian Hopkins), the agency's HCC, (by aggregate and socio demographics), for the previous calendar year.
- b. **5c2 (Identify Clients' with Incomplete Care Utilization)**: Within 35 days of the new calendar year, (by February), funded Ryan White Part A agencies CQM/CQI managers will review their agency's Lost-to-Care, Gaps-in-Care, & Frequently Missed Medical Appointment reports and identify, by URNs, all clients on the said reports.
- c. **5c3 (Develop Incentives for Upward HCC Mobility)**: Within 65 days of the new calendar year, (by February), funded Ryan White Part A agencies CQM/CQI managers in collaboration with MCMs and Peer Navigators, will assemble a compendium of incentives, (tangible and intangible—counseling, feedback, etc.), that holds promise to motivate clients' to transition across most of the HCC stages.
- d. **5c4 (Apply Incentives to Support Upward HCC Mobility)**: Within 90 days of the new calendar year, (by March), MCMs will document clients' ISPs, (for clients with incomplete care utilization), to show how incentives were used to support upward HCC mobility.
- e. **5c5 (Evaluate Effectiveness of Incentives for Upward HCC Mobility)**: At the 4th, 8th, & 12th month intervals, (April, August, & December), of the current calendar year, funded Ryan White Part A agencies CQM/CQI managers will *compare* their agency's quarterly HCC, (by aggregate and socio demographics), for the current calendar year. After the comparison, CQM/CQI managers will *make judgments* about the efficacy of care utilization incentives, and *take actions*, where indicated, to make the compendium of incentives more robust.
- f. **5c6 (Other objectives to achieve the goal)**: **Funded agencies can also develop objectives. Translate your thoughts and ideas into additional objectives.**

JACKSONVILLE TRANSITIONAL GRANT AREA RYAN WHITE PART A CONTINUOUS QUALITY IMPROVEMENT, (CQI), POLICY DIRECTION—UN AIDS 90-90-90 TARGETS ARE OUR HORIZON



Participatory Accountability & Provider Quarterly Reporting Mechanisms

Potential Funded Providers	Provider Participation Modalities for CQM/CQI Improvement Exploration ²¹					Story Shared
	Case Study	Sentinel Event	Unusual Pop-up	Intractable Event	Other Format	
AHF						Yes No
CAN						Yes No
FDOH-Duval						Yes No
Gateway						Yes No
LSS						Yes No
NFAN						Yes No
RRHS						Yes No
JALA						Yes No
UF CARES						Yes No

²¹ **Meaning:** CQM/CQI related inquiries, disclosures, observations, or brainstorming by agencies that keeps the focus on sharing information and drawing upon insights from colleagues for finding solutions to strengthen local agency implementation of continuous quality improvement.

Definitions:

1. Case Study: Presentation of detailed information, (in the form of inquiries, disclosures, observations, or brainstorming), about a particular case, (e.g., a client—using a pseudonym), or small group, (e.g., demographic group—using a pseudonym).
2. Sentinel Event: Any unanticipated event, (camouflaged as appropriate to preserve the integrity of agency and clients), in a service setting that results in harm to clients
3. Unusual Pop-up: Description of a new, unique situation, (camouflaged as appropriate to preserve the integrity of agency and clients), for which you would like other to contemplate how it might be addressed
4. Intractable Event: Description of an existing situation, (camouflaged as appropriate to preserve the integrity of agency and clients), that reoccurs frequently and appear to be unresponsive to localized interventions
5. Other Format: Any means of giving voice to what your CQM/CQI program is doing and experiencing that give opportunities for others to make a meaningfully contribution

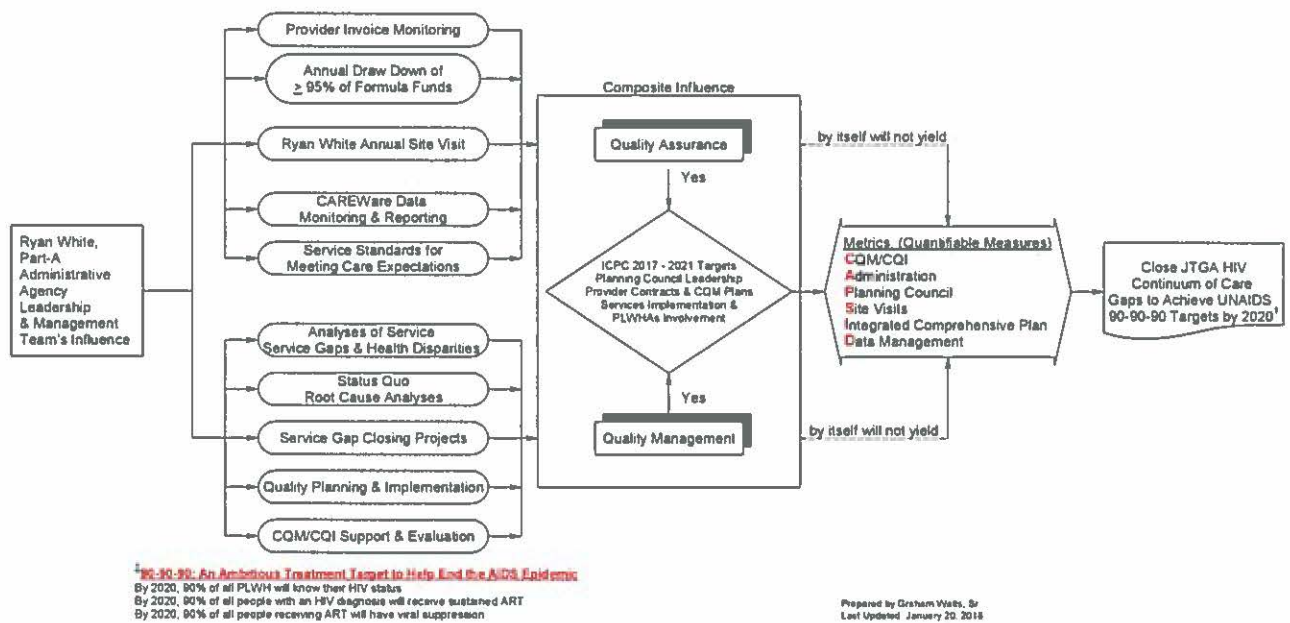
Instructions to Participants:

1. A contributing provider will explicitly state the contribution modality to preface subsequent statements
2. The CQM/CQI committee staff secretary will place a check mark in the appropriate Provider Participation Modalities column
3. The CQM/CQI committee staff secretary will circle one response in the Story Shared column
4. Contributing providers are responsible for solicitation of action items—tell your audience what you want them to do
5. Each contributor has a maximum of 13 minutes of the CQM/CQI committee audience for engagement.

Appendix

Context of JTGA CQM/CQI for Closing HCC Gaps, Supporting the Comprehensive Plan & Pursuing UNAIDS 90-90-90 Targets

Figure 1. The Relationship Between Quality Assurance, Continuous Quality Management & The HIV Continuum of Care in the JTGA

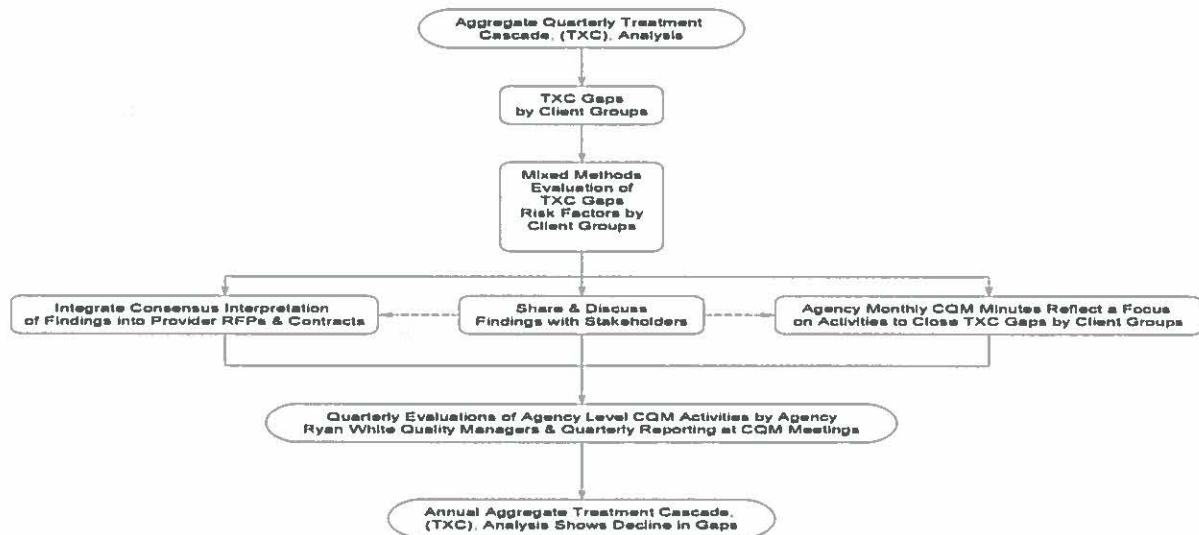


Federal funding comes with strings attached! This is not just a cliché. If you harbor doubts, do a keyword search in Google's search engine.

JACKSONVILLE TRANSITIONAL GRANT AREA RYAN WHITE PART A CONTINUOUS QUALITY IMPROVEMENT, (CQI), POLICY DIRECTION—UN AIDS
90-90-90 TARGETS ARE OUR HORIZON



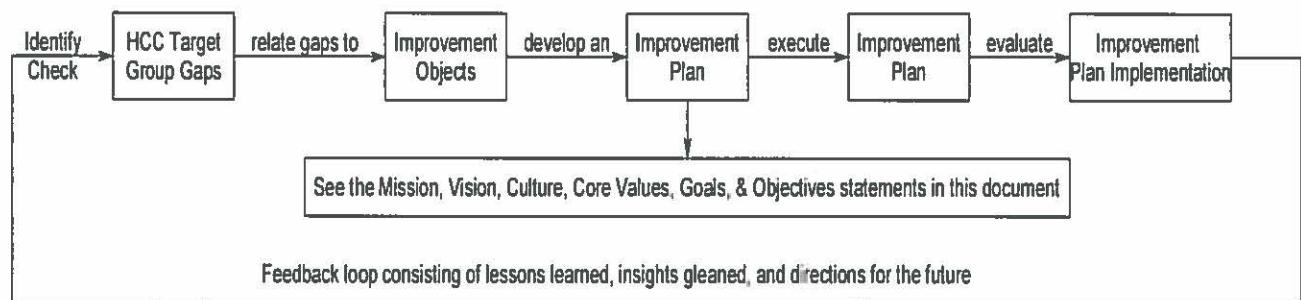
Figure 2: Utilization of Ryan White Quality Management for Identification of Opportunities to Reduce HIV-Related Health Disparities



Depicted here are the systematic and continuous actions, of funded agency Ryan White Quality Management teams, which aim to secure measureable improvements in the health status of clients living with HIV.



Figures 3: Activities of the Funded Agency Ryan White Part A Quality Manager for Increasing Access to & Utilization of Quality HIV Care & Services



We are living in time when consumers are expecting a larger volume of higher quality services at the lowest possible “cost,” (i.e., inconvenience, distress, effort, and so on). To thrive in the current PCN #15-02 quality-improvement-policy-culture that expects improvement in patient care processes, health outcomes, client satisfaction with services, organizational infrastructure, and performance measurement, funded Provider’s need flexibility and a response orientation that embraces rather than resists change. “Nostalgia—‘the wishful desire to return in thought or in fact to a former time,’ (<http://www.dictionary.com>), is a dangerous drug” (<http://www.culledculture.com/nostalgia-a-dangerous-drug/>). “[We] will not allow yesterday’s success to lull (us) into today’s complacency, for this is the great foundation of failure” (Og Mandino).

JACKSONVILLE TRANSITIONAL GRANT AREA RYAN WHITE PART A CONTINUOUS QUALITY IMPROVEMENT, (CQI), POLICY DIRECTION—UN AIDS
90-90-90 TARGETS ARE OUR HORIZON



Public Law 109-415

An Act

To amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS.

Dec. 19, 2006
[H.R. 6143]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Ryan White HIV/
AIDS Treatment
Modernization
Act of 2006.
42 USC 201 note.

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Ryan White HIV/AIDS Treatment Modernization Act of 2006”.

“(5) CLINICAL QUALITY MANAGEMENT.—

“(A) REQUIREMENT.—The chief elected official of an eligible area that receives a grant under this part shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

Jacksonville Transitional Grant Area, (JTGA), 2017 Treatment Cascade/HIV Continuum of Care

Milestones	Linked2Care	In Care	On ART	VL Suppression
JTGA-Part A Statistics	4116/4256 = 96.7%	3929/4256 = 92.3%	3711/4256 = 87.2%	3392/4256 = 79.7%

The JTGA pursues the higher hanging “fruits,” represented by clients not accounted for in the treatment cascade. By Public Law 109-415, our area will identify the characteristics of PLWHAs with unmet needs, develop strategies, and implement innovations to connect to care clients who have not experienced the salutary benefits of antiretroviral therapy, (ART) while minimizing treatment cascade attrition among clients who have.

MCM Oversight & Case Conferencing about Essential Elements of Clinical Care

1. MCM Verification of Viral Load Measurements

- a. Before initiation of ART
- b. Within 2 to 4 weeks after treatment initiation
- c. Within 2 to 4 weeks after treatment modification
- d. Repeatedly at 4 to 8 weeks intervals until the level falls below the assay limit of detection
- e. Repeatedly within 4 to 8 weeks after changing therapy
- f. Every 3 to 4 months or as clinically indicated for PLWHAs on a stable ARV regimen

2. MCM Verification of Completed Assessments for

- a. Adherence to prescribe medications
- b. Suboptimal drug exposure
- c. Drug interactions
- d. Drug resistance

3. MCM Verification of CD4 Cell Count Measurements

- a. At entry to care
- b. At 3 months after ART initiation
- c. At 3 to 6 month intervals in the first two years after ART initiation
- d. In untreated patients every 3 to 6 months
- e. Annually, for at least two years, for patients with CD4 count between 300 and 500 cells/mm³
- f. For at least two years for virologically suppressed patients whose CD4 count is consistently greater than 500 cells/mm³

Reference: <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/458/plasma-hiv-1-rna-viral-load-and-cd4-count-monitoring>



Funded Agency Continuous Quality Management Program Components

1. Organizational Infrastructure

- a. Dedicated staff responsible for CQM activities
- b. Leadership to guide, endorse, and champion the CQM program
- c. Capacity building resources to incrementally get better at delivering quality services
- d. Multidisciplinary input, including clients' perspectives
- e. Accountability for planned actions
- f. Reporting relationships within the CQM team
- g. CQM team leadership represented on the business organizational chart

2. Service Performance Measurement

- a. Treatment Cascade Metrics: Linked to Care, In-care, On-ART, & Viral Suppression
- b. Programmatic Metrics: HAB Measures, Medical Visit Frequency, & Gaps in Care
- c. Service Encounter Experience Metric: Client Satisfaction

3. Service Quality Improvement

- a. Improvement by the Plan Do Check Act methodology
- b. Specific improvement objects associated with service performance measurements
- c. Baseline measurements for comparative analyses
- d. Goals for directing efforts at the endpoints thought possible
- e. Objectives for making transparent the behavioral path toward planned goals
- f. Formalized, standardized annual CQM plan
- g. Annual CQM plan approved by the Administrative Agency before the planned implementation



Administrative Agency Leadership Role for Advancing Jurisdictional CQM/CQI

1. Policy Documents or Tools
 - a. This document—which outlines the Administrative Agency CQM/CQI directions and expectations for Part-A Providers in the JTGA
 - b. The standardized Administrative Agency CQM/CQI plan template
 - c. The standardized JTGA Client Satisfaction Survey
 - d. The JTGA National Monitoring Standards training document
 - e. The Joint Planning Council & Administrative Agency Service Standards policy document
2. Jurisdictional CQM/CQI Plan submitted to HRSA, in March, after Notice of Grant Award
 - a. Updated annually
3. Funded Provider Proposals CQM/CQI Section
 - a. Becomes a component of the signed provider contract
 - b. Provides direction for the provider's annual CQM/CQI plan submitted to the Administrative Agency for review, feedback, and ultimate approval
4. Monthly Provider CQM/CQI Minutes
 - a. Shows evidence of implementation of the CQM/CQI section in the provider's funded proposal
 - b. Aligns with the provider's approved annual CQM/CQI plan,
 - i. The provider's annual CQM/CQI plan, approved by the Administrative Agency, aligns with the provider's funded proposal CQM/CQI section
 - c. Paired with and submitted in combination with the provider's monthly invoice
5. Quarterly CQM/CQM Meetings
 - a. Provides a forum for information interchange and critical discourse
6. Annual Site Visit
 - a. Quality Assurance Monitoring and feedback
 - b. Quality Improvement Assessment and feedback
7. Formal Conferencing with Providers to Support Participatory CQM/CQI Engagement
 - a. Only if indicated and conducted with supervision by the jurisdictional program manager
 - b. Always specific, empirically based, documented in writing, and inclusive of opportunities for implementation of a formal corrective action plan



Funded Agency Submission of an Annual Conformance to Quality Improvement Report (CQIR)

1. **Beginning on the first Monday of April 2019**, each funded Ryan White Part –A provider will submit a signed CQIR to the Administrative Agency by close of business. This report replaces the site visit PowerPoint presentation, precedes the scheduled site visits, and forms the basis of the site visit dialog and evaluation of annual CQM/CQI implementation.
2. The funded agency Executive Director or equivalent will print name, sign, and date the report, and address it to the Ryan White Part-A Program Manager. Preface the report with a one-page cover letter that acknowledges the accuracy of the submitted report and summarizes key sections of the report.
3. Attributes of the signed report include:
 - a. All components of Figures 2 and 3,
 - b. The funded service proposal CQM/CQI plan table and annual renewal proposals quality sections,
 - c. The provider’s standardized, annual CQM/CQI plan approved by the Administrative Agency,
 - d. The monthly CQM Minutes reports, and
 - e. Temporal trends in HCC endpoints at the aggregate and disaggregate levels, by years, and key populations served during consistently defined, comparative periods.
 - f. Sections titled lessons learned from failures, challenges experiences, novel insights gleaned, innovations implemented, successes celebrated, and the like offer opportunities to demonstrate how organizational investments in CQM/CQI is adding value to services delivered to PLWHAs.
4. Expectations are that a common thread runs between the funded service proposal CQM/CQI plan table, the annual CQM/CQI plan approved by the Administrative Agency, and the monthly CQM/CQI Minutes reports.



**RYAN WHITE PART A OFFICE
SOCIAL SERVICES DIVISION
PARKS, RECREATION AND COMMUNITY SERVICES DEPARTMENT
1809 Art Museum Drive
Jacksonville, Florida 32207**

2018-2019 Service Providers

Aids Healthcare Foundation (AHF)

- Outpatient and Ambulatory Medical Care

CAN Community Health (CAN)

- Pharmaceutical Assistance
- Non-medical Case Management – Eligibility
- Oral Health
- Emergency Financial Assistance
- Outreach
- Psychosocial Services

Florida Department of Health – Duval County

- Pharmaceutical Assistance
- Emergency Financial Assistance
- Oral Health

Gateway Community Services

- Substance Abuse – Residential

Jacksonville Area Legal Aid

- Legal Services

Lutheran Social Services

- Medical Case Management
- Mental Health
- Nutrition Therapy
- Home and Community Based Health
- Outreach
- Transitional Housing
- Health Education/Risk Reduction
- Psychosocial Services

Northeast Florida AIDS Network

- Medical Case Management
- Health Insurance Premium Assistance
- Outreach
- Psychosocial Services
- Transportation

River Region Human Services

- Substance Abuse – Residential

University of Florida Cares/ Rainbow Center

- Outpatient and Ambulatory Medical Care
- Medical Case Management
- Outreach
- Psychosocial Services
- Nutritional Therapy

Want to join the **Community Connections** committee, but just don't have a way to get to the meetings each month?



Do you have a cell phone,
but don't have a car?

If the answer is 'yes', then you might be eligible to get free taxi service to attend the Community Connections meetings.

Meetings are the 2nd Thursday of every month. Lunch is served from 11:30 to 12:00, and the meetings begin at noon. Contact your case manager or peer navigator to get an application form.



COMMUNITY CONNECTIONS

Chair: Debbi Carter
571-4118

Co-Chair: Zane Urbanski
Zane@commcarepharmacy.com

Meets the 2nd Thursday of the month, except August. Lunch from 11:30 to Noon; meeting is from Noon to 1:30 p.m. Meetings are open to the public. PLWHA, partners, family, friends, and those working in the HIV field are invited to attend.

April 12	October 11
May 10	November 8
June 14	December 13
July 12	Jan. 10, 2019
September 13	Feb. 14, 2019

PRIORITY & ALLOCATIONS

Chair: Michael Bennett
MBennett@gatewaycommunity.com

Meets the 2nd Thursday in May, June, and July following Community Connections. Also meets additional times as needed for reallocations. Committee prioritizes core medical and support services, based on unmet needs in Area 4. They then allocate funding percentages to those prioritized service categories. Meetings are open to the public, but those applying for voting membership in the committee must attend the May meeting.

May 10	1:45 p.m.
June 14	1:45 p.m.
July 12	1:45 p.m.

INTEGRATED COMP PLAN (ICPC)

Chair:

Meets the 2nd Wednesday once a quarter; meetings start at 2:00 p.m. Members contribute to, and/or monitor the activities listed in the Jacksonville TGA's Comprehensive Plan. There are approximately 75 individual activities with completion dates spanning from late 2016 through 2020.

March 14
June 13
September 12
December 12
March 13, 2019

WOMEN, ADOLESCENTS, & CHILDREN (W.A.C.)

Chair: Linda Williams
Williams.linda54@yahoo.com

Meets the 1st Thursday, once a quarter. Meetings begin at 9:00 a.m. This committee addresses issues related to women, adolescents, children, and family-oriented HIV care. Members participate in several health fairs throughout the year.

April 5
July 5
October 4
January 3, 2019

PHARMACY & THERAPEUTICS


Chair: Ne'Tosha Dopson
Dopsonnc@gmail.com

Meets as needed, usually twice a year. Reviews the drug utilization list from Ryan White pharmacies connected to Part A or Part B. Monitors the local RW Formulary and recommends medications being added or removed.

January 31, 2018 10:00 a.m.
July date TBD

Metropolitan Jacksonville Area HIV Health Services Planning Council

April 2018

Mon	Tue	Wed	Thu	Fri
2	3	4 10:00 Membership @ NFAN Office —2715 Oak St.	5 9:00 W.A.C.	6
9	10  9:00 Executive NFAN Office —2715 Oak St.	11 10:30 - noon CQI Meeting	12 12:00 Community Connections	13
16	17 11:30 UFCARES C.A.B.	18  11:00 AHF C.A.B. meeting	19 12:00 DOH-Duval C.A.B. meeting	20 9:00 Providers
23	24	25	26 3:00 PLANNING COUNCIL <i>Dining Out For Life</i>	27
30				